

# FRONTLINE

JULY 3, 2020

INDIA'S NATIONAL MAGAZINE

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## In a blind alley

The COVID-19 curve keeps rising sharply despite a series of lockdowns and the government, refusing to learn from international experience, keeps the scientific community out of decision-making and dishes out false data

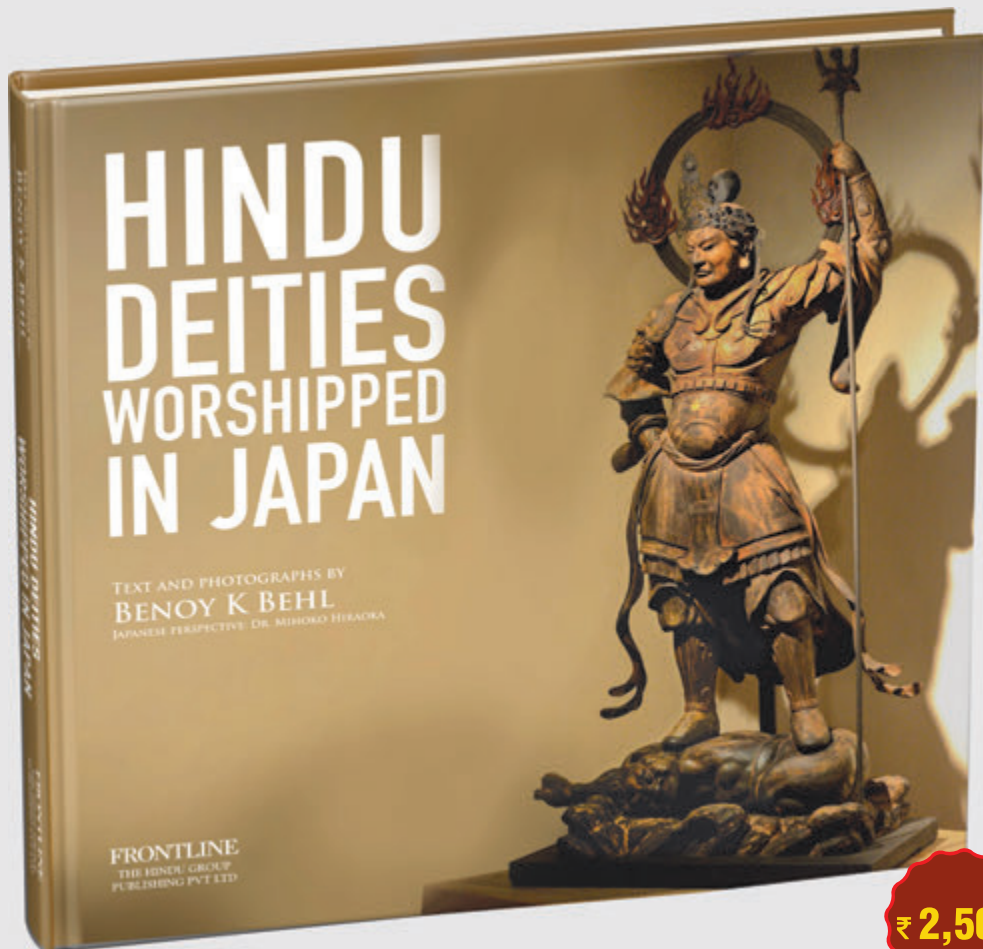




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# FRONTLINE

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## COVER STORY

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## COVER STORY



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Inside a newly built isolation centre for COVID-19 patients in Mumbai.

COVER DESIGN: U. UDAYA SHANKAR. PHOTOGRAPH: FRANCIS MASCARENHAS/REUTERS

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# COVID cover-up

The Union government presents data that seek more to **hide the reality about the pandemic** than to reveal it and keeps the scientific community out of the decision-making process. **BY R. RAMACHANDRAN**

OFFICIALS OF THE UNION MINISTRY OF Health and Family Welfare (MoHFW) suffer from foot-in-mouth disease every time they brief the media on COVID-19. If they do not wish to be transparent about the entire data and prefer to make facts public only selectively, that becomes clear more often than not. This time it showed in the June 11 briefing by the Director General of the Indian Council of Medical Research (ICMR), Balram Bhargava, on the nationwide sero-surveillance survey the ICMR conducted in association with the Chennai-based National Institute of Epidemiology (NIE) and National Institute for Research in Tuberculosis (NIRT) and in coordination with the

State health departments and other stakeholders.

As reported earlier by *Frontline* (“Denial and Deception”, June 19), the ICMR announced on May 12 that in order to get an estimate of the prevalence of infection in the general population it would conduct community-level IgG antibody-based serological testing in 69 districts randomly selected from 21 States (Fig. 1). This was supposed to cover 24,000 adults distributed across four strata of the districts categorised on the basis of reported cases of COVID-19. The survey involved collection of 3-5 ml of venous blood samples from 400 randomly selected individuals (one per household) from 10 clusters in each district.

IgG tests give you data about the prevalence of infection up to about a fortnight earlier since IgG antibodies begin to appear in the infected host only after 10-14 days and are detectable for even up to a few months after the infection has passed in the host. Assuming that the survey would have begun around mid May, the sero-surveillance data would tell you the state of prevalence of infections around April 30 and a few days after. If the blood sample collected is positive for IgG antibodies, the person had SARS-CoV-2 infection in the past. The briefing was supposed to share the findings of the survey.

The briefing may not even have happened if a breaking news story in *The Telegraph* (India) had not appeared on June 9. On the basis of information anonymously shared by public health experts, including some ICMR officials, the story said that the survey had found that in big cities the true level of infection may be 100-200 times the confirmed cases reported and up to 30 per cent of the population in these cities may have been infected up to early May. Through a tweet the same day, the ICMR denied this, saying that the report was speculative as the full analysis of surveillance data was yet to be completed, and called a press briefing two days later.

Interestingly, Bhargava began his briefing by stating that the numbers of confirmed cases and deaths per lakh population in India were among the lowest in the world. This was obfuscation at its best. Having conducted a sero-survey which, as he stated in the briefing, gave you information about the actual percentage of the general population that had been infected, to say that the number of confirmed cases (and not the level of true infection)



**BALRAM BHARGAVA**, Health Secretary and Director General, Indian Council of Medical Research.

was among the lowest in the world does not wash.

According to him, the sero-survey had two parts. The first was to estimate the fraction that had been infected in the general population and it had been completed. The second part was to estimate the fraction of the population that had been infected in the containment zones of hotspot cities, and that was yet to be completed. The survey also provided information on who were at a higher risk of infection and which containment areas needed to be strengthened, he said.

The districts selected for the sero-survey had been put into four categories based on the COVID cases reported on April 25—zero cases, low incidence, medium incidence and high incidence—and a minimum of 15 districts were selected in each category. In the table shown in the briefing (Fig. 2), even basic arithmetic is wrong: the total number of districts chosen is stated as 83, whereas it is only 71 (even this is two more than the 69 selected districts announced on May 12); the clusters selected add up to 710, whereas the table shows the number as 770; and the number of urban clusters shown as a percentage of the total number of clusters in each category seems to have been calculated wrongly. The data of 65 of these 71 districts had apparently been completed.

In the entire presentation neither the categories of low, medium and high incidence were defined nor the names of the 65 districts and the districts in each category were shared. This is the level of attention and care that the apex medical research body of the country gives to sharing information with the public on a pandemic, which reflects its attitude towards public information.

The following results of the survey were given in the presentation:

**DURING A MASS SCREENING** in the Govandi area of Mumbai on June 14.



VIAJ BATE



0.73 per cent of the population *in these districts* had evidence of past exposure to SARS-CoV-2;

Infection fatality rate (IFR) is low at 0.08 per cent;

The risk of infection in urban areas and urban slums was 1.09 and 1.89 times respectively that in rural areas; and,

Infection in containment zones (which containment zones?) was found to be high with significant variations, and this survey was still ongoing.

The conclusions that the ICMR drew from the survey were apparently the following:

The lockdown and containment had been successful in keeping the infection rate low and in preventing a rapid spread of the pandemic;

However, a large population still remained susceptible.

The first is clearly meant to show the policies being followed by the government to contain COVID-19 in a good light when it is as clear as daylight that, as a statement issued by the Progressive Medicos and Scientists Forum (PMSF) about the briefing and data says, “the presented data seek more to hide the reality



**PRABHDEEP KAUR** of the National Institute of Epidemiology addressing the media in Chennai on May 29.

B. JOTHI RAMALINGAM



**AN ICMR TEAM** collecting blood samples in Coimbatore district in Tamil Nadu.

BY SPECIAL ARRANGEMENT

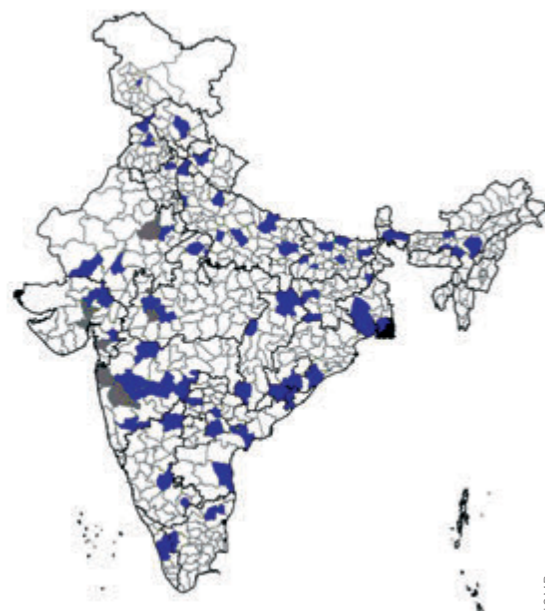
than reveal it”. If you extrapolate the above data to the entire population of the country of about 1.4 billion, the number of infections (in early May) would be about 10.2 million, or more than one crore, whereas the actual number of confirmed cases in early May was 25,000-40,000, a factor of over 30 down. In fact, in an earlier article (“Data Discrepancy”, May 8) *Frontline* had pointed out that the infection detection rate was about a factor 35 down. This would seem to roughly match with this.

As regards mortality, even if one assumes that the IFR of 0.08 per cent, found as a result of the sero-survey, is correct for the total number of infections of 10.2 million, it works out to over 8,000 deaths, whereas data of early May showed 1,200-1,500 deaths. Does it mean that even deaths were being missed in data collection? Or, conversely, assuming that the number of COVID-19 deaths recorded was closer to the true figure as it would be difficult to hide deaths, if you use the IFR value of 0.08 per cent on the number of deaths on any given date, it should give the total number of infections. If you use it on the early May figure of about 1,500 deaths, nearly 1.9 million people had been infected in early May. Whichever way you look at the sero-survey data, they do not gel with the official data being released day after day.

That is why, very carefully, Bhargava chose the phrase “in these districts” (italicised above) while presenting the results of the survey. A sero-survey is supposed to give a projection of prevalence in the general population outside the districts/population sampled for the survey. Now, to give the benefit of the doubt to the ICMR, even if one restricted the projection to the 60 plus districts surveyed (about a tenth of the total number of districts), a rough calculation (by keeping out the urban districts from the original list of 69 and using the population data of 2011), the total number of infections worked out to

ICMR

BASED ON DATA PRESENTED BY D.G. ICMR



**FIGURE 1:** Districts selected for the sero-surveillance carried out in mid May by ICMR.

Stratum	Total no. of districts	Districts selected	No. of clusters selected	No. of clusters in urban areas (%)
Zero cases	233	15	150	16 (11.4)
Low	229	22	220	42 (21.0)
Medium	84	16	160	48 (32.0)
High	190	18	180	70 (41.2)
<b>Total</b>	<b>736</b>	<b>83</b>	<b>770</b>	<b>176 (26.7)</b>

**FIGURE 2:** Table showing district numbers according to the classification shown at the June 11 briefing at the Press Information Bureau.

over 0.35 million or 3.5 lakhs, an order of magnitude higher than the actual number of confirmed cases across all the 649 districts of the country. Even this geographically restricted projection reflects very poorly on the testing or infection detection rate.

A news story in the June 10 issue of *The Economic Times*, a day before the briefing, quoted D.C.S. Reddy, head of the ICMR’s 12-member panel of epidemiologists, as saying that the findings of the data had not been shared with the ICMR’s epidemiology and surveillance working group. However, *The Economic Times* had earlier reported that the ICMR chief had shared the survey data with the Cabinet Secretary on June 4 and with Health Ministry officials in a presentation via a videoconference on June 6. This would seem to be in line with the government’s present practice of keeping the scientific community out of policy decision-making or priority actions that need to be taken during a pandemic.

The PMSF statement further said: “The above claims are even more risible since it was admitted by the spokespersons themselves that the data from the COVID hot spots were still being compiled. The data presented represents the COVID situation existing in the country as of 30 April. In a rapidly evolving pandemic situation where the slope of the epidemic curve has steepened even further after the lockdown was lifted considerably, this data has already become dated in the 6 weeks gone by since then. It is noteworthy that in the countries, with which comparison has been done, the epidemic curve had flattened or was even falling after the lockdown.... These fallacious arguments seemed to have been forwarded to ultimately claim that there is no community transmission as of date in the country, hence, the need is to persist with containment strategy.”

A May 14 editorial in the journal *Nature Cancer*, titled “The tightrope of science, media and politics”, said, “The urgent need to address COVID-19 has highlighted the delicate relationships among science, politics and the

media. *To achieve a successful long-term response to the pandemic, stakeholders need to be guided by data, integrity and a sense of responsibility toward the public.*”

It went on to say: “Some of these conflicts have become apparent during the response of different countries to the pandemic. Several European and Asia-Pacific countries made science-driven decisions to stem the spread of infection, established preventative measures, such as social distancing and use of face masks by the general public, and implemented widespread testing and contact tracing. Some of these countries are now reporting results that point to success in containing the virus.... It is the responsibility of scientists to help shape public opinion on the basis of reliable knowledge. *Scientists today are called to tread the delicate line of building public trust while providing sober assessments of data and managing expectations... maintaining an honest working balance with politics and media is also crucial, given that science does not operate in a vacuum.... Now more than ever we need to remember that, similar to pandemic cures, change in public opinion does not come about with miracles, but through dialogue, respect and incremental but decisive steps.*” (Emphasis added.)

It is the italicised part above that seems to be totally absent in the way the government and senior health officials have been taking policy decisions and implementing actions to contain the COVID-19 spread in the country. As of June 20, the number of confirmed cases and deaths increased by about 14,500 and 400 respectively a day. This, both from the above discussion and a very low rate of testing which even today is at just about 4,000 per million population, is far smaller than the actual figures. With the pandemic still very much at play and with no clear-headed strategy to handle the crisis evident from the policymakers who have decidedly marginalised the scientific community, it is far from clear where the country is headed. □



# A step towards recovery

In a significant breakthrough, **the steroid dexamethasone** has been found to reduce mortality in severe COVID-19 cases during a drug trial in the United Kingdom. BY **R. RAMACHANDRAN**

AT A TIME WHEN COVID-19 HAS CLAIMED over 4,40,000 lives worldwide (as of June 18) and a vaccine or cure is still a long way off, a breakthrough finding in the United Kingdom randomised trial presents a slender ray of hope. Named RECOVERY (Randomised Evaluation of COVID-19 Therapy), the trial, which began in March, seeks to test a range of potential treatments for the disease.

From among the trials of six drugs for treating COVID-19, one trial that used low-dose dexamethasone, a commonly available steroid used to reduce inflammation in other ailments, has found that it reduces by 35 per cent the mortality of COVID-19 patients with severe respiratory complications who require ventilator support, and by 20 per cent the mortality of those requiring only oxygen support, as compared to the corresponding cohort groups who were not administered dexamethasone. The trial also showed that the drug had no significant effect on the mortality rate of COVID-19 positive cases who were not under any severe respiratory stress.

For the entire trial of all the six repurposed drugs, RECOVERY had enrolled over 11,500 patients from over 175 National Health Service (NHS) hospitals in the United Kingdom. Of these, a total of 2,104 patients had enrolled for the dexamethasone trial; the last enrolment for this was on June 8. The dosage for the dexamethasone trial was 6 mg once a day, either orally or intravenously, for 10 days. This effect on this group was compared with 4,321 randomised COVID-19 patients under normal care. According to the June 16 press release from RECOVERY on the results of the trial, among the patients who received usual care, the 28-day mortality rate was highest in those requiring ventilation (41 per cent), intermediate in those on oxygen support only (25 per cent) and lowest in those who did not require any respiratory intervention (13 per cent).

Dexamethasone brought down the mortality in vent-

ilated patients by nearly one-third (rate ratio between those being given the steroid and those who did not receive was 0.65) and one-fifth in those receiving oxygen only (rate ratio 0.80). There was “no benefit” to those who did not need any respiratory support (rate ratio 1.22). In other words, these results mean that dexamethasone prevents about 1 death in 8 ventilated patients and 25 patients receiving oxygen alone. “Overall,” the release said, “dexamethasone reduced the 28-day mortality rate by 17 per cent with a highly significant trend showing greatest benefit among those patients requiring ventilation.”

A news report in *Nature*, soon after the announce-



SIMON DAWSON/BLOOMBERG

KIRSTY WIGGLESWORTH/BLOOMBERG



**DEXAMETHASONE**, a commonly available steroid used to reduce inflammation in other ailments, which has been found to improve survival of COVID-19 patients with severe respiratory complications who require ventilator support.

ment of RECOVERY results, quoted Anthony Fauci, Director of the United States' National Institute for Allergy and Infectious Diseases (NIAID), as saying: “The pattern of response matches the notion that a hyperactive immune response is more likely to be harmful in long-term, serious infections. When you're so far advanced that you're on a ventilator, it's usually that you have an aberrant or hyperactive inflammatory response that contributes as much to the morbidity and mortality as any direct viral effect.”

## NOTE OF CAUTION

(Correspondent's note: A note of caution is necessary in interpreting the results for those not receiving any oxygen support, both in the control group and in the group receiving the drug. In the former, the 13 per cent mortality rate appears to be high. It is presumed that this set may have included patients who were very elderly or with severe co-morbidities. In the group that received the drug, the phrase “no benefit” appears to be slightly misplaced when the mortality rate has in fact gone up by as much as 22 per cent on administration of the drug, which is by no means small. Unfortunately, the release does not give any information about the age distribution of the sampled patients or reason for rate ratio being significantly greater than 1. The mortality rate can go up if there were many patients from a younger age group in that set, because the immunosuppressant action of the drug had a dominating effect.)

The results of the dexamethasone trial are yet to be published in any peer-reviewed journal, although the release said, “Given the public health importance of these results, we are now working to publish the full details as soon as possible.” The writer and well-known medical specialist from Harvard, Atul Gawande, tweeted: “After all the retractions [referring to retractions of studies on hydroxychloroquine (HCQ) by *Lancet*] and walk backs, it is unacceptable to tout study results by press release without releasing the paper.”

One of the greatest puzzles that remains unsolved is the cause of death in COVID-19—whether it is the virus itself or the host's immune response that goes into an overdrive and overwhelms the patient. According to clinicians, the immune system does seem to play a role; this has led doctors to turn to anti-inflammatory drugs, which are usually given for other conditions, including auto-immune disorders, when the immune system begins to act against the host itself, resulting in chronic inflammation.

Early on in the pandemic, doctors in China had observed in cases of death that the immune system had overreacted to the external pathogen, the SARS-CoV-2. It was found that some critically ill COVID-19 patients had high levels of proteins called cytokines in their blood. Cytokines include proteins called interleukins and interleukin-6 (IL-6), which are signals for ramping up some



# Vaccine scenarios

The strategy of **targeting the Spike protein** so as to prevent its binding and fusion with human cells is the cornerstone of almost all the 100-odd vaccine development proposals across the world that are in various stages of development. BY **R. RAMACHANDRAN**

IN AN EARLIER ISSUE OF *FRONTLINE* (MAY 22), we had discussed, based on the work of Nidhan Biswas and Partha P. Majumder of the National Institute of Biomedical Genomics (NIBG), Kalyani, West Bengal, how mutations accumulating in the original strain since the COVID-19 outbreak started in Wuhan, China, in December 2019, have resulted in 11 (phylogenetically) distinct types or clades circulating in different parts of the world. We also saw how, from among these, Type A2a had emerged as the dominant strain in virtually all geographic regions of the world, including India, replacing

the ancestral Wuhan strain. The advance e-print of this peer-reviewed work, which is due to be published in *Indian Journal of Medical Research* (IJMR), appeared on April 28.

A few days after the Biswas-Majumder work, which was an analysis of annotated database of 3,636 genomes publicly available up to April 6, appeared, a similar analysis was carried out by B. Korber and associates—an American-British research group from the Los Alamos National Laboratory (LANL) and the Duke Human Vaccine Institute, United States, and the Sheffield COVID-19 Genomics Group, United Kingdom—with a somewhat larger database of 4,535 genomes (publicly available until April 13). This LANL-Duke-Sheffield work came to the same broad conclusion as Biswas-Majumder, that the type defined by the mutation D614G (which substitutes amino acid aspartic acid (D) to glycine (G) at the site 614 in the Spike protein of the virus), namely A2a, had emerged as the dominant type in nearly all parts of the world. This work was posted on the e-preprint repository *bioRxiv* on April 30.

Now, the Spike protein (S) is what enables the virus to gain entry into the human cells by binding with receptor ACE2 on the surface of human cells, fuse with the cells and use the cell machinery to replicate itself into multiple copies which go on to infect other cells. The S protein has two components S1 and S2. While the receptor binding domain (RBD) of the virus is part of S1, which is responsible for binding with the human ACE2 receptor, S2 performs the function of fusion of the virus membrane with the human cell. The crucial difference between SARS-CoV-1 and SARS-CoV-2 is the presence of a cleavage site at the S1/S2 boundary and the virus makes use of host enzymes like furin to do the job of splitting the S protein at the boundary. This makes its entry into, and fusion with, the cell far more efficient than in the case of SARS-CoV-1.

So, naturally, the strategy of targeting the S protein, so as to prevent its binding and fusion with human cells, is the cornerstone of almost all the 100-odd vaccine development proposals across the world that are in various stages of development. In fact, the LANL-Duke-

parts of the immune system, particularly cells called macrophages. Macrophages cause a heightened inflammatory response, which can sometimes damage normal lung cells as well. The release of such cytokines, often referred to as a “cytokine storm”, are known to occur in other viral infections such as HIV-AIDS.

Anti-inflammatory drugs called IL-6 inhibitors are used for the treatment of chronic inflammatory conditions or auto-immune disorders such as rheumatoid arthritis. One such drug, a non-steroidal injectable called tocilizumab, has been approved in China for treating COVID-19 patients as well. In fact, tocilizumab is one of the other five drugs under the RECOVERY trial in the U.K. It would, therefore, be interesting to see the results of this trial when they come out.

Steroidal anti-inflammatory drugs such as dexamethasone also suppress the immune system unlike IL-6 inhibitors, which suppress those immune responses governed by IL-6, but allow other immune responses that can help fight the virus function as usual. But steroids, which tend to dampen the immune system, can hamper the host's ability to fight the virus by affecting other immune responses. In an early report in *Nature*, Daniel Chen, an immunologist at the IGM Biosciences in California, has been quoted as saying, “You have to assume that there's an ongoing antiviral immune response [as well] that is important to these patients.” According to him, although IL-6 levels are high in some critically ill COVID-19 patients, viral loads are high as well, which is indicative of an active immune response to fight the infection. In that case, he added, reducing immune response in the form of (CD4 and CD8) T-cells could undermine that response.

Responding to apprehensions expressed by some clinicians against trials using steroidal anti-inflammatory drugs such as dexamethasone, Peter Horby of Oxford University, who heads the RECOVERY trial, had said in April that the trial would use relatively low doses of the steroid. “Higher doses are not routinely recommended but the jury is out on lower doses. And many authorities, including the WHO, recommend a trial,” he said.

According to Horby, data from steroid trials during SARS and MERS outbreaks, also caused by coronaviruses, were inconclusive. Given some promising results from steroid studies in previous outbreaks and dexamethasone's widespread availability, Horby had said that RECOVERY investigators felt it prudent to include it among the drugs on trial. Now, following the RECOVERY results, Horby has called it a major breakthrough.

Interestingly, the document “Clinical Management Protocol: COVID-19”, published by the Union Ministry of Health and Family Welfare, includes steroidal anti-inflammatory drugs in its guidelines for clinical management. It has not recommended the use of dexamethasone, but advises the use of methylprednisolone. For moderate cases requiring oxygen support, the document says: “Consider intravenous methylprednisolone 0.5 to 1 mg/kg for 3 days (preferably within 48 hours of admission or if oxygen re-

quirement is increasing and if inflammatory markers are increased).”

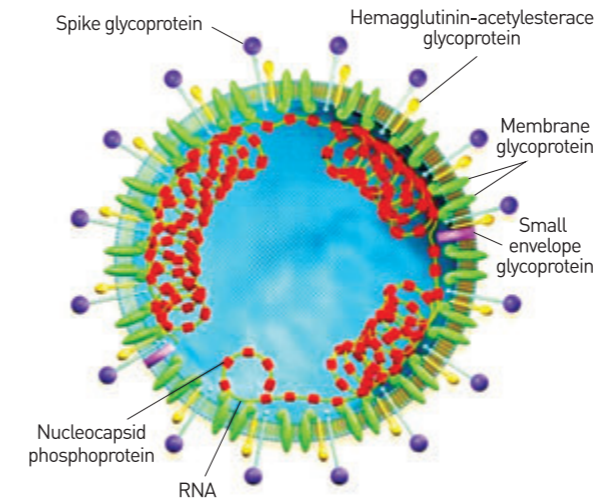
For severe cases, among the many recommended therapeutic interventions, it has included: “For patients with progressive deterioration of oxygenation indicators, rapid worsening on imaging and excessive activation of the body's inflammatory response, glucocorticoids can be used for a short period of time (3 to 5 days). It is recommended that dose should not exceed the equivalent of methylprednisolone 1–2mg/kg/day. Note that a larger dose of glucocorticoid will delay the removal of coronavirus due to immunosuppressive effects.” In the light of the latest results from RECOVERY, it is not yet clear if the guidelines will include dexamethasone as well.

Till date, the antiviral drug remdesivir, which interferes with the virus's replication, is the only drug that has shown to work on COVID-19 patients, following a large randomised controlled clinical trial involving over 1,000 patients in the U.S. On April 29, Fauci announced that the trial had found that those who took remdesivir recovered in 11 days whereas those on a placebo took 15 days. However, he added that while remdesivir shortened the hospitalisation time for a patient, it did not have any statistically significant effect on deaths. But remdesivir is apparently in short supply worldwide; also, the drug has to administered through injection over several days. From the RECOVERY results, it would seem that dexamethasone will become the drug of choice for those on ventilator support.

## U.K. GOVERNMENT'S DECISION

The release quoted Horby as saying: “Dexamethasone is the first drug to be shown to improve survival in COVID-19...The survival benefit is clear and large in those patients who are sick enough to require oxygen treatment, so dexamethasone should now become standard of care in these patients. Dexamethasone is inexpensive, on the shelf, and can be used immediately to save lives worldwide.” Indeed, shortly after the results were announced, the U.K. government immediately authorised the use of dexamethasone for patients hospitalised with COVID-19 and requiring oxygen support, including ventilators.

“Had we been able to use dexamethasone from the start of the epidemic in the U.K., scientists estimate up to 5,000 lives could have been saved,” wrote Devi Sridhar, Chair of Global Public Health at the University of Edinburgh, in *The Guardian*. But she also added the caveat, “But we also should not think of dexamethasone as a magic bullet....The real game-changer will be a drug that prevents people transitioning from mild symptoms to a severe state. With such a drug, alongside widespread testing and early detection, patients could be treated in community and outpatient clinics. It also does not address the long-term health issues associated with the virus for those with mild and severe symptoms, given that it affects so many parts of the body including the brain, heart, kidney and blood vessels.” □



The Spike protein (S) is what enables the virus to gain entry into the human cells by binding with the receptor ACE2...



**FRENCH** President Emmanuel Macron visits an industrial development laboratory at the vaccine unit of the Sanofi Pasteur plant near Lyon on June 16.

Sheffield approach in studying the various mutations of the virus was from the perspective of knowing if there were any mutations that were gaining ground in the disease spread that could affect the strategies currently being pursued for vaccine development. As the group's paper said, "We have developed an analysis pipeline to facilitate real-time mutation tracking in SARS-CoV-2, focussing initially on the Spike protein because it mediates infection of human cells and is the target of most vaccine strategies and antibody-based therapeutics."

The authors further observed: "Although the observed diversity among pandemic SARS-CoV-2 sequences is low, its rapid global spread provides the virus with ample opportunity for natural selection to act upon rare but favorable mutations.... Antigenic drift in influenza, the accumulation of mutations [in the haemagglutinin protein] by the virus during an influenza season... is the primary reason we need to develop new influenza vaccines every few seasons.... SARS-CoV-2 is new to us; we do not yet know if it will wane seasonally...but our lack of pre-existing immunity and its high transmissibility relative to influenza are among the reasons it may not. If the pandemic fails to wane, this could exacerbate the potential for antigenic drift and the accumulation of immunologically relevant mutations in the population during the year or more it will take to deliver the first vaccine. Such a scenario is plausible, and by attending to this risk now, we may be able to avert missing important evolutionary transitions in the virus that if ignored could ultimately limit the effectiveness of the first vaccines to clinical use."

Having noted that the mutation D614G, which characterises globally dominant Type A2a of the virus, was located in the S1/S2 junction near the furin recognition site for the cleavage of S protein, Biswas and Majumder observed: "It is unclear whether the derived allele producing glycine directly provides a selective/transmission advantage for the entry of the virion".

Recently, two e-preprints have appeared on the *bioRxiv* repository, both of which have followed very similar experimental procedure of using pseudotyped viruses (with the envelope and S protein of SARS-CoV-2, mutated and unmutated) and have showed that the mutation D614G resulted in increased infectivity of the mutated virus as against the ancestral Wuhan strain. (Pseudotyped viruses or viral vectors are produced by combining a given virus with foreign envelope (E) proteins. In this case, other known viruses were combined with SARS-CoV-2's E and (mutated and unmutated) S proteins).

On June 12, Lizhou Zhang and others from the Scripps Research Institute, U.S., posted their work in which they created retroviruses pseudotyped with the mutated and unmutated S protein of SARS-CoV-2 and found that mutated S protein infected ACE2-expressing cells markedly more efficiently than the unmutated version. This greater infectivity was correlated with less S1 shedding, which implied that the mutated S protein was more stable. This observation was consistent with epidemiological data suggesting that Type A2a viruses transmitted more efficiently, the paper said.

On June 15, Zharko Daniloski and associates from the New York Genome Centre and New York University posted a similar work, but they had used lentivirus for pseudotyping as against retroviruses by the Scripps group. They observed that in multiple cell lines, includ-



**THIS** photo provided by Imperial College London shows a COVID-19 vaccine candidate.

ing human lung epithelial cells, lentivirus carrying the D614G mutation was up to eightfold more effective at transferring foreign genetic material into human cells than the wild-type lentivirus. "This," the authors said, "provides functional evidence that the D614G mutation in the Spike protein increases transduction of human cells.... Given that several vaccines in development and in clinical trials are based on the initial [unmutated] Spike sequence, this result has important implications for the efficacy of these vaccines in protecting against this recent and highly-prevalent SARS-CoV-2 isolate." They did, however, note as a caveat that the pseudotyped lentivirus model had a different pathway for assembling the entire virus [as it multiplies in the host] and it was unclear whether the number of Spike molecules on the pseudotyped lentivirus is comparable to that of the full SARS-CoV-2 virus.

So, is the D614G mutation likely to have serious implications for worldwide vaccine development?

Before we address that question, as an aside, we note here that, on May 31, scientists from the Council of Scientific and Industrial Research (CSIR) laboratories of the Centre for Cellular and Molecular Biology (CCMB), Hyderabad, and the Institute for Genomics and Integrative Biology (IGIB), New Delhi, posted on the e-preprint server *bioRxiv* an analysis of publicly available genomic data of 361 Indian isolates, an order of magnitude more than what Biswas-Majumder had access to. They found that, while Type A2a continues to be dominant in India, a new type, which they had christened A3i, characterised by four other mutations, had begun to appear with significant frequency in India.

However, as the authors of this work themselves note in the paper, the mutations that define this particular Type A3i all pertain to structural proteins, the Nucleocapsid (N) protein and the Envelope (E) while A2a had to do with amino acid substitution in the S protein and Membrane (M) protein, the critical infective components of the coronavirus SARS-COV-2. So mutations in Type A3i have no particular significance *vis-a-vis* vaccine development efforts.

Responding to a basic query, whether mutation D614G had any implication for vaccine development that is based on the original unmutated strain, Shahid Jameel, former virologist from the International Centre for Genetic Engineering and Biotechnology (ICGEB), New Delhi, and currently the chief of the Wellcome Trust-DBT India Alliance, said: "From a vaccine point of view... the most important region is the receptor binding domain (RBD) in the Spike protein that attaches to the ACE2 receptor on the surface of target cells. However, the RBD in the SARS-CoV-2 Spike protein is located between amino acids 319 to 529. This is away from the region of this mutation (amino acid 614). Therefore, this is unlikely to have any effect on the vaccines that are being developed using either the complete Spike protein or its RBD."

This is certainly reassuring that the strategies and efforts currently under way are not going to be impacted by this mutation that seems to have given the virus a selective advantage over the other types. Its apparent increased infectivity and stability notwithstanding, any efficacious and viable vaccine targeting the S protein that is ready should, according to Jameel, be effective as a public health measure, which needs to be made available globally, sans politics and diplomacy, as an affordable prophylactic against COVID-19. □



# Maze of numbers

In terms of COVID statistics, governments, both at the Centre and in the States, seem **keen to hide** more than what the numbers could otherwise reveal. BY T.K. RAJALAKSHMI

ON JUNE 18, 10 DAYS AFTER THE CENTRAL government's decision to "Unlock" India in phases, a Union Health Ministry release stated that there were 1,60,384 active COVID-19 cases under medical supervision across the country from 62,49,668 samples collected until then. Giving bare details, it further stated that the recovery rate was 52.96 per cent and that there were 953 laboratories (699 in the government sector and 254 in the private sector) in the country. Significantly, there was no mention of the fact that each day anywhere between 10,000 and 11,000 cases were being added to the overall tally.

The same day, Union Health Minister Harsh Vardhan launched India's first mobile Infectious Disease Diagnostic Lab to promote last-mile testing in remote and inaccessible areas. According to a government release, the mobile laboratory could conduct 25 RT-PCR (*Reverse transcription-polymerase chain reaction*) tests a day, 300 ELISA tests, and additional tests for tuberculosis and HIV at Central Government Health Scheme (CGHS) rates. The laboratory's launch was in some sense an admission of the fact that the infection had spread to rural pockets too. Not a surprise, considering the large-scale migration of workers from cities to their villages in March through May. The exodus was spurred by the government's abrupt decision to impose a lockdown without a contingency plan for the migrant worker population engaged mainly in the informal sectors of the economy.

## SERO SURVEY

Despite the wide geographical spread of the infection, the government has consistently maintained silence on possible community transmission. On June 11, the government released the results of the first serological survey conducted in the country that gave an indication of the spread of the infection in the general population. The briefing began with a statistical presentation that showed India in a favourable position *vis-a-vis* the worst faring countries. The number of cases and deaths per lakh population in India was lower than that in Mexico, Tur-

key, Iran, Germany, France, Brazil, Russia, Italy, the United Kingdom, Spain, the United States, Peru and Chile. It glossed over the fact that India had the highest number of cases and deaths among East and South Asian countries.

Next in the press briefing were the results of the first part of the serological survey conducted in the third week of May in 83 districts to monitor the transmission trend of SARS-CoV-2 infection. Blood samples were collected from 26,400 individuals to test for antibodies. The second part of the survey was being done in containment zones of hotspot cities to ascertain what section of the population had been infected with SARS-CoV-2, the results of which are awaited.

The survey results presented by a panel comprising Dr Balram Bhargava, Director General, Indian Council of Medical Research (ICMR), and Dr Vinod Paul, Member, NITI Aayog and chairperson of the National Task

Force (NTF) on COVID-19 stated that only 0.73 per cent of the general population had been infected. The infection fatality rate (IFR) was also low, at 0.08 per cent. The summary of the results were full of contradictions. While 0.73 per cent of the population surveyed had shown past evidence of being infected, the lockdown and containment had been successful in preventing the rapid spread, the presentation said. A large proportion of the population was still susceptible, the survey said, and the risk was 1.09 and 1.89 times higher in urban and urban slums respectively compared with rural areas.

If the 0.73 per cent infection rate is extrapolated to the 1.37 billion population of the country, it would be around 99 lakh, which is by no means a small figure. The districts for the sero survey were selected on the basis of the incidence of reported COVID cases as on April 25. The survey was done in the third week of May to ascertain the prevalence of antibodies in the population as a result of contracting the infection in April end.

The conclusions of the survey were as follows: One, a "large proportion of the population is still susceptible and infection can spread"; two, "non-pharmacological interventions like physical distancing, face mask, hand hygiene, cough etiquette must be followed strictly"; three, "urban slums were highly vulnerable for the spread of infection"; four, "local lockdown measures need to continue as advised by the Government of India"; five, high-risk groups like the elderly, those with co-morbidities, pregnant women and children under 10 need to be protected; six, "States cannot lower their guard and [should] keep on implementing effective surveillance and containment strategies"; and seven, "efforts to limit the scale and spread of the disease will have to be continued by

strong implementation of containment strategies by the States".

The assertion in the press conference that the "lockdown was successful" had little basis according to the conclusions arrived at by the sero survey that large sections of the population were still susceptible and that containment strategies would continue.

## DATA DEFICIT

Apart from the basic details given in the government's press releases, there was no break-up of the asymptomatic and symptomatic cases. If the number of active cases under medical supervision were symptomatic, could it be assumed that all the remaining infections were asymptomatic and not likely to develop complications but still had the potential of infecting others? On June 17, when the number of confirmed cases and deaths were added retrospectively, as part of a "data reconciliation exercise", it stirred up questions on whether States were reporting correctly.

On June 15, the Press Information Bureau (PIB) declared as fake a news agency report that claimed to have sourced its information from an ICMR study. The agency report was published in a few newspapers. Citing an ICMR study, the report said that the peak of COVID-19 had shifted to November and that there would be a paucity of ICU beds and ventilators. The PIB Fact Check on Twitter, however, stated that the report was misleading and that the ICMR had not carried out the study.

*Frontline* accessed a copy of the multi-author study under dispute titled "A Model based analysis for COVID-19 pandemic in India: Implications for Health



MANISH SWARUP/AP

**A QUEUE** for COVID-19 screening at a coronavirus designated hospital in New Delhi on June 10.



Systems and Policy for Low and Middle Income countries". The academic paper did not appear to have been peer reviewed but was funded by the ICMR. An ICMR researcher and the chair of the Operations Research Group of the NTF were two of its seven authors. The study "gratefully acknowledged" the inputs on research methods by the members of the Operations Research Group of the NTF and of a member of ICMR's Global Health Policy Research Cell.

The study aimed at comparing and predicting health outcomes under (i) an unmitigated scenario with only air travel restrictions, and (ii) the current scenario with air travel restrictions and an eight-week lockdown. It was a model-based study among several others that were being done nationally and globally. There could be disagreement with the findings of the study, but to declare it as "fake" was an extreme reaction on the part of the government, more so when the ICMR had funded it.

The model also explored the effectiveness of the eight-week lockdown along with the intensified public health measures at varying levels of effectiveness. It ascertained the need for augmenting infrastructure and costs of COVID-19 management. The authors reiterated what many others had already said: that lockdown measures tended to delay the onset of the peak and give enough time for health systems to prepare; that strengthening the public health system response in terms of testing, isolation, treatment of cases and contact tracing would lead to significant gains in meeting caseload and health system needs. This had to be the mainstay of reducing the impact of the pandemic until a vaccine was available.

The study also said that an eight-week lockdown would shift the peak by 34-76 days and an effective lockdown would reduce the caseload by 69-97 per cent at the end of eight weeks. If public health surveillance measures were intensified by 60 per cent, they would result in a reduction of cases at the peak by 70 per cent and cumulative number of infections by 26.6 per cent, it said. Intensified public health measures could reduce by 83 per cent the requirement of ICU beds and ventilators, it said. However, intensified public health measures would raise the cost of management of COVID-19 to 6.2 per cent of the gross domestic product (GDP). At the moment, India was spending far less on overall health and on COVID-19 management in particular.

The model-based study also projected that the current dedicated resources such as ICU beds, isolation beds and ventilators would last until September 3, beyond which there would be an unmet need for about 3.3 months for isolation beds and 2.9 months for ventilators. The authors were candid enough to admit that the study had data limitations as it was based on epidemiological evidence drawn from countries that had already experienced the epidemic. Future research should focus on generating more epidemiological evidences and carrying out model-based analysis at the State level to inform local policies, it said.

In all fairness, the authors had merely underscored



**A HEALTH WORKER** conducts a survey in a red zone in Ongole, Andhra Pradesh, on April 30.

the need for preparedness. The reasons for the government's discomfort regarding the findings were unclear. It did not seem to want to associate the ICMR with the study, but in the PIB Fact Checker it suppressed the fact that the ICMR had funded the study. A complete dissociation was therefore not possible.

#### LACK OF TRANSPARENCY

Lack of transparency has been an issue for some time. According to Venkatesh Nayak, head of the Access to Information Programme at the Commonwealth Human Rights Initiative, to date there has been no centralised form of information in the public domain on COVID hospitals and treatment centres in the country. He filed a formal request on April 17 under the Right To Information Act seeking information on district-wise details of COVID hospitals, their postal addresses and telephone numbers but received no response. He then filed a complaint with the Central Information Commission (CIC). On June 5, the CIC issued an advisory to the Union Health Ministry to fill the information gap. The CIC also observed that it was "appalled to learn that this basic information pertaining to district-wise designated COVID treatment centres could not be provided to the information seeker by any of the respondents".

A random survey of COVID-related websites and web

pages of 21 State governments and two Union Territories Nayak did conclude that there was an urgent need to develop templates for information disclosure across the country. There was no uniformity in terms of details given in State government bulletins across India as *Frontline* had pointed out earlier. Some State bulletins like that of Uttar Pradesh needed a login id to access basic information on the daily count of infections and deaths as well as COVID hospital details. Likewise, there was scarce information regarding the implementation of regulations in the private health care sector where reports of overcharging and denial of treatments were being reported consistently by the media.

In a recent article titled "Pandemic and Beyond: Regulating private healthcare" in *polycorps.org*, an online portal, Shweta Marathe, a Pune-based health researcher, says that private hospitals that accounted for two-thirds of hospital beds in the country, 80 per cent of ventilators and employed 90 per cent of doctors were handling less than 10 per cent of the critical load. There was no monitoring mechanism to ensure that hospitals were not overcharging and denying health care, the article says.

#### INWARD SPREAD

On June 18, Union Minister for Information and Broadcasting Prakash Javadekar lauded the efforts of the Bharatiya Janata Party-led government in Madhya Pradesh in effectively controlling the spread of COVID. But, accord-

ing to Amulya Nidhi, a public health activist based in Bhopal and associated with the People's Health Movement, this claim was contrary to the situation on the ground. By the second week of June, COVID-19 cases had spread in all the 52 districts of Madhya Pradesh, he said. The number of positive cases had crossed 11,000 and the death toll was 476. The number of testing laboratories had gone up to 59, but as of June 15 as many as 4,180 test results were still pending.

"In the last two months there have been issues related to pending samples, missing samples and missing test reports, and civil society and the media have raised allegations of misreporting of the number of COVID cases in the State," he said. "According to Indore's health bulletin of June 14, of 1,058 test reports that day, 1,006 reports were negative and only six were found to be positive. When the media raised the issue of the missing 46 test reports, the authorities clarified that out of the 46 reports, two were repeated positive and 44 were [classified as] Sample Insufficient for the Process [SIP]. This was a new classification introduced in the bulletin, unheard of earlier," Amulya Nidhi told *Frontline*.

The Jan Swasthya Abhiyan (JSA), he said, had been raising since early May the issue of inappropriate handling of samples and had taken up the matter with the ICMR. On investigation, the ICMR also found that there were multiple gaps in the managing of test samples. It had written to the State government way back in April highlighting multiple violations such as leaked and missing samples and incomplete documentation. As many as 5,059 samples were "rejected", with Indore alone accounting for 529 samples.

Said Amulya Nidhi: "The State government had stopped providing the status of testing kits and other supply-related information to citizens since early May 2020. Similarly, there is no information on how many various categories of hospitals and health centres exist in the State and the infrastructure development that was carried out in the last two months in the State. The lockdown was intended to slow down the infection curve and buy time to strengthen the public health system. As per the State government's COVID management plan of May 28, even though the fatality rate has gone down from 4.7 to 4.3 per cent over 10 days from May end, the rate of deaths [seven-day Compound Annual Growth Rate] during the same period had increased from 2 to 2.4 per cent. This report also confirmed that the peak was expected in July, but the administration has been sending a general message that things are in control. A large segment of the political leadership is now busy with campaigns for the upcoming byelections for 24 seats which determined the change of government in March, just when the pandemic was making headway in the State."

He also expressed concern that instead of drawing out plans to ensure regular treatment of people with non-COVID conditions through the public health-care system, the government had issued an order for short-term empanelment of private hospitals under Ayushman Bharat. □



# Still a mystery

With herd immunity an open question, vaccine trials still ongoing and repeat outbreaks in countries that opened up, continuing to wear masks, practising **physical distancing and minimising crowd situations** may be the only way to keep the virus at bay.

BY **SHAHUL HAMEED EBRAHIM** AND **N.M. MUJEEB RAHMAN**

BOTH COVID-19 AND LOCKDOWNS ARE equally depressing. Hope is unique to humans and it is infinite. Tired of lockdowns, hotspots of infection and reports of escalating cases worldwide, the world is eagerly awaiting either of the two magic bullets needed to get past the COVID-19 pandemic: herd immunity or vaccines. Are we there yet? The answer is a resounding “No”. Diseases such as measles and chickenpox, once common among children, are now rare even in the least developed countries. Thanks to vaccines and childhood infections, there is enough herd immunity to contain large outbreaks from these old challenges. So, we remain hopeful.

The concept of herd immunity is not new. It means the “majority” of the population has been exposed to a virus and survived. In such a scenario, when the virus enters the body, the antibodies (the fighter proteins in the blood, equipped with a detailed memory of the invading virus) make it difficult for the virus to invade the body. How do antibodies help? Like water on fire, they can easily go to and neutralise the invaders. Early on in the outbreak of COVID-19, we heard that its  $R_0$  value, or the basic reproductive number, was between 2 and 5. This means that in normal settings where everyone is susceptible, an infected family member can give the infection to two to five family members. But if three out of four people have had previous infections and thus have antibodies with a good memory of SARS-CoV-2, the virus that causes COVID-19, then the newly infected family member cannot infect the three family members who had the disease previously and can cause only one infection. And that makes it much less likely that large clusters of COVID-19 can flourish, and infection transmission dies out.

So, what does the “majority” of the population mean in real numbers in terms of exposure to COVID-19 to achieve herd immunity? The threshold for herd immunity to SARS-CoV-2 is unknown. “Guesstimates” range between 60 and 80 per cent. For most known

diseases, the conventional number is 80 per cent, meaning 80 per cent of the population has been infected and survived because of immunity or resistance to the disease. For other diseases, herd immunity is achieved with vaccines to a level of 95 per cent. In other words, if 5 per cent of the population remains susceptible to the diseases, they are so few in number that they are unable to cause widespread disease. We still see outbreaks of diseases such as measles, but they are usually confined to a small percentage of the unvaccinated population. A lower level of exposure to the disease, say 7 per cent for COVID-19 in Sweden currently, in the population can still slow the spread of a disease somewhat, meaning that this 7 per cent will not play role in transmission. But that will not be sufficient to reduce the  $R_0$  value. The herd immunity number represents the point at which infections are substantially less likely to turn into large outbreaks.

Five questions about herd immunity remain to be ascertained. First, does the presence of antibodies really



**NEAR** Piccadilly Circus in London on June 15. Being cautious with COVID-19 is the best strategy for survival.



**AT A MALL** in Jakarta on June 17 during a partial easing of the lockdown after more than two months.

lead to immunity (or are these antibodies really able to neutralise new invading viruses)? Second, how long will immunity last in an individual? Third, can we get to the required percentage at the population level? Fourth, are adequate types of tests available to realistically measure the concept of herd immunity? Finally, will herd immunity requirements vary in populations depending on socio-economics, density, age and pre-existing diseases.

We do not know the answers to the first two questions. On the third question, data from some of the hardest-hit cities in the world suggest that the vast majority of people still remain vulnerable to the virus. The percentage of people with antibodies remains very low. This is true for communities that underwent lockdowns such as New York City (20 per cent) and Wuhan (10 per cent), for those that did not implement drastic measures such as Sweden (7 per cent) and for those that considered delaying lockdowns hoping to achieve natural immunity such as London (18 per cent).

All the other hotspots have a lower prevalence of antibodies (Madrid, 11 per cent; Boston, 10 per cent; and Barcelona, 7 per cent). On the basis of these numbers, it can be easily said that 7-10 times as many people need to get infected to reach the desirable 60 per cent-80 per cent range of illness in the population so that there is sufficient immunity in populations and outbreaks will not occur.

What we do not have are populations where no mitigation was implemented, like a lottery, knowingly letting many people die for the benefit of a few winners. This was done to 399 poor black men with syphilis in Tuskegee, Alabama, United States, starting in the 1930s. The men were denied treatment so that the progression of the disease could be observed. In 1994, U.S. President Bill Clinton apologised to the victims of this experiment, and this led to significant oversight for all scientific studies done now. Today, we are unlikely to get such data anywhere in the world.

The single-digit numbers of prevalence of COVID-19 antibodies quoted here are a fraction of the ideal numbers required to reach a level at which the virus can no longer spread widely. It would be inhuman to let the virus run rampant in a population to achieve this level of immunity in the natural state. Simply put, we do not have a good way to safely build up immunity.

## SEROLOGY SURVEYS

The tests required to assess herd immunity are different from those that help with the diagnosis of the disease. To assess immunity, we need tests that look for antibodies in people's blood, the proteins produced by the immune system that indicate a past infection. People who had no symptoms would be recognised via these types of antibody tests. However, these tests are far from perfect. And





**THE FIRST PATIENT** enrolled in Pfizer's COVID-19 coronavirus vaccine clinical trial, at the University of Maryland School of Medicine in Baltimore in the U.S., receiving an injection on May 4.

may sometimes be wrong. Some other viruses may have similar features to SARS-CoV-2 (such as the first severe acute respiratory syndrome (SARS) virus of 2003 or other coronaviruses). In New York, studies were conducted among people going to supermarkets. In Wuhan, studies were conducted among people in hospitals. These do not represent the whole population. In other cities, serology surveys are finding much smaller shares of people with antibodies. Even in hotspots with declining or flattened curves, the current waves of infection may have only infected the super-vulnerable, and many population groups may not yet have been exposed to the virus. Therefore, what is needed are studies that use these tests to examine a cross section of a population, giving equal opportunity for all segments of the population (rich and poor, old and young, good and bad neighbourhoods) as was done for AIDS. These are called serology surveys and take time to conduct.

Variations in herd immunity will take time to study. For example, in crowded situations such as pilgrimage sites and sports events or movie theatres, one infected person would remain in close proximity to multiple contacts for extended periods of time as opposed to an infected person passing a fellow walker on the street for a few seconds. A hospital waiting room with a mix of people with diabetes and hypertension is different from an airport waiting room. Putting together the currently available data and lack of evidence on additional factors, herd immunity protection is unlikely to be a reasonable option in the near future.

#### VACCINE FRONT RUNNERS

Therefore, the second and only hope is a vaccine. Many promising vaccines are undergoing trials. There are 26 front runners (<https://www.the-scientist.com/news-opinion/covid-19-vaccine-frontrunners-67382>) and numerous others listed on the clinical trials website, which

is a repository of all trials ([https://clinicaltrials.gov/ct2/who\\_table](https://clinicaltrials.gov/ct2/who_table)). Over 100 treatment options are also listed in the clinical trials list.

Vaccines will require time to pass through preclinical development (mostly in laboratories) to the human trials phases: phase I (safety in humans), phase II (activity against artificial infection in humans) and phase III (safety and efficacy in natural conditions in humans). This will take at least 8-12 months if all goes well. What is seen as promising in laboratory test tubes, often the focus of media attention, may not always work in a human being. Only about one out of 10 candidates from the preclinical stage will reach final approvals. There may be diseases and medications that challenge the outcome of such studies.

Making vaccines available globally is another challenge, and post-marketing surveillance will still need to be done. Vaccine hesitancy (people refusing vaccines for a variety of reasons: a disbelief in vaccines, trust in natural immunity, religious reasons, conspiracy theories against vaccines) remains a challenge to many vaccine programmes, which has led to sporadic global outbreaks of diseases such as polio and measles. There is as yet no vaccine for the coronavirus, so getting to herd immunity without a new and effective treatment could mean many more infections and many more deaths.

True, there are many diseases without a vaccine or cure. But a lot is known about them. COVID-19 is a new disease. There are about 7.5 billion people in the world. Even if the possibility of death from COVID-19 is 1 per cent, that still means a large number of deaths. As in war situations, a successful outcome is tied to our ability to predict the behaviour of the enemy, to evade the enemy and, finally, to conquer the enemy. For now, we do not know what direction this virus is taking. Countries that opened up after successfully controlling the first wave, including Singapore, China, Japan and South Korea, have all experienced repeat outbreaks. While we should rejoice in any pause in outbreaks, that should not lead to complacency. Therefore, being cautious with COVID-19 would be the best strategy for survival. Being cautious means universal face covering, physical distancing and minimising crowding situations. These are not magic bullets, but together, they can help. □

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# Saving the 'lockdown generation'

Early monitoring reports by the International Labour Organisation suggest that globally the young working population has borne the brunt of the COVID-19 pandemic. BY T.K. RAJALAKSHMI

ONE OF THE BIGGEST BLOWS DEALT BY THE COVID-19 pandemic, and the consequent lockdown, has been to the livelihoods of the young working population, especially those in the lower income groups. Even as countries and international agencies struggle to get an estimate of the extent of working hours reduced, the quantum of salaries trimmed and the number of jobs lost, early reports by the International Labour Organisation (ILO) suggest that globally, the young population (representing the "lockdown generation") has been hit the hardest. The ILO, which has been monitoring the labour market situation since the onset of the COVID-19 pandemic, has called for large-scale and urgent policy responses, including macroeconomic in-

terventions, to mitigate long-term damage to young people.

The recession precipitated by COVID-19 has been much worse than the previous recessions, says the report, predicting long-term wage losses especially for those who will be graduating from school or university this year. According to the fourth edition of the ILO Monitor "COVID-19 and the World of Work," this section is likely to face intense competition for fewer jobs.

Nearly 94 per cent of the world's workers live in countries that have a record of workplace closures. There has been a 10.7 per cent decline in the hours of work, equivalent to 305 million full-time jobs. However, the report states that intensive testing of people for



**MIGRANT WORKERS** near Ernakulam Town railway station on June 14. The average age of the migrant worker in India rendered jobless by the lockdown is between 25 and 40.



COVID-19 infection and tracing the contacts of the infected, as recommended by the World Health Organisation, will reduce labour market disruptions. According to the report, this strategy has not only helped countries utilise information better and rely less on restrictive measures but also increased the level of public confidence which is necessary for economic activity.

The report underscores the fact that the younger generation has been disproportionately affected by workplace closures. Regionally, the Americas, Europe and Central Asia present the largest losses in terms of the number of hours worked. Globally, young people have endured multiple shocks such as disruption of education, employment, training, incomes and job prospects. According to the report, 178 million young workers globally, or four in 10 young workers, were employed in sectors that have now been hard hit. About 77 per cent of young workers were in informal jobs, as compared with 60 per cent of adult workers. Technical, educational and vocational and on-the-job training has been severely disrupted by the pandemic. According to a joint survey by the ILO, UNESCO and the World Bank, 98 per cent of the respondents reported complete or partial closure of training and vocational schools. Over two-thirds of such training is provided through online mechanisms. The lack of digital skills among teachers and students has severely impacted educational as well as vocational skill training in low-income countries. Owing to a weak infrastructure and limited access to the Internet and Information Technology (IT), only a minuscule proportion of low-income countries had shifted to online teaching, preferring instead to listen to television or radio broadcasts or use traditional teaching methods. School closures were reported to be the maximum in Africa.

A joint survey by the ILO and partners of the Global Initiative on Decent Jobs for Youth has reported that since the onset of COVID-19, one in six young people had stopped working, and not of their own volition. Among the employed youth, a 23 per cent reduction in the hours of work was reported. As many as 10 per cent of young students reported that they were unlikely to complete their studies, while half of those surveyed reported that their studies had been delayed.

#### ANXIETY AND DEPRESSION

More than half of young people surveyed had become vulnerable to anxiety or depression since the onset of the COVID-19 pandemic. One in six young people surveyed had stopped working, and 60 per cent of women and 53 young men in this survey viewed their career prospects with uncertainty and fear. Young people who had discontinued working ran the highest risk of anxiety and depression.

According to the ILO Monitor, much of the loss in working hours is owing to the introduction of public health measures such as “strict confinement” and lockdowns, whereas the testing and tracing strategy was seen to reduce labour market disruption. Assessing the relationship between the testing and tracing strategy and the



ROSILAN RAHMAN/AFP

**AT THE FOOD COURT** in the recently reopened Marina Bay Sands shopping mall in Singapore on June 19. According to the ILO Monitor, young people employed in low-end supply chain jobs in food and retail businesses bore the brunt of job losses owing to the pandemic.

loss of working hours, the report infers that testing and tracing was associated with a reduction in loss of working hours by as much as 50 per cent. Effective testing and tracing provide valuable information and enable the authorities to take proper policy decisions on public health measures and economic interventions.

The report cites the example of the Republic of South Korea, where an effective testing and tracing strategy led to lower probability, duration and severity of confinement and lockdown which, in effect, reduced the economic toll of these measures. By generating more precise knowledge about the pandemic, these measures also managed to mitigate the impact of the pandemic on consumption and production. As a result of reduced risks and growing public confidence, economic activity was resumed. An efficient testing, tracing and isolating mechanism will help companies better organise workplace activities such as work shifts and sick leave replacements and initiate precautionary measures while maintaining operational continuity.

In many countries, including India, the levels of testing and tracing have been abysmally low. As a result, governments have had to rely on containment and lockdown measures and work-from-home directives as a strategy to contain the coronavirus spread. The ILO Monitor records that there is increasing evidence that the costs of testing and tracing are, in fact, only a small fraction of the economic costs that containment entail. In

two countries that undertook extensive testing and tracing, the costs amounted to less than one per cent of their GDP. The report suggests that widespread contact tracing programmes could also provide temporary employment opportunities in a depressed labour market scenario.

While recommending that high-income countries help low-income countries with testing and tracing, the report also notes that the implementation of this strategy must take into account the data privacy of workers, which must be protected at all times. Public support is crucial for the effectiveness of this strategy, and information on the COVID-19 infection should be collected only to the extent of its relevance to the occupational safety and health of workers. Also, this data must be “processed lawfully and fairly” so that it is not used to discriminate against workers or jeopardise their employment prospects.

The COVID-19 pandemic struck at a time when employment opportunities for the youth (15-24 years) were already stagnant. The global youth unemployment rate before the global economic crisis of 2007 was at 12.3 per cent, which was less than the unemployment rate of 13.6 per cent in 2019. In 2019, 75 per cent or more of young workers were engaged in informal jobs in South Asia and Africa, rendering them vulnerable to economic crises and shocks. The COVID-19 pandemic has only worsened this situation in terms of overall job losses, collapse of businesses and failure of startups, not to mention labour rights. Before the onset of the COVID-19 pandemic, labour under-utilisation rates were already high among women, a trend which the ILO Monitor says is likely to worsen. Women employed in the garment industries in low- and middle-income countries have been the most affected.

Examining data from 64 countries, the report found that prior to the crisis, the hourly earnings for prime-age workers was, on an average, 71 per cent more than what their younger counterparts earned. Compared to prime-age workers, younger people were mostly employed in low-paid sectors that had been hit hard by COVID-19. These sectors included food, accommodation and retail and wholesale businesses. As supply chains of manufacturing had been disrupted by the pandemic, young people who were employed in low-end supply chain jobs bore the brunt of the job losses, with their meagre savings rendering them even more vulnerable to economic shocks.

The impact of the COVID-19 pandemic has been reported as high in wholesale and retail trade; repair of motorcycles and vehicles; manufacturing; real estate, business and administrative activities and accommodation and food services; medium-high in transport, storage and communication, art, entertainment and recreation sectors; medium in mining and quarrying, financial, insurance services and construction; and low to medium in agriculture, forestry and fishing. The impact on economic output has been low in economic sectors like education, compulsory social security, health, utilities, public administration and defence. For young women, the double burden of paid and unpaid work has intensified with the shutting down of schools and child-care centres.

Nearly 70 per cent of international migrants are aged under 30 and have been unable to get re-employed or reach their home destinations. In India, too, the average age of the migrant worker rendered jobless by the blanket lockdown is between 25 and 40. Till date, there has been no official estimate of the job losses by the Indian government. India is the only country where migrant workers were compelled to leave for their homes in the villages, undertaking arduous journeys across the country on foot after the blanket lockdown was announced.

#### SUGGESTED INTERVENTIONS

Policy interventions including macroeconomic strategies are desperately needed, says the report. Some of these interventions include employment-intensive programmes targeting the young; social protection and support for educational skills and development, and improving the rights of workers and their workplace conditions.

One positive intervention suggested by the report is the mitigation of long-term job losses for young people by adopting the European Union’s counter-cyclical policy of a Youth Guarantee Scheme targeted at employment recovery. As most countries struggle with economic recovery, the negative effects of job losses on the unemployed will be mitigated to an extent in countries that have a strong tradition of welfarism and social protection. The effects are likely to be more adverse in countries where infrastructure is highly privatised and formal employment is negligible. □



# A neoliberal blow

The fiscal crisis that the Central government is trapped in **cannot be blamed on the COVID-19 pandemic**, since the revenue shortfall is primarily a result of the government's neoliberal measures such as business-friendly taxation stance and the GST regime. **BY C.P. CHANDRASEKHAR**

INDIA'S CENTRAL GOVERNMENT WAS FACED with a fiscal crisis even prior to the COVID-19-induced lockdown. Provisional estimates from the Controller General of Accounts of actual revenues collected in financial year 2019-20, or the fiscal year that ended March 2020, point to an erosion of revenue receipts of critical proportions. As compared with the original budget estimate of Rs.19.6 lakh crore, and a revised estimate (or late-in-year projection) of a lower Rs.18.5 lakh crore, actual revenue receipts are currently placed at just

Rs.16.8 lakh crore. This implies that the actual figure is more than 14 per cent short of projections in the first Budget of the second Narendra Modi government and 9 per cent short of the projection (revised estimates) for financial year 2019-20 in the Budget presented by Finance Minister Nirmala Sitharaman this February.

The revenue shortfall has meant that the Centre's revenue receipts grew by just 2.9 per cent in 2019-20 when compared with the previous fiscal year, which implies that real revenues (adjusted for inflation) have in

fact fallen. This deceleration in revenue growth occurred in a year for which only about a week fell in the lockdown period, so the serious revenue shortfall is a pre-COVID-19 phenomenon and cannot be blamed on the sudden stop induced by the pandemic.

Given the government's obsession with realising unrealistic fiscal deficit targets, this compression of revenue growth has meant that the Centre's dependence on exceptional transfers from the Reserve Bank of India and on receipts from the sale of public assets to meet even routine expenditures has increased significantly. When these "exceptional" sources fall short of expectations, as happened in 2019-20, meeting even unambitious expenditure plans requires window-dressing budgetary figures. On the ground, capital expenditures and welfare expenditures, including on health, would have fallen even relative to woefully inadequate budgetary allocations.

## SHRINKING TAX REVENUE

Underlying this fiscal mess is the failure to mobilise adequate resources through taxation at a time when the need is for substantial additional resource mobilisation. A casualty of the business-friendly taxation stance of the National Democratic Alliance government has been a substantial loss of buoyancy with respect to direct tax generation, with tax revenues falling despite the low

levels of the Centre's direct tax to GDP ratio and rising income inequality in the country. Net direct tax collection, or gross direct taxes adjusted for tax refunds, declined in nominal terms from Rs.11.36 lakh crore in 2018-19 to Rs.10.49 lakh crore in 2019-20, or by close to 8 per cent. The factor dominantly responsible for this decline was the decision, in the midst of a demand recession, to seek to stimulate the economy with corporate tax concessions announced in September 2019.

That "stimulus" took the form of a huge reduction in the corporate tax rate from 30 per cent (or an effective rate of 34.61 per cent after surcharge and cess) to 22 per cent (or an effective rate of 25.17 per cent) for domestic companies that do not avail of tax incentives or exemptions. New domestic manufacturing companies incorporated on or after October 1, 2019, will pay corporation tax at the reduced rate of 15 per cent (which is an effective rate of 17.01 per cent) so long as they do not avail themselves of incentives and exemptions. And the minimum alternative tax (MAT), applicable to companies that do not avail themselves of incentives and exemptions, has been reduced from 18.5 per cent to 15 per cent. This is a huge bonanza, which dominantly explains the contraction in direct tax revenues.

The second contributor to the compression in tax revenues is the limited buoyancy of indirect tax revenues garnered through the Centre from the goods and services tax (GST) imposts. In fact, in four of 12 months, Central revenues from GST in 2019-20 were lower than the sum collected during the corresponding months of the previous year. Overall, the Centre's revenues from GST rose by 8 per cent in 2019-20, despite the lower-than-projected base level in 2018-19. To recall, the government had promised States a 14 per cent annual increase in revenues from a base-level GST estimate, failing which they were to be compensated with collections from a special cess. This suggests that, at the very least, the Centre expected a 14 per cent growth in GST revenue. The 8 per cent realised in 2019-20 was, therefore, way short of expected revenue growth. The GST regime was launched in July 2017. So the argument that teething troubles and initial glitches in the implementation of a new "game-changing" measure are responsible for shortfalls in GST receipts no longer applies. Clearly, the GST regime has proved a failure, even while it has substantially curtailed the limited space that was available for States to increase their own tax revenues, in pursuit of an unrealisable "one nation, one tax" goal. That failure is now haunting the Centre as well, besides severely damaging the fiscal position of State governments.

The poor performance with respect to corporate tax revenue generation and generation of revenues from GST, which is a second-best adaptation of value-added taxation within a federal polity, is a fallout of the shift to a neoliberal policy regime. A defining feature of such a

**UNION** Finance Minister Nirmala Sitharaman chairs the GST Council meeting through videoconferencing from her office in New Delhi on June 12.







GETTY IMAGES/ISTOCKPHOTO

‘The GST regime has proved a failure, even when it has curtailed the space for States to increase their own tax revenues...’

regime is a lenient corporate tax structure, ostensibly aimed at incentivising private investors and unleashing the animal spirits they are presumed to possess. That also explains why when a demand recession is dampening investment and curtailing growth, the government decides not to spend to revive demand but hands over money to the corporate sector with tax concessions, which firms will not divert to investment in depressed market conditions.

The GST, too, is a neoliberal measure. The United States had a role to play in the spread of value-added tax (VAT). The [Carl] Shoup mission to occupied Japan after the Second World War argued for its introduction. Subsequently the United States Agency for International Development promoted VAT and sought to popularise the system through financial and technical assistance to developing countries. All through that period, the U.S. government was unwilling to implement the system at home. Later the World Bank and the International Monetary Fund played a role in pushing the system. More than half the countries that introduced VAT in the 20 years starting 1991 did so on the basis of advice and assistance from the IMF’s Fiscal Affairs Department. Thus, the spread of VAT does seem to have a lot to do with the transition to market fundamentalism and market-friendly polices starting in the 1980s.

This is understandable. A neoliberal strategy substantially reduces taxes on trade. It also requires incentivising the private sector with light-touch taxation of higher incomes and corporate and financial profits. It also emphasises the need for financial consolidation and reining in public debt. All of this necessitates reliance on forms of indirect taxation other than taxes on trade to

sustain expenditure, however much curtailed. The nature of VAT helps in such a context. As an indirect tax, VAT is not directly levied on the buyer and the legal liability is that of the producer, so it is less visible. Moreover, since VAT is imposed at each stage of the production process, it gets incorporated into costs so that the final consumer would only note the tax paid on value added at the final stage. This helps to legitimise a shift from progressive direct taxation, especially corporate and income taxes, to regressive indirect taxation. All of this favours a shift to VAT under neoliberal regimes, which partly explains its history. It implicitly serves as one more instrument to redistribute incomes from ordinary citizens, including the poor, to the very rich. The problem in India, however, is that the GST version of VAT does not work well.

Once these neoliberal shifts on the taxation front begin to adversely affect government revenues, within a neoliberal fiscal framework of caps on fiscal deficits or spending financed with borrowing, a corollary is sluggish government spending and lower growth. This had begun to manifest itself in India since 2016, with growth in year 2019-20 (pre-COVID-19 lockdown) now estimated at 4.2 per cent, the lowest since the new GDP series was launched. That sets up a feedback loop, with low revenues which curtail government spending, reducing growth, which then further reduce revenues for any given level of fiscal buoyancy, or responsiveness of revenues growth to income growth. Revenue growth shrinks both because neoliberal fiscal reform reduces fiscal buoyancy and because growth itself begins to fall.

These trends have other external effects. Neoliberal governments seek to address sluggish revenue growth with the short-sighted measure of selling profitable, revenue-earning public assets to obtain what are euphemistically termed “non-debt creating capital receipts”. As the fiscal crisis intensifies, the dependence on privatisation receipts increases. The Central government pursued that trajectory successfully in 2018-19 when, as compared with budgeted receipts of Rs.80,000 crore from privatisation, the government actually managed to mobilise close to Rs.95,000 crore, hawking profitable assets and riding on a buoyant stock market. But as growth falters, so does investor enthusiasm for public equity or the firms themselves. In 2019-20, the government had hiked the budgeted receipts from privatisation to Rs.1,05,000 crore. But as the economy slowed it managed to mobilise only a little more than Rs.50,000 crore.

The picture is now clear. As the government gave up its role as development leader within a neoliberal growth strategy, growth rode on a credit bubble. With that bubble bursting and precipitating non-performing assets in the banking system, the credit-led boom gave way to a slowdown. The neoliberal fiscal response curtailed government revenues and expenditures further. Growth fell sharply and so did revenues. In the event, the government is trapped in a fiscal crisis and the economy is in low-level disequilibrium. □



# Burden on children

With the closure of schools, relaxation in labour laws and migration of adult workers, child labour and **exploitation of children** are expected to rise exponentially. BY DIVYA TRIVEDI

WHEN STRINGENT LOCKDOWN MEASURES were announced in March to contain the pandemic, children living on the streets of Delhi took shelter in parks, under flyovers, around railway stations, and in slums. Some were allowed to sleep indoors by their employers. Most slept on half-empty stomachs.

Many children were also seen walking several kilometres with families. Some of them, it was feared, were taken along by child traffickers. In the absence of any agency—government or non-governmental—to keep a check on who went where, there was no way to track children's safety.

As the lockdown began to be lifted, children were back at the street signals, trying to sell pens and other wares. Desperate for money, one of them asked an activist who was out to make an assessment, “Where have all the people gone?” They were also confused about why people were not rolling down their car windows any more. The activist explained the pandemic situation to them and told them they would not be able to make a living selling pens any more. “But they were so desperate for money, I am worried they are easy prey for trafficking or sex work. Unless a concerted effort is made to reach out to them and take care of them, we might be staring at a very worrying situation,” said the activist on condition of anonymity. Some of the children bore marks of injuries which had been worsened in the absence of first aid.

The administration's law and order priority has completely changed with the entire police force being diverted to the management of coronavirus cases. Even if one wanted to take a case of wrongdoing to the police, they were unlikely to attend to it, said Sanjay Gupta of Chetna, a non-governmental organisation (NGO) for street children. “Most of the labourers have left the cities, thereby creating a rise in demand for labour. Children would be easily available in slums as a replacement, and because of their poor bargaining capacity, would be hired as cheap or free labour. It could make them vulnerable to abuse and could lead to the creation of a new kind of modern slavery,” he told *Frontline*.

The Bachpan Bachao Andolan (BBA), another NGO, filed a writ petition in the Supreme Court seeking protection for children who were at risk of becoming “hapless

victims of human trafficking, in the wake of, and as an aftermath of, the COVID-19 pandemic and the resultant extended lockdown”. The BBA urged the government to frame a policy to prevent trafficking and ensure rescue and rehabilitation of affected children and said child trafficking resulted in child labour and sex trafficking. The number of street children pushed into begging is likely to spike. Considering the deepening agrarian crisis, child labour is likely to be sourced from agricultural households as well. The BBA has received information from multiple sources that traffickers have started approaching potential victims and their families and have even started handing out advance payments for the children.

On June 8, a three-judge bench comprising Chief Justice of India S.A. Bobde and Justices A.S. Bopanna and Hrishikesh Roy issued notices to the Central and State governments and sought guidelines from the National Disaster Management Authority (NDMA) to prevent child trafficking. The senior lawyer H.S. Phoolka and Solicitor General Tushar Mehta said in court that



SUSHIL KUMAR VERMA

**A CHILD WORKER** at a motorbike-cleaning shop in New Delhi, on June 12.



they would work together and come up with suggestions on how to curb child labour.

Ashok Kumar, convener at Campaign Against Child Labour (CACL), conducted a rapid assessment by interviewing 121 children from Chandauli in Uttar Pradesh. "Of these, 112 were in the labour net in home-based work, brick kilns and the garment industry. Forty-one per cent of them were getting an honorarium or maintenance and only four of them received food support from the employers. In the absence of any reporting mechanism, the children are especially vulnerable at this time. A new group of children are now in begging and petty delivery-based jobs," he said.

The International Labour Organisation and UNICEF had warned that millions of children would be forced into child labour as family incomes dropped globally. The pandemic could reverse the gains made in the past 20 years to decrease child labour by 94 million, they said.

In April, child rights organisations Child Fund India, Plan India, Save the Children India, SOS Children's Villages of India, Terre des hommes and World Vision India asked the government to provide uninterrupted access to critical services for the most vulnerable children and their families. "To overcome the immediate and long-term impact of the crisis, the government should ensure, on a priority basis, access to critical services such as health care, nutrition, food security, mental health and psychosocial support, protection against violence and ensure social protection and child-sensitive cash transfer initiatives to the most vulnerable children and poorest families," they said.

Figures released by Childline 1098, the national helpline for children in India, gave an idea of the scale of the problem. Within the first week of the lockdown, it received 92,000 SOS calls concerning children in distress. Eleven per cent of the calls related to physical health, 8 per cent to child labour, 8 per cent to missing and runaway children and 5 per cent to homelessness. It was also called upon to intervene to prevent abuse, assist children in distress and provide emotional support. In two months, it answered over 10 lakh calls and carried out over 50,000 interventions. From March to April, it prevented 898 child marriages from the 6,04,274 calls it received concerning the problem.

Nobel Laureate Kailash Satyarthi, founder of BBA, made a statement requesting two months' amnesty from prosecution for traffickers and employers of child labour so that they could come forward and release children to the care of the State. Activists felt that such a move would potentially let human rights abusers off the hook and lead to a further increase in cases of trafficking which the State would not be able to control.

According to Census 2011, the total number of child labourers in India in the 5-14 age group was 10.11 million. Of these, 4.35 million were categorised as main workers and 5.76 million as marginal workers. Sixty-two per cent of child labourers were concentrated in agriculture, forestry and fishing, followed by industries and services.

Children were also involved in "worst forms of child labour" including forced labour, bonded labour, prostitution, pornography and trafficking of drugs. The total number of adolescent labourers (15-18 years) was 22.87 million.

#### DILUTION OF LABOUR LAWS

Child Rights and You (CRY) cautioned that the demand for children in the agricultural sector, home-based enterprises and small-scale businesses might increase in the following days. Instead of providing protection from exploitation to adult and child workers, 11 States made relaxations to the Factories Act, 1948, during the lockdown—Rajasthan, Gujarat, Punjab, Himachal Pradesh, Uttar Pradesh, Maharashtra, Karnataka, Andhra Pradesh, Madhya Pradesh, Odisha and Assam. Many of these States have a high burden of child and adolescent labour, according to CRY.

The relaxations include extension of a factory worker's daily shift from eight to 12 hours a day, six-day week, limited time for rest, reduction in inspections and monitoring by authorities, restricted grievance redress mechanisms and limited collective bargaining through labour unions. The International Labour Organisation (ILO) expressed concern as these relaxations violate ILO Convention 144, which calls for tripartite consultations among government, employers and workers.

While this was bad news for all labour, it might lead to an increase in hazardous work, forced labour, debt bondage and human trafficking for children and adolescents working in factories and industrial setups, said Rahul Sapkal, Assistant Professor, Centre for Labour Studies, Tata Institute of Social Sciences (TISS). Adolescent workers would be especially vulnerable in the absence of adult labourers who had left for their home towns and villages. Many of them might be forced to work for long hours, in hazardous and often abusive environments, for little or no pay, and often far from home.

Rahul Sapkal said: "The changes in labour laws will weaken enforcement mechanism, which may further increase child labour amid this crisis. The child labour legislation needs to be revised as many aspects of climate change and hazardous industries are not yet incorporated into it. This revision must include revisiting the definition of what constitutes hazardous industries, keeping the developing capacities of children in mind."

Speaking on a webinar organised by CRY, Priyank Kanoongo, chairperson of NCPCL (National Commission for Protection of Child Rights), said that any organised sector industry that depended on the unorganised sector, such as the automobile manufacturing industry, undoubtedly employed child labour, if not directly then indirectly. He said unless and until the principal manufacturer was held accountable for the child labour employed in the unorganised sector linked to their industry, the chain of child labour "from Seelampur to Bawana to Moradabad" could not be abolished.

He stressed the need for civil society organisations to press for the registration of first information reports



**A BOY** in the western suburbs of Mumbai selling plastic bags to make ends meet, on June 12.

(FIRs) against employers. According to him, a family-centric approach would have to be adopted to deal with the problem of child labour as "a child-centric approach could only work in countries that had institutional support systems in place". He suggested that civil society should use existing laws efficiently to address the issue of child labour. "We need to ensure that we are using the existing laws, not sitting and feeling helpless. The number of FIRs filed so far is extremely poor compared with the large number of child labourers in the country. Therefore, it is everyone's responsibility to report and file FIRs on child labour," he said.

#### CLOSURE OF SCHOOLS

Sending children to school is considered an important preventive measure against child labour. But as schools remain closed for the foreseeable future, children are forced to stay at home, which increases their risk of getting pushed into the labour market. Given the loss of income for families, it is likely that they will be engaged in home-based or agricultural work. Moreover, out-of-school children are at greater risk of getting caught up in trafficking, begging, debt bondage and other indecent and exploitative work conditions.

While efforts were made to continue education for children through remote teaching options such as online classes, radio, television and so on, most children from poor families do not have access to these media. "Only 8 per cent children have access to computer and internet. 24 per cent have smartphones," said Protiva Kundu, Additional Coordinator- Research, Centre for Budget and Governance Accountability (CBGA). It is critical to ensure a continuation of education for all children, espe-

cially the ones from marginalised households at this juncture. Protiva Kundu that the situation would have a greater effect on girls and disabled children. Even if schools reopen, parents would not have the money to pay fees and would instead require the child to support the family.

She said that there was an urgent need to track the children who had gone back to their villages and connect them to community-level child protection mechanisms, including village child protection committees. Panchayati Raj institutions and school management committees must track every child in their village and ensure their safety, especially from trafficking, underage marriage and forced labour. "The government should expand the coverage of the National Child Labour Project in all districts which is currently operating in 323 districts and spend on survey of identifying child labour. Also, it is high time to address dropouts in schools, and the government should expand RTE [Right to Education] Act up to class 12," Protiva Kundu said.

Puja Marwaha, Chief Executive Officer, CRY, said that sometimes educated people also justified employing child labour on the grounds that the child got some food, shelter or hourly education on the side. But the space of child labour itself was damaging and harmful for all of our future generations, she said. "I truly believe that only when all Indians start believing that children below 18 years should not have to work because they are poor or for any other reason will we actually start changing the situation. The advent of COVID-19 seems to be one major contributing factor in the undoing of all efforts made so far in reducing and ending child labour," she said. □



# In a mess

A sudden surge in the number of COVID-19 cases in June, the low levels of testing and the controversy over the non-availability of beds **expose the ineptness** of the Delhi government's handling of the pandemic. BY DIVYA TRIVEDI

DELHI'S COVID-19 OUTBREAK WENT FROM bad to worse in June, setting off alarm bells in the capital's medical and political circles. Failure on several fronts, especially with regard to the abysmally low levels of testing, has led to the situation getting out of control. By Chief Minister Arvind Kejriwal's own admission, cases are expected to spike to 5.5 lakh by end July, requiring 80,000 beds. By mid June, more than half the available beds and ventilators in Delhi's hospitals were already occupied.

The absence of any mechanism to trace and isolate infected persons and their primary contacts resulted in a spurt in cases that soon became unmanageable. While migrants in Delhi who left for their hometowns were said to have been responsible for a rise in cases in several States, the Delhi government itself showed no inclination to monitor or quarantine people entering the capital. By mid June, it became impossible to ignore the rising number of infections and deaths, as families of patients were seen struggling between hospitals for beds and



**OUTSIDE** Punjabi Bagh cremation ground, New Delhi's first COVID-19-only burning ghat, on June 14.

treatment. Bodies piled up in mortuaries, while crematoriums and burial grounds were either not available or non-functional.

News reports pointed to a mismatch in COVID-19 fatality rates put out by the Delhi government and the hospitals, causing Kejriwal much embarrassment. However, instead of correcting their data, the Delhi government took the shocking step of reducing the levels of testing. Bodies brought to hospitals were no longer to be tested for COVID-19 even if the persons had been found to be symptomatic. This decision not only violated World Health Organisation (WHO) and Indian Council of Medical Research (ICMR) guidelines but also exposed those handling the dead to the risk of contracting the virus. Thereafter, laboratories were told not to test asymptomatic persons regardless of their exposure to the risk of the virus. These orders led to a drastic fall in the number of tests conducted in June.

Senior Congress leader Manish Tewari said he had to run from pillar to post to get his wife tested on the written advice of her doctors. "Despite growing up on a hospital campus and knowing every medical professional of consequence, I had to move heaven and earth just to get my wife tested. Fortunately, she tested negative," Tewari tweeted, adding: "Delhi's health systems are broken."

On June 9, Deputy Chief Minister Manish Sisodia claimed that there was no community spread because Central government officials had said so in a meeting with the State Disaster Management Authority. Community transmission is declared when the source of the infection in an infected person cannot be determined. The same day, Delhi Health Minister Satyendar Jain said that in 50 per cent of cases the source of infection was unknown. He added that only the Centre could declare whether there was community transmission or not as it was a "technical term".

Delhi's Lieutenant Governor, Anil Bajjal, overturned Kejriwal's decision to not provide healthcare in government-run hospitals to patients from outside Delhi and did so on the grounds that the decision went against the constitutional guarantee of right to life and healthcare.

The National Human Rights Commission issued notices to the Delhi government and the Union Health Ministry on the complaint of Congress leader Ajay Maken, who pointed out that around 70 per cent of dedicated beds in Delhi were lying vacant even as patients were struggling to avail themselves of beds. He stated in the complaint that Delhi has a robust hospital infrastructure of 57,194 beds, along with a significant presence of Central government hospitals, but only 12 per cent of Delhi government's, 8 per cent of the Central government's and 7 per cent of private hospital beds were occupied and being used to treat COVID-19 patients.

## JUDICIARY INTERVENES

The Delhi High Court came down heavily on the Delhi government's handling of the pandemic. "It appears that Delhi is fast heading towards becoming the coronavirus capital of the country, an epithet the city can well do



**MEDICAL** staff with patients outside the Special COVID Ward at the LNJP Hospital in New Delhi on June 1.

without. We are of the opinion that it is the need of the hour that all the private hospitals in Delhi who are equipped with a lab to undertake COVID-19 test be permitted to do the testing without any further loss of time. This is all the more imperative as the Delhi government has directed all private hospitals in Delhi to reserve 20 per cent beds for admitting COVID-19 patients," the court said on June 6.

On June 12, the Supreme Court pulled up the Delhi government for its low testing rates and mishandling of COVID-19 patients and bodies of those who had died. It slammed the government for a "horrendous" situation where COVID patients were being treated "worse than animals", and asked Kejriwal to explain why testing had dropped from 7,000 to 5,000 when Chennai and Mumbai had increased their testing from 16,000 to 17,000.

On June 14, Home Minister Amit Shah met Kejriwal and promised initiatives to prop up Delhi's fight against the coronavirus, including 500 railway coaches with 8,000 beds, a supply of oxygen cylinders, ventilators and pulse oximeters. A committee would be formed to provide 60 per cent of the beds reserved for coronavirus patients in private hospitals at a low rate and testing would be doubled immediately, Amit Shah said. After six days, the tests would be increased by three times, he added. To improve contact mapping in containment zones, a comprehensive health survey of every person would be done from door to door. Currently there are 242 containment zones in Delhi.

"Extremely productive meeting between Delhi govt and Central govt. Many key decisions taken. We will fight against corona together," tweeted Kejriwal.

With the number of cases touching 41,182 and the number of deaths at 1,328 by June 15, Kejriwal quelled rumours and clarified that there would be no extension of the lockdown, essentially placing the burden of safety on individuals. □



# Figures in dispute

The Maharashtra government claims an impressive recovery rate, but the opposition says confusion prevails even over the **number of deaths**.

BY LYLA BAVADAM

“IT IS TIME TO UNDERSTAND AND ACCEPT that COVID is here to stay for some time. We cannot say how long, but we will have to learn new ways to live with it.” This is what a Mumbai municipal official said on condition of anonymity. “Numbers will increase especially after the lockdown is called off because people will mingle more. And we have increased testing so more cases will be discovered,” he said.

The city was doing relatively well, he said, pointing out that the March and April predictions for COVID cases were higher than the actual numbers. He drew attention to a comparison between the numbers of positive cases, recoveries and deaths. Until June 13, Maharashtra had 1,01,141 positive cases. Of this, 47,796 persons have recovered and 3,717 died.

It took 95 days for the number of cases to touch one lakh after the first case in the State was discovered on March 9. Officials say that Maharashtra’s corona curve going up slowly can be attributed to the precautions taken by the government. They compare it with New York where cases shot up to one lakh in 22 days, the United Kingdom where it went up in 60 days, and Italy and Spain where it crossed the one-lakh mark in 63 days.

Maharashtra’s recovery rate is 47.03 per cent and the mortality rate is 3.07 per cent. This high recovery rate has encouraged the thinking that there must be many people who have (or had) the virus and recover without even knowing they had it. So, logic points to a new direction for action—focus on reducing the fatalities by caring for the severely infected and thereby bringing the situation under control.

“Our practice has been to trace, test and isolate and we still continue to do that, but there’s a change now. We will be focussing on preventing deaths of those who have been severely affected by the virus. So, those with breathing difficulties should be the ones that get into hospitals. Those with symptoms need to

self-quarantine and be educated on when and if to move to hospital. This will free up beds. And make the best use of medical personnel. We’ll control it through good, accessible hospital care,” says the same official.

Accessible medical care has been the stumbling block so far. On the one hand, private hospitals have been brought into the COVID treatment system, thereby enhancing medical facilities. The Brihanmumbai Municipal Corporation (BMC) has said that if private hospitals do not fully turn into COVID care facilities, they need to reserve 80 per cent of their beds for COVID patients. However, according to BMC

sources many are yet to act on this. There is also a ceiling on charges for these beds.

On the other hand, there is a shortage of beds, patients dying because a doctor could not see them or because they were denied entry into hospitals, or because of a lack of oxygen support systems and of ventilators. There is also a shortage of ward boys, kitchen staff, cleaners and even nurses. Many hospitals are working with only 40 per cent of their normal staff complement.

There seem to be coordination issues between private hospitals and the BMC. The State is totally focussed on setting up jumbo facilities over which it has complete control. As many as 8,000 new beds in these facilities will add to the 7,000 beds in public hospitals and 23,000 in private ones currently in use for COVID cases.

The Bharatiya Janata Party (BJP) has been carrying out its own independent research and says that an additional 15,000 beds can be requisitioned from private hospitals and there is no need to build jumbo isolation centres.

Another complication confounds this forest of numbers. The BMC has been accused of fudging the number of COVID deaths. Former Chief Minister Devendra Fadnavis of the BJP wrote to Chief Minister Uddhav Thackeray saying 950 deaths had been covered up and not shown as COVID deaths. An investigation is on.

Meanwhile, from the point of view of the average citizen, there is a need to know when things will return to normal. While the municipal source reiterates the prob-

The lifting of restrictions in Mumbai has highlighted the city’s dependence on workers from the rest of India.

lem of unpredictability of the virus, Chief Secretary Ajoy Mehta says that infection rate has plateaued in the city.

But with the country opening up and travel being allowed it is possible that Mumbai’s plateau may become a rising arc again. This has already been proved in reverse. Those that left Mumbai for their home States took the virus back with them. Dadra and Nagar Haveli, Mizoram, Nagaland, Arunachal Pradesh and Sikkim were COVID-free until their residents returned home.

## DEBATE ON LOCKDOWN

This has revived the lockdown debate again. Said a bureaucrat in Mantralaya: “There are two views on the lockdown. One is that we created a false sense of hope and people expected that at the end of the lockdown the virus would have vanished. Frankly I doubt that anyone was so foolish to think the virus would disappear. The second view is that when it opened up the virus would get us anyway so what was the point of the restrictions. Critics quote the Swedish government’s chosen path, but that is not relevant to the Indian situation.”

“The lockdown gave people an understanding of the gravity of the situation. It also slowed down the spread of the virus. There are models that prove this. A group of scientists [Indian Scientists’ Response to COVID-19] has estimated that the lockdown has prevented 8,000 to 32,000 fatalities. NITI Aayog estimates that 37,000 to 2,10,000 deaths were prevented,” the official said. Indian Scientists’ Response to COVID-19 is a voluntary group of concerned scientist citizens who have come together to discuss the rapidly evolving situation and the need for science communication.

The lifting of restrictions in Mumbai has highlighted the city’s dependence on workers from the rest of India. The very people the city was eager to transport back are the ones who are desperately required now.

Taxis which are allowed to ply are scarce because most of the drivers have gone back. Shops can stay open longer but do not because of a shortage of staff. The same goes for house help, vegetable and newspaper vendors, and so on.

With no earnings and no way to pay their rents during the lockdown the daily wagers had to leave. The bureaucrat says that if States had been given some warning of the lockdown “lives of people would not have been impacted in the way they were. It was cruel to declare a lockdown within hours.” □



PUNIT PARANJPE/AF

**A NEW** isolation centre at St. Xavier’s College in Mumbai on June 17.



# High on hype

The Yogi Adityanath government steps up its self-promotion campaign rather than mobilise resources to defeat the virus.

BY VENKITESH RAMAKRISHNAN



ON JUNE 11, IN A VIDEOCONFERENCE WITH the Chief Secretaries and Health Secretaries of the States, Union Cabinet Secretary Rajiv Gauba warned that five States would face a critical shortfall in ICU beds and ventilators between June and August in the battle against COVID-19. In other words, these States would be found wanting in providing care to those who fell seriously ill with the deadly infection. Uttar Pradesh was one of the States identified by the Cabinet Secretary, along with Maharashtra, Tamil Nadu, Delhi and Gujarat. All these States were marked as having extreme limitations in relation to hospital inventory even as the confirmation

**A CONDUCTOR** issues tickets to passengers inside a Uttar Pradesh Roadways bus after it resumed services, in Mathura on June 1.

rate (percentage of samples tested returning positive) recorded a steady surge. Gauba's presentation further pointed out that the national Case Fatality Rate (CFR) remained stable. Sixty nine districts spread across 13 States had CFRs around 5 per cent, rated as very high. Of these districts, 11 are in Uttar Pradesh.

Even as the country's top bureaucrat flagged these concerns and practically asked the five States to buck up

and ensure greater focus on combating the pandemic, the Yogi Adityanath-led Bharatiya Janata Party (BJP) government in Uttar Pradesh was relentlessly pursuing its self-congratulatory publicity drives. A day after this warning there was much propaganda in the media and the government publicity machinery on how the Chief Minister had become a messiah of the children of migrant labourers as he had sanctioned a dole of Rs.1,000 to boys and Rs.1,200 to girls. The huge rise in fatalities in the first 10 days of June was explained away as something caused by the people's casual attitude towards Unlock 1.0. Throughout the first 10 days of June the spurt in new COVID-19 cases was at a steady 5 per cent, as high as in Delhi and Tamil Nadu, rated as the worst affected States.

A number of senior officials in various departments of the State government, including Health and Home Affairs, point out in private that one of the major reasons for the spurt was the colossal lack of basic health infrastructure across the State. But in their public statements, government representatives, including bureaucrats, highlight the casual public reaction to Unlock 1.0.

A case in point is the statement of Dr Ashok Shukla, Chief Medical Officer (CMO) of Kanpur. Talking to the media, he pointed out that while there had been two case peaks in the past for diverse reasons, the surge in early June was basically because of the unrestricted movement of people following the easing of the lockdown. During a stringent lockdown it was easier to trace and track the infection. Now it was becoming extremely difficult. During a lockdown there was limited movement of people and people remembered every single place they had visited and person they had come in contact with. But now they were unable to tell everything. In a recent instance, one person infected as many as 80 people. Officials of Noida and Ghaziabad districts have also blamed the spurt in infection in their districts to the movement of people from Delhi. State Surveillance Officer Vikasendu Agarwal said that in these districts the spillover from Delhi was adding to the case load.

However, there was a silver lining in the COVID-19 data tabulated in early June, in the form of one aspect of new infections. This showed that the share of inter-State migrants in cases reported "since the beginning of June had come down to roughly 26 per cent". In May, when the reverse migration of labourers from the big cities to rural

"The huge rise in fatalities in June was explained away as something caused by the people's casual attitude towards Unlock 1.0."



**CHIEF MINISTER** Yogi Adityanath interacts with doctors and health staff during his visit at a hospital in Azamgarh on June 8.

Uttar Pradesh was at its peak, their contribution to the new cases was above 50 per cent. But another nuance of the June data causes serious concern. Out of the 321 deaths reported in the State between June 1 and 10, approximately 65 per cent—as many as 209—were of people in the 21-60 age group, many of them without known comorbidities. This flies in the face of the widely accepted assessment that healthy youngsters are at lesser risk from COVID-19 than elderly people with long-standing morbidities. Around 31.5 per cent of the deaths, 101, were of persons above the age of 60, while 3.5 per cent, 11, were of persons under 20 years.

According to a senior State Health Ministry official, the exact percentage of the deceased without comorbidities in the age group of 21 to 60 has not been quantified and unless it is done properly it cannot be gauged how far the early June experience of Uttar Pradesh repudiates the generally held view on the connection between COVID-19 and comorbidities. As one who has consistently flagged the long-standing deficiencies in Uttar Pradesh's public health system, he is not sure whether the current government will take up an evaluation earnestly. "At the moment, there is a huge publicity drive promoting the so-called dynamism with which the self-proclaimedly ascetic Chief Minister is battling the COVID-19 crisis even as cases and fatalities keep mounting. After all is said and done, herd immunity will arrive, give or take a few thousand deaths, seems to be the primary attitude of the self-promotion team in the Chief Minister's Office in Lucknow," the veteran officer told *Frontline*. □



# Migrants return

Factories in Hoshiarpur, Ludhiana and Barnala and farms across Punjab are **swinging back into action** as workers return from their home towns and villages. BY ZIYA US SALAM

AT A TIME WHEN MOST STATES ARE REELING under the aftermath of the large-scale migration of urban labour, Punjab is faced with the challenge of 'reverse migration'. The labourers who had migrated back home to Bihar and eastern Uttar Pradesh following the abrupt announcement of the lockdown in March-end, and endured untold hardships to reach their home towns and villages, are now beginning to trickle back to farms, just in time for the sowing of paddy in the State. While many have boarded buses on their own to arrive in time for paddy-sowing and to resume work in woollens-manufacturing units, others have been luckier. Their travel expenses are being borne by their employers in Punjab. The migrant labourers who could barely earn anything since their arrival back home are understandably relieved to go back. It is not without its downside, though.

Recently there were reports of some wealthy farm owners and businessmen flying workers back at their own expense. The labourers who had struggled to reach home, often taking as many as five days on Shramik Special trains (many had even walked for weeks to reach home), were understandably elated about their first air travel. The news portal The Wire reported the efforts of a Ludhiana-based blanket manufacturer, Bobby Jindal, who brought labourers back from Bihar so that his business could resume operations with skilled labour.

Incidentally, June is the month when Ludhiana's hosiery industry comes into its own with booming trade in winter products. This year, the absence of skilled labour meant the factory and farm owners were left with no alternative but to bring the labourers back at their own expense. Most were happy to pay Rs.2,500 per person for bus travel from Bihar to Punjab. They are now providing the labourers with food and lodging, besides the per-unit manufacturing charges of winter goods in urban areas, or in the case of farm labour the charges for paddy-sowing per acre. Around the same time, other

**FARM** workers planting paddy seedlings with the onset of the Kharif season at Kajjal Majra village in Fatehgarh Saheb district of Punjab, on June 10.

workers reached Hoshiarpur and Barnala, hoping to resume work as factory workers. Unlike the lucky few who arrived by air, they took the long road back to their workplaces, followed by a two-week quarantine period.

The labourers, who realise that they have an edge, are demanding anything up to Rs.6,000 an acre for paddy-sowing, in contrast to the Rs.2,700 to Rs.3,000 they were paid earlier.

The farm owners remain hopeful of striking a deal between Rs.3,500 and Rs.3,700, though they say even this will escalate their costs substantially. Still they consider



AKHILESH KUMAR

this option better than having an entire paddy crop ruined with unskilled labour.

The contrast to the time when millions of migrant labourers left Punjab for their home towns in Uttar Pradesh and Bihar could not be more marked. Then they were left to fend for themselves by the Central and State governments and their employers.

Professor Maitrayee Chaudhuri of Jawaharlal Nehru University's School of Social Sciences says, "A crisis usually exposes the hidden structure of a society. The pandemic has revealed it in a dramatic fashion. It is important, however, not to 'blame everybody' for this mess or 'society' at large. The migrants too are part of our society. Blaming everyone amounts to blaming nobody. All countries are battling this enormous crisis. But we did not see such visuals from anywhere else. The reckless and callous state decision to give four hours to pack up for a lockdown resulted in this. The average urban middle-class person may or may not be aware that lockdown has very different implications for different sections of people. But the state is supposed to know. It is in the business of governance. That our cities run on the labour of poor migrants should not be



PUNJAB Health Minister Balbir Singh Sidhu.

something that the government does not know....

"Two points emerge here from what I call 'cognitive invisibility' of the urban poor in dominant consciousness. Firstly, poor people are not 'people' like us. We see them physically, but as 'labour' not 'people'. And the government does not seem to see them as 'citizens' either.... So in the addresses of the Prime Minister we see that the addressee is the urban middle class. This is true cognitive invisibility at work. Until they spilled out onto the streets, it did not strike anyone. Secondly, in India this attitude, what was termed as 'the middle class secession from poor Indians' has

grown and flourished since the 1990s."

It is this middle class that has brought migrant labour back to looms and farms. This seems a good-for-all solution on paper, but it exposes the hidden crevices of a society that looks at men/women as labour or mere statistics rather than as people. "They are 'labour', instrumental for their business, industry or agriculture, to function and profit. The idea of humanitarianism like the idea of fellow citizenship is dead."

However, it is not as if only the farm or business owners stand to gain. The economy, which is staring at a shortfall of up to 70 per cent, also gets the much-needed shot in the arm. And the migrants, who could barely hope to earn Rs.200 a day working on agricultural fields in Bihar are happier earning three times the amount.

How does one arrive at the complete picture with both the haves and the have-nots needing each other at this time? Prof. Chaudhuri says: "Migrants need the jobs. But we need to phrase this in terms of democratic rights. Right to employment, fair wages, livelihood, security... define our constitutional values. (So the 'dues' that employers owed the migrants was their 'right'.) They are the core of a democracy. Democracy has been reduced to a PR exercise. Not adherence to the three basic core ideas of equality, liberty, fraternity." She pointed that out in the early weeks of the lockdown things were different as labour was considered expendable to middle-class requirements in the short run.

"The migrants were not just forgotten, but beaten and maltreated in fear of the 'virus'. Old ideas of class, caste and communities came to the fore. The tension between formal equalities granted by the Constitution and the deep inequalities [that exist] were on display. Inequalities won the day," she said.

That may be true. For the moment, though, Punjab could do with the helping hand provided by the return of workers. The factories in Hoshiarpur, Ludhiana and Barnala and farms across the State are swinging back into action. Never mind the rising costs of the labour and the consequent increase in cost of production. □



# Dying young

COVID deaths of people below 60 and with no other illnesses, especially in Chennai, pose significant concern to the authorities.

BY ILANGO VAN RAJASEKARAN

WHEN SHE CRIED IN AGONY INDICATING that her chest felt like exploding, the medical team that attended to her stood helpless. Though she was a Type I diabetes mellitus patient, doctors were optimistic that she would respond to the treatment. After all, she was in her teens. “But sadly, she collapsed and never recovered,” said a senior nurse who attended to the 17-year-old Chennai girl who became the 126th victim in Tamil Nadu government’s burgeoning COVID-19 list of the dead.

The girl died just under four hours of her admission to one of the leading government hospitals in Chennai on June 3. A note from the Health Department claimed that she died from “COVID-19 Pneumonia, Cardio Pulmonary Arrest, Acute Kidney Injury, Uncontrolled Hyperglycaemia, Left Pyelonephritis and Diabetic Ketoacidosis”. On the same day a 25-year-old woman from Krishnagiri district died of respiratory failure and asthma. Another person to die of COVID complication was a 33-year-old mother soon after childbirth. Another 27-year-old woman in Chennai died of the infection on April 27.

A large number of the people who died had co-morbidities such as diabetics, hypertension, heart and kidney ailments, lung diseases, cancer and, predominantly, respiratory failures and sepsis shock. Two senior private medical practitioners, two senior nurses and a laboratory technician, too, succumbed to the infection. J. Anbazhagan of the Dravida Munnetra Kazhagam became the first sitting MLA to die of COVID in the country. The list of the dead is growing long and the virus also seems to be breaking the barrier of age.

Front-line workers and health care personnel are worried about the increasing death rate, especially in the 30-60 age group, although the fact that a few over 90 years of age have recovered offers some solace. From April 29, the day the State Health Department started issuing daily bulletins on COVID deaths, to June 13, as many as 25 patients who lost their lives were in the 20-40 age group, 127 were in the 41-60 age group and 208 were above 61. On June 13 and 14 there were seven deaths each of people in the 40-60 age group who had no other illnesses.



A MOBILE testing centre in Chennai on June 16.

The situation forced Health Minister C. Vijayabaskar to say that “the virus’ strain is intensely virulent today in the State”, suggesting that more patients were on emergency medicare and in need of oxygen. As the infection rate rose to nearly half a lakh in the third week of June, many people started thronging hospitals in what physicians call “clinically precarious condition” — most of them requiring nasal oxygen and ventilators. Correspondingly, the death rate also started going up, raising alarm.

“That many COVID patients need oxygenation bares the seriousness of the issue today,” said a senior infectious disease specialist. “Fortunately, all major government hospitals have integrated oxygen plants to meet the massive emergency requirements of today. The Madurai Rajaji Government Medical College Hospital in Madurai has one such plant, besides adequate number of ventilators. We are well-equipped to meet any emergency,” said Dr J. Sangumani, the hospital’s dean. A major referral centre for the southern districts of the State, it recently saved a 54-year-old COVID patient with plasma therapy. The hospital has so far recorded three deaths of over 450 patients there.

A study on COVID-related death in Tamil Nadu

reveals many shocking details. The State recorded the first double-digit number in deaths, 12, on May 28. But June has seen an all-round spike in terms of infection and mortality. On June 5, 12 people died and the next day 19, among whom eight had no other serious illnesses. As on June 7, the death toll stood at 269; one of this was in the 10-19 age group, four in the 20-29 age group, 17 in the 30-39 age group, 31 in the 40-49 age group, 61 in the 50-59 age group, 71 in the 60-69 age group, 65 in the 70-79 age group, 17 in the 80-89 group and two above 90.

As on June 12 the State recorded 367 deaths, with a mortality rate of 0.90 per cent. Chennai city’s death toll that day was 294 with a 1.01 per cent death rate.

The death toll in the State touched a new single-day peak, 38, on June 14. Of these, seven persons had no co-morbid conditions.

Chennai’s infection rate *vis-a-vis* the State as on June 12 was 64 per cent. The number of infections in Chennai constitutes two-thirds of the State’s total, though according to Health Secretary J. Radhakrishnan, who is also the pandemic nodal officer for Chennai city, just 16 per cent of the city’s 37,000 streets, mainly in north Chennai, were infection-prone.

“Chennai remains a danger zone,” said a senior Corporation health officer. The sheer density of population in the city is the critical reason why containment has become difficult though the incompetence of the Greater Chennai Corporation cannot be overlooked.

Besides doctors and postgraduate medics, 155 staff nurses in all government hospitals have been infected in the last two months. Two of them, Joan Mary Pricilla, 58, Grade I Nursing Superintendent of Madras Medical College Hospital, who continued her service even after her retirement in May, and Thangalakshmi, 54, of Rajiv Gandhi Government General Hospital, lost their lives in the line of duty.

Meanwhile, the Supreme Court has asked the Tamil Nadu government to file a status report on how some 30 children of the government-run juvenile home in Chennai tested positive. The Chennai City police, following a complaint from the Chennai Corporation, are on the lookout for 199 persons of north Chennai who tested positive and jumped quarantine.

As many as 734 pregnant women were admitted for COVID treatment in various government hospitals; of these 547 had recovered until June 12. Two died. “Many of these women were denied treatment by private doctors and hospitals they had been going to before they tested positive. They were referred to our hospital and they recovered, many of them despite having co-morbidities,” said a senior physician of the Institute of Child Health and Hospital for Children at Egmore, Chennai. As on June 15, the hospital had 62 patients.

## KEEPING MORTALITY RATE LOW

“Since the virus is erratic and not confined to any set pattern that epidemiologists have perceived, we have decided to ‘indigenise’ our action plan, especially in Chennai,” said a city-based epidemiologist. As a result,

the focus has shifted to hospitals, disease management and recovery so that the State-level mortality rate of around 1 to 1.5 per cent can be maintained.

Reports claim that hospitals in Chennai have started overflowing with patients. The State government claims that 70,000 beds, apart from corona care centres, have been augmented to meet the rising demand. It says it has also undertaken a massive exercise to recruit doctors and paramedical staff, besides laboratory technicians and health workers.

As the infection is on the rise in the State, especially in Chennai, pressure is mounting on the administration. A batch of 23 nurses staged a brief sit-in on the premises of the Omandurar Government Super Speciality Hospital, where over 400 patients are being treated, complaining that they were stressed out because of long working hours. It prompted the government to recruit, temporarily, 2,400 health care professionals and 1,000 postgraduate doctors. Doctors and paramedical staff in the districts are also being brought to Chennai to bolster the manpower, and additional ambulances have been added to the fleet.

## DISCREPANCY IN DEATH TOLL

Allegations are rife that the government is not maintaining transparency while providing the statistics on COVID-19-related deaths. A visibly embarrassed Chief Minister, Edappadi K. Palaniswami, told the media in Salem that there was no need for the government to indulge in such activities. “How can one hide or cover up a death?” he asked. Media reports, however, claimed that in Chennai Corporation limits around 398 people could have died of virus infection until June 4 as against the Health Department’s number of 166.

On June 7, opposition leader and Dravida Munnetra Kazhagam president M.K. Stalin expressed his shock on Twitter over the discrepancies and contradictory claims of various departments on the death toll. One report claimed that the death of 20 persons in the Southern Railway Hospital at Perambur had not been included in the statistics provided by the Health Department. “Many deaths go unreported. While the intensity of infection is on the rise, the death rate remains surprisingly low. The media have to insist on the state maintaining transparency and providing correct statistics. From the beginning there has been a huge gap in the coordination of various agencies that are dealing with the pandemic,” said a social activist.

As the issue emerged to be a hot topic, Health Secretary, Dr Beela Rajesh, who was transferred from the post on June 12, said that a committee had been formed to “reconcile” the statistics on deaths and admissions received from Chennai Corporation and private hospitals with that of the Health Department.

“The task is clear and could hardly be more urgent. We have to save as many lives as possible,” said an influenza specialist. Meanwhile, with infection spreading, the government has declared a lockdown for 12 days from June 19 in Chennai and parts of Tiruvallur, Chengalpattu and Kancheepuram districts. □



# Contrasting tales

The stark difference in the manner in which Bihar and Jharkhand tackled the **issue of migrant labourers** struggling to reach home during the lockdown is noteworthy. BY **PURNIMA S. TRIPATHI**

ALL THROUGH THE LOCKDOWN BIHAR AND Jharkhand occupied centre stage in the collective consciousness of the nation, not because of a surge in COVID-19 infections but because of the numbers of migrant labourers on the road struggling to get back home from far-off places in the country, with some of them losing their lives on the road, on railways tracks and inside trains. In Bihar, a total of 20.46 lakh migrants returned in May, while in Jharkhand seven lakh reached home. Their arrival also saw an increase in the number of infections in the two States.

Bihar had recorded only 1,016 cases and seven deaths until May 15, but by June 14 it had a total of 6,475 cases, with 36 lives lost, and the number of infections is still rising. Similarly, Jharkhand had recorded only 204 cases and three deaths as of May 15, but by June 14 it had 1,761 cases and 10 deaths.

“But our recovery rate, at 62.5 per cent, is much above the national average. Also important is the fact that the maximum number of deaths due to the coronavirus has been of those who had co-morbidities. Pure coronavirus deaths in Bihar are very few,” said Dr Sunil Kumar Singh, a Janata Dal (United) leader who is also a practising

doctor. But the way cases are increasing is a matter of concern, he said. In Bihar, so far only government hospitals—of which there are only three, in Patna (Nalanda Medical College and Hospital), Bhagalpur and Gaya—and district government hospitals are treating COVID-19 patients. Realising the gravity of situation, the Bihar government has converted the Patliputra Indoor Stadium in Patna into a COVID care facility, thereby increasing the number of fully equipped beds at its disposal by another 400-500.

It is also mulling over the possibility of co-opting private hospitals for COVID-19 treatment, if required. “So far we are able to meet our requirement at government hospitals. But if the situation demands, we will ask private hospitals to reserve beds for COVID care too. The government has written to all the private hospitals regarding this,” said Dr Sunil Kumar Singh. Significantly, the Bihar government closed all its quarantine centres, 15,000 in all, with effect from June 15. “Those arriving from outside will be kept quarantined at home. There is no need for these centres now,” said a senior government official.

The government does not seem to have utilised the

long lockdown period to create more facilities despite the fact that it anticipated a spurt in cases once migrants started returning. “We spent the time understanding what exactly was required. Now, as and when the need arises, we will act upon it,” said Dr Sunil Kumar Singh.

The State has done well to increase the number of tests being conducted. Over 3,500-4,000 tests are being done every day, and the target is to increase it to 10,000 a day. So far 1,23,629 people across the State have been tested. The extent of migrants’ contribution to the spike in infections can be deduced from the fact that they accounted for 4,449 of the total of 6,475 positive cases on June 14. The fact that 3,975 people have recovered gives the Bihar government hope that the severity of the infection may not be very high in the State. “Our mortality rate is low, so we can afford to take some risks and start some economic activities while taking all precautions,” said a senior leader of the Bharatiya Janata Party. Among the precautions being taken are distribution of masks and soap in rural areas and the creation of awareness about physical distancing.

## JHARKHAND

In Jharkhand, too, most of the deaths are of people who had co-morbidities such as high blood pressure, heart conditions, diabetes or cancer. Here too, the recovery rate is high: out of a total of 1,761 cases, over 900 patients have recovered so far. As is the case in Bihar, in Jharkhand, too, returning migrants account for a large number of the total of 1,396 cases. The State has also been diligent about testing. Up to the time of writing, a total of 1,06,171 people have been tested in the State.

However, there is a striking difference in the way the two States are dealing with the issue of migrants. While Jharkhand has started rehabilitating those who have come home, Bihar is still in the process of mapping their skills. In Bihar, all that migrants are being offered are jobs under the Mahatma Gandhi National Rural Employment Guarantee Scheme, which pay a measly Rs.250-300 a day. This has resulted in a great deal of unrest in rural areas, and people

have already started going back to other States, especially to Punjab where the paddy transplantation operations have begun and workers are in demand. Farmers in Punjab are luring these workers with the promise of increased wages and better facilities. But all this is happening at an informal level in Bihar, without the government coming into play. Busloads of workers are said to be leaving the State secretly in the dead of night.

## JHARKHAND-BRO AGREEMENT

In Jharkhand, on the other hand, the government has taken it upon itself to seek guarantees from those who want to recruit workers from the State. Chief Minister Hemant Soren, who personally ensured that workers stranded in places such as Leh-Ladakh and the Andaman & Nicobar Islands were airlifted and brought home, has sought written undertakings from prospective employers about the welfare of workers from Jharkhand. “We have seen how our people in other States were not given proper treatment, nor were they treated with dignity. Now we will not allow any compromise with their labour, welfare, rights, benefits and dignity,” he told the media in Ranchi after he had negotiated a memorandum of understanding with the Border Roads Organisation (BRO), which recruits workers from Jharkhand for road-building work in the border areas of Jammu and Kashmir, Leh-Ladakh, Uttarakhand and Himachal Pradesh.

In a first of its kind move anywhere in India, the Jharkhand government signed an agreement with the BRO on June 8 for the recruitment of 11,800 workers from the State. The Jharkhand government has invoked the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979, for this purpose, which requires the BRO to register itself as an employer that can recruit directly without the services of middlemen contractors, called Mates, as was the practice so far. Under this agreement, the BRO will pay wages that are higher by 15-20 per cent directly into the bank accounts of the workers, unlike the practice so far where the Mates took their cut from the wages. The BRO will also have to provide benefits such as health care facilities, accident insurance, transport to and from home, and proper housing.

The BRO has been taking workers from Jharkhand for years, in two batches: April-May and October-November. It was this October-November batch of workers that got stuck in Leh-Ladakh in March because of the lockdown and was airlifted by the State government. It was then that the Chief Minister, who received them at the Ranchi airport, actually realised their plight and decided to institutionalise the recruitment system.

A total of 11 special trains have been organised to take 11,800 workers to the border areas. Two trains have already left. The Chief Minister flagged off the first train on June 13 and told BRO officials that these workers should return with similar smiling faces in October. Also in the offing is a special government insurance scheme worth Rs.10-15 lakh for those going out of the State to work. “No more compromises with either the safety or welfare of our workers,” Hemant Soren promised. □



**MIGRANTS** who arrived from Kerala via a Shramik Special train at Hatia Railway Station, Ranchi, on June 13. (Right) Migrants boarding a bus at the Delhi-Noida border in New Delhi to travel to their native places in Bihar on June 13.





# Unable to cope

There are 127 hospitals in the State with COVID treatment facilities, but the situation **continues to be grim** and private hospitals charge as they please. BY ANUPAMA KATAKAM

GUJARAT CONTINUES TO BE AMONG THE five States witnessing the highest numbers of COVID-19 cases and deaths in the country: 23,544 positive cases and 1,477 deaths, as of June 15. The contagion shows no signs of abating, and the State machinery appears completely overwhelmed and the health care system seems to have broken down. Private hospitals are reportedly allowed to charge astronomical amounts for COVID-19 treatment. A social worker from the State said: “Three months into the pandemic, the State, for all its bombast on its development model, is in a shambles because it did not have the infrastructure to cope. Mumbai is in an equally bad condition, but it seems to be handling it much better than Ahmedabad.”

Ahmedabad, with 1,187 deaths, remains the epicentre. Community transmission is believed to be rampant in the city. Gujarat’s highest single-day tally was

517 cases on June 14, with Ahmedabad accounting for 311. With restrictions imposed on movement between districts, the spread is contained within the city, but that may change rapidly once the restrictions are removed. As of June 15, the three other major cities reporting positive cases were Vadodara (504), Surat (654) and Rajkot (59). “If there is a noticeable change in these cities’ figures, it could be blamed on Ahmedabad, and so the need to contain the disease here is critical,” the social worker said.

A doctor at Ahmedabad Civil Hospital, which has seen 60 per cent of the deaths take place in its wards, said: “Essentially, the lack of adequate health care facilities and stringent procedures in testing and treatment is causing much of the surge.” The Ahmedabad Municipal Corporation (AMC) has increased the number of hospitals dedicated to COVID-19 treatment. Yet there seems to

be little improvement in the recovery rate, which hovers around 41 per cent. “The government hospital is being called the ‘dead body’ hospital. We are unable to cope with the numbers. We are exhausted and there is no end in sight,” the doctor said.

Gujarat government figures show there are 127 hospitals identified across the State to treat COVID-19 patients and provide isolation facilities, but doctors say this is not enough. Speaking of the absurdly high rates being charged by private hospitals, Dakshin Chhara, a film-maker who lives in Ahmedabad, said: “I heard somewhere that hospitals were taking a deposit of Rs.1 lakh to admit COVID patients. The pandemic has become a business opportunity for private businesses and the government. The rich will recover because they can pay, while the poor will die. We have filed an RTI [Right to Information] petition demanding to know how these amounts are decided.” He shared a photograph of a signboard posted outside a private hospital listing charges for COVID patients. It said: Single day charges for a general ward is Rs.9000, High Dependency Unit (HDU) costs Rs.12600 per day, Isolation plus Intensive Care Unit (ICU) is 18,050 per day, and the combination of ventilator, ICU and Isolation would be Rs.21,850 for a single day.

Chhara, who lives in one of Ahmedabad’s many low-income community ghettos, said residents of the area took matters into their own hands when the AMC failed to respond to the growing number of cases there and began disinfecting the streets and homes. That seemed to have helped, he said.

Stories of patients running from pillar to post in search of isolation beds and treatment appear every day in the local press. Mohammad Pathan, who owns a pharmacy, said: “I took my neighbour to the Civil Hospital. We waited for hours before being admitted. Meanwhile, people around me were being given the news of relatives passing away owing to COVID-19. I don’t think I will ever forget the tragedy that was unfolding in front of me.”

The State government had recently earned the Gujarat High Court’s ire over its mismanagement of the crisis.

## UNLOCKING

Following the Union Home Ministry’s guidelines issued on June 1, Gujarat issued guidelines for a phased reopening. Businesses in the highly industrialised State have

been asking for relaxations since mid May. In its “Unlock-1” guidelines, the State government has allowed industries to operate with 100 per cent capacity with mandatory safety processes in place. Additionally, all private and government offices, banks, shops, salons, and even coffee shops have been allowed to reopen under strict physical distancing and safety protocols. Local residents say that other than the display of masks, everything else seems to be back to normal, including the traffic jams.

Soon after the unlocking began, Chief Minister Vijay Rupani announced a Rs.14,000 crore relief package to revive the State’s battered economy. Terming it Gujarat’s plan for becoming “atmanirbhar” (self-reliant), Rupani said the relief measures comprised rebates on property tax, loan interest subsidies and sector-wise allocation of funds to support and promote businesses. A sum of Rs.466 crore has been earmarked for labour welfare; this includes Rs.35,000 for each tribal labourer who works as an intra-State mi-

grant. Free rations and a direct transfer of Rs.1,000 to the accounts of families living below the poverty line are other relief measures. Most importantly, the government is giving Rs.100 crore each to the Health Department and the municipal corporations of Ahmedabad, Surat, Vadodara and Rajkot to improve health care facilities in order to combat the virus.

Surat’s famed textile markets and diamond cutting/polishing units are working with physical distancing norms in place. “While we are happy to restart, the problem is every time someone tests positive, we have to shut the unit,” says Manglesh Shah, who owns a diamond-cutting unit. “There is a slowdown in the economy, so the demand is low. Between labour and demand, I am not sure how we are going to survive this.” The construction industry has also restarted but it suffers from labour shortage, said a contractor.

A Vadodara businessman said: “All this seems good on paper. Hopefully, they will make the payouts, as it is critical for survival. While they have allowed us to operate fully, the problem is without labour most of us are working to about 50 to 60 per cent capacity. Gujarat absorbs massive skilled labour from other States. With their exodus, we are struggling with a labour issue. They need to do something about that. Unless quarantine rules relax, we will not be able to function fully. It is very easy to shut down. But not that easy to restart.” □

કોવિડ-૧૯ હેલ્પ ડેસ્ક COVID-19 HELP DESK	
એએમસી દ્વારા નિયત કરેલ ખાનગી દર્દીઓની સારવારના ભાવ	
ખાનગી હોલ માટે પ્રતિદિનની ભાવ મર્યાદા	
લોક	₹9,000/-
એચ ડી યુ	₹12,600/-
આઈસોલેશન + આઈસીયુ	₹18,050/-
વેન્ટીલેશન + આઈસોલેશન + આઈસીયુ	₹21,850/-
નોંધ:	
૧. ખાનગી હોલની ભાવ મર્યાદાને ટોચીકોરુમ (Tochikorum) માં, પણ અસીમી રીતે છે, સ્વેચ્છા હેઠળ ડેડ સમય અસાધ્યતા વર્તે સમજાવી શકી શકી.	
૨. ભાવ મર્યાદામાં સમાવેશી નથી, જે દર્દીનું સારવાર, સંજોગે જા અને અસાધ્યતા સમજાવી શકાય છે.	

A POSTER outside a private hospital in Ahmedabad lists daily charges for COVID patients: Rs.9,000 for general ward, Rs.12,600 for High Dependency Unit (HDU), Rs.18,050 for Isolation plus Intensive Care Unit (ICU) and Rs.21,850 for a combination of ventilator, ICU and isolation.



A DOCTOR wearing a protective face shield uses a thermal scanner to measure the temperature of a child at his mobile health clinic, after his clinic and its adjoining areas were declared a micro-containment zone following the easing of lockdown restrictions, in Ahmedabad on June 15.



# Rural spread

Even as the coronavirus infection moves rapidly across the villages of Madhya Pradesh, the BJP government pats itself on the back for its handling of the situation but continues to focus on **consolidating its political power**. BY ANANDO BHAKTO

IN MADHYA PRADESH, LEADERS OF THE ruling Bharatiya Janata Party (BJP) continue to court controversy even as the public health crisis relating to the coronavirus pandemic deepens and the fatality rate shows no sign of abating. As of June 15, the number of positive cases in the State stood at 10,802 and the number of casualties at 459, for a death rate of 4.24 per cent.

Since early March, Madhya Pradesh has been the epicentre of political machinations that political observers believe compromised the State's ability to deal with the disease. Another high-decibel political drama surfaced on June 10 after an audio clip emerged on social media claiming to expose the BJP top leadership's purported role in hatching the coup against the erstwhile government. Former Chief Minister Kamal Nath launched a scathing attack on the Shivraj Singh Chouhan regime, asserting that the Congress' charges against the BJP had been validated.

"I was claiming since day one that the BJP had toppled my democratically elected government through a conspiracy and allurements as I was waiving loans of farmers, offering employment to the youth and safeguarding dignity of women," Kamal Nath tweeted.

The Congress maintains that the BJP's power grab followed by Chouhan's one-month-long absolutist rule, during which the State did not have either a Home Minister or a Health Minister, is responsible for the explosion of infections across the State, particularly in its finance hub, Indore. The June 10 audio clip allegedly has Chouhan saying: "It was the decision of Central leadership which said that this government should be toppled or else it will ruin everything."

The COVID-19 pandemic in Madhya Pradesh is indeed entering a fraught phase, with the number of positive cases increasing in rural pockets. The latest report from the State government revealed that as many as 961 people in 462 villages have contracted the virus, unleashing a major fear of community spread. Of the 951 who were found positive in a testing drive, 32 succumbed to the disease. At least 479 of those who tested positive are

migrant labourers who recently returned to the State.

The pandemic's speedy spread in the hinterland is obvious when one looks at the numbers. On May 21, only 186 villages had infections. Over the next 22 days, the infection spread to 462 villages.

The Congress has time and again pointed out that politically motivated transfers of administrative officials, the lack of a Health Minister for over a month, and the shocking number of positive cases amongst Health Department officials are responsible for increasing the coronavirus threat in the State. Abbas Hafeez, State spokesperson of the Congress, who spoke to *Frontline* over the phone from Bhopal, iterated that the government lacked a road map. "If this government had had any sense of urgency in dealing with the virus, the virus would not have spread in all 52 districts. The number of positive cases would not have crossed the 10,000 mark. Shivraj Singh Chouhan has his priorities fixed on the upcoming byelections, and all that his partymen are doing is flouting physical distancing norms, stepping up membership drives and focussing on winning the 24 Legislative Assembly constituencies that have fallen vacant."

"The BJP has thrown caution to the wind. They are focussed on creating defections. Every day they are bringing Congress workers from green zone districts to the red zone of Bhopal and getting them to join their party so that the optics show that they are on a strong footing. When these workers travel back to the green zones, they become potential carriers. Some time ago, half of our districts were coronavirus free and now the situation is alarming," Hafeez said.

BJP leaders' mass contact programmes, as caught on camera, give potency to Hafeez's argument. On June 12, former BJP MLA Sudarshan Gupta organised a programme at Banganga area in Indore to celebrate Union Agriculture Minister Narendra Singh Tomar's birthday. Gupta gathered 2,000 families to distribute rations to them; chaos ensued. The next day the police registered a case against unidentified persons under Section 188 of



**SUPPORTERS** of BJP leader Jyotiraditya Scindia performing a yagna at a temple for the speedy recovery of their leader from COVID-19, in Bhopal on June 15.

the Indian Penal Code (disobeying a government official's order banning public assembly). Later, Gupta was also named in the first information report. Inspector Sanjay Mishra of the Malharganj police station confirmed to the media that the organisers had not asked for permission for the event. The situation in Indore is grim with 4,069 cases as of June 15.

The recklessness reoccurred on June 14: State Cabinet Minister Govind Singh Rajput of the BJP attended a large gathering in Rahatgarh town of Sagar district where physical distancing norms were openly flouted. In December 2018, Rajput won the Surkhi Assembly seat as a Congress candidate and was among the 22 rebels who quit the party following Jyotiraditya Scindia's decision to jump ship to the BJP. Since then Rajput has stepped up his efforts to get the BJP ticket from Surkhi. Rahatgarh town is the political nucleus of Surkhi.

However, the BJP has been giving itself credit for its deft handling of the pandemic in Madhya Pradesh. On

June 14, Chouhan told the media: "All parameters in the State have improved significantly as there has been a decrease of 151 active cases over the past 24 hours. A remarkable number of 300 patients have recovered from the infection over the same period across the State. Now the number of active cases stands at 2,666 and the doubling rate of the cases has increased to 34.1 days. The recovery rate stands at 71.1 per cent. While the doubling rate is the best in the country, the recovery rate is second only to Rajasthan's 75.3 per cent."

During the lockdown the State government has come out with programmes such as the Rojgar Setu Portal, Covid Mitra, and the "Sarhak Light" app. According to the government, the Rojgar Setu Portal, which has registered 7.30 lakh migrants and 5,246 employers and job providers since its launch on June 10, generated employment for 302 migrant workers in just three days. Through Covid Mitra, the government plans to rope in volunteers who will be provided with an oximeter to check the oxygen levels of people. The purpose of the Sarhak Light app is to inform people about the location of the nearest COVID-19 treatment facility and sample collection centre. □





DEBASISH BHADURI

**COVER STORY**  
**WEST BENGAL**

# Politics amid pandemic

Political parties focus on the 2021 Assembly election even as the COVID situation **continues to deteriorate**. BY **SUHRID SANKAR CHATTOPADHYAY**

THE COVID SITUATION IN WEST BENGAL IS “grim”, the Supreme Court said on June 12 in a harsh negation of the State government’s claim that its management of the public health crisis has been among the best in the country. As on June 15, the State had 11,494 cases, including 5,478 active cases, and 495 deaths. The disease has been spreading exponentially in the State, exacerbated by the return of lakhs of migrant workers from different parts of the country, and the government has struggled to cope with the situation amid allegations of mismanagement and protests in quarantine centres across the State. The government also finds itself under relentless political attack from opposition parties, particularly the Bharatiya Janata Party (BJP), which clearly has its eye on the Assembly election due next year.

While on the one hand the people are reeling under the dual impact of the pandemic and the super cyclone Amphan, which devastated the southern part of Bengal in May, on the other hand the relaxation of the lockdown and the lack of sufficient public transport is turning out to be a nightmare for the working people of Kolkata and its surrounding areas. With commuters forced to ignore physical distancing norms in the limited number of buses

that are operated, the danger of the spread of COVID has become acute. Kolkata alone accounted for 104 of the 407 fresh cases reported on June 15.

In the face of the impending catastrophe, the two main political adversaries in the State, the ruling Trinamool Congress and the BJP seem to have shifted their attention to the 2021 election. On June 9, Union Home Minister Amit Shah sounded the battle cry for the election through a “virtual rally” when he called for “paribartan” (change). At a time when the State is facing an economic and social crisis, the BJP installed around 70,000 smart television sets across the State for the rally, inviting criticism from political quarters. In his address to party supporters across the State, Amit Shah not only attacked Chief Minister Mamata Banerjee and her government on every front, but also spelt out what the BJP planned to achieve once it assumed power in the State.

The BJP chose to strike at a time when the Trinamool seems to be in a vulnerable situation. The ruling party has been facing criticism from social and political circles over its alleged mismanagement of the COVID crisis and the cyclone relief. Those confined in quarantine centres, in-

cluding migrant workers, have been staging protests against the lack of basic amenities or the delay in testing. Some people have reportedly escaped from quarantine centres.

The BJP’s steady campaign against the State government’s alleged reluctance to allow the return of migrant workers for fear that they could cause the spread of the virus, has put further pressure on the Trinamool. Mamata Banerjee made matters worse by claiming that the people of the State called the Shramik Special trains that brought back migrants “corona express”, giving the BJP yet another reason to attack the government.

While the Trinamool has been pummeled by criticism for the past three months, the BJP has kept up a sustained attack on the ruling party on practically every issue—failure to enforce the lockdown, absence of health infrastructure, confusion over COVID deaths, lack of testing, delay in giving test results, irregularities in the disbursal of ration during the lockdown, and mismanagement of the post-Amphan situation. The BJP has tried to derive political mileage from the present crises in the State. A senior Trinamool leader admitted to *Frontline* that the “political narrative in the State has gone against the party in the last two months”.

If until March the saffron party was on the defensive in view of Mamata Banerjee’s intense political movement against the Citizenship Amendment Act, by June the political fortunes had once again reversed. The COVID outbreak and Amphan put the Trinamool on the back foot, and it was the BJP that emerged as the aggressor.

Joyprakash Majumdar, vice president of the BJP’s State unit and head of the political analysis wing of the party, told *Frontline*: “The future of Bengal’s politics has been decided in the last three months of the lockdown, and decided unequivocally in favour of the BJP. If we compare the present situation with that prevalent in 2009-2010 before Mamata Banerjee came to power, we see the anti-incumbency sentiment against the Buddhadeb Bhattacharjee government was not as pronounced as it is now against the Trinamool.”

The Trinamool’s reactions to the BJP’s attacks have been tepid, lacking their usual vitriol. A normally com-

**VILLAGERS** wait in a long queue in Bali island in the Sunderbans to receive aid from groups from Kolkata trying to reach them with relief materials.

clusive Mamata Banerjee said: “At a time when we are trying to overcome disasters, one particular political party is saying remove Trinamool from Bengal. Is this the time to do politics? I am not saying drive out Narendra Modi from Delhi, because I believe this is not the time.... Why are you doing this now?”

However, in spite of her protest against the politicisation of the COVID crisis, the Trinamool has been gearing for the election. Mamata Banerjee has directed her party leaders at the central and the grass-roots levels to counter the “communal” propaganda of the BJP, and, according to reports, the party is setting up an army of technology-savvy workers for an online battle with the BJP.

The political battle, which has been a virtual one so far, is now spilling over to the streets. If earlier there was violence over area domination, in recent weeks it has been over relief distribution. BJP leaders and workers have repeatedly complained that they are being prevented by Trinamool members and the police from visiting Amphan-affected areas to distribute relief.

According to the well-known political observer and psephologist Biswanath Chakraborty, in a politically active State like Bengal, it cannot be expected that the issue of COVID will be kept outside the purview of politics. “But the intensity of politics in this pandemic situation is unprecedented, mostly because the Assembly election is just 10 months away. Whereas Mamata Banerjee has been trying to use the COVID situation as a success story for her government, the BJP and other opposition parties have been trying to establish the government’s efforts as a complete failure. In the perception battle that is taking place, the BJP at present appears to have gained the upper hand,” he said.

However, with the “grim” situation threatening to turn grimmer by the day, it is doubtful whether the general populace, weighed down by financial worry and issues of health and safety, will be concerned about who will come to power in 2021. □



# Dangerous drop

Haryana saw a surge in COVID cases from May-end, and most of the cases were in districts close to Delhi. BY T.K. RAJALAKSHMI

HARYANA SEEMED TO HAVE BROUGHT THE COVID situation under control in the initial weeks of the lockdown, but there was a rapid deterioration from the end of May. There were only 1,213 confirmed cases between March 14 and May 25. By June 15 there were an additional 6,509 cases, the sharpest rate of growth in any State since May 25. Neighbouring Delhi also recorded a surge in this period, but Haryana was ahead of it. Haryana's doubling rate (the number of days over which cases double) at present is half of the national average. The number of active cases, which had stayed under 500 for most of May, increased to 4,057 by June 15. This surge explains why Haryana's recovery rate at 46.17 per cent is lower than the national average of 52.47 per cent.

The contagion seemed to be concentrated in the districts and densely populated urban centres close to Delhi. Gurugram, Faridabad and Sonapat districts account for the bulk of the caseload—5,481 out of 7,722 cumulative cases reported up to June 15, accounting for 71 per cent of the total caseload.

The pattern suggests that this is part of a trend in the National Capital Region. Gurugram accounts for 3,477 cases, or 45 per cent of the State's caseload. The majority of the cases were found concentrated in the Gurugram Municipal Corporation area.

There are, however, indications that the pandemic may soon acquire a wider geographical spread in Haryana. On June 11, the State Chief Secretary (Medical

Education and Research) told the media in Rohtak that the number of COVID patients in the district might go up to one lakh by August. He said that this projection was based on feedback from Pandit Bhagwat Dayal Sharma University of Health Sciences. The authorities had been directed to get 3,500 beds ready as 3 per cent of patients might require oxygen support. As of now, Rohtak accounts for 4.1 per cent of the total cases in the State and 4.6 per cent of the active cases.

Curiously, the surge in Haryana cannot be attributed to increased testing. Between May 1 and May 25, the number of people tested in Haryana increased from 3,0191 to 99,987. In the three weeks after May 25, the rate of testing did not increase as rapidly, and only 1,89,914 tests had been done up to June 15. Haryana's test positivity ratio (number of positive cases to total samples tested) upto May 25 was exceptionally low at 1.21 per cent, but it jumped to 4.19 per cent by June 15.

Haryana's fatality rate at 1.3 per cent is lower than the national average of 2.89 per cent but may go up with the increasing proportion of active cases. The low fatality rate shows that the number of critical cases, as of June 15, remains low. There are only about 51 patients on critical support (33 on oxygen support and 18 on ventilator), according to the State government.

It also appears that most patients are in home isolation, rather than in hospitals or COVID care centres. In Gurugram, which accounts for half of the active cases (1,999 as of June 14), as many as 1,509 were in home isolation. According to the district surveillance unit bul-

letin for Gurugram, only 167 persons were admitted in dedicated COVID hospitals. The surge appears to be related to the easing of lockdown restrictions. It cannot be blamed on the return of migrant workers, as has happened in some States, because Haryana is a destination rather than an origin State for migrants. As late as June 15, migrants were still leaving Haryana for their home towns and villages in other States. The 100th Shramik Express left Haryana on June 15, taking migrants back to Chhattisgarh.

## FULL WAGES DENIED

Jai Bhagwan, general secretary of the Centre of Indian Trade Unions (CITU), told *Frontline* that only 25-30 per cent of industrial activity was under way and that too only in some big units. The smaller establishments, he said, had not restarted activities. There is a shortage of workers, and even those who have returned to work are reportedly getting paid only for the days they worked. "It's like a daily wage. Where a worker should be getting Rs.16,000 in a month, he's getting Rs.10,000 only. These are violations, but the government is turning a blind eye," he said.

The lockdown has been lifted in several parts and inter-State bus services have resumed operations. But there are not many commuters as people are afraid of catching an infection. Paradoxically, in red zone areas such as Gurugram and Faridabad, social distancing norms are flouted openly, especially after the easing of lockdown curbs. Jai Bhagwan said: "This can explain the surge in cases. Many people, even if they have the symptoms, are not isolating themselves for fear of getting quarantined in some unknown place. They are quarantining themselves at home and infecting others as a result."

The CITU has held several protests seeking adequate personal protective equipment (PPE) for health care workers and adequate compensation for the risky work involved. A letter sent by the Accredited Social Health Activist (ASHA) union on June 9 to the Chief Minister said that health workers did not have adequate sanitisers and PPEs. The union also demanded that workers be tested on a monthly basis as they were vulnerable to infection. The union complained of attacks by anti-social elements on ASHA workers and demanded a risk allowance of Rs.4,000, which the government has not conceded. On June 12, ASHA workers held protests at Primary Health Care (PHC) centres in the State.

While hospitalisation and mortality figures may suggest there is no acute crisis, many people are apparently avoiding getting tested despite developing symptoms. People fear the stigma attached to COVID infection. There are also fears that proper treatment will not be available.

If this trend continues, full resumption of economic activity in an important economic hub like Gurugram, and also elsewhere, may take longer than usual. The deepening of the COVID crisis may also delay the return of migrant labourers, who have left in large numbers. □



TRAFFIC congestion on the Delhi-Gurugram highway on June 1.





SUDHAKARA JAIN

# Rising trend

With the **increasing arrival of domestic travellers** from different parts of the country, particularly Maharashtra, Karnataka sees a surge in the number of COVID cases. BY **VIKHAR AHMED SAYEED**

KARNATAKA RECORDED A TOTAL OF 7,000 COVID-19 cases by the evening of June 14. Strangely, even as the State witnessed a surge in cases, the government did away with the practice of holding evening press conferences. Suresh Kumar, the Minister for Primary and Secondary Education tasked with the job of briefing the press on COVID, had not conducted a single press conference since June 1, busy as he was with the affairs of his own Ministry.

With the increasing arrival of domestic travellers from different parts of the country, particularly Maharashtra, since late May, there has been a surge in the number of cases with a clear correlation between districts that saw a high arrival of returnees and the spike in the number of COVID cases. Seventy per cent of the 7,000 cases in the State were domestic travellers. The majority of them, 4,386 persons, had returned from Maharashtra while 1,340 other cases were their contacts.

Bengaluru Urban had the highest number of cases when the pandemic broke out in the State but this position changed since the start of June, when Udipi district,

known for its historical linkages with Mumbai, saw a drastic increase in the number of cases with people returning to their home towns. Udipi district recorded 1,026 cases, the highest in the State, followed by Kalaburagi (896 cases) and Yadgir (809 cases), the two northern districts which are known for seasonal migration, and Bengaluru Urban (690 cases). With the return of migrant workers from other parts of the country, the number of cases in the two northern districts saw a significant increase. Similarly, Vijayapura, Belagavi, Raichur and Dakshina Kannada districts, which also saw a return of migrant workers, witnessed a major increase in the number of cases. Significantly, 3,955 of the 7,000 cases have recovered and have been discharged, with the daily rate of recovery exceeding the number of new cases reported in mid June. The number of deaths stands at 86.

While Karnataka's testing capacity, in terms of the number of laboratories has gone up, actual testing has come down since the beginning of June to around 7,000 tests a day from a high of around 11,000 a day. Persons displaying symptoms of ILI (influenza like illness) and



PTI

**COLLECTING** samples for swab test of primary contacts of a policeman who tested positive at the Kalasipalya police station in Bengaluru, on June 16. (Facing page) Migrants from Uttar Pradesh at Palace Grounds in Bengaluru ready to depart on June 16.

SARI (severe acute respiratory infection) are being tested on a priority. In spite of a decrease in testing, health officials told *Frontline* that symptomatic cases among travellers were immediately quarantined and tested. The officials were confident that they would be able to handle any increase in the number of cases as only 14.3 per cent of the 22,872 hospital beds earmarked for COVID-19 patients were in use now.

While government officials are confident that the pandemic is under control, Dr Srinivas Kakkilaya, a doctor based in Mangaluru, said, "It is clear that there is community spread now [meaning that the source of the infections cannot be traced] and there will be a rise in the number of cases over the next two months. Why can't the government tell the people that there is community spread and change its approach? Why is it still creating panic?" The change in approach Kakkilaya advocated was decentralisation of health services. "The problem should be addressed at a cluster-wise level. Districts are no longer categorised as red or green zones. Instead, houses are sealed now."

"In the days to come, no lockdown is going to help. It will help to reassure the people that there is no need to panic. Ideally, people should feel reassured of health check-ups, and the Health Department should have mobile units. As it is, 85 per cent of the patients will not show

any symptoms. Patients who have symptoms, who are also super spreaders and have comorbidities, should be admitted to hospital," Kakkilaya said.

This point was reiterated by Dr Anil Kumar Avulappa, a doctor associated with the People's Health Movement and based in Bagepalli. "The State government is not acknowledging that there is community transmission. If they acknowledged it, they would have to change their whole strategy of tracing-testing-isolation. When COVID-19 is in the community, the health care system should change in such a way that it reaches the people so that people displaying symptoms don't move about freely. Instead of paying attention to this, the government is extending the insurance model, which will only benefit large corporate hospitals," Avulappa said.

In Bengaluru, where the number of containment zones increased to 142, houses of patients are being sealed now. Apart from these containment zones, significant economic activity has resumed in most parts of the city. This is when the city is seeing an increasing number of ILI and SARI cases being diagnosed as coronavirus positive. Several parts of Karnataka saw huge gatherings flouting physical distancing rules, leading to fears that people in the State were not vigilant. At Karjagi village in Haveri district, thousands of devotees gathered for the annual festival at the Brahmalingeshwara temple. Health Minister B. Sriramulu participated in a wedding in Ballari on June 15, where a large number of guests had gathered. Photographs of the event, which went viral on social media, showed the Minister on the stage with the married couple without maintaining physical distance or wearing a mask. □



# Testing regime

Andhra Pradesh's **strategy is to reduce** the number of fatalities with community surveillance, identification of positive cases, cluster containment, contact tracing, quarantining and treatment. BY RAVI SHARMA

MORE THAN 7,000 PEOPLE IN ANDHRA Pradesh have tested positive for COVID-19 and nearly 90 have died. The number of new cases almost doubled in the first 16 days of June since Unlock 1.0, with new hotspots emerging across the State's 13 districts. While it took the State nearly three months (March 9 to May 31) to register 3,571 positive cases, the figure went up by nearly 3,000 in just a fortnight. Kurnool, Krishna and Guntur continue to be the worst-affected districts, with 1,092, 791 and 671 cases respectively as of June 16, followed by Anantapur (513), Nellore (423), East Godavari (399) and Chittoor (363). The most number of fatalities have been in Kurnool (29) and Krishna (27) districts. Disturbingly, the problem has reached rural areas also. Health workers, including doctors, on the ground attribute this to the return of migrant workers, many of them from hotspots like Maharashtra.

With COVID-19 spreading its tentacles across the State, health experts and bureaucrats, including K.S. Jawahar Reddy, Special Chief Secretary, Health and Family Welfare, have predicted that Andhra Pradesh will have to be prepared for hospitalisation of 40,000 more people within the next two months. Plans are afoot to add 10,000 hospital beds to supplement the present 30,000. The 40,000 beds will be spread across 23 government and 60 private hospitals. Indications are that there might be a gradual increase in the number of cases first in Kurnool, Guntur and Krishna districts followed by Nellore, Chittoor and Anantapur.

## PRIORITY FOR TESTING

The Y.S. Jaganmohan Reddy-led Andhra Pradesh government has vowed to test, trace, quarantine and treat its citizens. With the emphasis on testing, officials from the State proudly proclaim that Andhra Pradesh has (as of June 16) conducted over 6,00,000 tests, a figure that includes both TrueNat (which was recently made a confirmatory test) and real-time reverse transcription-polymerase chain reaction (real-time RT-PCR) testing procedures. Officials also claimed that their "robust testing regime", which has a testing capacity of 15,000 to

17,000 per day (currently 14,000 to 15,000 tests are being conducted per day), is gearing up for testing 20,000 samples per day. Said an official: "We are undertaking 9,500 tests per million of the population, which is one of the highest among all States." The State has a population of 5.22 crore.

Speaking to *Frontline*, Jawahar Reddy said that testing on as large a scale as possible was essential for the chain of infection to be broken and for identification of people, communities and areas where the infection was prevalent and, most importantly, to reduce mortality. Said Jawahar Reddy: "Testing early is essential to bring down the mortality rate. Early testing will give doctors more time to treat patients. As things stand today many cases are being reported late, giving doctors very little time, hardly a day, to treat a patient from the time he has been declared COVID-19 positive. This increases the mortality rate. We are working to ensure that there is adequate time to stabilise a patient. I have also told all District Collectors and health officials to test more and identify as many people as they can and not to worry about the number of positive cases. The focus is on reducing mortality rates and saving lives rather than being concerned over the rising number of cases. Undetected cases are more of a worry since they can spread the virus in the community. This far we have tested 10 per cent of our target."

At the behest of the State Health Department, the Speaker of the Legislative Assembly agreed to direct

The government also plans to screen 60 lakh people falling in the high-risk category in over 500 containment zones.



TESTING at Rajahmundry in Andhra Pradesh on June 16.

legislators attending the four-day session to undergo testing for COVID-19. Andhra Pradesh has also converted some of its State transport buses into mobile centres for collecting samples. Each district has four mobile collection centres.

## PROACTIVE MEASURES

With community surveillance, identification of positive cases, cluster containment, contact tracing, quarantining, and treatment according to the risk profile of a patient, Andhra Pradesh has embarked on a number of proactive measures. Village ward communities have been formed and fever survey clinics conducted. The government also plans to screen 60 lakh people falling in the high-risk category—people over 60 years of age and those having abnormal blood pressure and blood sugar levels—in the State's over 500 containment zones. In the first phase 70,000 people are to be screened for blood pressure and sugar levels, oxygen saturation, fevers and coronavirus-like symptoms.

The State has been testing people at random from different categories or walks of life. Testing for COVID-19 are being undertaken at industrial and wholesale market hubs and temples on people who have arrived from outside the State and among vendors, as they could be super-spreaders.

According to Jawahar Reddy, the State's "Pharmacy App", which helps pharmacists gather and collate information from customers purchasing medicines for fevers and then pass it on to the jurisdictional medical officer, has been a good source of data gathering. Ex-

plained Jawahar Reddy: "The respective medical officer then calls the customer and gets to know more about the illness."

Testing on such a large scale has not been easy. The effort to set up testing facilities by convincing political bosses and the finance department has been a challenge. When the first COVID-19 case surfaced, Andhra Pradesh had no testing facility, and samples from Kurnool town had to be sent to a private laboratory in Hyderabad for testing.

Today every district has at least one COVID-19 testing laboratory. There are 18 centres for real-time RT-PCR testing and 48 (all in the government) for TrueNat testing. Testing has placed a huge burden on the State as it spends Rs.1.5 crore per day on testing. The figure is bound to go up as the State further opens up and the number of cases increase. For most people the cost of the test and related procedures, even at private hospitals, is paid for by the government through the Aarogyasri scheme. Around 20 private hospitals are registered under the scheme now.

However, the opposition does not think that the government's testing initiatives have been successful. Said Sake Sailajanath, president of the Andhra Pradesh Congress Committee: "Cases are steadily increasing. In Vijayawada out of the 59 wards, 42 are containment zones. Quarantine camps are in a bad condition. And worst, the State has failed its migrant workers. These workers were the backbone of the mining, construction and many other industries. But the government failed to recognise and address their issues. We just dumped them. I have told Jaganmohan Reddy 'try to rule the state, don't try to deal away the state.'" □



# Peaking chaos

The **uncontrolled spread of the pandemic** in Telangana has knocked the stuffing out of Chief Minister K. Chandrasekhara Rao's image as a tough man of action. BY RAVI SHARMA

THE TRIBULATIONS OF THE KALVAKUNTALA Chandrasekhara Rao (KCR) government in Telangana continue unabated as it attempts vainly to tackle the coronavirus disease in the State. The statistics are chilling: over 5,406 positive cases, 191 deaths and a poor testing record. This despite the fact that the government had announced a lockdown, on "sarvajana hitam (public interest)", on March 22, two days before the nationwide lockdown was announced.

The pandemic has knocked the stuffing out of the Chief Minister's image of a tough man of action. The opposition is baying for his blood; the doctors are bemoaning the physical and emotional burnout due to the pressure-filled long working hours and the lack of PPEs and other essential equipment; and the Telangana High Court and the Central government are criticising the State for inadequate testing. On June 14, KCR announced that 50,000 tests would be conducted in 30 Assembly constituencies in Hyderabad (including the bustling Greater Hyderabad Municipal Corporation area, which has the highest number of positive cases in the State), Rangareddy, Vikarabad, Medchel, and Sangareddy districts over the following 10 days. After steadfastly refusing for nearly three months, he accepted the widespread demand to allow private hospitals and laboratories approved by the Indian Council of Medical Research (ICMR) to conduct COVID-19 tests and provide treatment to those who tested positive.

A. Shanti Kumari, Special Chief Secretary to the Government in the Health, Medical and Family Welfare Department, told this correspondent that "it would be an area-specific, community-based, targeted approach". The number (50,000 tests), contrary to what some many may think, was "quite big", she added.

The numbers tell a gory tale. Between May 25 and June 16, COVID-19 positive cases more than doubled from 1,920 to 5,406. The number of deaths in the same period, even more chillingly, skyrocketed from 56 to 191.

**AN ICMR TEAM** conducting surveillance at Balapur in Hyderabad on May 31.

The State's mortality rate (the number of deaths divided by the number of officially confirmed cases) at 3.53 per cent (as of June 16) compares poorly with the other south Indian States—Andhra Pradesh (1.28 per cent), Karnataka (1.24 per cent), Tamil Nadu 1.09 per cent ) and Kerala (0.84 per cent). Telangana's 3.53 per cent is lower than Maharashtra's 4.88 per cent. Only Delhi, with 4.11 per cent, and Gujarat, with 6.22 per cent, have worse mortality rates. Cases of infection have also been rising rapidly. Among the infected are 153 doctors and other frontline health care personnel, besides politicians, journalists and bureaucrats. Recently, Finance Minister T. Harish Rao, legislator of the ruling Telangana Rashtra Samithi (TRS) representing the united Warangal district, tested positive for COVID-19 and went into self-quarantine. Earlier his personal assistant was found infected by the virus. An officer on special duty assisting Health Minister Eatala Rajender and 23 journalists working for various media houses also have tested positive. The Collectors of Siddipet and Yadadri Bhuvanagiri districts, A.P. Venkatrami Reddy and Anitha



Ramachandran respectively, have gone into self-quarantine after people they met tested positive for the virus. On June 12, Greater Hyderabad Mayor Bonthu Rammoan took a COVID-19 test after his driver tested positive.

The biggest facility dedicated to COVID-19 in the State, the Gandhi Medical College and Hospital at Secunderabad, Hyderabad's twin city, has become a hot spot of cases. The chaos there recently resulted in one of the resident medical officers being suddenly transferred.

KCR's statement on June 14 promising "home quarantine for those who test positive but have no serious symptoms", according to the opposition, has hardly enthused the population. Said Telangana Pradesh Congress Committee (TPCC) president N. Uttam Kumar Reddy: "The Chief Minister is adopting an irrational, illogical and unscientific approach to combating the coronavirus. For nearly three months, despite calls from the opposition and strictures from the High Court, he refused to allow the private sector to be engaged in testing. Only one government hospital was exclusively designated for COVID-19 patients. Patients are being sent home without being cured. He has refused to call an all-party meeting or meet a Congress party delegation. He doesn't allow anybody else to function and he doesn't know how to function." Minister Rajender dismisses this allegation as rubbish. He told *Frontline* that the situation in Telangana was well under control and that the number of cases was far from overwhelming. He explained: "Not many cases are coming. And it is only in the crowded 'Old City' areas of Hyderabad that there are many cases coming up. We are containing this by increased testing and containment measures."

But there is widespread fear that a huge number of cases have gone undetected given the fact that Telangana has one of the worst testing records in the country. According to Rajender, the government had until June 16 conducted 44,431 tests. This rate pales in comparison with that of its neighbours Karnataka (443,969), Tamil Nadu (748,244) and Andhra Pradesh (583,286 tests).

Telangana's test positivity rate—the percentage of tests that yield positive results—stands at 12.16 per cent (as of June 16), which is higher than the national average of around 5.99 per cent. The only States with comparable or higher test positivity rates are Maharashtra (15.16 per cent), Delhi (14.67 per cent) and Gujarat (8.31 per cent). A higher number indicates not only wider spread of the infection but also the fact that only the symptomatic are being tested, leaving out large sections of the population.

In May, the High Court, criticising the KCR government for the poor testing rate, said it should not hide behind the "fig leaf of financial constraints". It was highly critical of the government's decision, despite its mandate, to do away with tests on dead bodies before they were released from government hospitals. The government has appealed the High Court's ruling in the Supreme Court. According to Rajender, the High Court's order is impossible to implement since "over 1,000 people die every day for various reasons". Making matters worse is the State government's decision to do away with the mandated quarantine for railway passengers arriving in Telangana. Explained Shanti Kumari: "Telangana has followed the ICMR protocol in every respect. The ICMR has clearly stipulated that only symptomatic and household contacts of a positive case need be tested. Again, the ICMR suggests that testing ought to be moderate and judicious. In Telangana, testing is done on reasonable suspicion. Testing involves precious government resources, so it cannot be undertaken on anyone and everyone. Some States are testing more aggressively and showing a 1 per cent test positivity rate. How long will a person who has tested negative today remain negative?"

On the government's refusal not to allow the private sector a role in testing, Rajender explained that if the testing facility was freely available and everyone "just walked in and sought a test, the number of COVID-19 cases would disproportionately go up, frightening the public". Said the Minister: "We have now put into place a regulatory framework based on ICMR guidelines. For example, only a person who has been prescribed a test by a doctor will be tested. And what can the private sector do once a person tests positive? It is us, the government, who will be called to trace the patient's contacts, contain the area concerned and ensure that the virus does not spread." Officials cited past experience of the private sector not divulging information on positive cases and also aggressively marketing their services.

The Telangana government has not endeared itself to the migrant workers, whose number some people put at 20 lakhs. According to a survey conducted by the Hyderabad campus of the Tata Institute of Social Sciences (TISS) in collaboration with the Rachakonda Police Commissionerate, 76 per cent of them did not receive the monthly aid of 12 kg rice and Rs.500 that State government had announced with fanfare. Based on a sample size of 10,672 workers spread across eight police station limits, the survey showed that the migrants were given a raw deal. The State did not even arrange enough trains for their journey back home. □



# Reworking strategy

Kerala's effective early strategies helped contain the spread of COVID, but its pressing concern today is **preventing community** spread.

BY R. KRISHNAKUMAR

STREETS ARE FILLING UP FAST, FOOTFALLS are rising in offices and supermarkets, and the influx of expatriates is slowly overwhelming health and quarantine facilities as Kerala turns its attention to its most pressing concern today: foiling chances of a community spread of COVID-19.

"Being prepared" has been the State's most effective strategy from the very beginning, with the requirements of "tracing, quarantining, testing, isolating and treating". And people adhered to the government's advisories with remarkable eagerness.

However, the government realises that even the most well-planned containment strategies could fail if the fatigued official machinery becomes slack or people fail to adhere to prevention and control measures.

With the rising demand for liberal entry requirements and quarantine norms for incoming expatriates and a change of attitude among the public regarding containment norms, there is concern about three issues:

One is about the role people without symptoms (who account for over 60 per cent of all those who have tested positive in Kerala) might play in a possible COVID-19 spread; two, about the number of health workers getting infected in the State or being forced to go into quarantine; and three, the possibility of a spread through unknown contacts.

For instance, in Thrissur, one of the worst affected districts, several persons were infected through contacts on June 12. They included four sanitation workers in the civic corporation, four headload workers at the warehouse, one ambulance driver and a remand prisoner.

On June 14, in Kattakkada panchayat in Thiruvananthapuram district, a public health worker tested positive, but despite the district administration's efforts to find out the source of the infection, no epidemiological link, such as confirmed travel history or contact with known COVID positive cases, could be established.

More than 500 contacts of the patient, spread over six wards of the panchayats, have been traced. All the wards were declared containment zones and the contacts were asked to undergo home quarantine.

The above instances are only indicative. Such cases

are being reported in many parts of the State every day.

Until June 16, the State had recorded 2,543 confirmed cases, 1,348 (53.03 per cent of the positive cases) active cases, 1,174 recovered cases (46.17 per cent), and 20 deaths (0.79 per cent). Seven of the 14 districts had over a 100 active cases. They are Malappuram (192), Thrissur (138), Palakkad (155), Kasargod (115), Kannur (110), Alappuzha (107), and Pattanamthitta (104). The highest number of 772 positive cases were recorded in May, but in the first 16 days of June, 577 new cases were detected. The daily spike in the number of cases began after May 18, when the fourth phase of the lockdown began with the easing of restrictions.

The highest daily increase in positive cases was on June 5, when 111 people tested positive. At the same time, the rate of recovery of COVID patients was also increasing. Over 65 per cent of those who died (until June 16) had imported the infection from outside Kerala, 15 per cent had contracted the disease through contacts, and 20 per cent had no travel or contact history. All the 20 persons who died, including a seven-month-old child, had comorbidities. As on June 16, of the 2,543 cases in Kerala, 2,148 (77.93) were those who had travelled from other places into the State and 395 (22.07 per cent) had got the infection from contacts.

Meanwhile, even as the third phase of the Vande Bharat mission to bring expatriate Indians back home began on June 11, as many as 40,653 persons had already registered from other countries. In all, 5,59,125 persons from other States and abroad had registered in the NORKA ROOTS website for returning to Kerala.

Moreover, Kerala is expecting more than 300 chartered flights to bring 50,000 to one lakh passengers from abroad in the coming days.

COVID Care Centres have been established in all districts with a view to accommodating people who need institutional quarantine facilities. The quarantine status as on June 15 was 1,20,727, with 1,18,704 persons undergoing home quarantine and 2,023 in hospitals.

From June 12, with the increase in the number of Keralites coming from other places testing positive in the State, the governments began allowing them to stay at



**PASSENGERS** arriving from Jeddah by an Air India flight at Kochi International Airport on June 10.

home, too, if they had facilities there, provided they gave an affidavit agreeing to quarantine regulations.

This need not be a cause for worry, the government said, because Kerala had already proved the effectiveness of home quarantine in its containment efforts, with over 2.5 lakh people staying in home quarantine at one juncture.

In recent weeks, Kerala has allowed inter-district travel, and reopened restaurants and cafes and places of worship on a limited scale. But Sunday curfew continues.

Meanwhile, nearly 4.5 lakh children from State government-run schools and those in CBSE (Central Board of Secondary Education) schools are being offered classes online or through the popular VICTERS television channel. There are, however, complaints of exclusion because of the digital divide, including lack of Internet connectivity or access to devices, and about the handicap of classroom interactions.

## DIGITAL INITIATIVES ON EDUCATION

But despite these initial hiccups, the State Education Department's remarkable effort in reaching digital facilities to nearly 2.5 lakh students who did not have them, providing food at home to anganwadi students, and distributing TV sets and, in some cases digital devices, to underprivileged students with the help of volunteers, are some of the model initiatives in recent months.

With only a few months remaining for the local body elections, the opposition has been trying to pick holes in

the State's COVID containment efforts by highlighting instances where it has been caught on the wrong foot.

The latest instance is the vexed issue of the need to facilitate the return of Keralites from other States or abroad, when such an influx is already leading to an increase in infections in the State.

The opposition United Democratic Front and the State unit of the BJP are taunting the ruling Left Democratic Front (LDF) government on this issue, obviously seeking political mileage. This, after the State toyed with the idea of insisting that Keralites who are planning to return by chartered flights should carry with them certificates received within 48 hours showing that they have tested negative for COVID-19.

In the context of concerns over physical distancing in flights among fellow travellers, the idea seemed a prudent one. But opposition leaders described it as "impractical" if not "inhuman", as in many countries, especially those in the Gulf region, obtaining such certificates was a herculean and costly task and could dash the hopes of those wishing to return home. The case of the returning expatriates is, therefore, a politically sensitive issue in Kerala, which has a huge expatriate population.

Health Minister K.K. Shailaja, however, said that the need for a COVID-negative certificate for those returning by chartered flights was only a suggestion made by the State as a precautionary measure for the safety of passengers travelling in these flights. It was for the Centre to take a final decision on it, she said. □



# Stable for now

The COVID-19 infection threatened to go out of control at least twice in Rajasthan, but the government **managed to retrieve** the situation each time. BY **T.K. RAJALAKSHMI**

THE GOVERNMENT OF RAJASTHAN, WHICH tided over a phase of political uncertainty when some attempts were allegedly made to topple the government, seems to have handled the COVID-19 situation fairly well.

On June 10, Chief Minister Ashok Gehlot expressed concern about the emergence of fresh cases between June 1 and June 10, which he felt was caused by greater inter-State movement in the "Unlock-1" period. He cautioned that the inter-State movement of people must be regulated and that people moving in and out of the State should be screened. He also said that home quarantine should be strictly followed.

The State twice faced a situation when the number of active cases threatened to become overwhelming, yet on both occasions it managed to stabilise the situation. The more recent occasion on which it managed to do so was in

the period when the lockdown restrictions were eased.

On April 1, Rajasthan had 120 confirmed cases, but the figure increased to 1,888 by April 22. The number of active cases increased from 117 to 1,517 in the same period. After that, while new cases continued to be reported, the number of recoveries neutralised the spike so that the number of active cases remained stable. On May 10, the number of active cases was down to 1,465.

In the two weeks after that, however, the number of confirmed cases rose from 3,814 on May 10 to 7,536 on May 26; and the number of active cases more than doubled to 3,090. But then again the daily recoveries compensated for the new cases being reported. So on June 15, there were only 2,895 active cases. This meant that the State had achieved a 75.38 per cent recovery rate by June 15, which was way ahead of the national average of 52.47 per cent. Also, the fatality rate (deaths as a

percentage of the confirmed cases) at 2.32 per cent was lower than the national average of 2.89 per cent.

## HIGH TESTING RATES

Rajasthan has conducted 7,886 tests per million of the population against 4,312 in Gujarat, 5,620 in Maharashtra, 6,624 in Haryana and 3,138 in Madhya Pradesh. The positivity ratio has been low as a result of high testing. As of June 15, Rajasthan had 12,981 confirmed cases out of 6,09,296 samples tested, which gives a positivity ratio of 2.13 per cent against the national positivity ratio of 5.8 per cent.

COVID cases in Rajasthan seem to be more thinly spread over a wider geographical area and are not concentrated in a few hotspots, unlike in other States. In Madhya Pradesh, out of 10,935 cases, almost 58 per cent were concentrated in Indore and Bhopal. In Maharashtra, Mumbai alone accounted for almost 54 per cent of the cases while Thane and Pune together accounted for 28 per cent of the cases. In Gujarat, Ahmedabad accounted for over 70 per cent of the cases, followed by Surat with 11 per cent. In comparison, in Rajasthan the highest number of cases is in Jaipur, which accounted for 19.1 per cent of the cases, followed by Jodhpur with under 17 per cent, and Bharatpur and Pali at 8.16 and 6.18 per cent respectively. Udaipur, Nagaur and Kota lay between 4 and 5 per cent each in terms of confirmed cases. Therefore, the cases in Rajasthan have a wider geographical spread compared with other States where cases tend to be concentrated in a few hotspots. This poses some unique challenges to containment.

Between May 25 and June 15, 5,681 cases were added to the 7,300 confirmed cases that the State had on May 25. This was less than the numbers added in the same

period in Haryana, even though the latter had only 1,213 cases on May 25. According to the State government data on COVID facilities in the State, there are 25,490 isolation beds apart from 7,028 oxygen-supported beds, 1,753 ICU beds and 899 ventilators distributed among dedicated COVID hospitals, COVID health centres and dedicated COVID centres. Since the number of active confirmed cases never crossed 3,000, a substantial part of this infrastructure must have been organised at the expense of possible non-COVID treatment.

Public health experts like Narendra Gupta, who is part of the People's Health Movement, feel that non-COVID patients were ignored in this entire period. In Jaipur, for instance, the Sawai Man Singh Government Hospital and the ESI hospital were converted to COVID hospitals, leaving patients suffering from other ailments at the mercy of private hospitals.

According to Anil Goswami, who represents the Rajasthan Nagrik Manch, which is a broad front of civil society organisations, the emergence of cases in parts of Mewar and Marwar regions might have been caused by the return of migrant workers from Surat and Ahmedabad in Gujarat. Rajasthan, which is an origin as well as a destination State for migrants, seemed to have mixed success as far as the movement of migrants to and from the State was concerned. Goswami said that while there was a record of the migrant workers who travelled by buses and train, there was little record of those who walked back home.

There were other problems, too. "In the Shramik trains, there was hardly any social distancing. We were there helping distribute food and water, and we saw the situation," Goswami said. He also felt that in some districts like Bundi, Pratapgarh or Ganganagar, the actual number of infections would not come to light as testing facilities were not available, and the district hospitals were in a bad shape.

"The samples of cases in Bundi district would be sent to Kota and it would take three days for results to come. Similarly, samples taken in Dholpur would be sent to a testing centre in Bharatpur. Whether the samples are sent with proper paraffin wrapping is not known. In many places, small private clinics are charging the moon for treating non-COVID patients. In villages, quarantining does not work. A quarantined person is allowed to graze his cattle and then return to the camp. Now the government itself is saying that people should quarantine themselves at home. The quarantine facilities are being closed down," he said. The Rajasthan government, he said, had not yet allowed the opening up of places of religious worship, which was a good thing.

Rajasthan has a relatively low population density. Its cities are not as densely populated as metros like Mumbai, Kolkata, Delhi or Ahmedabad. This might have worked to Rajasthan's advantage. In view of the impending monsoon, the government has planned a special awareness campaign involving health workers between June 21 and June 30 in order to ensure that unlocking is accompanied by the necessary precautions. □



## FOLK ARTISTS

perform at the Jantar Mantar in Jaipur after the Rajasthan government decided to reopen historical monuments, forts and museums for tourists, on June 1.

**MIGRANT** families travel to their villages during the fifth phase of the nationwide lockdown, in Beawar on June 3. They travelled 591 kilometres from Uttar Pradesh to Pali in Rajasthan.





# Change in approach

Odisha is re-strategising its approach to cope with the rising number of infections by **reinforcing restrictions** and ramping up testing in migration-prone zones. BY **PRAFULLA DAS**

AS THE FIGHT AGAINST COVID-19 GETS tougher in Odisha with the number of cases almost doubling in the first fortnight of June, the State government is re-strategising its approach to cope with the emerging crisis.

Although the cases are not rising at the scale witnessed in most other parts of the country, the administration is making serious efforts to ramp up testing and reinforce restrictions in migration-prone zones to contain the spread of the virus.

The government said the next four to six weeks were likely to be crucial because the number of cases was rising with many returnee migrant workers testing positive.

The authorities said that as the majority of migrants had returned from other States and abroad, detection of

cases could start showing a decline when the returnees completed their quarantine period and the samples of all those with symptoms and their close contacts were tested.

As per the government's estimate, more than 5.5 lakh Odia migrants had returned to the State by June 15. But going by the current trend, the situation is not likely to improve soon as many migrants are still returning every day.

The first COVID-19 positive case was detected in the State on March 15. On June 15, the total number of cases stood at 4,055, of which 1,951 cases were detected in the first half of June. The majority of the new cases were found in migration-prone zones. The fight against the virus has become tougher since at least 16 doctors and

many paramedical staff deployed at various hospitals to treat returnee migrant workers have contracted the infection.

The administration has enforced weekend shutdown until June 30 in 11 migration-prone districts that have recorded the maximum number of cases. Quarantine measures are being enforced strictly to prevent community transmission.

The Ganjam district administration has ordered the continuation of lockdown and weekend shutdown until the end of June.

The only encouraging indication is that most of the new cases were detected in the temporary quarantine centres where returnee migrants were sent for institutional quarantine with the active participation of the panchayati raj institutions.

However, the authorities are worried about the steady increase in cases reported in the community. At least 10 per cent of the cases found in the first two weeks of June belonged to the local community outside the quarantine facilities.

Although the government had announced that aggressive contact tracing was being carried out, more and more local cases started emerging. The month of June began with 31 of the 141 positive cases tagged as locals. The subsequent days consistently recorded infection in the community putting the administration on a spot of bother. Of the 1,951 positive cases detected in the first half of June, 199 were local contacts.

Odisha, however, is not taking chances. When one COVID-19 case was found in the largest slum in Bhubaneswar, samples of 250 persons belonging to the locality were tested and all were found negative.

In a novel initiative, the government launched a special drive by engaging ASHA (accredited social health activist) and ANM (auxiliary nurse midwife) workers to undertake a door-to-door survey between June 16 and July 31 to find out if any member of any family had symptoms of COVID-19. The samples would be collected and tested immediately.

Senior officials claimed that Odisha had become a model State in managing the COVID-19 situation in the country with a high rate of testing and recovery and a low mortality rate.

With importance given to detection, testing is being conducted in 17 testing labs in 10 districts, including the Regional Medical Research Centre, Bhubaneswar. The number of samples tested had crossed two lakhs by mid-June and efforts were on to ensure that all those having symptoms or coming in contact with infected persons were tested.

As per official date provided on June 16, the government has created a bed capacity of 7,62,345 in 16,815 temporary medical centres in 6,798 gram panchayats across the State for quarantining returning migrants and providing COVID health services. However, in some migration-prone pockets the number of returnees outnumbered the beds at these centres, while in other areas the beds were vacant.

Odisha is one of the States that has borne the entire cost, from testing to treatment, of COVID patients. This is giving the people the strength to cope with the pandemic, and adhere to the restrictions that are in force to contain the infection.

The State police have won the appreciation of Chief Minister Naveen Patnaik for enforcing the lockdown and weekend shutdown and making security arrangements at the quarantine centres, which have been declared containment zones.

By June 11, the police had collected Rs.1,25,84,180 as fine from people for not wearing a mask in public places. The use of mask in public was made mandatory on April 9. The police collected a fine of Rs.11,74,350 for violation of physical distancing norms. Those fined included a Bharatiya Janata Party Member of Parliament and 20 of her party workers.

Even as it was handling the health crisis, the State government devised and implemented schemes to create employment opportunities for migrant workers and daily wagers in order to reboot the economy. It announced the creation of 20 crore mandays under the Mahatma Gandhi National Rural Employment Guarantee Act. A target has been fixed for digging 1.3 lakh farm ponds under the employment generation drive and planting 15 crore saplings by August end under the afforestation programme.

As part of its rigorous efforts to contain the pandemic, the government urged the people to self-regulate in order to save their family from coronavirus infection by using a face mask, maintaining physical distancing and following hand hygiene. It has to continue with its hard work to cope with the situation. □



**POLICE** personnel enforcing the shutdown in Bhubaneswar on June 7.

BISWARANJAN ROUT



**STRANDED** passengers seen outside the Bhubaneswar railway station as city observes weekend shutdown on June 7.

BISWARANJAN ROUT



# Soaring numbers

Except for a **handful of countries**, the rest of the world continues to grapple with the COVID-19 pandemic. BY JOHN CHERIAN

THE PANDEMIC SURGES ON UNABATED, with Latin America now becoming the epicentre. South Asia is not too far behind for that matter. Countries that failed to prepare adequately to deal with the pandemic despite being given sufficient warning are now paying a heavy price. Only a handful of countries such as New Zealand, South Korea, Cuba, Venezuela and Vietnam have been able to fight the virus without suffering significant numbers of casualties. By the third week of June, Brazil, India and Mexico had higher death tolls per day than the United States. More than eight million people around the world had been affected by the pandemic by mid June with around 440,000 recorded deaths. Even in the West, the death rate is being under-reported. So far, a real accounting of the mortality rate has yet to be done worldwide.

As far as the infection rate is concerned, India has overtaken the United Kingdom and is now number four after Russia. Pakistan and Bangladesh are also witnessing a spike in infection rates. Pakistan lifted its national lockdown on May 9, and within a month, the infection rate surged to over 100,000. The government is no doubt aware that the real numbers are much more. According to figures released in the second week of June, at least 2,400 Pakistanis have died after contracting the virus. The World Health Organisation (WHO) has put Pakistan on the list of the top 10 countries where the virus is on the rampage.

## PAKISTAN

The WHO wrote to the government in Islamabad strongly criticising its handling of the pandemic and the decision to lift the lockdown. The WHO has recommended that the lockdown be reimposed, stating that the government had not met any of the criteria needed for its lifting. Experts have warned that the virus will peak in July/August and could claim more than a million lives. The medical infrastructure in Pakistan is in no condition to cope with the pandemic. Very little testing is being done. The mortality rate among doctors is among the highest in the region. In the first week of June, the

**AT A LAUNCH** terminal in Dhaka on June 1 after the government loosened lockdown restrictions.

medical association in Punjab province reported that 40 per cent of the doctors working in hospitals were infected with the COVID-19 virus. There are reports of medical workers getting assaulted on a daily basis by relatives of COVID-19 patients angry with the unavailability of beds or the treatment being given.

There are only 600 beds available for intensive care patients in a city such as Karachi that has a population of more than 20 million.

The WHO estimates that Pakistan, the fifth most populous nation in the world, with a population of more than 200 million, has only around 750 dedicated ventilators for those affected by the pandemic.

Prime Minister Imran Khan was initially reluctant to order a lockdown, prioritising the economy over the pandemic threatening the lives of millions of citizens. He was, however, overruled by the military establishment. Imran Khan was of the view that a country like Pakistan could hardly afford the luxury of a lockdown, but the military establishment and he are now on the same page. The World Bank has projected that the country's eco-

nomy will shrink by 0.2 per cent in the next fiscal year and that more than 18 million of the country's 74 million jobs will be lost because of the pandemic.

## BANGLADESH

In Bangladesh, one of the most densely populated countries in the world, the pandemic has hit hard. By the second week of June, Bangladesh had more than 70,000 recorded cases of people infected with the virus. Experts expect the numbers to double before the end of June. The testing facilities are limited. In the limited tests that were conducted, it was found that one out of five people tested in Dhaka, the capital, turned out to be positive. The number of deaths due to the pandemic has not been properly quantified according to health professionals in the country and international agencies.

The country has the lowest ratio of hospital beds to patients in the world. More than 34 doctors have already died from the infection. The official death toll by the second week of June is around a thousand, but this figure in all probability is misleading. The national lockdown ordered by the government in the last week of March was lifted in the first week of June even before the pandemic showed any signs of easing. A catastrophe seems to be in the offing in South Asia, with countries such as Nepal too witnessing a surge in infections.

If the situation in South Asia is dire, Latin America is currently worse off. Brazil has recorded more deaths than all countries barring the U.S. Most Brazilians hold their President, Jair Bolsonaro, responsible for the mess the country finds itself in. He is the only head of state to openly oppose any restrictions to stop the spread of the coronavirus. After initially dismissing the deadly new virus as nothing more dangerous than an attack of the flu, he soon resorted to flaunting miracle cures.

In late March, taking the cue from his close ideolo-

gical friend, U.S. President Donald Trump, the Brazilian President touted chloroquine as the drug that would save Brazilian lives and make the pandemic go away. "God is Brazilian. The chloroquine is right here," he proclaimed in early March. Since then over 45,000 Brazilians have died after contracting the coronavirus, and the daily death toll now is the highest in the world. The Brazilian Health Ministry had a proven record of fighting the epidemics that hit the country in the past and had advocated physical distancing and other safe practices as soon as the coronavirus surfaced. Initially, Bolsonaro too supported the Ministry's actions but then suddenly took a diametrically opposite stand. Luiz Henrique Mandetta, the Health Minister at the time, ascribed Bolsonaro's abrupt change of stance to his prioritising economic stability over health.

A study by the Sao Paulo Medical School estimates that the number of COVID-19 infections in Brazil could be 15 times higher than the official figures being put out. Bolsonaro had ordered the mass production of chloroquine and hydroxychloroquine in the pharmaceutical laboratories run by the Brazilian military. Brazil had imported large quantities of raw material for the production of the drugs from India. According to epidemiologists, the country has wasted immense resources in producing drugs that have a minimal impact on the treatment or curtailment of the virus. If the predictions by the Sao Paulo Medical School are accurate, Brazil would have had more than five million patients by the end of May.

Bolsonaro even now opposes quarantines and physical distancing measures and has vociferously encouraged his fellow citizens to carry on with life as usual. He refuses to wear a mask and is seen every other day mixing and shaking hands with his supporters. As the death rates started spiralling in early June, the President ordered the government to stop publishing comprehensive statistics on the number of deaths and the infection rate of the coronavirus.

"We are sorry for all the dead, but that's everyone's destiny," the President remarked when the death rate was soaring in the first week of June.

The Brazilian Supreme Court had to intervene and force the Health Ministry to keep on releasing the data regarding the scope and trajectory of the spread of COVID-19 in the country. Gilmar Mendes, a Supreme Court judge, described the government's "manipulation of statistics a tactic of totalitarian regimes". He said that "the trick would not eventually absolve the government from an eventual genocide".

Two eminent doctors who had served as Health Ministers in the Federal government left office in the last couple of months because of unscientific diktats that emanated from the presidency on the ways to handle the outbreak. The new appointee as Health Minister is a serving military officer with no expertise in communicable diseases. He promptly issued guidelines for the widespread use of chloroquine and hydroxychloroquine to treat patients.



MUNIR UZ ZAMAN/AFP





MUHAMMAD SAJJAD/AP

**WAITING TO** collect identity cards for aid outside a government office in Peshawar, Pakistan, on June 16.

The President urged his supporters to stage public protests against State governments that have imposed lockdowns and quarantine measures while discouraging the use of hydroxychloroquine. Eduardo Bolsonaro, the President's politician son, claimed that there was a conspiracy hatched by the left wing to downplay the efficacy of the drug in the treatment of COVID-19. "The objective is to demonise the medicine even though they know that it is effective to save lives," he said. Damaraes Alves, an evangelical pastor and the Minister of Human Rights, Family and Women, described hydroxychloroquine as a "miracle drug".

All the clinical trials carried out so far have found the drug to be ineffective in the treatment of the coronavirus. The Bolsonaro government is in fact trying to implement a "herd immunity" policy with its propagation of the chloroquine-based drugs.

The Brazilian police launched raids on the offices and homes of Bolsonaro's right-wing supporters who have been staging noisy demonstrations almost on a daily basis in major cities demanding the lifting of the lockdown and the imposition of military rule. As the evidence of corruption, mismanagement and malfeasance pile up against the President, his only hope for survival comes from sections of the Brazilian military. Eduardo Bolsonaro recently stated that military rule was inevitable. "It is no longer an opinion about if but when it will happen," he said.

There is suspicion that the business cronies and political associates of the President are funding these sections of the military. The anti-Bolsonaro protests in cities such as Sao Paulo and Rio de Janeiro are much bigger and spontaneous. Bolsonaro's public approval ratings have dramatically sagged after the coronavirus devastated the

country. With the health system unable to cope and the economy in free fall, there have been growing demands for the impeachment of an incompetent President. Legislators have already made 35 impeachment requests against him. The majority of them were submitted after the pandemic hit Brazil. "Having failed to unite Brazilians in the face of a pandemic, Bolsonaro and his government could be the first to be toppled by it," said Robert Muggah, director of the Igarape Institute, a Brazilian think tank. Bolsonaro is already being investigated for corruption and electoral misconduct. The most damning charge against him is that he poses a threat to the public health system in Brazil.

The President and his supporters, on the other hand, are calling for the dissolution of the Congress and the Supreme Court and for the reimposition of military rule to deal with the growing instability. As it is, Bolsonaro has filled his Cabinet with military men, both serving and retired. There are more military men in the Cabinet now than there were in the two decades when the army ruled Brazil.

Augusto Heleno, a retired general serving as the National Security Adviser to the President, warned of "unpredictable consequences for national stability" after the Supreme Court let a corruption enquiry into Bolsonaro's supporters go forward. Bolsonaro served in the army and has at every opportunity been praising the military's right-wing coup of 1964.

He is the only democratically elected President to virtually be requesting his army to stage a coup and take over. He thinks only the army can clear the mess he has created in the country mainly through his disastrous handling of the pandemic. □



# Nightmare in Brazil

Jair Bolsonaro's **cavalier attitude** towards the spread of COVID creates a serious health crisis in Brazil with the country emerging as one of the epicentres of the pandemic. BY VIJAY PRASHAD

BRAZIL WAS THE FIRST NATION TO REGISTER a case of COVID-19 in February. Since then, the government, led by the far-right Jair Bolsonaro, has been cavalier about the spread of the virus and the impact of the disease. The President has minimised the severity of the virus and has called it a “little flue” and a “cold”. Bolsonaro has mocked the media for its “hysteria” and denied the rising infection and death rate in his country. In March, he said Brazilians “never catch anything” even when they dive into sewage, and that they probably have the antibodies to halt the spread of the virus. As of this writing in mid-June, there are almost 900,000 confirmed cases in Brazil with over 44,000 fatalities. Brazil has emerged as one of the epicentres of the global pandemic.

Rather than follow the basic protocols established by the World Health Organisation (WHO), such as testing, contact tracing, physical distancing, and social isolation of hotspot areas, Bolsonaro dismissed the contagiousness of the virus and encouraged his supporters to take to the streets in mass rallies. As Governors of the various provinces not associated with Bolsonaro’s politics established quarantine measures, Bolsonaro fought hard to undermine them. He mocked any attempt to be serious about the virus and dismissed concerns as essentially anti-national.

Like United States President Donald Trump, Bolsonaro masqueraded as a health professional, urging his Health Ministry to encourage the use of chloroquine and hydroxychloroquine as an antidote to the disease. It is true that these antiviral drugs are being studied for their efficacy in fighting COVID-19, but there is as yet no evidence that these are viable treatment methods. Two of Bolsonaro’s Health Ministers had to exit when they disagreed with their leader over the pandemic. Luiz Henrique Mandetta, a pediatric orthopaedist, had clashed with Bolsonaro about physical distancing and about the anti-viral drugs; he was fired. His

successor, Nelson Teich, an oncologist, could not agree with Bolsonaro on the anti-viral drugs; he lasted a month. These doctors were replaced by Eduardo Pazuello, an Army General who had managed security logistics during the Olympics. He has no medical background but is loyal to Bolsonaro. Neither Bolsonaro nor Pazuello has placed a comprehensive plan before the public to tackle the outbreak. Health officials bemoan the lack of a national strategy.

In early June, the Health Ministry took down the official website for a day. It was this site that had been publishing the COVID-19 data. When the site returned the next day, all the data on past COVID-19 cases had vanished. There was simply no way of assessing any official numbers on infection rates or death rates. The opposition criticised this action, with Rodrigo Maia, also a politician of the right, saying on twitter that “the health ministry is trying to cover the sun with a sieve. It is urgent to restore the credibility of statistics. A ministry that distorts numbers creates a parallel universe to avoid facing the reality of facts”. It took the intervention of the Supreme Court to restore the data.

Bizarrely, Bolsonaro told his supporters to “invade” hospitals and inspect the COVID-19 wards and see that they are largely empty. He continues to contest the numbers of those infected. On June 4 and June 9, this is just what his party members and others did. They photographed the ICU wards and disrupted the integrity of the isolation sections. “This behaviour endangers the physical integrity of the brave professionals who dedicate themselves to reversing a health care crisis unprecedented in the country’s history,” said Brazil’s Attorney General Augusto Aras. Bolsonaro sniffed at this criticism.

Anger and distress at Bolsonaro’s deliberate incompetence was captured by a statement made by Brazil’s former President Luiz Inacio Lula da Silva. Speaking to CNN from his home in Sao Paulo, Lula said that



ADRIANO MACHADO/REUTERS

**PRESIDENT** Jair Bolsonaro.





ANDRE COELHO/GETTY IMAGES

**AT A CROWDED** market in Rio de Janeiro on June 17.

Bolsonaro has been “irresponsible” and “negligent”. Bolsonaro, Lula said, “has committed many crimes of irresponsibility and I think he already deserves to be punished for that.” His punishment should be his impeachment from office.

#### **AUTO-COUP?**

There is a serious political crisis in Brazil that comes alongside the health crisis. Society is polarised with a firm right-wing among considerable sections that remain behind Bolsonaro and are itching for a strong response against Brazil’s left. Bolsonaro has indicated that he is not averse to setting aside the country’s Constitution and bringing in the Army to govern with him. This is very chilling.

Bolsonaro filled his own Cabinet with military men and has often spoken favourably about the long period of military rule from 1964 to 1985. The Constitution prevents a return to military rule and makes it illegal to speak about the suspension of democracy. Bolsonaro has skirted the edge of legality with his statements. He, and his Vice President, General Hamilton Mourao, are open adherents of military power. This is not a new phenomenon for them.

What piqued Bolsonaro was an investigation by the Supreme Court over corruption allegations against his family. His former Justice Minister Sergio Moro, who played a disruptable role in the case against Lula, went to prosecutors and provided an eight-hour deposition about Bolsonaro’s attempt to interfere in this case. Leaked recordings of Bolsonaro’s conversations with Moro show that he wanted the head of the Federal Police, Mauricio Valeixo, to be replaced. When Moro refused, Bolsonaro fired Valeixo and brought in a friend of his sons, Alexandre Ramagem (of Brazilian intelligence), as the replacement.

Even Moro, who was not above using the dirtiest

tricks against Lula, could not stomach this behaviour; he resigned. The Supreme Court would not allow the appointment of Ramagem, so Bolsonaro appointed Ramagem’s close associate Rolando Souza to the post. Rolando Souza came to office and removed the man who was overseeing the investigation of Bolsonaro and his family.

Bolsonaro has been regularly meeting with the military members of his Cabinet and with other military men to secure consensus that the Supreme Court is out of line. At a May protest at the court, the tone was chilling. Rumours of an “auto-coup” sizzled through the country.

#### **FORA BOLSONARO**

As the lockdown began to ease, Domingo Alves of the Health Intelligence Laboratory said, “We are sending the population to a slaughterhouse. The city of Sao Paulo opens its shops today, with a rising death rate; this shows a cynicism both from the Governor of the state of Sao Paulo and now from the city’s mayor.”

A hashtag began in Brazil, #ficaemcasa or #StayHome, to urge Brazilians not to listen to the frivolous and dangerous statements from Bolsonaro. The only reason to go out has been to join the protests against the callous policy of the government and its threats of a military coup. Residents of the cities on occasion go out on their balconies and bang pots and pans—a *panelço*—to call for Bolsonaro’s impeachment.

The slogan is Bolsonaro Out—*Fora Bolsonaro*. Another campaign, initiated by the economist Eduardo Moreira, emerged with the hashtag #Somes70percent or #WeAre70percent, reflecting a majority that seems to be against Bolsonaro’s handling of the crisis.

Protests against Bolsonaro, however, have been met with rising right-wing violence.

This reflects the uneven polarisation in the country, with the right-wing eager to escalate any demonstration into violence precisely because it does not command a majority of the population. □

# Line of conflict

The Galwan Valley incident, one of the most serious confrontations between India and China since the disastrous 1962 war, threatens to **disrupt the bilateral relations** forged over a few decades. BY JOHN CHERIAN

FOR the first time in 45 years, a sizeable number of Indian soldiers were killed in the line of duty along the Line of Actual Control (LAC), the *de facto* border between India and China. The Indian Army confirmed in a statement on June 16 that 20 Indian soldiers, including a senior officer, were killed in the altercation and violence that took place in the disputed Galwan Valley in the Ladakh sector.

The statement emphasised that there were many casualties on the other side too, but there has so far been no confirmation from the People’s Liberation Army (PLA) about deaths and injuries on the Chinese side. A few critically injured Indian soldiers remain in hospital. Ten soldiers whom the PLA had taken prisoner were released on June 18.

The Indian Army said that the incident happened even as the “de-escalation” process was going on in the area. The PLA’s version is that Indian forces illegally crossed the LAC in the dead of night in contravention of the agreement reached on June 6 between senior commanders of the two armies.

The PLA issued a statement putting all the blame on the Indian Army. “The Indian Army broke their promise and once again crossed the Line of Actual control to engage in illegal activities,” it said. “They deliberately launched a provocative assault, leading to an intense physical clash that caused death and injury.”

Each side was adamant that the



**A SATELLITE IMAGE** taken on June 16 showing the Galwan Valley, which lies between China’s Tibet and India’s Ladakh.

PLANET LABS, INC./AFP



other side was responsible for triggering the confrontation. Although no bullets were fired, the June 15 incident is one of the most serious confrontations between India and China since the disastrous 1962 war. Interestingly, it was China that first lodged a complaint about the incident. Vikram Misri, the Indian Ambassador to Beijing, was called to the Foreign Ministry for a meeting with Chinese Vice Foreign Minister Luo Zhaohui to discuss the issue.

Indian External Affairs Minister S. Jaishankar and Chinese Foreign Minister Wang Yi had a telephonic conversation later. Following the discussion, the blame game continued. Jaishankar said that China was responsible for “the violence and the casualties” and urged Beijing “to reassess its actions and take corrective steps”.

Wang said that it was the Indian military’s “violent” and “adventurous conduct” that had led to the untoward incident. He urged the Indian government to “strictly control” its “front-line troops and immediately cease all provocative actions”.

Addressing the nation on television on June 18, Prime Minister Narendra Modi vowed that the sacrifices of the dead soldiers “would not be in vain”. He said that the country wanted “peace but if provoked, India is capable of giving a befitting reply”. However, since the June 15 clash, both sides have committed themselves to disengaging their military forces from close proximity along the disputed borders.

At the same time, the Indian government is encouraging calls for the boycott of Chinese goods and services.

According to reports, instructions have been given to the telecom sector and the Railways to cancel contracts with Chinese companies. Most Indian political commentators, former diplomats and retired Army officers are calling on the government to formally junk its non-aligned policy and join the United States-led military alliance against China.

Tensions along the LAC had started escalating dramatically from the



**ARMY PERSONNEL** pay tribute to the mortal remains of jawans of the Bihar regiment killed in Ladakh’s Galwan Valley, at Jaiprakash Narayan Airport in Patna on June 18.

first week of May after Indian and Chinese soldiers had a serious physical confrontation on the shores of the Pangong Tso (lake) situated at an altitude of 4,200 metres. Both sides consider the disputed area strategically important and have been competing with one another in recent years to create new facts on the ground. In the next couple of days, there were reportedly three more physical encounters between the two sides.

Three of the clashes took place along the *de facto* border separating Ladakh from Aksai Chin. The other clash took place more than 2,000 kilometres away in Naku La along the Sikkim-Tibet border. After these incidents in May, both the Indian Army and the PLA had moved troops forward all along the 3,488-km-long disputed boundary that the two countries share.

The situation along the eastern Ladakh border calmed down after brigade-level talks were held between PLA and Indian Army com-

manders on June 6. After this meeting, the Ministry of External Affairs spokesperson said that the two sides would keep on talking “to ensure peace and tranquillity in the border areas”.

At the same time, Indian officials said that the Indian Army would continue to exert its military strength at the field level until it reached an acceptable agreement with China. Speaking to an Indian news agency on June 12, General M.M. Naravane, Chief of the Army Staff, expressed the hope that through “continued dialogue all perceived differences will be set to rest”. The Indian Army chief had emphasised that the situation along the LAC “is under control”. Three days later, on June 15, the bloodiest confrontation in 45 years happened. Both sides continue to talk of de-escalation, but at the same time, they have been blaming each other for the Galwan Valley incident.

The PLA had altered the status quo in eastern Ladakh, including in

the Galwan Valley where the latest clash took place. In the statement issued after the bloody clash, the PLA claimed that the “sovereignty of the Galwan Valley always belonged to China”. The India has strenuously contested this assertion, but China had refused to discuss withdrawal from the area, claiming that it always had control over the mountain ranges on the banks of the Galwan river. The Indian military post in Galwan was the first to fall to the PLA in the 1962 war. Now, with the PLA dominating the valley, it has strategic control over the Darbuk-Shyok-Daulat Beg Oldi road that connects Leh to the Karakoram Pass area.

The External Affairs Ministry said in a statement issued on June 16 that the Chinese side had broken the “consensus” that was arrived at after the meeting between the senior army commanders from both the sides on June 6 to maintain the “status quo” in the Galwan Valley.

Just days before the bloody confrontation, Sun Weidong, China’s Ambassador to India, said that he was hopeful of a diplomatic solution and highlighted the efforts of the two

countries to jointly fight the coronavirus pandemic. In fact, the international community was surprised that the two countries were confronting each other militarily in the midst of a global pandemic. The Chinese Foreign Ministry also issued a statement saying that actions were being taken by both the sides to “ameliorate the border situation”.

According to the reports appearing in the Indian media, after the June 6 talks both sides had started withdrawing to their earlier positions in the Galwan and Hot Springs areas and that the Chinese troops were staying put only along the shores of the Pangong Tso such as the Finger 4 area claimed by India. (The mountain folds around the 134-km-long lake are referred to in military jargon as fingers.)

It is well known that the two sides have differing perceptions of where the LAC passes through in the Pangong Tso area. India asserts that the LAC starts at Finger 8, while China claims that it starts at Finger 2, which is under Indian control.

The PLA has also established a presence along the road to Daulat Beg Oldi, situated besides the

Karakoram Pass, a *de facto* trijunction between China, Pakistan and India. The all-weather 225-km section of the road, which India finished constructing in 2019, is situated just 20 km from the Karakoram Pass. The new road will help the Indian Army move soldiers and heavy weaponry quickly to areas to which it did not have easy access earlier. Besides beefing up the road and rail network along the LAC in a bid to keep up with the infrastructure development on the other side, the Indian Army has raised two new Mountain Divisions, each with a strength of 15,000 troops, capable of launching quick-reaction ground offensives against the PLA.

#### BIG DEFENCE BUDGETS

China and India have the second and third biggest defence budgets in the world. According to the Stockholm International Peace Research Institute, in 2019 China spent \$261 billion on defence and India spent \$71 billion. The U.S., in contrast, spent \$732 billion on defence last year. The U.S. Congress is preparing to pass the Forging Operational Resistance to Chinese Expansion Act that will authorise an additional \$43 billion in defence spending. The Pentagon has again shifted from its “war on terror” strategy to “great power competition”.

The PLA was conducting military exercises in the border region before the events in May. When the PLA made its move on the LAC in April this year, the Indian Army was apparently caught by surprise and was heavily outnumbered. According to Indian military sources, the PLA has effectively taken control of 60 sq. km of disputed land in the area that is claimed by India. Home Minister Amit Shah continues to vehemently deny that there has been any loss of Indian territory under Modi’s watch. While addressing a virtual election rally for the upcoming elections in West Bengal, Amit Shah compared India to the U.S. and Israel. He said that like these two countries that he perceived as his role models India knew how to defend itself. Divisional commanders



of the two armies continue to hold talks on a regular basis to amicably resolve the issue.

The Chinese side admitted last month itself that the clashes along the LAC were triggered by India's construction of a road in the Galwan river valley, an area bounded by Ladakh on one side and Aksai Chin on the other. One of the main reasons for the 1962 war was India's claim over the Aksai Chin area. After the war China had started constructing the Xinjiang-Tibet road to connect its two remote provinces. This road is even more important to China today as it connects to the China Pakistan Economic Corridor (CPEC), an important component of its ambitious Belt Road Initiative (BRI), in which China has invested more than \$60 billion. India and the U.S. are the only two notable critics of the BRI. Beijing believes that the two countries are plotting to undermine major components of the BRI such as the CPEC.

Chinese commentators naturally put the blame on India for the rise in tensions along LAC. "According to the Chinese military, it is India which forced its way into the Galwan Valley. So, India is changing the status quo along the LAC," said Long Kingchun, president of the Chengdu Institute of World Affairs. The latest incidents along the LAC are the most serious since the Doklam standoff between the two militaries that lasted more than two months in 2017. India had rushed troops to the Bhutan-China border to stop the PLA from building a road there. China was taken by surprise by the Indian Army's move, which came just before Prime Minister Modi and the President Xi Jinping were to meet at a BRICS (Brazil, Russia, India, China and South Africa) summit in China.

After the face-off ended, the PLA remains ensconced in an all-weather permanent military complex in Doklam. Modi had met with Xi in Wuhan in April 2018 to defuse tensions along the LAC and put bilateral relations back on track after the Doklam episode. The two leaders solemnly agreed not to jeopardise their core

national interests. China expected India to stay away from military groupings and alliances aimed at derailing its peaceful rise to superpower status. Modi stuck to the script for some time, talking about the need for India to retain strategic autonomy in foreign affairs and staying away from military alliances. But soon after, India further deepened its strategic alliance with the U.S. by agreeing to a series of defence agreements, including the Logistics Exchange Memorandum of Agreement, which gives U.S. forces access to Indian military bases.

In the first week of June, India signed an agreement with Australia giving that country a similar military basing agreement. The Modi government is negotiating a similar agreement with Japan. India has become openly supportive of the U.S. stance on the South China Sea. India has also strengthened relations with Taiwan, which China considers a breakaway province. Under the Modi government, India has been transforming itself into a virtual front-line state in the military strategic offensive that the U.S. has decided to launch against China. The Pentagon is now giving more importance to India than it does to the countries in the North Atlantic Treaty Organisation military alliance.

#### TRIFURCATION OF JAMMU AND KASHMIR

The Indian government's decision to change the constitutional status of Jammu and Kashmir had come in for strong criticism from China. Incidents along the Ladakh sector of the LAC have increased since the Modi government unilaterally changed the status of Jammu and Kashmir last year and converted Ladakh into a separate Union Territory. A map the Indian government published last November after the trifurcation of the State shows Aksai Chin as part of Indian-administered Ladakh.

Senior leaders of the Bharatiya Janata Party openly talked of recapturing the Pakistan-administered part of Kashmir along with the Gilgit-Baltistan area through which the



**AN ARMY CONVOY** moves along the Srinagar-Leh National highway in Kashmir's Ganderbal district on June 17.



**A CONVOY** on the Manali-Leh highway on June 19.

would only be the U.S. that would stand with India against "the constant Chinese probing of Indian sovereignty". Nicholas Burns, a former U.S. diplomat who had played a key

role in the signing of the India-U.S. nuclear deal and the forging of close military ties between the two countries, said that India and the U.S. should work together to force an "au-

thoritarian" China to follow "the rule of law".

During the Doklam crisis, the Trump administration had pointedly refrained from supporting India and had asked for an early settlement of the issue. This time, the Trump administration is pointedly asking India to take an uncompromising stand on the border impasse with China.

President Donald Trump, to the surprise of the Indian establishment, offered to mediate in the "raging border dispute" along the LAC in the last week of May and claimed that he was in touch with the governments of India and China. He also told the media that he had a talk with Modi on the issue and that the Indian Prime Minister was "not in a good mood because of what is going on with China". Both India and China were quick to issue statements saying that they would resolve their issues bilaterally and that there was no need for any third-party arbitration.

Indian officials were quick to deny at the time that Modi had asked Trump to mediate or had, for that matter, spoken to him on the issue. But the two leaders did speak to one other a few days later, on June 2. The Indian side admitted that the recent incidents on the border and the controversy generated by the Trump administration on the functioning of the World Health Organisation figured in the discussions. After the June 15 incident, the U.S. State Department said that it was "closely monitoring" the situation. "Both India and China have expressed a desire to de-escalate, and we support a peaceful resolution to this dispute," the statement said.

Modi has accepted Trump's invitation to attend the G7 summit he proposes to host as a special invitee. China has been excluded from the summit despite being the second biggest economy globally. Trump wants to create a new G12 that will include India and Russia.

The Russian Foreign Ministry said that it made no sense for such a grouping to be created if China was not part of it. □



# Crisis of leadership

If the June 19 all-party videoconference raised hopes that the government had come around to engaging opposition parties in the handling of the border crisis with China, the way in which the Prime Minister brushed aside questions raised by the opposition showed that nothing had changed. BY VENKITESH RAMAKRISHNAN.

EXPECTATIONS were high among the political class as well as observers when Prime Minister Narendra Modi broke with his own conventions and called for an all-party meeting on June 19 with the professed objective of discussing the face-off with China at the Galwan valley in eastern Ladakh, which led to the killing of 20 Indian soldiers and grievous injuries to many more. Throughout his six-year-long regime, in two terms, Modi has been distinctively antipathetic to the idea of conversing with the opposition and building a consensus, whether through formally convened all-party meetings or through informal consultations.

Even in exceptional crisis situations such as the COVID-19 pandemic, the Prime Minister has systematically ignored appeals, especially from opposition parties, for consultations across political and ideological barriers. The manner in which he stayed away from a formal all-party meeting in February 2019, following the dastardly Pulwama terror attack in which 40 Indian paramilitary personnel were killed, put the stamp on the approach that Modi has evolved in relation to broad-based consultations.

Thus, when the initial calls went out for the June 19 meeting, there was a sense that the Prime Minister and his government had taken the eastern Ladakh face-off with China

with extra seriousness. As many as 23 parties were invited to the online videoconference, including 15 belonging to the opposition.

Its formal outcome, as recorded by several agencies and media forums, including the publicity departments of the Union government, was that all parties asserted the sovereignty and integrity of India and expressed solidarity with the Indian Army and the government in its military and diplomatic battle against the country's "superpower" neighbour. At its core, this outcome underscored the commitment of the Indian political class as a whole to the national interest.

However, very many nuances relating to the gathering, including the manner in which it was conducted, the evident mismatch in the positions adopted by the Prime Minister in the meeting and the one advanced by the Minister of External Affairs earlier, the studied indifference to pointed questions about the Galwan face-off, all once again laid bare the fact that the conclave was not backed by any real intent or conviction about having broad-based consultations and building consensus. Almost all the trappings of the meeting and its details in terms of presentation and structuring were marked by diversionary manoeuvres, accompanied by emotive rhetoric, both key features of the Modi style of governance. In the process, Modi and his minis-

terial colleagues seemed to turn upside down the very nature of the conflict that has built up in eastern Ladakh since early May.

## DIVERSIONARY TACTIC

Consider this: making his first direct statement on the happenings in eastern Ladakh, the Prime Minister stated categorically that India did not lose any territory to China in recent months. "Neither have they intruded into our border, nor has any post been taken over by them. Twenty of our jawans were martyred, but those who dared Bharat Mata, they were taught a lesson."

Accentuating the emotional quotient, Modi went on to add: "Today, we possess the capability that no one can eye one inch of our land. India's armed forces have the capability to move into multiple sectors at one go.... Till now, those who were never questioned or stopped, now our jawans stop them and warn them at multiple sectors. Our Army has been monitoring even those areas which were not attended to earlier at the India-China border.... Whether it is deployment, action, counter-action... air, land or sea, whatever our armed forces have to do to protect our country they will do."

Modi chose to speak at the fag end of the conference, after which it was declared closed. So, there was no opportunity to seek clarifications on his pronouncements. Before Modi's



**PRIME MINISTER** Narendra Modi's all-party videoconference. Also seen in the photograph are (clockwise from top right) Congress president Sonia Gandhi, West Bengal Chief Minister Mamata Banerjee, Union Home Minister Amit Shah, Telangana Chief Minister K. Chandrashekar Rao and Bihar Chief Minister Nitish Kumar.

concluding speech, Defence Minister Rajnath Singh and Minister of External Affairs S. Jaishankar briefed the conference. This was followed by interventions by several leaders, including Congress president Sonia Gandhi and Chief Ministers Uddhav Thackeray (Maharashtra) and Nitish Kumar (Bihar).

A glaring characteristic of Modi's final intervention was that it was completely at variance with what External Affairs Minister S. Jaishankar had recorded in his interaction with his Chinese counterpart, Wang Yi, on June 17. In that interaction, S. Jaishankar had said that Chinese troops had sought to erect a structure in Galwan valley on the Indian side of the Line of Actual Control (LAC). He also recalled that in the meeting of senior military commanders held on June 6, an agreement was reached on de-escalation and disengagement along the LAC.

A statement issued by the Ministry of External Affairs (MEA) after that interaction said: "Ground commanders were meeting regularly to implement this consensus throughout the last week. While there was some progress, the Chinese side sought to erect a structure in Galwan valley on our side of the LAC. While this became a source of dispute, the Chinese side took premeditated and

planned action that was directly responsible for the resulting violence and casualties. It reflected an intent to change the facts on ground in violation of all our agreements to not change the status quo."

A day before this, on June 16, MEA spokesperson Anurag Srivastava said that the Chinese side had "departed from the consensus to respect the LAC in the Galwan valley". He asserted that India was clear that all its activities were always within the Indian side of the LAC. "We expect the same of the Chinese side," he said.

The import of all these statements and the give-and-take between the Foreign Ministers was, clearly, that incursions and violent engagements had taken place, accompanied by disputes about occupation of territories. But, in the June 19 conference, Modi's contention was that "neither has anyone intruded into Indian territory nor has anyone captured any military posts". So, what was the whole sequence of events that led to the killing of 20 Indian soldiers?

## CLEVER WORDPLAY

Even a cursory analysis of Modi's statement would expose the clever play on words. His claim is that no one has intruded into Indian territory. Indeed, the LAC is Line of Actual

Control and does not literally come under international border specifications. Thus, the region where the face-off took place is not exactly Indian territory. The second part of his statement says that no one has captured any Indian military posts. This is also in keeping with this tactic of obfuscation because there are no posts to be captured in the face-off region.

The defence expert and columnist Colonel (Retd) Ajai Shukla questioned Modi's contentions on Twitter: "Did I see prime minister @narendramodi redrawing the Sino-Indian border on TV today? Modi said nobody entered Indian territory. Has he conceded to China the Galwan River valley and Fingers 4-8 in Pangong Tso -- both on our side of the LAC -- and where Chinese troops now sit. If, as @narendramodi said today, nobody entered Indian territory, what is all the fuss about? Why the military-to-military dialogue, why the diplomatic talks, why the military disengagement, why the deaths of 20 soldiers? Twenty Indian soldiers gave up their lives while evicting Chinese intruders from Indian territory. But Modi says nobody entered Indian territory. Then where did these soldiers die? Is Modi saying - like China is saying - that they crossed into China? Was Prime Minister @nar-



endramodi knowingly dissembling? Or was he incorrectly briefed? Or does the government believe it can say anything and get away with it in this post-truth world?”

Responding to similar questions on a television debate, the Bharatiya Janata Party (BJP) leader Rajiv Pratap Rudy squarely branded anybody raising questions on a statement made by the Prime Minister as anti-national. “Many things may have been said by many people, including experts and senior officials of the government and the Army at different points of time. But when the Prime Minister makes an official announcement, that is the final word. Anybody who disputes that is insulting the country, doing a great national disservice,” he argued.

However, defence experts like Shukla and a number of retired senior Army officers are of the view that Modi’s obfuscation and word-play are working against the national interest on the Sino-Indian border. A former Lieutenant General told *Frontline*: “That is the real national disservice. In one stroke, the Prime Minister has given up a position strongly maintained by successive governments India has had since Independence and given superior credence to the Chinese position.”

#### QUESTIONS RAISED BY OPPOSITION

Political leaders, including Communist Party of India (Marxist) general secretary Sitaram Yechury, Congress leader Manish Tewari and Aam Aadmi Party (AAP) Rajya Sabha member Sanjay Singh questioned Modi’s contention. Sanjay Singh said: “Has India dropped its claim on the Galwan Valley? If China has not occupied our territory then what are we discussing with China?” Yechury said: “Then there is no conflict? Why have our brave soldiers been martyred? Why this all-party meeting? This blatant obfuscation of the real picture is yet another act of criminal cover-up by the Modi government. It may give the ruling dispensation some temporary reprieve, but the doubts are real and are bound to come back to haunt the country



**EXTERNAL AFFAIRS MINISTER** S. Jaishankar with his Chinese counterpart Wang Yi during a meeting in New York in September 2019.

sooner than later. So, the raising of questions would continue.”

Manish Tewari, too, flagged the importance of continuing to raise questions. He did so after Modi concluded the all-party conference with his “final intervention”. Earlier in the day, Modi and his associates completely bypassed and brushed aside Congress president Sonia Gandhi’s pointed questions with utter disregard. Asserting that her party had some specific questions for the government, she had said: “On which date did the Chinese troops intrude into our territory in Ladakh? When did the government find out about the Chinese transgressions into our territory? Was it on May 5th, as reported, or earlier? Does the government not receive, on a regular basis, satellite pictures of the borders of our country? Did our external intelligence agencies not report any unusual activity along the LAC? Did the military intelligence not alert the government about the intrusion and the build-up of massive forces along the LAC, whether on the Chinese side or on the Indian side? In the government’s considered view, was there a failure of intelligence?”

She went on to add that the government had kept everyone in the

dark about many crucial aspects of the crisis and that it should have convened the all-party meeting immediately after May 5 when it got information about the Chinese build-up on the border. “The entire country would like an assurance that the *status quo ante* would be restored and China will revert back to the original position on Line of Actual Control,” she said. Modi and his colleagues did not respond to any of pertinent questions and points she raised. However, many leaders of the ruling National Democratic Alliance welcomed her assertion that “the entire nation fully supported the government in the steps to defend India’s territorial integrity”.

#### DENIAL MODE

Before the June 19 conference, former Congress president Rahul Gandhi raised pointed queries on Twitter asking why Indian soldiers who were killed were unarmed on the China border. “How dare China kill our UNARMED soldiers? Why were our soldiers sent UNARMED to martyrdom?” he asked in his tweets. Unlike the indifference that was meted out to Sonia Gandhi’s questions in the conference, Rahul Gandhi’s drew a response from

Jaishankar: “All troops on border duty always carry arms, especially when leaving post. Those at Galwan on 15 June did so. Long-standing practice (as per 1996 & 2005 agreements) not to use firearms during face-offs.”

The courtesy that Jaishankar showed in engaging with Rahul Gandhi, was, however, an exception rather than the rule. Apart from the sequence of events over the May-June period, there are several instances showing how the Modi regime has systematically ignored specific pointers and warnings about China-India border issues.

#### POINTERS NOT HEEDED

The fate of the 2018 parliamentary Standing Committee’s report after the Doklam crisis of 2017 is a case in point. The report titled “Sino-India Relations Including Doklam, Border Situation and Cooperation in International Organisations” was submitted to Parliament in September 2018. The committee, chaired by Congress Member of Parliament Shashi Tharoor, had stressed the need for a comprehensive border engagement encompassing the operations and functioning of the Indian Army and China’s People’s Liberation Army (PLA), subsuming all established mechanisms for confidence-building, including border personnel’s meetings, flag meetings, meetings of the Working Mechanism for Consultation and Coordination on border affairs (WMCC) and other diplomatic channels. The report underscored that it would always be better to have a sense of “healthy scepticism” while dealing with China and had expressed discontent over the neighbouring country’s “deliberate encirclement policy of India”.

The report also pointed out that China kept the border and LAC disputes alive in order to throw India off balance whenever it desired: “In so many respects the track record of China does not inspire confidence in the Committee. The Committee would therefore strongly desire that India should prevail upon China to ensure that application of the prin-

ciples arrived at are given due respect and adhered to and that sanctity of the process should be scrupulously maintained by China.” It expressed concern that Chinese infrastructure built uncomfortably close to the tri-junction had not been dismantled and stressed the importance of building better ties, in this context, with other neighbouring countries.

“Despite the Ministry’s ambivalence on whether this reflects some sort of a deliberate encirclement policy of India by China, the Committee would be inclined to see it as nothing less than a veiled containment policy. Therefore, it is imperative that India should urgently take up the business of re-energising its ties with our neighbouring countries. It is clear that we now have to contend with the possibility of some of the countries in our neighbourhood playing the China card as leverage in their relations with us,” the report said. In October 2017, Jaishankar, who was then Foreign Secretary, appeared twice before the panel, which had Rahul Gandhi, the Nationalist Congress Party’s (NCP) Supriya Sule and the BJP’s Feroz Varun Gandhi, Raghav Lakhnupal and Swapan Dasgupta as members.

Jaishankar deposed before the panel that there had been “constant activity in many sectors every year”. Making a specific reference to the Ladakh sector, he said that in the case of Pangong Tso, this was a lake where the two countries’ respective perceptions of each other’s Line of Actual Control did not coincide. “It is like a long lake. They believe the line is here; we believe the line is there. So, there is an overlapping area of dispute in terms of what each party says,” he said.

Clearly, what the world has witnessed unfold in eastern Ladakh was not unexpected or unforeseen. There were sufficient pointers and warnings. But, in an individualistic pursuit of defence and foreign policies, essentially dictated and controlled by the Prime Minister, these were not addressed properly.

What took place in the June 19 meeting, and also the run-up to it, has exposed several fault lines of the

Modi government and its approach to governance on a range of issues, including management of defence matters and diplomacy. The conduct of the meeting once again highlighted the Modi government’s pathetic record in terms of engaging with the opposition in accordance with the principles of democracy.

The omission of parties such as the AAP and the Rashtriya Janata Dal (RJD) from the conference underscored the impertinence with which the government treats important opposition parties. The AAP is the ruling party in the national capital of Delhi and the principal opposition in Punjab. The RJD is the principal opposition in Bihar, which has borders with Nepal, the country which has recently developed tensions in its relations with India and is closely associated with the current Chinese leadership. Evidently, omitting both these parties was bad politics and bad diplomacy.

Cumulatively, what all these omissions and commissions expose starkly is the resounding crisis of leadership that India is going through. A closer inspection of the policies and governance measures have time and again revealed that this crisis of leadership has existed right through the first five years of the Modi government. But the second term, which followed a bigger majority for Modi and his party in the May 2019 general election, has been marked by an alarming descent to what could well be described as plummeting to the nadir.

Not just the developments in eastern Ladakh, but the colossal messing up of the handling of the COVID crisis, causing immeasurable hardships to the poor and the marginalised, especially lakhs of migrant workers hailing from northern and eastern India, and the manner in which Nepal, hitherto a neighbour of long-standing friendliness, adopted openly adversarial diplomatic postures have all underscored this phenomenal plunge in terms of leadership. The still unexplained tragic happenings in Galwan and Pangong Tso have aggravated a sense of foreboding. □



# Ties on test

Nepal redraws its western border with India on map following differences over a road that India has built in what Nepal maintains is a “disputed” zone. BY JOHN CHERIAN

THE Narendra Modi government faces another challenge on its northern borders, adding to its problems in its immediate neighbourhood. In the second week of May, the Nepalese government strongly protested against the construction of a Himalayan road by the Indian Army through an area that Kathmandu considers a “disputed zone”. The 80-km “link road” that was inaugurated on May 8 by Defence Minister Rajnath Singh, lies at a three-way junction where the borders of India, Nepal and China intersect.

The new road, besides considerably shortening the distance for pilgrims going to Kailash-Mansarovar, is also meant to help boost Sino-Indian trade. It will be the shortest and most feasible trade route between the two countries. The trading post in Lipulekh was one of the first to be established between the two countries. While inaugurating the road, Rajnath Singh said that it was important to the nation for “strategic, religious and trade” reasons.

What evidently irked the Nepalese government was the publicity the Indian government gave the new road. The opposition parties as well as rivals of Nepalese Prime Minister K.P. Sharma Oli within the rul-

**NEPAL'S** Foreign Minister Pradeep Gyawali during an interview with the Associated Press in Kathmandu on June 9. On June 13, Nepal's Parliament approved a Constitutional Amendment to change the nation's map that includes territory claimed by both Nepal and India.

ing Communist Party, were quick to seize upon the issue of the new Indian road passing through territory that Nepal has laid a claim to. Nepal has insisted for long that the areas of Limpiyadhura, Kalapani and Lip-

ulekh have historically been part of the country and were recognised as such in the 1816 Sugauli treaty signed with the British colonial administration. Under the treaty, the Kali river is specified as the western

boundary of Nepal. But Nepal and India have different interpretations about the source of the river. Nepal insists that the river emerges from Limpiyadhura while India claims that it starts from Lipulekh. The disputed land lies in between the branches of the two rivers.

However, it is also a fact that the strategic areas of Limpiyadhura and Kalapani have been under effective Indian control since the 1962 India-China war. The Nepalese monarchy, in a show of solidarity with the Indian government, had allowed the Indian Army to take over the areas as it confronted the Chinese army in the conflict. In those days, Nepal's defence policy was virtually supervised from Delhi.

The ground realities in Nepal have considerably changed in the last

decade. The ruling Communist Party is no longer willing to bend to diktats from Delhi on issues pertaining to its sovereignty. The statement of the Indian Army chief, General Manoj Mukund Naravane, that Nepal's objections to the construction of the road were at “someone else's behest” ignited a furore in Nepal. General Naravane was implying that China was instigating Nepal to take an aggressive diplomatic stand against India on the issue. To add fuel to the fire, Uttar Pradesh Chief Minister Yogi Adityanath warned Nepali leaders to “remember what happened to Tibet”.

Nepal's Defence Minister, Ishwar Pokhrel, described the Indian Army chief's comments as an insult to the thousands of Nepali soldiers fighting in the Indian army. Accord-

ing to many Nepalese commentators, China was, in fact, in favour of the Indian road as it would improve cross-border trade between the two countries. There was palpable disappointment in Kathmandu that Beijing had failed to raise objections to a road being built through “disputed” territory.

China's People's Liberation Army (PLA) had objected to Indian road-building in eastern Ladakh and other areas along the Line of Actual Control (LAC) but was silent on the Indian Army-built road leading to the trading post of Lipulekh. Nepal had objected to the 2015 India-China agreement that had opened up the Lipulekh pass for bilateral trade without its consent. Beijing views the dispute between India and Nepal as a purely bilateral one and has refused





# Diaspora pitches in

The Kashmiri diaspora gathers strength to internationalise resistance against the government's political incursions in the Kashmir Valley. BY ANANDO BHAKTO



A BANNER with the new political map of Nepal, on June 13.

to take sides. After the domestic political uproar, the Nepalese government introduced a new Constitution Amendment Bill in Parliament to secure approval for a new map which formally incorporated the area under dispute with India within its boundaries.

Before it took the decision, the Nepalese government had called for urgent talks with India on the issue but New Delhi prevaricated, citing the COVID-19 pandemic as the excuse. "If the coronavirus is an obstacle to not hold a diplomatic dialogue soon, it should have been an obstacle for the opening of the link road as well," said Nepal's Foreign Minister, Pradeep Gyawali. "We have expressed time and again that Nepal wants to sit at the table and resolve the problem." The Nepalese government had first made requests for talks on the disputed territory in end 2019 and subsequently this May.

The Nepalese Parliament unanimously approved the new map on June 13. India's External Affairs Ministry spokesman was quick to reject the territorial claims by the Nepalese government. "The artificial enlargement of claims is not based on historical facts or evidence and is not tenable. It is also violative of our current understanding to hold talks on outstanding boundary issues," the spokesman said.

Within a month, the territorial dispute has become the most serious issue bedeviling relations between the two countries since India's economic blockade of the land-locked country in 2015 a year after the Bharatiya Janata Party-led government took over in New Delhi. Even the pro Indian parties such as the Nepal Congress and the Madhesi political groupings have refused to support Delhi on the issue. However, Nepal's opposition parties have emphasised the need for talks with Delhi on the issue.

In the third week of June, the Indian government signalled that it was willing to sit down for talks on the boundary issue with Nepal. Indian sources indicated that they were willing to negotiate on the areas claimed by Nepal, except on the issue of Lipulekh and Limpiyadhura which are also included in the new map approved by the Nepalese Parliament. Nepal's upper house also unanimously approved the new map in mid June.

"We have enough facts and evidence and we'll sit with India to resolve the dispute through diplomatic negotiation", Nepal's Law Minister, Shiva Maya Tumbahamphe, told Parliament.

The new map incorporating territory claimed by India has been formally approved by the President

of Nepal, Bidhya Devi Bhandari, and now has constitutional validity under the country's Constitution. According to MEA officials, Nepal's latest uncompromising move came despite feelers from Delhi for talks to be held expeditiously to resolve the boundary issue. Prime Minister Oli said that the unanimity exhibited by all political parties showed that the country was united on the Kalapani issue. Nepal's Army chief, General Purna Chandra Thapa, visited the border post near the disputed Kalapani area after the Nepalese Parliament approved the new map.

The Nepalese side has upgraded its border post and it will now be manned throughout the year. Previously, the post, manned by the Nepal Police, remained closed during the winter months.

According to Indian officials, Nepal's claim on these two areas contradicts India's boundary agreement with China. At the same time, Indian officials have warned that Nepal would have to pay a price if it does not come to the negotiating table.

The two countries have had open borders for people and trade and Nepal is one of the biggest recipients of development aid from India. The militaries of the two countries have strong institutional links. Their chiefs enjoy the status of honorary generals in each other's armies. □

THE Kashmiri diaspora, so far seen as a politically inconsequential and scattered community, is making serious efforts to organise itself and launch a sustainable, multiple stakeholder-led campaign against the Narendra Modi government's political incursions in the Kashmir Valley. The diaspora played a significant role in highlighting the post-August 5 excesses in Jammu and Kashmir, after the State's semi-autonomous status was revoked. As the Kashmir issue set a feverish debate the world over, with major members of Parliament and rights bodies condemning Modi's "muscular policies" *vis-a-vis* the disputed valley, the diaspora believes the time is now ripe to counter the well-oiled Hindutva machinery that has long dominated the narrative abroad.

Soon after August 5, Majid Butt, Wajahat Dedmari, Nadeem Reshi,

Art Ashai, Zeeshan Khan and Ehtisham Ashai among other Kashmiri Americans geared up to internationalise the clampdown imposed by the government on Kashmir and the health care and economic exigencies it entailed. They held back-to-back meetings with Senators and members of the House of Representatives in the United States.

They were instrumental in lobbying with California Congressman Brad Sherman, who is the chairman of the House of Representatives subcommittee on Asia, the Pacific and non-proliferation, which held a hearing on Kashmir on October 22, 2019. The Kashmiri diaspora played a keen role in the selection of witnesses to testify at the hearing. It also briefed Congressmen on New Delhi's crackdown on Kashmir's mainstream and separatist actors before its August 5 action and the high-

handed quelling of dissent that sporadically erupted across the Valley in its aftermath.

Buoyed by the world's renewed interest in Kashmir, Majid Butt, Wajahat Dedmari and Nadeem Reshi floated Justice for Kashmir (JFK), which will be the diaspora's vehicle for advocating the rights of the Kashmiri people and "raising awareness against the injustice, crimes, and atrocities being committed in Kashmir". The JFK, which has been registered as a non-governmental organisation (NGO), is collaborating with eminent figures from among the U.S.' intellectual, administrative and political elites to counter the growing cacophony of Hindu nationalism through its proxy bodies nestled abroad. The diaspora is hopeful that the JFK will help streamline its on-going efforts aimed at building important relationships



THE KASHMIRI DIASPORA protested against the continuing lockdown in Kashmir, in Los Angeles on August 18, 2019.



in the U.S. Congress and around the world and use diplomatic leverage to quell India's "hard-fisted" policies in Kashmir.

Majid Butt, founding member of the JFK who spoke to *Frontline* over the phone from Los Angeles, shed light on the diaspora's post-August 5 initiatives, the role it played in pressing the House subcommittee for a hearing on Kashmir and the necessity to structure these endeavours. "August 5 was a turning point for all Kashmiris, including Kashmiri Americans. We have been raising the Kashmir issue over the past 10 years but our efforts lacked coherence. The time has come to amplify the message of Kashmir," Butt said.

In the weeks that followed the revocation of Kashmir's special status, the members of the diaspora held a series of meetings with influential American politicians, who included 25 Congressmen and three Senators, notably Democratic Party veterans Kamala Harris and Cory Booker.

Three meetings were held with Brad Sherman in August and September 2019. Information on the historicity of the Kashmir struggle, the phases of betrayals by India as it incrementally eroded the guarantees given to the State under Article 370 were shared with him during these meetings. Presentations were made on the cycles of violence, illegal detention and crackdown on religious figureheads that have emerged as a persistent feature of the Modi years. As per the information available, Pakistani-origin Democratic Party leader Asif Mahmood was instrumental in facilitating the meetings between the members of the Kashmiri diaspora and the U.S. politicians.

When contacted, Mahmood told this reporter: "The Kashmiri voices needed to be heard, so I decided to extend all possible support that I could, in their pursuit to freedom, justice, and liberty, which are important values enshrined within our [U.S.] Constitution. We held a series of official meetings with congressional leaders that proved very productive and helped us yield a



AT A PROTEST on Hollywood Boulevard on August 31, 2019.

significant response in the form of a historic congressional hearing."

#### BRIEFING ON KASHMIR

Ahead of the congressional hearing, the diaspora held a major briefing for Congressmen in Capitol Hill. Said Majid: "India has dominated the narrative for very long. India's framing of the Kashmiri struggle as a proxy war thrust by Pakistan, with an overt Islamist character and end goal, has prevented informed debate on the issue of right to self-determination. We held a briefing for over 150 Congress staffers. We shared feedback on the excesses of the Modi government and distributed handouts on why the decision to abrogate Articles 370 and 35A were constitutionally unviable."

The effort paid off. The congressional hearing riled the Modi government by rebutting its policies vis-a-vis Kashmir. Ilhan Omar, a Somalia-born Democrat from Minnesota berated the "Hindu nationalist project" of the Bharatiya Janata Party (BJP). She noted that Modi's exclusivist policies shook the very premise of the partnership between India and the U.S. "At what point do we no longer share values with India? Are we waiting for the Muslims in Assam to be put in those [detention] camps?" she asked. Brad Sherman, who made the opening remarks, questioned India for denying permission to Senator Chris Van Hollen to travel to Kashmir.

Nitasha Kaul, London-based novelist and academic specialising in international relations, who testified in the hearing, said that "for the millions of people in Kashmir who have been affected for decades by this protracted political problem and its human rights dimensions, it [the hearing] was a time of hope that the international community can do things better." Nitasha, a Kashmiri Pandit, speaking to *Frontline* about her experience at the hearing, said: "It was a rare opportunity to speak truth to power, put forward ideas that bring together the voices of peace and justice from different sides, and have an impact on the practice of critical international relations." She is upbeat about the diaspora's efforts to engage with and involve more and more international players in the Kashmir discourse.

Wajahat Dedmari, the JFK's team leader in Washington, D.C., said they had to bank on a friendly U.S. NGO to send out invites to guests. "It was at that point we felt the need to create our own platform." The JFK plans to highlight that a resolution of the Kashmir conflict is integral to sustaining peace in South East Asia. "Unless Kashmiris are given a right to decide their future as per the United Nations Security Council Resolution 47, there will not be any peace in South East Asia. The on-going stand-off between India and China in Ladakh which is a part of Jammu and Kashmir has made it

imperative upon the entire world to come forward and help in resolving the Kashmir issue, otherwise we may have three nuclear powers—India, China and Pakistan—heading for a showdown," he said.

The JFK's core idea is to challenge the optics set by New Delhi's "narrative controllers". In the U.S., the Hindutva groups' acquisition of political prominence is a fascinating story spanning over several decades. A section of the Indian-American diaspora is understood to have closely worked with Modi since the middle of the 2000s. As early as 2005 when Modi, who was Gujarat Chief Minister, was denied a visa by the U.S. State Department to address a convention of Asian American Hotel Owners Associations in Florida, some influential Indian-Americans began to put their act together to limn an "investor friendly" global image of him. A significant step towards this direction was taken in 2007 by Bharat Barai, assistant professor of medicine at Indiana University's Medical School. He organised a videoconference for Modi to address the Indian diaspora. That same year, Ramesh Shah, another influential Indian-American, organised a major rally in Houston to celebrate Modi's re-election as Gujarat's Chief Minister for the third time in a row.

A report released by the South Asia Citizens Wire in July 2014 stated that between 2001 and 2012 India-based affiliates of the Rashtriya Swayamsewak Sangh (RSS), the ideological fountainhead of BJP, received funds to the tune of \$55 million from its U.S.-based wings that exist as tax-exempt non-profit organisations.

In January 2014, four months before Modi captured power at the Centre, the Overseas Friends of the Bharatiya Janata Party (OFBJP) held a global meet in New Delhi with 160 delegates from around the world. Simultaneously, in Houston close to 700 volunteers kicked off a phone-banking initiative to press for Modi as the next Prime Minister. Of late, groups such the Republican Hindu Coalition, chaired by the Indian-American business tycoon

Shalab Kumar, have been allegedly promoting the Hindutva agenda in the U.S. Among other such outfits is the Hindu American Foundation, known for its aggressive tactics to influence political discourse in favour of Hindutva ideologies.

Angana Chatterji, a scholar at the University of California, Berkeley, said the environment now was conducive for "a growing movement of Kashmiris and allies, calling for justice and accountability". "The conditions on the ground in Kashmir have led to increasing and urgent concern among political leaders across the spectrum for the sanctity and security of Kashmiris, and regarding the stability of the region and India's capacity for democracy," she told this reporter over phone from San Francisco.

Angana Chatterji is the author of *Majoritarian State: How Hindu Nationalism is Changing India*. She is involved with the JFK team and testified in the October hearing. She is of the opinion that Modi's unrelenting Hindutva push unwittingly brought his government under the international scanner. "Unremitting militaristic and legal hostility toward social dissent have become characteristic of the BJP's governance. The more proximate to harsher realities, the more intensified the targeting, and this makes people fearful. Since December 2019, peaceful civil society protests [with few exceptions] have taken place across the country in dissent to the CAA [Citizenship Amendment Bill], NPR [National Population Register], and NRC [National Register of Citizens]," she pointed out.

Indeed, the Modi government has been in the line of fire. This year, six resolutions were tabled ahead of the European Union Parliament plenary, which began in Brussels on January 29. They dismissed the CAA as "fundamentally discriminatory in nature". In June 2018, the office of the United Nations High Commissioner for Human Rights released a report which questioned, among other things, the arbitrary use of the Public Safety Act (PSA) by the Indian state.

The U.N. report titled "Report on the Situation of Human Rights in Kashmir: Developments in the Indian State of Jammu and Kashmir from June 2016 to April 2018, and General Human Rights Concerns in Azad Jammu and Kashmir and Gilgit-Baltistan", revealed that more than 1,000 Kashmiris were held under the PSA between March 2016 and August 2017.

It is not a coincidence that highlighting the practice of unlawful detentions is one of the JFK's key areas of focus. Despite the coronavirus pandemic, the JFK has launched a "Set Them Free" project. It will revisit the policies and statutes governing the functioning of prisons in Jammu and Kashmir and the condition of prisoners thereof. The ultimate aim of the project is to prepare a dossier on the desired prison reforms, which will be presented to various stakeholders on the completion of the project and provide free legal aid to maximum number of detainees. It will ensure comprehensive legal aid to undertrials and inmates, right from applying for bail to the conclusion of trial and filing appeals against convictions, if any.

Post August 5, illegal detentions became rampant in Kashmir. The Centre in November informed the Rajya Sabha that 5,161 people were detained after Jammu and Kashmir's constitutional autonomy was withdrawn on August 5, 2019. But this could be a conservative figure. As per an AFP report, at least 4,000 people were arrested in the two first two weeks after the abrogation of Article 370 in Kashmir.

Majid Butt says that the Set Them Free initiative would be an effective starting point to augment the existing information on the state of human rights in Kashmir and consolidate world opinion for a just and honourable resolution of the Kashmir conflict. "For the past few decades, India has been using different strategies and lobbying against Kashmir not only in the U.S., but the world over. We have facts on our side and the need of the hour was to put more effort, so that we could counter India's false narrative." □

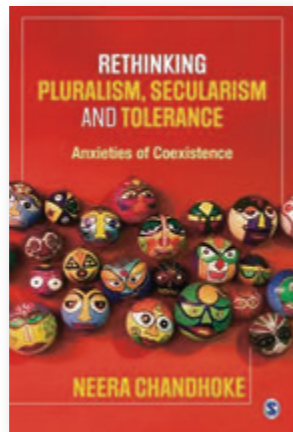


# Dystopian realities

The threat to India's pluralist tradition and ethos under the current regime is insightfully discussed in this new book. BY ZIYA US SALAM

**D**URING the recent organised violence in North East Delhi, mobs chanting “Jai Shri Ram” slogans planted saffron flags atop many mosques. At one mosque, a saffron flag was hoisted over the national flag. Although it was not declared in as many words, the violent crowd's message was clear: There was only one way of being an Indian, only one religion that an Indian could follow. Amazingly a few months before the hateful incidents in Delhi, the noted academic-author Neera Chandhoke had written about almost the same thing with a hint of prognostication and resignation in her superbly articulated and persuasively argued book *Rethinking Pluralism, Secularism and Tolerance: Anxieties of Coexistence* published by Sage.

In the preface to her book, the distinguished academic writes: “Tolerance has disappeared from the political scene as lynch mobs, self-appointed censors, repression of dissent, vigilantism and murderous crowds try to hammer a plural nation into conformity with slogans of one language, one religion, one people and one cuisine. The language of secularism has practically vanished from the political horizon



**Rethinking Pluralism, Secularism and Tolerance**  
Anxieties of Coexistence  
Neera Chandhoke  
Sage  
Pages: 224  
Rs.895

of Indian politics. Whatever remains of secularism is subjected to contemptuous remarks, some ribaldry and offensive dismissal by cadres and supporters of the religious right.”

Tolerance has as good as disappeared from the political scene, as witnessed during the 2019 general election when even the leading opposition party, the Congress, was at pains to tell voters that it was in favour of the majority community with constant visits by Rahul Gandhi to numerous temples. This was accompanied by the decreasing demand for a Muslim leader like Ghulam Nabi Azad to address election rallies. Yet, Hindutva has permeated beyond the political layer to everyday issues of coexistence. The common man, fed on a

daily diet of the alleged atrocities of Muslim kings in medieval India, from Alauddin Khalji to Aurangzeb, equates in his mind this stereotype of the medieval Muslim with present-day Indian Muslims. Hence the attacks on mosques in Delhi as a retribution for alleged instances of temple desecration in the past.

Indeed, this is the time when a large part of society, driven by hate and emboldened by statements of political leaders, seeks to label a community in abusive terms, as proven by the vituperative-laden campaign of Bharatiya Janata Party (BJP) leaders, ranging from Union Ministers Amit Shah and Anurag Thakur to a relative upstart like Kapil Mishra during the recent Delhi election. Even an entirely peaceful protest like the one at

Shaheen Bagh, replete with displays of national icons, was dubbed a gathering of traitors deserving to be shot merely because the women at the forefront of the protest were largely Muslim. These are bleak times for the pluralist ethos of the nation.

Chandhoke writes, “This is, perhaps, not the best moment to resurrect a defence of secularism. Since 2014, India has an extreme right-wing party in power at the Centre—the Bharatiya Janata Party. The party's ideological backbone, the Rashtriya Swayamsewak Sangh (RSS), and other assorted fringe outfits belonging to the larger Hindutva brigade have been granted an opportunity to carry out their a little-less-than-a-century-old project of creating and sustaining a nation exclusively of and for the Hindu community almost by divine right. Although the geographical boundaries of India contain a multiplicity of belief systems, and the Hindu community is decentred and plural in nature, the cadres of the extreme right concentrate on drumming up old bigotries and unearthing new ancient antipathies to unify an otherwise plural and decentred Hindu community, and pit it once

again against the Muslim community.”

In this hate-filled rhetoric, elements of cohesion are either wilfully ignored, or deliberately underplayed. For instance, the Mughal emperor Aurangzeb is dubbed an idol breaker who felled temples at will, but the fact that his regime had the empire's highest number of Hindu mansabdars until then is ignored, as is his grant to the Gauri Shankar temple right in front of his fort in Delhi. Not just at the level of emperors and kings, the glue always percolated down to the common man's level. Hence, we have innumerable dargahs frequented by people of various faiths. It is in recounting such instances that Chandhoke gives us concrete examples of tolerance and coexistence, and thus raises the book above the level of a mere academic discourse.

In the chapter “The Principles of Tolerance”, the author writes about a Muslim shrine in Punjab where Hindus and Sikhs frequent a *mazaar*. Hailing the *mazaar* as a throwback to the times when people lived in a pluralist society, she writes, “As our vehicle drove away from the fair, the thought crossed my mind: Undivided Punjab must have looked like this, Hindus, Muslims and Sikhs worshipping together at the *mazaar* of a fakir, at the *dera* of a Guru and at the feet of a living saint in accordance with the strong tradition of Sufism, which brought to the region a softer and less doctrinaire form of Islam. Saints of widespread renown occupy a very important

place in the worship of the peasantry, stated Ibbetson's Report on the Punjab Census of 1881. ‘They are generally Mahammedan, but are worshipped by Hindoos and Musalmans alike with the most impartiality.’”

Incidentally, the Tarn Taran *mazaar*, which Chandhoke refers to, has an interesting story about its origin. It is said once

Guru Nanak came across a goatherd, named Lakhan, and asked him for food. Lakhan offered him a sweet made from goat milk. The Guru blessed him, saying nobody would return empty-handed from his doorstep. The belief percolated down centuries and today many frequent his *mazaar* with special prayers.

This pluralist tradition

is in danger in India today. In the recent Delhi pogrom, the first place to be torched was a *mazaar* in Bhajanpura where people from all faiths gathered. It was to guard against such miscreants that the founding fathers of the nation provided for Right to Equality. The rights of the minorities were enshrined in the Constitution and the first Prime Minister, Jawaharlal Nehru, conceptualized it as an integral part of the democratic state. Yet even the freedom to follow any religion, or even no religion, equal right to vote, failed to translate into a living example of secularism in the absence of the will of the state. The minorities, despite pos-

**Neera Chandhoke gives us concrete examples of tolerance and coexistence, and thus raises the book above the level of a mere academic discourse.**



AT THE ENTRANCE of a building attacked during riots, in New Delhi on March 1.





BIBEK CHETTRI

**A MOSQUE SET** on fire by rioters in Mustafabad, Delhi on February 27.

sessing the same right to vote, stood in danger of being outvoted all the time by others if faith alone determined choices. Worse, they could be demonised for their choice, be it political or religious, or even banal matters of food, language and attire.

Chandhoke hits a sensitive nerve in the chapter Equality and the Rights of Minorities. She writes, “People are, in this case, treated unequally because they belong to a religious community that has been demonised through vicious rhetoric or hateful actions. The demonisation of the entire community impacts the life of its members adversely. Individual members may not be able to get the jobs they want, rent or buy a house in the neighbourhood they want to live in, send their children to schools they think are desirable, and form warm and social relationships with others who they wish they could be friends

with. Inequality of life conditions has shaped their lives, they are considered lesser than the members of the majority community for purely arbitrary reasons. They are not seen as individuals; they are reduced to the community of which they are members. They might possess the right to cast a vote, but the exercise of this right may not be enough to enable to live better lives.”

Chandhoke’s words are a reflection of the lived reality of our times where often to be a Muslim is to be taken as a doubtful citizen, one who has to prove his patriotism to goons on the road. What is the way out? The Right to Equality between citizens is a good beginning, but it has to translate to equality between communities. Otherwise, a majoritarian agenda can be furthered under the garb of nationalism, and a minority’s bid to retain its identity dubbed as an anti-national move.

The author wants the state to take a fresh look at its principle of secularism as followed through a policy of equidistance from all religions. She concludes with a question, “Do we really want to live in a bare and stark society marked by informal apartheid? Or do we earnestly desire to inhabit a social order that foster warm relationships based on civility and mutual respect? The first kind will drastically constrain our minds and hearts, our sensibilities and our perspectives. The second part will enable the unleashing of creative imaginations and allow us to become fuller human beings, at ease with others in a pluralist society.”

Despite the somewhat Utopian end, Chandhoke’s work is timely and reflects the stark realities of everyday existence for the minorities of contemporary India.

She argues that our unending wish to settle scores

of an imagined/real past runs the risk of not only marring our today but also, practically, ruining our tomorrow. We are living in an age when the state is seen colluding with non-state actors on the one hand, and using the arm of the state itself on the other, to marginalise the minorities.

At this crucial juncture, secularism, tolerance and coexistence as lived realities need to be highlighted in contrast to the divisive agenda of sundry politicians. Chandhoke’s book outlines the hurdles and the pitfalls and offers a blueprint for the way forward.

The question is: Will Indian society and polity take heed her pertinent and timely warning? If the example of the Delhi mob chanting “Jai Shri Ram” slogans even as it set mosques on fire is anything to go by, not many are ready to abide by her values. More is the pity. Greater is the need for the message. □



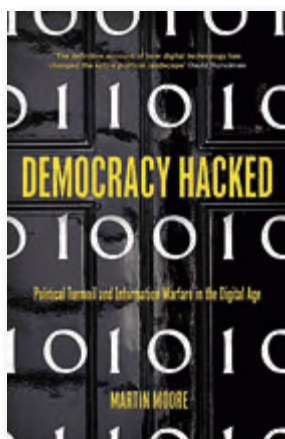
# Social media and democracy

The book is a primer on understanding the intersections between democracy, politics, deception and technological developments.

BY M. SHUAIB MOHAMED HANEEF

WE live in a dark phase filled with adversity. As dark and unpredictable as it gets. At this moment in the world, whatever flows, ruptures. Be it the flow (spread) of coronavirus, the flow of migration, the flow of money or the egregious flow of dis/information. Capturing the flow of dis/information campaigns in the digital ecosystem and the crisis of democracy is the nut graph of Martin Moore's succinctly written book *Democracy Hacked: Political Turmoil and Information Warfare in the Digital Age*. The book is a primer on understanding the intersections between democracy, politics, deception and technological developments.

Digital media have reshaped contemporary politics in unprecedented ways. Moore argues that the old form of political communication has been supplanted by digital technologies, which have become a new force to reckon with. What Moore reveals in the book is downright desperation of political parties the world over to



## Democracy Hacked Political Turmoil and Information Warfare in the Digital Age

By Martin Moore  
Oneworld  
Publications, 2018  
Pages: 320  
Price: Rs.699

drub their opponents in uncanny ways by leveraging social media. In the first part of the book, Moore presents the bad and ugly, the mean and divisive, the savage and deviant means by which some countries perform and practise politics and their consequences for democracy. It is better to approach the book with a rider. It is not just that democracy is hacked; democracy hacks too.

The book paints a grim picture of the pre-social media era by focussing on key developments such as the evolution of the hackers' community in the 1970s, the rise of WELL, an

electronic online forum, and later the formation of 4chan, an imageboard website where users participated anonymously by posting images or posts. These online forums allowed users to go on a hedonistic pursuit, claiming they could escape from real social world scenarios. Little did anyone realise that 4chan, predominantly used by the youth then, would bring together users to hack websites of companies for a lark or could be used to spew vitriol, indecency and obscenity mostly from a white supremacist position. Thus, women, Jews, the LGBT community, migrants and non-

whites and so on were subjected to textual desecration. The author says that 4chan's culture and language turned toxic over time.

Cut to 21st century, social media and other platforms are being used to churn out deception and venom. Hatred and prejudice are in the networks as well as in the air. Moore details how social media, which had an idealistic agenda to begin with, have become indispensable to the political tumult in today's democracy. The author's narrations reveal the seedy and sinister motives with which memes, texts and videos were produced, for instance, in the presidential elections in the United States in 2014. Donald Trump was held aloft while Hillary Clinton was downgraded on false grounds using mimetic warfare and trolling.

Images are used to ridicule, trivialise and ferociously malign people in the big league as much as ordinary people. Highlighting the key proposition of some businessmen, the author says that the object of using digital media in politics is to crush the mainstream media, which are presumably considered "left". The savage efforts to promote social media as a reliable source to seek information have caused truth to lose its ground and legitimacy in the public sphere. Instead, falsehood runs amok in the wildest manner possible.

**THE NEW PLUTOCRACY**  
The book underlines that technology is not inher-



ently biased. It is the criminality of human minds that make it unleash nefarious activities. Moore sheds light on some of the digital dynasts who make plutocracy possible. One such plutocrat is Robert Mercer, who is anti-establishment, against climate change policies and oriented towards rupturing the public sphere and subverting democratic accountability. He is neither a politician nor a public servant. He hunkered down for a while and, at the right moment, invested in digital media and big data. He led the frontal attack on democracy by scouring data from social media to target voters and manipulate their perceptions to his own ends, which is, say, to see that Trump won.

The author presents another plutocrat, Andrew Breitbart, who sees a plot in the arrival of the Frankfurt School scholars in the U.S. and alleges that they turned the country into a hotbed of Left ideologies. To jettison Left or “Democrat Media Complex” from the U.S. and the world is Breitbart’s arch mission.

The nexus between Mercer and Breitbart happened with the former investing in all digital schemes Breitbart executed. The author writes that Mercer continued to invest in several organisations building on the premise that all media are biased. This led to Facebook, Twitter and other social media gaining traction and attracting people. Mercer next turned to Cambridge Analytica (CA), which is an offshoot of Strategic Communications Laboratory. No one



**THE TWITTER LOGO** displayed on a mobile phone with Trump’s picture shown in the background on May 27.

OLIVIER DOULIERY/AFP

knew the gamut of deception until the expose happened of mass-harvesting of Facebook users’ data that CA used to change the voting behaviours of people, be it in the U.S. or Brexit. In brutal ways, CA used the harvested personal data to sell political ideas and ideologies to users, especially during Trump’s elections. All these point to the fact that Mercer and his ilk had only one goal to achieve—turn democracy on its head.

#### A NEW WAR

Subsequently, the author begins to scope out the widespread use of digital media to launch disinformation campaigns at geopolitical levels. It is the beginning of a new war, where there is no trench, no soldiers and no ration-

ality. It is a digital warfare with bots, algorithms, drones and the like on the frontline. It is not waged to conquer territories but minds. Moore argues that Vladimir Putin needed a framework to set up disinformation factories to establish Russia as a superpower. So, he spread the news that Russia was under attack from other countries and was being spied upon; its data hacked. It is in the shadows of a lie that Putin constructed his digital empire, the author reveals. Russia, as part of its geopolitical guerilla warfare, identifies the weak spots in a country/person and inflames social media with divisive campaigns.

The task of controlling social media was not as easy as Putin might have thought. Internet is a vast

**It is the beginning of a new war, with bots, algorithms, drones and the like. It is not waged to conquer territories but minds.**

architecture and he could not restrain the eruption of pluralistic views. Not the way he had TV and other media on a tight leash. This prompted him to establish battalions of content creators who needed to be nationalists and loyal to the Kremlin. The digital army of parties in India, as it is elsewhere, also commissions several people to write posts, create memes, produce disinformation campaigns, fill the space with fake news and spread disharmony and hatred.

#### FIXING ELECTIONS

The second part of the book discusses how Facebook, Google and Twitter were used to fix and nix elections and how they helped many world leaders come to power. The author documents success stories of Rodrigo Duterte of the Philippines who used influencers on Facebook to reach audiences. Barack Obama and Trump made the best use of social media for their election campaigns. In India, Narendra Modi pioneered the social media blitz in 2014.

The ambivalence in the ideological functions of social media occurred when an unholy truce was struck between politics, advertising/marketing and big data. Subsequently, Facebook said that its strategy “helps people to connect with each other” to allow unverified news streaming into its space. Recently, Facebook announced it would not remove false claims made in Trump’s re-election campaign advertisements even if they happened to be flagrant lies.

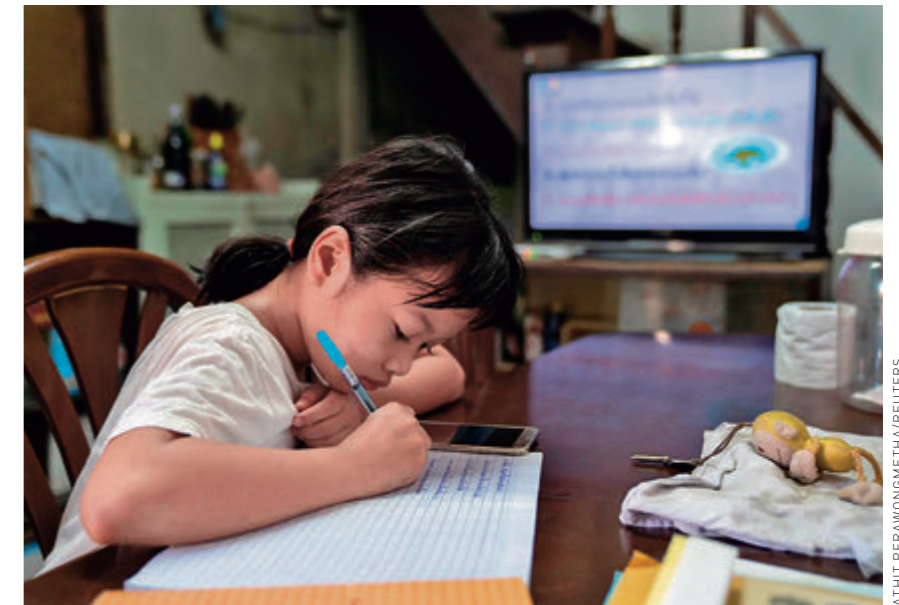
Facebook wants to connect people but for a

much different purpose than what its punchline would indicate. The more the merrier—the more data it could get about more users, the more exchange value it would get by profiling them and selling them to the new crop of political evangelists who are also the biggest spenders. In addition, Facebook ramped up its affordances by adding News Feed, Instant Articles, Facebook Connect and dark posts to its kitty. Moore explains the role of technological innovations in helping Facebook achieve its twin goals, intertwined though, of economic growth and political disruption.

#### CRADLE OF ANARCHY

The book describes Google as the cradle of anarchy. Google is a search engine without parallel and less fierce competition. It is also known for overturning its initial pledge that it would not be consumed by any greed to attract ads. When Google was exposed to the possibility of data mining and got the taste of algorithm gold rush, it had less concern for users or for its ethical degeneration. The search engine turned into a relentless surveillance engine, tracking what people search and its related activities. It bundles our preferences and sells us to advertisers. In the process, its imperialism grew to an extent that it swallowed as many digital companies as it could, thereby having a stranglehold on digital services in the market.

To add to that, wearable technologies synced with Google has contributed to what is known as



ATHIT PERAWONGMETHA/REUTERS

**ONLINE LEARNING** amid the spread of COVID-19, in Bangkok on May 20. The author says most of us are attracted to the ways in which educational content is conceived and designed, ignoring the amount of data the platforms will mine to make profit.

cognitive capitalism. Moore, in a masked provocation, details that our digital footprints allow Google to deepen its pockets. Advertising is not about buying media space, but buying people, he remarks. To its credit, Google has its own regime of advertising bludgeoned through keywords, click-bait and several other ad features.

The author begins his discussion of Twitter in a very positive way, highlighting its potential as an emerging news source. He argues that gatekeeping by journalists has shifted to the public, who have become alternative sources. Twitter is an alarm system for journalists to understand what people perceive, the author writes.

He also discusses the downside of the growing use of Twitter for journalism. Local journalism has taken a back seat as journalists now depend on Twit-

ter for news updates and as field reporting has also come down. On a large scale, this has resulted in the sacking of many journalists in legacy media firms.

Later, the author puts in perspective how Twitter is also used to spread aggression-filled and offensive comments. If Trump’s tweets are anything to go by, or some of the tweets by politicians in any part of the world are any indication, Twitter distorts news. Craving for fast-food journalism through Twitter kills trust and accuracy. The author also points out that there are many whose voices are not heard as social media are too remote for them to access economically and otherwise.

#### QUESTION OF PRIVACY

The third part of the book focusses on platforms gaining momentum in the digital sphere and the world’s pressing question

of privacy, surveillance and the irredeemable loss of the democratic *zeitgeist*. The efforts of Amazon, Warren Buffet’s Berkshire Hathaway and JPMorgan Chase to set up a remote digital health-care facility to address health issues in 2018 did give rise to new hopes. It led to Amazon partnering with the American Heart Association and much later even hosting the Cancer Genome Atlas that housed huge amount of molecular structures. Amazon accomplished this using its cloud computing facility. But its biggest asset was the data of patients.

Likewise, the author explains how Google along with Deepmind, a data company, partnered with Royal Free Hospital in the United Kingdom that shared all its patients’ medical records. Digital platforms realised that there was wealth in health. Moore says that platforms





ROBYN BECK/AFP

**A DEMONSTRATION** against Breitbart News and its propaganda for the Trump administration, in Los Angeles, a file photo.

are like online bazaars. Unlike traditional bazaars, platforms track consumers and keep collecting data on end even after they leave. Educational platforms are also on the rise, more so now as the lockdown (because of COVID-19) mandates that classes be held using online platforms. Most of us are attracted to the innovative ways educational content is conceived and designed (interactivity, animation, self-paced, etc.), ignoring the amount of data that these platforms will mine to make profit. Public transport platforms such as Uber, Ola and Lyft and over-the-top entertainment platforms services such as Netflix and Amazon Prime run on data that users put in and which are then processed by algorithms in enigmatic ways.

The author points out that ceding basic services such as health and education to platform companies reflects the government's apathetic

commitment to its citizens. As many have written in the wake of COVID-19, nations are forced to rethink their strategies on health and education expenditure, especially not to cave in to the neoliberal agenda.

#### AADHAAR & SURVEILLANCE

The chapter on surveillance begins with how Indian governments have linked Aadhaar number to our life—be it getting a scholarship, passport, or food rations. While the previous government touted that it was introduced to ensure proper transfer of benefits to people, the current government adds to the existing list saying it is a digital identity that could be used to prevent bank frauds and terror attacks.

With Aadhaar, it has now become easier for the government to track an individual. In other words, there is nothing that an individual can claim to be

his/her private information that the state does not know about. When it was presented before the Supreme Court that Aadhaar takes away the fundamental rights of citizens, the court ruled that Aadhaar cannot be made mandatory. However, the government has not compromised on its intent and considers Aadhaar as its panoptic weaponry.

Singapore's Smart Nation is similar wherein digital infrastructures are used to control the population. China is leading the charge with its social credit system that tracks its citizens, awards points to them on the basis of their purchase behaviour. For instance, someone buying a pack of cigars may lose points as opposed to one buying napkins. In addition, Moore highlights that increasing surveillance has led to a data and algorithmic bias whereby it could be used to target one group of people.

Moore has offered an

unvarnished account of plutocrats, social media companies, states and their policies and agendas in grand detail. On the one hand, he has captured their economic growth and, on the other, their role in political disruption. The book has some interesting and thought-provoking pointers one cannot dispense with. The author's critical remark that social media have depoliticised the youth by alienating them from rationality is going to be foundational for understanding society, people and their perceptions. It is also disheartening to note that many among the youth have become mercenaries in digital armies of political parties, engaged in labour, producing a product called hatred, whose exchange value is disharmony and violence. In this regard, the author appeals to sensitise ourselves to the way democracy is muted and mutilated.

The crisis of democracy can be perceived but is as invisible as coronavirus. As the virus of disinformation spreads, religions are not spared on social media. It is crucial to understand where hate and lie originate before they are circulated through networks. Hate originates in the hating body and not in the hated body. Much as coronavirus demands a new economic world order, it is time for the economies of love, and not hate, to endure. □

*M. Shuaib Mohamed Haneef is assistant professor and head in charge, Department of Electronic Media and Mass Communication, Pondicherry University.*



Swarms of locust in the walled city of Jaipur on May 25. More than half of Rajasthan's 33 districts have been invaded by these crop-munching insects.

# THE SWARM BEFORE THE STORM

As the threat of a locust attack looms, and as climate change threatens to increase the frequency of such attacks, Indian agriculture needs a more durable and long-term strategy to fight the menace. BY **K.D. PRATHAPAN**



LIFE in the desert is defined by scarcity of water. The harsh, prolonged dry spells further restrict the availability of food resources for much of the year. Plants and animals in the desert have evolved various strategies to cope with the extreme environment. Migration over long distances, in search of greener pastures, is one of the common strategies of large desert animals such as the wildebeest in Africa. The desert locust, which has integrated behavioural, functional and structural adaptations to migrate over great distances across continents, has evolved as one of the most successful life forms in the desert. The locusts are among the most dreaded migratory pests in the world; huge swarms of desert locust appear suddenly in the sky and devour all kinds of vegetation within hours, threatening the food supply of millions of people in some of the poorest countries. India, after more than two decades, is experiencing a massive locust attack, which is likely to intensify in the months ahead.

Locust invasions are probably as ancient as settled agriculture. The Russian-British entomologist Boris Petrovitch Uvarov (1886-1950) pioneered studies on locusts. He is considered the Father of Acridology (study of locusts and their relatives). In 1921, Uvarov identified the solitary and migratory phases of locusts, which had been considered a distinct species for centuries. His studies on the biology and ecology of locusts helped put locust control on a sound scientific basis. E.C. Cotes began formal studies on crop pests, including locusts, in India. In 1891, he published accounts of locust invasions in the provinces of Bengal, Madras, Assam and Bombay. The Imperial Council of Agricultural Research started funding a Locust Research Scheme in 1930, and the Locust Warning Organisation (LWO) was established in 1936 in Karachi, following a major locust plague that lasted for about four

**CHILDREN** attempting to drive away locusts in Prayagraj, Uttar Pradesh, on June 11.



PTI



## The locust that became extinct

When Martha, the last of the passenger pigeons (*Ectopistes migratorius*) died in Cincinnati Zoo (United States) on September 1, 1914, the species became extinct. The passenger pigeon was the most abundant bird in North America, numbering three to five billion. It was driven to extinction by extensive hunting by European settlers.

The lesser known Rocky Mountain locust (*Melanoplus spretus*), a unique insect, succumbed to European colonisation of North America. The greatest congregation of animals ever recorded is a swarm of this locust species, spread over 5,10,000 sq km, in 1875. Less than 30 years later, the species became extinct, the last live specimens being recorded in 1902 in Canada.

Swarms of the Rocky Mountain locust periodically devastated crops in North America throughout the 19th century. The locust ate not only plants but even people's clothes and sheep's wool. Thousands of farm families gave up cultivation. However, unfortunately for the locusts, farmers preferred fertile river valleys, which were their breeding grounds. It has been suggested that ploughing and flooding by settler farmers destroyed the eggs in their breeding grounds. Probably, this is the only example of a pest insect driven to extinction, perhaps inadvertently, by farmers.

K.D. Prathapan

years between 1926 and 1930. After Independence, the field headquarters of the LWO was shifted to Jodhpur, Rajasthan, with the central headquarters in Faridabad, Haryana. Yelseti Ramachandra Rao (1885-1972) studied the desert locust in undivided India and neighbouring countries. His *The Desert Locust in India*, published in 1960, is regarded as the most authentic work on the subject in the subcontinent.

### WHAT ARE LOCUSTS?

Locusts are large short-horned grasshoppers, belonging to the insect family Acrididae, capable of forming swarms. They exist in two distinct phases, solitary and gregarious, with intermediate forms. In the solitary phase, they merge with the environment, live as individuals avoiding each other, lead an inconspicuous life in the desert and hardly trouble agriculture. When conditions are favourable, the solitary ones multiply rapidly and eat up most of the vegetation, which leads to the formation of groups. Converging winds and dwindling food resources lead to concentration of adults. As they come into frequent contact with each other, changes set in in their behaviour, function and structure, and thus begin the transition to the gregarious phase. Populations switch over from the solitary phase to the gregarious phase over more than a generation. Once they become gregarious, they may continue in the same phase for three or four generations. Thus, a locust plague may continue for more than a year.

The science of phase transformation in locusts still remains unsettled. A group of Japanese scientists led by K. Maeno in 2004 showed that phase-related changes were induced by the neurohormone corazonin. Michael Anstey and Stephen Rogers, in a paper published in 2009 in *Science*, argued that the initial switch over from solitary to gregarious locusts is triggered by serotonin, the brain hormone associated with depression in humans. However, a group of Belgian scientists, led by Bart Boerjan, in 2011,

rejected the role of neurohormones, such as corazonin and serotonin, and showed that the phase transformation was controlled by genes that were switched on or off, in response to stimuli induced by crowding.

An extensive theoretical study by Darron Cullen in 2017 further corroborated the findings of the Boerjan team. Accordingly, the locust phase change is due to differential gene expression in response to non-genetic stimuli, termed epigenetic change, mainly through a process called DNA methylation. The size and complexity of the locust genome is the major hurdle in understanding the molecular basis of phase change in its entirety. However, modern sequencing techniques and powerful gene editing tools such as CRISPR-Cas9 are expected to accelerate our



BAZ RATNER/REUTERS



PTI

A FARMER in Ajmer, Rajasthan, holding dead locusts. The Agriculture Department sprayed pesticides on locust swarms on the outskirts of the city on June 10.

DESERT LOCUSTS at a ranch near the town of Nanyuki in Laikipia county, Kenya, on February 21.

understanding of locust phase change and migration, which is one of the most interesting scientific questions in biology.

Being touched by one another during crowding, especially on the outer surface of hind thighs, locusts get attracted, instead of avoiding each other. The change over from mutual repulsion to attraction takes barely an hour and the complete transformation from the solitary to the gregarious phase takes over a few generations. The gregarious mother induces gregarisation in her progeny by adding a chemical to the covering of the eggs.

The young of the locust in the



**THE FIRE** brigade spraying disinfectant to control locust invasion in Damoh district in Madhya Pradesh.



PPT

solitarious phase adjust their colour to that of the surroundings and lead a camouflaged life, avoiding each other. They are rather sluggish and never move in bands. The young ones in the gregarious phase also develop a conspicuous warning coloration with fixed pattern of black and yellow or orange, and are hyperactive. The wingless young ones form bands, which is a mass of hoppers that moves as a unit. Adults in the solitary phase are larger with shorter wings, longer legs and a narrower mid-body than the gregarious ones. As locusts become gregarious, their maturation becomes synchronous and each individual insect behaves as a part of a group, marching and flying in the same direction. The most important differences between the locust phases are behavioural—hyperactivity and gregarious nature in the gregarious phase, due to change in functions and the resultant higher body temperature. Solitary adults migrate at night, while the gregarious ones fly during the day and spend the night roosting on trees and other vegetation.

The swarms take off and land into wind during warm days and fly up to nine or 10 hours, moving downwind. The average swarm density is about 50 million locusts per square kilometre. Swarms reach up to a height of 2,000 metres and fly continuously when over sea. They usu-

ally cover 100-150 km a day, although there are records of swarms crossing the Atlantic. In October 1988, swarms from West Africa reached the Caribbean, covering a distance of 5,000 km in 10 days. Swarms from West Africa migrated to the British Isles in 1955. In Africa, in 1958 and 1959, swarms measuring up to 800 square km were reported. The estimated weight of a swarm is one to two lakh tonnes, and it can consume food equivalent to its weight in a day. A square kilometre swarm can eat the equivalent of food consumed by 35,000 people in a day. In Kenya, in 1954, a total population of 50 swarms together covering an area of 1,000 sq km, was estimated to contain 500 trillion locusts. Many swarms perish in the sea and alien lands. Some return to their breeding grounds in the desert and revert back to the solitary phase to continue the locust cycle.

#### TYPES OF LOCUSTS

About 18 species of large grasshoppers, those that form swarms, are considered as locusts. In India, three species of locusts occur—the desert locust (*Schistocerca gregaria*), migratory locust (*Locusta migratoria*)

**LOCUST SWARMS** attacked hundreds of acres of vegetable crops at Narkhed village, around 45 km from Nagpur in Maharashtra.

and the Bombay locust (*Nomadacris succincta*). The tree locust (*Anacardium rubrispinum*) and the coffee locust (*Aularches miliaris*) are not true locusts, as they do not form swarms.

The desert locust, occurring in about 57 countries, is the most widely distributed and most destructive among the locust species. It is distributed from Mauritania in the west to India, encompassing the deserts of north Africa, near east and south-west Asia. This area includes desert basins, arid and semi-arid plateaus, low lands and mountains. There are mainly two breeding areas in south-west Asia—south-east Iran and the adjoining areas of Pakistan in spring; and the India-Pakistan border during the summer. Almost one-fifth of the earth's land area is affected by the desert locust.

The life cycle of a locust is in three stages—the egg, pronymph followed by five (five or six in the solitary phase) wingless hopper stages and

the winged adult. Breeding occurs during the wet season as moist soil is ideal for egg laying and hatching. Egg clusters are laid in moist sandy soil at a depth of about 5-10 centimetres, in special packs called egg pods. Each pod contains 60-160 eggs in the solitary phase, while the gregarious females lay fewer than 80 eggs. The female bores a hole of about 10 cm depth with the end of her abdomen and deposits the egg pod of 3 to 4 cm length at the bottom, and fills the hole with a foam that hardens to plug the hole. A single female lays two egg pods at an interval of about 10 days, or rarely up to four. Up to one-third of the eggs perish due to natural causes. Scores of females lay egg pods in groups at the most favourable sites, creating mass nurseries. The eggs hatch in 10-14 days in summer, which could be extended beyond two months in winter. The pronymph—forerunner of the hopper stage—hatches out of the egg and is an ephemeral, non-

feeding stage. It soon sheds the skin and forms the first instar hopper. Newly emerged hoppers soon start feeding on vegetation. Up to 70-80 per cent of the newly born hoppers perish due to inadequate moisture, predation by ants and cannibalism. After at least five or six days, the tiny hopper sheds its skin and becomes a larger hopper. Thus, it changes its skin five times (five or six in the solitary phase) to become the winged adult. The newly emerged pinkish adult, called fledgling, has a soft body and drooping wings. It takes nearly 10 days for the wings to harden enough for sustained flight. The hopper stage lasts for 24-95 days (average 36 days), and is longer in winter. A life cycle is completed in two to six months and two to five generations occur in a year. Adults probably live for 2.5-five months. A single female produces 16-20 viable locusts in a single generation. The population of locusts can increase

400-fold in six months after two generations of breeding.

#### LOCUST PLAGUES

Swarms land about 30 minutes to two hours before sunset and feed indiscriminately on all kinds of vegetation. According to R. Swaminathan, a specialist on locusts and grasshoppers, the solitary ones do not prefer neem and cluster beans. Locusts feed on all portions of the plant above ground such as leaves, shoots, flowers, fruits, seeds and bark. Any crop, cereals, pulses, cotton, fodder crops, fruit trees, vegetables, banana, and all kinds of plants are good enough for the locust. Swarms wipe off entire fields within a few hours, leaving farmers high and dry. A field of cotton in pre-flowering stage could be eaten away in five-10 minutes, according to Swaminathan. There are historic records of locust invasions enhancing the severity of famines in India. The availability of food in several most backward



S. SUDERSHAN





SANJAY KANOJIA/AFP

**LOCUSTS** swarming residential areas of Prayagraj on June 11.

African countries is already under threat due to the ongoing plague.

A desert locust plague does not occur suddenly. Locusts remain in “recession” for a few years. However, when conditions are congenial, they multiply. Outbreaks’ and upsurges occur before a full-blown locust plague, like the ongoing one in Africa and south-west Asia. An outbreak occurs when increasing locust numbers leads to gregarisation, which happens over several months. This is localised and restricted to certain habitats.

Outbreaks, when left uncontrolled over two or more generations, develop into upsurges. Many upsurges finally lead to a locust plague sweeping across countries and continents. Since 1900, there have been eight locust plagues in south-west Asia (1900-1907; 1912-1920; 1926-1932; 1940-1946; 1949-1963; 1967-1969; 1988-1989, and the current one). It is estimated that about 29 million sq km, extending across 58 countries could be vulnerable to locust plagues, inflicting massive damage and de-

struction to agriculture and allied activities.

#### CLIMATE CONNECTION

Climate change and global warming are visibly altering rainfall patterns globally. Since every degree increase in temperature results in about 7 per cent increase in the water holding capacity of air, global warming directly results in higher levels of water vapour in the atmosphere. Storms and cyclones, therefore, carry more moisture and deliver more intense rain. Aaron Putnam and Wallace Broecker in 2017 argued that rainfall in the tropics would increase and that the subtropics would become more arid. The influence of climate change on the incidence of pests and diseases of crops is evidenced by the emergence of new pest and disease problems and the increasing severity of existing ones.

The current locust plague is linked to the weather dynamics of the Indian Ocean called the Indian Ocean Dipole (IOD). The Indian subcontinent divides the Indian Ocean into the eastern and western

parts. When the western part is warmer than the eastern part, called positive IOD, it results in cyclonic storms that hit east Africa and the Arabian Peninsula, bringing heavy rain. An increase in the positive IOD produced hyperactive cyclones in May and October 2018, which hit the Arabian Peninsula where it rained heavily, resulting in pools of water in the desert creating congenial conditions for locust breeding. The swarms originating in Oman and Yemen, aided by wind, entered east Africa, where they were again favoured by rains. They spread further to Iran and Pakistan; since June 2019, Pakistan has been plagued by locusts. Early this year, Somalia and Pakistan declared national emergencies to fight locusts. A team of researchers, led by Wenju Cai, in 2014, estimated that the frequency of positive IOD events had increased threefold due to climate warming. With the increase in extreme positive IOD phases, we should be prepared for more locust plagues.

Thanks to major irrigation projects such as the Indira Gandhi Canal that traverses the Thar Desert in Rajasthan, sand dunes are being con-



ARIF ALI/AFP

**AGRICULTURE** Department personnel spraying pesticides to kill locusts in a field at Pipli Pahar village in Pakistan’s central Punjab province.

verted into agricultural fields. The greening of deserts through afforestation and irrigated agriculture could provide conditions congenial for enhanced locust breeding.

#### LOCUST PLAGUE 2020

India had its last full-blown locust plague in 1962, followed by intermittent upsurges and outbreaks; the last upsurge occurring in 1997. Localised breeding was observed and controlled in 1998, 2002, 2005, 2007 and 2010. There are several historical records of desert locust attack in south Indian States such as Tamil Nadu and Kerala. E.C. Cotes has placed on record that swarms from north-western India penetrated the Madras Presidency in 1878, 1889 and 1890. Similarly, the United Nations’ Food and Agriculture Organisation (FAO) has recorded swarms reaching Kerala in 1954. However, all these appear to be cases of either Bombay locust or large, non-swarming grasshoppers being misidentified as desert locusts. There is little evidence that the current plague will

spread to the south.

According to Swaminathan, the current plague started in India as locusts entered thrice into the country since 2019 through the India-Pakistan border: In May 2019; November 2019-February 2020; and in May 2020. The border States of Gujarat, Rajasthan and Punjab and Uttar Pradesh are experiencing infestations since last winter. The LWO reported control operations against gregarious hoppers in the first fortnight of April 2020 and swarm movement in early May in deserts in Rajasthan. Swarms invasion across India reached as far south as Maharashtra and Bhopal in Madhya Pradesh to the east.

The desert locust is devastating agricultural crops in many States. The FAO has predicted a second wave of locusts from the Horn of Africa into India in June-July. An advisory issued on June 10 warns of an imminent invasion coinciding with the kharif, the main crop season in India. On June 12, FAO put out information on the formation of new

swarms in east Africa, indicating that a threat is imminent. Normally the appearance of desert locusts in India begins in July-October; however, the current attack appears to be rather early. In Baluchistan and Punjab in Pakistan, spring breeding is over and the adults are forming swarms. Rajasthan, where maturing swarms occur, has already received pre-monsoon rain in the first week of June; active breeding and multiple generations can thus be anticipated.

#### LOCUST CONTROL

Locusts do not respect national boundaries. International cooperation is thus the key to locust control. Monitoring, early warning and preventive control of swarms in east Africa, the Arabian Peninsula and Pakistan are crucial for India. The locust-affected countries all over the world are coordinated by the FAO. The Desert Locust Information System (DLIS) of the FAO issues advisories and warnings to countries plagued by locusts. The DLIS forecasts the timing, scale and location of breeding and swarm movement. The LWO is tasked with monitoring, tracking and prevention of locust





**AT SAMBURU** county in northern Kenya, on May 21.

GETTY IMAGES

breeding and control in India.

According to Swaminathan locusts in the solitary phase, immatures and swarms necessitate different control strategies. The FAO has recommended application of spore suspension of the pathogenic fungus *Metarhizium anisopliae* var *acridium* (strain IMI 330189), which only infects locusts and grasshoppers, to destroy the immature stages of the locust in deserts where the breeding takes place. Hoppers can be destroyed by mechanical means; digging trenches using earthmover machines and burying marching hopper bands are a common method.

However, none of these methods are effective against invading swarms. Swaminathan said farmers should be acting as informers of swarm movement rather than taking control measures in their own farms. Since it is futile for farmers to fight the pest at the level of individual farms, it is incumbent on the government to reward and protect them so that they act as early warners of swarm attacks.

Teams equipped with vehicle-mounted sprayers or aerial sprayers are effective against swarms. Direct application of chemical pesticides on swarms roosting on vegetation, during morning and evening, is the most effective method. The Directorate of Plant Protection, Quarantine and Storage has approved five synthetic pesticides such as chlorpyrifos, deltamethrin, fipronil, lambda-cyhalothrin and malathion for the control of swarms.

The absence of major invasions since 1997 has resulted in the lowering of guard against the desert locust, according to G.M. Patel, entomologist, who has been involved in fighting infestations in the past and in the present one. According to him, the personnel involved in control operations are not experienced in dealing with such massive infestations.

As the locust attacks are likely to become a regular scourge, India should strengthen international, national and regional linkages. India had sent self-contained teams with

vehicles and equipment to the Arabian Peninsula every year between 1955 and 1962. As the locust plague is emerging as a transnational threat, India should once again consider expanding its expertise and capabilities beyond its borders.

The LWO needs to be upgraded with adequate field stations, manpower and equipment to meet the challenge. Over the past two decades, the LWO was weakened, possibly because there were no major infestations. The Indian Council of Agricultural Research and agricultural universities in the affected States should include desert locust among their research priorities as there are gaps in our knowledge of the bioecology and management of the pest.

As the threat of the pest looms, it is time to formulate a long-term and durable strategy to fight the locust menace. □

*Dr K.D. Prathapan is an entomologist specialising in insect taxonomy at the Kerala Agricultural University.*





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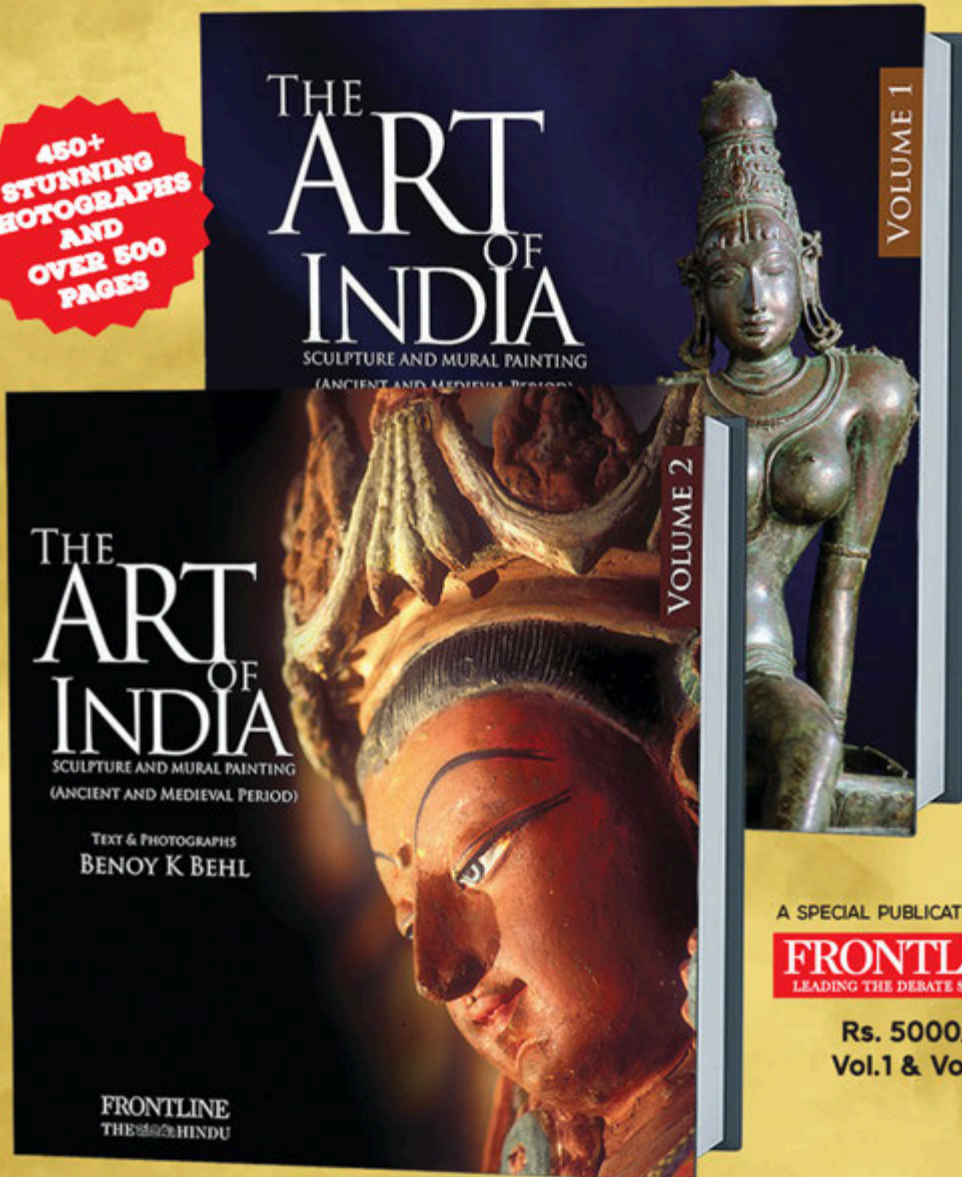
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