

Covid-19

Converting a Public Health Crises into an Economic & Humanitarian Crises

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It's now over 4 months into the Covid-19 global pandemic with cases in India touching 117000 and over 3500 deaths (as on 21st May 2020) and there seems to be no light at the end of the tunnel. This is because of the tunnel vision of our governments, policy makers and a wide variety of experts. What was essentially a public health crises has been converted into an economic and humanitarian crises.

We have had similar pandemics in the past like SARS in 2003, H1N1 in 2009 and later years etc. They were all dealt with as a public health crises and managed by each country within the context of their healthcare system capacities. Infact in 2019 India saw 28798 reported cases of H1N1 with 1218 deaths, a case fatality rate similar to Covid-19 and we have forgotten about it. There was no lockdown for this and neither in 2017 and 2015 when H1N1 cases were 38817 with 2270 deaths and 42592 and deaths 2990, respectively, with case fatality higher at 6 and 7 percent was there any lockdown. H1N1 is here to stay like tuberculosis, malaria, chikungunya, leptospirosis, encephalitis, pneumonia and many other diseases. We have probably developed some level of herd immunity to it. So what seemed to have changed that a complete lockdown over a prolonged period became the main solution to tackle covid-19?

Generating a psychosis of fear amongst people so that they become obedient subjects of the state and those in power, especially the right wing regimes, can control their thinking, actions and behaviour. Events like clapping and banging thalis, lighting lamps and torches and showering petals from aircraft are mechanisms to test such obedience and build a false sense of solidarity instead of focusing on the problem at hand which is the public health crises and the lack of capacity to handle it due to the gross deficits from which the public health system suffers. This fear psychosis is daily perpetuated by debates and discussions on news channels wherein government representatives and various experts are issuing advisories to people as to how they should behave and face the crises but in terms of services which people need there is not much being done to meet the demands and needs of people. So this perpetuates further fear. As the infection spreads to poorer clusters like slums and the poor communities and Dalits, social discrimination is clearly visible where increasingly people are being denied access to medical attention not only for covid-19 but also non-covid cases. For example tuberculosis detection has fallen drastically as has access to treatment for existing patients where drug supplies and nutrition supplements have been drastically affected. Or people with other medical emergencies are being sent away from hospitals and such denials have resulted in unnecessary deaths as reported widely in the media.

If we had invested in a robust comprehensive primary healthcare system and that was in place when covid-19 hit us the healthcare system would have been better placed to respond to it effectively and such a complete lockdown would not have been necessary – perhaps highly infected clusters could have been identified for containment and locked down with appropriate planning and support for testing, contact tracing and treatment, and access to essential supplies. Kerala is clearly an outstanding example where the well-developed primary healthcare system and coordinated efforts

of various government agencies helped to contain the spread of infections. Similarly Goa, Puducherry, Sikkim, Mizoram and other Northeastern states (except Assam) have controlled and contained the covid-19 attack because of their well-developed primary healthcare systems. There is clearly something for other states to learn from these states – but most importantly that these states spend more than twice the national per capita average public health expenditure. And consequently have robust public health systems.

The total lockdown for over 8 weeks now has created havoc across the country and transformed what was essentially a public health crisis into an economic and humanitarian crisis. With the lockdown businesses and establishments shut down and given that over 80% of the workforce in India is daily wage dependent and a large proportion of them migrate to large cities across the country for employment, this workforce lost their means of livelihood, were displaced and made completely insecure and pushed into a humanitarian disaster. The migrants without work could not continue to sustain themselves in the place of their calling and had no choice but to go back to their origin states. The states response was very weak in dealing with the lakhs of such stranded people despite sitting on millions of tonnes of food grains and vast amounts collected in PM Cares and CM relief funds. State agencies completely failed the people and created a humanitarian crisis of unprecedented proportions. The civil society response – peoples movements and collectives, trade unions, NGOs, religious groups, community groups, a few corporate foundations and even individuals and resident groups all pitched in with collecting food and rations, cooked meals and other essentials like soaps and masks and distributed them widely and prevented catastrophic hunger deaths. The Union government and most state governments failed in their humanitarian response and were only making announcements and proposals of schemes which as yet have not been seen working on the ground in any significant way. Tax resources from the Centre have not reached states and with states' own taxes like alcohol excise duties, VAT and fuel taxes, amongst others reduced substantially due to the shut down of the economy the states are running into a fiscal crisis and many may not be able to pay salaries in the coming months let alone providing benefits to those economically battered.

The Atmanirbhar Bharat Abhiyaan announced by the PM and explained by the FM has no direct benefits to severely affected people – those who have lost jobs/livelihoods, migrants, homeless and those living in conditions which do not allow physical distancing. No social wages, food security and social security measures beyond what already exist under the targeted schemes for the vulnerable groups. Even MGNREGA is largely non-functional and there is nothing of similar equivalence for urban populations. So the vast majority's survival is threatened and all the government responds with is sorting out liquidity matters for businesses and financial markets and calls for self-reliance. If each one of us must become self-reliant then why do we need to pay taxes or for that matter why do we need the various economic and social sector departments of government?

The gradual exodus of migrants who were trading hundreds of kilometres is now moving towards a huge exodus with many states in a hugely delayed decision allowing transportation of migrants to their home states and making some arrangements for that. But on the other hand the opening up of the lockdown in the green and orange zones wherein many categories of industry and services are being allowed to reopen their businesses has put the migrant workforce and the businesses in a quandary. Where will the workforce come from if the exodus continues? For example Panjab has 8.5 lakh migrant workers and if they all leave what will happen to the current crop season and the

forthcoming kharif season and large number of MSMEs. A similar situation will be in play in states like Maharashtra, Tamil Nadu, Karnataka etc.. which have even larger number of migrants. Again Kerala stands out as they did provide adequate support to the migrants which has prevented a large scale exodus from Kerala. And when many of these migrants experiencing a humanitarian and economic crises reach their home states there is a public health disaster of unimaginable proportions waiting to happen as most of these “home states” have very poor public healthcare systems and don’t have the capacity to cope with such a health crises. Odisha, Bihar and UP have already started to feel the impact of returning migrants. When well endowed cities like Mumbai and Delhi which have highest number of cases and deaths attributable to covid-19 are not able to manage this crisis effectively the other states would just collapse under the burden.

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