

Musings on the Global Response to COVID-19

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Lockdown was just an immediate initial response to gain an understanding of the never-before-seen “novel” coronavirus. Irrespective of how it was presented to the population, it was never intended to be the magic bullet to defeat COVID-19. To therefore call it a kneejerk reaction that failed, even if it did not give propagated results, would be wrong. It has given us time to understand the disease, shore up resources and plan a realistic and effective long-term response.

A critical examination of learning gained – epidemiology, virology, response protocols – is the urgent need of the hour. On the other hand, pretending to be infallible and refusing to examine even limited results and failures will be the stupidest course to take.

1. Elements of the Protocol

The broad elements of global protocols adopted to respond to the pandemic can sequentially be listed as under:

- a. Lockdown with severe restrictions on movement
- b. Physical Distancing
- c. Masks and Hand Hygiene
- d. Self-Isolation
- e. Random Sample Testing
- f. Contact Tracing
- g. Isolation Centres
- h. Symptomatic Treatment
- i. ICUs & Ventilators
- j. Quarantine

Simultaneously, there are huge background efforts:

- k. Data Analysis of Infection, Recovery & Mortality rates
- l. Zonal Segregation
- m. Experimental treatment
- n. Epidemiology on incidence, distribution and possible control of the disease
- o. Virology studies
- p. Vaccine Development

Procedures to restart stagnant and fast-approaching recession economies are currently being explored in a panic stricken and haphazard manner, as can be seen in confused Lockdown relaxation *communiqués*.

2. Enforcing the Protocol

In many a country, a chilling partnership has been established between sections of the medical profession who shamelessly pander to the establishment, and the State.

Unlike earlier epidemics, the COVID-19 pandemic is not treated as a medical crisis. Measures to prevent, contain and treat the outbreak are State enforced with absolutely no voice or participation of a vast section of the population. The middle class are “carried along” with misinformation and a pretence, and the poor with rhetoric and heroic assertions.

Specialists, who necessarily and justifiably view the disease from a narrow epidemiological prism, are suddenly given overarching powers to advise on how society should be run. Complaints of the ill-informed population and opinions of the stupid are ignored, of course for their own good.

The exact same conditions as exist in ICUs are attempted to be set up in society at large. Medically sound; but without a single other aspect of Human existence catered to or even considered. Locations where this is physically and practically not possible are simply dismissed into nonexistence. Further in these musings, I will argue that this is not just a sectoral malady. It is the deliberate design of the neo-liberal economy that promotes the interests of the upper middle class and elite, to the exclusion of all others. The blinkered viewpoint is enveloped by this overarching ideology.

3. Responses

Sentiments and impressions on these protocols are sharply divided on class lines. The elite are happy, the poor bamboozled, and many of us irate.

- The upper middle classes and elite are generally happy with the global COVID-19 response because they see it as protocols that protect them from the virus and, at the same time, reserve resources from a whole bunch of dispensable people who would otherwise make unreasonable demands on limited facilities.
- The poor seethe with feelings and experiences that are unarticulated except through long and pathetic periods of silent resignation in the face of a systemic and incessant dehumanisation, interspersed with sporadic outbursts of desperation when no recourse is open to them.
- Many of us who live amidst the less fortunate see its harsh economic impact and wonder why the lower middle classes and poor have to pay such a huge price in terms of hunger and every form of material and non-material deprivation and humiliation.

But we have to be careful. We are not “sitting” where the poor actually are, however much we may identify with them. We are merely fortunate that they freely speak to us and we have been allowed to understand their experiences. But we are not sitting there.

4. Humans and Non-Humans

Many of us have concluded that the global COVID-19 response is based on a categorisation of the population into Humans and Non-Humans.

- Someone else determines who should get hospital treatment with testing, health care, (experimental) drugs, ventilators, etc.

The elderly in homes for the aged and assisted living centres in many European countries are denied hospital beds in order to “not overburden the system” which is needed for 30 year olds rather than be “wasted” on an 80 plus. Even when 30% of hospital beds are empty, reserved for Humans, and the infection/death rate in the care centres is exponentially rising.

- Staying indoors only works for those with a front door and more than a single room to live in. It ignores the plight of a third of city populations and betrays a total ignorance on the topography of villages.
- “Social Distancing” is the insensitive parlance of choice in societies where the poor have already experienced it for the past 2,000 years in the cruellest manner possible and are struggling to end it.
- PPE for medical workers and hand sanitizers for lockdown enforcers and free meal distributors has a bigger priority than soap cakes for the poor.
- The elite get into a panic and explore new safety measures to disinfect their Tropical Iceberg cups when a doorstep delivery person is tested COVID +ve.

Nary a thought or mention as to the poor, overworked, and now criminalised delivery boy who has to fight a killer disease with little or no resources.

- Someone else determines what is essential and what is non-essential.
Migrant workers, unable to go out of confinement zones, are accused in the media of making “unreasonable demands” when they ask for clothes and “non-essentials”.
- Popular media comments and coverage are a fair reflection of insensitive middle-class sentiment.

TV ads on expensive indoor exercise equipment for the locked down upper middle classes, interspersed right in the middle of heart wrenching reports on entire Migrant families trekking thousands of kilometres without food and water with worn out chappals, is nothing short of insensitive and vulgar.

- The trust deficit in migrant workers is palpable in the haste with which they want to get out of cities.

The insensitivity with which migrant workers have been confined, expected to be content with just erratic food packets in holding centres, tossed from station to station, asked to follow complicated registration procedures, and now being sent back, cribbing on who should pay their bus fares and train tickets, criminalising those who opt to walk back, *et al* makes one wonder if these “nation builders” of physical infrastructure will ever want to return, post-pandemic.

Sensing this, States hastily intervene to prevent their going back and reduce migrant workers to indentured bonded labourers at the behest of captains of industry. Forcefully prevented from returning to their native, not for epidemiological fears of wanting to contain the nation-wide spread the virus, but to revive the stagnant manufacturing and construction sectors.

- A brazen and unapologetic commodification of Migrant labour is the new trend in protagonists of the current dispensation. They mock those expressing concern for the plight of Migrants walking back to their homes with unsolicited assurance that poverty and low agricultural productivity will force them to walk back in a very short while.¹

Hello, loyal Courtiers, you really don’t need to admit your shameless bias so blatantly. The below exchange shows that the poor are not quite the idiots you presume them to be.

When interacting with a group of 44 young Migrants who were walking back to UP, Jharkhand and Odisha, a teenager shared his rather astute understanding of how the post Lockdown scenario would be.

¹ <https://theprint.in/opinion/dear-intellectuals-migrant-workers-will-come-back-here-are-the-five-reasons/426077/>

“After this Lockdown, wages will drop and it may not be worth coming back all the way. Don’t you agree?” he asked.

When we suggested that wages may actually increase because of a labour shortage, the group didn’t quite agree.

“No Sir. They have seen us in a helpless state. They know that we cannot bargain. Shortages increase the price only for those things that the rich people buy. We are different. They know we are in the market only because we are helpless.”

On May Day, 2020, towards the end of an hour-long rant, a dear friend and colleague suggested that we take a more rational and systemic approach to assess the current situation. Since the global response to the COVID-19 pandemic is largely State designed/enforced, we could perhaps critically examine it using a bureaucratic politics approach called Miles’ Law, coined in the mid 1950’s, which states: “Where you Stand depends on where you Sit”.

We take a Position (where we Stand) on matters that affect us, and situations we experience around us, depending on where we are Situated (where we Sit).

She suggested that examining lockdown measures and results obtained from the perspective of both, the designers as well as the affected, will help us decipher the global neo-liberal States’ concerns, biases and priorities. To do this, we need to avoid blind criticism, tirade and fault finding.

On my part, I found it necessary to revisit what “being Critical” means in the current political economy.

5. Being Critical...

Being critical means the examination of something that is happening in an objective, rational and scientific manner in order to assess how it works, who it works for, and if at all it is working. A critical appraisal takes a balanced view, recognising pros and cons. It simultaneously leads to suggesting improvements as well as an exploration of alternate ways to tackle the phenomenon.

Critical thinking is the function of intelligentsia and role of intellectuals who believe they can provide inputs for everyone together to participate in the crafting of a humane and inclusive response to crisis in society. It instils faith and trust in decentralised arrangements for all the people to together design appropriate social order and regulatory mechanisms even for a life-threatening pandemic – a reimagined response to COVID-19.

...in these times

But questioning of any sort, more so in the middle of a global crisis, is instantly challenged with a menacing demand to immediately show a different way to tackle the issue. This is due to the deceptive notion that “doing something”, anything at all, even if faulty and bound to fail, is better than not immediately responding, right here and now. This leads to a discounting of intellectualism, intelligence and all forms of thinking *per se*.

Even when it is clear that the path being taken will not lead to the destination, it is travelled simply because no other route is instantly shown. It refuses to acknowledge that a better path will emerge only if we continue to search, *together with every single affected person*, in an objective, rational and scientific manner.

It is tragic that even some sections of the liberal intelligentsia are trapped in this mainstream norm. Leaders who invite opinions and suggestions are mocked for not being autocrats with readymade answers.²

5.1. Misinterpreting Mandates

Such intolerance to critical thinking is deliberately seeded. The so-called masters at communication who sell their path to a gullible majority as the sole and only response are doyens of fabrication and falsifications, interspersed with popular folklore and mythology to spice up their lies. The masses are mesmerised by their brazen show of quixotic bravado against manufactured foes and non-existent or exaggerated malaises.

Mandates obtained through elections are not a true reflection of what the people want. Elections are not about what the population *thinks*. It is what they *feel* when they lack basic background in politics and economics, and sensational misinformation is fed to them in concentrated doses during virulent campaigns.

Charlatans are better at this game of promoting a strongman self-image, than those seriously and sincerely engaged in inviting participation and finding genuine solutions. Charlatans of lore largely operated on their own and were, at least initially, crusaders for social justice. The ones of today are marionettes of institutional interests with socially engineered strategies for sinister divisive agenda.³ Crisis brings out the veracity in the statement that adoration is not a measure of competence.

5.2. Deriding Intelligence

A few centuries back, the scientific revolution propelled by three powerful words, “I don’t know” and followed with a desperate quest to find answers propelled some societies to huge civilizational advancement. Societies that clung to dogma with a belief that all that was needed to be known was embedded in their glorious past, fell back in the race to progress. Others who acknowledged debilitating errors in their past perceptions leapt forward. Global balance of power, influence, wealth and dominance turned volte-face.

This powerful force of history is discounted when intellectualism, intelligence and all forms of thinking *per se* are derided under the guise of a sham democracy of majoritarianism. Derision goes into the absurd when questioning is labelled anti-national and even seditious.

6. Information & Participation

The starting point to embark on any critical examination is to provide good information to *all the people* – poor, lower and upper middle classes, urban, rural, everyone – and to accept that the transfer of knowledge is a concurrent two-way process. An ill-informed consent of the majority is not participation. It is majoritarianism obtained through a perversion of the electoral process. We cannot engage everyone in a critical exercise with sham participation.

*“Those in authority must retain the public’s trust. The way to do that is to distort nothing, to put the best face on nothing, to try and manipulate no one. Leadership must make whatever horror exists concrete. Only then will people be able to break it apart.”*⁴ This is especially true when it comes to dealing with a pandemic where lack of good information leads to panic.

² <https://theprint.in/opinion/rahul-gandhis-chat-with-raghuram-rajan-makes-it-look-like-congress-doesnt-have-solutions/412919/?amp>

³ <https://thewire.in/politics/populism-elite-narendra-modi-donald-trump>

⁴ Abraham Lincoln, quoted by John M. Barry in the very last lines of “The Great Influenza”

When we acknowledge that our examination is already biased by where we are situated and choose to go beyond gut reactions of complacency, anger or revulsion, we start being critical. We open up to other perceptions and consciously invite wide and diverse opinion, recognising that genuine perceptions and unabridged information is vital to holistically analyse a phenomenon. Obtaining true opinions is essentially democratic and needs unstifled participation through institutions that promote freedom of expression, free speech, dissent, debate and discussion; the most vital of these being a cadre.

6.1. Cadre

A cadre is a body of grassroots persons who genuinely promote a two-way flow of information. They ensure that voices are heard at both ends, and taken into account in decision making at both, the decentralised as well as macro levels. We used to call this conscientisation. Charismatic leaders striking a cord with rhetoric and catchy idioms is not communication. Mesmerising the masses is very different from having a cadre. A cadre is not a body of people dedicated to the party line and trained to carry out political party functions like booth management and the like.

6.2. Medical Information

Since COVID-19 is such a new disease, its epidemiology is constantly being developed. Every single day, medical, policy and governance experts are discovering more and more on its incidence, distribution and possible control. It has, for example, just now been discovered that a physical distance of 3-6 feet is insufficient since the virus can travel nearly 20 feet. Therefore, the provision of up-to-date information in a simple and understandable manner needs to be continuous and non-stop.

Popular media does this, but the message is severely distracted when interjected with sensational “news items” that have a blatantly urban elitist and sectarian bias.

Virology, on the other hand, is laboratory science. It is far more difficult to disseminate when a polity is steeped in mythology or a false sense of nationalism.

6.3. Data

The analysis of data is not all that convincing. Infection, recovery and mortality numbers appear to be simply incomplete. In itself, this is not a problem when we treat it as stratified random sampling. It is a perfectly valid procedure to arrive at an accurate approximation of reality. The “adjustment” of data from bureaucratic records, either to justify faulty measures or in the guise of avoiding panic, is an entirely different matter.

It is only fairly recently that medical science has understood the importance of vital statistics to analysis to study the course of and then treat disease. For it to be generally accepted by one and all, the world over, that accurate data is an imperative to get results will take many more wasted efforts.

Related to this are the data point generators – Testing. I will comment more on this further down in these musings.

6.4. Faith-based Responses

A section of the population turns to faith-based rituals when they see policy makers grope with little or no knowledge, and uncertainty on the final outcome. It could well be godsent punishment for accumulated sins of mankind. Why not then atone and get into the good books of the creator? Faith and Science are two not-too-different responses to ignorance. Blind faith is not all that blind when we try to decipher the underlying *raison d'être*.

People see a politicised science serve parochial interests of powers that be and hear scientists make excuses on why something didn't happen. When politics prevents scientists from admitting failure and partial results, it sounds exactly the same as what religious leaders do.

The vast majority of church, temple and mosque goers are not zealots or bigots. Neither are they fools. It would be productive to engage in conversation to inculcate a scientific temperament, which is essentially a belief in admitting ignorance and faith in searching for answers.

Scientific temperament is a term that we throw around quite liberally, without realising how difficult it is for Humans to get one. Science is a discipline. It keeps raising questions and then starts searching for answers. It doesn't always find the answers. Embracing science needs an acceptance of uncertain outcomes. Positively identifying the virus that causes influenza and decoding its genome sequence, for example, took three-quarter of a century after the Spanish flu pandemic. Even ascertaining that it was a virus that caused the disease and not the pneumonia bacteria took decades after the pandemic officially ended. Dealing with uncertainty is not easy for most of us, especially at times of blind panic and sheer terror.

The god delusion, on the other hand, offers readymade answers. Never mind that they may be wrong. The philosopher Yuval Noah Harari says, *"The real expertise of religious leaders is making excuses. They are very good [at that], it is what they do... they promise something, it doesn't happen and they have best excuses on why it didn't happen."*⁵

Being mere mortals, even those who are secular, rational and reason with pure logic in normal times tend to lean to religion in times of crisis. The essence of religious experience is at heart poetic. Ritual and dogma are merely the framework of organised religion. The willing suspension of disbelief for the moment constitutes poetic faith. And the most apt description of poetry is 'saying something that cannot be said'⁶

7. A Framework

7.1. Self-Preservation of the Elite

A subtle and nuanced realisation is needed to recognise that Lockdown protocols are not, *per se*, deliberately designed *against* the poor. They are far worse. They are designed for the self-preservation of the rich, without even the existence of the poor being recognised. It goes way beyond having no thought or consideration for the poor; the poor are not even factored in their calculation. When the unabated privilege of the elite is threatened, panic sets in. Ignored disregard and inattention is replaced with viewing the poor as a Non-Human interference; a nuisance to be dealt with.

This approach to designing responses to crisis rides on the back of a socioeconomic order that is unapologetically designed against the poor. It is within this larger neo-liberal framework of elitist conduct that we need to critically examine responses to pandemics.

7.2. The Spanish Influenza

Much of the current protocol is a hurried tweak of the exact same response developed in 1918-20 at the height of colonialism and a raging world war. Imperial interests had to be protected when the balance of power was under threat of alteration. The military strategy was attrition and public health policy was developed to serve this overarching requirement. Young boys, hardly out of their teens,

⁵ [Hope people believe in scientists instead of religious leaders: Yuval Noah Harari on Covid-19 pandemic](#)

⁶ Lesley Hazelton in "The First Muslim"

had to be kept alive long enough to go and die in history's biggest war of attrition; cannon fodder to be kept dry till the shots were spent.

The first observations of illness and mortality were in USA, France, Germany and the UK. Massive concentration of fresh recruits in overcrowded US military training camps, and their subsequent shipment the world over, was a large contributor to the influenza epidemic turning pandemic.

The epidemic started in the US and spread worldwide with troop movement when America entered World War I. Countries on both sides of the divide refused to extensively report on the Influenza because they needed to keep morale high. Spain was neutral in the war and did not have press censorship. Spanish newspapers reported honest numbers on incidence/mortality and gave heart wrenching anecdotal accounts. Their reward was to be bestowed with one of the most unfair christening in medical history.

7.3. Stigmatization of the Poor

Today's debilitating pandemic is in the immediate wake of a global economic crisis and I cannot help but draw parallels. The strategy seems to be economic recovery through an intensification of the neo-liberal policy with a reassessment of the need for/role of a chunk of the population – particularly the working class.

Branding and stigmatization are the usual recourse to maintain socioeconomic orders skewed in favour of the elite. It is a compulsory ingredient to provide overarching justification to approaches toying with exclusion. Pandemic, fear and panic make it easy to label migrant workers, daily labourers and domestic helpers as the ones who spread the virus through unhygienic practices. Concept of “pollution” in *Manusmriti*; “social distancing” today. Patriotism and dying for the flag then; enforced economic sacrifice and hardship now.

7.4. Keeping Sectarian Divides Intact

This pandemic is very different from *force majeure* or acts of god like tsunami, earthquake and the like due to its global spread and duration. Localised natural disasters magically obliterate class divisions for a while and a community spirit is displayed across class and sectarian divides, albeit for a short period. Everyone together rebuild not just the ruined physical infrastructure but also, perhaps unwittingly, the segregated social structures that existed before the catastrophe.

Pandemics have a far longer duration and rapidly eat into the lives and livelihoods of the population, without any physical destruction. Economic destruction is due to idle inaction and not any physical ruin. Social structures and institutions that support caste-class, communal and sectarian divides stay intact.

8. The COVID-19 Pandemic

8.1. Virus or Bacteria?

Scientists who studied last century's pandemic of the Spanish Influenza took a very long time to realise that it was a virus that caused the disease. They found the *Bacillus influenza* in many cases but could not definitely pin it as the bacteria that caused influenza.

After painstaking research, they finally found that the Influenza virus targets the outer lining of the respiratory tract, enters the epithelial cells and multiplies at a rapid pace, literally bursting the cell from within. Thousands upon thousands of newly released viruses enter thousands more cells in order to multiply, burst and enter thousands more cells at an exponential rate, all within hours.

Viruses cannot “reproduce” in the conventional sense since they are not living organisms; neither can they absorb nutrition. They depend on their host cell to “multiply” and “nourish” them.

This was the “direct” damage that the virus causes; devastating, but not always causing death since repair work would begin in a few days, though total repair would take weeks. Only in patients with serious pre-existing conditions would the virus simultaneously attack the immune system, undermining the body’s ability to protect itself. But in a majority of cases, it was followed by deadly “secondary” infections; the real killer was bacteria.

YES, influenza exposed the now unprotected windpipe and lungs to bacterial infection. AND, pneumonia was the main cause of death. BUT, it was not the bacteria that rolled out causing the epidemic; it was not the bacteria that spread worldwide causing the pandemic. It was the Virus.

8.2. Lockdown, Physical Distancing, Isolation & Quarantine

Lockdown was just an immediate and initial response to gain an understanding of the never-before-seen “novel” coronavirus. Irrespective of how it was presented to the population, it was never intended to be the magic bullet to defeat COVID-19. To therefore call it a kneejerk reaction that failed, even if it did not give propagated results, would be wrong.

Lockdowns give epidemiologists time to understand the regional and demographic progress of the disease and estimate the number of infections. Based on timeline projections, public health services can shore up resources and plan realistic and effective long-term responses.

Total lockdown, on the other hand, do not allow this build up of infrastructure when all economic activity is halted. Hospital beds and medical equipment cannot be manufactured and installed without transportation of workers, engineers, planners, managers, raw material and finished products. Servicing all those who need to be productively engaged requires another set of workers...

The components needed for even the most basic finished products are mind boggling. Their assembly and manufacture need a myriad of industries that cannot be itemised in bureaucratic lists of “exemptions”. Even the supply of “essential services” cannot be determined unless we revert to stone age definitions. No supply of anything can indefinitely be maintained when nations are converted into ghost towns.

A critical examination of learning gained – epidemiology, virology, response protocols – is the urgent need of the hour. On the other hand, pretending to be infallible and refusing to examine even limited results and failures will be the stupidest course to take.

8.2.1. Wasted Time?

Post Lockdown, in the new Unlock phase, numbers have started peaking. The world over, many are questioning if Lockdown was merely an exercise that postponed the inevitable. They wonder if the pandemic will now run its “natural course” of infecting half the population, most of them mild or even asymptomatic, before *Homo sapiens* develop herd immunity.

There is good cause for public scepticism. People ask if we wasted precious time bought at such great economic sacrifice and Human suffering. There have indeed been serious public health lapses in many countries. Infrastructure was not ramped up to cope with the inevitable increase in cases that needed hospitalisation after artificial containment through lockdown was relaxed. Much is desired when it comes to Testing.

Unpreparedness was because it was the world’s immediate response to an epidemic, even before realising it was a pandemic. The misplaced expectation was to contain it locally or regionally, in the hope that it would go away. An Epidemic is a local or at worst national outbreak of a disease;

Pandemic a worldwide one. Pandemics, by definition, cannot be “contained”. At a global level, it is ludicrous to expect everyone to avoid everybody everywhere forever.

8.2.2. Testing

The popular axiom that what can't be measured cannot be managed is especially true for public health responses.

Many have not understood that epidemiologists need accurate and un-doctored data. They need geographic mapping to study patterns. Only then can they suggest effective post Lockdown measures after the population is unlocked. This is possible only through massive and accurate Testing of even those suspected of having the disease. Bureaucratic data obtained through impressions recorded by untrained municipal employees and overworked general physicians are just opinionated numbers. They are no substitute for scientific testing to determine infection, recovery and cause of death.

Entirely new protocols will be needed when there is a second wave. Spread will no longer be through traceable one-to-one contact. Community transmission will set in. Another hit and miss approach, without accurate data, will be totally catastrophic.

8.2.3. Terror, Panic & Lockdowns in the last Century

100 years back, it was not States that introduced Lockdowns. Driven by sheer panic on seeing hundreds and then thousands of bloodcurdling deaths all around, populations themselves went into self-isolation and quarantine. Primeval memories of the Middle Age *Sicknesses* played on their minds. They termed it the black plague. Which responsible public health professional could refute their claim without any better explanation?

The population locked themselves in and refused to venture outdoors. When absolutely necessary, people would not face each other when speaking from a distance. Close relatives would be shut out. Orphans starved when both parents were either critically ill or had died, only because neighbours refused to come around to feed them. Customers had to shout out their orders in front of closed shop doors and step back for shopkeepers to open a small crack and quickly push merchandise onto the pavement. Communities collapsed. Play and all social contact came to an abrupt stop. Churches and schools were shut down. Coffins were done away with and bodies wrapped in blankets dumped into common trenches. Even the manner in which last rites were administered was changed by frightened priests.

Isolated rural communities posted armed guards to prevent outsiders from coming into their villages. They shot dead even those who accidentally strayed close. But that didn't stop the virus from slyly sneaking in and wiping out more than a third of their population; mortality rate was more or less the same across the board.

To this day, it is debated that 100 years back fear was perhaps the bigger killer than influenza itself. The blackout on information sharing, ostensibly to keep morale high during a world war, kept everyone in the dark. But despite official denial and then playing down the numbers, unburied corpses lying all around were cruel harbingers of the naked truth. The general population understood what science was still debating; that it was breath that spread the airborne disease. Uncertainty followed distrust, fear followed uncertainty, and sheer terror followed fear.

8.2.4. The Current Lockdown

This is why I maintain that early and immediate Lockdown was not a “mistake”. It was a responsible decision taken by States who thought they could *contain* the spread. With experience, we have learnt that Lockdowns can only *temporarily* stop the chain of transmission to give us time to ramp up

health infrastructure to meet demands not experienced in living memory. Unprecedented number of hospital beds and caregivers, PPE, stockpile of drugs and essentials, ventilators, *et al.*

My concern is that we *now* critically examine learning obtained from the five-month long exercise without being defensive. I reiterate that it is not a weakness to identify positives and admit mistakes.

Lockdowns are also the time to give a crash course to the population. In this regard, our current experience has been very different from a century back. Lockdown was a long drawn out phase called into play the moment the epidemic struck. The entire population's attention was focussed on coronavirus and coronavirus alone. Nothing else. It gave time for the mind to wander and return. To imagine, contemplate and get a grip on what is happening all around us. Studies in child pedagogy have shown that the attention span of primary school children is 14 to 20 minutes. Anyone who attempts to read this document in a single sitting can attest that, unless trained for academic pursuits or in meditation, adults are no better.

Everyone was provided with information; unfortunately, both real as well as fake. Not all countries put out honest information. Bureaucratic data, perhaps with good intentions, obfuscated reality to an extent. But only to a little extent. The population was eyewitness to what was actually happening all round them.

Democratic State enforced Lockdowns encouraged the population to be cautious, but not scared silly. In spite of diluting whatever scientific temperament there may have been in the general population, even shenanigans like *taali bajao, diya jalao*, flypasts and showering rose petals have obliquely prepared the population for the worst that may yet be in store. As measures to avoid terror in the population, even if a healthy fear is retained, they cannot be faulted.

Non-democratic approaches that implement Lockdowns as mere physical exercises at isolation and containment, with the misconceived belief that coronavirus would simply go away, are facing the terrible consequence of not just high infection and mortality, but also public disquiet. Defiant street uprisings only serve to spiral the disease. This needs to be of concern to everyone, across regional boundaries and around the world. Since a pandemic recognises no geographic border, coupled with the fact that we are in a global economy for the past two and a half centuries, no one, anywhere, is safe until everyone, everywhere, gets rid of the virus.

8.2.5. Results

This time around, public health response has been quicker and mortality kept relatively low. Physicians have been able to monitor prognosis and have medicines to treat secondary infections. Ventilators force Oxygen into, and artificially bellow the lungs. Also because of Lockdown, the timely epidemic-control-like measures to keep not just the infected but entire populations separated, proliferation was temporarily contained.

In spite of this, the spread has already moved beyond one-to-one contraction. Contact tracing is a waste of time and political witch-hunting to identify Patient Zero is an unproductive exercise except perhaps for scientific enquiry. Some countries have officially declared that we are in community transmission, others are still in denial.⁷

⁷ <https://bangaloremirror.indiatimes.com/bangalore/cover-story/community-transmission-has-begun-in-bengaluru-and-cases-could-keep-rising-over-the-next-two-months-says-dr-cn-manjunath/articleshow/76500579.cms>

8.3. Long Haulers

The current understanding on incidence, distribution and possible control of the disease, suggests that a large number of cases will be “mild” and

- ✓ will not need hospitalisation
- ✓ will not need Oxygen and ventilator
- ✓ body temperature may not cross 100° F
- ✓ will not be tested; and If tested, the result may come –ve

This leads to a blasé attitude, especially in young people, that they will either be asymptomatic or dead. This is not quite true. “There is a middle ground where it knocks you of your feet for weeks and you neither die nor have a mild case.”⁸

They will feel exhausted. Very simple tasks like reading a book or standing in the shower will leave them tired. They will lose their pre-infection energy levels. This can last for 90 days or more. “Mild” and asymptomatic victims of COVID-19 may not lead a normal life for a very long time to come. They are called Long Haulers, and we already have many thousands today.

8.4. Killing Inferno

In the second half of the 19th century, scientists had already discovered a phenomenon called “passage” wherein a virus alters its ferocity when passing from organism to organism. Its virulence stabilises and even recedes when jumping from species to species. This is because it does not want to kill its host and commit *hara-kiri*. It prevents self-destruction through rapid mutation and altering the shape of its protein envelope – i.e. the shape of the sheath in which the 3-8 RNA strand is contained. “Shape” is the three-dimensional language through which the Human immune system recognises antigens (proteins on the surface of invading pathogens) as friend or foe.

Every new case of the infection adds not only to the *extent* but also to the *intensity* of the epidemic. After numerous “passages”, once it becomes efficient in reproducing itself in Humans, it forges itself into a killing inferno. A malevolent outbreak awaits.⁹

8.5. The Second Wave

100 years back, about two years after a milder form of the epidemic spread worldwide, the pandemic struck in a second wave, decimating populations. Has the epidemiology changed? Do science, technology and medicines offer us better control?

And the biggest questions of all. After an initial onslaught in December/January, is the current form we are now witnessing in mid-2020 more benign? Will the decimation of the demography, a couple of years down the line, be indiscriminate? Does the virus recognise social stratifications? Have those who could afford to stay in their bubbles during the first wave developed any immunity at all? Do the mildly exposed – i.e. those from the poor caste-class who did not become critically ill – stand a better chance if and when the second wave hits?

⁸ <https://www.theatlantic.com/health/archive/2020/06/covid-19-coronavirus-longterm-symptoms-months/612679/>

⁹ Paraphrased from John M. Barry’s seminal work “The Great Influenza”.

8.6. Sudden Death

I ask these questions not out of any morbid curiosity. But because we observe a strange epidemiology both now as well as 100 years back. Young, healthy persons in the 20-35 age group suddenly fall victim to the pandemic, without any lingering warning, and then die within 2-12 hours.

White blood cells release proteins called cytokines. There are many different kinds of white blood cells, and just as many kinds of cytokines. Each respond to the invasion of a particular pathogen by producing antibodies. Cytokines are deadly poisons. Headache, body ache and fever are caused not by the invading pathogen, but by cytokines. They can cause more serious and permanent damage as well.

The immune system is generally strong in this demography. When a viral infection sets in, it immediately responds with vigour. Unfortunately, it is not just strong but also inexperienced and overenthusiastic. It responds disproportionately without any sense of balance.

The Human body's own immune system – proteins released by white blood cells – carries out a massive attack using every lethal weapon it possesses. It is this “cytokine storm” that, against the face of all sociological reasoning, results in sudden death in strong and otherwise healthy youngsters.¹⁰

9. The Post COVID World

Speculations on the post COVID-19 world are highly premature. The pandemic has not run its course and, if the earlier one of the past century is any indicator, we are still at a very early stage. Whatever we now conjure is solely based on past experience and a limited comprehension of the current first wave.

When coming out of Lockdown, in Unlock 1.0, we notice a “peaking” of incidence. The Second Wave is not the same as this Peak, and I do not necessarily suggest that there will be a second wave. In the first wave, a large number got mildly and moderately infected, many without symptoms, and became carriers. Vulnerable people in the severely infected category died.

9.1. Health

Medicine is a chemical compound that destroys the invading pathogen. Developing medical treatment for a specific disease takes ages. The scientific process follows a very strict discipline. Fortunately, as Albert Einstein often commented, *scientists have an instinct for what matters and the ability to pursue it vertically and connect it horizontally.*

The tedious pathway for scientists to find an actual cure for a new disease is fairly well established:

- i. Understand the Epidemiology – i.e. how it behaves and spreads
- ii. Learn its Pathology – i.e. what it does within the body and the precise course of the disease
- iii. Know the Pathogen – i.e. which microorganism causes the disease

In the meanwhile, medicines for symptomatic and opportunistic conditions may already exist. Physicians, through trying different lines of treatment, will use their imagination to “discover” them. But science has an advantage over dogma. It acknowledges ignorance, shortfalls and failure with grace and aplomb. Science is not apologetic when, during the long and tedious search for answers, it tries to facilitate the Human body to itself fight the disease – protection with vaccine and cure with antiserum.

¹⁰ Biocon has just released an Itolizumab drug to tone down the immune system and treat cytokine storms.

9.1.1. Vaccine

Many vaccines are the weakened, but fully virulent antigen. This immediately explains the extreme caution with which any vaccine needs to be developed.

The COVID-19 pandemic will run its course for at least 12-18 months till a proven vaccine is developed, tested and manufactured. It will take another decade for the vaccine to be constantly updated, administered to 7 billion people and become effective against many mutations that the virus will undergo. Herd immunity may gradually develop. In the meanwhile, antigen drift will continue. It is anyone's guess as to whether it will mutate to a more virulent state or benign; whether our immune system will be able to cope or not.

But there is a ray of hope. There is a mathematical concept called Reversion to the Mean which says that no phenomenon will stay at its extreme for very long. After playing havoc, it will revert to a placid balance. This is not a law; certainly not a part of medical science. Just a musing to bring a semblance of cheer to our tortured minds.

9.1.2. Antiserum

Patients who fully recover from a disease develop antibodies that offer partial protection against further infection. When their blood is separated into its solid and liquid components, a clear yellowish liquid containing these antibodies is obtained. When administered to an active patient, plasma therapy stimulates her immune system to carry out a stronger attack on the virus' antigen. In effect, we allow the body to cure itself.

Plasma therapy is not a final cure. It is just a stopgap measure till scientists find a medicine (a chemical compound) to destroy the virus itself.

9.2. Economy

In economic recovery there will be huge variation from country to country. To varying degrees, we will witness a depopulation in select sections of the population, shrinking of the global economy, spurt to technology, and radically altered directions in global supply chains.

I still belong to the old school that believes that labour is the basic determinant of value and wealth. This position is tinged with the more new-fangled faith in participatory democracy. Let me therefore share my thoughts on the workforce.

Construction, manufacturing and even many service sectors depended on migrant workers from across the length and breadth of the country. There is a palpable trust deficit in young people who left their native towns and villages with dreams of economic improvement and social progress. They feel betrayed by their employers, governments and everyone. Even highly laudable actions like the distribution of food packets only serve to remind them of the dehumanised status they have been reduced to – animals to be fed and kept alive.

Initially, there will be a severe shortage of semi and unskilled labour in cities that attempt economic recovery. City exposed returnees will try to modernise family farming when they reach their villages. We will hear of many creative innovations in the countryside, limited only by investment capacity.

Poverty and lack of opportunities will eventually force Migrant workers to return to the cities. But, for a long time to come, it will not be with the same excitement and enthusiasm they had when they first arrived. The mood and disposition of the workforce is a major factor in efficiency and quality. The elite and their State will take a while to realise that a disaffected and distrustful labour is not going to produce world class and globally competitive goods and services.

9.3. Social

To believe that the post COVID world will be very different is, in my opinion, farfetched. If it were to be so, promiscuity and intravenous drug abuse would have disappeared after the HIV-AIDS epidemic. I am unable to picture everyone wearing masks, or washing hands after every Human contact, or not touching surfaces that may be contaminated for 2 to 5 days, or breaking the instinctive reflex of touching one's face 16-23 times every hour, for any extended period of time. Even maintaining social distance, as prescribed by the far more surreptitiously argued and firmly rooted caste system, came to be observed more in the exception than rule insofar as day to day life was concerned.

Some ask if there will not be more cooperation and an increased sense of community when everyone realise how interdependent we are on each other. I think not. *Au contraire*, I observe an increase in resentment and distrust. Social structures promoting segregation will stay intact. But it is possible that class and community solidarity will increase *within* each caste-class. Internationally, the prospect of altered power balances will create strife of another kind.

9.4. Humans

The historian Yuval Noah Harari suggests that the global shock will be disruptive. It will kickstart the emergence of Homo Deus. *Some* Humans will become gods and *their* wellness and wellbeing will dominate. This will be reserved for a tiny elite with the rest converted to a "Useless Class". Intelligence, emotions, values, feelings and free-will – Humanism – will die.¹¹

10. Migrants

India was under Lockdown for 67 days. After 40 days of virtual imprisonment of the entire population, authorities took a decision NOT to send Migrant workers back to their home states. A few days later, succumbing to public outrage, that decision was reversed. But the damage was done. Desperate Migrant workers were already on the move. They started their long treks home.

10.1. Life under Lockdown

For more than 2 months there was no work. Construction and factory floor workers were summarily terminated. Within weeks, it was the turn of managers and supervisors. Very soon, a levelling took place and all "outsiders" were in the same predicament. Some employers helped them for 10-15 days. After that, neighbours started giving a little food and small necessities.

At first it was slumlords who started evicting them from sheds and shanties. Then it was owners of one room tenements who themselves were cash strapped, though it is a mystery how empty rooms would fetch them a rental income when there were no takers. Many Samaritans, self-help groups and city-based organisations distributed dry rations and cooked food. This went on and on, with no end in sight. After 2 months Migrants realised that they couldn't forever survive on charity and goodwill. That's when they started talking to each other about walking back home.

Teenagers and youngsters were the first to leave. "We were not scared. We saw on our neighbour's TVs that others were doing it. We are strong. But how long will our strength last if we continue like this? We pooled our money and decided to walk as a group. Our Mothers had saved the little we sent home every month these past years. They sent it back to us and our pot grew bigger."

Whatever money they had sent home was sent back for them to just survive and return safe. Choice migration to improve family prospects didn't make financial sense any longer.

¹¹ <https://brandgenetics.com/speed-summary-homo-deus-a-brief-history-of-tomorrow/>

The next major group to be hit hard were domestic workers, men as well as women. Middle-class employers could no longer afford helpers, maids and gardeners. Entire families started walking. They had a severe handicap. There was no one at their destination who could send them some money. The plight of these families, especially women and children, is pathetic.

10.2. Life as Migrant Workers

Life before Lockdown was not particularly rosy. Most of them had slogged under unsafe working conditions on shaky scaffolds 150 feet high in the sky, operated machines with no safety guards, as delivery boys under the scorching sun and in pouring rain, screwed up their biological clocks as night watchmen and security guards, as shop assistants and parking attendants, and the like. In spite of their hard work and sincerity they had always been the invisible lot.

Migrant workers relate a roller coaster of emotions. When working, at their workplaces, they were heroes appreciated by one and all for their fantastic skills, “Wow! It must be a Rajasthani gang that has laid this beautiful marble floor!” and “Such finishing could only have been by *Chunna* plasterers from Agra!” were remarks that swelled their chests with pride. But the moment a job was finished and they stepped outside the workplace, things couldn’t be more different.

Relaxing at street corners, window shopping on an upscale street, waiting outside the cinema hall, or even during tame everyday confrontations with locals, they were suddenly transformed into unwanted outsiders. They had no identity. Suffering and humiliation was always around the corner. They would be the first ones rounded up in any crime investigation. In between jobs, when employers didn’t provide accommodation or when they ran out of rent money, they had to find safe places to sleep without the police harassing them more than once or twice a night. They needed to know which health centres treated them humanely. And who would give them a little money when they begged for assistance.

Many a moment, memories of poverty, deprivation, caste insults and a general sense of hopelessness they had escaped from in their native villages would be forgotten. Homesickness hit them hard. Yet, with bleary eyes after a sleepless night, they went back to work and put aside silly emotions.

10.3. The Long Walk Home

Lockdown, arguably a medical necessity with doubtful outcomes, has not snatched away the fundamental right to life of the rich, the middle class and the housed. Except that of Migrant workers. They are not free to go home. Walking back thousands of kilometres is not just a physical exertion which, under other circumstances would have been lauded as admirable and received support and applause. Today, it has become a criminal offence.

They have to be wary of Highway checkpoints and take detours on village routes they didn’t know existed, only to accidentally re-join the Highway many hours later. Some did not even know which way they were headed. Only after covering several hundred kilometres did some kindly soul point them in the right direction.

Evidently, these checkpoints are manned and operate only sporadically, since no one takes screening to prevent the spread of the virus very seriously. Confronting travellers and instilling nervous anxiety is just one more demonstration of officialdom. Many Migrants do not encounter anyone to stop them. But those cursed with ill luck, who were always in the wrong spot at the wrong time, are thrashed and sent back at every single checkpoint. They arrive at inter-state borders in terrible fright and apprehension, a shattered lot with bruised bodies.

Some are lucky. They either have the exorbitant fare or are assisted to hitch rides in half empty trucks for at least a part of their journey. Others hit the jackpot when kindly authorities put them on sporadic *Shramik* trains, free of fare, to go all the way to their home states. But most walk.

They encounter good souls as well as the wicked. Roadside hotels do not serve stigmatised Migrants, even when they have a few Rupees in their pocket. Some have food and water packets thrown at them by helpful Samaritans maintaining “social distance”. Others fall by the roadside.

Pre-monsoon showers have started. Should they catch a common cold, have an ordinary fever or running nose, inept screening by inadequately trained health workers and prejudiced authorities will land them in some squalid quarantine centre without any testing or treatment.

None of them are good planners or money managers. They have no clue as to how many days their journey will take, how much they will have to spend on food and occasional rides, who they will have to bribe, nothing. What they do have is the brazen bravado of youth. A quality we pray they do not lose since they will need it in large measures if they are to reach home safe and sound.

10.4. Official Arrangements

Senior authorities claim that they simply stop them from walking, transport them to Migrant shelters, screen and send them to their respective states on *Shramik* trains and buses. This may be so on paper, but the reality is that most are simply *lathi* charged and chased back. A few are loaded onto police vans, driven 5-6 kms in the opposite direction, and then let out with more canings.

Before daring to undertake the arduous trek, many voluntarily go to one of the much-touted Migrant centre in their cities, register themselves and wait. After 1-2 days, they are chased out by authorities to make room for fresh arrivals since they need to fill more names in their registered and show numbers. Hapless Migrants go to another shelter and the same thing happens.

After a few attempts, they give up. “Each time, from each holding camp, the police themselves chased us away. We went to the next station, the next camp. We have been doing this 5 or 6 times from 3rd May.”

When we lauded the Anantapur authorities for picking up Migrants passing through town, feeding and putting them on *Shramik* trains, a border checkpoint policeman gave a sardonic look, “That’s all stopped, Sir. It was just for two days to make a show that the government cares for these poor souls.”

10.5. State Response

The so-called Migrant crisis will not be solved and there will be no slowing down of youth opting to walk home, till three governmental measures kick into place.

10.5.1. Free Travel on Buses and Trains

Every single Migrant, irrespective of what job they held and how much salary they earned 2-3 months back, has been levelled to pauperisation. Only those whose families reverse-remit moneys from their home states may possibly be able to afford bus and train fares.

This first was perfunctorily met by a few state governments for a few days when trains and buses ferried Migrants free of cost. Then, with the excuse that there were no takers, trains were cancelled. This may well be true since, unless the second and third requirements are simultaneously met, Migrants simply cannot board the trains.

10.5.2. Stop Eligibility Screening of Migrants

Secondly, eligibility screening of Migrants should immediately be done away with. We have all seen visuals of 2-3 officials sitting behind their desks to “register” fifty thousand Migrants. Renowned

economists have proved that it is cheaper to make a benefit universal than to try and determine who is eligible and who is not. It doesn't require any great application of mind to realise that no one in their right senses wants to go to a village in Chhattisgarh unless they came from there and want to return home.

Time and time again, Eligibility Screening has turned out to be an extremely expensive exercise that merely causes inordinate delays and gives poor results. All it does is provide a cheap thrill, a headrush of power, to petty officials and provide them with a perfect excuse for non-performance.

10.5.3. Pragmatic Physical Distancing Measures

Thirdly, physical distancing measures need to become more pragmatic. A huge train can surely carry more than a thousand passengers. While medical screening may certainly be needed, merely checking temperature is a mindless exercise.

Maintaining physical distance on trains and buses is ludicrous when thousands are corralled by the dozens into unhygienic holding centres, crammed together outside registration offices, and once again stampede at railway stations and bus stands. Contrast these chaotic scenes with that at airports that have recently reopened. It's high time this absurd pretence is done away with and physical distancing norms re-examined for pragmatic practicality.

10.6. ADATS Interactions with Migrants

On 10 May 2020, when large groups of Migrant workers started arriving at the Karnataka-AP border, at our very doorsteps, ADATS started going out every evening to assist them in some small tiny measure.

We used the socio-political presence we enjoy in the region to put in place an "arrangement" for Migrants to smoothly cross over, and also reduce their harassment *en route* from Bangalore to here.

Police on both sides of the border allowed a reasonable override of standard rules and procedures. They listened when we gently suggested that many SOP's they are asked to follow were ill-conceived and counterproductive. They quickly understood that forcible prevention would pile up huge and soon unmanageable crowds of frustrated youngsters in their precincts. Their biggest nightmare was scared Migrants dispersing into the surrounding countryside. They agreed that it pays greater dividends to earn the goodwill of the Migrants and facilitate a smooth and orderly passage.

Please see a compilation of emails we sent out to friends and well-wishers on our daily interactions and learning from some of the bravest youngsters we've ever met.

<https://www.adats.com/documents/book5/download/0519.pdf>

After three weeks, at the end of May 2020, we said:

"Decision makers and authorities of every ilk have had their day for 85 days, through 4 Lockdowns. If they don't have the elegance and grace to revisit protocols that aren't working, let them simply open up the Highways to let devastated Migrants walk on, unhindered. Just allow free inter-state movement and let them return home, without harassment, any which way they can. Daring to undertake a thousand-kilometre trek is punishment enough for no crime of theirs, without additional abuse, beating and stigmatisation."

Taking *suo motu* cognizance of the plight of migrants, the hon'ble Supreme Court of India ruled on 9 June 2020:

- 1) All necessary steps including identification of stranded migrants willing to return to their native place to be done within 15 days.

- 2) In addition to the 171 trains required as on date, if any additional Shramik trains are needed a request to be made to Indian railways and trains are to be provided within 24 hours
- 3) Central Government to declare all schemes which the migrants can avail, including employment schemes- State and UTs will also do so.
- 4) Details of all those who have returned to their native place needs to be maintained village wise block wise
- 5) Counselling centres/ help desk to be maintained for providing necessary information relating to employment etc by all States and UT
- 6) Counselling centres to also provide information to those who have returned and are willing to go back
- 7) All prosecution lodged against the migrants under the DMA for moving on the roads to be withdrawn

2,085 Migrants we interacted with have left an indelible mark on our psyche, our opinions, our likes, our dislikes, our understanding of society, our very definition of humanity, far more than any ideological conviction hitherto has. Each and every one of us is transformed in manners that we ourselves cannot fathom.

Bagepalli,
13 July 2020