

Press Statement on Covid19 Epidemic

World Health Day, 7 April 2020

Jan Swasthya Abhiyan (JSA) & All India Peoples Science Network (AIPSN)

On the occasion of World Health Day, JSA and AIPSN seek to draw attention to the current status of the COVID-19 pandemic in India and the Government's response to it. There are three inter-related crises at play at this time:

- a public health crisis due to gaps in the COVID19 strategy
- a high level of stigmatization and brutality in the anti-COVID19 measures
- a social and economic crisis precipitated by the nation-wide lockdown

It is now evident that the lockdown was imposed without forethought and planning for the requirements of a large proportion of people, especially of migrant workers, daily wage earners, unorganized sector workers, self-employed and those involved in agriculture, animal husbandry, fisheries and non-timber forest produce collection, depriving them of their right to food and livelihood. The lack of shelter, relief and support forced an exodus of migrant workers from cities exposing them to infection in crowded and poorly organized quarantine camps, with many left stranded mid-way. There have been huge deprivations in access to essential goods and services including in health care especially for the elderly, disabled and the chronically ill. In the process, even those affected by the disease and health workers in the frontline of caring for them, have faced discrimination, stigma and even violence. In planning responses to the lockdown, its impact on girls, women and gender-diverse persons has largely been invisible. The burden of domestic and care work which is borne by women has been exacerbated by the lockdown. Given the extreme curtailment of movement, girls and women find no respite affecting their physical and mental health further. Violence – verbal, physical, psychological and economic - against women and girls within homes and institutions are reported to have worsened due to the lockdown, also leading to adverse physical and mental health outcomes.

Victim-blaming, criminalising and public shaming of victims of the disease is becoming increasingly common in both media and government actions. We warn that this is unethical and leads to high levels of stigmatization and is counter-productive. The worst example of this has been the blatant communalization of an ill-conceived religious congregation, possibly to divert attention from earlier government failures in tracking foreign nationals who had entered the country and in preventing the huge gathering itself, held over many days under the nose of the police and administration. Stigmatization has led to hostility towards field staff trying to identify those infected, medical personnel treating the disease, workers testing or transporting patients and suspected cases. In many cases this has also led to landlords and housing societies evicting all such people. It leads also to lack of community support and empathy for those affected and dying, and has also led to a number of suicides. The government's Aarogya Setu tracking App also has high potential for further stigmatization.

With respect to decisions related to containment and preparedness, the government is flying blind because it has failed to put in place a testing regime that can provide the evidence to guide policy to check disease spread, and safeguard health workers who are now increasingly getting

infected due to undiagnosed patients. Healthcare workers attending on diagnosed patients are getting infected due to lack of personal protective equipment (PPE). This, in turn, has stimulated public hostility towards all healthcare workers detecting the disease and all patients having the disease that potentially could setback efforts to control the pandemic.

In a belated and hesitant manner, the government has only recently initiated scaling up of the manufacture or import of testing kits, PPE, ventilators and other equipment required for pandemic control. At this rate, most of these are not going to be ready when they are most needed, and this shortage may be used to justify extending this poorly implemented lock-down.

We therefore demand that the government take the following measures:

On Health Systems Preparedness

1. Ramp up scale of testing including rapid testing and organise the testing services such that everyone with symptoms suggestive of COVID19 or who is a contact of a COVID19 patient, even if asymptomatic, can be tested at no cost to patient at either public or private facilities within 12 hours of placing a call and till such time isolation is managed.
2. Ensure that there are earmarked COVID 19 intensive care hospitals and COVID 19 isolation hospitals for every district and cluster of districts, with plans to recruit more capacity if there is a surge. (*ref. 1- JSA-AIPSN statement on health systems preparedness*)
3. Step up indigenous manufacture and where necessary imports of appropriate testing kits, PPE, ventilators, ambulances, Intensive care ancillaries with necessary transfer of technology and financial and technical support in case of imports. (*refs. 2 and 3- JSA statements on scaling up access to free testing and PPE*)
4. Surveillance and treatment should be based on clinical criteria using standard case definitions (for mild, moderate and severe cases) as well as laboratory diagnosis and anonymised, aggregate reports available on central data-bases in the public domain.
5. The healthcare workers have a right to a safe working environment in which they are provided adequate protection equipment so that the risk of them acquiring the disease is reduced substantially.
6. Gag orders put on health workers on speaking to the public, while they continue to risk their lives, and also become vectors of the spread of the disease is unacceptable and should be withdrawn.
7. In a time like this when more hospitals and healthcare workers are required, hospitals may have to be shut down as they are becoming containment zones due to the spread of the disease in the hospitals (In Mumbai, Wockhardt and Jaslok have been shut for this reason). Rationalising definitions of contact and quarantine requirements, early testing and better protective equipment are all essential to ensure that all healthcare including the COVID 19 response are not crippled by such shut downs.

On Stigmatization and Brutality

1. Immediate cessation of messages and practices that are blaming or criminalizing individuals, communities or organizations for becoming infected or contributing to spread of disease. There must be an end to all direct and indirect forms of stigmatization, and to the public messaging and policies that are creating this.

2. Ensure privacy and confidentiality of patients with COVID 19 and desist from causing potential harm to the person who may be infected, by disclosure of their personal details in the public domain. The information collected through the government App should be strictly confidential. Clear instructions should be provided through a Government Order, to not to disclose the names, addresses, religion, place of treatment, occupation, treating doctors and health workers; of all people suspected, at high risk of or infected with COVID-19. Strict guidelines need to be issued to media to prevent the sensationalisation and revealing of names and personal details of the patient and those at risk. (*ref. 4 -Letter to the Health Minister from JSA & AIPSN on privacy and confidentiality*)
3. Stop police brutalities and imprisonment of migrant workers trying to return home, or others who out of sheer necessity need to break stay-at-home restrictions. (*ref. 5- JSA-AIPSN statement on lock down brutalities*)
4. Take strict action against any form of police excess on migrant workers, wage labourers, vendors and others.
5. Immediately ensure access to essential health care that has got crippled due to suspension of services, difficulties in public transport and diversion of health staff, all leading to excessive suffering and increasing the burden of disease and death that communities are already facing. (*ref. 6 - JSA-AIPSN statement on safeguarding essential health services*)
6. Release many categories of prisoners, especially under-trials and those specifically vulnerable to disease, and make adequate arrangements in prisons for social welfare and disease prevention within. (*ref. 7- JSA-AIPSN statement on prisoners and COVID 19*)
7. The government must make arrangements for responding effectively to violence related to the pandemic and its control. Calls to the phone helpline should be responded to immediately; a local response team including for providing first aid, counselling should reach the survivor and coordinate all necessary steps and requirements as per the needs of the girl/woman. For example, transport to a safe space or shelter, as may be identified by the girl/woman. All support services, one-stop centres, etc. should be alerted and advised to respond without delay to such situations of violence.

On the lock-down

1. There should be no further general nation-wide or state wide extensions of the lock-down but only specific evidence-based measures in identified clusters and pockets with adequate safeguards to assure essential services.
2. Where in specific clusters, lock-down is extended to prevent transmission, there should be adequate opportunity and market-linkages and transport for farmers, tribals and forest-dwellers, and fisher-folk to continue with livelihoods, and artisans and self- employed to start up their trades. Adequate arrangements should also be made for access for home delivery of food, ration, medicines, banking and other essentials, especially for the vulnerable. Public transport that these purposes require must be started up as an essential service (*ref. 8- Note on suspension and disruption of public and other transportation*). Those allowed to resume their work should be provided enough information on how to protect themselves from contracting the disease and testing in case symptoms develop and how to ensure that they inadvertently do not spread the disease.
3. The effectiveness of the lock down in achieving physical distancing in Indian rural contexts and in urban slums must be reviewed, and better forms of ensuring physical-distancing devised in consultation with organizations of working people and residential areas.

4. The package of relief measures for the entire unorganized sector must be greatly enhanced and its delivery improved (*refs. 9 and 10- JSA-AIPSN Statements on obligations of state under lock-down and on measures for mitigation of economic crisis*). Similarly the continuation of all food security and food supply arrangements must be implemented in line with the Supreme Court directions on this issue wherever the lock-down is imposed.

References

1. [JSA-AIPSN letter to government on health system preparedness](#)
2. [JSA, AIDAN and AIPSN letter to Prime Minister on scaling up access to free testing and treatment for COVID 19](#)
3. [JSA-AIPSN statement on access to PPEs](#)
4. [JSA-AIPSN Letter to the Health Minister on privacy and confidentiality](#)
5. [JSA-AIPSN statement on lock down brutalities](#)
6. [JSA-AIPSN statement on safeguarding essential health services](#)
7. [JSA -AIPSN statement on prisoners and prisons in times of COVID 19](#)
8. [JSA-AIPSN Note on suspension and disruption of public and other transportation](#)
9. [JSA-AIPSN statement on obligations of government during a lock-down](#)
10. [JSA-AIPSN Statement on measures for mitigation of economic crisis](#)

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