



# INSTITUTE OF SOCIAL AND CULTURAL STUDIES INDIA

## NEWSREEL

Bi-Monthly Bulletin

Volume-I, Issue : 2 || June - July, 2020

### MESSAGE FROM

### **SECRETARY'S DESK:**



An assortment of write-ups in the News Reel with factual information, statistical illustrations, legal discourses, issues of identity crisis, understanding of present and future challenges of South Asian regions post COVID outbreak scrupulously has indeed vested an archival value to it.

Institute of Social and Cultural Studies (ISCS), India through its corridors access researchers, academicians and Ministry forums to present contemporary issues and its impact on sustainability. Institute's array of publications, events, activities and recently launched Bi-Monthly Bulletine, News Reel have acted as intermediary to deliver facts to the multi-sectoral people over coeval issues in-depth.

The sine qua non of the Bulletin is to cater current affairs and latest global news in greater depth and the second issue of News Reel focusing on that point flashes the global impact of Novel Corona Virus or Wuhan Virus beyond the spatial extent. This virus ,emerged from the 'wet market' of Wuhan, the capital of Hubei province of China, affecting the world within months, created a situation like public health emergency of international concern and became pandemic which was confirmed by World Health Organization [WHO] on 11 Feb, 2020.

An assortment of write-ups in the News Reel with factual information, statistical illustrations, legal discourses, issues of identity crisis, understanding of present and future challenges of South Asian regions post COVID outbreak scrupulously has indeed vested an archival value to it.

Furthermore, citing and scrutinizing different succinct civil and diagnostic approaches, medical inventories, community services adopted by some of the worst hit areas worldwide assuredly make it a Must Have Issue. This issue, in fact, is an exegesis of the global deliberation over concurrent situation and instigated actions that are ventured in solidarity to resist the COVID in future.

The Institute also pledges to bring out several other reflections, disquisitions and monographs interpreting the jolt of COVID on economic and socio-cultural gradient for its wide and enthusiastic readers shortly.

Wishing you all a safe stay!!

-Arindam Mukherjee  
Secretary, ISCS, India



# Indian Americans and COVID

**Sandeep Chakravorty\***

New York is the epicenter of the Covid pandemic and it is not surprising, why. The city is the US' window to the world with two international airports and a bustling seaport. Hundreds of international flights come into the city every day and unfortunately, so did the virus. Till date, New York City and the State of New York have been the most affected in the world. A similar situation is developing in the states adjoining New York, namely New Jersey, Connecticut and Massachusetts.

For the Indian Consulate in New York with responsibility of ten states, having mostly high concentration of Indian Americans, it has been a challenging time. An important concern throughout has been the health and well being of the people of Indian origin who normally reside here. Many were affected by the virus and have suffered. While the nationality-wise or ethnicity-wise data is not available, we have enough anecdotal evidence demonstrating that there have been several positive cases and sadly some deaths. One of the main reasons why Indians have been affected is because Indians have been at the forefront of the fight against Covid in the US. Although people of Indian origin constitute less than 1% of the US population, their representation is extremely high in the medical and health sectors of this country. Every 7th doctor in the US is of Indian origin. This has led to the sickness of many who work in such fields.



Indian community relief work during COVID -19, New York

Due to the large population of Indian Americans in the northeast of the US, the region naturally has a big India connection in every sphere, like families visiting, tourists, business travellers or students from India, many of whom were stranded due to the travel ban resulting to the inconvenience of many Indians in US during this time. Thus, it was imperative that the Consulate reach out to them and address their needs. It brings us great satisfaction that we responded to each and every call for help, be it through our helpline or on social media.

The three pronged strategy has been followed by the Consulate. Firstly, we have reached out to all Indians who were stranded here to help them in every possible way, ranging from organizing food, accommodation, medicines as also moral and emotional support. The Consulate's special focus has been on Indian students who have been inconvenienced due to the closure of the dorms of many colleges and universities. To reach out to stranded people we set up a 24x7 Covid helpline and a special facility on our website to respond to Covid related queries.

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# Coronavirus Covid 19: Demographic and Economic Issues and Perspectives

Prof. Dr Rajagopal Dhar Chakraborti \*

**H**istory records infinite number of epidemics and pandemics in China since the days of Han Dynasty (206 BC – AD 24). As the country was closed to the rest of world, its impact was not much known and investigated in the academia. Even then the wide devastations of 1957 "Asian flu" , 1968 "Hong Kong flu" and 1977 "Russian flu", all originated in China could not evade the eyes of China observers. As the country moved for reforms and opened up and connected to the rest of the world through trade and tourism, pandemics no longer remained localized and moved to far-flung areas. Anything that happens in China soon turn into a global phenomenon. The Severe Acute Respiratory Syndrome (SARS-CoV) coronavirus occurred in November 2002 in the Guangdong province of southern China but spread to 30 countries within few months. The current corona virus, identified as COVID-19 a pandemic labeled by WHO on February 11,2020) was first detected and reported by World Health Organisation (WHO) in Wuhan, a large city in Central China on 31 December 2019. The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020. The corona virus COVID-19 has so far affected 210 countries and territories around the world and 2 international conveyances, over 3.7 million got infected and more than 258 thousands died.

## SARS COVID 2002

SARS-CoV is thought to be an animal virus, presumably through bats, that spread to other animals (civet cats) and then infected humans. It is highly likely that the COVID-19 virus too came from bats but first passed through an intermediary animal in the same way as 2002 SARS. The animal that is most implicated as an intermediary host between bats and humans are the pangolin. These endangered species are illegally caught, sold and slaughtered for their meat and the claimed medicinal properties of their scales. The similarities of the two diseases are well known, yet we put these together for general understanding:

1. The source of both outbreaks are the existence of live animal markets in close proximity of densely populated residential areas.

2. The main transmission route is respiratory droplets, though infection through faeces cannot be ruled out.
3. SARS had a median incubation time of about 5 days, for COVID-19 it is slightly higher 7.5days.
4. For both diseases, elderly and people with co morbidities were and are the major victims.

The broad morbidity and mortality of SARS 2002 are summarised in table 1.

**Table 1: SARS -CoV 2002 infection, deaths and recovery**

Country	Cases	Deaths	Recovered	Date last case reported
Australia	5	0	5	12/May/2003
Brazil	1	0	1	9/Jun/2003
Canada	250	38	194	9/Jul/2003
China	5327	348	4941	25/Jun/2003
Hong Kong SAR China	1755	298	1433	11/Jun/2003
Macao SAR China	1	0	1	21/May/2003
Taiwan	671	84	507	19/Jun/2003
Colombia	1	0	1	5/May/2003
Finland	1	0	1	7/May/2003
France	7	1	6	9/May/2003
Germany	10	0	9	4/Jun/2003
India	3	0	3	13/May/2003
Indonesia	2	0	2	23/Apr/2003
Italy	4	0	4	29/Apr/2003
Kuwait	1	0	1	9/Apr/2003
Malaysia	5	2	3	20/May/2003
Mongolia	9	0	9	6/May/2003
New Zealand	1	0	1	30/Apr/2003
Philippines	14	2	12	15/May/2003
Republic of Ireland	1	0	1	21/Mar/2003

Republic of Korea	3	0	3	14/May/2003
Romania	1	0	1	27/Mar/2003
Country	Cases	Deaths	Recovered	Date last case reported
Russian Federation	1	0	0	31/May/2003
Singapore	206	32	172	18/May/2003
South Africa	1	1	0	9/Apr/2003
Spain	1	0	1	2/Apr/2003
Sweden	3	0	3	18/Apr/2003
Switzerland	1	0	1	17/Mar/2003
Thailand	9	2	7	7/Jun/2003
United Kingdom	4	0	4	29/Apr/2003
United States	75	0	67	23/Jun/2003
Viet Nam	63	5	58	14/Apr/2003
Total	8437	813	7452	

Source: WHO

As table 1 indicates, the SARS 2002 epidemic reported 8437 cases with 813 deaths, and was eventually brought under control by end June 2003 with first reporting in November 2002. The SARS was localised among the Chinese populations in China and its Special Administrative Regions (Hong Kong, Macao), Taiwan, Canada and Singapore. The pandemic SARS was contained and eventually eradicated by strict enforcement of quarantine and social distancing measures.

### COVID Infection and Deaths

COVID19 infection and transmission are much wider than its antecedents. As on May 06, 2020, 06:51 GMT, 3.73 million people worldwide got infected and these numbers can be placed under two categories: (a) ACTIVE CASES or Currently Infected Patients of 2.23 million and (b) CLOSED CASES of 1.5 million. Within active cases, there are (a.1) Patients with mild conditions (98%) and (a.2) Serious or Critical patients (2%). Among the closed cases, (b.1) 83% (1.25 million) got recovered or discharged and (b.2) 17% (2.58 million) died.

**Table 2: Morbidity and mortality of COVID-19 for continents, most infected and countries with no deaths.**

Continent/Country	Cases	Deaths	No deaths
INTERNATIONAL CONVEYANCES	721	15	Nil
MS Zaandam	9	2	
Diamond Princess	712	13	

AFRICA	50,322	1920	RÉUNION, RWANDA, MADAGASCAR, UGANDA, CENTRAL AFRICAN REPUBLIC, MOZAMBIQUE, SOUTH SUDAN, ERITREA, NAMIBIA, SEYCHELLES, WESTERN SAHARA, COMOROS
South Africa	7,572	148	
Egypt	7,201	452	
Morocco	5,219	181	
Algeria	4,838	470	
Nigeria	2,950	98	
ASIA	588,726	20,480	VIETNAM, CAMBODIA, NEPAL, MACAO, MONGOLIA, TIMOR-LESTE, LAOS, BHUTAN
Turkey	129,491	3,520	
Iran	99,970	6,340	
China	82,883	4,633	
India	49,436	1,695	
Saudi Arabia	30,251	200	
Pakistan	22,550	526	
Singapore	19,410	18	
AUSTRALIA/ OCEANIA	8,467	118	FRENCH POLYNESIA, FIJI, NEW CALEDONIA, PAPUA NEW GUINEA
Australia	6,875	97	
New Zealand	1,488	21	
Europe	1,494,564	144,125	FAEROE ISLANDS, GIBRALTAR, HOLY SEE, LIECHTENSTEIN (1), MONACO(4) . MALTA (5)
Spain	250,561	25,613	
Italy	213,013	29,315	
United Kingdom	194,990	29,427	
France	170,551	25,531	
Germany	167,007	6,993	
Russia	155,370	1,451	
North America	1,348,762	79,704	GRENADA, SAINT LUCIA, ST. VINCENT & GRENADINES, DOMINICA, SAINT KITTS & NEVIS, GREENLAND, SAINT BARTHELEMY, CARIBBEAN NETHERLANDS, ANGUILLA, SAINT PIERRE & MIQUELON
United States	1,237,761	72,275	
Canada	62,046	4,043	
Mexico	26,025	2,507	
South America	238,196	12,023	FALKLAND ISLANDS , FRENCH GUIANA (1) , SURINAME (1)
Brazil	115,953	7,958	
Peru	51,189	1,444	
Ecuador	31,881	1,569	
Chile	22,016	275	
Colombia	8,613	378	
Argentina	5,020	264	

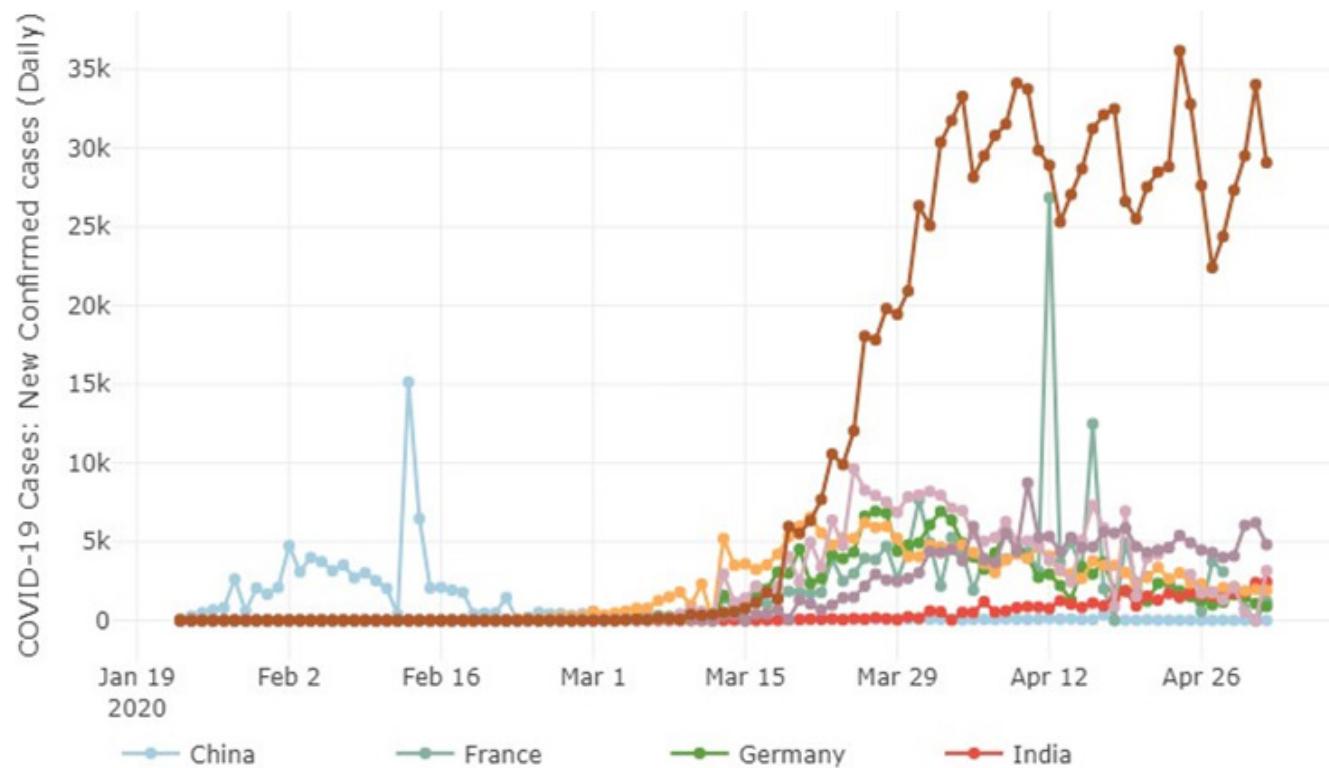
Source: European Centre for Disease Prevention and Control an agency of the European Union and WHO

### Is the virus under control?

Daily new confirmed cases of major affected countries ( China, USA, Italy, France, Spain, UK, Germany and India) have been plotted in Fig1. The USA seems to have reached its peak on 24th April with 36,188 cases, France on 12th April with 26,849 cases, UK on 10th April with 8,733 cases, Italy on 26th March with 6,203 cases, China on 13th February with 15,136 cases. For the world as a whole, the peak is reached on 24th April with 105,825 cases. For India,

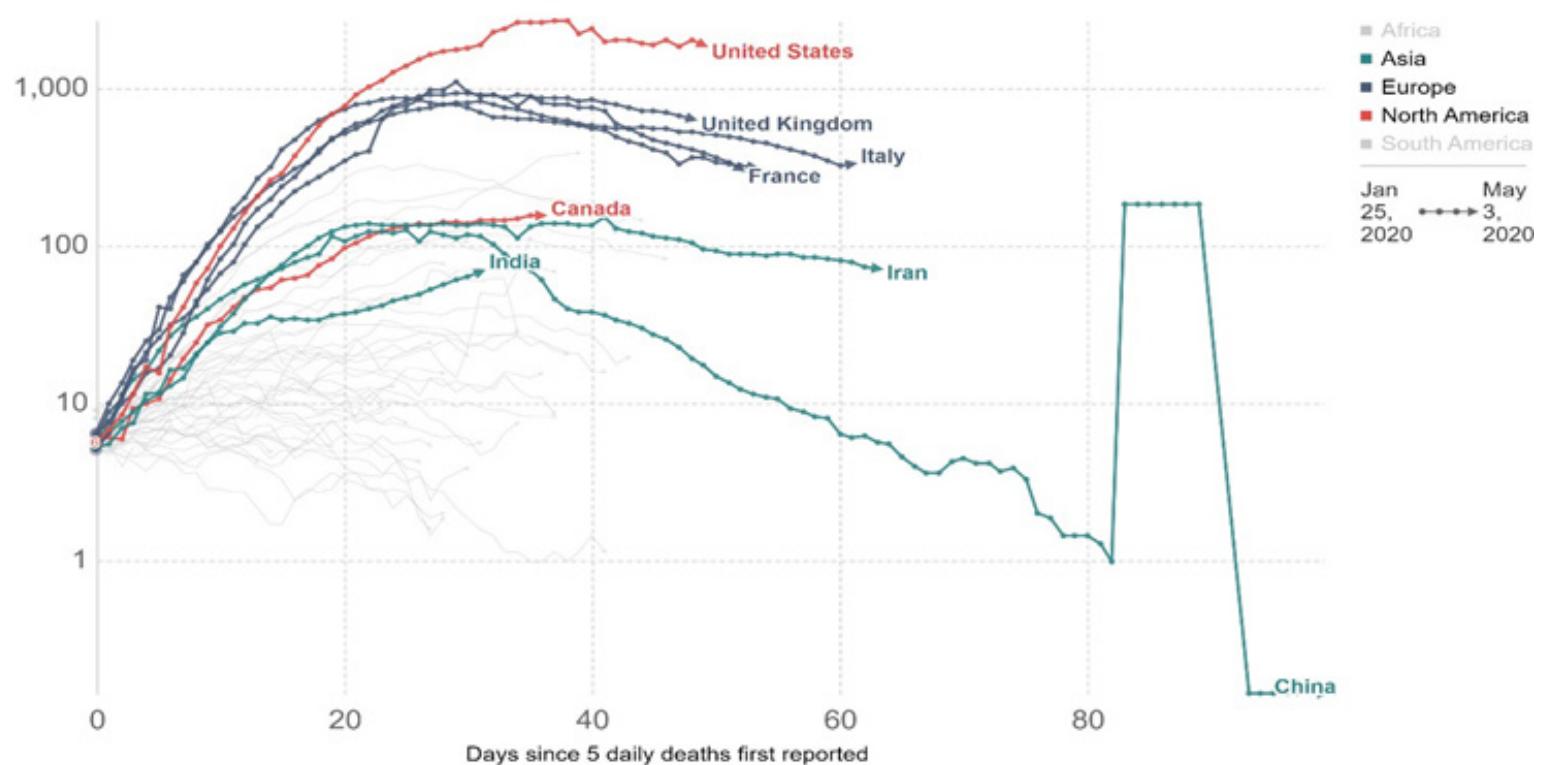
however, confirmed cases continue to rise. Indian confirmed cases thought to be at its peak on 2nd May with 2,394 cases. At the same time, it is true that the virus came to India much later than other countries. The first case was reported on 12th March 2020 in India while it was on 16th February in France, 21st February in Italy, 29th February in USA, 3rd March in Spain, 9th March in Germany,

**Fig 1: Daily confirmed cases COVID19 in Selected Countries from January 19, 2020 to April 26, 2020**



Daily confirmed death cases from COVID19 are shown in Fig 2. As in Fig 1, these curves shown as 7-day rolling average of daily confirmed COVID-19 deaths too show bending downward trends for many countries. The curve is yet to bend down in India and Canada,

**Fig 2: Confirmed Daily COVID19 Deaths in selected countries (7-day rolling average of daily confirmed COVID-19 deaths)**



Source: European CDC – Situation Update Worldwide – Last updated 3rd May, 11:45 (London time)

OurWorldInData.org/coronavirus • CC BY

## How fatal is COVID-19?

To understand, fatality of the COVID 19, we need to estimate Case Fatality Rate (CFR) or simply Mortality Rate of COVID19. To state simply, CFR is a percentage of people dying out of the disease. As Fig 3 clearly establishes, there is no single CFR for any time or region, it is still rising though at a very slow rate. As on 3rd May 2020, the world CFR of COVID19 stood 7.2% while it was 18.8% in France, 15.6% in UK, 13.7% in Italy, 11.8% in European Union. Interestingly Germany is still having a much lower rate 4.1%. Indian fatality is much lower 3.25%. This data can be used to opine how the Indians still have the immunity from the disease. Chinese CFR of COVID 19 on that day is 5.5%. The Report of WHO-China joint mission of 25experts, led by Dr Bruce Aylward of WHO, submitted on 28th February 2020, comments that the overall CFR varies by location and intensity of transmission (5.8% in Wuhan vs. 0.7% in

other areas in China). In China, the overall CFR was higher in the early stages of the outbreak (17.3% for cases with symptom onset from 1-10 January) and has reduced over time to 0.7% for patients with symptom onset after 1 February (Figure 4). China says that the spurt in CFR after 20 April 2020 was due to earlier miscalculation.

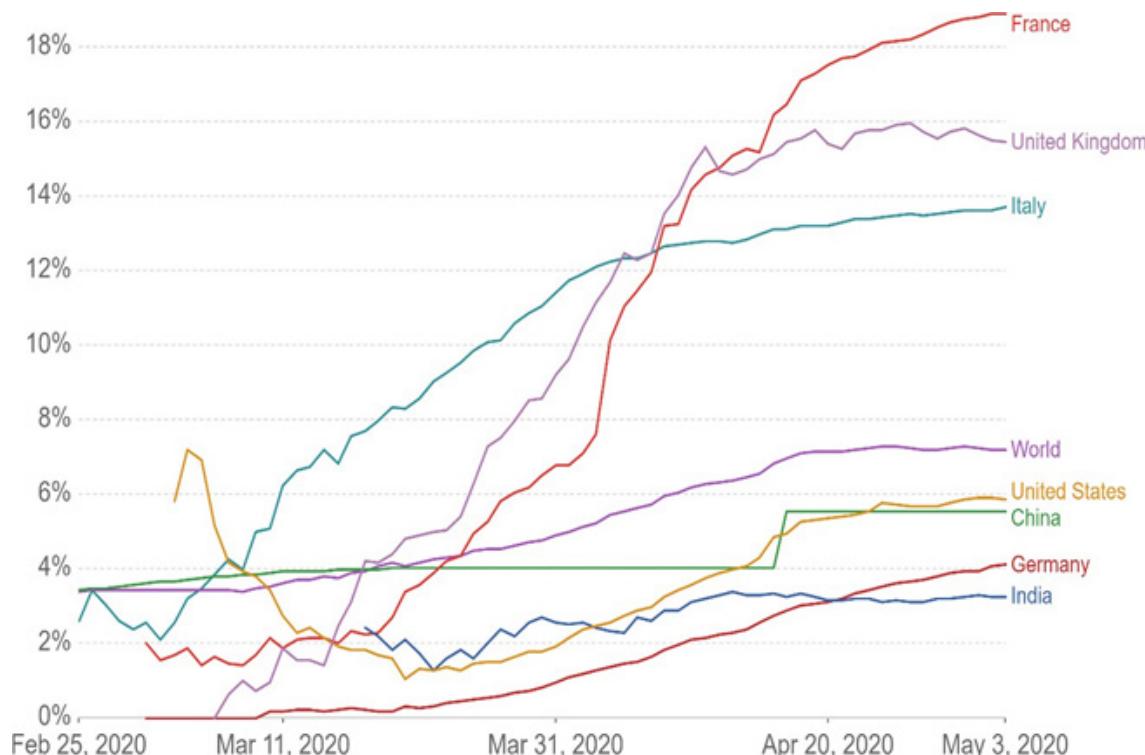
Fig 5 shows Asian and African immunity stronger than those of World, especially European and American levels in fighting against COVID19. Most Asian countries except Indonesia as yet exhibit slower CFR for all the days since the first known than the world average. All Indian neighbors Afghanistan, Bhutan, Nepal (not shown in the graph), Bangladesh, Sri Lanka, and Pakistan have lower CFR. Vietnam and Cambodia have so far exhibited zero CFR from COVID19.

The CFR from Covid 19, as is evident from Table 4, appears to be less fatal compared to other similar flu like epidemics.

Table 3: CFR from Flu like epidemics

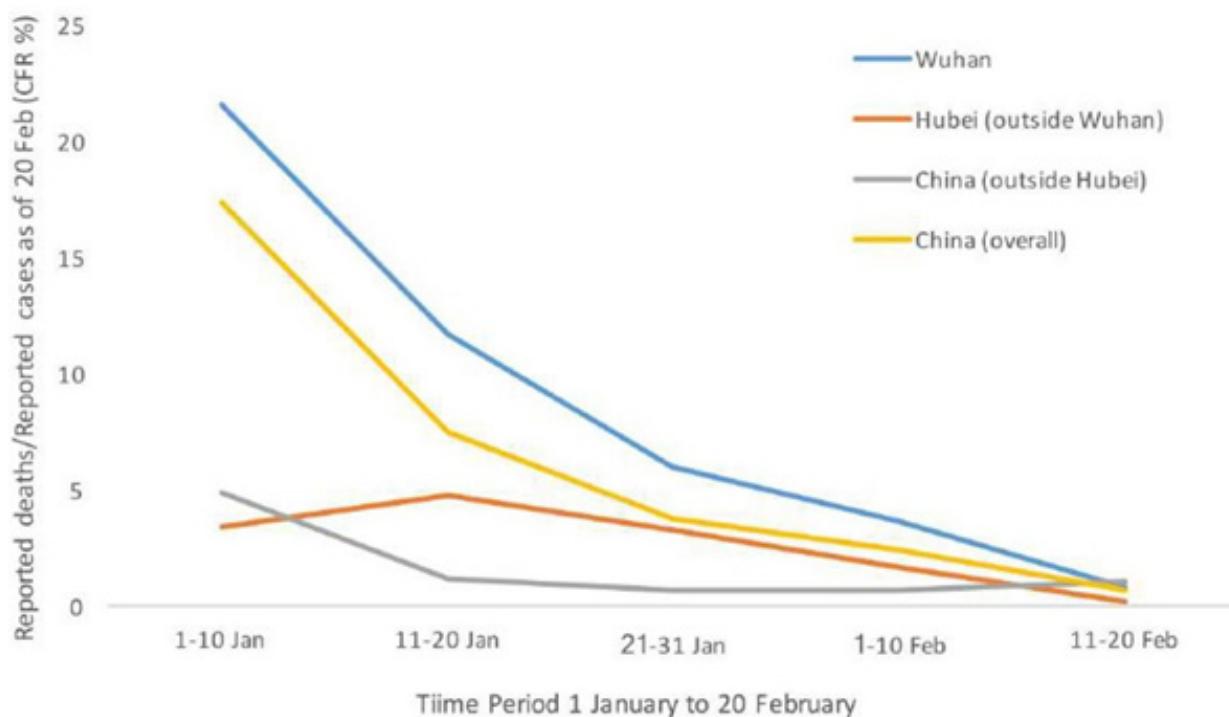
Disease	Estimated CFR	Source
SARS-CoV	10%	SARS-CoV: Venkatesh, S. & Memish, Z.A. (2004). SARS: the new Challenge to international health and travel medicine. <i>EMHJ – Eastern Mediterranean Health Journal</i> , 10 (4-5), 655-662, 2004.
MERS-CoV	34%	Munster, V. J., Koopmans, M., van Doremalen, N., van Riel, D., & de Wit, E. (2020). A novel corona virus emerging in China—key questions for impact assessment. <i>New England Journal of Medicine</i> , 382(8), 692-694.
Seasonal flu (US)	0.1-0.2%	US Center for Disease Control and Prevention (CDC). Influenza Burden, 2018-19.
Ebola	50%	World Health Organization (2020). Ebola virus disease: Factsheet

**Fig 3: Case Fatality Rate of Covid 19 for Selected Countries from February 25, 2020 to May 3, 2020**



Source: European CDC – Situation Update Worldwide – Last updated 3rd May, 11:45 (London time) OurWorldInData.org/coronavirus • CC BY  
Note: Only countries with more than 100 confirmed cases are included.

**Fig 4: Case fatality ratio (reported deaths among total cases) for COVID-19 in China over time and by location, as of 20 February 2020**



CFR-COVID 19 of Indian states are highly diverse. After the admission of COVID death with co-morbidities as COVID death, West Bengal has the highest fatality rate in India

**Table 4: CFR of Covid 19 of Indian states as on 3rd May 2020**

Name of State / UT	Cases	Death	CFR -COVID 19
Andaman and Nicobar Islands	33	0	0
Andhra Pradesh	1583	33	2.08
Arunachal Pradesh	1	0	0
Assam	43	1	2.33
Bihar	503	4	0.795
Chandigarh	94	0	0
Chhattisgarh	57	0	0
Delhi	4549	64	1.41
Goa	7	0	0
Gujarat	5428	290	5.34
Haryana	442	5	1.13
Himachal Pradesh	40	1	1.4
Jammu and Kashmir	701	8	1.14
Jharkhand	115	3	3.12
Karnataka	614	25	4.07
Kerala	500	4	0.8
Ladakh	41	0	0
Madhya Pradesh	2846	156	5.48

Maharashtra	12974	548	4.22
Manipur	2	0	0
Meghalaya	12	1	8.33
Mizoram	1	0	0
Odisha	162	1	0.62
Puducherry	8	0	0
Punjab	1102	21	1.90
Rajasthan	2886	71	2.46
Tamil Nadu	3023	30	0.99
Telengana	1082	29	2.68
Tripura	16	0	0
Uttarakhand	60	0	0
Uttar Pradesh	2645	43	1.62
West Bengal *	963 (1,259)	35 (133)	3.63 (10.56)**
India	42533#	1373	3.23

Source: MoHFW website as on 4th May 2020

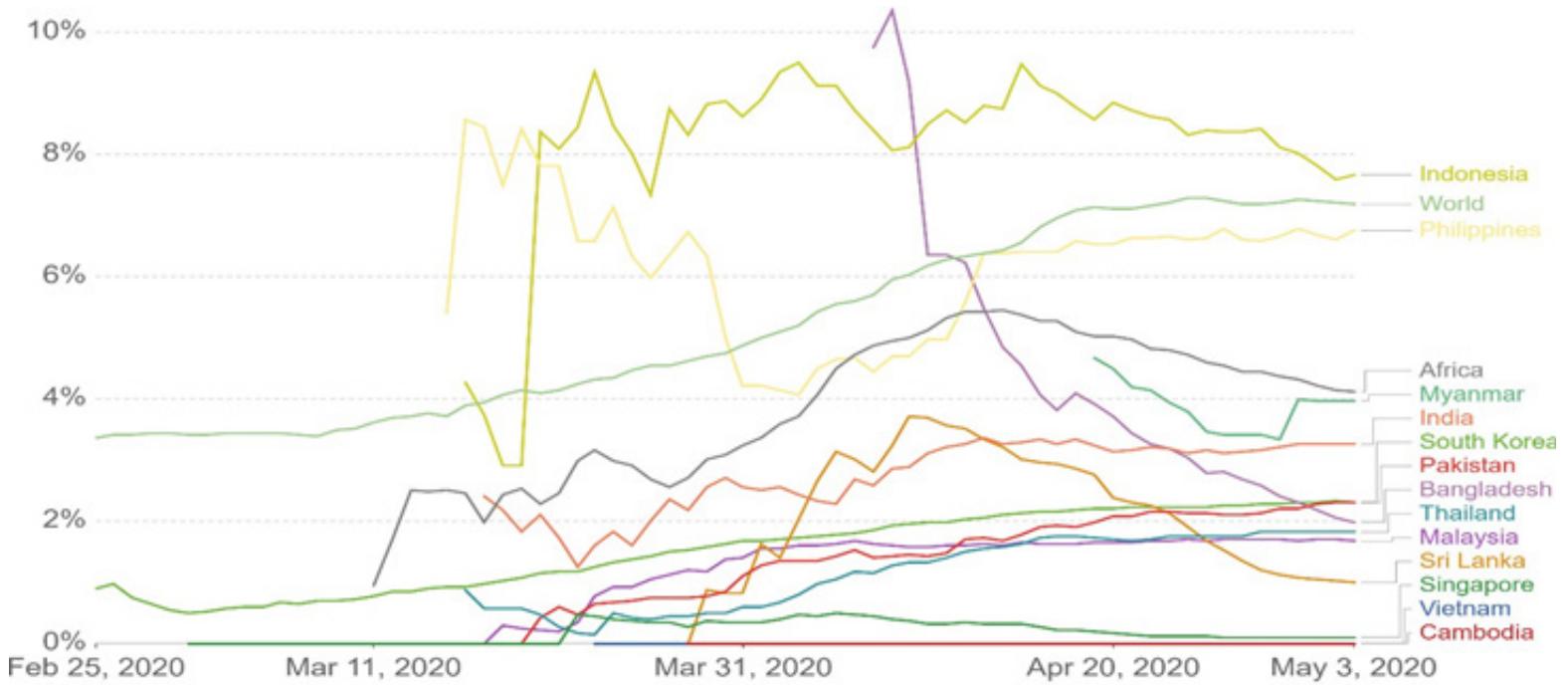
\* For West Bengal, the figure in bracket is the data provided by WEST BENGAL COVID-19 HEALTH BULLETIN 4th MAY 2020, Department of Health & Family Welfare, Govt. of West Bengal.

\*\* The Central Team on Covid 19 investigation (ICMT) Vide letter No IMCT/ COVID/KOLKATA/2020/12 to the CS, GovWB estimates the fatality rate at 12.8%

# including 111 foreign Nationals

**Fig 5: Case Fatality Rate of Selected Asian countries, world and Africa from Feb 25, 2020 to May 3, 2020**

### COVID mortality by ages and co morbidities



By now, we have some information key information linking COVID19 with ages and other morbidities. These are summarised below:

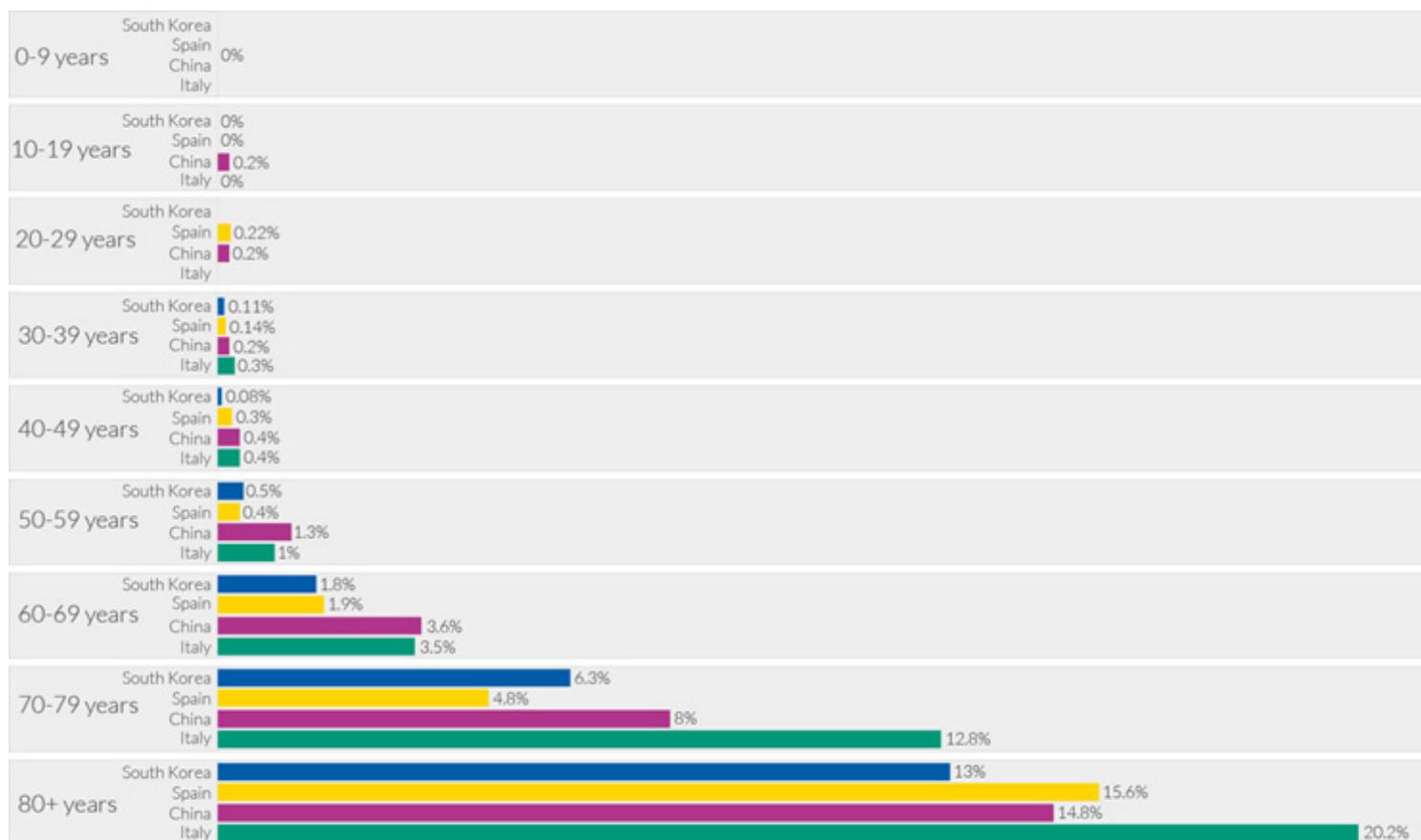
So far, for most infectious diseases young children were at high risk. It is seen that children under five mostly die of malaria. Children and young adults were at the greatest risk from the Great 1919 Spanish Flu, whereas the opposite seems to be true for COVID-19. The elderly are at the greatest risk of dying, if infected with this virus. For India, PIB Press Release of MoHFW dated 30 April 2020 summarises death by ages as follows:

**Table 5: Covid Deaths by ages in India**

Age groups	Deaths %
Less than 45 years	14
45-60	34.8
60-75	42
Above 75	9.2

Fig 5 summarises age for death for several countries

**Fig 6: Covid 19: CFR by ages in selected countries**



Note: Case fatality rates are based on confirmed cases and deaths from COVID-19 as of: 17th February (China); 24th March (Spain); 24th March (South Korea); 17th March (Italy).

Source: ourworldindata.org

- (1) Covid 19 deaths are skewed in favour of males. In India 65% of deaths are male and 35% are female. In China, the CFR is higher among males compared to females (4.7% vs. 2.8%).
- (2) People with co-morbidities have higher casualties. In China patients who reported being retirees had the highest CFR which is 8.9%. While patients who reported no co-morbid conditions had the CFR of 1.4%, patients with co-morbid conditions had much higher rates: 13.2% for those with cardiovascular disease, 9.2% for diabetes, 8.4% for hypertension, 8.0% for chronic respiratory disease, and 7.6% for cancer. Indian data indicates that people with co-morbidities have 78% death rates.

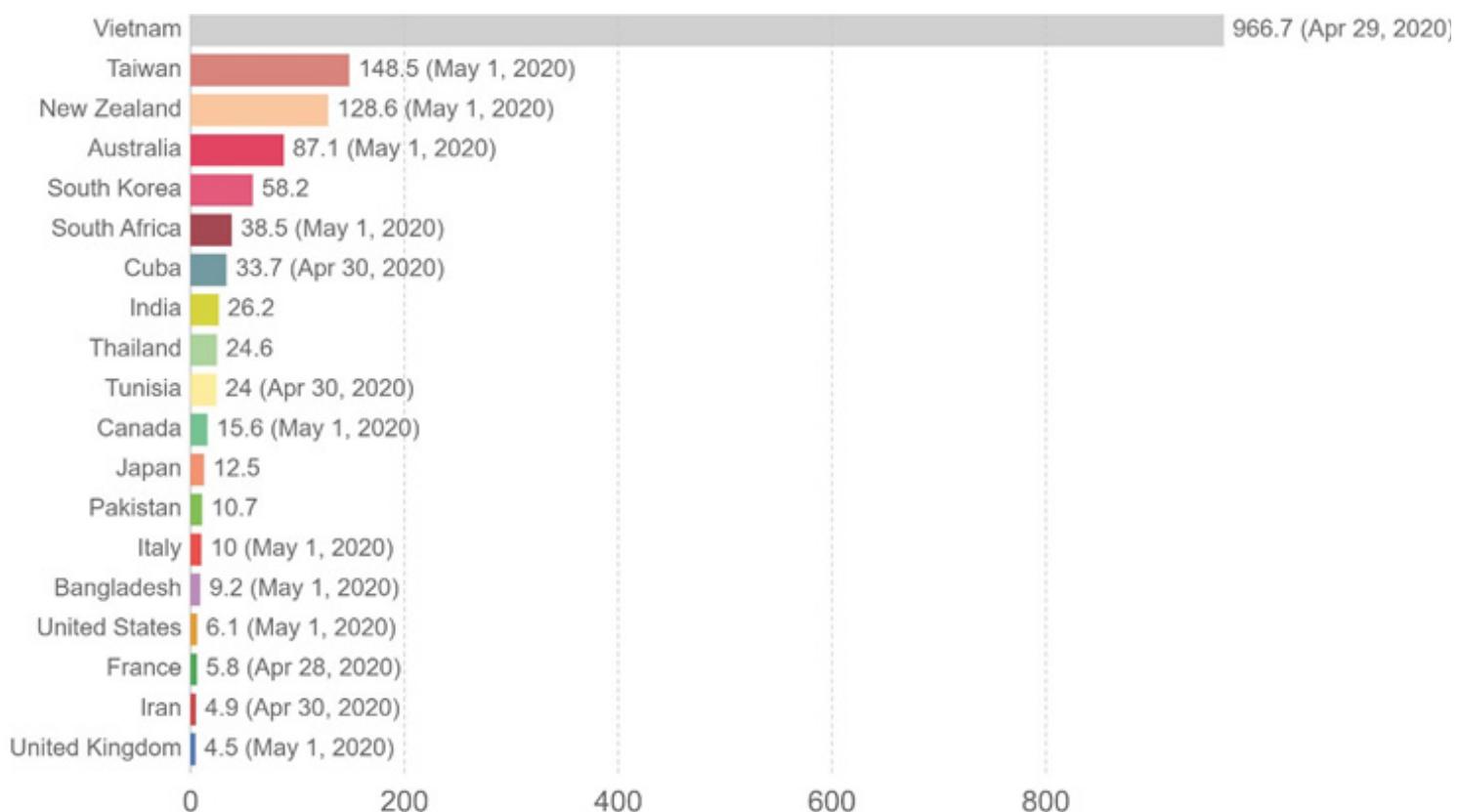
### Covid Testing

To understand how the pandemic progresses, and to respond to the threat through proper interventions, reliable Covid testing is needed. This testing is not a simple symptom check but a laboratory confirmation of the presence of the virus. Two kinds of tests are available for COVID-19: (a) viral tests and (b) antibody tests. Viral

tests check samples from the respiratory system (such as swabs of the inside of the nose) to diagnose whether the person is currently having an infection with COVID-19 virus. Test results vary according to the system followed from one hour to 48 hours. Not everybody needs testing for both clinical and economic reasons. Antibodies are proteins that help fighting off infections. The antibody tests reveal whether the person had any previous infection. Antibody tests are now becoming available through diagnostic labs, though such tests may not be able to show if one is currently infected, because it can take 1-3 weeks for infection to create antibodies. Again health regulatory bodies remain uncertain whether antibodies to the virus can provide immunity against the virus and if so for how long.

While test patterns and protocols vary across countries, Fig 5 gives a comparative estimate on India's performance vis-à-vis other successful COVID affected countries. All the COVID successful countries have done much more tests than COVID affected Europe and America per infected person.

**Fig 7: COVID Tests in selected countries per confirmed case**



Source: Tests: official data collated by Our World in Data. Confirmed cases: European CDC – Situation Update Worldwide

Indian states have different performances on COVID testing. These differences arise as health is a state subject and each state act according to its policy priorities. The role of the central government is essentially one of advisory.

**Table 6: Covid 19 testing statistics by Indian states as on 2 May 2020**

States	Tests	Cases	Deaths	Tests/million	Tests / case
Rajasthan	114,411	2,772	65	4,124	41
Delhi	47,225	3,439	64	2,813	14
Andhra Pradesh	108,403	1,525	33	2,195	71
Tamil Nadu	139,490	2,757	29	1,933	51
Maharashtra	153,125	11,506	521	1,363	13
Haryana	31,200	369	4	1,231	85
Gujarat	74,116	5,054	262	1,226	15
Karnataka	69,730	601	25	1,141	116
Kerala	32,217	499	4	965	65
Odisha	36,593	157	1	796	233
Uttarakhand	7,369	59	43	731	125
Madhya Pradesh	46,578	2,788	156	641	17
Punjab	24,868	772	20	363	32
West Bengal	20,976	922	33	230	23

Source: Ministry of Health and Family Welfare, New Delhi

### Why COVID 19 made much more impacts than SARS

COVID-19 through its origin in Wuhan city and its later transmission to other parts of China and finally to all corners of the world has revealed some of its unique potentials. Some of these peculiarities are summarised below, for better understanding of the disease and policy interventions which might have to be addressed:

1. In 2002, when SARS emerged, China was much occupied in accessing global markets for cheap consumer goods; the country started producing to harness the limitless supply of low-wage workers. Its own consumer market was still in its infancy, so the economy centred on exports of cheap consumer products. Seventeen years later, when Covid-19 invaded China, it has evolved into a global economic powerhouse. Though China's production centers still churn out those simple, low-value products, they have established commands over similar hi-tech smart products. Today, the global supply chain networks depend to a great extent on Chinese components. China has also risen into a gigantic consumer market with 1.4 billion people for consumer goods and services including tourism. In the years since, China's GNI by Atlas Method has multiplied more than eightfold, to nearly \$13.182 trillion in 2018 from \$1.423 trillion in 2002, according to the World Bank. The Center for Strategic and International Studies, Washington estimate shows, the value of China's imports and exports of goods totaling to \$280.9 billion

or 3 percent of global trade in 1995. By 2018, its total trade in goods had jumped to \$4.6 trillion or 12.4 percent of global trade. This makes China the world's largest trader, followed by USA at 11.5 percent of total trade, and distantly Germany at 7.7 percent. China has accessed huge global wealth by maintaining trade surplus for several years at a massive scale. In 2018, China exported \$2.49 trillion in goods while it imported \$2.13 trillion. As China's economy has matured, the demand for services has grown. Between 2000 and 2017, the value of services imported by China grew from \$36 billion to \$470 billion. This means that the rest of the world needs China much more than before for growth and survival. Its GNI per person has multiplied to roughly \$9,460 in 2018 from about \$1,100 in 2002 as per World Bank estimates, giving households enough wealth for wide range of consumer goods.

- China is endowed with a large number of attractions such as historic sites and relics, economic hot spots and all these make the country the most popular travel destinations for international tourists. Table 8 gives an idea of the international travellers' destination for tourism purposes. In 2018, 63 million people came to China compared to only 31 million in 2000. Most tourists from Macao and Hong Kong come to mainland China. If these 94 million tourists (as in 2018 in Table 9) of these two Special Administrative Regions of China are taken into account, over 150 million tourists came to China in 2018. Chinese are also moving out in large number as international tourists than before. There have been fifteen times increase in Chinese tourists since 2000. Chinese tourists today form the largest group in the world. (See table 5). For several centuries, Chinese practised Hukou system, a form of family registration system which discouraged movement of people outside their registered prefect. The system was followed in more vigorous form in Mao era, but the system began to be discontinued as development called for more workers in new urban areas. Urban areas now have allowed more people from other areas. In addition, generation of massive employment and income over the last two decades have facilitated the growth of new class of domestic tourists. The number of domestic tourists which numbered 1,610 million in 2007 jumped to 5,001 million in 2017 according to international data house, Statista GmbH, Germany. All these make China a much susceptible place for communicable disease than before. The total revenue of Chinese travel and tourism industry amounted to 3.94 trillion Yuan as of 2016. The industry contributed 2.1 percent to China's gross domestic product (GDP) and provided around 22.5million jobs. As of 2015, about 65million people were indirectly employed by the tourism sector.

**Table 7: International Tourist arrivals in millions in selected countries**

Country	2000	2010	2015	2016	2017	2018
India	2.6	5.8	13.3	14.6	15.5	17.4
China	31.2	55.7	56.9	59.3	60.7	62.9
France	77.2	76.6	84.5	82.7	86.8	89.3
Spain	46.4	52.7	68.2	75.3	81.9	82.8
Italy	41.2	43.6	50.7	52.4	58.3	61.6
United Kingdom	23.2	28.3	34.4	35.8	37.7	36.3
United States	51.2	60.0	77.8	76.4	77.2	79.7
Macao SAR, China	5.2	11.9	14.3	15.7	17.3	18.5
Hong Kong SAR, China	8.8	20.1	26.7	26.6	27.9	29.3

Source: World Tourism Organization, Yearbook of Tourism Statistics, Compendium of Tourism Statistics and data files

**Table 8: International Tourist departures in millions in selected countries.**

Country Name	2000	2010	2015	2016	2017	2018
China	10.5	57.4	128	135	143	150
France	19.9	25.0	26.6	26.5	29.0	26.9
United States	61.3	61.1	74.2	80.2	87.7	92.5
United Kingdom	..	53.8	64.2	69.4	71.4	70.4
Japan	17.8	16.6	16.2	17.1	17.9	19.0
India	4.4	13.0	20.4	21.9	23.9	26.3
Macao SAR, China	..	.8	1.5	1.3	1.4	1.6
Hong Kong SAR, China	58.9	84..1	89.1	91.8	91.3	92.2

Source: World Tourism Organization, Year book of Tourism Statistics, Compendium of Tourism Statistics and data files

- Wuhan, the epicenter of COVID-19, poses much more serious challenges than the earlier epicenter at Foshan, a small city in Guangdong. Wuhan is now a mega city with more than 11 million people in central China. Wuhan Tianhe International Airport is the busiest airport in central China. The airport served over 20 million passengers in 2016 with direct connection with several big cities in Asia, Europe and America. In order to attract international transit tourists, China has recently allowed passengers from 53 countries when transiting to a third country, to enter China from this airport without a Chinese visa for up to 6days.

- (3) COVID Infection in China coincided with Chinese Spring Festival or New Year. The current Rat year started on 25th January 2020 and lasted till 11th February 2020. Millions of Chinese return home on New Year festival, meet with relatives and friends. This made COVID 19 virus to attract more people and as they returned after New Year to respective work place inside and outside the country, the disease spread like wildfire.
- (4) Mostly communicable diseases are usually identified by symptoms. However, for COVID-19 symptoms are non-specific and the disease appearance can range from no symptoms (asymptomatic) to severe pneumonia and death. While there is no clear idea on the asymptomatic infections mild cases dominate. These makes the identification of the persons infected at the early stage and their isolation and contact tracing extremely difficult.

### **Immediate Economic Impact**

While HIV -AIDS reduced national income and productivity in the affected countries through the loss of middle aged productive population of the countries, COVID19's current loss is through the route of lock down at the global level by restricting movement of people and goods at various levels. Also, there are public costs in the form of health care, quarantine administration, income and food support programs. The estimation of the national loss in India for a two months' lock down would be 448.4 trillion U.S. dollars. India's GNI by Atlas Method, according to World Bank data base is 2,728 trillion US dollar (2018 estimate). Since national income is the sum total of all final good and services in the country in 365 days, the per day estimate is 7.5 trillion U.S. dollars.

### **A. Pauperisation**

While there is no reliable statistics on the size of informal vs formal workforce in the country, the pandemic will hard hit the informal sector. According to ILO database (ILOSTAT) as shared by World Bank, Indian work force has the total of 494 million in 2019 (this was 47.98% of country's population aged 15+). The size of the informal sector varies according to varying estimates: 85% (The Niti Aayog 2014 report, 'OECD India Policy Brief: Education and Skills'); 90% ('Report of the Committee on Unorganised Sector Statistics' of the National Statistical Commission (NSC), 2012); 93% (Economic Survey of 2018-19. ILO (table10) estimates at 88.2%. Taking the lowest of the three, the size of the informal sector is 420 million. They have been hard hit by lock down. This is not the case in Bangladesh, Pakistan and Sri Lanka where informal sectors are still smaller. The COVID19 infection and lockdown impact were much lower there than in India. As yet we have no official information on loss off or mal employment in the country, however, a private think tank and Data Bank in India, Centre for Monitoring Indian Economy has published enormous information on unemployment in India as also on daily, monthly and state wise prevailing unemployment rates.

The month April 2020 which was spent under complete lockdown, produced highest unemployment at almost 25%, which means that every fourth worker in India is without job. Most disturbingly, daily unemployment rate rises as we move to the next day of the lockdown (Table 11). Contrary to all popular perceptions, unemployment rates are extraordinarily high in Southern states of India. Interestingly, Puducherry where only 9 people got affected with no deaths in Covid 19 so far exhibits the highest unemployment rate. The most affected Covid 19 state of India- Maharashtra is moderately affected by unemployment. The states of Meghalaya, Uttarakhand, Telangana, Chhattisgarh, Punjab, Sikkim and Himachal Pradesh still demonstrate unemployment rate at 10 % or below. Covid 19's route of unemployment from the state level data is not yet clear and needs more introspection.

**Table 9: Share of informal employment in total employment (%) in selected countries**

Country	Informal	Formal	Household	Total
India	80.9	6.5	0.8	88.2
Bangladesh	48.9	13.5	26.7	89
Nepal	90.7	3.4	0.2	94.3
Pakistan	77.6	4	0.8	82.4
Sri Lanka	60.6	7.9	2.0	70.4
China	48.4	6	0	54.4

Source: An ILO Report of 2014, Women and Men in the Informal Economy – A Statistical Picture (Third edition).

**Table 10: Statistical Profiles - Unemployment in India, Rural and Urban for last twelve months**

Month	Unemployment Rate (%)		
	India	Urban	Rural
Apr 2020	23.52	24.95	22.89
Mar 2020	8.74	9.35	8.45
Feb 2020	7.78	8.65	7.37
Jan 2020	7.16	9.70	5.97
Dec 2019	7.60	9.02	6.93
Nov 2019	7.23	8.88	6.45
Oct 2019	8.10	8.27	8.02
Sep 2019	7.16	9.62	6.00
Aug 2019	8.19	9.71	7.48
Jul 2019	7.34	8.30	6.90
Jun 2019	7.87	8.26	7.69
May 2019	7.03	8.58	6.30

Source: Centre for Monitoring Indian Economy

Table 11: Daily Unemployment Rate in India 30 day moving average (%) from 12th April to 5th May 2020

	<b>India</b>	<b>Urban</b>	<b>Rural</b>
05 May 2020	24.48	24.96	24.26
04 May 2020	24.18	24.97	23.82
03 May 2020	24.12	25.13	23.66
02 May 2020	23.98	25.05	23.50
01 May 2020	23.72	25.14	23.08
30 Apr 2020	23.68	25.23	22.98
29 Apr 2020	23.46	25.25	22.67
28 Apr 2020	23.58	25.31	22.81
27 Apr 2020	23.70	25.31	22.98
26 Apr 2020	23.55	25.38	22.73
25 Apr 2020	23.56	25.46	22.71
24 Apr 2020	23.62	25.56	22.75
23 Apr 2020	23.66	25.82	22.70
22 Apr 2020	23.79	25.88	22.86
21 Apr 2020	23.53	25.71	22.56
20 Apr 2020	23.61	25.78	22.65
19 Apr 2020	21.58	23.93	20.54
18 Apr 2020	20.34	21.75	19.71
17 Apr 2020	18.69	20.09	18.06
16 Apr 2020	17.83	18.18	17.67
15 Apr 2020	16.64	17.11	16.42
14 Apr 2020	15.57	15.99	15.38
13 Apr 2020	14.54	15.10	14.28
12 Apr 2020	13.53	14.53	13.08

Source: Centre for Monitoring Indian Economy

**Table13: Unemployment Rate (%) in April 2020 by states**

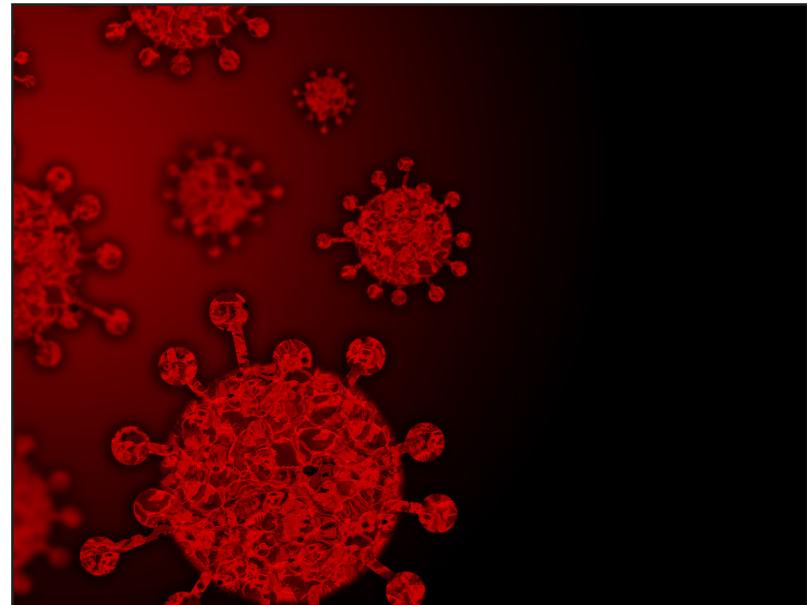
<b>(India)</b>	<b>Apr 2020</b>	<b>States (India)</b>	<b>Apr 2020</b>
Puducherry	75.8	West Bengal	17.4
Tamil Nadu	49.8	Kerala	17.0
Jharkhand	47.1	Delhi	16.7
Bihar	46.6	Goa	13.3
Haryana	43.2	Madhya Pradesh	12.4
Tripura	41.2	Assam	11.1
Karnataka	29.8	Meghalaya	10.0
Odisha	23.8	Uttarakhand	6.5
Uttar Pradesh	21.5	Telangana	6.2
Maharashtra	20.9	Chhattisgarh	3.4
Andhra Pradesh	20.5	Punjab	2.9
Gujarat	18.7	Sikkim	2.3
Rajasthan	17.7	Himachal Pradesh	2.2

Source: Centre for Monitoring Indian Economy

In United States, the US Bureau of Labor Statistics reports on April 3, 2020, total nonfarm payroll employment dropped by 0.71 million in March, and the unemployment rate rose to 4.4 percent, owing to the effects of the corona virus (COVID-19) and efforts to contain it. Employment in leisure and hospitality fell by half a million, mainly in restaurants and pubs. Employment also dropped in health care and social assistance, professional and business services, retail trade, and construction. The Reuters informed on April 9 that 1.2 million job losers applied for welfare claim in Britain since March 16, as the corona virus outbreak hits the economy. This claim is over eight times larger than the claims are made in normal times. The Guardian reports on 20th April 2020 that some of the UK's biggest employers have cancelled or delayed recruitment schemes and internships owing to corona virus pandemic.

#### A. Economic Recession

The COVID-19 brings recession back to the global economy. The last global recession was the global financial crisis of 2008-09 when hundreds of banks failed, millions lost jobs, share market crashed, housing prices dropped making significant loss of wealth too. The governments intervened with monetary, fiscal policy and direct income support to counter the downturn. This time COVID19 has made whole sectors of the economy to shut down, completely or partially for an uncertain period of time, based on the progress of the disease and the success with a vaccine rolling out in the market. The WTO has made projections about future trade performance based on two distinct scenarios: (1) a relatively optimistic scenario, recession followed by a recovery from June 2020, and (2) a more pessimistic scenario with a stronger recession followed by a prolonged and incomplete recovery, as summarised in Table 11 and Fig8. World merchandise is projected to fall from 13 to 32% in 2020, though 2021 will hopefully see a recovery from 21 to 24 percent. Almost all the regions except Africa, Middle East and Commonwealth of Independent States (CIS) are anticipated to face the trade downfall.



**Table14: Merchandise trade volume and real GDP, 2018-2021<sup>1</sup> Annual % change**

	Historical		Optimistic scenario		Pessimistic scenario	
	2018	2019	2020	2021	2020	2021
<b>Volume of world merchandise trade<sup>2</sup></b>	2.9	-0.1	-12.9	21.3	-31.9	24.0
<b>Exports</b>						
North America	3.8	1.0	-17.1	23.7	-40.9	19.3
South and Central America	0.1	-2.2	-12.9	18.6	-31.3	14.3
Europe	2.0	0.1	-12.2	20.5	-32.8	22.7
Asia	3.7	0.9	-13.5	24.9	-36.2	36.1
Other regions <sup>3</sup>	0.7	-2.9	-8.0	8.6	-8.0	9.3
<b>Imports</b>						
North America	5.2	-0.4	-14.5	27.3	-33.8	29.5
South and Central America	5.3	-2.1	-22.2	23.2	-43.8	19.5
Europe	1.5	0.5	-10.3	19.9	-28.9	24.5
Asia	4.9	-0.6	-11.8	23.1	-31.5	25.1
Other regions <sup>3</sup>	0.3	1.5	-10.0	13.6	-22.6	18.0
<b>Real GDP at market exchange rates</b>	2.9	2.3	-2.5	7.4	-8.8	5.9
North America	2.8	2.2	-3.3	7.2	-9.0	5.1
South and Central America	0.6	0.1	-4.3	6.5	-11.0	4.8
Europe	2.1	1.3	-3.5	6.6	-10.8	5.4
Asia	4.2	3.9	-0.7	8.7	-7.1	7.4
Other regions <sup>3</sup>	2.1	1.7	-1.5	6.0	-6.7	5.2

Note:

1 Figures for 2020 and 2021 are projections.

2 Average of exports and imports.

3 Other regions comprise Africa, Middle East and Commonwealth of Independent States (CIS) including associate and former member States.

Source: WTO Secretariat for trade and consensus estimates for historical GDP. Projections for GDP based on scenarios simulated with WTO Global Trade Model.

The IMF in its World Economic Outlook, April 2020: The Great Lockdown April 2020 projects that the world economy will shrink by 3 percent in 2020, much worse than during the 2008–09 financial crisis. Presuming that COVID 19 impact will get marginalised by the second half of 2020, the global economy is projected to grow by 5.8 percent in 2021. Interestingly, India will have higher growth rate (1.9%) compared to China's (1.2%) in 2020. China will have a robust growth rate of 9.2% in 2021 compared to India's 7.4% and ASEAN growth rate at 7.8%. The IMF projects that ASEAN will have a negative growth rate in 2020.



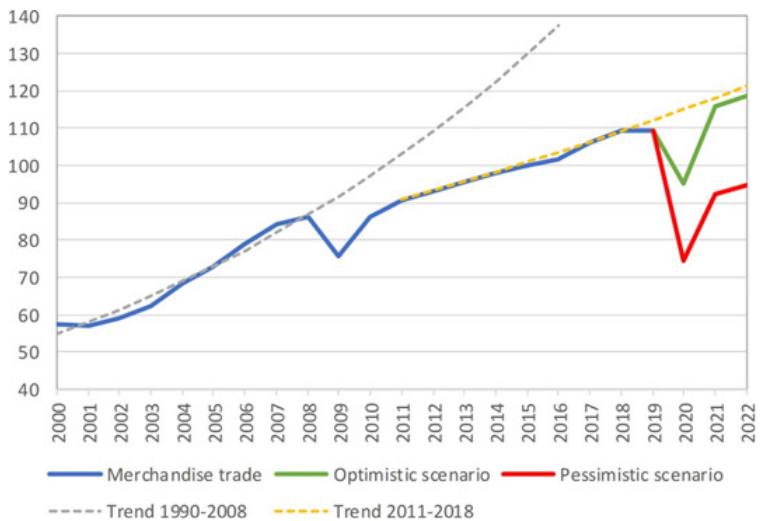
**Table 15: Overview of the World Economic Outlook Projections (Percent change, unless noted otherwise)**

	Projections		
	2019	2020	2021
<b>World Output</b>	<b>2.9</b>	<b>-3.0</b>	<b>5.8</b>
<b>Advanced Economies</b>	<b>1.7</b>	<b>-6.1</b>	<b>4.5</b>
United States	2.3	-5.9	4.7
Euro Area	1.2	-7.5	4.7
Germany	0.6	-7.0	5.2
France	1.3	-7.2	4.5
Italy	0.3	-9.1	4.8
Spain	2.0	-8.0	4.3
Japan	0.7	-5.2	3.0
United Kingdom	1.4	-6.5	4.0
Canada	1.6	-6.2	4.2
Other Advanced Economies <sup>2</sup>	1.7	-4.6	4.5
<b>Emerging Market and Developing Economies</b>	<b>3.7</b>	<b>-1.0</b>	<b>6.6</b>
Emerging and Developing Asia	5.5	1.0	8.5
China	6.1	1.2	9.2
India <sup>3</sup>	4.2	1.9	7.4
ASEAN-5 <sup>4</sup>	4.8	-0.6	7.8
Emerging and Developing Europe	2.1	-5.2	4.2
Russia	1.3	-5.5	3.5
Latin America and the Caribbean	0.1	-5.2	3.4
Brazil	1.1	-5.3	2.9
Mexico	-0.1	-6.6	3.0
Middle East and Central Asia	1.2	-2.8	4.0
Saudi Arabia	0.3	-2.3	2.9
Sub-Saharan Africa	3.1	-1.6	4.1
Nigeria	2.2	-3.4	2.4
South Africa	0.2	-5.8	4.0

Source: IMF staff. Note:

- 1 Difference based on rounded figures for the current, January 2020 WEO Update, and October 2019 WEO forecasts.
- 2 Excludes the Group of Seven (Canada, France, Germany, Italy, Japan, United Kingdom, United States) and euro area countries.
- 3 For India, data and forecasts are presented on a fiscal year basis, and GDP from 2011 onward is based on GDP at market prices with fiscal year 2011/12 as a base year.

**Fig 8: World merchandise trade volume, 2000-2022 Index, 2015=100**



Source: WTO Press Release 8th April 2020

## B. Share Market

A pandemic gives the long term apprehension that economic growth will get a setback for loss of economic activities and the corresponding rise in public expenditures on supportive health care and social responsibilities. The erosion of share values reduce income, saving and consumption. The elderly population who makes an earning through share market, directly or through pension fund invested in share markets. The Nikkei 225 (stock market index for the Tokyo Stock Exchange ), Dow Jones Industrial Average ( stock market index in the United States) and the Financial Times Stock Exchange 100 Index (share index of the 100 companies listed on the London Stock Exchange ) all at the global level have seen huge fall since the outbreak began on 31 December. Indian Nifty 50 and Nifty 500 as prepared by National Stock Exchange have shown decking trends with occasional rise. This volatile nature would continue till the pandemic is contained.

**Table 16 Share Market Changes around the World**

### A. Nikkei 225index

Month	Open	High	Low	Close
Jan/2020	23,204.86	24,083.51	22,977.75	23,205.18
Feb/2020	22,971.94	23,873.59	21,142.96	21,142.96
Mar/2020	21,344.08	21,344.08	16,552.83	18,917.01
Apr/2020	18,065.41	19,897.26	17,818.72	19,783.22

\* Index values are the end-of-day basis.

### B. The Dow Jones Industrial Average (DJIA) 30

Date	Open	High	Low	Close
01-02-2020	28319.65	29568.57	24681.01	25409.36
01-03-2020	25590.51	27102.34	18213.65	21917.16
01-04-2020	21227.38	24264.21	20735.02	23775.27
27-04-2020	23866.15	24207.65	23840.61	24133.78

### C. The Financial Times Stock Exchange 100 Index, also called the FTSE 100Index

Date	Price	Open	High	Low	Volume	Chg%
Apr 2020	5,845.10	5,441.00	5,893.10	5,391.20	792.25M	3.05%
Mar 2020	5,671.96	6,765.04	6,860.05	4,841.50	1.60B	-13.81%
Feb 2020	6,580.61	7,286.01	7,547.65	6,460.08	16.54B	-9.68%

### D. Nifty50

Date	Open	High	Low	Close
28-Jan-2020	12148.10	12163.55	12024.50	12055.80
01-Feb-2020	11939.00	12017.35	11633.30	11661.85
02-Mar-2020	11387.35	11433.00	11036.25	11132.75
01-Apr-2020	8584.10	8588.10	8198.35	8253.80
27-Apr-2020	9259.70	9377.10	9250.35	9282.30

### Nifty50

Date	Open	High	Low	Close
28-Jan-2020	10023.50	10041.05	9934.20	9956.95
01-Feb-2020	9844.90	9918.35	9582.85	9606.05
01-Apr-2020	6995.55	6998.40	6720.45	6761.95
27-Apr-2020	7578.00	7657.65	7572.10	7603.95

Source: Respective websites

### Conclusion

We are yet uncertain about how long the pandemic would continue. Longer it stretches, continues, economic damages would be more but new developments take shape as we pass through stresses and strains giving the opportunity for the economy to bounce back. Idealists are in believe that COVID -19 could be a catalyst behind new economic developments, especially in case of India which can be fostered with opportunities in times when China is lensed as a felon by the world for the COVID-19 outbreak causing China's big time investors and business bastions to make a shift of their stake to some other region. Even then for India to make an appropriate use of forecasted crystal gazing future a well business planner has to be devised for its both formal and informal sector to make a healthy and productive exit route when things fall back to normalcy once again.



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## Slow and Steady Wins the Race: Will India's COVID Diplomacy Succeed?

Dr. Ishani Naskar \*

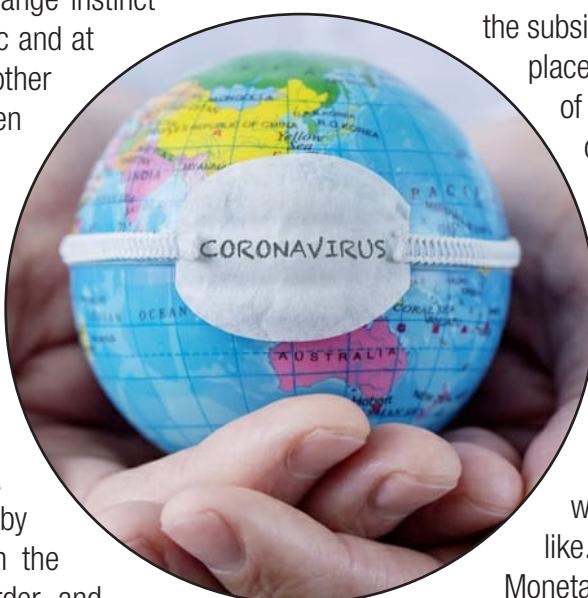
This is not the first time that world has been held prisoner to global pandemics. Ancient historical records have mentioned of 'plagues' but contemporary world is learning of more recent ones like the Spanish Flu and the Asian Flu. During contemporary times, the lethal SARS pandemic indicated the need for more coordinated and cooperative response systems at the global level. The emergence of the recent most version of the Corona Virus viz the COVID19, has had a telling effect on the present order as it were and will have a powerful impact on the international order in the future – the writing is on the wall.

Ever since the indication of a cross-border transmission of this indomitable virus, one is promptly reminded of the threat of non-traditional security discourses that have harped on the need for a coordinated transnational strategy that could address such critical human security crisis. The World Health Organisation (WHO) has been of recent asking states for more coordinated collective responses whilst how that can be chalked out is something still to emerge. The pandemic for one has caught the world in its unprepared worst swiftly spreading its foot print. Apart from the inability to contain and counter the virus, states have shown a strange instinct to become more introvert, more nationalistic and at times aggressive in its posturing vis-a-vis other states. Already the caustic relations between the US and China is at its lowest, European countries like Germany have also made bizarre diplomatic gestures by flinging a hefty expense bill towards China incurred due to Corona attack. The blame game as to the source of the virus has almost overshadowed the need for multilateral response mechanisms aimed at addressing public and economic health – very seriously. As the world is pincered on the one hand by the clench of economic recession and on the other by physical stringency through border and trade controls, it looks like India is fast emerging perhaps as one of the most balanced-approach countries dealing with her

own Corona crisis and is quite willing to play an active responsible role in the international community.

To begin with, the global pandemic that has hit the subcontinent and India as the largest country is also a kind of showcase for other countries far and near hit by the pandemic because of two reasons. The first reason is that India is the second most populated country of the world. The arrival of the virus early this year made many predict a doomsday kind of situation with millions to be affected by leaps and bounds. To the surprise of many such a catastrophic situation has actually not emerged though the challenges continue to be very uphill for the policy makers and executors. The early lockdown (notwithstanding the lapses and other human complications) has to a certain extent helped contain a bushfire kind of situation on the face of it. Thus contrary to the apprehension that millions will succumb to the pandemic, the catastrophe has not struck yet. The second reason is that India is developing economy and a democratic polity; while in comparison China is a fast developing economy and not a democracy at all. Whilst lockdown is a necessity of the hour the economic downturn is apprehended to be huge that will affect

millions of workers in informal sectors and those living at the subsistence level. The state in its effort to put into place an effective lockdown has neither lost sight of the economic impact and the sluggishness of it, nor has lost the humane face trying to address imminent problems like that of the migrant labourers. As India is set to enter the third phase of her nationwide lockdown, the governments both at the central and at the state level are making gradual concessions for a minimum amount of economic activity keeping in mind the hardship of the informal sector workers, migrants, daily wage earners and the like. One should not forget that the International Monetary Fund's prediction for India's growth rate in 2020 is 1.9%. This is in context to the fact that while the developed economies whine and whimper showing negative growth



rate in this global recession, it is India and China that are predicted with positive growth, however modest it may be. Meanwhile, both these Asian giants have undertaken global outreach in assisting other countries in COVID-trouble. Surprisingly, India has taken on to a more proactive position both at the international and regional level.

In the recently completed extraordinary Summit of the G20 countries India's role and strategy in containing the virus has been widely appreciated by the other members of the grouping. India has also launched a cooperation initiative for South Asia within the SAARC framework giving the regional organisation a new lease of life beyond petty bilateral differences. In fact, the virtual conference was hosted by Pakistan where India, as a responsible member, offered a number of suggestions and made commitments to deal with the regional pandemic situation. The Summit has listed setting up of the SAARC COVID-19 Emergency Fund, creation of a dedicated website developed by SAARC Disaster Management Centre in Gandhinagar and promotion of a stand-alone network of health and trade officials for their interaction in real time among the visible practical steps to deal with the pandemic at the regional level. She has also proposed developing an online platform for use by all SAARC countries to exchange information on response mechanism to deal with the pandemic. India's active involvement in the G20 Extraordinary Summit and SAARC Summit reiterates India's belief and commitment towards a multilateral approach to thwart the menace of challenging virus. At the same time India has gained some strategic foresight and has taken somewhat pre-emptive stance vis a vis Chinese diplomacy.

The fact that the deadly virus has come from China, is reflected in the other names as used Wuhan Virus or China virus. Notwithstanding



the fact that there are several theories and conjectures on how the virus emerged, one thing is beyond doubt that China has acted irresponsibly by suppressing facts and subduing alarm raisers. Thus China's diplomatic efforts at salvaging the situation are not reaping the exact benefits for the country. Chinese diplomats are out and out encouraged to follow the "Wolf-Warrior" style diplomacy that is coupled with the recent aggressive activities in the South China Sea creating a lot of scepticism in the international community. With an overall negative mindset from the international community towards

the country, and with the BRI project with its emerging complications with host countries, China's COVID-diplomacy is unlikely to be smooth.

It is in this context India's gesture in assisting the COVID-hit countries has been a step matching her aim at humanitarian diplomacy. India has been sending medical supplies and high demand drugs like Hydroxychloroquine and Paracetamol to the neighbouring countries and exporting the same to some other all over the world creating goodwill across the globe. In West Asia India has sent medical personnel as a part of rapid response team to train the local medical professionals in order to strategise and contain those affected. Notwithstanding the misunderstandings between India and some of the countries over fake posts, Indian assistance in evacuating personnel of their respective embassies has been widely appreciated. India's engagement has a strategic angle wherein India is reaching out to pre-empt what is called China's 'Health Silk Road'. In this effort, India is actively reaching out to South Asian and Southeast Asian countries like Myanmar, Vietnam, Indonesia and Singapore in Southeast Asia and is providing active assistance, supplying medical equipment and training. In South Asia apart from the commitments within the SAARC framework, India has been also helping countries like Afghanistan, Bhutan, Bangladesh, Sri Lanka and Maldives. India has been providing financial swap provisions for Maldives and Sri Lanka; The point to remember in this connection, is that both Maldives and Sri Lanka are caught in the debt trap of China. Incidentally China has extended financial assistance to these countries to deal with the COVID threat. India is also active in extending its COVID assistance to Africa where medical assistance is already being sent to Burkina Faso, Mali, Comoros, Uganda and South Africa. Hydroxychloroquine is also to be sent to other African countries including Seychelles and Mauritius. The drug is also being sent to Latin American countries like Brazil and Dominican Republic.

The pandemic however unpredictable is indicating certain predictable changes. For one the global economy will take it very hard and major economies will succumb. It will result into a substantial change in the power dynamics of the world wherein both India and China will emerge as the major players in the post-COVID international order. For both these Asian giants, COVID diplomacy is emerging as a tool with strategic implications for times to come. China's COVID diplomacy must be viewed along with its tendency of aggressive strategic posturing and it may not win over the entire international community. In contrast, India has much to offer through its slow, steady and planned COVID outreach programmes and this well translate as her success in Soft Diplomacy. One cannot rule out the rise of India as a responsible major power in the post COVID international order. By setting an example in dealing with her domestic situation and taking an active stance in shouldering international humanitarian responsibility she may ultimately prove true to the saying slow and steady wins the race.

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**T**here is not much news of border tension across the world – excepting of course on Kashmir border between India and Pakistan- these days, as most borders are closed. There is no news of air crash as most of them are grounded. No news of car accident either, as almost all the countries imposed strict lockdown to fight corona virus or COVID-19 pandemic that had already killed 235,000. Half of the dead are Europeans. America lost 62,000 people – more than the toll (58000) in two-decade long Vietnam war - in barely a month.

What was considered essentially a Chinese problem, with the World Health Organisation (WHO) advising against “any specific health measures for travelers to and from Wuhan,” as early as in January 10, gripped the entire world in March. In April almost all major economies across continents slipped into lockdown with body count rising faster than ever, after WHO declared the outbreak, as pandemic on March 11. They spent the preceding two months, mostly in parroting the Chinese official version that willy-nilly allayed fears of a global economic and social disaster.

Those who took WHO’s sermons seriously, like Italy that launched “Hug a Chinese” campaign in February, suffered the most. Approximately 28,000 of 60 million population died - half of them were from Lombardy that had maximum exposure to Wuhan. And those, like Taiwan, who used their own intelligence escaped the heat. Taiwan alerted the world of social transmission dangers of COVID as early as on December 31, and took restrictive measures. Till now, they (Taiwan) lost only six people with one-third of Italy’s population. No wonder that too many countries led by the US, are now questioning the role of WHO and China in preventing the health and economic disaster.

### Huge economic loss

The loss is huge and the scale of economic disruption is unprecedented. World Wars took place when the world was fragmented. Also, geographic span of such disruptions was limited. Life and activities were never affected to this scale in USA that holds the key to dollar economy. India was unaffected during the Asian

Financial Crisis in 1997 and avoided significant damage during the meltdown in 2008.

Today India is as much affected as a South Africa or New Zealand – all went to nationwide lockdown in end March. The ambitious Rs 2.1 trillion disinvestment plan set by the Indian government for financial year 2020-21, has gone for a toss, casting a shadow on resource generation and fiscal prudence. With earnings taking a serious beating, liquidity will be a common concern in the recession-hit post-COVID world.

The problem is manifold. Service sectors contribute nearly 54 per cent of the gross value added (GVA) of India. COVID served a major blow to it. Travel, tourism, hospitality, transport, aviation, even IT-BPO operations suffered. That’s not all, according to World Bank, India received \$79 through remittances in 2018. A good part of these remittances come from Indian expats in oil exporting economies of the Middle-East. Crude prices were already distinctly down for last three years, COVID took it to record low. It means job loss is imminent in Middle East, sending thousands of Indian back home. Oman ordered government companies to replace expats by locals. Similar trend may consolidate in other countries in the region after Ramadan.

The damage is not limited to services. Nearly 70 per cent of the global value chain was concentrated in China for last 20 years. Loosely speaking, it means, seven out of every 10 ships on sail, are either originating in China or heading for China. Naturally, the global supply chain was disrupted since February. China later reopened its factories but that hardly solved the problem as all the consuming economies are staring at a deep recession and are afraid to take services associated with merchandise trade from China, for fear of infection. In India construction of some power plants, which were scheduled to use Chinese gears, are suffering.

### India: capitalizing on disruption

In short, the pandemic affected all three verticals: dollar-economy, commodity value chain and services. As crude prices went south,

dollar became stronger (Indian currency devalued by nearly 6.5 per cent); making non-oil imports costlier vis-à-vis lower earnings from export of goods and services. The situation is unlikely to change in near term. Global business expects recovery may be delayed up to two years and that too will come with lot of structural changes. Japanese and Korean companies are also on relocation mode from China. It doesn't mean post-COVID world will not depend on China, but it will surely reduce its dependence on China, or China will lose part of its leveraging power on global economy.

India is approaching the issue from both ends. Firstly, India is trying to capitalize this opportunity to develop domestic value chain. For example, India imports 65 per cent of active pharmaceutical ingredient (API), a low technology product, which is used as raw material in pharma industry. India was already developing eight bulk drug parks to reduce dependence on China. The move got a fresh impetus post-COVID. Similar plans may be unrolled in select sectors like electronics soon.

Secondly, India is trying to take advantage of the situation to attract FDI and helping to reorganize the global value chain and trade architecture. A Korean company SD Biosensor, set up a facility in Haryana during the lockdown to produce COVID test kits.

### **South Asia in trouble**

India has so far been successful in restricting the human tragedies from COVID to bare minimum. But the pandemic is far from over. It will take time before we know if Prime Minister Narendra Modi was successful in steering the economy out of the crisis and if India could take advantage of the disruption. Having said that India's success will be crucial for economic revival and political stability of the entire neighbourhood.

Majority of countries from West Asia to South Asia and many countries in South East Asia have limited product offerings and are vulnerable to such a shock. Situation is precarious in India's immediate neighbourhood in South Asia. In 2018, India saved Maldives from practically selling of some of the sovereign rights to China for failing to repay debt. As in 2020, the island nation is in even bigger trouble due to global restrictions on travel and tourism, that contributes 28 per cent of its GDP and two-third of forex earnings.

Sri Lanka sought \$400 million currency-swap from India to mitigate foreign exchange needs. The country is now restricting non-essential imports. Nepalese economy is highly dependent on tourism and remittances. COVID brought tourism revenue down to 10 per cent and remittances are likely to suffer sooner than later. Nepal will escape much of the heat due to currency pegging with Indian rupee (160 Nepali rupee for every 100 India rupee), instead of dollar. A World Trade Organization (WTO) status report projected shrinkage in Nepalese economy rendering people jobless. Thankfully, Nepalese are treated as deemed citizens in India with full access to Indian job market including in Indian army.

Bangladesh is the third largest economy in South Asia after India and Pakistan. Till the pandemic struck it was the fastest growing economy in the region and had definite achievements in reducing the below-poverty level (BPL) population to 20 per cent. Recent studies by Dhaka-based South Asian Network of Economic Modeling (SANEM) suggest, COVID can take BPL population to 2005 level of 41 per cent. The country's two forex earnings verticals from readymade garment and remittance are staring at serious beating.

As mentioned, COVID nightmare is barely over. China started imposing fresh restrictions as the world is anticipating a second wave of the pandemic. During the last pandemic, exactly 100 years ago, the second wave was stronger. Even if corona decides to say goodbye, people will not believe it till the vaccine comes. It means, there is no quick-fix to the problem and smaller, limited product countries are at serious risk of being washed out.

### **Giving leadership to neighbourhood**

Problems for the neighbourhood are not merely economic. COVID has unleashed a series of disruptions, the first one of which is manifesting itself through economic disruptions but it will have longer term impact on political, geopolitical and strategic front. The question mark by USA, Europe, Japan etc on the role of WHO may snowball into a serious scrutiny and power struggle concerning global intergovernmental organisations like the United Nations (UN) or WTO. In October 2019 India's foreign minister S Jaishankar questioned on the credibility of UN security council architecture that represents the power order of 1945. Jaishankar was arguing India's stand for permanent membership in the security council. Post-COVID, India's claim may find more vociferous support from the US allies in Asia including those in the Islamic world; triggering a rebalancing of power.

That will bring very interesting choices to smaller neighbours in South Asia. Will they trust Chinese money bag and/or will they promote mutually beneficial, cooperation initiatives with India? The choices are layered with political implications. Prime Minister Modi has already taken a lead by convening meeting with SAARC leaders to initiate joint fight against COVID. All countries in the region excepting Pakistan, the eternal spoilsport, took it very seriously.

At a recent media interview former Sri Lankan Prime Minister Ranil Wickremsinghe batted for more intense South Asian cooperation, so much so that he proposed shifting SAARC secretariat to a more "central" location - which willy-nilly means India – for the purpose of fighting COVID. He avoided using the word "India-led" and instead used "SAARC-led" where Pakistan has a role. However, he also mentioned that "Pakistan cannot match India's funding." Such proposals may play a defining role in ensuring the future growth of South Asia.

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## **Effect of COVID-19 and the post-pandemic impact**

**Shayak Chakroborty \***

We are still in the midst of the COVID-19 pandemic creating havoc worldwide. The pandemic has probably created more chaos than even the Spanish Flu of the early 20th Century, since the world today is far more inter-connected and inter-dependent than it was back in that era. The impact of this pandemic, will, in all probability, be felt long after the situation is brought under control. It may be worthwhile to examine some areas which would need examination once the pandemic is subdued.

### **Impact on Commercial Contracts**

One of the areas that will definitely be impacted in the long term is commercial contracts. As a matter of fact, there would, in all probability, have to be a serious relook at a major part of contract law – interpretation of force majeure clauses. Force majeure clauses are conditions of a contract which stipulate that in the event of an occurrence beyond the control of the contracting parties causing the failure to perform an obligation under the contract, no liability is to be borne by the party which is unable to perform its obligations under the contract.

Now, there are various ways force majeure clauses are drafted, and the clauses can become extremely unfair when parties do not have equal bargaining power. So far, the commercial courts have been reluctant to interfere in respect of force majeure clauses beyond strict interpretation of the clauses. The rationale behind the

approach of courts to such clauses is that courts should not substitute its own wisdom for that of the parties, i.e. the courts should not hamper the right of parties to do as they please. While this normally makes sense, since the courts are comprised of persons who have legal reasoning and not commercial reasoning, and thus, matters outside the courts' competence should be left to the actual experts, i.e. the people who are actually doing business. The problem with that approach, however, is that when a situation comes about where plainly unjust outcomes arise as a result of non-intervention, the courts hamper their own ability to do justice for fear of overreach.

Such a situation is bound to occur in the aftermath of the COVID-19 pandemic. There are several commercial contracts which have been delayed or even frustrated altogether owing to the outbreak of COVID-19. To insist that in such a scenario, all force majeure clauses would have to be abided by as a strict rule may lead to great deal of damage to small companies, who would be wrecked by the financial implications of such force majeure clauses. The more pragmatic approach to this would be to apply a holistic viewpoint to commercial disputes which may come about in the post-pandemic scenario, and to arrive at judgements which balance the interests of both parties and do not injure the long term welfare of any party by giving a strict reading to the force majeure clauses. Commercial mediation must be encouraged by the courts, so as to bring about the best possible outcomes in these matters.

### **Efficacy of Existing Legal Framework**

Another thing that requires a serious relook, more particularly in the Indian scenario, is the robustness and efficacy of our laws in dealing with an epidemic or pandemic situation, or any other health emergency, for that matter. In respect of the COVID-19 response, one of the main tools wielded by the Centre and State governments in India alike is rather ancient, and (dare I say it) outdated Epidemic Diseases Act, 1897, a law, which was framed to tackle the bubonic plague outbreak in Mumbai during the late 19th Century. The other law which was invoked to respond to the COVID-19 outbreak was the Disaster Management Act, 2005. While this served the purpose



for the short term, there was a definite school of thought which was of the view that something more effective was required in order to tackle the COVID-19 crisis head on. The Epidemic Diseases Act and Disaster Management Act simply did not have the nitty-gritty to properly manage the COVID-19 pandemic.

This deficiency in the law ,as it existed ,was undoubtedly felt by the Central Government, since the government promulgated an ordinance to amend the Epidemic Diseases Act 1897, specifically to introduce penal provisions which punish those who cause injury to Healthcare workers, who are fighting this epidemic at the forefront. Needless to say, lawmakers in the 1890s undoubtedly did not foresee that Healthcare workers would be subjected to attacks, shunning and mischief at the hands of the public at large during a pandemic, which had caused serious problems for the government.

Moreover, the law as it stands today has no provision for prolonged lockdown in an event of a pandemic as infectious as COVID-19. Today, lockdown violators are being dealt with the established laws, which do not provide for harsh penalties in case of violation. It would be disastrous if lockdown violation protests as are being seen in USA today were to occur in India, since the government, ill equipped as it is, would not be in the position to deal with such an eventuality.

Thus, it would be crucial to take a relook at the existing legal framework once COVID-19 is dealt with, and to see whether changes in the law as it relates to epidemics and pandemics are required in the future.

### **Impact on International Relations**

During this pandemic, there has been a great outpouring of anger directed towards the People's Republic of China, and their handling of the disease when it first originated in Wuhan. Many are of the firm belief that China suppressed the extent of the spread of COVID-19, and mishandled the disease when it first spread, allowing the condition to deteriorate beyond control. Lawsuits have been filed against China in the American Courts, seeking compensation from China for the outbreak. Of course, a decree (if any) passed by an American Court could hardly be enforced against a sovereign nation, but it has led to a growing trend in people to consider as international remedies against China.

It goes without saying that any action taken on the international stage against China would not be the easiest thing to accomplish, considering China still remains a Permanent Member of the UN Security Council, the body that would be at the lead of any action against China at the international level. However, it is worth considering the possibility of action against China in terms of International Law.

In order to do this, any nation or group of nations would have to submit a dispute to the International Court of Justice against China for its failures in handling and managing the COVID-19 outbreak. The case would then come up for hearing before the World Court



to determine whether the International Court of Justice (ICJ) has jurisdiction to hear such a dispute.

The Marshall Islands, in 2014, had submitted a dispute to the ICJ against several nuclear weapon powered nations for alleged failure to negotiate on the cessation of the nuclear arms race and nuclear disarmament under customary international law. In a slim majority of 9-8 judges, the ICJ ruled that the Court did not have the jurisdiction to enter into the matter since there was no actual "dispute" between the parties, and thus, the Court did not have jurisdiction to enter into the merits. The slender majority which held thus, however, goes to show that the ICJ may be more inclined in future to entertain litigation of such a broad nature, if approached ,with a worthwhile case.

If a nation were to approach ICJ with a dispute against China for failure to contain the spread of COVID-19, it can be reasonably concluded that the ICJ would be more willing to enter into the merits of the case and deliver judgement on the same. However, it is worth remembering that judgements by the ICJ can only be enforced by the UN Security Council, where it would most certainly be put to a veto by China.

Nevertheless, an ICJ judgement against them would be a diplomatic disaster for China, and would most definitely result in increased international pressure against China. It bears observing, however, that at this stage it cannot possibly be stated as a matter of fact that the ICJ would even entertain this supposed case, and whether it would rule against China at all.

### **Conclusion**

So how will the world respond to the post-pandemic scenario? It remains to be seen as to what changes may occur in future once this pandemic is brought under control. There will most definitely be changes, but at this stage, it is rather difficult to predict what those could be. It would most certainly depend on the economic consequences of such a prolonged lockdown period, and what effect that has on the world economy. For it is clear that how the economy responds to this pandemic period will go a long way towards determining how the world responds to the post-pandemic scenario.

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# **COVID-19 and Shifting Goal Posts: The Curious Case of the Nizamuddin Markaz Incident**

**Prof. Dipankar Sengupta\***

## **Introduction**

One of the most interesting sideshows of the efforts to tackle the COVID-19 outbreak in India was certainly the Congregation organised by the *Tabligh e Jamaat* (TJ) in its global headquarter, the Nizamuddin Markaz from 13-15 March, 2020. This was at a time when the dangers of COVID 19 was more or less known and was certainly violative of an order that had been issued by the Government of the Union Territory of Delhi on 13th March prohibiting all gatherings where the number exceeded 200. The International Executive Committee of the TJ on 13th March itself had approximately 1500 members attending, many of them turning out soon were COVID positive (having previously travelled to COVID hotspots) and had attended the meeting on a tourist visa (which is illegal). The International Executive Committee was followed subsequently by provincial gatherings e.g. Andhra Pradesh, Tamil Nadu etc.

As it would turn out later, many of the members who went back to their home states after the congregation would give rise or a fresh fillip to the spread of the disease. In some states that hitherto had been untouched by COVID 19, the *Tablighi* returnees would spoil that record, sometimes spectacularly. It did not help that some of them would disregard appeals to come forward, be identified and then opt for self quarantine by themselves.

Given the fears surrounding COVID 19, it was not surprising that the TJ's conduct would come in for criticism. What was surprising was the vigorous defense mounted in its favour and the virulence with which the critics of the *Tablighi's behaviour* were attacked.

The critics of the TJ's actions concentrated on few issues: the irresponsibility of holding an international conference in violation of existing orders, the subsequent non-cooperation with the authorities when it came to identification of attendees and the audio recordings that emerged where the Head of the Nizamuddin chapter of the TJ was alleged to have exhorted his followers to disregard Government guidelines with respect to the lockdown and self-quarantine. When graphs indicated that an early flattening of the COVID 19 curve may have been prevented by the "Single Source" Incident (as the *Markaz*

event now came to be called), this criticism sharpened. Indeed, as zero-incidence States lost this enviable status and news about Corona infected Tabligh members misbehaving with nurses and doctors, the ire vented increased even further.

## **The Counter-Response: Its Nature and its Targets**

There is no doubt that more than one critic is less outraged at TJ's irresponsible behaviour than overjoyed at the predicament it had placed itself, presenting an opportunity to let them vent their ire against a community rather than the organisation that was responsible for this state of affairs. Furthermore, the anger generated in the aftermath of the Delhi Riots/anti CAA disturbances had not dissipated.

But the counter-response that came was unique both when it came to its targets as well as the form it undertook. It was initially claimed that the TJ had violated no government order or directive as these (eg orders for a lockdown, closing down international travel) came much later. It was admitted that TJ had exhibited poor judgement" in organising the Congregation when conditions required that it be postponed. When critics exposed this line of argument by referring to the specific order issued by the Delhi government prohibiting all gatherings over 200 persons, the response was to





describe this order as “vague”. Thus the event further received castigation from the members of opposition who regarded the matter as a *Markaz*'s fault, also enlisting other religious events held at the same time attended by larger crowds in the public domain. This was apparently to show that when it came to irresponsible behaviour, the *Markaz* was not alone implying that singling it out for criticism was Islamophobic.

These arguments were recognised as red herrings with observers pointing out that while there were religious events that attracted crowds, they had been called out by the media and no one had defended their conduct. What was also pointed out was that (unlike the *Markaz* affair) these other gatherings had no significant presence of foreigners from COVID 19 hotspots or otherwise! Of course, few hearts and minds were converted in this entire debate! If the nature of the counter-response is to be summed up, it was to treat the TJ and the Muslim Community as one; and attack on the TJ was treated as an attack on the Muslim Community itself.

The target of the counter-response in favour of the TJ was more interesting : it was not directed so much at such community-baiters; it was largely directed at those who directly criticised the TJ's *Markaz* misadventure even though they included those whose anti-BJP credentials were impeccable. Indeed, when CM of Delhi described the *Markaz*'s actions as irresponsible, his lukewarm opposition to the CAA was reexamined as a precursor to a soft-Hindutva line! Letters of prominent journalist's criticising the *Markaz* incident was also roundly criticised as was the open letter issued by serving and retired Muslim civil servants asking the community to cooperate.

### **Anjoman al Haram?**

The overall strategy that was sustained by the TJ's defenders notwithstanding the damage inflicted by it on India's effort to “flatten the curve” was unique in its format and target. It was a masterful mixture of strategic retreats, red herrings and false statements. They were led by a small but coherent group of journalists and opinion-makers who had been active in the anti CAA protests with some having close ties with extreme left groups. The defense of the TJ undertaken was to try to “protect” a constituency which they believe could be potentially theirs. Their assumption about the entire Muslim community is best described by Michael Gerson's phrase i.e. the

“soft bigotry of low expectations” and in turn they have let themselves be used as useful idiots in the TJ trying to evolve into an *Anjoman al Haram*, a sacred organisation, which cannot be criticised.

It must be remembered that the TJ was persuaded to obey the law at least in part after being prodded by no less than NSA person who paid a visit to the *Nizamuddin Markaz*. This may have been advisable to a more “correct” procedure led by posses of policemen, especially in the aftermath of the anti CAA Riots. But all in all the image created is one of an organisation that is not necessarily bound by law, whose members may stretch the limits of permissible behavior to which is added the fact of being a coherent nationwide organisation and seemingly no dearth of funds, what it could evolve into is a coherent well-funded religious organisation (which is not known for a progressive form of the faith), that is above criticism. The implications for India's polity and policy making can be significant with such an organisation exercising veto powers. It is therefore vital that the TJ be made to realise that they have to operate within the law, the sooner the better as also its supporters are engaged in debate and called out for spurious arguments and false facts.

### **Conclusion**

The unintended discovery of COVID 19 has been the manner in which the TJ has been evolving into an institution which is law unto itself. Like Poe's purloined letter, this evolution has been so open, that it has remained concealed. This evolution has been helped by an army of commentators who have shown themselves to be ready to act as its storm troopers in the media especially social media. But by a singular irresponsible act, the damage that the TJ has done India's COVID 19 efforts has been more than insignificant. The consequences to its irresponsibility have been in the form of criticism not legal action. Given the current situation, that may have been advisable. However it has also drawn itself into public gaze and scrutiny. Its power as an organization also has been made clear. These are welcome developments. Should “special treatment” of the TJ become the norm, the consequences in the future are likely to be adverse.

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Dr.Punit Kumar Agarwal\*

**C**OVID-19 is Corona Virus Disease, an Infectious disease caused by novel Corona Virus started in 2019. Novel Corona Virus is a new strain of Corona Virus ,which is a rare breed of infection that within months have engulfed thousands across the globe. The virus first erupted at Wuhan,Huanan (Southern China) on 29 December 2019 at the Sea Food Market. Soon it became a reason of an International concern, due to its rapid communicable characteristics, thereby earning itself a status of the Pandemic by World Health Organization on 11th February 2020.

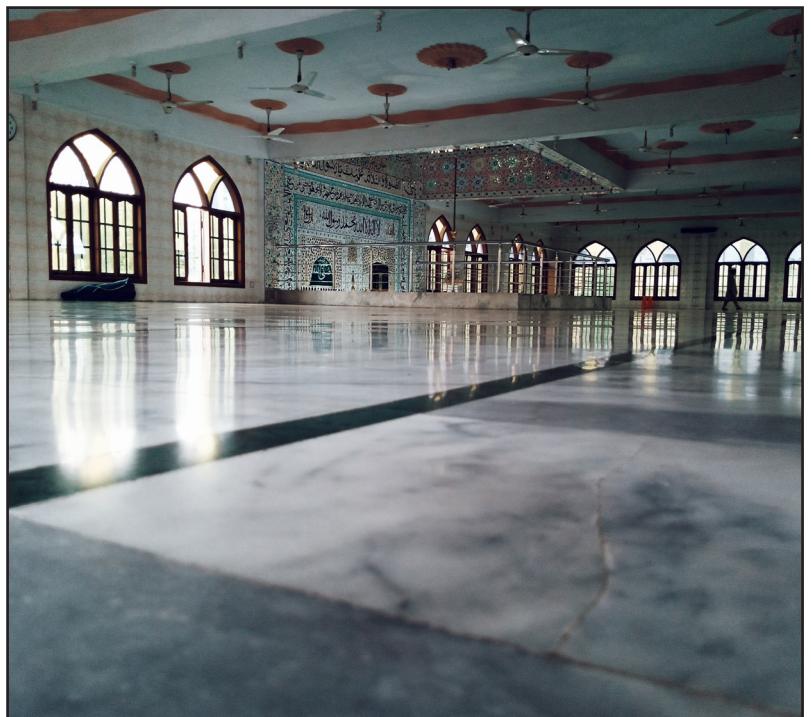
In India a 20 yr old woman in Thrissur ,Kerala with a travel history of Wuhan was the first sufferer of this virus. Similar trends were also observed in nation's capital Delhi. Having extensive International connectivity and reciprocity with other nations the city could not remain secluded from the dire effect of Novel Corona. On 2nd March 2020, Delhi reported its first case, detailing the victim's international travel itinerary, post which till date the capital and its adjoining districts reveal a steady rise of the Corona Victims. On 30th April 2020 the nation reported of approximately 33,000 Corona Positive Cases with a toll of 3,400 positive cases in the capital itself. In order to restrain the spread of COVID-19 cases first 75 districts of country including Delhi observed 'Janta Curfew' on 22 March 2020, followed by lockdowns, the spree of which is to continue upto 17th May 2020 as requested by Prime Minister. Despite of all the efforts the question continues to circle that why Delhi slowly turning out to be an epicentre of Corona in Indian Context?

On 12 March, when Shri Arvind Kejriwal,the Chief Minister of Delhi declared COVID-19 an epidemic in Delhi the Epidemic Diseases Act, 1897 naturally became in force and applicable to the territory. Schools, colleges and cinema halls were ordered to be closed until 31March. Shri Kejriwal also advised people to stay away from public gatherings .

During the end of March incidents like labour exodus followed by the Nizamuddin faction of the Tablighi Jamaat holding the religious congregational program (Ijtema) in Nizamuddin West, Delhi took place despite Delhi Government executing martinet prohibition on

such gatherings and religious mobility .The incident like Jamaat with an assemblage of 3000 religious preachers across the world under the nose of Delhi Police can be regarded as a cogent of Corona Carrier across the nation, especially in the states like Tamil Nadu, Telengana, Karnataka, Jammu and Kashmir, Assam etc.

In Delhi itself cases linked to Nizamuddin Markaz (Banglewali Masjid) were traced from 30th March leading to four fold increase of Corona Cases within couple of days. As per the official sources and highlights of Delhi Medical Bulletin, "Under Special Operation Category" along with other issued statements on 18th April 2020 it was exposed that 4,291 cases (or 29.8% Of the total 14,378 confirmed cases of Covid-19 in (India) were linked to the Tablighi Jamaat event, spread across 23 states and Union Territories. However, prudent steps were taken to mend by the Delhi Government to thwart the Corona spread through working in cohesion with Central Government for the control of COVID-19 pandemic in country's capital.



### Some of the noteworthy steps include:

- March 12, 2020 - Delhi Chief Minister Arvind Kejriwal declared COVID-19 an epidemic in Delhi and made Epidemic Diseases Act, 1897 applicable. Schools, Colleges, Cinema Halls, Malls and all public places were ordered to be closed till 31st March 2020 which was further extended till 17 May along with the extension of National Lockdown.
- March 13, 2020 – All gatherings, Conferences, Seminars etc. beyond 200 people were banned.
- March 16, 2020 – All events over 50 people were banned.
- March 19, 2020 – All gatherings over 20 people and on 21 March over 5 people were banned.
- All domestic and international flights arriving at Delhi were suspended
- March 22, 2020 – Delhi CM Kejriwal declared lockdown from 23 March from 6 A.M. to 31 March midnight and again on 24 March extended upto 14 April 2020.
- April 14, 2020 – Lockdown extended till 17 May with declaration of National Lockdown by Prime Minister Sri Narendra Modi.

### Community Measures:

- Free rations for people without ration cards from 4 April onwards
- Disinfection Drive started in Delhi from 13 April.
- Free food facilities for migrant workers and others in partnership of Social organizations, community groups like Sewa Bharati, National Medicos Organisation, Temples, Gurudwaras etc,

### Medical Facilities:

- Testing for COVID diagnosis initiated at both government and private laboratories.

(As per Delhi State health Bulletin\_COVID-19 dated 29 April 2020 total 47225 samples have been tested out of which 3439 cases have been declared positive for Corona Virus.)

Treatment Facilities rolled out by Government includes:

- 1) Dedicated COVID Hospital Status (DCH): For serious cases comprises of :

1. **Government Hospitals:** Lok Nayak Jai Prakash Narayan Hospital (LNJP), Rajiv Gandhi Super Speciality Hospital (RGSSH), Lady Hardinge Medical College Hospital (LHMC), Ram Manohar Lohia Hospital (RML), SafdarJung Hospital (SJH), All India Institute of Medical Sciences (AIIMS) Jhajjar.

2. **Private Hospitals:** Apollo Hospital, Max Hospital, Ganga Ram Hospital

- 2) Dedicated COVID Care Centre Status: Nine such Centres have been established across Delhi for Middle Economy Groups
- 3) Dedicated COVID Health Centres Status (DCHC) includes:
  1. Choudhary Brahma Prakash Ayurvedic Hospital
  2. Tibbia College Hospital
  3. Nehru Homeopathic Medical College Hospital.

**Ayush Treatment COVID 19 in Delhi-** Two Ayush Hospitals, Chaudhary Brhamaprkash Ayurved Hospital and Tibbia Hospital, are labelled as COVID Hospitals. Ayush Medicines particularly Ayurvedic & Homeopathic medicines are being used for treatment of first two stages of COVID patients, asymptomatic and those with mild symptoms. Ayush Teams have been given responsibility at some other COVID Care Centres in Delhi. Encouraging results are obtained. Ayush drugs are known to boost up immunity and thereby increase the strength to fight the Corona infection.



### Ayurvedic Immunity Promoting Measures

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1.  Take Chyavanprash 10gm (1tsf) in the morning. Diabetics should take sugar free Chyavanprash.
2.  Drink herbal tea / decoction (Kadha) made from Tulsi (Basil), Dalchini (Cinnamon), Kalimirch (Black pepper), Shunthi (Dry Ginger) and Munakka (Raisin) - once or twice a day. Add jaggery (natural sugar) and / or fresh lemon juice to your taste, if needed.
3.  Golden Milk- Half tea spoon Haldi (turmeric) powder in 150 ml hot milk - once or twice a day.



### Regulations issued at Hotspots and Containment Zones:

Delhi Government started identifying and declaring Hotspots and Containment Zones as separate strategies to be implemented for better control of COVID. On 28th April 2020 all 11 districts of Delhi were declared as Hotspots and total Containment Zones were 100.

The Delhi Government announced operation SHIELD in order to control the spread of the virus in the hotspots and the containment zones. It is a six layers plan, where each alphabet refers to as below:

**S** - Sealing the immediate area,

**H** - Home quarantine to all people living in the area,

**I** - Isolation and contact tracing of people,

**E** - Essential supply of commodities,

**L** - Local sanitization and

**D** - Door to door health check of people in the area.

SHIELD model has reaped a positive outcome in high risk zones like Dilshad Garden, Hotspots Vasundhara Enclave and Khichripur.

Delhi, as we know, is among the seriously affected states in the country which needs strategized and coordinated efforts by both the Central and State government and other agencies to fight against this pandemic. It is true that Central and State is leaving no stone unturned to prevent country's capital from the catastrophe of Corona. The chief minister assures, "And now we are prepared. We have set up Covid Hospitals, Test Centres, Health Centres, ample of testing kits and PPEs. We have to have the mental set up that this is just



another disease and we have to live with it. Our target is to control the spreading of this disease and control the rate of death as we did for Dengue last time."

Now it depends on people's effort and time will reveal to what extent the taken steps are being efficacious in wiping out corona from every aisle of historic Delhi.



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## India's Lead towards Corona Vaccine

In the sprint for developing vaccine against corona virus and the clinical trial of Covid-19 through "Solidarity"~ launched by WHO, India's role till date surely remains conspicuously prominent though the efforts of India towards developing vaccine against COVID-19 are currently under various stages and trials. At present multiple leading Indian pharmaceutical firms are engaged in developing Corona vaccine either independently or in partnership with international organizations .The Serum Institute of India, the largest one of the vaccine makers by number of doses that are being produced and sold globally is now associated with Codagenix, an American bio-tech company for development of vaccine to fight against this pandemic.

The Institute has further partnered with University of Oxford in order to make a dose of vaccine available to millions and UK government is acting as a dorsum to a large extent in facilitating this noble partnership against Novel Corona.

India, so far the largest manufacturer of generic drugs and vaccines worldwide ,a home to half a dozen of major vaccine makers and a host to smaller ones, is making doses against Polio, Meningitis, Pneumonia, Rotavirus, Rubella etc. on regular basis.

India's prompt enforced actions like lockdown steps, social distancing measures, treatment and paramedical rosters, and envisioned clinical originations and Prime Minister's sustained monitoring efforts towards vaccine development, drug discovery, diagnosis and treatment through medical task force, reviews and meetings have already become an eye catcher and brought a glint of hope for millions, as highlighted in the statement of US secretary of State, Mike Pompeo, who made a special mention and applauded Indian-US partnership for developing Corona Virus vaccine.

Now the time will unbosom whether country's B-tech- Business model undergoing immense synthesis actually turns out to be a benchmark and a global win-win one for all.



\*ISCS Admin

# Indian Americans and COVID

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In our attempt to reach out to the people in need we have relied heavily on Indian community organizations in our area such as Sewa International, American Association of Physicians of Indian Origin (AAPI), Association of Indian Americans, New York, Federation of Indian Associations in New Jersey and Ohio, Indian Association of Long Island, Indian Association of Greater Boston, Teamaid, Boston, Bihar Jharkhand Association of North America (BJANA), Telugu Association of North America (TANA-Cleveland), CHAI, Buffalo among many others. Indian religious institutions such as temples and gurudwaras have also got involved, organizing meals and places to stay. Sixteen tourists from Delhi were stranded in New York airport in absence of any flight to India. They approached us and through Sewa International, we were quickly able to arrange accommodation for them in hotels in nearby Connecticut. To help students with accommodation we have also worked with Indian hotel owners and their associations to offer rooms at reasonable rates to those who desperately need accommodation. Although in the final analysis few people used these hotel rooms, however, it served a purpose of providing confidence to all that should the need arise people have a place to stay. The services provided as per requirement include

buying and delivering food, helping in a funeral or arranging a place to stay for a person who has tested positive for Covid. These kinds of stories and anecdotes are far too many and it is not possible to list all, however, they are all examples that demonstrate how we worked with the community organizations and the role of the community ,that has been seamless and effective. It is impossible to list all organizations with whom we have collaborated, however, the examples cited allow one to understand the enormity of the work and the role these organizations have played being our emissaries on the ground, reaching out and caring for people. Our organizations have been there.

Secondly, we have been coordinating with the Indian organizations that have been promoting and supporting the communities in which they are present. Regular zoom conferences are being held with community organizations to understand their needs and work plans. Not only have they been helping Indians and Indian Americans but they are in the forefront of making food and meting out other requirements available to people in need in their communities. For example, at the initial stages of the spread of Covid-19 there was a great deal of need for PPE (personal protection equipment) such as gowns and gloves. Our community organizations galvanised themselves and worked on ensuring these reach the doctors and medical professionals in time. They contributed money, in kind and created awareness that PPE is first & foremost thing required by the medical professionals. They are also actively promoting awareness on how to deal with the pandemic and working on ensuring that social distancing is always maintained.

Thirdly, the lockdown or stay at home orders have obviously had a negative impact on the well being of the community. Many have lost their jobs and businesses have closed down. Everyone has not been able to adjust or handle the situation with equanimity and fortitude. In order to help, the Consulate has been working with the community and community organizations playing a positive and proactive role by reaching out to their members and motivating them, encouraging them and extending support to them. Many have increased their online presence and support and are organising events and programmes to keep people connected and involved. A US wide helpline has been established to take care of such needs

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both at the present time and in the future. It is also impressive to see the activism of the community organisations such as convalescent plasma donation for patients in need. The Consulate has partnered with many in these initiatives and events through which we have not only brought entertainment to people staying at home but also dealt with other challenges of life and work that have arisen due to Covid such as issues regarding mental health, general well being, legal concerns or just the simple challenge remaining connected with others while maintaining social distance. We have reinvented ourselves and actively sought help from our community organisations in taking these to the people. Our motto has been that while you are doing your bit by staying at home, we are doing our bit by bringing our events and programmes to your homes. Given the constraints, we have innovated and tried experiments of online programming. Organizing the first ever diaspora online theater festival- Vibrations-

on Zoom and Facebook Live gives us immense joy. Similarly, the leadership of the community and community organizations also did rise to the challenge and became active in reaching out to the people.

Ambassador Taranjit Singh Sandhu held an online meeting with the leadership of the US community organizations on April 29, 2020 which had pan-US representation. He took the opportunity to applaud and appreciate them for their excellent work in helping the people in need. The response to the Covid crisis in the US is a positive story of collaboration between the Indian American community, their organizations and India's diplomatic representation operating from Washington, New York, San Francisco, Chicago, Houston and Atlanta. Across all the geographies in the US, we have been working as a team and will continue doing so. The United States of America had laid a huge impetus to Indian Government's "Vande Bharat Mission" that has aimed at bringing back stranded Indian citizens employed abroad, students, families and tourists who have been stuck across the World during this period of crisis. The first phase of "Vande Bharat Mission" between 7-13th May through 60 non-schedule commercial flights operated in 12 countries including US has already brought back thousands of asymptomatic citizens. While the second phase of the same mission will help the stranded Indian citizens to evacuate through 149 flights over 31 countries altogether. Thereby enabling Indian's marooned in US to return back to their parent country soon. Thus, work being done is a good example of strong public-private partnership and a result of ties that we have assiduously built over the years.



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Edited by : Kankana Roy, Published by, Secretary, ISCS, India, E-mail : [iscskol@gmail.com](mailto:iscskol@gmail.com), Website : [www.iscskolkata.com](http://www.iscskolkata.com)  
Pre-Press works : ADSONATA, (M) : 9874522778

Price - ₹ 100