



Addressing COVID-19 in a Sick System  
On reading so many different takes on COVID-19, I am confused. I don't belong to the world of medicine. We live in an age where there are genuinely serious health concerns globally on the one hand, and selective unscientific hyping up about certain viruses or diseases on the other hand. And both of these happen at international levels as well as at the hands of the nation state. I was reading an article titled "False Alarms and Pseudo-Epidemics: The Limitations of Observational Epidemiology" by David Grimes and Kenneth Schulz, for instance, which pointed out that "all observational research has bias (which can include selection, information, and confounding bias)".

To err on the side of caution, I decide to believe that the COVID-19 is really a potential epidemic. But again, there is the issue of political manipulation of an epidemic, and real and appropriate responses to an epidemic. The directives and advisories from the Government of Goa are contradictory in themselves. On the one hand, holding a Shigmo parade or not holding it was left to committees that manage these parades on the pretext that the people coming for the parades will not be coming from 'outside' and on the other hand, the Magistrate has been directed not to give permissions for any meetings for which permissions are sought. Yet, on another note, the Chief Minister himself addresses election campaign meetings for Zilla Panchayat elections. What message does this send across? So what kind of social distancing is this?

Or is the social distancing about reinforcing the existing social distancing from persons of marginalized sections of society or those with less means or power? All the directives and advisories do not translate into any care for the most marginalized sections of society. It is work - risky work - as usual for the sweepers, garbage pickers, the service providers such as the courier service delivery persons, or postmen, or delivery persons for the products ordered through apps.

We are talking of washing our hands after we deal with any of these persons, but we are not talking of washing our hands before we engage with these persons. Why do we assume that the carriers of the disease are 'they' and not 'us'? Also what are the protective measures being enforced for the service providers who have no choice but to provide the services and do not have a chance to go easy like teachers, professors, and lawyers, for instance, have? I am assuming hospital staff are provided with the necessary material to protect themselves. But I do not think this is the case for the service providers. So also with taxis. We assume that they are transporting many different people. But this is still in the realm of probabilities.

Why profile service providers? Service providers need protection, not profiling. At the end of the day, anybody could be a carrier, and we must take precautions not just for ourselves but<sub>1</sub>

for others who we may unwittingly spread it to. Perhaps if Government officers are asked to do this service delivery for a change, in they will be promptly provided with all the safety material, and it will also reverse the risk taking which is always assigned to those sections of society on the bottom rung, who, if there is an epidemic, are seen as dispensable. Things like gloves, boots, ought to be provided to sweepers, garbage collectors, even otherwise. But it seems that contractors exploit and do not provide these items so that they can maximize the profits that they get. So investment in these items is also in effect a long term investment or actually maybe even an obligatory investment under existing laws.

One is given to understand that those with lower immunity are more prone to this disease. If that be so, it is time to take stock of why certain sections of society have less immunity. If one is to go by the projections that if India which is now at Stage 2 moves to Stage 3, then there will be a widespread uncontrollable pandemic, then it is better to be safe than sorry and prevention must also entail upping the immunity of those who have lower immunity because of poor access to appropriate nutrition. Kerala is sending mid day meals home. The investments in immunity raising will not just fetch the dividend of addressing COVID-19 but will be a long term investment for a more healthy society. Then there is the fact of chemicals in our fish, fruits, vegetables, the occasional inspection spectacle notwithstanding. This again reduces immunity and this can happen to the privileged rung of society too. Except that they have the option of buying the more expensive organic fruits and vegetables.

Working people who have contracted flu, and who would otherwise be working despite the flu, should be able to stay home where possible, but not at the cost of losing their daily wages or other work benefits. That is a social security that the State has to provide to the working people who have minor ailments, to ensure that other people who come in contact with those who are ill but otherwise in a position to work, are not affected or infected. The army of unemployed people can in the mean time be gainfully temporarily employed. This is not to suggest that people with cold, for instance, are necessarily carriers of COVID-19, but to state that if anyone can be a carrier of COVID-19, then a COVID-19 infected person with flu is a potential spreader.

It is time high time Governments thought out of the box, even as they may have to comply with medically suggested measures. Where Kerala has shown the way in some respects, why should Goa which is a small and more easily manageable state be far behind and not leading?

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