

**IN RESPONDING TO COVID CRISIS, PRIORITISE HUMAN AND ENVIRONMENTAL HEALTH, LEARNING LESSONS FROM FIRST WAVE!**

## **Statement by the Vikalp Sangam Core Group**

6 May 2021

India is in the midst of a COVID emergency. The pandemic's 2<sup>nd</sup> wave has exposed the abysmal state of its public health system and the poor quality and pace of response of central and state governments. While we recognise the herculean task that the public health system personnel have been performing for over a year, terribly over-stretched due to the shortage of personnel, equipment and other resources, we observe with concern the **systemic failure of anticipating the second wave and preparing for it over the past year**, whether by governments or by hospital administrations. As the cases and deaths rise, we are also shocked by political parties and governments continuing to hold election rallies, religious melas and other events that have proven to be super-spreaders.

The animal-to-human origin of the pandemic has shown us the strong relationship between our environment and human health. Spread of the virus has been through human respiratory droplets, again highly environment dependent. The first wave had taught us that health was affected by the corona virus infection and also by the loss of livelihoods. **This was especially so for the informal sector workers that form the backbone of our urban economic activities, adding to ill-health due to mass hunger and increasing malnutrition.** Those engaged in relatively intact nature-based livelihoods such as agriculture and animal husbandry, forest produce collection and fisheries fared better, and some even managed to support the migrant workers who were returning home in distress (as documented by Vikalp Sangam, see <https://vikalpsangam.org/article/extraordinary-work-of-ordinary-people-in-multi-language-translation/>).

Given that impacts of climate change and other ecological damage and impending pandemics, that are predicted to become more frequent in the coming decades, **the full focus of economic activities in the name of 'development' from now on must be on human and environmental health and well-being.** Indicators that reflect these, beyond GDP, must guide economic planning.

We urge and demand the following measures, both immediate/short-term as well as medium/long-term to deal with the health and livelihood impacts of COVID's 2<sup>nd</sup> wave. While the central and state governments have necessary resources to carry these out, and must be held accountable for them, civil society groups and bodies of local self-governance in villages and cities must also put full efforts into making these possible. Indeed, the more communities are able to be relatively independent and self-reliant in avoiding or dealing with such crisis, the stronger India will be.

### **Immediate and short-term measures for health**

The first and immediate response must be to:

1. provide primary level services and home care support for the mild to moderate cases in urban and rural areas, with referral to well-equipped hospital care at secondary and tertiary levels as required;
2. urgently enhance the spread of timely oxygen and respiratory support facilities as close to rural and urban communities as possible;
3. actively inform the public about rational medical treatment based on credible scientific studies, to minimise the rampant unnecessary use of medicines and diagnostics such as antibiotics, anti-virals and CT-scan while popularising monitoring of respiratory system effects in low resource settings;
4. initiate emergency measures to increase health personnel in public services, oxygen production and its equitable supply for medical use, and isolation facilities for those who need them; in particular, make facilities accessible to senior citizens and persons with disabilities;
5. immediately come out with all available data on COVID care by AYUSH systems, which should also be integrated into current COVID management protocols; simultaneously wider and deeper studies on these should be initiated;
6. provide adequate vaccination free of charge and accessible to all those who want it but not made mandatory; through convenient arrangements that are also safe by separation from health facilities dealing with COVID-infected persons;
7. enable door step vaccination and allergy tests for the elderly, persons with disabilities single mothers and others who cannot travel to a vaccination centre and who want to be vaccinated;
8. pay equal attention to mental health issues, which are a silent hidden epidemic as shown by several reports (of depression, stress, interpersonal problems in families, relapses in people with OCD, stress in pregnant and lactating women, stress and burnout amongst frontline health personnel, children in COVID-affected families and COVID-orphans, etc); ensure that they are not denied admission in COVID hospitals;
9. ensure that affected people are not denied treatment in the absence of Aadhar cards;
10. Remove GST from relevant medicines, medical equipment, medical testing, medical care and hospitalisation with immediate effect;
11. Extend time period for or relax various legal steps that voluntary and non-profit sector is being asked to fulfil, related to registration, FCRA, sub-granting, etc, so they can continue the relief and rehabilitation measures they are undertaking in the current situation.

**Meanwhile, all expenditure on unnecessary projects like Central Vista must be halted, and all possible resources diverted into such responses.**

In any new set of norms and restrictions like lockdowns, **attention must be given to cater to the most vulnerable**, including the elderly, orphaned children, people with disability, women (especially single mothers, pregnant and lactating mothers, and children, domestic workers, street vendors, informal workers in tourism and other such sectors, other daily wage workers, residents of crowded urban 'slums', prisoners in crowded cells, sanitation and waste-workers, transgender people, sex workers, people with leprosy/HIV & AIDS/mental illness,

independent artists and entertainers, and small farmers, pastoralists, fishers, and forest-dwellers.

### **Immediate and short-term measures for livelihoods**

The second wave has proven to be more deadly, and once again we see the mass movement of migrant workers returning to their homes in many parts of India, as the fears of the lockdown and lack of government support remains a haunting memory from 2020.

Responding to this requires immediate and short term suggestions:

1. Provide wages, social security, food, and other essential services for workers rendered unemployed; where applicable, continue MGNREGA and other such schemes, with necessary safety precautions (as indeed was done in the first wave by some communities and states).
2. Provide proper protection to frontline workers, the most important element of curbing this 2nd wave, actively risking their lives. In appreciation and recognition, staff such as ASHA workers should be given special allowance, insurance, and other benefits, as also regularised so they are entitled to benefits such as pension. This should include professional mental health services through channels where they have a choice to choose the service provider based on their need.
3. Support in any way possible the many civil society led initiatives helping affected persons to find availability of ICU and other hospital beds, oxygen cylinders, medication, food and other essential items.
4. Encourage, support and empower communities and collectives to enforce the physical and social norms to deal with ongoing crisis, learning from the several examples of such action during the first wave.
5. Facilitate use of public institutional spaces for quarantine, inclusion of activities to support those afflicted by COVID in NRLM or WASH budgets, and encouragement to community care groups to become active and run centres for care-giving (shared equally by women and men).
6. Support widespread creation of community kitchens, given the widespread disruption in tens of thousands of families who may not be able to cook for themselves.
7. Given that the summer and monsoon months are often full of droughts, floods, cyclones, etc (recalling for instance how last year millions of people, already badly affected by Covid, were devastated by cyclone Amphan and Nisarga), deploy early special measures and resources in the most disaster prone areas (over and above the COVID measures) to save lives and secure livelihoods.

### **Medium- and long-term measures**

The deep faultlines in an economic system that keeps the vast majority of workforce vulnerable and insecure, have once again been exposed. Utmost priority must be given in generating secure livelihoods, while strengthening self-reliance of communities based on values of dignity, equality and justice for all gender and social categories including persons with disabilities, and in consonance with ecological sustainability. Covid19 may be here to stay; and even if not, there will be other such crises in a world increasingly destabilised by climate crisis, financial shocks and so on.

So, as stressed also in our previous statement (<https://vikalpsangam.org/article/vikalp-sangam-core-group-statement-on-the-need-for-creative-long-term-alternatives-in-view-of-covid-19-28-march-2020/>), medium- and long-term measures have to be initiated along with the immediate and short-term ones. In particular we urge the following:

1. **Increasing livelihood options locally:** The second wave of Covid-19 has once again highlighted the precarious and vulnerable nature of migrant and casual workers and many others in the informal economy. Outmigration occurs due to lack of livelihood opportunities and changing aspirations in the youth. It is important to generate dignified, remunerative livelihoods in every rural settlement and small town to reduce the factors causing outmigration. This is what true self-reliance is about.
2. **Promoting self-reliant, ecologically sustainable livelihoods:** In general, livelihoods that are self-reliant based on local food, water, energy and security and rights-based access to productive resources, and local exchange have been more resilient in such times of crises, providing at least basic needs. This can be seen in several dozen examples documented by Vikalp Sangam (<https://vikalpsangam.org/article/extraordinary-work-of-ordinary-people-in-multi-language-translation/>). These also provide opportunities to build on local knowledge, skills and technologies, with relevant and appropriate inputs from outside.
3. **Strengthening local economic systems:** There is an urgent need for policies and programmes that support and incentivise self-reliance. This includes enabling organic, biologically diverse farming, a range of local small/medium manufacturing such as agro-processing and crafts, producer cooperatives with strong local networking and producer-consumer links (rather than tying them into larger corporate chains through schemes such as contract farming). We need to promote decentralised sources of energy including solar, wind, biomass amongst others; India's large RE push needs to focus essentially on this rather than mega-solar/wind parks which have serious ecological and social impacts.
4. **Massively improving public health system:** For decades health activists have been demanding much higher allocation to public health facilities and infrastructure; its abysmal state has been exposed by the 2<sup>nd</sup> wave. Substantial increase in budgetary allocation, ensuring universal access to free emergency and primary health services, filling of vacant posts at all levels of healthcare, regularising contractual workers under National Health Mission, widespread training of paramedics, operationalising of the promised Health and Wellness Centres, and provision of multiple health system facilities in all community health centres.
5. **Enhancing mental health and counselling services:** We need to immediately expedite the District Mental Health program at PHC and district level. In addition, we have to provide for professional mental health services at private hospitals, encourage free helplines and tele-mental health services for needy persons. Guidelines and orders need to be issued for care of the mentally ill/ people with HIV/people with leprosy in private and general hospitals and those not doing so should be penalised. The mental health care of medical doctors, nurses, healthcare and NGO workers need

attention through professional tie-ups which are beyond the free volunteer run services. Child Guidance Centres and Family counselling centres need to be equipped to deal with emerging issues related to COVID19. The Adolescent Mental Health program needs to be fast-tracked. Specialised services such as grief and bereavement and services for substance and alcohol dependence need to be strengthened.

6. **Prioritising restoration and conservation of natural ecosystems:** We need to regenerate and conserve natural ecosystems, including wetlands and water systems, that support India's vast wildlife and biodiversity as also the lives of several hundred million people. We can no longer afford to sacrifice these for so-called development projects like mega-dams and mining, especially given the evidence that diseases like COVID19 are a result of ecological destruction and overexploitation.
7. **Significantly improving access to determinants of health:** Through all the above steps, there has to be much greater stress on access to the important social determinants of health like water of sufficient quality and quantity, clean air, nutritious and safe (organic) food, creative work, opportunities for recreation and enjoyment, and so on; in general, a stress on preventing illness and disease in the first place has been sorely lacking in India's health system, which needs to be rectified.
8. **Enabling agency to local governance systems:** Empowerment of gram sabhas and panchayats, and urban bodies of self-governance, including collective control over commons (land, natural ecosystems and resources, and knowledge), and local decision-making on issues like water, energy, waste, forests, etc. Vikalp Sangam's documentation shows that there was greater resilience and local economic and health security during the first wave of Covid19 where communities had agency over their surrounds ([https://vikalpsangam.org/wp-content/uploads/migrate/Perspectives/cfr and the pandemic gs lead the way bulletin 5 oct2020.pdf](https://vikalpsangam.org/wp-content/uploads/migrate/Perspectives/cfr_and_the_pandemic_gs_lead_the_way_bulletin_5_oct2020.pdf)).
9. **Taking affirmative action for marginalised communities:** There needs to be a special focus on women, landless, Dalits, Adivasis, people with disabilities, transgender and other marginalised genders and sexualities, who are the worst affected by both COVID and the economic lockdown.
10. **Strengthening local networks:** Support and give recognition to village/urban level networks of civil society organisations working on dignified livelihoods.

All the above should be oriented at creating thriving local economies in villages/towns of India, so that people don't have to go out for work, and may even feel like returning; **many migrants who have now gone back to their villages may want to stay back if such options are available.**

Some of these and other related measures have been laid out in more detail in the *People's Manifesto for a Just, Equitable and Sustainable India*, issued by the Vikalp Sangam process in early 2019 (<http://www.vikalpsangam.org/article/peoples-manifesto-for-a-just-equitable-and-sustainable-india-2019/>). We urge its full consideration as a context for the above recommendations, with necessary modifications in keeping with the COVID context.

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*Endorsed by members of Vikalp Sangam Core Group, listed below alphabetically. The Vikalp Sangam process is a platform to bring together movements, groups and individuals working on just, equitable and sustainable pathways to human and ecological well-being. It rejects the current model of development and the structures of inequality and injustice underlying it, and searches for alternatives in practice and vision. Over 50 movements and organisations around the country are involved. For more information, pl. see <http://www.vikalpsangam.org/about/>*

- ACCORD (Tamil Nadu)  
Alliance for Sustainable and Holistic Agriculture (national)  
Alternative Law Forum (Bengaluru)  
Ashoka Trust for Research in Ecology and the Environment (Bengaluru)  
BHASHA (Gujarat)  
Bhoomi College (Bengaluru)  
Blue Ribbon Movement (Mumbai)  
Centre for Education and Documentation (Mumbai)  
Centre for Environment Education (Gujarat)  
Centre for Equity Studies (Delhi)  
CGNetSwara (Chhattisgarh)  
Chalakudypuzha Samrakshana Samithi / River Research Centre (Kerala)  
ComMutiny: The Youth Collective (Delhi)  
Deccan Development Society (Telangana)  
Deer Park (Himachal Pradesh)  
Development Alternatives (Delhi)  
Dharamitra (Maharashtra)  
Ekta Parishad (several states)  
Ektha (Chennai)  
EQUATIONS (Bengaluru)  
Extinction Rebellion India (national)  
Gene Campaign (Delhi)  
Goonj (Delhi)  
Greenpeace India (Bengaluru)  
Health Swaraaj Samvaad (national)  
Ideosync (Delhi)  
Jagori Rural (Himachal Pradesh)  
Kagad Kach Patra Kashtakari Panchayat (Pune)  
Kalpavriksh (Maharashtra)  
Knowledge in Civil Society (national)  
Kriti Team (Delhi)  
Ladakh Arts and Media Organisation (Ladakh)  
Local Futures (Ladakh)  
Maadhyam (Delhi)  
Maati (Uttarakhand)  
Mahila Kisan Adhikar Manch (national)  
Mahalir Association for Literacy, Awareness and Rights (MALAR)  
Mazdoor Kisan Shakti Sangathan (Rajasthan)  
Revitalising Rainfed Agriculture Network (national)  
National Alliance of Peoples' Movements (national)  
National Campaign for Dalit Human Rights (national)  
Nirangal (Tamil Nadu)  
North East Slow Food and Agrobiodiversity Society (Meghalaya)  
People's Resource Centre (Delhi)  
Peoples' Science Institute (Uttarakhand)  
reStore (Chennai)  
Sahjeevan (Kachchh)  
Sambhaavnaa (Himachal Pradesh)  
Samvedana (Maharashtra)  
Sangama (Bengaluru)  
Sangat (Delhi)  
School for Democracy (Rajasthan)  
School for Rural Development and Environment (Kashmir)  
Shikshantar (Rajasthan)  
Snow Leopard Conservancy India Trust (Ladakh)  
Sikkim Indigenous Lepcha Women's Association  
Social Entrepreneurship Association (Tamil Nadu)  
SOPPECOM (Maharashtra)  
South Asian Dialogue on Ecological Democracy (Delhi)  
Students' Environmental and Cultural Movement of Ladakh (Ladakh)  
Thanal (Kerala)  
Timbaktu Collective (Andhra Pradesh)  
Titli Trust (Uttarakhand)  
Tribal Health Initiative (Tamil Nadu)  
URMUL (Rajasthan)  
Vrikshamitra (Maharashtra)  
Watershed Support Services and Activities Network (Andhra Pradesh/Telangana)  
Youth Alliance (Delhi)  
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