

Covid-19 complicates Kashmiris struggle for survival

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Conflict zones are always vulnerable to spread of infection and disease. Containing infectious diseases in these zones is challenging because health emergencies, to begin with, are never the top priority of the administering authorities. Moreover, health infrastructure in such places is, in most of the cases, weak, disease surveillance is inadequate and generally disease control programs, and infection control practices are non-existent.

The situation of the conflict zones is even more precarious in the Covid-19 pandemic in which every country around the world is focused on protecting itself and the wellbeing of its own citizens. This has, therefore, taken away the world's focus from some of the most vulnerable people.

Indian Occupied Jammu and Kashmir is among the high-risk zones for novel Coronavirus disease. Among other reasons, Kashmir's proximity with the affected regions has also contributed to its vulnerability.

The disputed territory, which has been enduring Indian state's harsh repressive measures for over seven decades, has remained under a tight lockdown and communication blockade for months since India annexed the region on August 5, 2019 by revoking its special status.

It was in this backdrop that Occupied Kashmir's tryst with Covid-19 began on March 9, 2020 when the first case was reported. The 63 year old lady had a history of travel to Iran. Days later a 67-year-old woman from Khaniyar Srinagar tested positive after returning from Saudi Arabia. Within next three weeks (by March 31) the number of confirmed cases swelled to 52. From then onwards it has spread rapidly across Jammu and Kashmir. The tally for infected cases stood at 207 on April 11 with 150 cases surfacing in just ten days. Four people had died of the viral disease. There is significant evidence to suggest that Occupied Kashmir, after importing the virus from outside, is now into the infection's local transmission phase.

The district wise distribution of the infected patients showed that the disease had spread to 12 districts of the Valley. Srinagar with 50 confirmed infected cases was the worst hit. Other districts with significant numbers of infection cases were Bandipora 36, Baramulla 25, Jammu 18, Shopian 13, Udhampur 11, and Badgam 10.

Testing rate is abysmally low in the Valley. 2961 suspected cases had been tested till April 11, out of which 207 people tested positive. Nearly 60,000 people were, meanwhile, either under observation or in quarantine. Low level of testing meant that large number of asymptomatic cases were moving around unknowingly spreading infection to others. It is, therefore, important to identify them.

Four state owned laboratories are doing the testing. Private laboratories were, meanwhile, not doing the Covid-19 tests because of logistical reasons. The private labs are required to send samples to the central laboratory in New Delhi (India), which is not possible due to unavailability of transport under lockdown.

The administration has launched a manhunt for those who had travelled outside the Valley in recent weeks for putting them in administrative quarantine.

The state of health infrastructure in the area is too poor to handle a large caseload of the patients. There is, moreover, an acute shortage of doctors and paramedics. An audit of Kashmir's health system conducted in 2018 revealed that the doctor to patient ratio in the region is very low. There is one qualified

doctor for 3,866 people. Moreover, a shortage of 1,903 nurses had been identified in that survey. The area is critically short of ventilators, which have been crucial in the management of seriously ill Covid-19 patients in other countries. There are just 95 ventilators in the entire Valley. Medics are also short of protective gear often relying on surgical mask and examination gloves to deal with suspected cases.

Restriction on high speed internet, which had been in force since Aug 2019 and was extended on March 26, 2020 in the midst of aggravating Coronavirus epidemic, has made it even more difficult for the doctors to update themselves with the best practices and new protocols for dealing with Covid-19 cases especially those in intensive care management.

The internet restrictions have also made the implementation of the social distancing measures difficult. People say it is next to impossible for them to work from home on 2G internet. This could expose the population more to infection.

Restrictions on information, furthermore, add to people's distrust about the administration.

The Valley is also witnessing shortages of essential items including medicines. The region had remained under lockdown since the annulment of Article 370 and change of its status in Aug 2019. It was only in February 2020 that the prolonged lockdown was relaxed a bit. The lockdown was back in place on March 19, 2020 – this time because of Covid-19. There was hardly enough time for the businesses to replenish their stocks.

All educational institutions, public parks, markets, hotels, and restaurants have been shut down and public gatherings have been banned. Public transport in the Valley has also been closed.

Epidemic Disease Regulations 2020 was extended to entire Occupied Jammu and Kashmir from March 18, 2020. The regulations define powers, duties and responsibilities of the surveillance personnel, duties and responsibilities of Medical Officers and Practitioners, Enforcement & Offences.

Concerns, meanwhile, remain about scores of Kashmiris, who linger in custody of Indian authorities, on political grounds. Some of them are reportedly minors. Large number of the detainees are, moreover, being held outside the Valley and have no contact with their families. As per Indian government's figures 7,357 Kashmiris were arrested after forced annexation of the Valley on Aug 5, 2019. Thousands were subsequently set free, but still many are believed to be in custody under Sections 107 and 151 of the Criminal Procedure Code, the Unlawful Activities (Prevention) Act (UAPA), and the Public Security Act (PSA). These controversial laws allow administrative detention of any individual for up to two years without charge or trial.

Nothing is known about the conditions at the de-radicalization camps, which Indian Chief of Defense Staff Gen Bipin Rawat had on Jan 17, 2020 said were operating for de-radicalizing Kashmiri youth.

Indian Occupation forces have, meanwhile, continued with its brutal repression. Nine Kashmiris were martyred in two incidents in Kulgam Town and Keran sector on April 5, 2020. Indian forces have also indulged in ceasefire violations on the Line of Control targeting civilian population in Azad Kashmir's Sharda, Dhudnial and Shahkot Sectors.

Update: Jammu and Kashmir administration on April 11, 2020 released an amount equivalent to US\$35 million under the State Disaster Response Fund (SDRF) for Covid-19 relief operation. The assistance was

also security focused – police was given about \$650,000, Srinagar got \$262000, while other districts got \$131,000 each. The relief money was provided to the deputy commissioners and police authorities.