



Covid-19 in Kashmir:
An Assessment
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The Covid-19 made its ingress into Kashmir in March 2020 and the lockdown ensued as in other places where the virus has made inroads. Elsewhere, in India or outside, the lockdown, sometimes violently enforced, was a novel method to curtail public movement and restrict social gatherings. In Kashmir, familiar with lockdowns that could stretch for months together, its novelty rested in its overtly non-political nature. When the Indian government announced a countrywide lockdown to stymie the proliferation of Covid-19, Kashmir had barely begun to crawl out of a six month lockdown. In August 2019, the government of India upended article 370 – a constitutional provision that provided a semblance of autonomy to the region – and bifurcated the erstwhile state of Jammu and Kashmir into two centrally administered union territories. These changes had been followed by strict restrictions on movement and communication blockade. In March 2020, when the first case of coronavirus was detected in Kashmir, the government had barely begun to ease some of the restrictions on movement and provided access to a list of government-approved sites on 2G Internet. In early March, broadband was restored, and some local politicians were released from jail. Then soon after the case was detected, the lockdown was re-imposed with new rules and restrictions.

Covid-19 and the Health Infrastructure: How Prepared is Kashmir?

Unlike a seemingly interminable military lockdown that commenced in August 2019, the Covid-19 lockdown enjoyed a broader legitimacy among the populace. Firstly, it stemmed from the basic survival instincts among the people that an enforced quarantine is for their own good, as it minimises the exposure with infected people; secondly, from an acute awareness of a crumbling medical infrastructure in Kashmir. Conscious of how the virus had wrecked the lives and economies and severely undermined the world-class healthcare systems in the developed world, people in Kashmir could foresee that Covid-19 portends a macabre future for them. A community level response system was initiated at many places by forming mohalla level committees tasked to enforce lockdown and more importantly assist authorities by informing them about people with travel histories in their areas. Mosque loudspeakers were used to exhort people with Covid-19 like symptoms to get tested at hospitals.

Kashmir, like other places, is beset with similar challenges posed by the rapidly proliferating virus, but a ramshackle healthcare system makes the problem that much more challenging. Hospitals even in normal times are overburdened and unable to provide timely and satisfactory treatment to the patients. An official audit of the healthcare system in 2018 revealed that the existing manpower was “barely sufficient to run the health institutions in view of sustained increase of patient flow across the state.” The hospitals have an acute shortage of nursing staff. “Against a requirement of 3,193 nurses...there are only 1,290 sanctioned posts of staff nurses in the [former] Jammu and Kashmir state with a deficit of 1,903 posts which need to be created” (Aljazeera 2020). No recruitment has been done in more than 20 years (Tramboo 2020). Similarly, Kashmir lacks the required number of doctors. The audit found that the doctor to patient ratio in the Kashmir region is one of the lowest in India. “Compared to the doctor-patient ratio of 1:2,000 in India, Jammu and Kashmir has one allopathic doctor for 3,866 people against the WHO norm of one doctor for 1,000 population” (Aljazeera 2020). According to Suhail Naik, president, Doctors Association Kashmir (DAK), there are more than 3,000 “unemployed doctors,” with no recruitment of dentists in 10 years (Tramboo 2020).

As the government persisted with the lockdown, the severity with which it was enforced caused enormous hardships to the people, the migrant labourers in particular. The dire threat to the livelihood of the downtrodden and the risk of mass impoverishment impelled the government to recalibrate its decision and ease some of the curbs to revive the economic activity. Meanwhile, the number of new infections began witnessing a sharp upswing and the total figure of detected cases in Kashmir crossed 20,000. The region is behind on diagnostic testing; therefore, the actual number of infected cases may well be much higher than the official numbers.

The rising cases have put an enormous strain on the already under-resourced public hospitals. Doctors have complained of shortages of PPEs (personal protection equipment), even for those directly dealing with Covid-19 cases. According to official data, there are only around 132 ventilators in the region's hospitals which remain in use at any given time (Ali 2020). There are also fears that many people have concealed their travel histories and avoided home or administrative quarantine for 14 days. Some have escaped quarantine facilities because they are overcrowded, unhygienic and lack the necessary sanitary facilities. This has created a perception that Kashmir is at the precipice of a major community spread, an eventuality for which it has neither the human resource nor the medical infrastructure to tackle.

The Internet Lockdown within the Pandemic Lockdown

The initial lockdown appeared to have worked in Kashmir as there was no sharp spike in the number of new infections. But this was not without some heavy costs, as the lockdown like all the lockdowns in the region was enforced in an excessively militarised way. People were roughed up by security personnel and hundreds were arrested and FIRs registered against them for violating lockdown (Muzamil and Nabi 2020). There were also many instances of beatings and harassment of health workers including doctors, overriding Prime Minister Narendra Modi's counsel to his countrymen to applaud the role of doctors whom he exalted as soldiers without uniforms (Haziq 2020).

The doctors have particularly been impeded by restrictions on high-speed internet in Kashmir. 4G internet was blocked in the region since the August 2019 clampdown to prevent protests against the stripping of the region's special status. Its continued ban has been justified, albeit tenuously on the assumption that high-speed internet helps terrorists. The blockade has prevented doctors from accessing guidelines updated regularly by the Indian Council of Medical Research and WHO and from keeping themselves abreast of all the latest information and research on Covid-19. A telemedicine initiative initiated by the DAK, after outpatient departments in major hospitals were shut down, to offer consultations on phone was also thwarted by the lack of 4G internet. Telemedicine requires doctors to analyse reports and scans of patients online and consult them through video conferencing – a near impossibility due to the lack of high-speed internet (Ali 2020). Authorities have refused to address their grievances and instead have cracked down hard on dissent. Doctors protesting against the dearth of protective gears and lack of 4G internet have been threatened with punishment including six months in prison for speaking publicly about the risky working conditions and shortages of equipment. One doctor was reportedly transferred to a remote hospital after publicly demanding protective equipment (Khan and Perrigo 2020).

The social and economic costs are especially grave and hard to ignore. As people around the globe have switched on to the online world, with 'Work from Home' gaining increasing acceptance in response to lockdowns, the same coping mechanism is virtually impossible in Kashmir because 4G Internet remains cut off (Khan and Perrigo 2020). Many people who had returned home due to the pandemic could not 'work from home' and could not retain their jobs. Education has been particularly hit hard, as educational institutions across the country are closed due to Covid-19. While some schools in Kashmir have begun to offer online classes, most students can't access them due to the slow internet. These students are not able to connect to the online apps (like Zoom, Google Meet etc) commonly used to host online lectures (Majid and Kouser 2020). They cannot attend webinars or submit assignments and small videos uploaded on these application take hours to download. The teachers are having a hard time too to reach out to their students.

Kashmiris under continuous lockdown since August 2019 are also reeling under severe economic slump, with those on the lower rungs of the society on the brink of mass pauperisation. Kashmir depends heavily on tourism and horticulture and both the industries have been adversely affected by the lockdowns. Tourist seasons have passed without any business and farmers are staring at the prospect of rotting produce for lack of proper distribution and market access. Artisans and dealers in handicrafts face distress as the stocks keep piling with no relief measures being announced for them. Unlike in the rest of India, there has been no deferment or staggering of bank loans in J&K (Sinha et al. 2020). Those working in the informal sector have been without any work for several months together and have nearly exhausted their savings. They look at a very bleak future ahead.

Covid-19 has had a differential impact on societies it has spread in, but the lack of high-speed internet has compounded the problems for nearly every one including doctors, students, traders etc. in Kashmir. A collective of doctors in India wrote to the Prime Minister on 4G access for Jammu and Kashmir but to no avail (The Wire Staff 2020). More than 170 academics from around the world have written a letter to the World Health Organization and UN special rapporteurs about the restoration of high-speed internet in Kashmir. Amnesty International has also condemned the continuous suspension of high-speed internet in the region and has asked the Indian authorities to fully restore it (Aljazeera 2020). So far New Delhi has not relented on its stance on 4G in Kashmir despite protests from several quarters. However, it is imperative that if Kashmir is to wage an effective battle against Covid-19, there need not only be an upgradation of medical infrastructure, better protective gears for frontline workers but also high-speed internet both for doctors and people at large. In this age of hyper-connectivity, Kashmir cloistered in the semi-dark information curtain, risks losing on education, jobs and lives.

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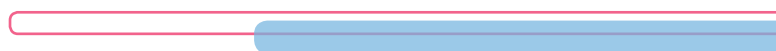
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