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Covid News Affecting Common People

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ABSTRACT: The four phases of lockdown from March 25 to May 31 for 67 days has led to job loss, income loss and economic crises among families. The survey was aimed to elucidate the expectations of the people belonging to all section of the working class from the government. "At least 169 people said they had to make up their daily meals with only ration goods during the lock down," the survey said. While most of them said that they had to borrow money to run the family, many pledged their jewels. For many, their long-term savings was eroded during the lock down. Only 758 people revealed that they managed to get assistance given by political parties and other organisations.

Many farmers complained that they were hit hard during the lockdown.

The demand for flowers saw new low with no festivals and functions during the lock down. Several small shopkeepers and service providers complained that they struggled a lot to pay rent for their buildings and meet power bills.

The party had recommended that all ration cardholders, who were not income tax payers, should be paid ₹7,500 a month to overcome the present crisis. Essential goods including rice, dal, sugar and oil should be given to all poor families for six months.

The State government should find market for handloom products and help supply yarn to keep the handlooms running. With rural masses affected more under the lockdown, all workers should be given job for six days a week under the Mahatma Gandhi National Rural Employment Guarantee scheme and all applications seeking jobs should be registered.

Small shopkeepers should be given interest-free loans of up to ₹10 lakh.

Moratorium for six months for repayment of loans should be ensured for members of self-help groups. Party leaders S. Balasubramanian, M. Mahalakshmi and P.N. Deva were among those who took part in a demonstration held here to highlight their charter of demands.

I. INTRODUCTION

More than 120 million jobs have been lost in April 2020 due to the lockdown, and the unemployment rate for April 2020 was pegged at 23.5%, nearly thrice the level in March 2020. More than 4.4 million stranded people, many of them migrant workers, have returned home in special trains as India's economic growth is expected to be in the "negative territory" this year, according to the Reserve Bank of India, writes Shreehari Paliath in India Spend on May 31.

Millions of migrant workers have had to walk across states and cities to reach their homes, showing that "policymakers ignore them", says Ravi Srivastava, director of the Centre for Employment Studies at the Institute for Human Development. "They have few rights and entitlements and are treated as irritants or nowhere citizens."

Today, India has emerged as a new epicentre for the novel coronavirus in the Asia Pacific region. With 1,58,333 confirmed cases of COVID-19 and deaths of a total of 4,531 people after contracting the virus, it has already crossed China's COVID-19 numbers, states Press Release issued by New Socialist Initiative (NSI) on India's 'war against COVID-19', reported on May 29.[1]

New Socialist Initiative (NSI) feels that the grim news of steadily rising infections and fatalities reveal before everyone a worrying pattern but the government either seems to be oblivious of the situation or has decided to shut its eyes. It is becoming increasingly clear that the Union government has used incomplete national-level data to justify arbitrary policy decisions, defend its record and underplay the extent of COVID-19 crisis.

Absence of transparency vis-a-vis data collection of COVID-19 infection levels could be said to be the tip of the iceberg of what has gone wrong with India's 'war against COVID-19'.

Indians are the sixth biggest out-of-pocket (OOP) health spenders in the low-middle income group of 50 nations. This high OOP health expenditure imposes an extreme financial burden on households.

According to the World Health Organisation (WHO), healthcare services, all over the world, aim to ensure that necessary services are accessible to people at affordable prices. But it seems different in low and middle-income countries including

India, where government's spending on healthcare is very little and healthcare financing is heavily relying upon out-of-pocket expenditure made by individuals, write Iffat Jahan Azhar Prof. Mohammad Akram in Counter Currents on May 29. In India, healthcare services are provided by public as well as private sectors. However, the share of the private health sector is much more than the public sector in the overall utilization of health services in India due to lack of facilities provided in the public sector, low health expenditure by the government and highly developed private health care sector.[2] Corona crisis has brought into limelight the issue of medical ethics apart from the absolute failures of the government to protect people suffering from other diseases. There is no doubt that this is a dangerous virus yet we always believed that human spirit and science will always overcome whatever evils these viruses have but what we have seen is a painful reminder of how human being behaved absolutely unethically. At many places, the doctors and other front line warriors were targeted as their localities, which were either posh areas of the cities or middle-class localities, for bringing the risk of Corona. The behaviour of people with the rural poor was a reflection of already disconnected social structure which bothers about its own self.

II.DISCUSSION

Thousands of poor city migrants whose livelihoods have collapsed due to India's coronavirus measures headed back to their villages on Saturday, raising fears that the exodus could carry the virus to the countryside.

About one fifth of India's 271 confirmed coronavirus cases has been reported in the western state of Maharashtra -- home to Mumbai, the country's largest city and economic powerhouse. So far, India has registered four deaths due to the virus. Prime Minister Narendra Modi has urged Indians to stay at home to fight the outbreak. Maharashtra state authorities ordered on Friday the closure of all shops and offices, apart from those providing essential services, until March 31.

The Indian Railways spokesman said they were screening passengers and had trained workers on board in case of emergencies. But anxious travellers were cramming into overcrowded trains, according to a Reuters witness, likely increasing the chances of infection.[3]

Highlighting the risk, the Ministry of Railways on Saturday tweeted that a dozen people who had travelled by train in the last few days had tested positive for COVID-19 on Friday.

"Passengers are advised to avoid non-essential travel for the safety of fellow citizens," the ministry added. India's Health Ministry did not immediately respond to requests for comment. The virus is underlining the difficult trade-offs countries must make when trying to contain the pandemic, with many fearing that India's poorest people will be severely hit. "Some people will die of the virus. The rest of us will die of hunger," said taxi driver Sanjay Sharma on an empty Mumbai street, adding he would travel to the northern state of Himachal Pradesh, where his family owns a small apple orchard.[4]

III.RESULT

Since the pandemic began, dozens of studies have reported that many of the sickest COVID-19 patients have been people with obesity. In recent weeks, that link has come into sharper focus as large new population studies have cemented the association and demonstrated that even people who are merely overweight are at higher risk. For example, in the first metaanalysis of its kind, published on 26 August in Obesity Reviews, an international team of researchers pooled data from scores of peer-reviewed papers capturing 399,000 patients. They found that people with obesity who contracted SARS-CoV-2 were 113% more likely than people of healthy weight to land in the hospital, 74% more likely to be admitted to an ICU, and 48% more likely to die.

A constellation of physiological and social factors drives those grim numbers. The biology of obesity includes impaired immunity, chronic inflammation, and blood that's prone to clot, all of which can worsen COVID-19. And because obesity is so stigmatized, people with obesity may avoid medical care. "We didn't understand early on what a major risk factor obesity was. ... It's not until more recently that we've realized the devastating impact of obesity, particularly in younger people," says Anne Dixon, a physician-scientist who studies obesity and lung disease at the University of Vermont. That "may be one reason for the devastating impact of COVID-19 in the United States, where 40% of adults are obese."

People with obesity are more likely than normal-weight people to have other diseases that are independent risk factors for severe COVID-19, including heart disease, lung disease, and diabetes. They are also prone to metabolic syndrome, in which blood sugar levels, fat levels, or both are unhealthy and blood pressure may be high. A recent study from Tulane University of 287 hospitalized COVID-19 patients found that metabolic syndrome itself substantially increased the risks of ICU admission, ventilation, and death.[5]

IV.CONCLUSION

As increasingly stringent measures to keep people apart are put in place to slow the spread of the coronavirus, mental health experts are warning that losing everyday social connections comes with psychological costs. And those costs could go up the longer such measures drag on.

In response to the accelerating pandemic, a growing number of states have banned all nonessential activities and asked residents to stay home. Across the country, colleges and offices have gone entirely online, schools and restaurants are closed and nursing homes are barring visitors. Such social distancing can stop, or at least slow, the spread of COVID-19, the disease caused by the new coronavirus (SN: 3/13/20).

But “for some people, a lack of social connectedness feels as impactful as not eating,” says Joshua Morganstein, a psychiatrist and disaster mental health expert at the Uniformed Services University in Bethesda, Md.

Research on the psychological toll of social distancing during epidemics is limited. But a review in the March 14 Lancet provides some clues. Researchers evaluated 24 studies looking at the psychological outcomes of people who were quarantined, an extreme form of social distancing, during outbreaks of SARS, H1N1 flu, Ebola and other infectious diseases since the early 2000s.

Many quarantined individuals experienced both short- and long-term mental health problems, including stress, insomnia, emotional exhaustion and substance abuse. For instance, one study compared quarantined versus non-quarantined individuals during an equine influenza outbreak. Of 2,760 quarantined people, 34 percent, or 938 individuals, reported high levels of psychological distress, which can indicate mental health problems such as anxiety and depression, during the outbreak compared with 12 percent of non-quarantined individuals.

Another study looked at the effects of the 2003 SARS outbreak on 549 hospital workers in Beijing. Those who were quarantined or worked in high-risk settings — almost half the sample — reported higher levels of alcohol abuse three years later than workers with less-intense exposure to the outbreak. Certain factors increased the risk of psychological problems, such as quarantines lasting longer than 10 days (which was associated mostly with post-traumatic stress), poor information about the rationale for the quarantine, and lack of access to necessary supplies and telecommunication services. Mitigating those risks can reduce the likelihood of mental health problems, says review coauthor Neil Greenberg, a psychiatrist at King’s College London. “Although isolation can be unpleasant,” he says, “it need not cause serious mental health difficulties.”

Though most people living in coronavirus-stricken countries aren’t quarantined, research elsewhere suggests even less-extreme forms of social distancing, such as staying several feet away from other people or avoiding regular outings, might take a toll. The potential for social distancing to become a long-term event is what worries psychiatrist Damir Huremovic of Northwell Health in Manhasset, N.Y. Health problems associated with social isolation tend to crop up when the situation goes on beyond a few weeks, he says. Walling people off from one another for months means the secondary effects of the pandemic, such as recession, social unrest and unemployment, could trigger unpredictable and widespread mental health challenges. “I sincerely hope we do not get to this stage,” says Huremovic, who cowrote and edited the 2019 book *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak*.

Especially at risk are the elderly, who both get more ill from the coronavirus and already experience high rates of social isolation (SN: 3/4/20). As people age, they often lose the ability to get around and socialize, and their support systems shrink as friends and family die. In February, a study from the National Academies of Sciences, Engineering and Medicine reported that nearly a quarter of Americans age 65 and older are socially isolated, defined as having few social relationships or infrequent contact with others. And 43 percent of adults age 60 and older feel lonely.

“We already have a lot of social distance between us,” says study coauthor Julianne Holt-Lunstad, a health psychologist at Brigham Young University in Provo, Utah.

Such loneliness and isolation may harm overall health across age groups (SN: 2/20/15). In 2015, Holt-Lunstad and her colleagues did a meta-analysis of 70 studies involving more than 3.4 million participants followed for an average of seven years. The likelihood of dying during the study period increased by 26 percent for those who reported loneliness (feeling alone), 29 percent for those who were socially isolated (having few social contacts) and 32 percent for those living alone, the team found.

Some people will fare better than others during this period of social distancing. Some may actually see their social contact increase as families hunker down together. And some people will stay connected through phone calls, text message or joining an online community. “We live in this age of unprecedented communication [capabilities],” Huremovic says.

Those communication capabilities could even help provide medical and psychological care from afar. Limited research suggests that telehealth services work to alleviate loneliness or help those living alone or far from health centers. But

gerontologist Verena Menec doubts they can substitute for face-to-face contact indefinitely. “In the long run, if you only had that kind of contact, I don’t think that would be enough,” says Menec, of the University of Manitoba in Winnipeg, Canada.

And modern technology is no substitute for human touch, such as holding hands, hugging or massage, which studies suggest can affect health, including possibly lowering blood pressure and reducing the severity of symptoms from the common cold. Neuroscientist James Coan especially worries about those individuals requiring medical care during this pandemic, either for COVID-19 or some other condition. Many hospitals are barring visits from loved ones which makes sense to prevent the virus’ spread. But that also reduces touch when people need it most, says Coan of the University of Virginia in Charlottesville. His work suggests, for instance, that handholding can reduce physical pain.

Even touch that comes from a hospital worker in protective gear instead of a loved one is better than nothing, Coan says. “I’ve been banging on this drum for a long time. [We] have got to figure out a way to make touch part of the medical program.”

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