

**CENTRAL MINISTERS' GROUP MEETS,**  
discusses concerns over harvest process

**SEROLOGICAL TESTS ON WIDER SCALE**  
as lockdown enters final, critical phase

**ON HYDROXYCHLOROQUINE, INDIA SAYS**  
will help affected nations, neighbours

## Centre's cue: States want longer lockdown

Clarity likely after April 10 when disease trajectory is more visible

LIZ MATHEW & ABANTIKA GHOSH  
NEW DELHI, APRIL 7

WITH THE number of COVID-19 cases in India nearing the 5,000-mark, the Centre is considering suggestions from a number of states that the restrictions in place during the 21-day national lockdown should be extended beyond the deadline of April 14, government sources said Tuesday.

"The central government is thinking on the same lines, but the Prime Minister will take a final call after considering all aspects and holding discussions with experts. We are sure that every state will follow the decision he takes," said sources.

Meanwhile, an informal Group of Ministers (GoM) on COVID-19 headed by Defence Minister Rajnath Singh discussed measures to enable operations in the farming sector. "This is the harvest season, and the focus is on how to smoothen the process. There is already some relaxation in the movement of machines and for farm labourers. But there is lack of information on the ground...this has to be communicated properly, and states encouraged to expedite work," said sources.

Since Prime Minister Narendra Modi's video-conference with chief ministers last week, at least seven states, including Maharashtra with the maximum number of cases (868) so far, have indicated that they would continue to have some restrictions in place after the three-week period.

The chief ministers had conveyed to the Prime Minister that they would prefer to take some steps to revive the farming and manufacturing sector. The Centre had also signalled that

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Around 200 people from a JJ cluster in Noida's Sector 8 were taken to a quarantine facility late on Tuesday evening. *Abhinav Saha* REPORT, PAGE 3

As case count nears 5000, Govt plans big testing push in make-or-break week

ABANTIKA GHOSH  
NEW DELHI, APRIL 7

AS THE last week of the three-week lockdown begins, amid indications that some restrictions may continue post-April 14, the government is preparing to massively scale up testing for COVID-19 over the next few days. Sources said the test results during this "make-or-break week" will be a deciding factor in determining whether the lockdown continues or not.

With 508 new cases being confirmed in the last 24 hours, the total number of cases detected across the country touched 4,789 on Tuesday. While 124 people have died so far, 353 have been discharged.

"This week, you can say, is the make-or-break week so far as the future course of the epi-



Drones spray disinfectant on quarantine sites in Ahmedabad. *Javed Raja*

demic in India is concerned, whether we continue with the lockdown or not. The criticism has been that we did not test enough, but we have always maintained that if it (infection) was really happening that much, the death toll would not be so low; also, influenza-like illnesses across the country have

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## In capital's quarantine for Tablighis: 1000 in 2 buildings, flat number is ID

ANAND MOHAN J  
NEW DELHI, APRIL 7

ANNOUNCEMENTS FROM loudspeakers never stop at the quarantine facility at Narela in outer Delhi.

Around 2 pm, members of the Tablighi Jamaat step out of their flats and form a line, as instructions boom from a loudspeaker. They are supposed to be screened for symptoms of the coronavirus — part of a daily routine at the facility.

Just last month, the 1,000-odd men quarantined at the facility had participated in a gathering at Markaz Nizamuddin, in

what has now become an epicentre of the country's coronavirus outbreak, with cases being reported across the country. More than 2,300 people were evacuated from the Markaz last month — those with symptoms were sent to hospitals, and others to quarantine facilities.

At the Narela facility, the men are known less by their names and more by their flat numbers. During the daily screening, a nursing attendant announces flat numbers one by one. "Flat number 218," the attendant says, and a man raises his hand and identifies himself.

The Army has accepted a request by authorities to handle



Quarantine facility in Narela. *Gajendra Yadav*

medical screening at this facility, which has doctors, nursing attendants, maintenance staff and civil defence volunteers at the forefront.

"We have deputed around 20

officers, including doctors and nursing assistants. They are working along with civil and medical professionals as a part of the process of taking over screening duties. In the interest of smooth running of the facility, it is being ensured that the takeover process will be gradual," Army sources told *The Indian Express*.

There are around 1,300 people under lockdown in three buildings. Two buildings house around 1,000 Tablighi Jamaat members, while the third houses people who came from abroad last month and were sent to quarantine from the airport.

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**CORONA COUNT**  
4789 CASES 124 DEATHS  
353 RECOVERED  
1,14,015 samples have been tested as on April 7, 2020

INSIDE



UK PM JOHNSON IN ICU, STABLE

SOME LEVELLING OF CASES IN NEW YORK, SPAIN RISING AGAIN  
PAGES 3, 4, 5, 7, 10

## Delhi lines up 'five-Ts', Chief Minister invokes South Korea experience

EXPRESS NEWS SERVICE  
NEW DELHI, APRIL 7

THE DELHI government will start conducting rapid antibody tests, as recommended by the Indian Council of Medical Research (ICMR), in areas identified as coronavirus hotspots in the national capital, Chief Minister Arvind Kejriwal said Tuesday.

Kejriwal said the five-point action plan being rolled out by the government involves testing, tracing of contacts, treatment, teamwork and tracking. In terms of tracing, the government is go-

ing to expand the surveillance net by sharing mobile numbers with the Delhi Police of some 2,300 men who were present at the Tablighi Jamaat gathering at Markaz Nizamuddin last month. "After consulting doctors and other experts, we have prepared a five-point plan, which are essentially five Ts. The first T is testing. Countries that did not undertake tests could not contain the spread of the virus. On the other hand, consider South Korea's case, on how it got tests conducted at a mass scale," he said.

"Carriers of the virus were identified so that they don't

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## 'HYDROXYCHLOROQUINE FOR BADLY AFFECTED COUNTRIES'

## Trump says may retaliate; Govt rethinks export ban, says enough stocks at home

SHUBHAJIT ROY  
NEW DELHI, APRIL 7

SHORTLY AFTER US President Donald Trump said that "there may be retaliation" if India does not agree to export Hydroxychloroquine (HCQ), a key anti-malaria drug, India Tuesday said that it will supply essential drugs to "some nations who have been particularly badly affected" by COVID-19 and to "neighbouring countries who are dependent on India's capabilities".

New Delhi also said that a "comprehensive assessment" of India's domestic requirements has confirmed the "availability of medicines for all possible contingencies". It said that it

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THE DRUG EVERYONE IS LOOKING AT EXPLAINED, PAGE 7

## Pharma majors ramp up capacity to meet demand in country and abroad

PRABHA RAGHAVAN  
NEW DELHI, APRIL 7

INDIA'S DECISION to reverse the April 4 export ban on hydroxychloroquine within 74 hours is based on an assessment that pharma companies Ipca Laboratories and Zydus Cadia can ramp up capacity to cater to the increased domestic as well as overseas demand.

On Tuesday, India said it would license hydroxychloro-

quine, primarily an anti-malarial drug also used for autoimmune diseases, and pain-killer paracetamol, allowing their export to some countries. The demand for hydroxychloroquine had shot up globally with several countries pushing India — among the top suppliers of the drug globally — for the drug's use in their fight against COVID-19.

While the demand position of these drugs would be "continuously monitored", the Ministry

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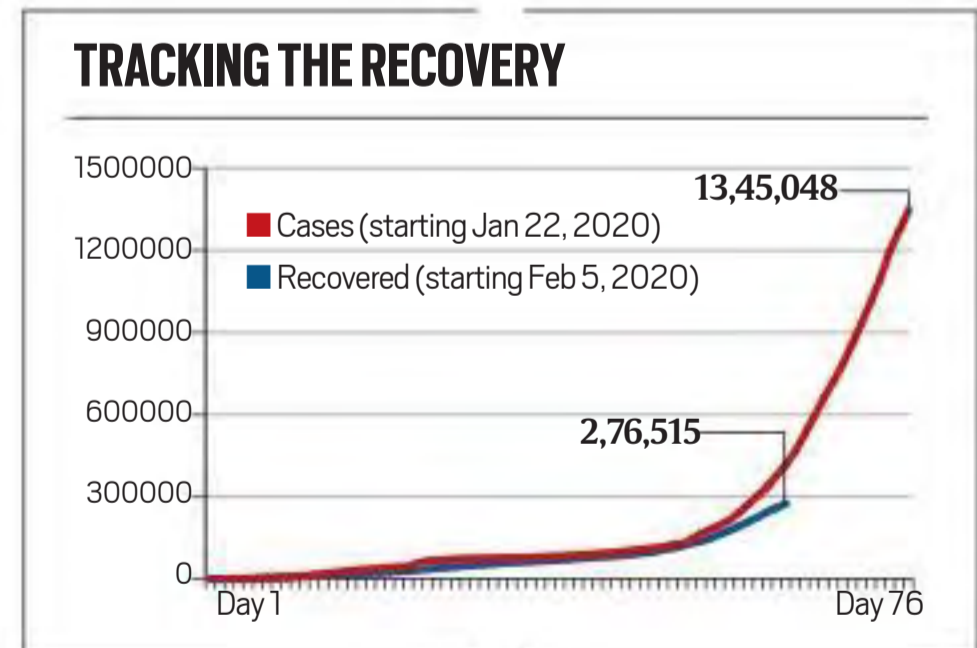
## Globally, tally of recovered closely follows total cases, with 14-day lag

KARISHMA MEHROTRA  
NEW DELHI, APRIL 7

MAPPING the number of COVID-19 patients who recovered against the global case load reveals an interesting trend - it mimics the exponential growth curve of the pandemic, but also appears to closely trail the case-load, with a 14-day lag.

Absolute numbers on a particular date of the number of positive COVID-19 cases and recovered cases may still look intimidating. A two-week reflection, however, shows the recovery rate is trailing not too far behind the caseload.

For example, the Johns Hopkins database suggests 2,92,467 recovered cases Tuesday as against a global load of 1,365,004 cases. Two weeks ago, the caseload was 3,78,235,



JHU statistics show.

Over a month back, March 1 saw 88,369 cases globally with only 42,716 recoveries. However, two weeks later, on March 15, there were 76,034 recoveries.

In other words, for roughly two months (from March 1 to April 6), recovered numbers

grew exponentially, and clearly trailing the case load with a lag of 14 days (the incubation period).

Explaining this trend, Sitabhra Sinha, a scientist at the Institute of Mathematical Sciences in Chennai said, if everyone who fell sick on Day 1

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## Kerala plan: no flights till end of May, schools only for exams

SHAJU PHILIP  
THIRUVANANTHAPURAM,  
APRIL 7

A TASK force of experts constituted by the Kerala government has recommended district-wise, phase-by-phase relaxation of the COVID-19 lockdown measures post April 14, lasting till after middle of May, while keeping a close eye on the number of new infections in the state.

The 17-member task force headed by former chief secretary KM Abraham, that submitted the report to Chief Minister Pinarayi Vijayan Monday evening, said large-scale movement of people across international and state boundaries should not be considered till the situation was "under control in every state".

Calling for a withdrawal strategy "calibrated to ensure that the case load is always kept below the (surge) capacity of the healthcare system", the panel laid out the phases in which relaxation could be done post the lockdown.

The first phase would include districts that haven't seen more than one new case for a week leading up to the April 14 review (i.e. April 7-13); have not seen an increase of more than 10% in the numbers under home surveillance in that period; and have no coronavirus hotspots. Each phase would be a fortnight-long.

In the second phase would be included districts that have not seen more than one new case of COVID-19 in an entire

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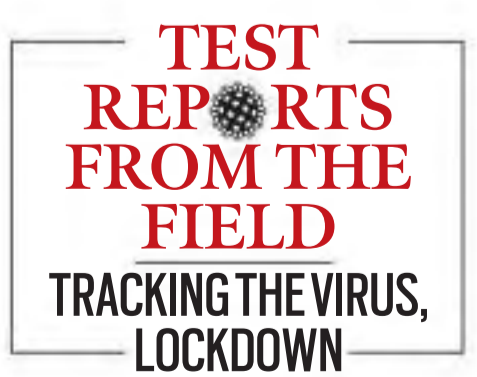
PAGE 1 ANCHOR

## On Maharashtra highways, dhabas home for stranded truckers

IRAM SIDDIQUE  
KOLHAPUR, APRIL 7

"WHEN PEOPLE from villages go to work in cities, they have at least a couple of people to help them. Here on the highway, no one knows me," says Kanhaiya Singh as, lying on the front seat of his truck, he tries to tune into his mobile radio for news updates.

Transporting 40 motorcycles, the 40-year-old and his driver Harpreet Singh had covered over 700 km from Bengaluru and were just 85 km short of their destination Pune when the country went into lockdown.



Truck drivers near a dhaba on NH-48 in Satara. *Nirmal Harindran*

dhabas like Kanhaiya or at petrol pumps. Their rations are running out, and with many dhabas shut, so is food.

Police patrols shoo them away from tolls, or tell them to turn around. "Even when an order has been issued to allow essential services, the understanding on the ground is to only give priority to essential items. Those returning after offloading their goods are being stopped on return journey," says Bal Malkit Singh, the Chairman of the All India Motor Transport Congress.

While many have abandoned their trucks and left, those like Kanhaiya, afraid of leaving



Truck drivers near a dhaba on NH-48 in Satara. *Nirmal Harindran*

their cargo unattended, pass days counting their money, and surfing phones for news.

Five of them have now been parked since at least a fortnight at Suchar Singh's dhaba, on Turjapur Road in Osmanabad district. Many others have left their trucks behind in Suchar's care, putting their phone numbers down on a piece of paper, and their truck papers and details of their consignments in a dusty folder. The 60-year-old's joint is a favourite with truckers, its "special Punjabi khana" drawing up to a hundred customers every night.

Rana Pratap, among the five drivers living at the dhaba, says

every time he has tried to make his way out, police have forced him back. He was carrying cotton from Raipur to Kolhapur when he got stuck on Janata Curfew day on March 22.

Asking why the government had not arranged shelters for them, the 35-year old who has been driving trucks for 11 years says, "We will die of hunger on the road."

Bal Malkit says the All India Motor Transport Congress had asked the state government to tie up with districts to arrange food for the truckers, but not heard back. "We are making efforts but

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KERALA TASK FORCE RECOMMENDS FOUR-PHASE EASING OF LOCKDOWN

A task force of experts constituted by the Kerala government has recommended gradual, phase-by-phase relaxation of the Covid-19 lockdown measures post April 14, while keeping a close eye on the number of new infections in the state

VIDEO OF THE DAY



SONIA SUGGESTS CUTS ON GOVT SPENDING

Congress president wrote to Prime Minister Narendra Modi

CORONAVIRUS



SHORT FILM ABOUT SELF-ISOLATION

Over four minutes long, Family emphasises staying at home

EXPRESS AUDIO

Will Indians see prices rise after lockdown?

NEW EPISODE EVERYDAY

Today on the 3 Things podcast, we discuss the impact of the lockdown on the rural economy and the price of goods

FROM PAGE ONE

Testing push

remained flat. But to test that hypothesis, we need to test. That is what we will do this week when we hope to get a definitive idea about the course of the disease," said a government source.

The testing protocol is likely to remain the same — symptomatic people with travel or contact history, health workers with symptoms, all hospitalised patients with severe acute respiratory illness (fever, cough etc), and asymptomatic direct and high-risk contacts of a confirmed patient (once between days 5 and 14 of having come in contact).

With the ICMR issuing an advisory for the use of rapid antibody tests in "areas reporting clusters (containment zone) and in large migration gatherings/evacuee centres", the serological tests are set to be conducted on a wider scale.

With 12,584 (swab) tests being done in the last 24 hours, the total number of samples tested has touched 1,14,015.

"The idea is to double the number of tests every three-four days and reach about 40,000 daily. The private labs obviously have better mobility and reach than us because they are making money," said the source.

Two high throughput testing machines have been pressed into service in Bhubaneswar and Noida, each with a capacity to test 1,300-1,400 samples daily. Twelve such machines have been ordered from Roche, and are expected to be delivered in about three weeks.

There are also the TB testing machines, CBNAAT and TRUNAT, that have been pressed into service for COVID-19.

Environment Secretary C K Mishra, who heads the empowered group on hospitals, testing facilities etc, said: "The government is making every effort to ramp up testing and also working with states to see that it is delivered."

Meanwhile, the Health Ministry said the cluster containment strategy in hotspots like Agra, Mumbai, Pathanamthitta and Bhillwara has started to show results.

In addition, in a bid to streamline care of patients, the ministry issued directions for categorisation of designated facilities into three groups — COVID care centres, COVID health centres and dedicated COVID hospitals.

According to the document prepared by the Health Ministry's emergency medical response division, the COVID care centres are makeshift facilities for "mild", "very mild", or suspected cases, and may be set up in hostels, hotels, schools, stadiums, lodges.

The COVID health centres are for "moderate" cases, and should either be a full hospital or a separate block in a hospital with preferably separate entry/ exit/zoning.

The dedicated COVID hospitals are primarily for "severe" cases, and should either be a full hospital or a separate block in a hospital with preferably separate entry/ exit, fully equipped ICUs, ventilators and beds with assured oxygen support.

Delhi CM

infect others. If we don't do that, we won't even know who has contracted the virus. We were facing a shortage of testing kits; now the situation has improved. We had placed an order for 50,000 kits and have started receiving those. For rapid tests, we have ordered 1 lakh testing kits, which will start getting delivered from Friday," Kejriwal said.

Delhi's case.

The ICMR had on Saturday issued an advisory saying that the rapid antibody test be undertaken at hotspots across the country. The test involves taking blood samples to ascertain if a person has developed antibodies against the virus. The presence of antibodies would mean the person is immune to the virus. The antibody test happens to be a faster alternative to the direct test, known as Polymerase Chain Reaction (PCR), in which throat or nasal swabs are taken.

Kejriwal said the rapid tests, for now, would be undertaken at the Nizamuddin and Dilshad Garden areas in the city. He added that direct tests would be conducted as well, but did not elaborate further. "We will aggressively test to identify, treat, trace, quarantine and seal, along the lines of South Korea," he later tweeted.

Pharma majors

of External Affairs Tuesday said the stock position could allow Indian companies to meet the export commitments already made. Companies producing the drug said it was possible to meet the demand.

Ipca Laboratories and Zydus Cadila are ramping up production capacity to not just meet an immediate demand from the US, EU and other countries for around 150 million tablets, but also to cater to an order for around 100 million tablets from the Indian government in the wake of the COVID-19 emergency.

A spokesperson for Zydus Cadila said the company has, at the moment, ramped up production of its hydroxychloroquine to 20-30 metric tonnes a month from three tonnes previously to meet the higher requirement. It will scale up the capacity further to about 40-50 metric tonnes per month "if need arises". The spokesperson, however, did not specify the split in capacity for India and exports.

Ajit Kumar Jain, Joint Managing Director, Ipca Laboratories, another major producer of the drug, told The Indian Express, "We manufacture not only all the APIs (active pharmaceutical ingredients), but all the KSMs (key starting materials) for it as well. We are self sufficient that way."

"Suddenly, the demand has gone up 4-5 times, but the industry's capacity is very large. In April itself, we will be able to meet whatever the government has ordered, which is significant compared to the quantity we were producing for India," he said.

The company has the capacity to manufacture hydroxychloroquine using 20 metric tonnes worth of ingredients but so far had used only around 20 per cent of this to cater to the Indian market. Tablets made using the remaining 80 per cent had been exported not only to regions with a large burden of malaria, but also to countries with patients suffering from auto-immune diseases. Even in India, the drug is prescribed for use by patients with conditions like rheumatoid arthritis and lupus.

Ipca Labs, though previously absent in the US market due to an import alert against it, exports hydroxychloroquine to 70-80 markets, including countries in Africa, the Commonwealth of Independent States (CIS), Europe, Asia and the Latin American region. On March 21, the United States Food and Drug Administration (US FDA) "made exception" to its import alert against the company to allow it to procure sufficient stock of the drug for emergency use, Ipca told stock exchanges.

However, before the spurt in global demand for hydroxychloroquine - which is still not proven to be effective in COVID-19 treatment, the drug catered to a smaller market, both in India and outside. Data collated by the

Clarity likely after April 10

there could be a "staggered exit" from the lockdown while continuing curbs in areas identified as hotspots.

Government sources said there would be clarity on the situation only after April 10, once testing is stepped up and results show the outbreak's trajectory.

"As you can clearly see, it is not as if the disease has affected the whole country — it is just 284 districts so far, not even half the country. So it is perhaps safe to say that about 60 per cent of the country can hope to see some relaxation after April 14. It cannot be business as usual. But at the same time, the stringent restrictions cannot continue indefinitely," said sources.

Officially, though, the gov-

ernment has sought repeatedly to dispel speculation of the lockdown being extended. Lav Agarwal, Joint Secretary in the Ministry of Health, cited Cabinet Secretary Rajiv Gauba's clarification last week, denying any possibility of an extension. "It is true that states are asking for extension and all of that is being looked into. As and when a decision is taken after discussions, I will let you know," he said.

At the same time, however, Agarwal cited a US study showing that one infected person can infect 406 others — but when in lockdown, that number is down to less than three people.

With most states in favour of stretching the curbs, Madhya Pradesh Chief Minister Shivraj

Singh Chouhan, who had said Monday the lockdown would be lifted in his state next week, did a U-turn and called for the restrictions to be extended. Madhya Pradesh has recorded 229 cases so far.

In Jaipur, Rajasthan Chief Minister Ashok Gehlot said the lockdown "will not be lifted in one go". "We have imposed curfew in at least 40 places...we will have to lift it phase-wise," he said. But Gehlot said 21 days was too long a period to confine people in homes. "Factories, industries...everything is shut. You can understand where we are heading economically. But we can't take steps that endangers lives," he said.

In Delhi, those who at-

tended the informal GoM meeting — its fourth since March 25 — included Home Minister Amit Shah, Finance Minister Nirmala Sitharaman, Chemical and Fertilisers Minister DV Sadanand Gowda, and Consumer Affairs, Food and PDS Minister Ram Vilas Paswan. Rajnath Singh is expected to give inputs to the Prime Minister based on the GoM's discussions.

Sources said "the GoM is preparing the measures and steps to be taken, as and when the lockdown is lifted". "It could be staggered, it could be extended — the Prime Minister will take a call on that. But we are getting ready for it, as and when it happens," they said.

regard or any attempts to politicise the matter," the MEA spokesperson said.

Early on Tuesday (India time), Trump had said "there may be retaliation" if India does not agree to export hydroxychloroquine.

"I would be surprised if he (Prime Minister Narendra Modi) would, you know, because India does very well with the United States," Trump said at a White House press briefing when a reporter asked whether he was worried about "retaliation to the ban on export of medical goods" from India.

"I don't like that decision, I didn't hear that that was his decision. I know that he stopped it for other countries. I spoke to him yesterday, we had a very good talk and we'll see whether or not that's his... For many years, they've been taken advantage of the United States on trade. So I would be surprised if that were his decision. He'd have to tell me that. I spoke to him Sunday morning, called him, and I said, we'd appreciate you allowing our supply to come out. If he doesn't allow it to come out. That would be OK. But of course, there may be retaliation. Why wouldn't there be?" the US President said.

With more than 350,000 confirmed cases of coronavirus infection and over 10,000 deaths, the US has emerged as the new epicentre of the pandemic.

Delhi quarantine

One of them, a doctor from Roorkee, said, "Earlier, rooms were cleaned every day. Now there is a day's gap. Thankfully my test was negative, I just have to find a way back home now."

DDA vice-chairman Tarun Kapoor said that around 1,400 flats have been handed over to authorities to house the occupants. Each flat accommodates two people. Two beds, a table, a chair and a stool are provided in each house.

District Magistrate (North) Shinde Deepak Arjun said one patient has tested positive for coronavirus in the camp so far. In case anyone at the camp shows symptoms, one of four ambulances stationed there take the person to LNJP Hospital. The temperature of staff, too, is checked twice a day.

For sample collection, doctors at the camp are assisted by technical staff from B Rambedkar and Sanjay Gandhi hospitals.

"We check for symptoms, and to maintain hygiene, we fumigate the premises daily. We also spray sodium chlorite solution around the camp. All possible measures are taken to keep everyone safe," Arjun said.

The buildings follow a strict lockdown, with announcements making it clear that occupants cannot even stray into their balconies. The peripheral staff comprising sanitation workers, housekeeping staff and plumbers are the only ones who enter the building, dressed in personal protective equipment (PPE). Authorities said they have PPE kits to last them another two days, and new equipment is procured on a daily basis.

The day at the facility begins with sanitation workers cleaning the apartments. Outside one of the buildings, a sanitation worker dons his PPE kit. He is in charge of collecting waste and packing it into plastic bags of red and yellow, meant to be incinerated. "Every day as I enter these flats, I pray to god. And every time my temperature check comes normal, I thank god," he says.

The doctors, meanwhile, break for lunch at the medical camp after a six-hour shift. "It is like working next to a nuclear meltdown site. The anxiety drains the energy from us. Otherwise we can work for 12 hours at a stretch. This is the hardest thing I have done so far," says a doctor.

FULL REPORTS ON  
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Kerala plan: no flights till May end

OPENING UP, IN PHASES

**1ST PHASE:** No airline, rail movement; no entry into Kerala; face masks must. Only one person per house can step out at a time. Malls, theatres to stay shut. Odd-even for private vehicles.

**2ND PHASE:** Short-distance bus services, MNREGS and MSMEs to start, with health

protocols.

**3RD PHASE:** Inter-district buses, essential domestic flights to start, with curbs. Educational institutions to open only for exams.

**FLIGHTS** to be allowed only after full relaxation of curbs. Every entrant to undergo 14-day home quarantine.

fortnight since prior review; where the number of those under home watch has not gone up by more than 5% in that period; and where there are no hotspots. The third phase would cover districts that have had no new case for a fortnight since last review; seen a decrease of more than 5% in the number of persons under home surveillance in that period; as well as have no hotspots.

The CM said they would submit the task force's recommendations to the Centre. "The state is awaiting the decision of the Union government on lockdown after April 14. Only then would the state decide whether any change in the is required," Vijayan said.

As per the report, in the first phase, there would be no airline and rail movement in the state, nor any person from outside Kerala allowed, other than what is permitted currently. No person shall be allowed outside house without face masks, senior citizens with co-morbidity

not allowed at all, and there would be restrictions on the number of persons who can travel in a vehicle.

Besides, only one person per house would be allowed outside at a time, for a specific purpose, and for not more than three hours. Supermarkets and malls, film theatres, bars, conference halls and hotels with closed air-conditioning can't open, and all places of worship shall remain closed with no religious gatherings allowed. Private vehicles

will be allowed on the basis of odd-even pattern for six days, with total ban on Sundays except for essential services.

In the second phase, the committee said, short-distance bus services can be allowed with restrictions on number of passengers. The MNREGS and all micro, small and medium enterprises can be re-started at this time with health protocols.

In the third phase, inter-district bus service and essential domestic flights, both with re-

stricted capacity ensuring social distancing, can be allowed. Universities and educational institutions will open only for the conduct of exams, while malls and hotels can operate but with restricted entry.

International air travel and flights from other parts of India may not be allowed till full relaxation of restrictions in the state. Every entrant to the state would have to undergo 14-day home quarantine, with the district administration monitoring movement, and health and police departments the borders.

The total count of COVID-19 cases in Kerala is now 336, with nine cases reported on Tuesday, after testing of 11,232 samples. Two people have died while 73 have recovered. The number of people under observation stands at 1.46 lakh, down from the high of 1.71 lakh on Saturday, when quarantine of hundreds of persons with travel history from abroad as well as their contacts ended.

Pharmaceutical Export Promotion Council shows that India's hydroxychloroquine exports stood at around \$36.41 million in April-February 2019-20, 24 per cent lower than in 2018-19.

Maharashtra

cannot reach out to all the drivers stuck in remote districts," he says.

Abhishek Gupta, the Joint Secretary of the All India Transporters' Welfare Association, says only 10% of trucks with national permits are on the roads currently. Of the 95 lakh-odd trucks registered at Regional Transport Offices across the country, around 13 lakh have national permit. "We have managed to gather GPS data on 70,000 trucks with national permits, of which only 6,500 are moving. All others are either abandoned or stuck," Gupta says.

He adds that the association is mapping the toll plazas where the National Highways Authority of India has started distributing food, and communicating this to stranded truck drivers across India.

Transport Minister Anil Parab says the state government has issued a notification to let all the trucks move, both with essentials and non-essentials. "Several trucks stuck near tolls have also been cleared. If there are other trucks still stuck, I'll instruct the DG, Highways, to ensure smooth passage," he said.

Back at the Wai dhaba, Harpreet and Kanhaiya say they mostly cook for their own, to save money, though sometimes the staff at the restaurant share their meagre meals of daal and rice. The joint has been shut now for 17 days.

Harpreet, 32, worries about the wheat ready for harvest at their village in Mathura. "There are no workers now and I cannot help my family," he says.

Kanhaiya says he has been calling up the owner of the showroom to whom they were to deliver the bikes, asking him to send someone with essential supplies, but to no avail.

Gupta says the fact that many warehouses where deliveries are headed are shut due to the lockdown has also left the truckers stranded.

About 15 km ahead of Wai, on the same highway, Baba Punjabi Dhaba in Nathane is also home to five truckers, including Manbeer Yadav. The 35-year old container truck driver left Delhi on March 18 with nothing but a steel glass that he uses to drink water, headed for Kolhapur. "We would have died of hunger if not for this dhaba," says Yadav.

His bigger concern are his wife and two children, back in Firozabad, Uttar Pradesh. Yadav says his wife has been forced to ask villagers for milk to feed their one-year-old. After repeated calls, his employer transferred Rs 1,000 into Yadav's account as allowance for five days, though he has been stuck for nearly 18 days. "I'm trying to figure out a way to send this money home," says Yadav, managing a smile.

Stuck with him is Mayank Sharma, 42, whose daughter's wedding scheduled for May 1 now stands cancelled. He can't abandon his consignment of newly made glass bottles headed from Firozabad to Goa, he says. While Sharma claims that he is staying back to honour Prime Minister Narendra Modi's "aagya

(call)" regarding the lockdown, he adds, "I have told people at home that I am staying at a hotel."

Global count

recovered 14 days later, the two curves would exactly align. The discrepancy between the two is either people who fell sick and died, or people who recovered earlier or later than the mean period of 14 days.

"Given that people are as likely to recover earlier as later, these two effects should balance out, so as to not affect the coincidence of the two curves by much," he explained. "So that leaves only accounting for those who died... This is probably why the recovered curve is lower than the infected curve in your figure."

While other pandemics might have a different duration interval between infection and recovery, "possibly one can conclude that the variability of this interval for different people is relatively low for COVID-19." Sinha has modeled a current estimated transmission rate for the country at 1.83. This means that each infected person in India is transmitting it to an average of 1.83 people.

As on Tuesday, the total number of COVID-19 deaths globally was 78,269.

Trump

stock position "could allow" Indian companies to meet the export commitments they have already made.

On April 4, after Trump made the request for supplies of HCQ in a phone call to Prime Minister Narendra Modi, New Delhi was "considering the request", The Indian Express had reported.

Incidentally, that same day,

Tablighi Jamaat had major role in spreading the virus: Nitin Patel

Ahmedabad: Gujarat Deputy Chief Minister Nitin Patel, on Tuesday, alleged that some members of Tablighi Jamaat, played a major role in spreading COVID-19 by "not cooperating with authorities" and "hiding their travel history" to Nizamuddin Markaz in Delhi.

"After leaving Delhi, they should have informed the state's health or police authorities... we could have quarantined them, checked them medically. We could have prevented the current spread," Patel said.

He added, "And I must say that this has caused maximum damage to minority areas. Currently in Gujarat, Muslim community has a big share in the list of Corona positive patients... these people came, did not inform and the virus spread."

Meanwhile, in an interview to a radio station, Chief Minister Vijay Rupani also said a sudden rise in COVID-19 cases in Gujarat was because of "mistakes" committed by Tablighi Jamaat members who attended the gathering in Delhi. ENS

Hindu Mahasabha leader held for 'inflammatory' remarks in UP

Lucknow: The Aligarh police on Tuesday arrested Hindu Mahasabha national secretary Pooja Shakun Pandey and her husband Ashok Pandey for allegedly making "inflammatory remarks" against Tablighi Jamaat members.

Ashok Pandey is national spokesperson of the Hindu Mahasabha.

"They were produced before a local court that sent them to judicial custody," said Circle Officer, Aligarh, Pankaj Srivastava.

Leaders of the outfit could not be reached for comment. The duo were sent to Aligarh district jail. SHO, Gandhi Park police station, Sandeep Kumar Dharma said an FIR was registered against them on Monday under IPC sections 153 A, and 505 (2). ENS

Centre to SC: road closure row between Kerala, Karnataka resolved

New Delhi: The Centre on Tuesday informed the Supreme Court that the row between Karnataka and Kerala over the closure of roads between Mangaluru and Kasaragod has been resolved.

Solicitor General Tushar Mehta told a bench of Chief Justice of India S A Bobde and Justices SK Kaul and Deepak Gupta that the Union Home Secretary was told in a joint video conference with authorities concerned that the states "have agreed to a protocol for facilitating the free movement of patients for medical treatment at the inter-state border at Talapadi".

The court disposed of an appeal by the Karnataka government against an April 1 order of Kerala HC asking it to open the roads so that patients from Kasaragod could access medical facilities in Mangaluru. ENS

CLARIFICATIONS & CORRECTIONS

07.04.2020, PAGE 1

THE REPORT, 'Staff test positive, Wockhardt shut, top hospitals face sealing threat', incorrectly stated that 108 healthcare workers have tested positive for coronavirus at Sir Ganga Ram Hospital. The 108 have been quarantined. The error is regretted.



# 3 THE OUTBREAK

THE CITY

TAKEOVER OF PRIVATE HOSPITALS A CONTINGENCY MEASURE: OFFICIALS

## Govt chalks out plan for 30,000 cases: More beds, roping in hotels

EXPRESS NEWS SERVICE  
NEW DELHI, APRIL 7

A GRADUAL takeover of hospital beds, hotels and banquets — the Delhi government has chalked out a plan to handle up to 30,000 active COVID-19 cases in the city if the need arises, Chief Minister Arvind Kejriwal said Tuesday.

A senior government official said resources of private hospitals will be utilised only in an emergency situation. As of now, officials have been instructed to map the number of beds in private hospitals that can be used.

As of Tuesday, the government has earmarked 2,950 beds for confirmed cases across three government and private hospi-

tals each, Kejriwal said.

The number of confirmed cases in the city stands at 576 at the moment. Two more deaths were reported on Tuesday, taking the toll to nine.

There are 1,500 beds at Lok Nayak Hospital, 500 at GB Pant Hospital, 250 at Rajiv Gandhi Super Speciality Hospital and 400 in three private hospitals — Max Saket (318), Apollo (50) and Sir Ganga Ram (42). Once cases cross 3,000, GTB Hospital, with 1,500 beds, will also be earmarked for patients.

"In this manner, we have chalked out a plan to handle up to 30,000 active cases. There will be 8,000 hospital beds. We plan to take over more and more beds as and when cases



CM Kejriwal stressed on the importance of cooperation among states and the Centre

rise. Moreover, there will be 12,000 hotel beds, while 10,000

will be kept in banquets and dharamshalas. Serious patients would be sent to hospitals while those with mild symptoms will be kept at hotels and other places, equipped with medical facilities. We will have 400 ventilators and 1,200 beds for those who will require oxygen support," said Kejriwal.

A government official added: "The plan to take over private hospitals is a contingency measure, there is no immediate plan to take over any private healthcare establishment. But officials have been instructed to map the availability of beds so that they can be used if the need arises."

The AAP chief also stressed on the importance of team work

and cooperation among states and the Union government, "rising above political differences", to tide over the crisis.

"Even states will have to work together. People of Delhi should not be under the impression that what happens in Maharashtra won't affect them and vice-versa," he added.

Kejriwal said the crisis of shortage of PPE kits has eased a bit, with the Centre supplying 27,000 kits. The Delhi government also gets around 3,000 kits daily as part of its order for 1.4 lakh PPEs through the Central Procurement Agency.

Till Monday, hospitals in the city designated to treat COVID-19 patients had 4,000 kits in their stock.

NEW DELHI, APRIL 7

AS THE Delhi government prepares to start conducting rapid antibody tests in hotspots such as Nizamuddin West and Dilshad Garden, MALLICA JOSHI speaks to DR S K SARIN, who heads the panel on COVID-19 preparedness, on the road ahead.

**What role will the rapid antibody tests play?**

It is a good idea because the test can give us a variety of data that can help us understand the disease and its impact better. The swab test has a sensitivity of 60%. DNA is extracted and a PCR test is run. It is a laborious process but a definite one. Once the virus enters the body, it will make antibodies against the viral antigen. These are IgM, produced in the acute phase, and IgG antibodies, produced when the virus starts clearing. They may take 3-7 days to develop. The test kits will be able to tell us if a person was affected acutely or if he has recovered. If the infection is acute or active, a person will have IgM antibodies; if they have recovered, they will have IgG antibodies. You don't have to take nasal swabs, a blood test is enough. The kit will help us get an idea about the number of people who have been infected.

What we are still trying to understand is that if you have been infected earlier and have developed IgG antibodies, are you protected against the disease? We will have to wait and see if these people are still vulnerable. It is a good method, especially for those in quarantine.

In this test, it will take time to find out whether someone has contracted the disease as antibodies take time to develop. In swab tests, there is no need to wait. There are 40,000 people in quarantine in Delhi presently.



THE EXPRESS  
INTERVIEW  
WITH  
DR S K SARIN  
HEAD OF COVID-19 PANEL

Many of them can be asked to go back home if the tests are negative. Right now, people who have been in touch with someone who was infected and have symptoms are hospitalised and tested and those without symptoms are quarantined. The test can also tell us if someone has been infected in the past but remained asymptomatic.

**What kind of a picture can this testing give us in hotspots?**

Random testing is a good idea for nasal swab tests if there are enough available. For those in quarantine, antibody tests are a good idea. Those who have been in contact with patients or healthcare workers should be the first ones to be tested. The antibody tests can also give us data about how people react to the virus. Have the young made more antibodies? What about the response of the elderly or those suffering from diabetes? Who does not make any antibodies? This will give us a clear picture about the body's response in different age groups with different comorbidities for COVID-19.

**Have we seen anything to indicate that we are at the stage of community spread in Delhi so far?**

It is very difficult to assess. The New England Journal has a study from South Korea where asymptomatic patients have been studied. To say we don't have community spread is not easy. Presently, the number of patients is increasing, but not to the extent which was seen in other countries. Cases so far can be categorised as local transmission. We will have to monitor what happens in the next three-four days. If there isn't a spike, we might have avoided stage 3 for the time being. That said, we need to be prepared for the worst.

**Under these circumstances, should the lockdown be extended?**

Lockdown is a concept that has to be ingrained. It has to be voluntary, even if not enforced by the authorities. The one thing Indians have done well is using masks early on when the disease started to spread, even before it was advised. The extension of the lockdown will be beneficial as it will arrest the number of deaths. Every life matters. If the lockdown has to be eased, it should be done in a graded manner in areas that are not hotspots. The hotspots should remain cordoned off.

**The CM said that if there are 30,000 cases, Delhi will need 400 ventilators. What is the calculation behind that?**

Out of every 100 patients, 20 require hospitalisation. Of these, around 2.3 patients require ventilators and five require admission in ICUs. If we get 1,000 patients who stay for seven days, we will need around 140 ventilators. Some of them will be cured and get discharged.



### ISLAND OF CALM

Occupants at the Yamuna Sports Complex participate in a yoga session on Tuesday. Among its 300 occupants are labourers who tried to leave Delhi on foot, street children, and many who simply broke curfew. Prem Nath Pandey

## ASI tests positive, Kalkaji police colony under lockdown

MAHENDER SINGH  
MANRAL

NEW DELHI, APRIL 7

A 49-YEAR-OLD assistant sub-inspector posted with the traffic police tested positive for COVID-19 Tuesday evening. A resident of Kalkaji police colony, he has been shifted to AIIMS while his wife and two children have been advised home quarantine as they were asymptomatic.

DCP (Southeast district) R P Meena confirmed the case and said they have informed his department.

Delhi Police Commissioner S N Shrivastava had earlier ordered that 25%-33% of the force will remain in home quarantine for a period of 10 days on rotation, with preference being given

to personnel above 50 years of age and those with medical conditions.

Police said the ASI had been sent on leave last week and asked to be in home quarantine. "He had complained of fever and informed his seniors. He got tested last week and received the report today," said an officer.

Authorities are trying to ascertain how he contracted the infection.

Sixty-seven families live in the police colony, which is now under a strict lockdown. The entire colony was cordoned off on Monday evening. "We have assured his family of all help," said a senior police officer.

On Monday evening, local police alerted residents and also sanitised the area with the civic agency's help.

## 200 residents of Noida JJ cluster quarantined

AMIL BHATNAGAR  
NOIDA, APRIL 7

AROUND 200 people from a JJ cluster in Noida's Sector 8 were on Tuesday night taken to a quarantine facility as part of the district administration's coronavirus contact tracing efforts.

"No new case has been found in the particular area; we have only traced possible contacts of a positive patient. Families are being quarantined and kept under observation for their welfare and that of their surroundings. I urge people not to believe in rumors; this is an exercise of cluster containment," said Suhas L Y, Gautam Budh Nagar District Magistrate.

Officials said the "positive patient" whose contacts are being traced is an electrician from a fire safety firm which has now been sealed. Two of his family members have also tested positive.



At Noida Sector 8, Tuesday night. Abhinav Saha

The fire safety firm had come under scanner for hiding the visit of a British national last month, following which more than 20 cases emerged with links to the company.

"It was a chain of sorts, from the fire safety firm's employees and then their family members. Hence, quarantine measures are being taken," said Dr Anurag Bhargava of the Gautam Budh Nagar Medical Department.

## PPEs in short supply, AIIMS lists reuse rules

EXPRESS NEWS SERVICE  
NEW DELHI, APRIL 7

AIIMS TUESDAY released guidelines for the reuse of PPE kits, citing a strain on resources in light of the COVID-19 outbreak. Several healthcare professionals across the country have contracted the virus after coming in contact with patients who later tested positive.

Healthcare workers have also highlighted lack of PPEs, including full body suits, visors, goggles, masks, gloves and shoe covers.

"Existing CDC guidelines recommend a combination of approaches... including minimising the number of individuals who need to use respiratory protection... allowing extended and/or limited reuse of N95 respirators etc. Decontamination and reuse of PPEs may provide another solution," the guidelines said. As per present practice, PPEs

are not to be reused.

"Currently, decontamination of PPEs for purposes of reuse is not recommended, primarily because of concerns that decontamination would degrade performance, especially of the respirator... However, given the uncertainties on the impact of decontamination on respirator performance, these should not be worn by healthcare workers when performing or present for an aerosol generating procedure. The methods available for disinfection are only considered as extraordinary... in the event of imminent shortage," it states.

The protocol for decontamination of coveralls and N95 masks states that these be decontaminated using 11% hydrogen peroxide in a sealed room. For decontamination of face shields and goggles, guidelines suggest use of 0.5% sodium hypochlorite solution and 70% alcohol.

## Civic workers clean Markaz building

New Delhi: South MCD workers carried out a sanitisation operation to disinfect the Markaz building in Nizamuddin Tuesday. Public health field workers with power sprayers sanitised the premises while bed sheets and pillows were incinerated.

The sanitised area has now been locked, said a senior corporation official. The Nizamuddin Markaz is a five-storey building with a basement and a terrace, which can accommodate over 3,000 people. Last month, at least 4,000 members of the Tablighi Jamaat had gathered at the Markaz.

The South Corporation also carried out sanitisation operations via drones and tankers at Mahipalpur, Gautam Nagar, Abul Fazal Enclave, Ashok Nagar, Chirag Delhi, New Krishna park, Vikas Nagar, JJ colony Madipur, and Bhogal. ENS

CORONA  
WATCH

### Doctors' body donates PPEs


New Delhi: United Resident Doctors' Association of Hindu Rao Hospital donated 220 PPEs and 550 N95 masks for staff at hospitals across the city.

### Helpline launched

New Delhi: DCPCR has launched a helpline (011-411-82977) to counsel parents and children to tackle coronavirus fears. ENS

## APPEAL REGARDING SHAB-E-BARAT

In wake of COVID-19



सत्यमेव जयते

The sacred night of shab-e-barat is an occasion for families to pray and think of their departed family members.

Amidst the COVID-19 pandemic, Delhi is under lockdown. Hence, people are requested not to step out of their houses and instead pray for their family's safety. Everyone should desist from any behaviour that compromises with the safety guidelines for battling COVID-19.

I appeal to all religious leaders, Residents' Welfare Associations and parents to advise the young to observe the occasion solemnly and not step out to gather together. We should continue to observe complete lockdown. Delhi Police will make elaborate arrangements in public interest to ensure complete lockdown with zero tolerance for any violation.

(Anil Bajjal)  
Lt. Governor, Delhi

HELP US TO HELP YOU

FOR IMMEDIATE POLICE HELP CALL 112
TO SHARE INFORMATION CALL 1090



# 4 THE OUTBREAK

## LACK OF PPE, N95 MASKS A CONCERN

### In line of fire, not enough gear: Nurses

**SOMYA LAKHANI**  
NEW DELHI, APRIL 7

EVERY DAY after finishing his 12-hour shift at a COVID-19 ward in a Delhi government hospital, the 25-year-old nursing orderly returns home — a cramped two-room setup where he lives with seven family members, including his one-year-old niece. "I heard doctors have been put up at a hotel, some in a hostel, away from their families so that infection doesn't spread. I asked for it too but was denied. What if I get infected and pass it on to my family members?" he asked.

The Indian Express spoke to nursing officers and nursing orderlies across private and public hospitals in Delhi, many of whom raised issues such as lack of personal protective equipment (PPE) and N95 masks, a constant fear of falling sick, no separate accommodation, and losing morale.

Rince Joseph, national working president of the United Nurses' Association, said, "Elective surgeries were taking place at several well-known private hospitals until recently. Private hospitals that don't have COVID-19 wards are not providing PPEs to staff."

Joseph, a nursing officer at a private hospital, said, "Health workers have been put in the line of fire without adequate gear".

A senior nursing officer at a Delhi government hospital, who has been working at a COVID-19 ward since March 18, said those coming in contact directly with patients have been given PPEs, while the rest have been asked to make do with surgical masks and OT gowns.

While accommodation for nursing officers has been provided at a building next door, he



An officer passes through a disinfection tunnel outside the CRPF camp at RK Puram on Tuesday. Praveen Khanna

hasn't taken it up. "There are at least eight people in each room, and a common washroom. You cannot put health workers dealing with coronavirus patients in the same room. So I go back home daily," he said. As soon as he found out that his duty will be in the COVID-19 ward, he dropped his wife and children to their village 250 km away.

On Monday, Kerala Chief Minister Pinarayi Vijayan wrote to his Delhi counterpart Arvind Kejriwal, asking him to ensure safety of nurses from Kerala working in the capital. "I would like to draw your kind attention to the situation which has been reported to us regarding the plight of nurses in Delhi. They are requesting that necessary steps should be taken to provide PPE and to provide separate and secure accommodation to employees who are diagnosed positive for coronavirus and those who presently have no symptoms... We are now hearing the news that some nurses are tested as positive for coronavirus in Delhi. We are receiving frantic telephone calls from them and their family members."

LD Ram Chandani, general

secretary of Delhi Nurses Federation, said, "If everyone can't be given PPEs, at least provide them HIV dress kits, if they are not directly in contact with patients. The nursing staff, safai karamchari have not even been given N95 masks."

Another senior nursing officer who has been on COVID-19 duty since March 22 — first at the airport where he screened patients, then at a government hospital, and now at a centre in Dwarka — said that "each health worker, whether or not they are dealing with a COVID-19 patient, should be given an N95 mask at least... Everyone's first priority is doctors, then nursing officers, and if anything is left, the nursing orderlies and safai karamcharis."

"We saw on the news that accommodation provision will be made but there is nothing for us so far... maybe for the doctors. My wife and children live at a neighbour's house. I live alone now," said the senior nursing officer.

On Monday, 11 healthcare workers, including nursing officers, at the Delhi State Cancer Institute in Dilshad Garden tested positive for coronavirus, taking the total number of cases at DSCI to 19. "Even after a doctor tested positive, we had to beg for PPE and threaten to stop working," said a nursing officer there, who tested negative.

So far, 35 healthcare workers, including 20 nursing staff, have tested positive in the capital.

A 32-year-old nursing orderly, who earns Rs 13,000 a month, and has been under home quarantine since March 31 after finishing his 14-day duty at a COVID-19 ward, said "My parents are elderly, so I have to be in complete isolation at home... My mother packs my food in disposable containers and keeps them outside my room."

## EXPRESS NEWS SERVICE

NEW DELHI, APRIL 7

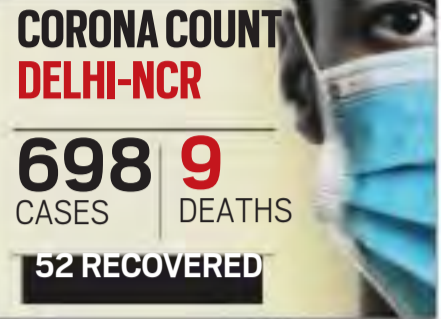
DELHI SAW 51 fresh COVID-19 cases and two more deaths on Tuesday, taking the toll in the capital to nine.

Among the two dead are a 60-year-old woman and a 70-year-old man. The former, a resident of Delhi Gate, was admitted to RML, while the man, a resident of Sadar Bazar, was hypertensive and not admitted to any hospital. The woman died on April 1 and the man on April 4.

Of the new cases, four are linked to the Markaz

Nizamuddin gathering from last month. New cases of local transmission and those with a history of international travel are 35, while cases under investigation — for which local contacts are being traced — are 12. Delhi has recorded 576 cases so far.

Among those who tested positive is a 26-year-old technician from Sir Ganga Ram Hospital. So far, 35 healthcare workers in the city have contracted the virus. Last week, the hospital had quarantined 108 staff members, including 20 doctors and 75 nurses, after they came in contact with two patients who showed no coronavirus symptoms but later



tested positive.

In Gurgaon, two people tested positive, bringing the total number of cases in the district to 20. "One of them, a resident of Pataudi, had attended the Tablighi Jamaat gathering," said a spokesperson of the district administration. With a laboratory technician

### 72-year-old with comorbidities recovers, Lok Nayak director says reason to remain hopeful

**ASHNA BUTANI**  
NEW DELHI, APRIL 7

MANMOHAN SINGH (72), one of the oldest patients to have recovered from COVID-19 so far in the capital, was discharged from Lok Nayak Hospital on Tuesday morning. Before he left, Delhi Health Minister Satyendar Jain and hospital staff gathered on the steps to wish him good health.

Singh was admitted to Lok Nayak Hospital on March 31 with symptoms of cold, cough and chest congestion. "He has been suffering from chest congestion for six-seven years now, so we did not suspect he had coronavirus. We tried a few home remedies for cold and cough but in vain," said his daughter-in-law Taranjeet Kaur.

"When we took him to the general physician, we were told



The staff at Lok Nayak Hospital and Health Minister Satyendar Jain with 72-year-old Manmohan Singh, Tuesday. Praveen Khanna

to get a COVID-19 test done from a private lab in Gurgaon. We opted for the home-testing facility. The result came out on March 30; it was positive for coronavirus. This came as a shock as none of us have a recent travel history. In fact, he used to stay at home even

before the lockdown," she said.

Taranjeet said Singh was kept in a private ward for a few days before being shifted to a ward with two-three other patients. "We spoke to him over the phone a few times... We stayed in touch with the doctors, who assured us

the situation was under control." Singh's son Preetmohan said the family had sleepless nights as his father suffered from various ailments such as high blood pressure, cholesterol, thyroid and chest congestion: "There was the age factor as well. We had read the elderly with other ailments are more at risk. But on April 3, doctors told us his fever had started coming down."

"We were informed last night that he would be released today. It is such a relief to have him back home. He is resting and has his breathing tube on," said Preetmohan.

In a post on Instagram, Jain wrote: "I am relieved to announce that he (Singh) is now in full spirits and has been discharged recently. He fought the virus despite having several underlying problems like high rate of blood pressure, uric acid and cholesterol.

Wishing him and his family a healthy journey ahead!"

Lok Nayak Hospital director JC Passey said, "When he was admitted, he tested positive. He had all the symptoms — fever, cough, cold and breathlessness. He received oxygen support at the hospital. After he was admitted, we conducted a test, the results of which were negative. We only discharge people after two tests have been conducted. After the second test result was negative, we decided to discharge him. The message that we want to give is that a 72-year-old with a number of ailments has recovered, so people should remain hopeful."

On his stay at the hospital, the family said Singh faced a few difficulties as he was not used to sharing a common toilet. "He was also in a common ward and we were concerned about that," said Taranjeet.

### CRPF helps Mumbai watchman reach Chandigarh to meet his ailing father

**CHAHAT RANA**  
CHANDIGARH, APRIL 7

ON APRIL 1, Mohammed Arif, 36, who works as a watchman in Mumbai, came to know that his father, who lives with former's wife and two children in Jammu, had suffered a stroke. With no public transport available due to the lockdown, Arif decided to cycle to native village in Rajouri along the Line of Control (LoC).

"I had no plan and barely any money," says Arif, who borrowed a bicycle and started on April 2 on the 2,100-km journey.

Soon after Arif's father Wazir Hussein, 60, suffered a stroke, he was shifted to the local district hospital. The hospital, however, was not adequately equipped to treat his condition, and Hussein was sent back to his house. Hussein's relatives then called the regional CRPF helpline



Mohammed Arif with his ailing father at the PGIMER emergency ward. Courtesy: CRPF

"Madadgaar", dedicated to resolve issues regarding COVID-19 and the lockdown.

"We decided to intervene to ensure that the father received adequate medical care," said Nisar Mohammed, commandant of CRPF's 51 battalion in Chandigarh. After learning about Hussein's

condition, CRPF officials flew him from Rajouri to Jammu on a chopper, from where they transported him to Chandigarh via road.

Meanwhile, Arif started cycling from Mumbai. On the way, he shot a video in which he spoke about his resolve to reach his father, which went viral and caught

the attention of CRPF.

Arif reached Vadodara in three days when the local CRPF unit caught up with him and provided him shelter. "They tried to persuade me to stay there, saying that my father had been shifted to Chandigarh and would receive the best possible treatment, but I still wanted to see my father," said Arif.

The CRPF camp went a step ahead and decided to take on the task of reuniting Arif with his father. "From Vadodara, the local unit dropped Arif off at Ahmedabad, and from there another local unit transported him to Ludhiana and so on until he reached Chandigarh," said Mohammed, the CRPF commandant from Chandigarh.

Thanks to the CRPF, Arif is now by his father's bedside. "He is doing better, but he can't even talk anymore, it is difficult to see him like this," he said, his voice breaking with emotion.

### 14-month-old baby dies of corona in Gujarat

**SOHINI GHOSH**  
AHMEDABAD, APRIL 7

A 14-MONTH-OLD baby, who became the first COVID-19 case in Gujarat's Jamnagar when he tested positive for the virus on Sunday, died due to kidney and liver failure as well as sepsis on Tuesday evening, Jamnagar district collector Ravi Shankar said.

"The baby was immediately put on ventilator when he was brought in and at the time the doctors had said that going by his condition, it was a matter of hours. However the baby managed to survive for two days."

"The baby was also tested on Tuesday morning but the results came inconclusive because the baby was bleeding from his mouth and nose," said Shankar.

The parents, migrants from Uttar Pradesh, have been quarantined, officials said.

### BMC orders 80k PPEs; to start antibody tests for its workers

**EXPRESS NEWS SERVICE**  
MUMBAI, APRIL 7

THE BRIHANMUMBAI Municipal Corporation has placed an order 80,000 pieces of personal protective equipment (PPE), BMC commissioner Praveen Pardeshi told *The Indian Express*.

"We have 15,000 PPEs. They are not enough. We have given an order of 80,000 and, fortunately, private planes from big corporations have lined up to bring them here..." he said.

Lack of PPEs is one of the biggest concerns of healthcare workers fighting the coronavirus pandemic across the country.

In two weeks time, the BMC will also begin conducting Rapid Antibody tests for its 5,000 health staff workers. The test checks for a COVID-19 infection by ascertaining whether the person has developed antibodies against it. It takes



**BMC commissioner Praveen Pardeshi**

less than 30 minutes. Pardeshi said the BMC will first test its health staff.

Depending upon the test results, the civic body will then divide the health workers staff into two categories — those who tested positive for antibodies will work at the four COVID hospitals and others will be appointed as office staff for administrative work. "...Though these tests cannot affirm if a person is COVID-19 positive or not, what they do affirm is presence of antibodies and presence of antibodies helps us understand who will be able to face the viral attack," Pardeshi said.

Mumbai had 642 positive COVID-19 cases (including 40

dead) reported till Tuesday night, with 116 cases reported in the last 24 hours — the highest jump in cases for the city. Pardeshi attributed the spike to the number of cases to its "aggressive approach to tracing rather than reacting".

Pardeshi highlighted that the present challenge in terms of quarantine, is logistics and hospitality at the quarantine centres. In addition to its hospitals, BMC has requisitioned 10,000 vacant rooms in lodges, halls, rooms and turned them into quarantine centres, mostly those from densely populated areas who would find 14-days compulsory quarantine impossible in their homes.

In addition, to motivate and support front-line workers and other civic body staff, Pardeshi said he would give a daily allowance of Rs 300 to its staff. For ward boys, the civic body is giving a package of Rs 1,500 grain coupons.

### FIR FILED, AIDE SAYS HE IS IN SELF-QUARANTINE

## Maulana Saad, chief of the Tablighi millions, and his tryst with infamy

**SOMYA LAKHANI**  
NEW DELHI, APRIL 7

For a week now, there has been no sign of Maulana Muhammad Saad Kandhlawi, the head of the Delhi-based Tablighi Jamaat Markaz which ignored prohibitory orders to go ahead with its global congregation in Nizamuddin last month, and is now being blamed by health authorities for the spread of COVID-19 across the country.

Saad has not been seen since March 31, the day Chief Minister Arvind Kejriwal slammed the Markaz gathering as "very irresponsible" and "wrong".

That very day, Delhi Police filed an FIR against Saad and other members of the Tablighi Jamaat under sections of the Epidemic Disease Act and Indian Penal Code for violating "government directions given to the management of the Markaz regarding restriction of social/political/religious gathering and for taking safety measures, includ-

ing social distancing".

Saad's personal assistant M Aleem claims the Tablighi Jamaat chief is "at a relative's house in Delhi, under self-quarantine". This flies in the face of police claims that they have been looking for Saad since the day the FIR was registered.

Aleem told *The Indian Express*, "His (Saad's) great-grandfather purchased land inside the Markaz premises many decades ago and the family has been living there since. But now that it has been emptied, Maulana Saad is at a relative's house in Delhi, under self-quarantine." He says Saad is a "simple man who barely uses a phone or any technology... and has never had to deal with media, FIRs and lawyers".

Police are approaching YouTube to check on a 28-minute clip — uploaded on March 20 on a channel called Delhi Markaz — in which a person, said to be Saad, is heard saying "if someone says lock mosques or that by staying here,

the disease will spread... remove that thought from your heart... *veham baith gaya hai bimaari ka, baith gaya nahin, baithaya gaya hai* (a misconception has been spread about the disease)."

Advocate Shahid Ali, who represents the Markaz and members of Tablighi Jamaat, says, "The Delhi Markaz does not have a YouTube channel. In fact, the Markaz has no social media account on Twitter, Facebook or Instagram. This is not the Maulana's audio clip, we have no idea who this is or who uploaded it."

Police are not buying this, nor the explanation on Saad's whereabouts. "We have not been able to trace the Maulana, his lawyers keep saying he is under self-quarantine. The Maulana has not come forward yet and the lawyers say he is in Delhi. Efforts are on to trace him," says a senior police officer. So, who is Saad? How did he become the head of an organisation with footprints across the world? Cut to 1995, a quarter century



Maulana Saad is the amir of the Tablighi Jamaat, headquartered in New Delhi's Nizamuddin area. Tashi Tobgyal

before its tryst with infamy. That was the year Saad, then a 30-year-old, took charge of the Tablighi Jamaat, an apolitical, socio-religious movement founded in 1925 by his great-grandfather Muhammad Ilyas Kandhlawi in Mewat in present-day Haryana.

Kandhlawi is a pointer to the family's roots — Saad's great-grandfather was born in

Kandhla, a small town near Muzaffarnagar in western Uttar Pradesh.

The movement that Ilyas founded was in response to what was described as "deterioration of Islamic values" among Muslims. It called for a return to the practice of Islam as existed during the lifetime of the Prophet. With members travelling to lands far and wide, the word spread —

the Tablighi Jamaat following is today estimated to be in millions, across continents.

According to Saad's aide Aleem, the global headquarters or the Markaz was set up at the Banglewali Masjid in Delhi's Nizamuddin area after Saad's forefathers purchased land there. It has been the family home for decades.

Saad has five children — three sons and two daughters. His two elder sons are married and teach at the madrasa inside the Markaz. The Markaz, according to one of its officials, is a five-storey structure with a basement and a terrace. "There are 200 toilets, and 300 taps for wazu (to wash hands before prayers). There is an open kitchen and two small water bodies inside. It also has the madrasa and the residence of Maulana Saad."

The Tablighi Jamaat, according to Professor Shail Mayaram of the Centre for the Study of Developing Societies, is "a transnational religious regime which believes in monotheism and be-

lieves that only Allah is divine. They are apolitical. Maulana Ilyas founded in Mewat with the sole purpose of teaching Muslims how to be ideal Muslims. They are not against the dargah, they just don't regard them as people who are divine."

Partition in 1947 made it hard for Jamaat members to journey across the borders, so Pakistan had its own Tablighi Jamaat headquarters in Raiwind. Yet members of the Jamaat, according to Mayaram, consider the Nizamuddin Markaz as their global headquarters. "They are not rival groups. Tablighi Jamaat is not interested in *siyasat* or politics. So even when Bangladesh was formed, the global headquarters of the Tablighi Jamaat remained the Nizamuddin Markaz."

In 2015, the leadership of the Tablighi Jamaat split with one small faction demanding that a "committee lead the Tablighi Jamaat and not an individual". "While the Tablighi Jamaat believes a man must lead it, a faction broke away because they

wanted a committee or a shura to lead," says Aleem. The breakaway faction, called the Shura-e-Jamaat, set up its headquarters in Delhi's Turkman Gate — it adhered to the lockdown in March.

The movement's apolitical nature, ever since the days of the British Raj, also became the reason for its growth. It flourished in lands beyond the sub-continent. According to Zafarul Islam Khan, chairman of the Delhi Minority Commission, the Tablighi Jamaat has had nothing to do with politics or worldly matters, and "hence, has caused no trouble to successive governments because they never commented on anything political related to the Indian Muslim community".

"They only concentrate on Allah... They believe that if you are in trouble or in good times, it's all because of God, and if there is a misfortune or illness, then one shouldn't complain because it's what Allah has done," he says. For now, the Tablighi Jamaat is in trouble.



# 5 THE OUTBREAK NATION

## 'India needs extensive ramp-up of testing... lockdown isn't a cure, just reduces burden'

**KARISHMA MEHROTRA**  
NEW DELHI, APRIL 7

AS INDIA decides its post-lockdown steps, Harvard Global Health Institute's Faculty Director **ASHISH JHA** says that any exit strategy is meaningless if the country doesn't first test enough to determine accurate hotspots. Arguing that India is currently witnessing more transmission than what is being reported, he worries about risking a massive outbreak in mid-May and another six-week lockdown in late-May.

**You said April 1, that in three to six weeks, Europe and America will continue (as Covid hotspots) but you "don't doubt that the centre will move to places like Mumbai, Rio de Janeiro, and Monrovia." So what are the potential options now for India? How does one balance economics and health in this country?**

I am not sure there is a trade-off between health and economics. If you think about daily-wage workers across India who are not getting paid, many of them are

suffering from health issues. When you do something like a lockdown, you are doing it for health issues but you actually have to remember that the economic costs of lockdowns have massive health effects.

But if you flip it, and you open things up, of course, for a short period of time, the economy will go back but what will happen is that as the number of cases spike and as hospitals get overwhelmed, that will also have a big negative impact on the economy. Who will want to go out to restaurants and hotels if there are tens of thousands of people in all hospitals across India? Or even, hundreds of thousands of people dying?

We have a dilemma where if you focus on health, you will have not just negative economic effects, but negative health effects. And if you focus on the economy, you'll not only have negative health effects, but you will also end up hurting the economy. We have to find a third path that lets the economy stay relatively open and lets the health issues relatively well managed. I think that third path is possible, but I think it's going to be very difficult in a place like India.



**Decision-makers are discussing potential exit strategies, perhaps gradual... or focusing on a further lockdown only in hotspots.**

doesn't mean it's not a hotspot. Until you have very extensive testing, you can't tell me that Bihar only has so many cases. No, I need to know how much testing is happening to know how many cases are actually there...

India's first strategy has to be an extensive ramp up of testing. As of yesterday, India had done 1 lakh tests. That's nothing for the size of India. They need to be doing at least 10 times as many per day. Now, that's hard. You got to ramp up the private sector. It's going to be a lot of work. But the problem is that if you don't do that you can't stay in lockdown forever.

Lockdown doesn't cure the disease. It just reduces the burden. But it doesn't eliminate it. A lockdown is not a cure. The biggest problem (with the disease) is that any action you take today, you will not see the effect of that for three weeks. So, imagine on April 14, if the country decides no more lockdown. April 21, everything will look great. April 28, people will be celebrating that we have beaten coronavirus. By early May, you will see spikes in cases. By mid-May, it will be widespread across India. And by late May, another lockdown that has to be six weeks and it will be a

huge challenge. That is the scenario to avoid.

**The basic solution you are giving is testing. ICMR says the country can't waste resources on futile testing, and that a random surveillance approach of severe respiratory illnesses across the country would show if the disease was spreading. What is your take on this testing strategy from a few weeks ago?**

Yes, you should be testing people who are high risk, or people with pneumonia or respiratory distress. But you actually also want to be testing people with mild disease. You also want to be testing people who have been in contact with mild disease. You also want to be building up a sample of relatively healthy people.

For the last month we have known that between 20 to 25 percent of transmission happens between asymptomatic people. You will never pick them up unless you are doing a certain amount of random sampling in that community. That's not American strategy or Italian strategy. That's a human strategy.

FULL INTERVIEW ON [www.indianexpress.com](http://www.indianexpress.com)

## Lockdown can only be lifted in phases: Rajasthan CM

Punjab may relax curbs for farmers

**MANOJ CG**  
NEW DELHI, APRIL 7

AS THE Central and state governments began working on exit strategies for the coronavirus lockdown and other restrictions, Rajasthan Chief Minister Ashok Gehlot Tuesday said the lockdown can only be withdrawn in phases and not in one go. He said saving lives is the most important task at this juncture and argued ruthless containment is the key to prevent the spread of COVID-19.

Talking to *The Indian Express*, Punjab Health Minister Balbir Singh Sidhu too said the state is not in a position to lift the curfew completely. With the beginning of the harvest season, he said the state may consider easing some restrictions for farmers to ensure that harvest is carried out without much difficulty.

Gehlot said the lockdown should be lifted in a phased manner. "Even if the lockdown is lifted... it will not be lifted in one go... We have imposed curfew in at least 40 places... it will not be lifted in one go... we will have to lift it phase-wise... Whatever decision we take will be taken after applying our mind thoroughly," he told a Congress press conference through video conferencing from Jaipur. Everything, he said, will depend on feedback the government receives from across the state.

"Everything is shut because of the lockdown. You can understand where we are heading economically. The entire country is worried... but saving lives is also very important," Gehlot said.

"During our meeting with the Prime Minister... it was said that the Prime Minister would like to know the views of the states... So



Ashok Gehlot

we have set up two task forces to think about how to lift the lockdown, in how many phases... and another on economic recovery... how to bring the economy back on track," the Rajasthan CM said.

Sidhu said Punjab is doing everything it can to check the spread of the disease. "When we stumble upon one case... we are going for extensive contact tracing. That is why the cases are increasing... Punjab has a large number of migrant workers and NRIs. The Cabinet will meet around April 10-11... by then the picture will be clear... the crop season is also upon us... that is also very important... we had imposed curfew... we may make some changes... some relaxation... may allow some category of people... like farmers," he said.

Both Rajasthan and Punjab have witnessed cases linked to the Tablighi Jamaat congregation in Delhi. Gehlot demanded a probe by a sitting or a retired Supreme Court judge to find out the truth and fix accountability. Referring to communal remarks over the incident, he said an environment is being created which is not good for India's struggle against COVID-19.

## Karnataka minister: No decision yet on lockdown

**EXPRESS NEWS SERVICE**  
BENGALURU, APRIL 7

THE KARNATAKA government is yet to take a decision on extending the nationwide lockdown in the state and is holding talks with health experts to decide on the course of action when the 21-day ends on April 14, School Education Minister S Suresh Kumar said on Tuesday.

"Talks are going on with health experts such as Dr Devi Shetty and Dr CN Manjunath on the way forward. No decision has been taken for extending the lockdown as of today," Kumar said.

A report from the experts is awaited in a few days and this would be used to make a decision, he said.

Kumar indicated that with 12 of 30 districts reporting no suspected cases of COVID-19, and with three hotspots — Gauribidanur, Nanjangud and Bhatkal — reporting no fresh cases in the last several days, the government may consider different options for different parts of the state.

Secretaries appointed as in-charge of each district to look at infrastructure and resources for COVID-19 would also provide reports before a decision is taken, Kumar said.



DISTANCING: People wait for their turn outside a bank in Ganderbal. Shuaib Masoodi

## Chhattisgarh minister against easing curbs

**DIPANKAR GHOSE**  
NEW DELHI, APRIL 7

CHHATTISGARH HEALTH Minister T S Singhdeo on Tuesday said he is not in favour of the Centre easing the lockdown at this point. The state has reported 10 COVID-19 cases so far and nine of the patients have recovered.

Singhdeo argued that in a state like Chhattisgarh, which has tribal areas affected by Left-Wing extremism and where access to healthcare and connectivity is low, the margin for error

is limited. "If we sacrifice even one life for two weeks of economic activity, I will stand by that one life," he said.

Speaking to *The Indian Express* over the phone, he said, "In my opinion, we must be conservative about the lockdown and not lift it, especially in view of the opinion of experts of international and national repute. They are saying that India is a month behind the US, and we are likely to be hit hard in last week of April, first week of May. So we should continue with the lockdown for a little while."

## End lockdown in phased manner: exit strategy paper

**AVISHEK G DASTIDAR**  
NEW DELHI, APRIL 7

ISOLATE THE country's districts based on a coronavirus-active cases risk profile; keep the elderly confined to homes; do not allow congregation of more than 50 people; prohibit religious, political gatherings in high-risk areas; open up inter-state travel between less-affected districts — and with varying degrees of restrictions; and allow life to get back to normal in the rest of India. This is the broad strategy to lift

the countrywide lockdown in a phased manner suggested in a detailed paper, titled "Exit Strategy for COVID-19 Lockdown" and prepared by the Centre for Disaster Management and Training of the Indian Railways' Institute of Transport Management (IRITM), Lucknow.

The paper has been sent to the Railway Board. It has been also shared with NITI Aayog vice-chairman Rajiv Kumar, it is learnt.

Instead of a one-size-fits-all exit strategy, the paper proposes to scientifically identify districts with higher COVID-19 vulnerabil-

ity, and isolate them from the rest of the country, and allow economic activity to resume after the 21-day lockdown ends.

For instance, states classified as ones with "low vulnerability" — those with up to five active COVID-19 cases, no new reported case in the last seven days; or where the density of active cases is .01 per million population, and cases are restricted to just one district minus any major urban centre — are proposed to be brought back to normalcy as far as possible, with certain do's and don'ts.

For example, in low-risk areas, no permission may be required to operate essential services, and inter-state passenger travel can be permitted in railways, roadways and waterways, provided that either the transit route or the destination does not involve high-risk places. Domestic airline services can operate among these places, it suggests.

It proposes public transport to be run with half capacity, while industries, factories and mines can be opened in unaffected districts, provided workers and staff are available within the state and no inter-state movement is involved.

## To facilitate agricultural harvest, transport of labourers from unaffected districts to necessary destinations should be facilitated by the State, it says.

The paper is co-authored by Rishi Raghav, an Indian Railway Traffic Service officer undergoing training at IRITM, and his batchmates at the institute Sagar Chahar, a doctor, and Desai Neha Diwakar, a lawyer.

FULL REPORT ON [www.indianexpress.com](http://www.indianexpress.com)

## Assam MLA held for sedition over 'communal' remarks on quarantine

**ABHISHEK SAHA**  
GUWAHATI, APRIL 7

AN ASSAM MLA was arrested and booked for sedition on Tuesday for allegedly making communal statements in an audio clip and sharing it on social media, the police said.

Aminul Islam, All India United Democratic Front (AIUDF) MLA from Dhing constituency in Nagaon district, purportedly said in the audio clip that quarantine centres in Assam are "worse" than the state's detention centres for undocumented migrants. He also alleged that the government is "conspiring" against Muslims and putting those associated with the Tablighi Jamaat into

isolation. According to the clip, he alleged that the state could kill a person in quarantine and then say that the person died "due to coronavirus".

The police said Aminul has confessed to having made the remarks. His party AIUDF condemned the statement and distanced itself from it.

The police received a complaint on Monday evening about the audio clip. Aminul was interrogated, and subsequently arrested around 1 am Tuesday. He is under judicial custody. The police have informed the Assembly Speaker about the developments.

Nagaon SP Gaurav Abhijit Dilip said: "The clip was also on his mobile phone, and he accepted that he forwarded it to many people."

Dilip said: "The clip is highly communal and questions the secular fabric of the Indian state. He has been booked under several Sections of the IPC — 120B (criminal conspiracy), 153A (promoting enmity), 124A (sedition) and 295A (act intended to outrage religious feelings, etc) — and Sections of the Disaster Management Act."

AIUDF general secretary Aminul Islam said, "It is highly unfortunate that our party's legislator made such a statement when the whole world and the nation is fighting against this virus..." But, he added, the law is equal for all — "even for political leaders who are allegedly making comments targeting Muslims over the Tablighi Jamaat event".

The police received a complaint on Monday evening about the audio clip. Aminul was interrogated, and subsequently arrested around 1 am Tuesday. He is under judicial custody. The police have informed the Assembly Speaker about the developments.

Nagaon SP Gaurav Abhijit Dilip said: "The clip was also on his mobile phone, and he accepted that he forwarded it to many people."

## Suspend Central Vista plan, ban govt ads in media: Sonia to PM

**MANOJ CG**  
NEW DELHI, APRIL 7

ON THE eve of Prime Minister Narendra Modi's meeting with leaders of various political parties, Congress president Sonia Gandhi on Tuesday wrote to him, suggesting a series of "austerity measures" to divert funds for battling the coronavirus outbreak.

She asked the Prime Minister to suspend the Rs 20,000 crore Central Vista beautification project and impose a ban on government advertisements in the media for two years. She also supported the government's decision to cut MPs' salaries by 30 per cent.

The Prime Minister spoke to Sonia on Sunday, seeking her party's cooperation in the measures the government is taking to contain the outbreak. He had also sought her suggestions to meet the challenge.

Arguing that "austerity measures" are the "need of the hour", she suggested five steps, the first being a "complete ban on media advertisements — television, print and online — by the Government and Public Sectors Undertakings for a period of two years".



Sonia Gandhi wrote to PM

The only exceptions, she said, should be advisories for COVID-19 or issues relating to public health. "Given that the Central government currently spends an average of Rs 1,250 crore per year on media advertisements (not including an equal or greater amount spent by PSUs and government companies), this will free up a substantial amount to alleviate the economic and social impacts of COVID-19," she said.

Secondly, she said, "...suspend the Rs 20,000 crore Central Vista beautification and construction project forthwith. At a time like this, such an outlay seems self-indulgent... This sum could instead be allocated towards constructing new hospital infrastructure and diagnostics..."

## 1 death, 69 fresh cases in Tamil Nadu

**EXPRESS NEWS SERVICE**  
CHENNAI, APRIL 7

SIXTY-NINE fresh cases of COVID-19 were reported in Tamil Nadu on Tuesday, taking the total number of cases in the state to 690. The state also reported the death of a 63-year-old woman in Chennai, taking its COVID-19 toll to seven. The state health department

told the media that 63 of these cases are related to a "single source event", apparently referring to cases linked to the Tablighi Jamaat congregation in Delhi.

The six other cases include three from a family which came into contact with a person who had an inter-state travel history. Observing that the Chennai woman died hours after her admission to a government hospital

with respiratory issues, state Health Secretary Beela Rajesh said an expert committee has been formed to look into such cases.

The state has tested a total of 5,305 samples so far and results of 201 samples are awaited. A health bulletin said 1,864 people are in the state's COVID-19 isolation wards and 91,851 people in home quarantine across the state.



**CORONA WATCH**



**Workers deliver LPG cylinders in areas of Shimla on Tuesday.**  
Pradeep Kumar

## Odisha reports first death

**Bhubaneswar:** Odisha reported its first COVID-19 fatality as a 72-year-old man died on Monday, officials said on Tuesday. The report confirming that he tested positive for the virus arrived on Tuesday. The man from Bhubaneswar was admitted to AIIMS on April 4 with complaint of respiratory distress, they said. He had a history of chronic hypertension and died on April 6, the Health and Family Welfare department tweeted. PTI

## TELANGANA Constable tests positive, 17 quarantined

**Hyderabad:** A head constable has tested positive for coronavirus, officials said Tuesday. The 56-year-old, attached to Saifabad police station, is undergoing treatment at a state-run hospital here, they said. "The constable was admitted to the hospital on Saturday and on Monday his test report confirmed he was infected," they said. Samples of as many as 17 personnel in his station were collected and they were asked to remain in self-quarantine. PTI

## MAHARASHTRA Breach Candy nurse tests positive

**Mumbai:** The Breach Candy Hospital here has initiated testing for all staffers after a nurse tested positive for COVID-19 at the hospital on Monday. BMC officials said they will wait for the test reports before taking a decision on whether the hospital should be declared as a containment zone. A technician at the hospital had earlier tested positive. Wockhardt hospital, Jaslok hospital and Sai hospital were declared containment zones over the last week amid a rise in cases. ENS

## J&K reports third death

**ADIL AKHZER**  
SRINAGAR, APRIL 7

JAMMU AND Kashmir Tuesday reported its third coronavirus death after a 54-year-old fruit trader from Bandipora district's Gund Jehangir village died in a Srinagar hospital on Monday night. He had no specific travel history, barring a recent visit to a doctor in Sapore.

A senior doctor at Srinagar's Shri Maharaja Hari Singh Hospital said the man was diabetic and was admitted with complaints of breathlessness, fever and cough on Monday afternoon. "He suffered respiratory arrest and died around 10 pm," said the doctor. The test report confirmed coronavirus infection on Tuesday.

J&K spokesperson Rohit Kansal said that 15 fresh cases were reported from J&K on Tuesday.

**NOTICE FOR HYPOWASTE CONTRACT AGREEMENT FOR THE FINANCIAL YEAR 2020-21**

- Commandant, Army Hospital (R&R), Delhi Cantt invites application from reputed vendors for registration for auction of Hypowaste & Waste X-Ray films from Radiology dept for the period 01 Apr 2020 to 31 Mar 2021.
- Documents required for registration:
  - Vendor should be registered in state Pollution Board in BMW management.
  - The quotation indicates the buying price of hypowaste & waste X-Ray films.
  - The agreement is valid for one year i.e. upto 31 March 2021.
  - Allotment of contract depends upon Board of officers held in this hospital.
- Last date of Submission of papers for registration duly completed is 1200 hrs on 11 May 2020.

Commandant,  
Army Hospital (R&R), Delhi Cantt-10.

**ACC ACC Limited**

Registered & Corporate Office: Cement House, 121, Maharashtra Karve Road, Mumbai - 400 020, India | Phone: +91 22 41593321; Fax: +91 22 6631 7458 | CIN: L26940MH1936PLC002515; Website: [www.acclimited.com](http://www.acclimited.com); Investor Support: [acc-investorsupport@acclimited.com](mailto:acc-investorsupport@acclimited.com)

**NOTICE**

Pursuant to Regulation 29 read with Regulation 47 of the SEBI (Listing Obligations & Disclosure Requirements) Regulations, 2015, as amended from time to time, Notice is hereby given that a Meeting of the Board of Directors of the Company will be held on Tuesday, April 21, 2020 through video conferencing or through any other permitted mode, inter alia, to consider and approve the Financial Results (both Standalone and Consolidated) of the Company for the Quarter ended March 31, 2020. The said financial results will be submitted to the Stock Exchanges and hosted on the Company's Website at [www.acclimited.com](http://www.acclimited.com) after approval of the Board.

In accordance with Regulation 46(2) and 47(2) of the aforesaid Regulations, the notice of the said meeting for the above purpose has been hosted on the Company's Website at [www.acclimited.com](http://www.acclimited.com) and on the stock exchanges website at [www.bseindia.com](http://www.bseindia.com) and [www.nseindia.com](http://www.nseindia.com).

By Order of the Board of Directors,  
For ACC Limited  
Sd/-  
Rajiv Choubey  
Chief Legal Officer & Company Secretary  
ACS No.: 13063

Place: Mumbai  
Date: April 6, 2020



DELHI CONFIDENTIAL



CORONA IDEA WITH EVERY BJP leader asked to come up with novel ideas to fight coronavirus, party vice-president and Rajya Sabha member Vinay Sahasrabudhe has developed a platform to connect those who provide help and those seeking help.

CUTS TO MOVE ON THE LOK Sabha and Rajya Sabha Secretariats on Tuesday issued gazette notification reducing constituency and stationery allowance of MPs by 30 per cent.

BATCHMATES IN FIGHT IN AN interesting coincidence, four IAS officers of 1983 batch are playing a pivotal role in India's COVID-19 battle.

Mehbooba moved home, residence is subsidiary jail On Tuesday morning, J&K Home Secretary Shaleen Kabra issued an order declaring Mufti's residence as a subsidiary jail.

MILIND GHATWAI BHOPAL, APRIL 7 ON A day the State Human Rights Commission (SHRC) asked Madhya Pradesh government to explain why bureaucrats working with the Health Department were not moved to hospital isolation wards after testing positive for COVID-19.

MP gets new Health chief; rights panel seeks reply

MILIND GHATWAI BHOPAL, APRIL 7 ON A day the State Human Rights Commission (SHRC) asked Madhya Pradesh government to explain why bureaucrats working with the Health Department were not moved to hospital isolation wards after testing positive for COVID-19.

positive last Wednesday. Then Principal Secretary (Health) Govil subsequently tested positive. She continued to work, stating that her health was fine.

positive last Wednesday. Then Principal Secretary (Health) Govil subsequently tested positive. She continued to work, stating that her health was fine.

Muslim leaders urge social distancing on Shab-e-Bara'at

EXPRESS NEWS SERVICE NEW DELHI, APRIL 7 WITH THE Tablighi Jamaat gathering in the Capital last month emerging as a COVID-19 hotspot, many Muslim leaders, across sects, have issued a joint appeal asking members of the community to refrain from any kind of fraternising or physical congregation on Shab-e-Bara'at which falls on April 8-9.

"We appeal, in particular, to our youth to completely refrain from going out of their homes during this night... stay at home, offer prayers and make du'as... to safeguard all our compatriots from this epidemic," it says.

Rajasthan HC quashes FIR against Twitter CEO over 2018 incident

HAMZA KHAN JAIPUR, APRIL 7 THE RAJASTHAN High Court on Tuesday quashed the FIR against Twitter co-founder and CEO Jack Dorsey for holding a placard in 2018 which allegedly hurt religious sentiments.

MOOD IN BIHAR QUARANTINE CAMPS

'Hum toh corona ko chabaa jayenge'

SANTOSH SINGH HETANPUR, PATLAPUR, GANGHARA (PATNA), APRIL 6 PAPPU KUMAR, 22, sits on the edge of his bed in a classroom at the Madhopur Middle School in Hetanpur panchayat, thumping his smartphone.



At the quarantine centre set up for migrants at Havaspur High School in Patlapur panchayat near Patna. Santosh Singh

TEST REPORTS FROM THE FIELD TRACKING THE VIRUS, LOCKDOWN

correspondent drops by at the school again. This time, all the beds are all occupied. Apparently, the mukhiya had got to know about the "inspection" and asked all migrants to follow norms.

Dilip Rai and Raju Rai say they own provision shops in Kolkata and that they will return as soon as the lockdown ends.

Vijay Rai, who worked as a driver in Kolkata, says: "Jaana hi padega (we will have to go back)." What he is waiting for is a green signal from the doctor.

According to protocol, the state health department has to test samples of those displaying symptoms. About 55,000 of the 27,300 migrants had returned from the COVID-19 "hotspot" states of Maharashtra, Kerala, Karnataka and Delhi, and these people were to be continuously monitored and screened for symptoms.

Indian Express visited three of five quarantine centres in the Danapur riverine area — which has six panchayats and a combined population of 80,000, with almost every household having at least one person working outside the state — and found most of the migrants on the 14-day quarantine list missing.

present at the quarantine centre at that time. Opening the door to the second room, Arvind says, "There are 20 people who are supposed to be here. But right now, there is only one person. The others are out working in their fields."

Of about 1.8 lakh migrant workers who returned to the state before or during the lockdown, about 27,300 who came after March 17 were sent to 3,115 schools and panchayat bhawans that were converted into quarantine centres.

MIDDLE SCHOOL, Madhopur, Hetenpur panchayat PRESENT: 1/20 on quarantine list Two rooms at the school have been set aside to accommodate the 20 migrants who have been placed under quarantine.

Wearing a mask, school teacher Arvind Kumar says Pappu Kumar is the only inmate

HIGH SCHOOL, Havaspur, Patlapur panchayat PRESENT: 18/60 on quarantine list Most of the 60 migrants under quarantine at the Havaspur school had returned to the village in a truck from Kolkata, where they worked mostly as daily wagers or drivers or ran small provision shops.

PANCHAYAT SARKAR BHAVAN, Gangahara panchayat PRESENT: 0/40 on quarantine list There's no one at the gates of the panchayat building. No one in a room on the ground floor either, just four beds spread out on the ground. Soon, Rakesh Kumar Singh, an executive assistant at the panchayat office, emerges.

But that's on paper. The

Wearing a mask, school teacher Arvind Kumar says Pappu Kumar is the only inmate

A couple of hours later, this

Most of the 60 migrants under quarantine at the Havaspur school had returned to the village in a truck from Kolkata, where they worked mostly as daily wagers or drivers or ran small provision shops.

Most of them from had returned from Kerala on March 26. FULL REPORT ON www.indianexpress.com

3/4th of 12 lakh PCR calls during lockdown were prank or blank: Telangana Police

SREENIVAS JANYALA HYDERABAD, APRIL 7 THREE OF four calls out of more than 12.3 lakh phone calls received on Telangana Police's emergency number — 100 — between March 21, a day before Janata Curfew, and April 6 were either bogus or fake calls, "which kept the system choked", according to the officer in charge of the state's main control room at Kompally, in Hyderabad's outskirts.

genuine calls, as the callers followed the interactive voice response (IVR) instructions and dialled '1' to talk to the dispatcher, Inspector Chandrashekar Reddy, in-charge of the police control room (PCR), said.

prank calls, and blank calls", Deputy SP (IT Cell) of Telangana Police, Shrinath Reddy, said. Officials said each prank/silent/blank call takes up between 30 and 40 seconds, sending a genuine emergency caller into waiting, and delays response.

2,66,550 genuine calls, 2,64,150 needed intervention from the dispatcher; in 75,884 cases the dispatcher helped send an ambulance, or in extreme emergency cases such as a delivery or a heart attack, a police vehicle was sent to take the person to the nearest hospital.

Out of 12,30,997 calls received from March 21 until April 6 evening, only 2,66,550 were

Ever since the lockdown started, "we have received lakhs of non-emergency-related calls,

Officials said that out of

The bench pointed out that according to the government, all those accommodated in the shelters were being provided with food.

Plea on state of migrant workers: SC says it doesn't want to interfere in govt decisions

HEARING A petition concerning migrant workers hit by the lockdown to curb the COVID-19 spread, the Supreme Court on Tuesday said it did not want to interfere in government decisions for the next 10-15 days.

Appearing for the petitioner, advocate Prashant Bhushan said about four lakh migrant workers, who had started walking to their homes after the lockdown, were lodged in shelter homes, making a mockery of social distancing. He urged the court to allow these workers to return to their homes and to direct payment of wages to them, saying that many did not have money to send home.

The bench pointed out that according to the government, all those accommodated in the shelters were being provided with food.

Appearing for the Centre, Solicitor General Tushar Mehta said the government is on the job and is looking into complaints received.

The CJ pointed out that the petitioners were saying that in some shelters, the food is inedible and added that this is not something the court could monitor.

The court, however, observed that it will ask the government to put in place a helpline for complaints.

SOUTH CENTRAL RAILWAY Tender Notice No. 168 (Through e-procurement) The following tenders and corrigendum notice have been floated through e-Procurement.

TAMIL NADU WATER SUPPLY AND DRAINAGE BOARD Office of the Chief Engineer, TWAD Board, Coimbatore - 641 043. E-Mail: cew@tndwss.com

Tender No.: TMC2019059, Description: Supply of Hydraulic Pressure Gauges, Vacuum Gauge, Oil Level Glass, Indicators, etc., for the use of Track Machines. Due Date:- 11.05.2020

CENTRAL INSTITUTE OF PLASTICS ENGINEERING & TECHNOLOGY (CIPET) (Department of Chemicals & Petrochemicals, Ministry of Chemicals & Fertilizers, Govt. of India)

Mumbai International Airport Ltd. INVITATION TO PARTICIPATE IN BIDDING PROCESS FOR VARIOUS FOOD AND BEVERAGE CONCESSIONS AT CSMI AIRPORT

TAMIL NADU WATER SUPPLY AND DRAINAGE BOARD Tender Extension Notification No. IFB No. 27-2/UGSS to Added areas - Villupuram Mpty/DO/CE/VLR/2020/Date: 03.04.2020

SALUTE THE SOLDIER HC/GD RAJESHWAR PRASAD HC/GD, Rajeshwar Prasad of 205 CoBRA made the supreme sacrifice during a counter-Maoist operation in the area of Vill-Sewra camp, U/PS - Dumaria, Distt - Gaya (Bihar), on 08th April, 2019.

WESTERN RAILWAY - BHAVNAGAR DIVISION VARIOUS ENGINEERING WORKS E-Tender No. 01/2020-21 & 02/2020-21

PWD (B&R) DEPARTMENT HARYANA NIRMAN SADAN, SECTOR 33 A CHANDIGARH "EXTENSION OF DATE FOR ENGAGING THE SERVICES OF VARIOUS FIRMS OF CA'S FOR INTERNAL AUDIT"

WEST CENTRAL RAILWAY Open E-Tender Notice - Kota Division NIT No.: EL/50/NIT/09 (2019-20) Dated: 31.03.2020



SIMPLY PUT **QUESTION & ANSWER**

# The drug everyone is looking at

Hydroxychloroquine is under global spotlight, but how effective is it known to be against COVID-19? Who else use it? How is India, which eased an export ban after Trump grumbled, coping with demand at home?

**PRABHA RAGHAVAN**  
NEW DELHI, APRIL 7

THE GOVERNMENT has decided to ease its ban on the export of hydroxychloroquine, a drug that has garnered global interest in the treatment and prevention of COVID-19. On Tuesday, US President Donald Trump tweeted about "retaliation" if India did not heed his request for the drug. Later, India said it would supply to countries that needed it the most, and to neighbours who were "dependent on India's capabilities".

**What is hydroxychloroquine and what is it used for?**

It is an antimalarial drug option, considered less toxic than chloroquine, and prescribed in certain cases. Doctors also prescribe hydroxychloroquine for patients of rheumatoid arthritis and lupus.

**Who makes this drug in India?**

Hydroxychloroquine had a market size of only around Rs 152.80 crore in the 12 months ended February 2020, according to pharmaceutical market research firm AIOCD Awacs PharmaTrac. However, several countries source the drug from India.

Mumbai-headquartered Ipca Laboratories had nearly 82% of the market, with its brands HCQS and HYQ. Around 80% of the volumes produced by Ipca are exported. Ahmedabad-headquartered Cadila Healthcare (Zydus Cadila) prepares the brand Zy Q, with 8% of the market. Wallace Pharmaceuticals (OXCQ), Torrent Pharmaceuticals (HQTOR) and Overseas Healthcare Pvt Ltd (CARTIQUIN) have smaller shares.

**Why has the COVID-19 outbreak spotlighted this drug?**

In a study last month in the *International Journal of Antimicrobial Agents (IJAA)*, French scientists reported: "Twenty cases were treated... and showed a significant reduction of the viral carriage... compared to controls, and much lower average carrying duration than reported of untreated patients in the literature. Azithromycin (an antibiotic) added to hydroxychloroquine was significantly more efficient for virus elimination."

The study was flagged as being too small to draw a definitive conclusion. On April 3, the International Society of Antimicrobial Chemotherapy, which owns the *IJAA*, said the study did "not meet the society's expected standard, especially relating to the



Hydroxychloroquine's effectiveness against COVID-19 is still being studied. AP

lack of better explanations of the inclusion criteria and the triage of patients to ensure patient safety".

However, by March 21, Trump had begun to call the drug a "game changer", and has since been pushing it.

At the end of last month, the Indian Council of Medical Research (ICMR) issued an advisory recommending the use of hydroxychloroquine in asymptomatic healthcare workers treating COVID-19 patients, and also allowed doctors to prescribe it for household contacts of confirmed COVID-19 patients. However, the government has stressed that the drug can only be used in COVID-19 treatment on prescription, and that it should not instill a sense of "false security".

**Since when has India stopped exporting the drug?**

The US has been looking to procure the drug for emergency use. On March 21, Ipca told stock exchanges here that the US Food and Drug Administration had "made exception" to its import alert against the company so that it could get stocks.

India decided to ban exports of the drug on April 4. On Tuesday, the government decided to ease the ban.

**Is it actually effective?**

Two large trials are under way on the effectiveness of hydroxychloroquine, and even chloroquine, in COVID-19 treatment. In the

World Health Organization (WHO) solidarity trial, of which India is a part, clinicians worldwide are to follow a common protocol to treat patients with hydroxychloroquine. The second is the chloroquine accelerator trial, largely funded by the Wellcome Trust and the Bill and Melinda Gates Foundation.

As of now, the jury is still out on how effective these drugs can be against the virus, according to virologist and CEO of the Wellcome Trust/DBT India Alliance Dr Shahid Jameel. "Both of these are testing very large numbers of patients according to the random testing protocol used to test medicines. The results of those trials are not available yet," he said. "If people in high exposure situations such as health workers are taking hydroxychloroquine/chloroquine as a preventive measure in limited ways, it may be fine. But, it is not all right for the general public to go around popping these drugs hoping that they will be protected. They may not be protected, but they will definitely cause themselves some harm," said Dr Jameel.

**How has the outbreak impacted patients who take the drug for other reasons?**

In March, Trump's statement promoting the drug not only led to panic buying in the US, but also impacted stocks in India. Fortis Memorial Research Institute rheumatology consultant Dr Naval Mendiratta said he had already begun receiving calls from his patients about lack of stocks due to panic buy-

ing. While it "should be fine" for some arthritis and lupus patients to skip "a few days to a week" since the drug is long-acting, breaks longer than that would be "difficult to manage", he said.

Following the ICMR's advisory on the drug, various patients and healthcare professionals alike are learnt to have stocked up on hydroxychloroquine. According to Prashant Tandon, founder of 1mg, some patients who had never used the drug had also attempted to source it from his e-pharmacy but were unsuccessful as they did not have valid prescriptions.

The drug has since been moved to a Schedule H1 status, which means patients who need the drug would have to get a fresh prescription every time they needed to purchase it.

Nearly a month on, stocks are still not available easily in pharmacies, affecting several patients who actually use the drug for auto-immune diseases. Some patients *The Indian Express* spoke to have been struggling to get their required dosage even after showing prescriptions.

"The stock is still limited, and whatever little stock is available is being prioritised and bought by the central and state governments. We have been told that we will receive stocks soon, hopefully within a week, but we don't know," 1mg's Tandon said.

**What are pharmaceutical companies doing to resolve the issue?**

According to Ipca joint managing director Ajit Kumar Jain, the company has the ability to ramp up production to meet much of the government's requirements, as only 10 per cent of its manufacturing capacity of hydroxychloroquine had been used for the domestic market so far.

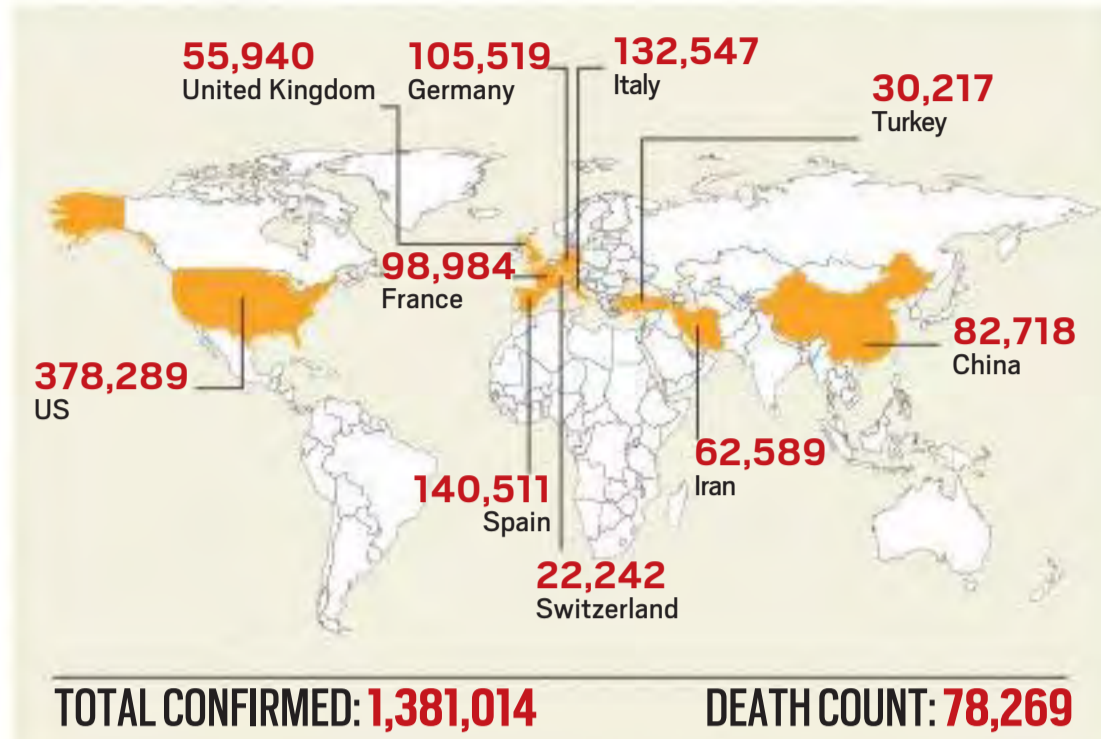
However, to make sure the drug is not misused or stocked out due to panic buying, the company has decided to make hydroxychloroquine available at "select" pharmacies across the country, in communication with rheumatoid arthritis specialists.

"Now, the patient can just reach out to their doctor and they should be able to connect them with the pharmacy that has the available stock," he said. "Maybe after the lockdown eases up, we might be able to slowly make the drug available more widely."

A spokesperson for Zydus Cadila said the company has ramped up production of hydroxychloroquine to 20-30 tonnes per month from three tonnes previously. It will scale it up further to about 40-50 tonnes per month in the coming months "if need arises".

## CORONAVIRUS OUTBREAK

YOUR QUESTIONS ANSWERED DAILY



Source: Johns Hopkins University, updated at 11:00 pm on April 7

## Shut indoors, how do you eat healthy, and find things to do?

FOR THOSE working from home, or not at all, the lockdown has changed the way they live. In some cases, this can lead to boredom and stress, and in turn upset their eating habits — either way. How should one cope?

Some may eat too little, some too much, and it is quite likely that people stuck home would snack more and eat less at meals, if not skip them. Stress has been known to make people inclined towards foods rich in carbohydrates and fats. As most experts would advise, this is what they need to watch in the long run.

It helps if you notice when this is happening. If you realise that you are snacking more than you should, you can drop the snack and eat something healthy instead. If you are not hungry but still feel the urge to snack, you could distract yourself by doing something else.

There are others who are affected by stress in the other way — they cannot eat as much as they should. In these cases, the thing to do is to identify what foods they can still tolerate, and pick those that are nutritional enough, say a cup of hot chocolate or beverage. It also remains important as ever to drink water regularly.

What else can one do when one is not eating? There cannot be one an-

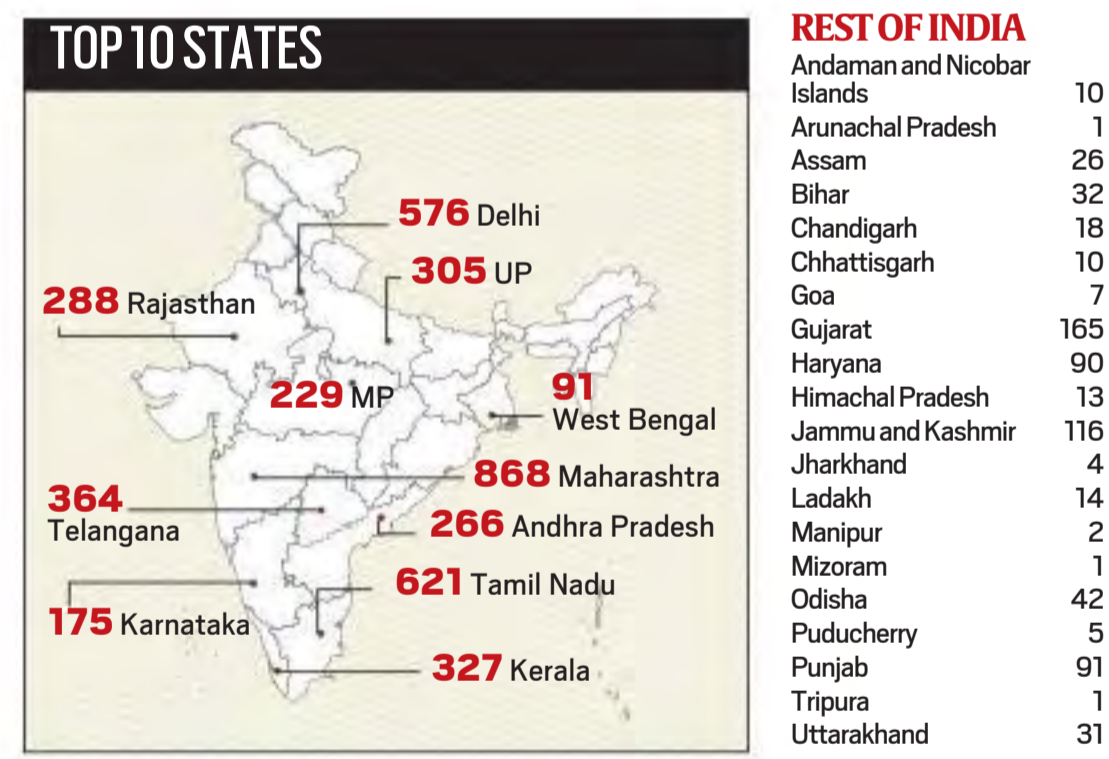


Indoors in Lucknow, after the lockdown began. Express

swer for everybody. Most people will spend some amount of time cleaning the house, but no one does that all the time. In articles in various publications, mental health experts have advised that people spend time in conversations with everyone at home, including about the outbreak. Otherwise, they can just take a break from the grim news and engage in something relaxing, such as reading a book or watching a film.

Locking oneself in to block out the virus, too, comes with a rider — everyone still needs fresh air. It is a good idea to open the windows and ventilators every now and then.

## INDIA COUNT: 4,789 (124 DEATHS)



Union Health Ministry update at 11 pm, April 7. Some states may have reported higher numbers. Only states with most cases are listed above.

353 PATIENTS DISCHARGED IN 21 STATES ACROSS THE COUNTRY

Have a question on the COVID-19 outbreak and what you should/should not do? Write to [explained@indianexpress.com](mailto:explained@indianexpress.com)

## How coronavirus enters lungs, affects breathing

when an infected person coughs. Infection can be more severe if the virus goes past the lining of the airways, and reaches the air sacs at the end of the air passages. Called alveoli, these sacs are responsible for the exchange of gas in the lungs. If they get infected, the sacs respond with inflammatory fluids, which fill the air sacs. That is what leads to pneumonia — when the lungs' ability to transfer oxygen is impaired, and the infected person has difficulty breathing. When a person cannot inhale enough oxygen and exhale enough carbon dioxide, pneumonia can lead to death.

IN THE picture still emerging on COVID-19, some trends have been noticeable as of now — many of those infected have recovered, while less than 80,000 have died out of the nearly 1.4 million cases so far. But when it has killed — usually the elderly and those with underlying conditions — the novel coronavirus (SARS-CoV2) has often done so by leading to pneumonia, the eventual cause of death. How does the virus affect the lungs?

**Outside lungs & inside**

Once the virus enters the body, it can cause discomfort when it reaches the air passages on the outside of the lungs. These passages conduct air into and from the lungs. The virus injures the lining of the passageways, and the body responds with an inflammation, which in turn irritates the nerves in the lining. That is

when an infected person coughs. Infection can be more severe if the virus goes past the lining of the airways, and reaches the air sacs at the end of the air passages. Called alveoli, these sacs are responsible for the exchange of gas in the lungs. If they get infected, the sacs respond with inflammatory fluids, which fill the air sacs. That is what leads to pneumonia — when the lungs' ability to transfer oxygen is impaired, and the infected person has difficulty breathing. When a person cannot inhale enough oxygen and exhale enough carbon dioxide, pneumonia can lead to death.

**Who should worry?**

The description above is of those who are the most severely affected. In most cases, the individual will recover after showing symptoms of varying severity, or none at all.

The least serious patients will show no symptoms after catching the virus. Some others will get an infection in the upper res-



Image of a COVID-19 patient's lungs at a hospital in Belgium. AP

piratory tract — at the lining of the lungs as described — and will develop a cough, may also have a fever, and will be potential carriers of the virus. The asymptomatic and mildly symptomatic groups are relatively small compared to those with somewhat more severe symptoms, resembling those we associate with a flu. In expert comments to *The Guardian*, Prof John Wilson, president-elect of the Royal Australasian College of Physicians and a respiratory physician, said those with flu-like symptoms are the largest group of patients.

Then there are the extremely severe cases. These are the ones who will develop severe illness including pneumonia. So far, such extreme cases have been significantly fewer than those with flu-like symptoms.

Pneumonia as a result of COVID-19 is viral pneumonia, which means it cannot be treated with antibiotics. In severe cases, ventilator support may be needed to ensure sufficient oxygen circulation in the body.

## AN EXPERT EXPLAINS

# The pandemic has opened our eyes to the importance of basic hygiene



DR K LEELAMONI

IT HAS been more than two months since India reported its first case of COVID-19 and, during this short period, the number of cases has crossed 4,000 even after a national lockdown. We have withstood the H1N1 and swine flu pandemics over the past decade but those did not require such a drastic measure.

For decades in the field of community medicine, a stream of medical studies not many are aware of, the stress has always been on the role of strengthening the health

of the community with simple steps like personal hygiene and basic sanitation. Nevertheless, it needed a pandemic to open our eyes to accept basic hand and body hygiene, and cough etiquette, in our daily lives.

The basic principle of prevention and control of a disease is based on the levels of prevention: Primary, Secondary and Tertiary. Primary prevention stresses on health education or awareness and specific protection, which includes use of protective measures and immunisation. Early detection of disease and prompt treatment constitute the secondary level whereas disability limitation and rehabilitation form the third level.

The decision about which level is needed is usually decided by community medicine experts based on the epidemiological features of different diseases. In acute respiratory diseases, the first and second levels are important whereas in polio and leprosy, tertiary prevention also has a major role.

Unfortunately, priority is almost always given to tertiary care alone by starting big hospitals and healthcare centres, which do not reach the common man's life. Clinicians, of course, play a major role in treatment and patient care, but the benefit is only to the patient and family. But for public health experts, by applying the primary level of prevention alone, they are protecting an entire community. Unfortunately, unlike clinicians, the results of public health efforts are not visible immediately.

Even in the medical curriculum, community medicine is a major discipline to be taught right from the first to the final year with three months training in the subject required for basic training of doctors. However, this important stream is ignored by many for the glamour and lure of clinical medicine — consultations, surgeries, etc. Once a medical student complained to me about his poor marks in the subject — a minimum is required to clear MBBS. Then, he made a

startling admission: He had joined the medical college to become a flourishing physician and make money, not to waste time on sanitation and hygiene.

But what students like him don't know is that when they are posted to primary health centres, they will realise the importance of the subject. Once, during an inspection at a Primary Health Centre, I met the same student, now a doctor, with a text book of community medicine on his table. He sheepishly admitted that he had now understood the relevance of community health.

Today, almost everyone across the country knows about the significance of quarantine, isolation, social distancing and safe sanitary practices. But what many don't remember is that these principles were stressed at the time of the H1N1 pandemic, too. What I clearly remember from that time is a discussion with policymakers on creating awareness about cough hygiene; providing a separate ward for suspected cases;

keeping a minimum distance of one metre between hospital beds; and providing protective materials for hospital attendants. Forget the policymakers, even doctors did not take the recommendations seriously.

Now, a word of caution. There is no doubt that we will be able to contain the COVID-19 pandemic by strictly applying the prescribed safety measures and practising safe distancing along with effective quarantine and surveillance. But there needs to be an equally aggressive awareness campaign about the social stigma and discrimination that will follow, as more and more people return home from hospital and quarantine. This is due to fear and anxiety about a disease, especially one which is new, and can be alleviated by sharing accurate information about the virus and how it spreads. Getting the recovered patients to share their experiences in person through media channels is a very important tool, in this respect.

What is equally important is to continue the safe practices that we are banking on now to keep the pandemic at bay: taking a shower every day, washing our hands with soap every time we return home, and covering the mouth while coughing. These simple measures should become an intrinsic part of our lives, as much as brushing our teeth.

Every crisis has a silver lining. In India's battle against COVID-19, we can be proud of our health system and its dedicated professionals who are working round the clock. At a time when other countries are focusing only on tertiary care, we are truly ahead of the curve.

Dr K Leelamoni is a former Head of Department of Community Medicine at the Government Medical College in Kozhikode and Thiruvananthapuram, and later at the Amrita Institute of Medical Sciences in Kochi. She has worked in the field of community medicine for 48 years.





## The Indian EXPRESS

FOUNDED BY  
RAMNATH GOENKA

BECAUSE THE TRUTH INVOLVES US ALL

# Listening as governance

Overcoming a pandemic may look like fighting a war, but the real need is far from that



AMARTYA SEN

## OPENING UP

Lockdown, necessary to slow virus, should be accompanied by a dynamic strategy for resumption of economic activity

THE CURRENT WAR against COVID-19 isn't a conventional one. Far from having a definite endgame, wherein the enemy signs an instrument of surrender, the novel coronavirus will continue to survive and infect well beyond the 21-day lockdown that ends on April 14. All the more reason, then, why the sweeping nationwide restrictions now on movement and production have to give way to a dynamic strategy that allows resumption of economic activity based on evolving and localised epidemiological conditions. The present generalised lockdown was, no doubt, necessary to slow the spread of the virus. It is early days yet before the key states are able to "flatten the curve" but there is some respite given that a fifth of the 700-plus districts in India have individually reported five or more positive COVID-19 cases. Further, these districts have accounted for 80 per cent of all confirmed cases so far. That's why it is important to sequester these to ensure that the virus doesn't reach here but there is an opportunity here too.

As an analysis in this newspaper has shown, many industrial centres — from Tiruppur and Sriperumbudur in Tamil Nadu, to Kutch, Bharuch and Vapi in Gujarat and Baddi in Himachal Pradesh — have recorded few cases. Most cases are from Delhi, Mumbai, Chennai and other cities that are densely-populated, but do not have too many manufacturing units. The dispersal of manufacturing activity to relatively secluded areas — be it the special economic zones of Kandla, Mundra and Sri City or the Bhiwadi-Neemrana stretch of Rajasthan — should help in today's situation. It is conducive for the reopening of factories once the lockdown period is over, while also minimising the risk of any uncontrolled spread of infection.

There are three things that the government can and should do after April 14. The first is to identify hotspots with high numbers of COVID-19 cases, where the current curbs will have to continue for some more time. The second is to permit organised manufacturing establishments, especially government and private corporate sector-owned entities, to start production. As enterprises registered under the Factories Act, these units are amenable to monitoring, which also makes it possible to strictly enforce social distancing rules on them. Third, a substantial scaling up of testing, including rapid serological diagnosis for detection of antibodies in the blood, is required. Without large-scale prevalence testing, it would be difficult to track hotspots, both existing and emerging, and respond with localised lockdowns or other necessary interventions. All this reinforces the point: The war against COVID-19 is, if anything, going to be a series of battles fought over an extended period. The response, too, has to be dynamic. The number of coronavirus cases will rise in the coming days, but so long as they are localised and the gradient of the overall curve, cases or deaths, doesn't get steeper, all efforts must be made to ensure factories start humming — with strict precautions, of course.

## THE DISCONNECT

Lockdown has posed a question on two decades of evangelism — going digital is not a complete solution

DIGITAL COMMUNICATION WAS supposed to be a world-altering force of liberation, freeing people from the limitations of time and space, and leading them towards a millennial land overflowing with remedies and solutions. To some extent, the evangelists spoke truth, and technology did confer hitherto unimaginable capabilities upon people, institutions, corporations and nations. But the present lockdown has revealed that technology cannot live up to the expectations generated — it cannot be a complete solution because of differential access, and because digital processes include physical steps that cannot be bypassed.

The digital divide, of which the world was painfully aware already, has been underscored yet again. The well-off appear to enjoy access to better sources of information, which is the most reliable armour available against the threat. Schooling has moved online, and the devices and bandwidth that students' families can afford obviously make a difference. Speed differentials between town and country may be imposing yet another divide. Since the virus will be with us for some time, and some restrictions on movement may outlive the current lockdown, the effects could persist and influence the life prospects of many children. But these are known truths. The great myth that the lockdown has dented is one developed over two decades of techno-evangelism — that being digital is a complete solution, making old processes redundant and replacing them with shiny new digital tools.

It is now obvious that digital technology makes some things run smoother, but it cannot replace old protocols completely. E-tailing, which was expected to wipe out the corner store, is at a standstill because it is still dependent on physical transport for delivery. And corner stores are seeing empty shelves because though they are supplied by trucks bearing RFID chips to smooth the way, these are rendered meaningless if state or district borders are closed to traffic. There were anxieties about job losses due to increasing automation of factory production lines, but they have had to shut down because there are still far too many people on the shop floor. Digital transactions were promoted by the government and, while it is an excellent route for paying recurring bills, the grocer still prefers cash, which necessitates a trip to the ATM. Even in online school education, which is relatively successful, paper has turned out to be essential, but the stationery shops are closed. Digital India can only take us so far. The rest of the way remains to be covered.

## LET THEM HAVE GOLF

The Open has been cancelled. But the elitist sport is tailor-made for social distancing

THE OPEN CHAMPIONSHIP, one of golf's most prestigious tournaments held in Kent in the UK, has become the latest major sporting event — after Wimbledon and the Olympics — to be postponed this year, in the wake of the coronavirus. The attempt at social distancing is, of course, welcome. But, let's face it, golf was quite a distant sport to begin with. In fact, it is arguably a sport that is tailor-made for the pandemic.

Unlike, say, football — entertainment for the masses, continuation of war by other means, modern gladiatorial contest — there is little chance of physical contact among golfers. Vast tracts of land are devoted to this pastime, and an unconscionable amount of resources — both monetary and ecological — are spent to create the illusion of Scottish moors. And it is, both in its origins and at its core, an isolationist exclusivist enterprise. A caddy does the heavy lifting, and he can easily be instructed to maintain a two-arm distance. Players already wear rather odd-looking gloves, so, unlike healthcare professionals, they are protected from the germ.

It is, of course, unfair to single out golf. The sport is both a symbol and a symptom. During the lockdowns in force in various parts of the world in varying degrees, there are jobs that afford the luxury of working from home just as there are people who can simply afford to stay in for a month or two. There are those with high-speed internet and friends across the world, who can catch up over video chat. And there are those who dread the loss of their livelihoods. Golfers, by and large, are a small subset of the former category. Clearly, this lot has suffered enough, and so, they have an outdoor pastime that practically invented social distancing. While most face the prospect of lining up for bread, we should let them have golf.

WE HAVE REASON to take pride in the fact that India is the largest democracy in the world, and also the oldest in the developing world. Aside from giving everyone a voice, democracy provides many practical benefits for us. We can, however, ask whether we are making good use of it now when the country, facing a gigantic health crisis, needs it most.

First a bit of history. As the British Raj ended, the newly established democracy in India started bearing practical fruits straightaway. Famines, which were a persistent occurrence throughout the history of authoritarian British rule, stopped abruptly with the establishment of a democratic India. The last famine, the Bengal famine of 1943, which I witnessed as a child just before Independence, marked the end of colonial rule. India has had no famine since then, and the ones that threatened to emerge in the early decades after Independence were firmly quashed.

How did this happen? Democracy gives very strong incentives to the government to work hard to prevent famines. The government has to respond promptly to people's needs because of a combination of public discussion and elections. However, elections alone could not do it. Indeed, democracy is never understandable only as a system of free elections, which are intermittent, often with a big gap between one and the next, and which can be swayed by the excitement that the immediate political context generates. For example, Prime Minister Margaret Thatcher, who was trailing badly in the polls before the Falklands War in 1982, got a huge bump from the war (as ruling governments often do) and comfortably won the general elections that followed, in 1983.

Also general elections in the parliamentary system are primarily about getting a majority of seats in the lower house of parliament. There is no formal rule about the interests or rights of minorities in the voting system. Given that, if all people were to vote according to their own personal interests, an election would not have been a strong saviour of famine victims, since only a small minority of people actually starve in any famine. However, a free press and open public discussion makes the distress and dangers faced by the vulnerable poor substantially known and understood by the public at large, destabilising the standing of a government that allows such a calamity to happen. Of course, the government itself, since it may also be run by people and parties capable of human sympathy and understanding, may be directly influenced by what they learn from the information and

analyses emerging from public discussion.

Even though only a minority may actually face the deprivation of a famine, a listening majority, informed by public discussion and a free press, can make a government responsive. This can happen either through sympathy (when the government cares), or through the antipathy that would be generated by its inaction (when the government remains uncaring). John Stuart Mill's analysis of democracy as "governance by discussion" helps to identify the saviour of the threatened famine victim, in particular a free press and unrestrained discussion.

Tackling a social calamity is not like fighting a war which works best when a leader can use top-down power to order everyone to do what the leader wants — with no need for consultation. In contrast, what is needed for dealing with a social calamity is participatory governance and alert public discussion. Famine victims may be socially distant from the relatively more affluent public, and so can be other sufferers in different social calamities, but listening to public discussion makes the policymakers understand what needs to be done. Napoleon may have been much better at commanding rather than listening, but this did not hamper his military success (except perhaps in his Russian campaign). However, for overcoming a social calamity, listening is an ever-present necessity.

This applies also to the calamity caused by a pandemic, in which some — the more affluent — may be concerned only about not getting the disease, while others have to worry also about earning an income (which may be threatened by the disease or by an anti-disease policy, such as a lockdown), and — for those away from home as migrant workers — about finding the means of getting back home. The different types of hazards from which different groups suffer have to be addressed, and this is much aided by a participatory democracy, in particular when the press is free, public discussion is unrestrained, and when governmental commands are informed by listening and consultation.

In the sudden crisis in India arising from the spread of COVID-19, the government has obviously been right to be concerned with rapidly stopping the spread. Social distancing as a remedy is also important and has been rightly favoured in Indian policy-making. Problems, however, arise from the fact that a single-minded pursuit of slowing the spread of the disease does not discriminate between different paths that can be taken in that pursuit, some of which could bring disaster and havoc in the lives of many millions of poor people, while others could helpfully include policies in the package that prevent such suffering.

havoc in the lives of many millions of poor people, while others could helpfully include policies in the package that prevent such suffering.

Employment and income are basic concerns of the poor, and taking special care for preserving them whenever they are threatened is an essential requirement of policy-making. It is worth noting in this context that even starvation and famines are causally connected with inadequacy of income and the inability of the impoverished to buy food (as extensive economic studies have brought out). If a sudden lockdown prevents millions of labourers from earning an income, starvation in some scale cannot be far off. Even the US, which is often taken to be a quintessential free enterprise economy (as in many ways it indeed is), has instituted income subsidies through massive federal spending for the unemployed and the poor. In the emergence and acceptance of such socially protective measures in America, a crucial part has been played by public discussion, including advocacy from the political opposition.

In India the institutional mechanism for keeping the poor away from deprivation and destitution will have to relate to its own economic conditions, but it is not hard to consider possible protective arrangements, such as devoting more public funds for helping the poor (which gets a comparatively small allocation in the central budget as things stand), including feeding arrangements in large national scale, and drawing on the 60 million tons of rice and wheat that remain unused in the godowns of the Food Corporation of India. The ways and means of getting displaced migrant labourers back to their homes, and making arrangements for their resettlement, paying attention to their disease status and health care, are also challenging issues that call for careful listening rather than inflexible decisions without proper consultation.

Listening is central in the government's task of preventing social calamity — hearing what the problems are, where exactly they have hit, and how they affect the victims. Rather than muzzling the media and threatening dissenters with punitive measures (and remaining politically unchallenged), governance can be greatly helped by informed public discussion. Overcoming a pandemic may look like fighting a war, but the real need is far from that.

The writer, a Nobel laureate in economics, is Thomas W. Lamont University Professor and professor of economics and philosophy at Harvard University.

In the sudden crisis in India arising from the spread of COVID-19, the government has obviously been right to be concerned with rapidly stopping the spread. Social distancing as a remedy is also important and has been rightly favoured in Indian policy-making. Problems, however, arise from the fact that a single-minded pursuit of slowing the spread of the disease does not discriminate between different paths that can be taken in that pursuit, some of which could bring disaster and havoc in the lives of many millions of poor people, while others could helpfully include policies in the package that prevent such suffering.

## PANDEMIC AMID UNREST

Coronavirus outbreak could deepen turmoil, exacerbate Iran's social strife



RAMIN JAHANBEGLOO

THE DEATH TOLL in Iran from the COVID-19 outbreak is more than 3,700, according to the country's official sources. More than 60,000 people have contracted the infection in Iran. Many suspect that the country's official figures are an underestimation. Unlike several other countries where the virus was transmitted by tourists, the epicentre of the pandemic in Iran was the holy city of Qom — a spiritual centre for Shia Muslims. Qom also gets theology students from China, who could have carried the virus.

The Iranian government, which doesn't seem to enjoy the trust of a large section of the country, has bungled the management of the pandemic. People haven't adequately complied with the social distancing measures and other guidelines laid down by the global community and the Iranian state. Initially, Iranian health officials had difficulties closing down the country's religious sites. Three days after the official announcement of coronavirus deaths in Qom, the city's Friday prayer leader opposed the quarantining of the Fatima Masumeh Shrine. The cleric argued that the outbreak was a plot by the enemies of the

Islamic Republic to tarnish "the reputation of the sanctuary of Shites in the world".

The Iranian government has not quarantined all the high-risk areas of the country - Tehran, for example, is not under a lockdown. Moreover, because of the US sanctions, hospitals and doctors do not have access to sufficient medical supplies, masks and ventilators. Tehran's mayor has admitted that because of the sanctions, the city's municipality did not have the capacity to enforce a lockdown. The Iranian government has applied for a \$5 billion loan from the IMF to fight the epidemic — the first time since the Islamic Revolution that Iran has asked for such a loan.

Iran has been in turmoil since November last year, when the government killed more than 1,000 protesters — a major reason for the high level of mistrust. Most Iranians believe that the coronavirus had spread in the country long before the Iranian officials announced the outbreak. But the economic strangulation of the country as a result of US sanctions and the fall in oil prices has compounded matters. The country could face a major social and political crisis if matters don't improve fast.

Most Iranians believe that the coronavirus had spread in the country long before the Iranian officials announced the outbreak. But the economic strangulation of the country as a result of US sanctions and the fall in oil prices has compounded matters. The country could face a major social and political crisis if matters don't improve fast.

Unfortunately, Iran's political class has been slow in taking the country's civil society into confidence, even though some NGOs have mobilised resources to contain the outbreak. In the past 40 years, the Islamic government has tried to throttle most civil society initiatives. But today, the enemy is not a dissident intellectual or artist or a woman fighting against the veil. The monopoly of violence that the Islamic State prides itself on does not matter much to the novel coronavirus.

If the pandemic continues, the Iranian conservatives, represented by the clerics and the Revolutionary Guards, will have to open up spaces for dialogue and hold consultations with the country's professional classes. The government has already failed to respond adequately by not paying heed to the opinions of experts. The novel coronavirus is not known to give many chances. In the coming weeks and months, we will know if Iran manages to come out of this crisis.

The writer is professor-vice dean and director, Mahatma Gandhi Centre for Peace, Jindal Global University

## APRIL 8, 1980, FORTY YEARS AGO

**ASSAM STATUS QUO**  
JUSTICE B L Hansaria of the Gauhati High Court ordered the stay of operation of the two government notifications issued on April 5 under the Assam Disturbed Areas Act 1955 and the Armed forces (Assam and Manipur) Special Powers Act 1958. The notifications came into force yesterday throughout Assam, except the North Cachar Hills district. The court also by a rule on the state of Assam and the Union of India asked them to show cause within ten days why the two notifications should not be set aside. While ordering the stay, the High Court issued a ten-day notice to the state government.

**VIETNAM PM VISIT**  
THE PRIME MINISTER of Vietnam, Pham Van Dong, who flew into New Delhi to a warm and affectionate welcome, had nearly two hours of extensive discussion with Prime Minister Indira Gandhi on the international situation and bilateral relations. Both on arrival and later at the talks, the Vietnamese prime minister maintained that India had a constructive role to play in "bringing about peace and stability in the region". An official spokesman said that great similarity of approach between the two countries vis-a-vis problems affecting world peace and stability was noted at the talks.

**US HOSTAGES**  
AYATOLLAH RUHOLLAH KHOMEINI ruled that the 50 American hostages will remain in the hands of the young militants occupying the US Embassy in Teheran until the new Iran Parliament decides their fate, Khomeini's office announced. The leader of the Iranian Revolutionary regime vetoed President Bani-Sadr's proposal to transfer custody of the captives to the Ruling Revolutionary Council after a meeting with Bani-Sadr and the foreign minister, Sadegh Ghotbzadeh. The administration of the US president, Jimmy Carter, was expected to respond to Khomeini's decision with an announcement of new economic and diplomatic sanctions against Iran.





# 9 THE IDEAS PAGE

## The wilting Sakura

Coronavirus pandemic, slow to hit Japan, is yet another crisis that challenges the country's resilience, its ability to rise from the ashes



SUJAN R CHINYOY

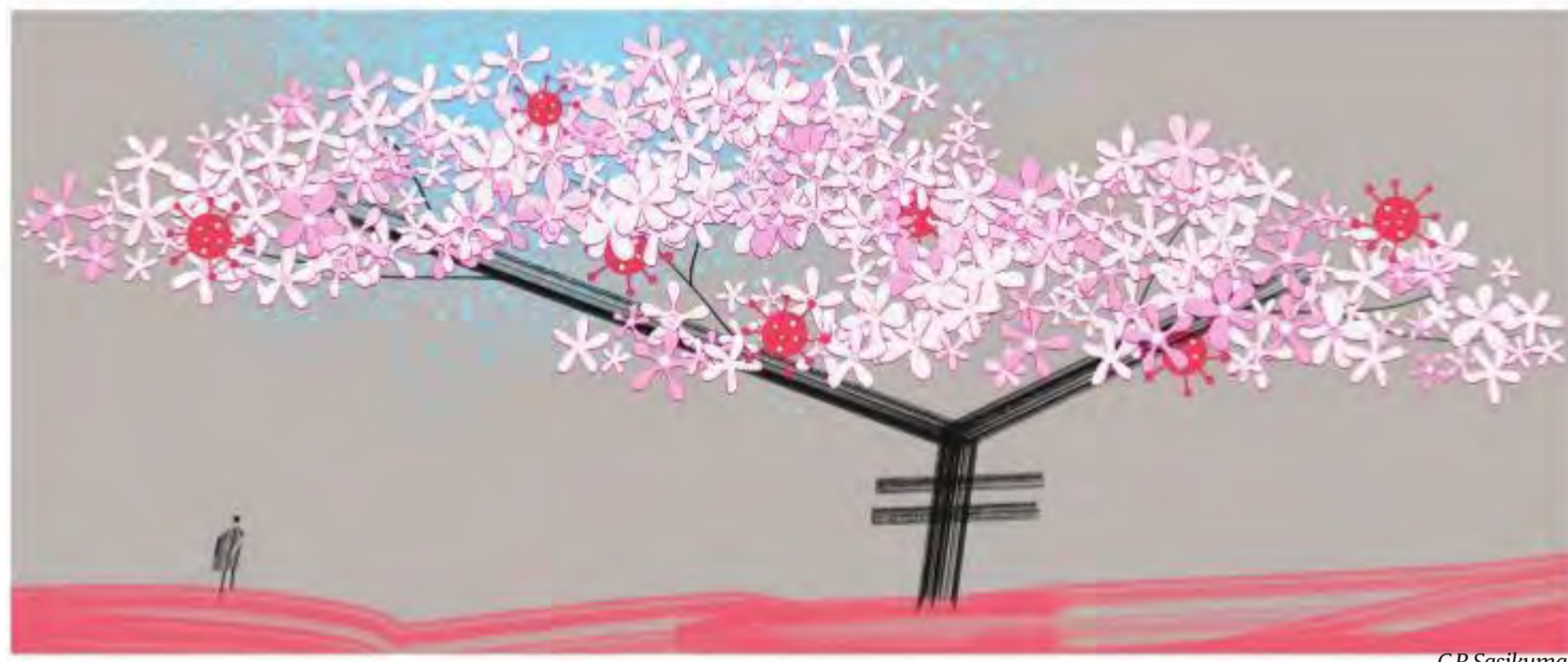
JAPAN IS NO stranger to crises, whether the nuclear destruction of Hiroshima and Nagasaki in 1945 or the Triple Disaster in 2011 — the Great East Japan Earthquake, the nuclear meltdown at the Fukushima Daiichi plant and the giant Tsunami. A resilient nation, Japan has risen from the ashes, phoenix-like, each time. It is now confronting COVID-19, which has wreaked havoc on global financial and economic systems and disrupted production, supply chains and markets. Japan may not have yet suffered an explosive spread of the virus but it is certainly not sheltered from the raging global tempest.

COVID-19 received a high-rating televised start in Japan with the cruise ship, Diamond Princess, steaming into Tokyo bay on February 3 with 3,711 passengers on board and quickly being quarantined. Over the next month, with more than 700 cases of infection on-board, it remained the single-largest cluster outside China. Gradually, as numbers swelled exponentially elsewhere and the incidence of new cases remained low locally, the Japanese went back to their ways, with holiday crowds celebrating the annual Hanami (sakura viewing) season in idyllic spots and thronging to the famous tourist landmark at Shibuya junction well into the second half of March. It seemed as if the Japanese had dodged the bullet even as it delayed until April 3 the blocking of tourists from 70-odd countries, including China, which accounted for nearly 9.6 million tourists in 2019, one-third of the total. With new infections mounting in recent days, the reprieve, it seems, was as ephemeral as the bloom of the sakura.

The biggest collateral damage of the fresh wave of COVID-19 infections in Japan is the belated decision to postpone the Tokyo Olympics to 2021. It reminded the nation of the jinxed Olympics of 1940, which Japan was to host but fell victim to the Second Sino-Japanese War. If the 1940 Olympics were intended to showcase Japan's industrial and economic resurrection after the devastation of the 1923 Great Kanto earthquake, the 1964 Tokyo Olympics had symbolised the economic miracle in Japan after the ravages of the Second World War. The 2020 Olympics, dubbed by Prime Minister Shinzo Abe as the "Recovery and Reconstruction Games", were to demonstrate Japan's *mojo* in the aftermath of the 2011 Triple Disaster.

The pandemic could not have come at a worse time. The IMF has confirmed that COVID-19 has pushed the global economy into a recession, potentially much worse than the one in 2009. The Japanese economy now faces the daunting prospect of a sharp contraction, with the OECD Report for March 2020 forecasting its GDP growth at 0.2 per cent in 2020. Even before the global pandemic struck, Japan was dealing with the adverse effects on consumer spending of the hike in consumption tax from 8 per cent to 10 per cent.

Dwindling demand from China, where Japan has huge economic stakes, can only worsen the regional economic outlook already strained by US-China trade friction.



C R Sasikumar

Abe's decision this week to declare a month-long state of emergency in Tokyo and six other prefectures, alongside the release of a gargantuan stimulus package worth nearly \$1 trillion, including cash doles and financial support to households and businesses, may help turn the tide. However, providing healthcare to a rapidly ageing population in the face of an abrupt disruption in the sizeable inward flow of foreign care-givers will prove a daunting challenge. Meanwhile, several prefectures that depend heavily on tourism from China and the Republic of Korea have suffered deep losses. Reports indicate that Japan has already spent \$12.6 billion on the preparations for the Olympics. Nikkei and Goldman Sachs estimate that the postponement of the games would easily set Japan back by another \$5-6 billion.

As one of the world's richest countries, Japan can perhaps hope to cushion itself from such blows. Whether the economic distress unleashed by COVID-19 also adversely impacts some of Japan's commitments to its Official Development Assistance (ODA) or outlays for regional infrastructure and connectivity under flagship programmes such as the Expanded Partnership for Quality Infrastructure (EPQI), the Tokyo International Conference on African Development (TICAD) and the Indo-Pacific Business Forum, including the Blue Dot Network and LNG projects, remains to be seen. This could well be true of the US too, in the context of the International Development Finance Corporation under the BUILD Act, aimed at countering China's expanding writ across the region.

The pandemic could have broader implications for military postures in the Indo-Pacific, as seen in the outbreak of the COVID-19 virus onboard the US Navy's Theodore Roosevelt, a nuclear-powered aircraft carrier that heads the eponymous Theodore Roosevelt Carrier Strike Group (TRCSG), which had sailed from San Diego in January for a scheduled Indo-Pacific deployment. It is at the centre of a controversy involving the sacking of its captain and the vessel's ill-advised port visit to Da Nang in Vietnam earlier in March despite the high risk of contagion. Of course, China's PLA Navy (PLAN) could well be grappling with similar problems out at sea but, unlike in the democratic world, these facts will be treated as "state secrets".

As China gradually recovers from the pandemic, relatively earlier and faster than the West, Beijing's "charm offensive" and leveraging of its deep pockets may help it to further its geopolitical influence. Its assistance to developing countries in mitigating the impact of COVID-19 will create new scope to proselytise its governance and development models.

A high-profile casualty of the pandemic

As one of the world's richest countries, Japan can perhaps hope to cushion itself from such blows. Whether the economic distress unleashed by COVID-19 also adversely impacts some of Japan's commitments to its Official Development Assistance (ODA) or outlays for regional infrastructure and connectivity under flagship programmes such as the Expanded Partnership for Quality Infrastructure (EPQI), the Tokyo International Conference on African Development (TICAD) and the Indo-Pacific Business Forum, including the Blue Dot Network and LNG projects, remains to be seen.

is Chinese President Xi Jinping's long-pending visit to Tokyo, but Japan's "mask diplomacy" and generous assistance to China at the start of the pandemic augur well for Sino-Japanese ties, which have improved in recent years, their inveterate differences notwithstanding. Abe's postponed visit to India, earlier scheduled to take place at the end of 2019, will be hard to resurrect before the pandemic is completely under control. Nevertheless, the fundamental convergence of interests and the extraordinary political capital invested in the relationship by both PM Modi and Abe in recent years ensures that the Special Strategic and Global Partnership between India and Japan will remain robust. The pandemic opens up new vistas for cooperation in healthcare, non-traditional security and global governance, including reform of the UN and affiliated bodies such as the WHO whose contributions in the battle against COVID-19 are moot.

So far, Japan had relied on its customary discipline and prevention methods, with an exhortation to the public to avoid the "three Cs" — closed spaces, crowded places and conversations at close proximity. Japan has shied away from taking the bold approach that Modi took in announcing a 21-day nationwide lockdown. The declaration of a state of emergency covering the megacities of Tokyo and Osaka and some prefectures would give local governors in the hardest-hit areas greater legal authority to impose curbs, albeit without the power to impose penalties. Japan's case-by-case approach to the reopening of schools by regional authorities has been criticised. There have been calls for a strict lockdown before it is too late to avert the same fate as Italy, Spain and the US.

With formidable scientific prowess at its disposal, Japan remains at the forefront in the race to develop a vaccine against COVID-19. Already Japan's longest-serving prime minister, Abe is in his third term as Liberal Democratic Party (LDP) president, and correspondingly as PM, until September 2021. He is viewed by voters as a leader capable of taking bold decisions. If Abe's administration overcomes the COVID-19 crisis despite the odds, and succeeds in staving off a recession, there is every chance that the LDP might again amend its rules to grant him a fourth term. After all, it is not easy for any of his political rivals to step into his shoes in the middle of such a crisis.

The writer is a former ambassador of India to Japan and is currently the director general, Manohar Parrikar Institute for Defence Studies and Analyses, New Delhi. Views are personal

### WHAT THE OTHERS SAY

"Words struggle to capture the enormity of the response to the disease, so some numbers will have to suffice. Roughly four billion people - half the world's population - have been asked to stay at home." — THE NEW YORK TIMES

## Travelling new paths

Tourism and hospitality sector will need to remake itself after COVID-19, as it did after 9/11



FARHAT JAMAL

THE COVID-19 pandemic has caused unimaginable damage to global tourism, travel, and the hospitality industry. It has not only caused huge loss of lives and continues to do so, but is leaving behind a trail of havoc on the world's economies. I have been part of the hospitality industry for over four decades and seen many cycles of downturn. But never before has there been so much panic, despair and hopelessness as caused by COVID-19.

I was based in the UK at Taj's St James Court Hotel, London, when the horrific 9/11 attacks took place in New York. They shook the US and the rest of the world. The attacks brought travel by air in particular to a grinding halt. Security at airports got a new definition and the tourism and hospitality industries went into a tailspin. The measures put out by the US ensured that they raised their security levels to unprecedented levels and restored faith in travel in a fairly short period of time.

The SARS epidemic of 2003 that struck China, Hong Kong and some parts of South East Asia was another health calamity that took 774 lives. It caused losses of about \$28 billion and decreased China's GDP by 1 per cent. Since then, there have been many more global emergencies ranging from wars, earthquakes to havoc caused by environment degradation and climate change. Each of these has impacted tourism directly or indirectly but none as calamitous as COVID-19.

It is too early to predict accurate figures for global losses in tourism. We are in the midst of the crisis and tourism is hardly a priority for the world. However, the World Travel and Tourism Council estimates that the tourism industry stands to lose 50 million jobs and see a 25 per cent decline in global travel. Imagine if 8,50,000 people who travel between Europe and America each month stop doing so! The estimated loss to the US economy is \$8.5 billion. The estimated loss to the sector in India is currently pegged at a daunting Rs 5 lakh crore and job losses to the tune of four crore to five crore. These figures could change depending on how long it takes for nations to control the virus.

For now, millions who work in restaurants, bars, airlines and cruises, online and traditional travel companies, ground agents, event management companies, and many others have seen a sudden halt in business resulting in job losses and bankruptcies. The industry is largely dependent on masses of people traveling around the world and millions within cities, who use restaurants and bars. It is a big blow when business is down to zero.

Industry associations in India have reached out for government intervention on many fronts. The requests include a 12-month moratorium on EMIs of interest and principal payments on loans and working capital from banks and NBFCs, deferment of dues such as advance tax, GST, PF ESIC, to name a few, for about 12 months, and a GST holiday to the travel and tourism industry for at least a year.

The airline industry would benefit enormously if the government considers levying GST on Air Turbine Fuel, which will enable them to get input tax credit and be a big relief for all domestic carriers. These are reasonable requests. I am very hopeful that the industry voice will be heard.

In the aftermath of COVID-19, we must accept that epidemics and virus outbreaks may return to haunt us again in the future. Preparedness should be our key takeaway from this experience.

The rise of global terrorism got hotels to up their security measures. The primary focus has been to screen bags and individuals for metal objects, explosives, guns and the like. Moving forward, technology will play a significant role in ensuring one goes through a machine that disinfects you before you enter hotels and offices. Plast Group in Turkey has already developed Ikarus, a device for hotels that disinfects people before they enter the premises. A money-cleaning ATM, also in Turkey, disinfects paper bills to tackle spread of COVID-19. Tech interventions will create minimum physical touch points in hotels.

Hotels of the future may need to be equipped with basic protective equipment such as masks, infra thermometers, gloves and a set or two of PPEs. A standard quarantine room that meets the prescribed standards laid down by local health authorities will have to be kept ready. Hotels will have to revisit housekeeping standard operating procedures. The government, along with the industry, will have to prescribe minimum hygiene and sanitation guidelines and compliance standards.

The conversion of hotels into makeshift healthcare centres or isolation camps will be a new normal. This is already happening in big metros like Delhi and Mumbai in India while dealing with COVID-19. The Taj recently offered rooms to healthcare workers at its hotels in Mumbai and Delhi. In future, pre-earmarked hotels, approved by the government, will stay prepared for a swift transition and be able to offer such services at short notice.

Hopefully, the tourism, travel and hospitality industry will spring back to business sooner than later. As an eternal optimist, I do believe that the rebirth of tourism is imminent, but will it be the same industry that we have all gotten so used to? It is a tough question with no easy answers for now. Travel and hospitality will have to redefine and reimagine itself in more ways than ever.

The writer is former senior vice-president operations, IHCL-Taj Group, and group advisor-hospitality, Hiranandani Group, Mumbai

### LETTERS TO THE EDITOR

#### MISSING TESTS

THIS REFERS TO the editorial, 'Chief fighters' (IE, April 7). Most of the chief ministers are working hard, but it does appear that they are not focussing on aggressive testing. Perhaps this is because this would increase their state's tally of people infected with COVID-19. We know that the number is increasing in the US because of their testing procedure. We don't know how many corona patients are there in India. The lockdown should be implemented stringently. In West Bengal, there is a lot of work around spreading awareness but there is no mass testing as in Kerala.

**Abhijit Chakraborty, Howrah**

#### NO REAL ACTION

THIS REFERS TO the article, 'When the people lead' (IE, April 7). Prime Minister Narendra Modi has drafted the people into the fight against pandemic by utilising their addiction to celebration and festivity. Two appeals were made by the PM. First, to applaud health workers during the "janata curfew" and second, to light lamps on April 5. However, nothing much towards actual increasing healthcare services and infrastructure and providing relief to the needy has been done.

**Vasant Nalawade, Satara**

#### VIRUS & NATURE

THIS REFERS TO the article, 'Let's respect the balance' (IE, April 7). The ancient Indians had attributed the secret of "jivem shardah shatam" - a hundred years of a healthy, happy and creative

#### LETTER OF THE WEEK AWARD

To encourage quality reader intervention, The Indian Express offers the Letter of the Week award. The letter adjudged the best for the week is published every Saturday. Letters may be e-mailed to [editpage@expressindia.com](mailto:editpage@expressindia.com) or sent to The Indian Express, B-1/B, Sector 10, Noida-UP 201301.

life - to living in harmony with nature and respecting spirituality. As of now, there is no medicine that can save us from the coronavirus except our own body immunity. It has been revealed how inescapable our relationship with nature and our body is.

**Ankita Srivastava, via email**

THIS REFERS TO the article, 'Let's respect the balance' (IE, April 7). In the last two weeks, our response to the coronavirus pandemic has led to a huge drop in both air and water pollution. No doubt that COVID-19 is a global catastrophe, but this is the right time to recognise and realise that we all share a single planet. We should always remember that if we don't take care of nature, nature will neither preserve and protect us.

**Hargunpreet Singh, Patiala**



PRANAB BARDHAN

## A different hard choice

Lockdown trade-offs in a young country call for wide public deliberation

THERE HAVE been systemic differences in the way different countries have been fighting the scourge of COVID-19, with different degrees of efficacy. So far, reportedly, the most successful have been South Korea, Taiwan and Singapore. The state machinery in these countries is very effective, they had prepared themselves since the SARS crisis in the early 2000's, and were pro-active in early and mass-testing for infection. Of these, South Korea is a centralised democracy, Taiwan a more decentralised civic-participatory democracy, while Singapore is effectively an autocracy. But, all these three countries are relatively small, where mass-testing and quarantine are easier to implement.

Take in contrast the virus-fighting performance, so far, in the three largest countries of the world: China (an openly authoritarian country), India (until recently a democracy, now in an alarming state of decline), and the US (a highly flawed but functioning democracy). China had, after its mismanagement of the SARS epidemic, installed a well-designed early-warning system by which Beijing was to get immediate warnings of a contagion developing anywhere in the country. Yet, it fumbled again, this time largely because in an authoritarian system, local officials do not want to share bad news with the authorities above them. As is well-known by now, Li Wenliang, the Wuhan doctor who raised an alarm early in December

(and later died of the disease in February) was reprimanded by local officials and made to "confess" that he was spreading false rumours. This made China (and the world) waste a crucial few weeks.

After that initial delay, China quickly mobilised its entire state machinery and put into action a severe quarantine system, and by most accounts, has now largely contained the incidence of the disease (though there are many who do not quite trust the officially released Chinese data). One should not, however, overlook the additional advantage China had as the world leader in manufacturing and infrastructure construction — this helped China in speedily building new hospitals and manufacturing ventilators and other medical equipment. This is an advantage which much of the world now lacks, having outsourced it to China for all these years.

In the US, the President and the ruling party were in denial until mid-March (consistent with their anti-science and anti-expert attitude), fatally wasting several weeks of preparation, testing and tracing (A large state where many of the old people live, Florida did not get going until the beginning of April). Even in the best of times, the US private medical insurance system is messy and mired in a bureaucratic system that is oriented towards excluding people. It is largely unaffordable for the vast masses of the poor who do not have a stable job. Among rich countries,

the system is among the least prepared to face a pandemic of current proportions. Testing facilities are highly inadequate, nurses are appealing to the general public for donations of hand-sewn masks, and hospitals are facing what is called the triage protocol, when one has to make cruel choices in rationing beds and medical equipment among patients of different survival probability.

The story behind the shortage of ventilators in the US points to a larger systemic issue. More than a decade ago, the Centres for Disease Control and Prevention asked the federal government to procure a large number of ventilators in preparation for future emergencies. The task of designing and making ventilators was assigned to a small company in California. However, this company was taken over by a corporate giant, which then decided, in view of its multiple product operations, to give low priority to supply the government the ventilators at the agreed low price. So the ventilator project got stalled, and hospitals have run out of them in the current crisis.

The current regime in India has, by and large, been trying to copy this American system. Government spending on health, as a percentage of GDP, is one of the lowest for a major country. Faced with the virus, India, like the US, has been woefully unprepared. India also wasted crucial weeks in February and the first two weeks of March, but not so much because

of anti-science attitudes, but more because of another virus that has been afflicting our body politic — the virus of hate and intolerance.

In the third week of March came the sudden total lockdown, with hardly any notice or consultation with state governments, and without any simultaneous announcement about alternative food and shelter arrangements for the suddenly unemployed — chaos, police dandabaji, displacement and destitution followed. The financial package announced a few days after the announcement was a pittance in view of the needs, and about half of the spending announced was old outlays dressed as new.

One needs more systematic thinking about the hard choices India now faces — the trade-offs between the lockdown paralysing the economy and decimating the poor on the one hand, and on the other, lifting the lockdown thereby allowing the infection rate to soar, and taking a heavy toll on the old. In a country where the overwhelming majority of the population is young (the median age is somewhere around 26), the trade-off will be different than in the western countries where the age composition of the population is drastically different. A wide-ranging public deliberation on these tragic choices is now imperative.

The writer is professor of graduate school at the department of economics, University of California, Berkeley



# 10 THE OUTBREAK THE WORLD

PANDEMIC WATCH



PM Shinzo Abe. Reuters

JAPAN

State of emergency declared

Tokyo: Japanese Prime Minister Shinzo Abe declared a month-long state of emergency for Tokyo and six other prefectures on Tuesday to ramp up defenses against the spread of the coronavirus as the number of infections surges. But the move came in the form of a stay-at-home request — not an order — and violators will not be penalised. The announcement follows surges in new cases in Tokyo, including consecutive rises exceeding 100 over the weekend. By Tuesday there were 1,196 confirmed cases in the metropolitan region of 14 million people. AP

ISRAEL

Wearing masks in public made compulsory

Jerusalem: The Israeli government issued orders on Tuesday making the wearing of masks in public compulsory to try to stem the spread of the coronavirus. It also approved a timeline for tightened travel restrictions for the Passover holiday, which begins on Wednesday when Jewish families gather for a festive meal commemorating the Biblical exodus from slavery in Egypt. Prime Minister Benjamin Netanyahu has said that this year the dinner should be a small affair, limited to household members, in a bid to keep infection rates in check. REUTERS

TAIWAN

Govt agencies told to not use Zoom

Reuters: Taiwan's cabinet has told government agencies to stop using Zoom Video Communications Inc's conferencing app. Zoom's daily users ballooned to more than 200 million in March, as coronavirus-induced shutdowns forced employees to work from home and schools switched to the company's free app for conducting and coordinating online classes. However, the company is facing a backlash from users worried about the lack of end-to-end encryption of meeting sessions and "zoombombing", where uninvited guests crash into meetings.

## New York records its highest single-day toll, overtakes Italy in corona cases

In sign of optimism, Governor says state nearing plateau in patients hospitalised

REUTERS NEW YORK, APRIL 7

NEW YORK is nearing a plateau in the number of coronavirus patients hospitalised, a sign of optimism even though the number of the deaths in the state hit a single-day high, Governor Andrew Cuomo said on Tuesday.

Cuomo said his state was "projecting that we are reaching a plateau in the total number of hospitalizations" due to the coronavirus.

In New York state, the death toll rose by 731 to 5,489 over the past day, Cuomo said, though he called that a "lagging indicator" illustrating past trends.

The state overtook Italy on Tuesday, reporting overall coronavirus cases second in the world only to Spain, according to a Reuters tally.

The tally showed New York has 138,836 reported cases compared with Italy at 135,586; Spain has the most cases at 140,510. In total, the United States has recorded 380,000 cases and 11,800 deaths.

Cuomo said it was time to start planning for the eventual restarting of the economy, but added it was not time to let up on mitigation efforts to enact "social distancing" to curb the spread of the virus.

President Donald Trump a day earlier said the economy would be able to reopen "sooner than people think."

"Let's not get complacent,"



A man in a wheelchair crosses a nearly empty 7th Avenue in Times Square, Manhattan on Tuesday. Reuters

Cuomo told a news conference. "Social distancing is working... That's why you see those numbers coming down."

"This is not a light switch that we can just flick one day and everything goes back to normal," the governor said. "We're going to have to restart that economy, we're going to have to restart a lot of systems that were shut down abruptly. And we need to start to plan for that."

Encouraging signs came to light elsewhere as well. Chicago Mayor Lori Lightfoot told a news briefing that her city has gone

from coronavirus cases doubling every one to two days to doubling every nine to 10 days because residents have complied with the state's stay-at-home order. The city has documented 5,043 cases and 118 deaths.

"It's obviously progress," Lightfoot said. "But we are not near the peak so I don't want to raise false expectations that it's coming sometime soon based on the modeling that we have seen."

Authorities have championed "social distancing" and other mitigation policies, saying they were having a positive effect in fight-

ing the spread of the pathogen in the United States but warned against complacency. More than 90 per cent of Americans are under stay-at-home orders issued by state governors.

New York City Mayor Bill de Blasio said it was too early to declare that a corner had been turned in the fight against the coronavirus but he pointed to some encouraging developments. "I can say in the last couple of days, something is starting to change. We don't know if it will be sustained but it is meaningful now," de Blasio said.

'China-centric' WHO 'blew it' on coronavirus, says Trump

REUTERS WASHINGTON, APRIL 7

UNITED STATES President Donald Trump sharply criticised the World Health Organization on Tuesday, accusing it of being too focused on China and issuing bad advice during the coronavirus outbreak.

"The W.H.O. really blew it," Trump said in a Twitter post.

"For some reason, funded largely by the United States, yet very China centric. We will be giving that a good look. Fortunately I rejected their advice on keeping our borders open to China early on. Why did they give us such a faulty recommendation?"

The WHO did not respond to a Reuters request for comment.

On January 31, the WHO advised countries to keep borders open despite the outbreak, although it noted that countries had the right to take measures to try to protect their citizens. That same day, Trump's administration announced restrictions on travel from China.

US conservatives have increasingly criticized the WHO during the global pandemic, saying it relied on faulty data from China about the outbreak of the novel coronavirus.

Iran reopens Parliament as virus infections drop for 7th day

AGENCE FRANCE-PRESSE TEHRAN, APRIL 7

IRAN'S PARLIAMENT convened on Tuesday for the first time since the coronavirus outbreak forced its doors to close, as the country reported a drop in new infections for the seventh straight day.

More than two-thirds of the legislature's 290 members gathered in the absence of speaker and veteran politician Ali Larijani, who tested positive for COVID-19 last week.

At least 31 members of the Parliament, or Majlis, which had been shut since February 25, have contracted the disease.

State television footage of the opening session showed some MPs huddling together despite guidelines on social distancing to stop the spread of the virus.

Parliament debated and eventually blocked an urgent bill to totally lock down the country for a month, with those against arguing it would damage the economy.

"This plan is against jobs and growing productivity. Who's going to pay for implementing it?" MP Shadmehr Kazemzadeh said, according to the semi-official news agency ISNA.

But Abdolkarim Hosseinzadeh, who drafted the bill, said Iran had been "confused" about how to contain the virus. "We must urgently make a decision, as history will judge us," he said.

## China reports no new corona deaths as cases decline

REUTERS BEIJING, APRIL 7

MAINLAND CHINA on Tuesday reported no coronavirus deaths for the first time since the pandemic began and a drop in new cases, a day before the central city of Wuhan, where the virus emerged late in December, was set to lift its lockdown.

China had 32 new infections by Monday, down from 39 a day earlier, the National Health Commission said.

For the first time since the commission began publishing nationwide data in late January, Hubei's provincial capital of Wuhan saw no new deaths, joining the rest of mainland China, which has recorded none since March 31.

Wuhan, a city of 11 million that reported only two new infections in the past fortnight, is due to allow residents to leave the city on Wednesday for the first time since it was locked down on January 23 to curb the spread of the virus.

From midnight, traffic control checkpoints in Wuhan will be dismantled, and normal operation of railways, airports, waterways, highways and buses will resume.

But zero new cases do not mean zero risks, the provincial counter-epidemic authority said in a statement. Wuhan residents are urged not to leave

their neighbourhood, their city and even the province unless necessary, according to the statement.

Zhejiang, a populous province in the east, will conduct all the necessary tests on people arriving from Wuhan over the next 14 days.

The move aims to step up targeted screening of asymptomatic infections, the Zhejiang provincial government told a media briefing on Tuesday.

With mainland China well past February's peak of infections, authorities have turned their attention to imported cases and asymptomatic patients, who show no symptoms but can still pass on the virus.

Total infections in mainland China stood at 81,740 on Monday with 3,331 deaths, the commission said. It reported 30 new asymptomatic cases, nine involving incoming travellers. Of the new asymptomatic cases, 18 were in Hubei.

By the end of Monday, 1,033 asymptomatic patients were under medical observation.

Overseas arrivals made up all 32 of the new cases with symptoms, down from 38 a day earlier. Total imported infections stand at 983, the commission said.

China faces the "dual risks" of imported infections and domestic cluster outbreaks, a commission spokesman told a briefing on Tuesday.



A policeman detains a doctor protesting the lack of protective gear for medical staff in Quetta on Monday. Reuters

## Doctors strike in Pak in row over protection

REUTERS QUETTA, APRIL 7

PAKISTANI DOCTORS went on strike at two hospitals in Quetta on Tuesday, a day after police used force to break up and detain medics protesting against a lack of gear to protect them against the coronavirus.

Hundreds of doctors and paramedics protested on Monday against what they said was failure by the government to deliver promised supplies. At least 30 doctors were detained by riot police for defying a ban on public gatherings during a lockdown introduced to fight the spread of the virus.

"We are on strike for the protection of our doctors and paramedics," one of the detained doctors, Hanif Luni, a leader of the association that arranged the protest, told Reuters on the phone from his police holding cell.

He said that doctors stayed

on duty in the cardiac and gynaecology departments for emergencies, adding that the strike had spread to other parts of the province of Balochistan, of which Quetta is the capital.

50 prisoners contract coronavirus

Lahore: At least 50 prisoners in Pakistan's worst-hit Punjab province have tested coronavirus positive, an official said on Tuesday.

"The total number of prisoners infected with the coronavirus in Punjab has reached 50 so far. Some 525 prisoners have been quarantined in separate cells of the province," Inspector General Prisons Shahid Baig said. He said some 20 cases have been reported in the camp jail Lahore and the remaining in others.

On Tuesday, the total number of COVID-19 cases spiked to 4,000 with 54 death. Punjab has more cases (2,000) than other provinces of the country. PTI

## Bangla ex-military man, convicted of killing Bangabandhu, arrested

ANISUR RAHMAN DHAKA, APRIL 7

A FORMER Bangladeshi military captain, who was convicted for killing the country's founder Bangabandhu Sheikh Mujibur Rahman, was arrested by the police in Dhaka on Tuesday.

Home Minister Asaduzzaman Khan Kamal confirmed ex-captain Abdul Majed's arrest and said he had been sent to court to "exhaust legal options".

Majed was one of the six absconding ex-Army officers who were handed down capital punishment after their trial in absent-



Bangabandhu Sheikh Mujibur Rahman AP File

tia. Kamal said previous reports indicated Majed was hiding in India and he was arrested from Dhaka upon his return.

The minister said Majed, a "self-confessed killer", was not

only involved in Bangabandhu's killing on August 15, 1975 at his private Dhanmandi residence but was also involved in the subsequent murder of four national leaders in high security Dhaka Central Jail on November 3 in 1975.

Legal experts said a report on his arrest would now be sent to the Dhaka District Judge's Court, which originally tried the killers of Bangabandhu. "The stipulated time for appeal against death penalty expired long ago. Majed now can just seek Presidential mercy unless the Supreme Court decides to consider any plea on his part," a Supreme Court lawyer said. PTI

## China knocks US from top spot in global patent race

STEPHANIE NEBEHAY GENEVA, APRIL 7

CHINA WAS the biggest source of applications for international patents in the world last year, pushing the United States out of the top spot it has held since the global system was set up more than 40 years ago, the UN patent agency said on Tuesday.

The World Intellectual Property Organization, which oversees a system for countries to share recognition of patents, said 58,990 applications were filed from China last year, beating out the United States which filed 57,840.

China's figure was a 200-fold increase in just 20 years, it said. The United States had filed the most applications in the world every year since the Patent Cooperation Treaty system was set up in 1978.

More than half of patent applications — 52.4 per cent — now come from Asia, with Japan ranking third, followed by Germany and South Korea.

WIPO's head, Francis Gurry, told a news conference China's success was "down to a very deliberate strategy on the part of Chinese leadership to advance innovation and to make the country a country whose economy operates at a higher level of value". REUTERS

## Former Vatican treasurer acquitted of sex offence charges

SONALI PAUL MELBOURNE, APRIL 7

AUSTRALIA'S HIGHEST court acquitted former Vatican treasurer George Pell on Tuesday of sexually assaulting two teenaged choirboys in the 1990s, freeing the 78-year-old cardinal after 404 days in jail.

The Vatican welcomed the decision and praised Pell for having "waited for the truth to be ascertained".

In a statement it said it always had confidence in Australian justice, that Pell had always maintained his innocence and that the Holy See reaffirmed its "commitment to preventing and pursuing all cases of abuse against minors".



Cardinal George Pell Reuters File

firmly its "commitment to preventing and pursuing all cases of abuse against minors".

The High Court, ruling from Brisbane, ordered Pell's convictions be quashed and verdicts of acquittal be entered in their

place. The seven judges of the High Court agreed unanimously that the jury in the cardinal's trial "ought to have entertained a doubt" about his guilt. Pell, who has maintained his innocence throughout the lengthy court process, cannot be retried on the charges.

A few hours after Pell's acquittal, Pope Francis offered his morning Mass for those who suffer from unjust sentences. Francis did not mention Pell by name. "I would like to pray today for all those people who suffer unjust sentences resulting from intransigence (against them)," Francis said, at the start of the Mass. REUTERS



Police officers outside St Thomas' Hospital, London, where British Prime Minister Boris Johnson was moved to intensive care after his coronavirus symptoms worsened. Reuters

## Boris Johnson 'stable' in ICU, required oxygen

REUTERS LONDON, APRIL 7

BRITISH PRIME Minister Boris Johnson was stable in intensive care on Tuesday after receiving oxygen support to help him battle COVID-19, while his foreign minister Dominic Raab led the government's response to the outbreak.

"He (Johnson) remained stable overnight. He's receiving standard oxygen treatment and breathing without any assistance. He has not required any mechanical ventilation or non-invasive respiratory support," Raab told a daily news conference.

Johnson's personal battle with the virus has shaken the government just as the United Kingdom, now in its third week of virtual lockdown, enters what scientists say will be the deadliest phase of its coronavirus epidemic, which has already killed at least 6,159 people.

Johnson, 55, was admitted to St Thomas' Hospital, across the River Thames from parliament, late on Sunday after suffering symptoms, including a fever and a cough, for more than 10 days.

But his condition rapidly deteriorated, and he was moved on Monday to an intensive care unit in case he needed to be put on a ventilator.

"He remains in good spirits and ... his progress continues to be monitored in critical care," Raab said.

The absence of Johnson, the first leader of a major power to

be admitted to hospital with COVID-19, has raised questions about who is truly in charge at such a crucial time.

While Britain has no formal succession plan if a prime minister is incapacitated, Johnson asked Raab, 46, to deputise for him "where necessary", Downing Street said.

If Raab is incapacitated, finance minister Rishi Sunak would stand in.

"I'm confident that he'll pull through because, if there's one thing I know about this prime minister, he's a fighter," Raab said. "He'll be back at the helm leading us through this crisis in short order."

Queen Elizabeth wished Johnson a full and speedy recovery and sent a message of support to his pregnant fiancée, Carrie Symonds, and his family. Raab chaired the government's COVID-19 emergency response meeting on Tuesday, though ministers refused to say who now had ultimate control over Britain's nuclear weapons.

"There are well-developed protocols," said Cabinet Office Minister Michael Gove, who himself went into self-isolation on Tuesday after a family member displayed coronavirus symptoms.

Government scientists see Britain's daily death toll rising until at least April 12, and the government is due to decide early next week whether to start easing a near-total economic and social lockdown.

Tuesday's daily death toll of 786 was the biggest to date.

## Spain's death toll nears 14,000 as pace picks up

REUTERS MADRID, APRIL 7

SPAIN'S PACE of coronavirus deaths ticked up for the first time in five days on Tuesday, with 743 people succumbing overnight, but there was still hope the national lockdown might be eased soon.

Tuesday's toll from the health ministry compared to 637 deaths registered during the previous 24 hours, taking the total to 13,798, the second highest in the world after Italy. Still, the proportional daily increase of 5.7 per cent was about half that reported a week ago.

"It's normal to have some oscillations ... What matters is to see the trend and the cumulative data," said Maria Jose Sierra, deputy chief of health emergencies, adding that latest data included some delayed notification

tions from the weekend. Total cases rose to 140,510 — the highest in Europe and second in the world after the US.

For lockdown restrictions to be lifted, officials say testing has to be widened, to find carriers who may have mild or no symptoms.

The government is planning mass, quick antibody tests in coming days. Cadena Ser radio said about 62,000 people would be tested twice with an interval of 21 days to see the effect of any easing of measures on contagion.

Some Spanish media have reported in recent days that insufficient testing means the real death toll could be much higher. Asked about that, government spokeswoman Maria Jesus Montero told a news conference it was possible there could be time lags between the report of a death and its attribution to the virus, but that she had no further information.



ECONOMY

SENSEX: 30,067.21 ▲ 2476.26 NIFTY: 8,792.20 ▲ 708.40 NIKKEI: 18,950.18 ▲ 373.88 HANG SENG: 24,253.29 ▲ 504.17 FTSE: 5,734.61 ▲ 152.22 DAX: 10,442.17 ▲ 367.00

GOLD ₹41,705 RUPEE ₹75.64 OIL \$26.15 SILVER ₹38,100

INDEX JUMPS 2,476 POINTS TO 30,067 ON HOPES OF FALLING COVID-19 CASES

9% jump: Sensex's biggest one-day rally since May '09

ENS ECONOMIC BUREAU MUMBAI, APRIL 7

DOMESTIC INDICES on Tuesday staged their biggest one-day gain of nearly 9 per cent since May 2009 on strong global cues...

Global cues help, but foreign portfolio investors key

THE SENSEX witnessed its highest single-day gain on Tuesday, since the 17 per cent jump it had witnessed on May 18, 2009.

Analysts said Indian markets opened on a positive note following upbeat global cues in Asian markets...

breadth, today's rally was more broad-based with buying in both frontline and mid-small cap stocks.

Abhimanyu Sofat, head of Research, IIFL Securities, said, "The rally in the market was driven by positive news about New York and Spanish data on the rate of corona infections."

Crude prices have risen as a virtual meeting between OPEC and its allies to discuss production cuts is scheduled to take place on Thursday.

Wall Street gains; oil rises as hopes build for global production cut

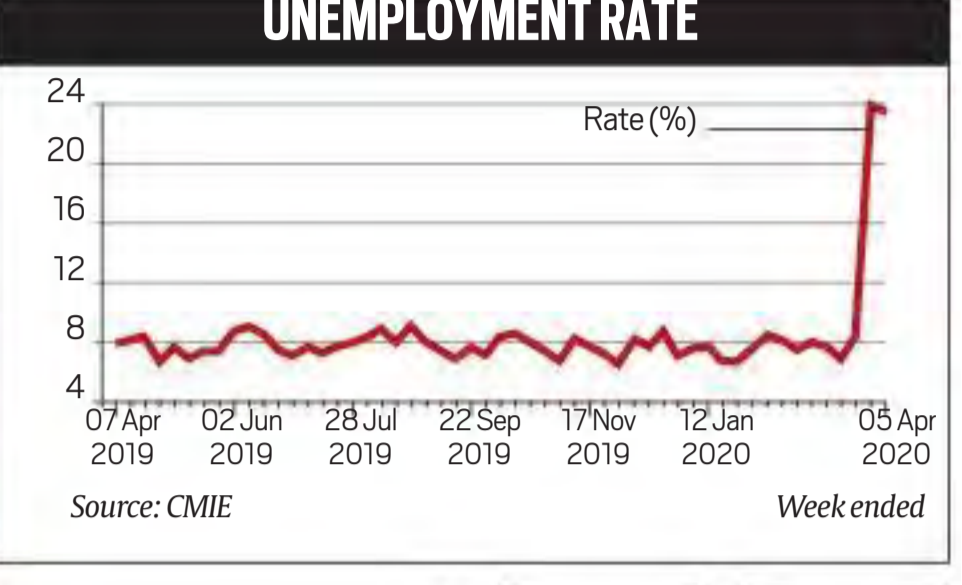
REUTERS NEW YORK/LONDON, APRIL 7

WALL STREET rose on Tuesday on early signs of the coronavirus outbreak plateauing in some of the biggest US hot spots...



A protester outside St Thomas Hospital in London. Reuters

Jobless rate amid lockdown period hits 23.4%: CMIE



ENS ECONOMIC BUREAU NEW DELHI, APRIL 7

UNEMPLOYMENT RATE during March 30-April 5 rose to 23.4 per cent and the labour participation rate fell to 36 per cent...

UN estimates loss of 195M full-time jobs

Geneva: The UN's labour organisation estimates the equivalent of 195 million full-time jobs could be lost in the second quarter alone from the pandemic.

employed increased from 32 million to 38 million. So, the 9 million fall in the labour force consists of a 15 million fall in the count of employed and a 6 million increase in the count of unemployed.

'Multi-notch sovereign ratings downgrade likely in 2020'

Fitch Ratings has said multi-notch downgrades of sovereign ratings are likely during 2020 due to the coronavirus outbreak and sharp fall in oil prices



Emerging markets situation: Multi-notch downgrades have become more common during exogenous shocks that cause abrupt changes in external financing conditions.

DEVELOPED MARKET SOVEREIGNS AND THOSE IN LATAM HAVE EXPERIENCED THE MOST MULTI-NOTCH DOWNGRADES

'BBB-': In April 2019, Fitch retained India's sovereign rating at 'BBB-', the lowest investment grade, with stable outlook...

REASONS: Coronavirus outbreak, Sharp fall in oil prices

India's last upgrade by Fitch: It had last upgraded India's sovereign rating from 'BB' to 'BBB-' with a stable outlook on August 1, 2006

'B': MOST COMMON RATING CATEGORY FROM WHICH MULTI-NOTCH DOWNGRADES HAVE OCCURRED

12 developed markets' sovereigns have had 26 multi-notch downgrades, mostly clustered around the financial crisis in 2008-2009 and the eurozone crisis (2011-12)

NEARLY 40% of multi-notch downgrades started from an investment grade rating ('BBB' category or higher) with a number in the 'A' and 'AA' categories...

The dollar index, tracking the greenback against six major currencies, fell 0.675 per cent...

SBI cuts MCLR by 35 bps, SB deposit rate by 25 bps

ENS ECONOMIC BUREAU MUMBAI, APRIL 7

STATE BANK OF India (SBI), the country's largest lender, has slashed the marginal cost of funds based lending rate (MCLR) by 35 basis points...

The one-year MCLR has come down to 7.40 per cent from 7.75 per cent with effect from Apr 10

view of adequate liquidity in the system". For balances up to Rs one lakh and above Rs one lakh, SB deposit rate has been reduced by 25 bps from 3 per cent to 2.75 per cent.

RBI offers more support to states/UTs

Meanwhile, borrowing cost surges up to 8.96%

ENS ECONOMIC BUREAU MUMBAI, APRIL 7

GIVING MORE flexibility to cash-starved state governments to tide over their cash flow mismatches, the Reserve Bank of India (RBI) has decided to increase the number of days for which a state or union territory (UT) can be in overdraft continuously to 21 working days from the current stipulation of 14 working days.

The number of days for which a state or UT — which are strapped for cash in the wake of the coronavirus pandemic — can be in overdraft in a quarter has been increased to 50 working days from the current stipulation of 36 working days.

NEW OD FACILITY VALID TILL SEPTEMBER 30

The number of days for which a state or UT — which is strapped for cash in the wake of the coronavirus pandemic — can be in overdraft in a quarter has been increased to 50 working days from the current stipulation of 36 working days

sharp rise of up to 8.96 per cent in borrowing costs amid speculation that states and the Centre will have to borrow more to fund expenditure plans.

WhatsApp puts new limits on forwarding of messages

NANDAGOPAL RAJAN NEW DELHI, APRIL 7

WHATSAPP IS trying to slow the spread of misinformation related to the pandemic by rolling out a new feature on the platform, which will prevent a frequently forwarded message from being sent to more than one chat.

creating a headache for health as well as security agencies. Most state governments have warned of criminal action if such messages are forwarded by anyone.

WhatsApp is also working on a new feature — now in beta testing with some users in some geographies — that empowers users to get more information about messages that are going viral on the platform.

BRIEFLY

'Remuneration to directors to attract GST'

New Delhi: Companies will have to pay GST on the remuneration they dole out to directors, the Authority for Advance Ruling (AAR) has said.

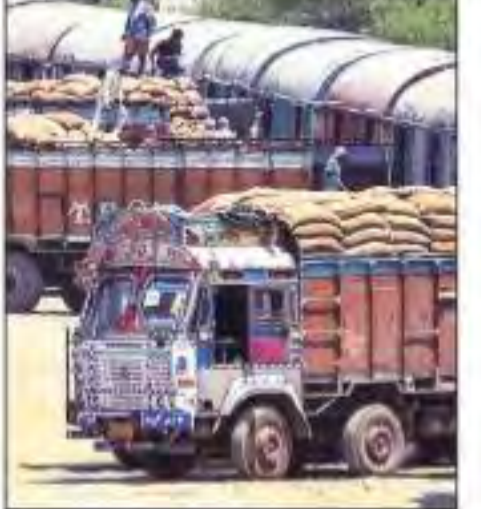
WeWork sues SoftBank for backing out

Washington: WeWork has sued SoftBank claiming the investment group breached its contractual obligations by backing out of a \$3 billion rescue plan.

Railways falls short of previous year's freight loading figures for first time

AVISHEK GDASTIDAR NEW DELHI, APRIL 7

INDIAN RAILWAYS has for the first time fallen short of its previous year's freight loading figures.



Workers load sacks of food grains inside a goods train in Ranchi on Tuesday. PTI

so was the need to carry coal to the power houses. So, coal carried to power plants was just about 50 million tonnes in March — a sharp decline of 10 million tonnes compared to last March.

At present, about 130 goods trains, loaded with cement, are stalled at unloading points at its premises. "The usual business model of cement industry was to not take cement to godowns but directly dump them to various construction sites from trains only."

India takes US to WTO panel for hiking duties on steel, aluminium derivatives

PRESS TRUST OF INDIA NEW DELHI, APRIL 7

INDIA HAS sought consultations with the US, under WTO's safeguard agreement, against US authorities' decision to increase import duties on derivatives of steel and aluminium products.

As per a communication of the WTO, India considers this measure of the US to be a safeguard measure

that steel and aluminium derivatives would be subject to tariff increase. As per a communication of

the World Trade Organization (WTO), India considers this measure of the US to be a safeguard measure within a provision of General Agreement on Tariffs and Trade 1994, and the Agreement on Safeguards.

"India considers tariff increase through Presidential Proclamation on 24 January 2020 as an extension of earlier safeguard measures (announced in March 2018).

Icra cuts FY21 growth forecast to 2%

PRESS TRUST OF INDIA NEW DELHI, APRIL 7

ICRA RATINGS on Tuesday sharply cut the country's GDP forecast amid the COVID-19 crisis and said it expects the economy to grow at just 2 per cent in the current fiscal.

ations have come to a standstill. "The Indian economy is likely to witness a sharp contraction of 4.5 per cent (de-growth) during Q4 FY20 and is expected to recover gradually, to post a GDP growth of just 2 per cent in FY21," the rating agency said.

It said the concerns on account of COVID-19 have morphed from the impact of imports from China on domestic supply chains, into a domestic and external demand

shock, with social distancing and lockdowns leading to production shutdowns and job losses in some sectors.

The high impact sectors in terms of risk on account of COVID-19 are aviation, hotels, restaurants, jewellery, retail, shipping, ports and port services. According to the rating agency, in the current scenario, extended demand disruptions are likely to lead to elongated payment cycles.

Sebi revises cut-off timings for MFs

New Delhi: Sebi has revised cut-off timings for subscription and redemption of liquid, overnight and other mutual fund schemes amid the lockdown to deal with the coronavirus pandemic.

'Certificate of origin' for exporters

New Delhi: The Commerce Ministry has designed an on-line platform for issuance of a 'certificate of origin' for exports to those countries with which India has trade agreements. PTI





I feel that (Virat) Kohli is one of those players whom you are better off saying nothing to and you sort of allow him to hopefully a little bit sleepy at start of innings make a mistake."

MICHAEL CLARKE  
FORMER AUSTRALIA SKIPPER

## BRIEFLY

### Players are 'easy target' in pay rows, reckons Solskjaer

Manchester: Manchester United coach Ole Gunnar Solskjaer insisted on Tuesday it was unfair to single out footballers over the issue of pay cuts during the coronavirus pandemic and said they are an "easy target". England's wealthy top-flight stars have come under fire over their lack of action, with British Health Secretary Matt Hancock calling for them to take a cut and "play their part". The Premier League has urged players to accept wage reductions of 30 percent but ongoing talks have hit a stumbling block. Professional Footballers' Association boss Gordon Taylor said his members had "agreed to play their part" and Solskjaer said it was time to stop criticising players. "For me football is an easy target sometimes," Solskjaer told Sky Sports.

"For me it's unfair to call on any individual or footballers as a group because I already know players do a great amount of work in the community, and players are doing a lot to help this situation. "It's not easy for anyone, and to be called out is not fair for me."

### UFC close to securing private island for fights

California: UFC President Dana White has said the mixed martial arts promotion is close to securing a "private island" to stage bouts for international fighters during the COVID-19 pandemic. The flu-like virus has infected 1.27 million people globally and caused over 70,000 deaths and brought the sports world to a standstill, but the UFC plans to stick to its schedule albeit without fans in attendance.

The organisation, which was forced to postpone three events, will resume its calendar with UFC 249 on April 18 and White said he had also found a new venue for that event after the Barclays Center in New York was ruled out.

AGENCIES

# From the brink to the podium

Had it not been for husband-coach Bobby coaxing her into a Paris trip, Anju wouldn't have made it to the 2003 World Championships

## NIHAL KOSHIE

AT THE end of a month and a half of training and competition, Anju Bobby George hit her nadir at an inopportune time — three weeks before the 2003 World Championships scheduled at the end of August.

Anju and her coach-husband Robert Bobby George, had made Spain their base as they travelled across Europe to participate in six competitions before the big one. A month-long stint with world-record holder Mike Powell in California, to iron out some technical issues, had gone well and medals came in meets at Madrid and Stockholm. But in Berlin, the last one on her schedule, Anju's form evaporated and she could jump just 6.29 metres. The distance was poor but the bigger concern was her body: 'bloated, sore' in her own words. The doctor's diagnosis thereafter should have killed the dream of a world championship medal.

"My body was literally double the size, I felt heavy. The doctor looked at me and asked me to take six weeks off. Fatigue because of the cycle of competing, training, travelling had taken its toll," Anju says.

What Robert and Anju hadn't accounted for was the severe heatwave in Europe. Spain was scorching. Anju threw in the towel. "I told Bobby (Robert) that I want to return to India. It would be a shame if I did badly at the Worlds. I was worried people would make fun of us as we had spent so much money and time for the Worlds," she recalls.

Robert dangled a carrot. He coaxed his wife to travel to the city of love. "Bobby asked me 'have you ever seen Paris?' And I said 'no'. So he said, 'let us go see that city. Come, it will be fun. Forget about the world championships for now.' I agreed and we travelled."

Robert's tactic worked as he knew he could eventually get Anju to jump three weeks later at the Stade de France. Anju went on to win the bronze, the only medal by an Indian athlete at a senior world championships. Till then in track and field, fourth-places finishes on the world stage were glorified for decades, an extra coat of heroism added with every retelling. It meant that the nation's collective belief had been numbed into thinking that for Indians, just missing out was as good as a medal.

## THOSE MONTHS. THOSE MINUTES

As the world battles the Covid-19 outbreak, sport is staring at an unfathomable future.

The Indian Express looks back at the sporting moments which have given the country reasons to rejoice in the past

**JULY-AUGUST 2003**  
"Bobby asked me 'have you ever seen Paris?' I said 'no'. He said, 'let's go.'"  
**AUGUST 30**  
I didn't get a take-off and it was a flat jump, but I gave it my all."

In Paris, Anju rested for the first two days, while Robert took a stroll at the athletes' village and — at that point unknown to Anju — to collect accreditation cards. When after two days, the swelling in her body hadn't reduced, Robert asked her to jog in a park to see if some light exercise would help. "You can't travel back to India if your joints are swollen. So try warming up," he told Anju. The next step was to get her to see the village. She stayed there with the other athletes. Robert had to wait another day till his accreditation came through to join her.

Anju's mood perked up and soon she was ready to jump and train, but without stretching herself. She also went to the gymnasium to lift weights. "I was lifting more than my maximum in snatch and clean (and jerk). Things were falling in place. But I didn't realise it immediately. At that point, I was not planning to participate."

Anju was almost in a trance, her mind freed from pressure, but her body was fast recovering. Just days before the first round, Anju put on her spikes and jumped. "I just put 80 per cent of effort but jumped 6.76 metres. Mike Powell, who was in Paris, saw the jump and came running and said 'you are flying'. When he last saw me, I could barely move. He was pleasantly surprised. Bobby's strategy of slowly getting me back into shape, step by step, had worked. Bobby had detached me but made me do all the physical work," Anju remembers.



Anju is the only Indian athlete to win a medal at a senior world championships.

Soon he was talking up Anju's medal chances. France's Eunice Barber and Russia's Tatyana Kotova were the ones she had to watch out for with American Jade Johnson and Italy's defending champion Fiona May strong contenders as well. "On the day of the qualification round, Bobby told me you need to reach the final, that is the first step. Once I reached the final, he started talking about the medal. I had gained a lot of confidence by then and started believing that I would win a medal," she says.

After the first round, Anju was leading, but by the fourth had slipped to provisional fourth place. "My third jump was a huge one, perhaps a 7-metre jump but after first raising the white flag, the official showed a red one. I had overstepped by one millimetre."

The fourth attempt came amidst high drama. May, the Italian, could not find her check mark. "I remember she was furious and upset. I was to jump next. When I looked, my check mark was also missing. Maybe someone moved it. Luckily, just as a precaution, I had left a wet towel a little away to mark the point where I would begin my run-up. So I relied on the towel and had to do a little guesswork."

### A near miss

A distance of 6.56 metres in the fourth attempt meant Anju had to claw her way back into a medal position in the next attempt, else going all out in the sixth and final jump would put her under immense pressure. "Before the fifth, I prayed to all the gods. Yet one of my spikes hit the knee on my other leg. I lost momentum and had just four strides to regain it. I didn't get a take-off and it was a flat jump, but I gave it my all. And I got 6.70 metres. I didn't know how much I had jumped."

Anju was in third position with one round to go. As things panned out, Johnson who was capable of knocking off Anju from the podium managed just 6.53m in the final round and could not improve on her 6.63m. Barber and Kotova took the top two spots.

"It was a proud feeling. The headline in my room would not stop ringing. Indian embassy officials handed me a congratulatory message from the President of India. An Indian flag was hoisted in our part of the athletes' village."

### California calling

Following a medal at the previous year's Asian Games and CWG, the husband-wife pair decided to go to the best to make an impact at the world level. They turned to Powell, who coached at the Fullerton University in California. They contacted him through Robert's brother and some friends, and he agreed. The first step was getting an 'ok' from the sports ministry for travel and funds. Robert and Anju went to Delhi and stayed the whole of March before the foreign training stint was cleared. They were upbeat until they saw the training centre at the university after travelling halfway across the globe.

"I first thought it was some basic facility which we first saw and there would be a better runway and pit. But I was disappointed

## CROSSWORD 4086



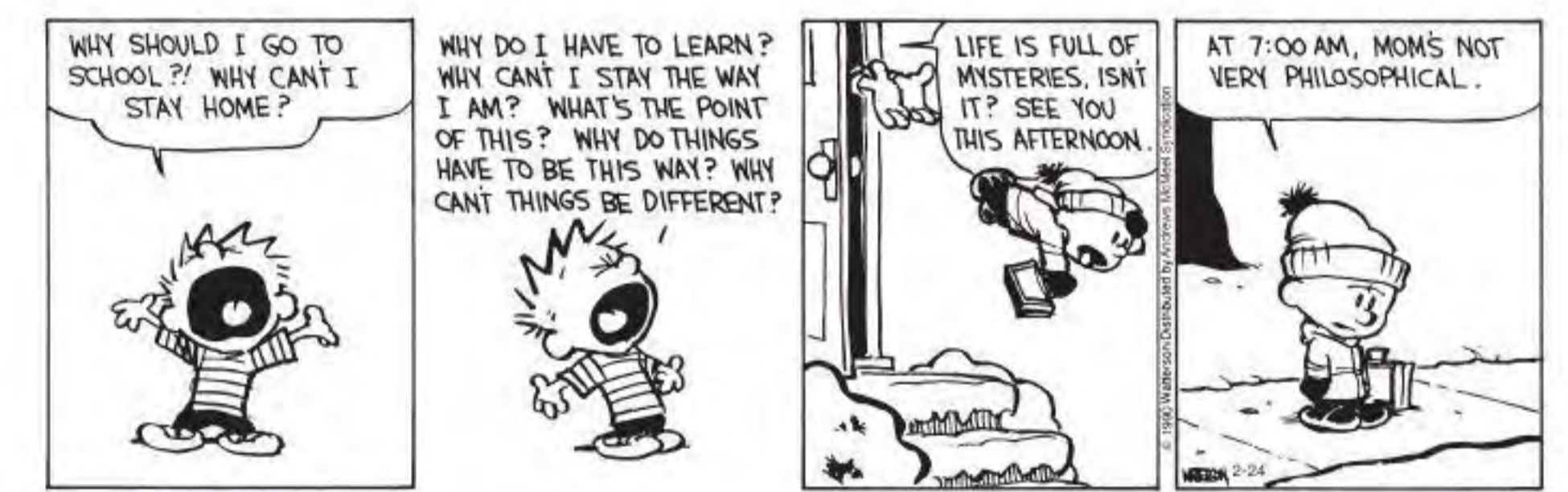
- | ACROSS  | DOWN  |
|---|---|
| 1 Best whipped or put in iced sweet dish (6)          | 1 Marvellous surroundings for quiet meal (6)                    |
| 4 Kept a record that's scratched (6)                  | 2 Gathers assortment of pears (5)                               |
| 9 High level? (7)                                     | 3 Mountain woman who was tempted to take things easy raised (5) |
| 10 A left arm which may be raised (5)                 | 5 Measure of restriction (5)                                    |
| 11 Follow directions and engage in litigation (5)     | 6 One who insists on facts is later confused (7)                |
| 12 Watching the way things go? (7)                    | 7 Mother a long time hurt (6)                                   |
| 13 They draw it across not round (11)                 | 8 It has lots to attract buyers (7,4)                           |
| 18 Doesn't let one forget about cares (7)             | 14 An arsenal our soldiers surround (7)                         |
| 20 Plain net (5)                                      | 15 Perfume made to provoke? (7)                                 |
| 22 A group of companies given credit (5)              | 16 Gave an address to read out (6)                              |
| 23 It ends a flight in two ways (7)                   | 17 Mineral almost exhausted in this state (6)                   |
| 24 Dishy redhead turns out to be rather sarcastic (6) | 19 Marks or pounds? (5)   |
| 25 Individual rep's order gets no return (6)          | 21 Ties up about ten and departs (5)                            |

Solutions Crossword 4086: Across: 1 Dowager, 5 Taste, 8 Getting on a bit, 9 Scoop, 10 Torrent, 11 Sitter, 12 Grats, 15 Endures, 17 Means, 19 Court disaster, 20 Lotto, 21 Entered, Down: 1 Degas, 2 Without a doubt, 3 Glimpse, 4 Rights, 5 Tenor, 6 Subject matter, 7 Estates, 11 Stencil, 13 Rampant, 14 Aspire, 16 Ratio, 18 Shred.

## OVER THE HEDGE by Michael Fry & T Lewis



## CALVIN & HOBBS by Bill Watterson



## MARVIN by Tom Armstrong



## JUMBLLED WORDS

Given below are four jumbled words. Solve the jumbles to make proper words and move them to the respective squares below. Select the letters in the shaded squares and jumble them to get the answer for the given clue.

Words may be false and full of art; \_\_\_ are the natural language of the \_\_\_ - Thomas Shadwell (5...5)

ETAER	AKNSHT
NUISS	IRTWGH

SOLUTION: EATER, SINUS, THANKS, WRIGHT. Answer: Words may be false and full of art; Signs are the natural language of the heart.

## SUDOKU 4173

Difficulty Level 2s  
Instructions  
To solve a Sudoku puzzle, every digit from 1 to 9 must appear in each of the nine vertical columns, in each of the nine horizontal rows and in each of the nine boxes.

Difficulty Level  
1s = Very easy; 2s = Easy; 3s = Medium; 4s = Hard; 5s = Very Hard; 6s = Genius

4	8	2	7					
	8	4	9	3	6			
	6		1					
3	4			1	2			
6							4	
7	2				3	8		
		9	5					
	9	2	3	4	5			
2	7	8		9				

## SOLUTION SUDOKU 4172

6	5	3	8	1	9	7	4	2
4	9	1	6	7	2	5	3	8
8	7	2	4	3	5	1	9	6
7	3	8	2	9	6	4	1	5
9	6	5	3	4	1	2	8	7
2	1	4	7	5	8	9	6	3
1	4	6	5	8	7	3	2	9
3	2	7	9	6	4	8	5	1
5	8	9	1	2	3	6	7	4