



NEWSLETTER-1

July-2020

Editorial Communication

Dear comrades, friends and well-wishers,

We are happy to announce the launching of the online AIDWA newsletter. The Covid-19 pandemic and the wholly unplanned national lockdown since 24 March has hampered our activities on the ground to some extent and made direct communication difficult for us. The RSS-BJP Government at the helm of the country has been merely using the situation to strengthen its repressive regime and to add to the woes of the people. We cannot afford to give in to their heinous tactics of locking down all resistance against their rule of unreason. We intend our newsletter to be a means of carrying the message of our all-out struggle on behalf of scientific thinking, justice and equality and to act as a supplement to our on-going resistance on the ground.

We hope all of you will be enthused by the message the articles in this number convey and find directions in it for taking our movement forward. It contains:

- **An Overview of the situation** by Mariam Dhawale.
- **A Report from Kerala** on their battle against COVID-19 by P. Satheedevi.
- **An interview of K.K.Shailaja, AIDWA leader and present Health Minister of Kerala** by Dr. T. Geena Kumary.
- **An article on COVID-19 pandemic as a public health crisis** by Sudha Sundaraman.

- **An article on women workers and labour law reforms during the pandemic** by Archana Prasad.

We have also provided you with some excerpts from **AIDWA's Report on the communal violence in Delhi in February 2020** which has been uploaded in our website. The activists of our Delhi State Committee played a significant role not only in providing relief after the violence but in restoring the self-confidence of the women affected by it. The Report is based on their experience.

We rely on you to circulate our newsletter as widely as possible and also to send us reports, surveys, comments, reviews, interviews and any other matter suitable for subsequent numbers of this newsletter in English. Matter from regional languages in translation is also welcome.

Hoping we can use our newsletter as a powerful means of communication both among ourselves and with people all over the country concerned with justice and equality,

With warm greetings,

Malini Bhattacharya, President,

AIDWA.

AIDWA IN FOREFRONT TO CHAMPION THE CAUSE OF WOMEN UNDER LOCKDOWN

MARIAM DHAWALE

General Secretary, AIDWA

The world is going through very trying times in combatting the Covid-19 pandemic. This pandemic has spread to more than 210 countries in the world. As of June 18, 8.3 million people in the world have been infected by this virus; of these over 451,705 people have died. India has over 3 lakh cases and nearly 9000 deaths.

THE STARK CONTRAST

Today India has the fourth largest number of Covid cases, after the USA, Brazil and Russia. It has already left the UK behind in the ranking. It is not an accident that the five countries most seriously affected by Covid have right wing regimes headed by the likes of Trump, Bolsanero, Putin, Modi and Johnson. People in the capitalist world have been the hardest hit by the Covid pandemic.

But some capitalist countries in Europe and also countries like South Korea and New Zealand could keep it under control mainly because they have something like a public health system and the governments took people into confidence when taking steps like the lockdown.

In contrast, socialist countries that have a universal health care system have been able to minimise loss of lives. The entire Covid treatment, including testing, is totally free in socialist countries. Although the pandemic began in China, it has been able to control it. Vietnam, Cuba and North Korea have minimal cases and Vietnam has not a single Covid death. China has shipped medical aid to nearly 150 countries and four international organisations. It has exported 57 billion masks and 250 million pieces of protective equipment. Cuba has sent out medical teams and medicines to nearly 50 countries in the world.

In India, the LDF government of Kerala has set an inspiring example in tackling this pandemic. The “Kerala Model” has earned national as well as international appreciation and has been lauded by the WHO.

Lockdown has been declared in many countries, adversely affecting social, economic, cultural and political life of people all over the world. This has severely impacted on the living conditions of the vast majority of people. Big bailout packages are being given to monopoly capitalists while the marginalized sections are struggling to keep themselves alive without adequate help from their governments. India stands at the bottom of the list in terms of its direct government spending being the lowest component of its stimulus package – around 1 per cent of the GDP and not 10 per cent as announced with fanfare!

CULPABILITY OF THE MODI REGIME

The first positive case in India was reported on January 30 in Kerala. The LDF government in Kerala had begun preparations to deal with the pandemic immediately after the global alert was sounded by the WHO in early January. But no such steps were undertaken then by the Central Government in India. On the contrary, from January to March, the BJP-RSS government under PM Narendra Modi was busy organizing 'Namaste Trump' events to welcome the US President, promoting anti-Muslim hatred leading to the communal pogrom in Delhi and toppling the elected state government in Madhya Pradesh.

It was only after completing these sinister designs that the Prime Minister announced the 21-day national lockdown on March 24. Only a four-hour notice was given to the people to prepare for the lockdown. The unplanned, unscientific and abrupt lockdown has destroyed the livelihood of a large majority of our people subjecting them to untold miseries.

Migrant workers were in the worst situation with lakhs of them including pregnant women continuing to walk for hundreds of kilometres on roads back to their homes even after two months. The Central Government refused to provide any free transportation for them. The Shramik special trains were started belatedly and advance payments to the Indian railways were shamelessly demanded from the state governments instead of assisting them financially; thousands of crores of rupees were being collected in the meantime in a private trust fund named after the PM. The migrant workers, already in a critical condition, had to shell out thousands of rupees to reach home.



The lockdown period has not been used to expand health infrastructure either in augmenting hospital space or providing much needed PPEs or adequate testing centres. In almost every state, the testing facilities, hospital beds and ventilators are grossly inadequate.

The Centre for Monitoring Indian Economy (CMIE) has estimated that nearly 150 million people have lost their jobs during the lockdown. The daily wage labourers, workers in the informal sector and small traders account for most of these losses. Women are a large part of the workers in the informal sector. All the labour laws and hard-earned rights of the workers are being done away with.

The agricultural sector is also in a crisis with the Modi Government turning its back on the farmers. The changes in agricultural laws and the Essential Commodities Act will have serious implications for the food security of our country. This will also destroy whatever little of the public distribution system there exists.

The BJP Central government is using the national lockdown to further its Hindutva agenda coupled with an aggressive pursuit of authoritarianism and neo-liberal economic policies. Neoliberal policies over the last few decades have led to the privatisation and commercialisation of public services, particularly in public health care. This has revealed its vicious impact during this pandemic.

The RSS-BJP is sharpening communal polarization by targeting the Muslim minority. Activists who organised protests against the CAA-NRC-

NPR are being arrested under draconian provisions. Voices of dissent, activists championing democratic rights, civil liberties, the rights of the minorities and the marginalized sections are being booked under laws like the Sedition Act, UAPA, NSA, and are being arrested and jailed. Media persons who expressed dissent against the government and its policies continue to be harassed and victimized. This is the real agenda that this BJP government is pursuing instead of paying attention to containing this pandemic, saving human lives and alleviating people's misery compounded by the lockdown.

GRIM SITUATION OF WOMEN IN LOCKDOWN

AIDWA has been in the forefront during the Covid lockdown period since March 2020 in all the activities related to relief work. In the course of this relief work, the grim situation of women came to light. The loss of livelihood and employment has led to many of the households from marginalised and vulnerable sections, as well as women in self-help groups, domestic and home based work becoming more indebted to meet their daily needs.

Free ration grains are being distributed in many states but all women are not getting them. Many states have reported large numbers of exclusions from the schemes for distribution of free foodgrains in the absence of ration cards/BPL/Antyodaya cards etc. We have received information of black marketing of food grains in certain places. There is scarcity of essential items and the prices have sky-rocketed. Refilling of cooking gas cylinders is impossible for the poor. Along with free rations, gas cylinders must also be distributed free of cost for six months to tide over the crisis, since Ujjwala Gas beneficiaries do not include all the poor families. This entire situation is leading to increasing hunger and starvation.

The loss of livelihood of a majority of the workers has also put added pressure on the households, thereby increasing the burden of women significantly. The pathetic condition of migrant labour, including women, wanting to return home and the insensitive behaviour of the administration and police towards them has been shocking. The aggravating crisis in the agrarian sector is adversely affecting both peasant women and women agricultural workers, most of whom are out of work.

Women have been in the worst situation during this lockdown, particularly poor women who have to bear the brunt of family care in a period of acute deprivation. It has exponentially increased women's labour within the house, with them having to provide food, care and service to all family members, including the elderly and children, without any respite. There are several reports of increasing domestic violence on women.

Women in the unorganised and informal sectors are dependent on daily earnings. They are not in a position to repay the loans they have taken from banks through SHGs. Nearly 6 crore women are members of SHGs with bank linkages in both urban and rural areas. They are utilizing these loans for income generation activities like selling fruits, vegetables, groceries, dairy products and doing agricultural work and also for their children's education, health and other family expenses. Banks are applying compound interest rates on the loans taken by the women in SHGs. Sometimes interest rates are as high as 18- 24%. Moratorium should be extended to instalments on loans taken by SHGs and the interest amount should be written off too. The Rs.20 lakh loan, as announced in the Government package, along with being collateral free should also be interest free.

Micro Finance Institutions (MFIs) who have lured poor women into taking easy loans with high interest rates are pressuring debtors for payment of instalments. There is no monitoring of the MFIs by the government. There should be immediate stoppage of recovery of the loans and harassment of the debtors.

Women are unable to avail themselves of any health facilities in the present situation. There have been many instances of pregnant women being turned away from hospitals. The facility for MTP being unavailable, the possibility of unwanted pregnancies is on the increase.

The Central Government has failed miserably in carrying out its responsibility of providing food and work. It has also failed in protecting the people, especially women from violence. None of Prime Minister Modi's speeches have expressed these concerns. His addresses to the nation have been a series of *jumlas* and his so-called packages have been false and illusory.

MASSIVE WOMEN'S PARTICIPATION DESPITE LOCKDOWN

Two months of untold hardships and suffering, total dislocation of life and livelihoods, hunger and starvation staring in the face and absolutely no money in hand, being forced to reside with the abuser with no means of escape – all this and more led to women responding massively despite the lockdown to the call of the All India Democratic Women's Association (AIDWA) to hold countrywide protests against the Central Government on June 1, 2020. According to reports received from states up to June 3, more than 43,000 women participated in 3,445 centres in 253 districts in 20 states.

Women raised their voices with posters/placards in their hands with slogans demanding: 1) Immediate direct cash transfer of Rs 7500 per month since the lockdown began to all accounts of non-income tax paying people; 2) provision of 10 kg free grains to all needy persons for the next 6 months; 4) supplying all essential items free through the PDS; 4) provision of MNREGA work for 200 days to all those who ask for work; 5) implementing MNREGA in town panchayat areas too; 6) immediately starting the Urban Employment Guarantee Scheme to provide work for the unemployed in urban areas; 7) Ensuring treatment for regular patients too at hospitals; 8) Providing free contraceptives to prevent unwanted pregnancies; 9) Stopping indiscriminate arrests on false charges of anti CAA-NRC-NPR activists; 10) Releasing the activists jailed on false charges immediately; 11) Ensuring security for all victims of violence, especially women.

AIDWA condemned the police atrocity on women protestors in Agartala, Tripura. Around 200 women gathered at Melarmath and started the protest peacefully. But the BJP regime in Tripura sent a large police force to the protest site and tried to prevent the women from exercising their democratic right of protest. They manhandled the women, injuring some of them. But all the AIDWA leaders and protesting women courageously withstood this police brutality, forcing the police to withdraw.

The AIDWA West Bengal state committee planned innovative programmes of distribution of confectioneries and sweets for children after the protests, since June 1 was also the International Children's Welfare Day. Several cultural programmes were organised in Kerala.

EXEMPLARY RELIEF WORK BY AIDWA

Centre: AIDWA centre sent four memoranda to the Prime Minister and one each to the Finance and Health ministers. Press statements were released on issues concerning women, and also on the arrests on false and trumped-up charges of girl students by the Modi government. Online protests were organised with other women's organisations. Efforts were made to communicate widely through social media to keep the organisation active as well as to mobilise opinion against the failures of the government.



Kerala: Each AIDWA unit in the state contributed Rs. 100 and the total collection of Rs 20 lakh was given to the Chief Minister's Relief Fund. AIDWA unit and village committees actively participated in the preventive action against spread of the epidemic entitled "BREAK THE CHAIN". A total of 6,62,778 masks were stitched and distributed free to the public. Women activists collected food grains from the public and handed over to community kitchens, and also helped to prepare the food and distribute it to the needy people.



Susheela Gopalan Online School started educational programmes and classes at the unit level are being held through WhatsApp groups. The State Committee has conducted 22 live programmes on its Facebook page. The Kannur district committee has started a “Broad Band Telecast System” through WhatsApp Groups consisting of a total of 2500 members. To help victims of domestic violence online help-desks were started in all districts.

All unit committees in the state started planting vegetable seeds and saplings in every residential compound to start a kitchen garden as part of the State Government programme named ‘Subhiksha’ to start agricultural activities on all waste/vacant/excess land in Kerala.

West Bengal: AIDWA intervened very effectively in getting free rations for people in West Bengal. People were deprived of rations as local leaders of the ruling party illegally abstracted large quantities of goods from the shops. AIDWA deputations met the DMs and protests were registered with SDOs and BDOs. In many cases the protests resulted in successful distribution of rations. Thousands of AIDWA volunteers in all the districts have distributed food, baby food, rice, pulses, potatoes, pumpkin, puffed rice, soyabean, biscuits, masks, soaps, sanitisers, sanitary napkins to more than 41,734 people.



Community kitchens were run by AIDWA in many districts. Money was distributed to hundreds of people who had been deprived of their livelihood. Food stock of one month was given to pregnant women since the midday meals scheme and ICDS centres had ceased to function. Communication was established with thousands of traumatised migrant workers' families. Along with food, saris were also distributed to the families of migrant labourers. Relief was distributed along with other organisations in the urban slums through community kitchens. Relief was also given to brothels and red light areas. Now the AIDWA along with all other fraternal organisations is fully engaged in relief work for the cyclone-affected in South Bengal.

Andhra Pradesh: Due to the agitation organised by AIDWA, the state government allocated Rs 1400 crores for Self Help Groups (SHG) under the zero interest scheme. The banks and SERP (Society for Elimination of Poverty) officials were instructed by the State Government in accordance with Reserve Bank directions not to pressurise the SHGs for loan instalment payments. A memorandum was sent to the CM and Lead Bank manager. More than 5000 SHG women sent messages with their demands to the concerned ministers. The interest amounts of 91 lakh SHG members in 8,78,874 lakh groups was waived for one year.

A united protest was organised by 36 organisations against the reopening of liquor shops on May 11. 11,500 people participated in 398 areas. Women also protested in 100 places and 20 shops were forced to down shutters on the first day. WhatsApp messages are being sent to the excise minister and commissioner to close the shops and demanding work and rations. Nearly 30 lakh masks were stitched by 24,000 women and distributed.

Telangana: Rs 7,04,000 worth of rice and Rs 36,90,000 worth of vegetables and 10,000 masks were distributed in 18 districts by AIDWA. Rs 45,000 worth of meals have been provided to migrant workers. Rs 35,000 worth of sanitisers have been given to poor families. Widespread protests were held against the opening of liquor shops.

Tamilnadu: The AIDWA in Tamilnadu was also extremely active and organised the distribution of groceries, vegetables and masks worth Rs 16,78,300 in 23 districts, benefiting thousands of families. Anti-liquor protests took place in several centres, forcing the closure of some shops. Helplines were set up to assist women in distress.

Other States: Lakhs of kits consisting of essential items have been distributed in Tripura, Delhi, Uttar Pradesh, Bihar, Karnataka, Haryana, Maharashtra, Madhya Pradesh, Odisha, Rajasthan, Assam, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand. A large number of activists have been involved in collection and distribution of cooked food, rations, other essential items, sanitary pads, etc. Local committees have run community kitchens in some states. Many districts in various states formed helplines to assist women in distress and victims of domestic violence. Enthusiastic attempts have begun to conduct online meetings and classes. State level Facebook pages have been widely used for live interviews, talks and discussions.

AIDWA, KERALA in the FIGHT AGAINST COVID-19

P.SATHEEDEVI, ADVOCATE

Kerala State Secretary, AIDWA

Kerala was the first state in India to be affected by Covid-19. Till early March, the cases kept on moving up, and the state soon had the highest number of active cases in India. Then the effects of Kerala's strategy to fight the virus started paying off and on date, the results are quite encouraging, if not substantial. As of today, it has the highest recovery rate, the lowest death rate and slowest progression in the country. This has drawn applause from the medical profession, social activists, academics and people at large.

The first Covid-19 case in India was reported in the State of Kerala on 30th January 2020. When the report came the entire country was very much worried as Kerala is one of the thickly populated states in the country and there was chance of the virus spreading all over the state. But the timely intervention and systematic approach of the Government of Kerala in tackling the virus has actually created much confidence among the general public and has generated the feeling that with the co-operation of the latter the Government will be able to tackle the issue following the declared procedure. This confidence also comes from the people's earlier experience of the Leftist Government in Kerala handling the Nipah virus issue and natural calamities like floods and the Okhi.

The Health Ministry of Kerala headed by Com.K.K.Shailaja Teacher had been awake to the virus invading other countries, especially the spread of the epidemic in Wuhan city of China. Even in December 2019 when the report of Covid-19 infections came from Wuhan City, the health ministry anticipated the possibility of Malayali Students studying in the University of Wuhan returning to Kerala. At that time itself a Special Medical Board was constituted and they held a meeting and took stringent measures to tackle any unforeseen incidents. The Medical Board also advised screening of passengers, particularly NRIs at the airports. Suspected cases were to be referred to the hospitals and home quarantine was to be arranged for others.



On 27th January the first girl student from Wuhan University arrived at the airport and after the screening test she was put in home quarantine. On 30th January it was found that she was Corona positive and immediately she was isolated at the Medical College, Thrissur. A special medical team consisting of experts, doctors, nurses, attendants and cleaning staff with proper guidance started functioning at the hospital wearing PPE kits and due to their joint efforts the girl was completely cured and discharged from the hospital. Meanwhile several persons came from China, Italy, and other European and Gulf countries. Everybody underwent the same protocol and it was found effective in tackling the virus. The Government of Kerala also declared a **Break the Chain Campaign** and the entire public took up the campaign with the help of press and media channels. The Campaign spread the message of **S.M.S** (Soap, Mask and Social distance).



The entire country was locked down on 24th of March and public transport, offices and market places were closed. In fact the said lockdown was declared by the Central Government without giving sufficient time to the public to prepare for the situation. There are about 4.7 lakh migrant workers from other states in Kerala and they could not return to their home states. This was the situation all over the country. People were without money and without work. At that time the Kerala Chief Minister Com. Pinarayi Vijayan after having consultation with various departments and analysing the situation, addressed the people and announced that nobody should worry and that the Government will provide maximum help to the needy people in the State.

The Chief Minister announced that nobody in Kerala should be allowed to starve. All people belonging to BPL category were provided with 30kg of food grains and those in the APL category with 15kg of grains. Apart from that a special kit consisting of other necessary things was provided free to every family. People who were not having ration cards were also provided with the necessary items. The Government distributed all social welfare pensions in advance i.e. up to the month of April. Food items and pensions were distributed at the residences of the beneficiaries by volunteers deputed by the local self- government institutions. About 1200 community kitchens started functioning in the state.



The women of Kerala played a prominent role in the implementation of the state government's plan for tackling the pandemic. Our AIDWA units all over the state came forward to provide hand-wash and sanitizers in public places. Our workers took initiatives in stitching face-masks at their homes and distributed the same to police stations, health centres, *Asha* and *Anganvadi* workers.

When the community kitchen started functioning, AIDWA volunteers (**Sannadha volunteers**) along with the S.H.G – *Kudumbasree* workers were engaged in cooking food in the kitchen and packing and distributing the same to the migrant workers at their places of residence. Our units donated vegetables, coconuts and plantain leaves for the community kitchen. More than 5000 such volunteers were AIDWA workers. The *Anganvadi* workers distributed grains and pulses to houses of 3.7 lakh children and 3lakh pregnant and lactating women. A good number of *Anganvadi* workers are also AIDWA activists. It was a wonderful experience for our women

In all 14 districts AIDWA District Committees formed an online help desk to provide help to women and children under mental stress and suffering from other difficulties. We have done it with the help of various

departments and experts and were able to solve several issues with the help of psychologists, hospital authorities and the police.

The AIDWA State Committee meeting was held online and in all 14 districts the district & area level committees also met and analysed the situation in all villages. On April 22 the “Earth Day” (**Bhauma Dinam**) was observed and kitchen gardens were started by women within domestic space. Now the government has declared a special programme named **Subhiksha Keralam**, the programme aimed at achieving self- sufficiency in food production in Kerala to fight the economic crisis generated by the pandemic. Its aim is to attain self-sufficiency in vegetable, milk, meat and fish production. Now AIDWA committees are working to make this scheme successful.



On 31st May all the units and our workers were engaged in cleaning houses and public places. On 1 June which is also International Children's Day, responding to the call of our Central Executive Committee agitation took place in all villages against the anti- people policies of the Central Government. Dharnas took place in front of the Central Government Officers demanding food to all and for providing a minimum Rs.7500/- to every poor family. Participation of maximum young women at a centre was ensured even while observing all lockdown restrictions. Agitation was conducted in front of 1312 Central Government offices by raising the slogans and holding placards. The total number of women who participated was 11,350.

Social Media interventions by AIDWA developed to a great extent during the lockdown period. All committees met online. Our Facebook page **AIDWA Kerala** has done online live programmes for a whole month. Apart from our state leaders, doctors, musicians, cine artists, singers and public figures participated. We have started live streaming on our FB page from 27/04/2020, and till date, we have got 4000 new likes (at present 5500 and more likes) raising the number of followers to 8000 and extending our reach to 3 lakh. Our State Committee has conducted an online study group in the name of Com.Susheela Gopalan and we have done classes on organisational issues, communalism, women and labour issues, Environmental issues and women, patriarchy and women. We have conducted classes at the grass root level also. With more than 250 workers from each district, there were 4000 to 5000 participants all over the state. It is really a wonderful experience for us.

Our experience in the lockdown period has been a lesson for us in understanding the difference between the policies of the Central Government and those of our state government. The unique example of the approach of the LDF government has been appreciated in national and international media including the **B.B.C, The Guardian, The Economist, The Washington post etc.** This people friendly approach is not merely a media exercise, but has been effective at other times of crisis too with the co-operation and co-ordination of the people. AIDWA Kerala is proud to be a part of this.

WITH the COMMANDANT of the CORONA BATTLE-
INTERVIEW with COM. K.K.SHAILAJA TEACHER

Dr T GEENA KUMARY

Public Prosecutor, Trivandrum

The Health, Social Justice and Woman and Child Development Minister of Kerala, Com. K.K. Shailaja teacher has taken out some time from an exceptionally busy day for AIDWA, her own mass organization which gave her the courage to deal with the most challenging issues in her career. She has shared her experiences with AIDWA in the midst of a number of phone calls and constant visitors including the health secretary, MLAs and her own team in the Ministry. Com. Shailaja, an important member of the cabinet led by Chief Minister, Com. Pinarayi Vijayan, was successful in managing the Nipah virus outbreak of 2018 through her systematic approach and cohesive leadership and is once again navigating Kerala through the Covid-19 pandemic. When asked about the way her department has handled the corona virus outbreak, and the reasons why Kerala appears to be in better control of it than developed countries, she narrated the incidents in sequence quoting exact dates and times, demonstrating her command over the situation and the extent of her involvement in it.



Kerala, a state with limited revenue resources, was able to effectively tackle a pandemic of such magnitude while even developed countries were faltering, because the Health Ministry in the state led by Com.K.K.Shailaja, with her 4 year experience as minister, has been already dealing successfully with other infectious tropical diseases, like Chikungunya, H1N1, and more recently Nipah. Though Covid-19 was then an unheard-of viral strain that jumped species to humans, the health system was able to deal with the outbreak when it came and contained its death toll in the districts where the outbreak began.

Q? Medical as well as social scientists have appreciated Kerala's effective fight against the virus. Dr Raman Gangakhedkar, head of the Indian Council for Medical Research NIV, Pune, has said, "Kerala is offering one of the best containment strategies and it is unparalleled. So we will continue to refer to the Kerala model as far as testing and containment strategies are concerned." What is this 'Kerala model' of dealing with the Corona virus pandemic, and how has the state managed to have India's lowest mortality rate from this infection and controlled social spreading?

"It was our systematic approach, communication with the public, and teamwork which helped us to manage the pandemic situation. When I read about the virus in China and the press release of the UN about the outbreak of such a potential virus, I knew that we should prepare. I remembered that some medical students had approached me asking permission to do internship from Wuhan University. So I was sure that Wuhan University had students from Kerala, and we knew that if the students came back, we would have to be careful. We met our Rapid Response Team immediately."

On January 24, the government opened a control room to deal with the situation, prepared a protocol or SOP (Standard Operating Procedure) to isolate people, including provision of home quarantine, and looked at the existing provisions of equipment including N95 masks, and Personal Protective Equipment. **"On January 27** when the first flight came from China we set up a help desk at the Airport. They were taken directly to hospital .On January 30, India registered its first Corona virus infection in Kerala that is at Thrissur, and it was a student who had returned home

from China.” Immediately on that day itself, from the Assembly, the health minister reached Thrissur by midnight after informing the three other ministers from the district and conducted a meeting and arranged everything including the tracing of the patient’s contacts. On the following days on February 2 and 3rd further cases were reported and taken care of. After two weeks there were no further positive cases reported but the health team in airport help- desk was not withdrawn.

In late February, a Malayali family returning from Venice was evasive about its travel history and went home without submitting to the now-standard controls. By the time medical personnel detected a case of Covid-19 and traced it back to them, their contacts were in the hundreds. Contact tracers tracked them all down, with the help of advertisements and social media, and they were placed in quarantine. **“We continued our surveillance** and it helped us to manage it in the 2nd phase when the group from Italy came here. From 23 March, all flights into the state’s four international airports were stopped. Then it became easier to handle patients and suspected cases and thereby the curve was flattened.”

But again as expected, the number of patients increased by the first week of May. Another cluster had been contained, but by now, large numbers of overseas workers were heading home to Kerala from infected Gulf States as well as other Indian States especially from the Red Zones, some of them carrying the virus. At the height of the virus infection in Kerala, 170,000 people were quarantined and placed under strict surveillance by visiting health workers, with those who lacked an inside bathroom housed in improvised isolation units at the state government’s expense.

As of June 4, that is the day of the interview, there are 832 active cases and 652 who have recovered from the infection in Kerala, and there have been just 11 deaths. Even the oldest patients have recovered—a couple, aged 88 and 93.

“It is a fact that we had flattened the curve in the first two phases. But now the situation is different as lockdown restrictions have been eased. People are coming from different red zones of the world and within the state. We managed to prevent community spreading by specific contact tracing, quarantining and giving proper medical attention. We have

reduced Case Fatality Rate (CFR) to 0.5. What we are focussing on now is to prevent community spread for which we are imposing strict quarantine measures.”

Q? The methods adopted?

“**We have tried to create a feeling of ‘We’**, the health care system as a team.” One of the ways in which they do that is a daily video conference with different frontline staff of the healthcare community across 14 districts. **“Each day’s video conference is dedicated to groups of people doing different kinds of work**, from district medical officers and nurses to *Asha* workers. It gives us the opportunity to talk to people and hear them out. Keeping in touch with those working at the grassroots level is extremely important; we try to maintain that at all costs. When the minister or a health secretary directly wants to understand their ground reality, it makes a huge difference, especially to keep the morale up.” This style of functioning is also a reflection of Shailaja Teacher’s personal way of dealing with even a broad crisis. A number of patients, who tested positive for COVID-19, stated that when they left the hospital, the minister herself called to reassure them and wish them a speedy recovery.



Q? What about the newly introduced Ardram project of LDF government in dealing with the situation?

Kerala has long been focused on public health, education and social uplift. Over the last four years, and since Com. Shailaja Teacher got the health portfolio, there has been renewed attention to the state's public healthcare institutions. In **Ardram** project **“We had a three-point agenda:** government hospitals should be patient-friendly, high-tech, and out-of-pocket expenditure must reduce. Primary healthcare units are very important, especially in rural areas, they now have OPD up to 4 pm (earlier it was up to 2pm) with three doctors (earlier there was one doctor) and testing labs able to catch early signs of different diseases. Now Primary Health Centres have been converted to Family Health Centres. Medical college hospitals have new equipment, and good infrastructure. Our focus definitely strengthened the system,” she says. After the experience of Nipah, the government implemented regular training for medical staff who also underwent mock drills in preparation for an infectious outbreak.



Q? Kerala's strength in dealing with the situation?

“Undoubtedly our strength is our very strong primary health system and strong local bodies. When we started **Sannadha** portal for volunteers one and half lakh came to do any work to battle the pandemic. Our people are our strength, who are much more health literate and have contacts with health volunteers too. The awareness level is so high among our people compared to those in other parts of the country. This is because of the Kerala Model. The foundations of the model are land reform – enacted via legislation that capped how much land a family could own and increased land ownership among tenant farmers – a decentralised public health system and investment in public education. Every village has a primary health centre and there are hospitals at each level of its administration, as well as 10 medical colleges. Kerala enjoys the highest life expectancy and the lowest infant mortality of any state in India; it is also the most literate state and due to widespread access to education, there is a definite understanding of health being important to the wellbeing of people.”

Q? What about the Centre?

Although emergency measures such as the lockdown are the preserve of the national government, each Indian state sets its own health policy. If the Kerala model had not been in place, she insists, her government’s response to COVID-19 would not have been possible. According to her, Central Government has to give more funds to the states.

Q? What about the criticism of opposition that you have ‘media mania’?

“No, it has not affected me in any way. There is no reasonable basis for the criticism from our opposition leaders as expected. We are transparent and people have to know the situation, press conferences are the best method to describe day to day events”.

Q? What next?

The Health minister is confident that **“we are prepared to face any situation.** All of them we isolated are literally on our radar; if any flouted the norms, our machinery will find out. Preparedness is our victory. We have a three tier planning. Plan A includes COVID hospitals in every 14 districts along with facilities in our medical colleges and district hospitals.

Plan B includes other *taluk* headquarters hospitals, private hospitals etc. Plan C includes other hospitals, hostels, hotels etc. So we have thought ahead about good facilities to accommodate and quarantine the people who come here.”

“We are adopting a three tier system in accommodating suspected cases too. Firstly COVID Care Centres-CVC, where we are accommodating people who are in need of institutional quarantine. These are people who came from abroad and from other states and people who have no facility for home quarantine. The second one is COVID First lane treatment Centre (CFLTC), in which people who have symptoms of COVID are admitted, isolated and monitored. They will remain there till confirmation or recovery from other ailments. The third one is COVID Special Treatment Centres (CSTC), which is specifically for COVID treatment. Each and every person who is tested positive is taken to this CSTC. We can provide nearly 5000 patients in these hospitals with ICU and ventilator facility”.

Q? Com. Shailaja was interviewed by world famous media including BBC World, Laura Spinny, British MP Lord Gadhia, Kamal Hassan etc and there were reports in The Guardian, Economic times, The Hindu etc. How did you feel about getting known as a Corona virus Slayer and Rock star Health Minister?

“Definitely my experience as an AIDWA activist and state secretary of Kerala unit and my experience as a Central Committee member of Communist Party of India (Marxist) made me courageous in dealing with such situation. I am adopting here in administration also the very same strategy that I did when I was the secretary of AIDWA state unit. If anybody did well I would appreciate them, if anybody was weak they would be given more assistance and support”. Continuous monitoring, identification and rectification of issues in time are major methods to be adopted both in organisational work and administration.

She is full of spirit as she concludes with **“we will overcome this”**.

COVID- 19: A PUBLIC HEALTH CRISIS and WHAT it MEANS for WOMEN

-SUDHA SUNDARAMAN

Vice President AIDWA

The deadly corona virus pandemic has affected nearly 8.3 million people across the globe over five months, and has crossed 3 lakhs now after a slow start in India. The numbers of infected people as well as deaths due to Covid- 19 are increasing by the day, presenting an unprecedented worldwide challenge. The race to find an effective vaccine is on, with leading universities, multinational companies, public health laboratories, research institutions etc. working night and day, generating a cautious optimism that the vaccine cannot be too far away. Of course, one worry is that if the vaccine is discovered first by a private company or in a country which prioritizes private interests over public, there is a danger of profit motives overriding other concerns. The WHO has made a strong plea that any such vaccine discovery must be considered a public good. China, a frontrunner in this research, has already announced that it will make the vaccine available to the world free of cost. This is in stark contrast with the US, which under Trump has withdrawn from the WHO completely. In any case, this process may take several months, or even more.

But until such a cure becomes available, what needs to be done? Only a robust and effective public healthcare system can hope to tackle the epidemic and its deadly impact. While elimination may not be possible, the number of cases can be restricted, and the affected patients can be provided proper medical care to minimize the number of deaths. Countries like South Korea, the Scandinavian countries, Australia, New Zealand, have proved successful in their attempts to do so. A tried and tested public health systems response which has proved a life saver maybe summarized as: IDENTIFY, TEST, ISOLATE, TREAT and TRACE - plus maintain physical distancing. A formula that looks simple, but implementation of which cannot be achieved without a comprehensive and intensive drive to strengthen the public health care mechanism from the village to the metropolis.

The Indian scenario

In our country, Kerala under Left rule alone responded to the Covid -19 pandemic with a strategy incorporating these essential steps, and building on the lessons provided by its experience of dealing with previous epidemics like the Nipah virus. But in the rest of India, the Modi model prevailed-- characterized by gimmickry, or by ill planned declarations including that of an emergency lockdown, while the weaknesses in the public health system kept getting exacerbated. The monumental failure on the part of the BJP Government to assess and remedy the situation in time has caused irreparable damage to our economy, and society. Evidences of economic collapse, migrant distress and deaths, devastating job loss, starvation and hunger stalking the poor are mounting up, with horrifying images and tragic reports assailing us every day.

Impact on Women

In the midst of this catastrophe, the multiple impact of the situation on women has remained largely below the radar. In fact, the lockdown itself proved to be a source of further violence and harassment, since victims of domestic violence were forced to stay with the abuser, within the confines of the home. The National Commission for Women was forced to take cognizance of the increased violence against women, underlining the magnitude and seriousness of the problem. AIDWA intervened early on to demand that the Government should ensure women's safety, and access to legal remedy through a variety of measures. What of the accountability of the BJP Government in creating the conditions for greater domestic abuse? It is a shocking indictment that just as the BJP Government was completely oblivious to the impact of the lockdown on migrant workers, similarly, it had little thought to spare for domestic violence. Of course, the agenda of the Hindutva forces has always been more about keeping women at home, never really about their safety within it!



The lockdown also added to the unpaid care burden of women phenomenally. Many jokes and memes were doing the rounds in the social media about the men who started doing household chores during the lockdown! However, little has been written about how women managed the dire situation. On one hand, the day to day routine of cooking, cleaning vessels and house; washing clothes, caring for the sick and elderly, which got doubled or tripled. With children staying back from school, and husband from work, has there been a fair estimate of the overtime she had to put in? On the other hand, the challenge of providing food for the family with reduced or no incomes, welfare measures often remaining out of reach, a targeted and exclusionary PDS in operation, their work in the unorganized sector taken away from them with no hope of compensation for losses, forced to take loans so that their husbands could take a train or bus home instead of trudging back over thousands of miles..... is their suffering and grief on record anywhere?

In the public health discourse, a lockdown is not a cure, it only delays the process of transmission, giving time for the state to set up health

infrastructure, additional beds and facilities, acquire necessary equipment, appoint human resources, and get all the governance systems ready to take on the mammoth task. Did that happen in our country? Not only was the time frittered away, the suffering of the common people was enormously compounded by the thoughtless disregard for its human cost. And women were among its worst victims.

Post lockdown challenges:

Inadequate services

Five weeks later, with the lockdown lifted, the challenges have become even grimmer. The Central Government has passed the buck for handling the pandemic onto the State Governments, but without releasing the required financial support. As a result, the shortfall in health services, equipment, and human resources which was prevalent even before the corona days has now become accentuated, and the situation in many states is quite critical.

As the numbers increase, patients have to be segregated, monitored, brought to hospital if symptoms turn serious, be provided with beds and ventilator support if they turn critical. The gap between demand and supply is immense. Relatives of patients with breathing difficulty have shared tragic tales of how they could not get an ambulance, or admission for treatment in either private or public hospitals, leading to death of the patient. Many state governments declared a number of public hospitals as Covid- 19 hospitals, without actually increasing the beds, or the doctors/nurses, or providing the requisite equipment. Two negative consequences followed. Management of Covid- 19 patients needs specialized equipment as well as expertise, for which separate care facilities have to be provided. Services cannot be provided just by taking over the existing public hospitals, they have to be upgraded. In this process, public hospitals were discouraged from providing services to their regular patients. Those requiring elective procedures were requested to postpone their hospital visit. Many patients suffering from life threatening ailments, including cancer, diabetes, kidney disease, TB etc. were denied medical care. What happened to those who could not afford private facilities at exorbitant costs? How many such patients have died? There is no record!

But there is one category of emergency case that cannot wait for Covid - 19, and that is the pregnant women about to deliver a child. Sadly, innumerable reports have surfaced about the harrowing experiences undergone by pregnant women. A 25-year-old pregnant woman from Nizamuddin Basti in Delhi was turned away from Safdarjung, then referred to Lok Nayak hospital, which denied her admission because she was not Covid-19 positive. She visited at least six hospitals and maternity clinics in the span of 48 hours before finally giving birth outside AIIMS. A 26 year old pregnant woman died in an auto rickshaw in Mumbra district of Mumbai after she was denied admission in 3 hospitals just because she did not have a Covid 19 negative report.

More and more women are reporting refusal of admission by the hospitals that had provided them antenatal care. While some are forced to travel to far-off hospitals, and brave the risk of a coronavirus infection, others have no option but to give birth at home. 22 year old Amreen from Shyamnagar in UP thus delivered a still born child at home, then developed postnatal complications and passed away. Such preventable loss of lives is indeed a tragedy of this period. Women's reproductive health has also been affected by the non- availability of contraceptives. With men spending more time at home, a baby boom is predicted in the near future, adding to the reproductive woes of women. A recent UN report has stressed that the health of women has been adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services.

Human resource issues

The role played by the medical personnel-doctors, nurses, ANMs, *Ashas* etc in identifying and treating Covid 19 patients has been a remarkable one. The nation has clapped its hands for them. Has the nation even noticed how many lakhs of women are involved in health care delivery? Have they been provided with the Personal Protective Equipment that they require? Are the masks good enough? The fact that so many of them are developing symptoms of the disease points to their vulnerability. Unfortunately this seems to be a worldwide phenomenon. Recently, the International Council of Nurses has come out with a statement, based on data that nurses and other health care workers are

at greater risk from Covid -19. In the absence of proper screening, and protection, they as well as their patients are especially endangered.

The public health system cannot operate efficiently without these women workers, but they have to be taken care of. Nurses are bowed down under extra work loads. They are often forced to stay over, bathe, wash, change clothes before going home. They need proper facilities where they can clean up safely. Scant regard has been paid to the safety needs of *Asha* workers engaged in locating affected persons in far-off areas. Raincoats can hardly be a substitute for PPEs! In many states the paramedical staff, appointed on a contract basis have not been paid their dues in salary. The insurance on the lives of the health personnel is important, but there has to be a risk allowance for all those serving under such circumstances. The Government must urgently take measures to ensure the safety of health workers, not just at work, but at their place of residence also.

Dealing with Stigma

The shocking images of doctors and nurses being assaulted, and refused entry into their residential apartments brings to the fore a serious lapse in the common understanding of the disease, and our attitude to those affected by it. The creation of an aura of stigma around the infected person has jeopardized health and well- being of all. Those with infection suppress the fact. Blame must be shared by those who portrayed disease carriers as some kind of criminals – starting with the communal stigmatization in the one-sided story of Tabhligi Jamaat related spread of infection. In one terrible incident, poor migrants returning to UP were sprayed with detergent liquid before being allowed in. This is a gross violation of human rights. Those who catch the virus are human beings, not criminals, nor vectors of disease. They have to be treated and made healthy again. That is the role of the public health system.

Ultimately, the Covid- 19 pandemic tests not only our public health preparedness, but also the nation’s commitment to ensuring that its people do not suffer for want of food, work, or safe place to live. The BJP Government must wake up to its accountability, especially to the vulnerable sections, and to the large numbers of women who often remain invisible victims of larger processes and events.

WOMEN WORKERS and LABOUR LAW REFORMS In PANDEMIC TIMES

ARCHANA PRASAD

Professor, JNU

“Geeta lives in a *jhuggi-jhopri* cluster next to the middle-class residential complexes in Delhi’s Dwarka. She runs a family of seven—an old mother, a widowed sister and four children. After losing her contractual job as a housekeeper in an educational institution last year, she took up domestic work in at least three houses. She is on the lookout for more houses to work in to avoid starvation at home. But the Covid-19 lockdown, in its second prolonged extension, has made survival precarious for Geeta and thousands of others like her. One employer warned her not to come to work without any assurance that she’d be paid for the days of absence. Another employer kept insisting that she come to work with safety gloves and a mask in spite of the lockdown till strict enforcement of rules by the police made it impossible for her to travel. Another employer asked her not to come again resulting in loss of work and income”(From Outlook)

Geeta’s story is a familiar one for all AIDWA activists, and highlights the plight of thousands of women workers who are facing job losses and economic penury due to the government’s unplanned lockdown policy during the pandemic. Workers like her, i.e. more than 90 per cent of all women workers today, face a hand-to-mouth situation because they live with job insecurity, low wages and abysmal informal conditions of work without fixed paid leave, bonuses or any other social security like ESIC, maternity benefit etc. Therefore organisations like AIDWA and trade unions like CITU have been fighting for the recognition of women as ‘workers’ so that they can get their basic rights.

But the gains achieved by these struggles have been under attack by recent changes within the labour laws which have been consolidated into four codes which have affected women in the following ways:

- They have resulted in an irreparable weakening of existing rights which included the dilution of the Equal Remuneration Act and other laws that benefited women workers.
- Though the government had professed to increase the entitlement of women under the Maternity Benefit Act, 2017 to six months of paid leave, this change was only applicable to a few women in the organised sector and the amount disbursed through it remained pitiful. Further, the entitlements would only be applicable to the 'first live born'.
- Apart from these direct impacts on women workers, largely in the organised sector, the definition of 'worker' and 'establishment'; under the new labour codes did not provide space for the recognition of women in informal labour, who constituted more than 90 per cent of the total workforce.
- In addition the dilution of social security and attacks on the mechanisms for tripartite negotiations also reduced the women workers prospects for achieving their goals of registration for all informal sector workers and their coverage for universal social security.

As mentioned earlier, these changes in labour laws in the period preceding the onset of the Covid-19 pandemic were a setback for ongoing campaigns for the recognition of women's work. The current changes proposed by several Indian states to ease labour regulations should thus be seen as part of the continuing process to make pro-employer changes to labour laws. In fact the pandemic seems to have become an excuse to push through some reforms that were otherwise encountering stiff resistance by the trade unions. The BJP- led state governments, in particular, have been in the forefront of pushing labour market reforms in the name of resolving the crisis arising out of the

pandemic with Uttar Pradesh, Gujarat and Madhya Pradesh leading the way. Some of these are given below:

- The Uttar Pradesh Government enacted the **Uttar Pradesh Temporary Exemption from Certain Labour Laws Ordinance, 2020** in March suspending 35 labour laws (i.e. all except 4) for “all factories and manufacturing establishments” for the next three years. Though the Ordinance has made it clear that all establishments would have to respect the provisions dealing with minimum wages and with women and children in previous labour laws, these would become easy to violate in the absence of provisions for inspection and upkeep of registers of workers. As the Ordinance states, employers will only have to update an online database on the number of workers employed, but since inspection or cross checking of facts will not be mandatory *it is possible that those who are employed for very short periods at lower than minimum wages will not even be registered as workers. Since employment after the pandemic will be even more distress-induced than it was in the pre-lockdown period, it is likely that women and children will be employed without being registered in order to drive down the costs of production.*
- Further, UP Government’s suspension of the contract labour laws will also have adverse impact on women workers who will become more and more vulnerable to trafficking and forced labour since there will be no monitoring of contracts.
- Further the suspension of laws regarding paid and weekly leave in the same ordinance will negatively impact on women’s health and other responsibilities. Women will also not be able to protest against these changes since trade unions and Industrial Disputes Act will remain suspended.
- Madhya Pradesh and Gujarat have followed much the same route suspending most laws for new investments. Through a gazette notification, dated 5 May 2020, the Madhya Pradesh government exempted all factories from the operation of certain provisions of the Factories Act for next three months, whereas Gujarat also

announced its intention for suspending most labour laws for 1200 days. On 13th May 2020, the Gujarat government notified that the Contract Labour Law would only be applicable to establishments with more than 20 workers. In the wake of the lack of inspections and loosening of all other controls over employers, this will make women vulnerable to more forced labour, and also make it invisible, especially since regular inspections will be suspended.

- Another aspect of the current reforms has been the extension of the working day from 8 to 12 hours. The initial notification was made by the States of Uttar Pradesh, Gujarat, Rajasthan, Punjab, Karnataka, Odisha, Himachal Pradesh, Punjab and Haryana. Some states like Himachal Pradesh have also extended the timings for overtime. However in the wake of strong opposition by many political groups and trade unions, governments of Uttar Pradesh, Rajasthan, and Gujarat withdrew their notifications. This will impact on the women's prospects for getting work, as it will become more and more difficult for them to work for these long hours with their daily household responsibilities.
- *Most notifications also say that women should not be made to work between 7 PM and 6 AM. This means that even if a woman chooses, out of distress, to work during these extended hours, she will have to complete all her other responsibilities in the 11 hours for which she is free. This implies that her day will start even earlier than it does at present, and her burden of paid and unpaid work will increase substantially, leaving her little time to rest and recoup. This is likely to have an adverse impact on her physical and mental health as well as on the children and elderly within the household.*
- Apart from direct impact on lives of women workers, the recent changes in labour laws will also have adverse effects on women indirect ways. They will put all working class families in greater distress; this always puts extra pressure and burden on women. Further, since history has shown, that greater investments do not always lead to more jobs, the prospects for women's employment

are set to worsen after the economy hits a new low in the wake of the pandemic.



We can hardly doubt that the pandemic has been used as an excuse to accelerate these pro-employer reforms. The so called reforms are now with the Centre for ratification. Therefore the AIDWA and its fraternal organisations must start intensifying their ongoing struggles for recognition of the rights of women workers.

AIDWA REPORT on COMMUNAL VIOLENCE in DELHI, **FEBRUARY 2020**

Excerpt-1

Gujarat 2002 was being repeated in North East Delhi; targeted people were continuously calling and requesting the Delhi police to come and control/stop the violence. During the relief operations some victims said “We kept on calling the police, but the police did not come; if it had come we would have been saved”. They also said, “Our houses were individually targeted for burning and looting”. ...On 26 February, the Delhi police finally barricaded the affected areas and started its investigations. But by then, more than 50 people had lost their lives and a large number had suffered injury and loss of livelihood.



Excerpt-2

Since Shiv Vihar was a ‘mixed colony’ there was a growing fear of insecurity among the Muslims and it was estimated that about 500 families had left the area. Muslim women said that the night of 25-26 February was painful and horrific for them. For example one woman told a journalist, “There was fire all around us. They were throwing Molotov

cocktails and gas cylinders at Muslim houses; there was no damage to Hindu houses”.

Excerpt-3

About 53 people died during the violence and not all of them were Muslims... after Firoz of Shiv Puri died in the violence, his wife Ruksana had to leave and live with her relatives in Lone, Ghaziabad because her house had been looted. Similarly Vinod of Brahmpuri was beaten up so badly in the violence that he lost his life. His wife Madhu who knows computer typing wants work so that she can become self-reliant. In the same way, Musharf’s wife Mallika said that she and her three children had to run away once the attack started. Her landlord told her to put sindoor and wear a bindi so that nobody recognises her. She located her husband’s dust-laden body at the GTB Hospital only after two days, where she was told that his body was recovered from the drains in Brijpuri. Her husband was a daily wager, and while she was running she saw that the mob was stopping children and asking them to pull down their pants so that they could be identified by their religion.



Excerpt-4

They are street vendors (with *rehri-patri* and *thelas*), small shop-keepers, daily wagers, mechanics and those doing repair work and those who run

small workshops etc. Many people do home-based tailoring work and have sewing machines; many of them are women who provide supplementary income to their families.... This means that arson and burning of houses has also destroyed their means of livelihood. For example it is estimated that 200-300 *rehris/thelas* of street vendors were destroyed in the Municipal Chowk of Kardampuri alone. Apart from this the sewing machines and other means of livelihood of women were also destroyed. Most women want work so that they can start their life again. But the compensation scheme announced by the Delhi Government does not recognise these women as ‘workers’....

Excerpt-5

Many women have also told stories about how the absence of documents did not allow them to take the dead bodies of their relatives because they could not produce proof of relationship. They have lost PAN cards, voter IDs, property –related papers, proof of birth and marriage, as well as school and health certificates. Without these papers they will even find it difficult to get compensation. Their biggest fear is: how will they provide proof of their citizenship when the NPR and NRC are implemented.

Excerpt-6

Kishmaton’s son Faizan was picked up by the police when he went to look for his mother once the violence had begun. The police beat him up and thereafter arrested him; it did not provide him medical assistance to treat his wounds in jail. He was in jail for 24 hours and once he was released his wounds were so bad that he died in the hospital two days later. Now Kishmaton says, there is no evidence against her son and he died because of police torture. She says, “the police is powerful, I am helpless, which court will listen to me?”

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