

Are we a society open to learning?

Lawrence Surendra

Thailand, Vietnam and Mongolia have taken control of managing the pandemic with great alacrity. There is much to learn from their systematic, people-centred and research-based approach to dealing with the crisis.

India is often seen by outsiders as a country disproportionately self-obsessed. This self-obsession, a peculiarly Indian middle-class phenomenon, breaks out like a rash not only in the exaggerated sense of nationalism, 'religious' sensibilities and caste pride but more so during conflicts with neighbouring countries. All this is absent though, in public behaviour, treatment of women, 'honour' killings, road sense and most importantly, hygiene, the health of the populace or our ecology. The Corona virus pandemic has revealed the depth of poverty of our values and attitudes to the future. The spread of the virus hardly appears to obsess us; a spread largely due to lack of self-discipline, proper public education and government's penchant for playing politics with the pandemic instead of taking the welfare of our population seriously. The health ministry says that eight states contributed to 85 per cent virus case load and 87 per cent deaths, and Uttar Pradesh is one of the eight states. Yet, the Prime Minister singles out UP for doing well in tackling the virus while deliberately ignoring the states that have tackled the virus successfully. What kind of trust does this build in the citizenry about the government's ability to deal with the virus? Either we see no need to learn from the successes within the country and outside or we are incapable of learning.

With our infection numbers still on the rise, countries like Thailand which have successfully managed the pandemic, tend to conclude that Indians are incompetent in matters of governance relating to the crises triggered by the pandemic. Thailand as also, Vietnam and Mongolia, have taken control in managing the pandemic with great alacrity. Western commentators dismiss their achievements attributing it to authoritarian rule. The world is aware that Modi, announced one of the most inhumane lockdowns in history and globally, with no plan or strategy leave alone little concern or compassion for the poor or common man. The latter, depicted in the shocking visuals of desperately poor migrants returning to rural areas in India and played out like some Dickensian theatre on TV screens the world over.

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Lawrence Surendra is Environmental and Developmental Economist/Social Scientist. Former staff member UN-ESCAP and has worked with UNU and UNESCO. Active with many public interest groups in South India, lives on a farm, in Mysore. Currently Council Member The Sustainability Platform Asia (www.tspasia.org). Interested in issues of Sustainable Futures, Ecology, Equity and Peace. email id: rendramysore@gmail.com.

Thailand's success was part of the long history of a robust public health system manned by public health officials of dedication and commitment. How the Thai health ministry works was exemplified even in the past in the way it took on US cigarette multinationals in the WTO and the way it pressed ahead a Traditional Medicine Bill against US opposition and manipulation. The Thai public health system, has many achievements from reducing infant mortality, seen as one of the most successful in the world and having such fantastic public health hospitals like the Chulaongkorn University Hospital. In the face of the pandemic, the populist Thaksin's Universal Health Care system, now 18 years old can be credited with playing a major role in handling the virus pandemic. Walden Bello, the Philippines scholar and Thailand expert says, "the 18-year-old universal healthcare program has become the cornerstone of that relationship of trust between the public health system and the people, and that came into play when COVID-19 came on the scene. People were no longer turned off by the cost of medical assistance". He quotes locals who say that, "people did not hesitate to seek the help of the doctors if they felt they were coming down with COVID-19." Contrast this with the greedy attitude of hospitals and the unseemly and globally embarrassing mess in Delhi, the capital of this great aspiring global power. Walden Bello's conclusion is , "The lesson of Thailand for the world is that a good public health system with popular legitimacy really makes a difference in times of crisis". At the heart of all this in the case of Thailand and others, was a deep sense of compassion. Let not our hubris about us being the greatest nation in the world, brush away Thailand as a small country having no lessons for us. It's population is nearly that of Germany and in size and numbers equivalent to many of our states.

Mongolia is also a good example in terms of taking the pandemic seriously. If we had, like it, started seriously preparing in January or even February, we would not be in the mess we are in now. We still don't know what lies ahead. The Home Minister says we will be out of the crisis and does not say how or when! Are these statements for the benefit of the party's flock and affiliated troll armies or for the common man? Mongolia is a small country with a low population density, just two people per square kilometre, though, its capital Ulan Bator with a population of 1.5 million is ideal for COVID 19 to insert itself and spread. Ulan Bator with 307 persons per sq km is no different from Bergamo in Italy, the epicentre of the virus outbreak in that country. On January 23rd, China shut down Hubei Province, an entire province, when the virus outbreak happened. If we had leaders focussed more on governance than in public relations, we could have taken seriously what was happening in China much earlier and taken precautions right in January or even early February as other Asian countries had done. We did nothing. What did Mongolia do? Coordinated with China and the WHO. They announced all their closures in advance unlike India, with the great leader's penchant for 8pm shock announcements.

Mongolia on January 26th, (do a comparative time line for India to understand) held a cabinet meeting and decided to close all universities, prohibit public events and most importantly release funds for medical equipment. Throughout February, Mongolia was, with great intensity, preparing the procurement of face masks, test kits and PPE. Have we nothing to learn from Mongolia, having in the past patronising it with aid and taking Indian god men like Ravishankar

from Bangalore on a Prime Minister's official visit? If Thailand has shown the world the importance of public health, Mongolia has shown leadership on a global scale, zero local cases, zero deaths (with all the 140 cases being imported). There is much to write about Mongolia and Thailand's successes, but these are just the highlights.

Finally, Vietnam --- and we are still not talking about South Korea or Japan. In Vietnam, the first confirmed case was identified in Ho Chi Minh City on January 23, 2020 and with a person with a travel history from Wuhan. The first COVID 19 outbreak was controlled by February 13 (mark the date) when all 16 cases detected had recovered. A second outbreak started on March 2 and contact investigation was intensified. By April 9, 2020, a total of 255 confirmed cases were reported in Ho Chi Minh city. Exchanging communications with Dr. Tran Thi Tuyet Hanh, Public Health Researcher, of the Hanoi University of Public Health, I realised how the academic community and social scientists in Vietnam were all involved in tracking, researching and publishing on the way the virus spread was being controlled in different regions of Vietnam. Compare this with India, a much larger country. Our university departments have been busy raining webinars and erudite conclaves online, on all kinds of topics, on a daily basis with several taking place in a day. Very little of this is related to getting on top of the COVID-19 pandemic in India and encouraging studies at the local level. Tran told me that a key focus of controlling the virus was using the strategy of Knowledge-Attitudes-Practice (KAP) among the public with academic researchers studying and monitoring the spread of KAP among the population. Vietnam's success has many dimensions. Now ready to receive foreign visitors/scholars from July 1, the detailed information they have provided for the visitors on the quarantine facilities, choices and costs for each choice shows how a country is in the business of 'doing' and not just 'talking'.

The most important dimension of Vietnam's success, like that of Thailand and Mongolia, is the public health system. The health care system in Vietnam, consists of four levels, that includes the central level, provincial level (state), district level and commune (panchayat) level. The latter combining district and commune (panchayat) is treated as one level and all are involved. We, on the other hand are having ugly fights between Centre and States, given the Centre's overbearing attitude to the role of states. This, when we also need a combination of decentralised approaches, which in Kerala and parts of Karnataka (for example districts like Mysore and Coorg), has shown success.

What then is the task for serious social scientists? Begin with comparing the achievements of other countries in Asia with ours, draw lessons, get it across to larger audiences through whatever means we can and use social media more effectively than focusing on our self-obsessions. Compare how our own states are faring and how SOPs (we still do not have one) for dealing with the virus can be developed, which can then be adapted for each context. For example, why is Tamil Nadu or Maharashtra doing worse than Kerala or even Karnataka? Instead of launching webinars on all kinds of topics under the sun, academics can initiate online local studies and report on how different areas are dealing with the virus especially when media reporting on the pandemic and its spread is still very inadequate.

There is lot to be done in the crisis we are in particularly when the government is *not* focussed on the pandemic but instead, is busy dismantling EIAs and creating conditions for further damaging our overall environmental conditions and health, and dangerously endangering public health and that of future generations. If in environmental, ecological and linked health matters our Government's attitude is one of sheer carelessness regarding our future and long-term national security, it is no surprise that other nations do not take us seriously. We talk (baat) a lot but do (karo) little. Can we, as independent social scientists, make up for the failure of the government, in this worst crises in our national history? There is much to ponder for action.

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