

ISSUE NO.3 / JULY 2, 2020

The Dispatch

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PSEUDORECOGNITUS WORKERII

Ammuma
The face of age



**Azim Premji
Foundation**

Dear Reader,

India is trying hard to return to a semblance of normalcy against the backdrop of an alarming rise in cases – which have crossed 6 lakhs nationwide. There is a sense of concern all around.

This is also a time when we continue to tell human-interest COVID-19 stories of our interventions. The current issue sees us going from Sangareddy to Jaisalmer and from Wayanad to Bokaro, and beyond.

Our first story applauds the efforts of doctors working tirelessly in Mumbai's notoriously overcrowded M East Ward (*Page 3*). We next take a look at the plight of garment workers during the lockdown (*Page 4*). Then, we journey to Bokaro where a Women's Health Centre has braved all the odds to continue providing support to pregnant women (*Page 6*).

Listen to the tale of folk artists who have been given a new voice (*Page 7*). See how brick workers' lives have

been hit by the sudden loss of their livelihoods (*Page 8*). Stop at Rourkela station to meet migrant workers on Shramik Trains (*Page 9*). Meet a beleaguered government health worker – an ASHA – who continues to bring us hope (*Page 10*). And finally, read about a newly discovered subspecies that has long co-existed with us, but has only come to our collective attention these past few months (*Page 12*).

We also announce the expected arrival of “India in the Time of Corona”, a documentary about the lockdown in India. The film was shot across 14 states with 15 film crews and has been directed by acclaimed film-maker Bharatbala Ganapathy.

All stories in this edition and every past and forthcoming issue feature organisations and people at the frontlines of the fight against the Coronavirus. To them, our eternal gratitude, admiration and commitment.

THIS IS “FACES” – THE THIRD ISSUE OF *THE DISPATCH*

Previous issues of *The Dispatch* are available for viewing on our website at

<https://azimpremjifoundation.org/COVID-19>

Get in touch with us at thedispatch@azimpremjifoundation.org

Doctors within borders

Chacha
Man in a Mumbai slum
Mixed Medium on Art Paper

Imagine a city within a city. A close, cramped, mini-metropolis of 13 lakh people, 80% of whom live in 255 haphazardly constructed, multi-storey slums. This vast horizontal and vertical stretch of humanity is the M Ward – comprising M East and M West – of the municipal corporation of greater Mumbai (MCGM).

Each of the slums of M Ward tells sordid stories of deprivation – low-income and daily-wage families living with domestic violence, drug abuse, rape, forced sex work and very poor human development indicators. It is not uncommon to see families of 12 living in 8X8 spaces.

And then COVID-19 broke.

Doctors for You (DFY), a pan-India humanitarian organisation, has a long history of doing community work in public health in the slums of Mumbai. In the city, DFY operates 2 primary health centres partially supported by the government, and 2 others supported by private funders.

Most of the community in M Ward needs to work every day to see the next, so the sharp fall in livelihood options has added to their misery as they combat a mixture of unemployment, rising violence, anger against a state they believe has failed them, the might of law enforcement and an increase in the number of Coronavirus cases. Although cyclone Nisarga did not devastate them completely, the oncoming monsoon combined with the COVID-19 outbreak does not bode well for the residents of M Ward.

As with any emergency, there is a hierarchy of needs here too. People need access to water, food, shelter, clothing and healthcare. While NGOs and humanitarian organisations struggle to provide the first 3, the fourth has become the domain of DFY.

Since their work during a 2007 dengue outbreak in Mumbai, DFY has worked almost on every disaster that has hit India

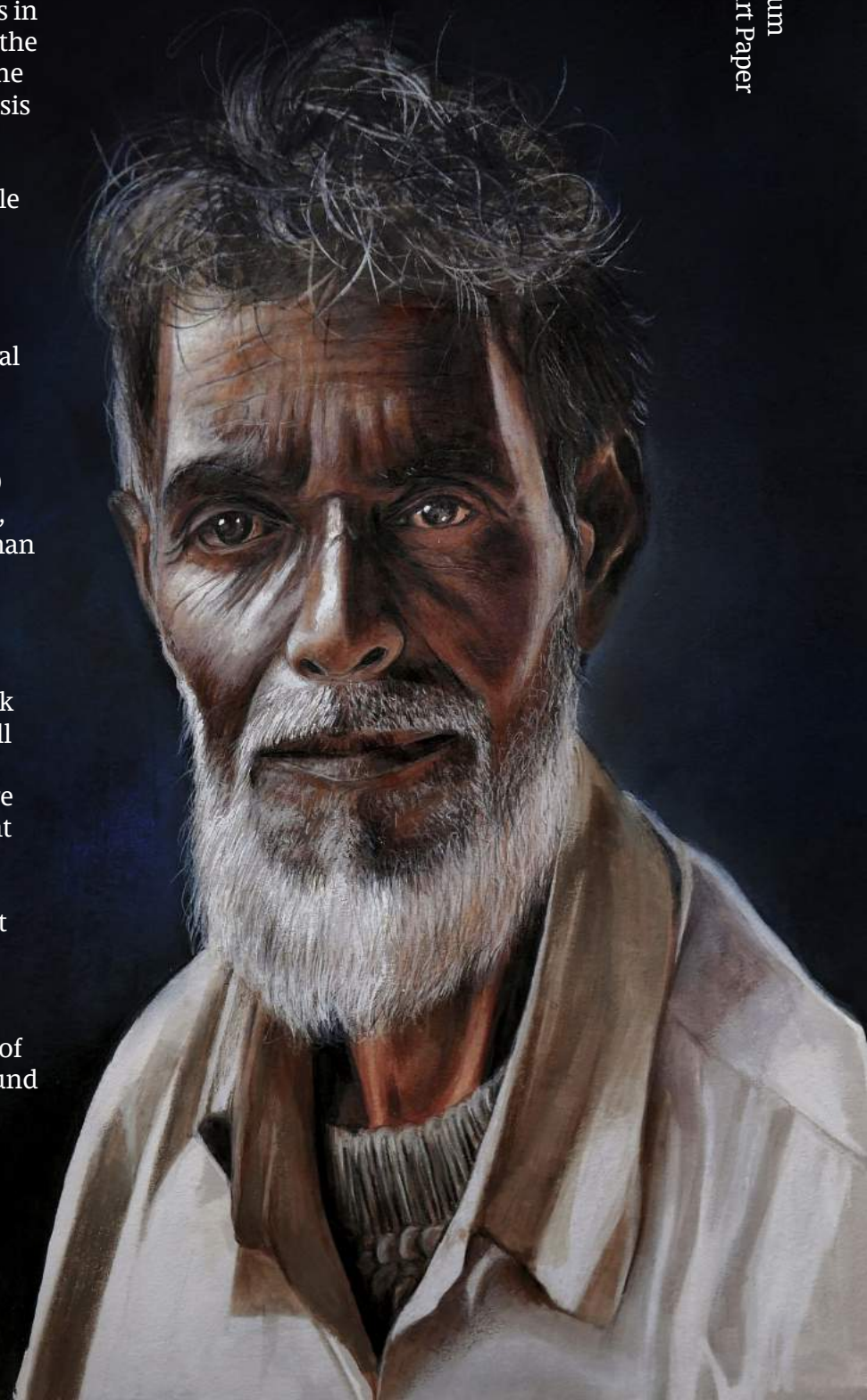
and its neighbours: the 2008 Bihar floods, the 2009 floods in Odisha, the 2010 Andhra cyclone, the 2012 Assam floods, the 2013 Uttarakhand floods, the Nepal earthquake in 2015, the Kerala floods of 2016 and 2018, and even the Rohingya crisis in Myanmar.

They have, over the years, developed the ability to assemble and deploy response forces on the ground within 24 to 48 hours. This proved crucial. The major concern was that the slums' overcrowded conditions made quarantining any infected person impossible. A solution was found in Shivaji Nagar: a proposed Maternity and Childcare Hospital building which was empty but for some 40-odd beds.

DFY, supported by us, helped convert this government building into an isolation centre by providing around 100 extra beds, clean linen, masks, face shields, gloves, gowns, medical equipment, consumables and the necessary human resources. It also supports 21 additional staff, including doctors and nurses, at the isolation centre.

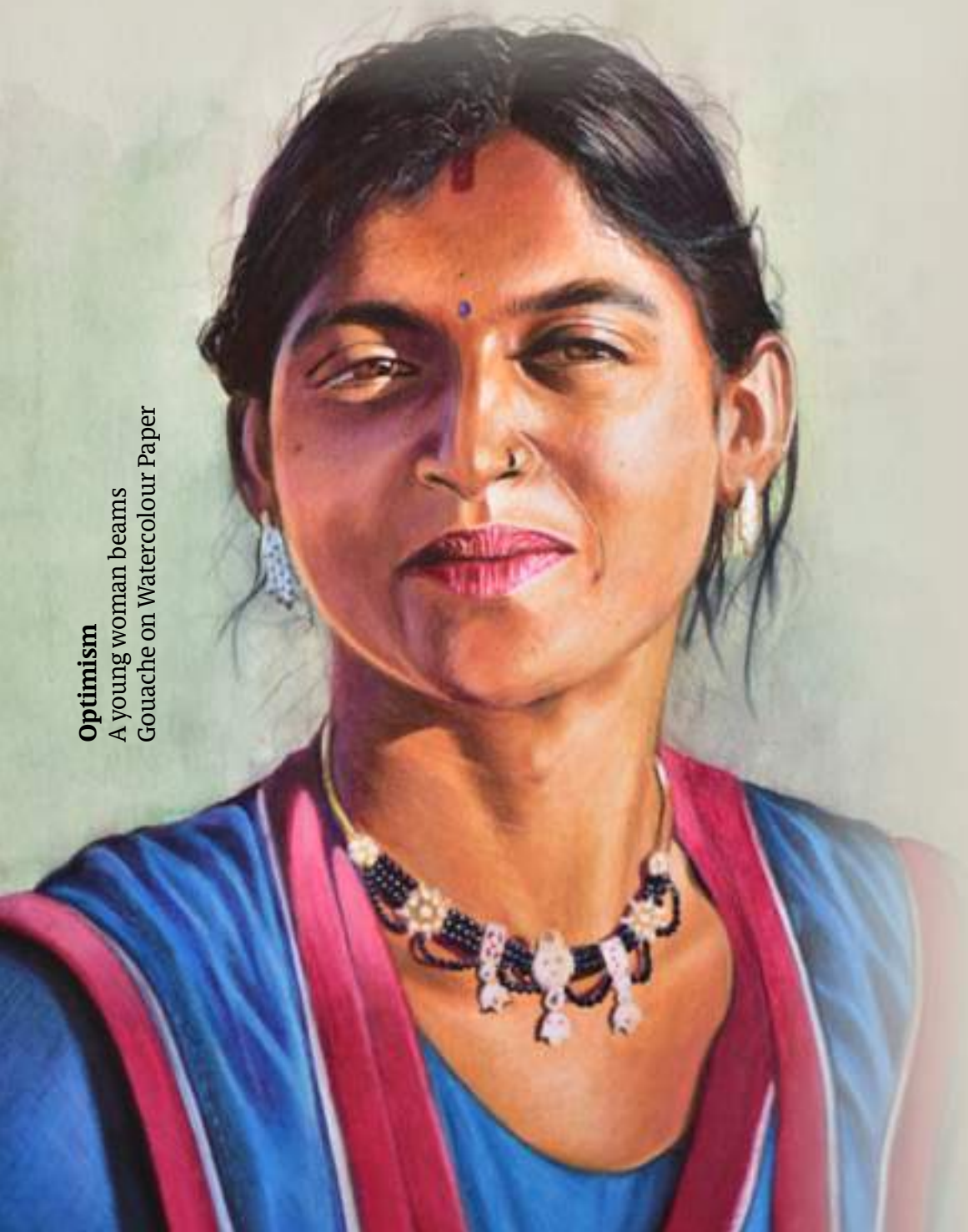
Upon completion, the centre has given hope to the slum's occupants. A committed crew of doctors continues to work tirelessly, helping the community cope with COVID-19. Till date, 3 of DFY's Mobile Health Units have screened more than 3,000 suspected cases. Regular training programs are also conducted on COVID-19 prevention and management for the healthcare staff and workers.

The Shivaji Nagar Isolation Centre has provided treatment to around 350 COVID-19-positive patients. Despite this, M Ward continues to be under great stress. Prospects will remain bleak until small businesses and the economy, in general, get back to something resembling a new version of normal. Sadly, all indicators reveal that any such turnaround will take time. A lot of time.



Hanging by a Thread

From a conversation with Nandita Shivakumar



Optimism
A young woman beams
Gouache on Watercolour Paper

Millions toil in dimly lit rooms, hunched over sewing machines. Many are contract labourers or migrants.

They make luxury clothes for high-fashion brands.

These are the 12 to 15 million people employed by the Indian garment industry, making it among the world's largest.

India has 5 major garment manufacturing hubs:

Delhi NCR
Ludhiana in Punjab
Ahmedabad in Gujarat
Tirupur in Tamil Nadu
Bengaluru in Karnataka

Across them, this year:

25 lakh garment industry workers will lose their jobs
3 out of every 10 domestic apparel factories will close shop

– **CMAI (Clothing Manufacturers Association of India)** survey

The Karnataka Garment Workers' Association recharged their workers' phones, provided them internet access and taught them to use Zoom.

Even before the COVID-19 crisis and the lockdown, the situation was dire. Workers were mostly hired through labour contractors, **who are not legally mandated to pay the workers.**

THEN THE CORONAVIRUS STRUCK.

Within a month, COVID-19 killed the demand for new clothes.

Brands cancelled Spring/Summer orders. Orders that were ready to be shipped. Orders for which suppliers and factory owners had already purchased raw materials and covered production costs.

When the lockdown began, workers were paid wages for March. They believed the situation was temporary and that they'd continue to get some form of support.

No one knew the lockdown would be extended. Then extended again.

**Today, their wages are nonexistent.
Their livelihood hangs by a literal thread.**

Some parts of the country are better off – slightly.

Karnataka has strong labour unions and more permanent workers, so the disaster is partly mitigated. But Gujarat has a large number of contract and piece-rate workers. Tamil Nadu has many migrant and contract workers. They are not paid regularly.

Reports of exploitation abound. Of being forced to work without pay. Of food not being provided.

There is hope: The industry is likely to survive. Domestic demand and production are high, and a lot of the raw material is produced locally. In the past few weeks, many garment factories have started re-opening. Instead of lamenting lost orders, many have turned to mask-making as a much-needed (and lucrative) side business today. Trade unions and labour rights organisations are campaigning to get brands

to pay for the cancelled orders, and release at least 60 days' pay for the workers.

This comes to just about 2% of the brands' yearly sourcing cost.

But there is also fear: Workers' fear of unemployment and starvation trumps their fear of COVID-19. To avoid getting fired, they travel to work however they can – even crammed 15 deep in autos and cabs. Social distancing remains a far-off luxury. In factories that have successfully pivoted to mask-making, unfair practices and low wages are still the norm. Workers get paid Re. 1 or Rs. 2 per mask, while they are sold in shops for upwards of Rs. 40 or Rs. 50 each.

That's not all.

In the rush to kick-start the economy, governments in states like Gujarat, Punjab and Uttar Pradesh are revising labour laws. It is feared that these revisions may cause a spike in already unfair labour practices.

However, activists and campaigners are apprehensive that these laws will get passed without opposition from unions, who are already concerned and afraid.

The common thread running through this and other stories from the Coronacrisis and the ensuing lockdown is this: many of our existing laws, policies and labour practices take unfair advantage of the most impoverished and the poorest members of our society. In our eagerness to restart a flailing economy, drastic measures and changes are being brought in, which will only serve to hurt the most disadvantaged even more.

We cannot deny that there are holes in the fabric of our society. Instead of being a protective blanket for the poor, it leaves them shivering in the cold instead. Today, the lot of **the garment workers threatens to lie in tatters.**

Bokaro Babies

On a summery day in March, aspirations were high, and emotions even higher. More than 5,000 attendees were expected for a gala opening ceremony to be held on March 8, for a refurbished women's health centre run by JCMB in Bokaro, Jharkhand.

Everything was going well. And then their plans came tumbling down.

A labour department circular reached JCMB on March 7, warning all organisations not to hold any large gatherings on Mother's Day. At that time, the fear of the Coronavirus was not so widespread (the first COVID-19-related death in Jharkhand was still many weeks away, and testing rates were very low).

Lindsay Barnes, the founder of JCMB, and her team decided to be proactive. Tents were pulled down; more than 100 women's groups were informed frantically to not arrive the next day. Rumbblings of discontent disappeared as people received the news of the total lockdown on March 24.

Then began the actual nightmare, as the almost-ready centre was left high and dry. Local brick-making stopped. Even the local teashop closed. Misinformation was rampant. Lindsay, who had returned from a meeting in Mumbai in February, was quarantined. Rumours spread like wildfire that

the health centre was permanently closed. Communication lines were breaking down. Villagers had erected bamboo barriers, denying entry to the centre's field staff. With no transport, the number of women coming in for antenatal care and childbirth plummeted. Thankfully, births during the initial period were largely non-problematic.

By the second month, the situation changed. Women started visiting the centre again, but by then, they had missed check-ups for 2 to 3 months. They hadn't undergone anomaly scans or taken medication for gestational diabetes, hypertension or anaemia. By the second and third weeks of May, the centre saw more neonatal and intra-partum deaths than they usually do in a whole year. That month alone, 4 babies died. Through all this, the centre decided steadfastly to stay open. Since most positive cases seemed to be asymptomatic, they decided to prepare as though everyone was a carrier.

They still had numerous challenges to address: there was no protective equipment in the market; the local surgical supplier's shelves were empty – no masks, no gloves, no surgical spirit, no bleaching powder. All shops that had supplied linen, rubber sheets and stationery were closed. Support staff were harassed by the police and passes couldn't be arranged, yet all hands were needed on deck.

Thankfully, with our support and assistance from other Trusts and NGOs, JCMB pulled through. First, they had to battle fake news and misinformation. They quickly designed simple black-and-white posters about safety precautions. When the posters stuck to the gates were blown away by the heavy winds and the rain, staff members patiently put up new ones.

Cloth was needed for nurses' uniforms, masks, linen and gowns, but cloth shops were closed. The centre convinced one shop to open and obtained cloth, only to be stopped by the police, who accused the ambulance driver of misusing the centre's facilities to run a clothing business during the lockdown. Finally, JCMB got protective masks made in colourful, pretty prints. Each helper – called 'swasthya sakhis' – and every woman visitor were given two each.

The next challenge was obtaining PPE for centre staff, health workers and village health guides, an effort supported by the Yumetta Foundation. After 3 tiring days and sleepless nights, JCMB managed to get the required permits to cross the length and breadth of Jharkhand. Their jeep set out in the early morning to bring back the sorely needed equipment.

Today, the centre is still open, but the number of people allowed inside has been drastically reduced. Each woman brings her chair with her from the outside and uses it as long as she is in the centre. When she leaves, the chair is disinfected and washed, and returned to the stacks in front of the building, where relatives patiently wait in the sun.

The Centre currently conducts about 70 deliveries a month.

Drenched
Children enjoying the rains
Tempera on Canson Heritage Paper



Redemption Song

Babu Khan, an artist from Sanawara village in Jaisalmer district, published a poem in which he appreciated the assistance received. He said such efforts are rare and can change lives for the better. He added that such acts by fellow humans have helped him and other artists keep a positive frame of mind, even in a time like this.

While the spotlight might currently be on migrant workers, there are many other categories of people whose livelihoods depend on avenues that were suddenly closed down. One such category is folk musicians, who primarily earn their livelihood by singing for their supper.

Thanks to the lockdown, numerous struggling artists who depended on live performances – public gatherings – for their livelihood found themselves isolated in their villages without any source of income. Musicians like Mame Khan, Swaroop Khan and Ila Arun have become household names. However, we tend to forget about other folk artists who are equally talented, but only manage to earn modest amounts on a daily basis. They never anticipated or planned for unprecedented situations like the one they currently face. They also don't have any alternate sources of income.

Anahad Foundation, our partner, came up with an initiative to fulfil these artists' basic needs for at least a period of time. They surveyed artists from 5 states, and evaluated their requirements. They learned that more than 60% of the artists had no financial resources to support them for more than 15 days. Alleviating this became their main focus.

Their solution was to enable the artists to earn money by recording a 30-minute video of their musical performances, which would then be telecast under the name "Chaukhat Ki Goonj" on social media at 8 PM every day. On receiving each artist's recording, the team transferred Rs. 1,000 to their bank accounts as direct financial support in the form of a performance fee. The artists were also provided with a pre-packaged kit containing essentials such as food items and soap. Department stores that provided the goods were paid by the Anahad Artist Relief Fund (AARF). The artists were also asked to send pictures of themselves along with the kits to ensure equitable distribution.

Eventually, 900 artists and their families received the support packages, as well as basic education on social media marketing. The project also enabled the creation of verified database of 1,300 artists who can receive support during any such crises that may arise in the future.

A majority of the artists said that, more than the essential items, they appreciated the warm and emotional nature of the support they received. It not only motivated them to continue following their passion, but also educated them and enabled them to be more self-sufficient.

"During this difficult phase, where every person in the world is fighting their own challenges, the lockdown came as devastating news for the folk artist community in our village. With the support received, we are able to reduce the pain and maybe go back to doing what we do best – making music!"

– Pempo Khan, an artist from Sanawara.

Sleepless in Sangareddy

For the poorest and the impoverished, the sudden imposition of the lockdown has caused far more damage than COVID-19 itself. The majority of India's labour force lives, earns and spends on a daily basis. They have no savings. For months, they are away from their homes, travelling and looking for work. Caught unawares by the lockdown, they literally have nowhere to go and nothing to do.

In Sangareddy, Telangana, more than 750 families were left stranded due to the lockdown. People like Narasimhulu and his wife Parvathi. Just 10 days before the lockdown, they travelled from their hometown of Zaheerabad to Sangareddy town. Before the lockdown, they visited the local labour 'adda' for daily-wage work. Every day. They lived wherever they could – under a tree, sometimes – on what they got paid each day. They planned to go home and get basic necessities so they could make a semi-permanent base in Sangareddy while work lasted.

Then the lockdown hit. Work dried up. Parvathi tried to earn as a domestic help, but people stopped using them altogether. They went back to living under a tree. They didn't get the government's Rs. 1,500 in relief money because they don't have a bank account. When they go around to shops and kirana stores, they are told to cover their faces and hands. They don't know why. Because they don't know how to use the internet or access social media.

In such a dire situation, our team at Sangareddy delivered what help we could. With no recorded data, the needy were identified by verifying cases through local NGOs, Anganwadi teachers,

functionaries, surpanchs, ward members and so on. Several team members braved the risk of infection to physically go and talk to people, and volunteered to negotiate with vendors and help package and distribute relief materials.

Aid was given to child care institutions (CCIs), Shishu Gruhas, old age homes and Madrassas, most of which are monitored by the Department of Women Development and Child Welfare (WD&CW). Hundreds of kilos of rice, daal, flour, turmeric and chilly powder, sugar and salt, potatoes and onions, and milk and oil were distributed.

Various group of frontline workers – Anganwadi teachers, ASHA and ANM workers, police personnel, doctors, nurses, etc. – are constantly exposed to high risk during the lockdown. Masks, gloves, soap and Personal Protective Equipment (PPE) were provided to them.

The team also made pandemic awareness posters on handwashing, maintaining safe physical distancing, and how to use masks, gloves and sanitisers. These were shared with Anganwadi teachers, supervisors and CDPOs (Child Development Project Officers) across the district to help create awareness about hygiene and the precautionary measures to be taken by them and community members. Awareness materials were also shared through WhatsApp.

Our team's efforts reached 700 vulnerable families.

Rourkela Protocol

India's first Shramik train was launched during the lockdown, on May 1, from Telangana to Hatia in Jharkhand. That month, Shramik Specials carried more than 54 lakh migrant workers and their families, the Indian Railway Board reports. The passengers, eagerly waiting to reach home, didn't realise what misfortunes their journey had in store. The tragedy had merely shifted from the road to the rails.

The Shramik trains were plying, but railway platforms remained closed across India. There were no shops or hawkers selling food. By the time the trains stopped anywhere – for barely minutes at a time – the coaches had run out of water. And, fearing infection, passengers weren't allowed to step onto the platform to fetch water. Had they done so, they would've found out that the platform taps had run dry long ago.

Rourkela station in Odisha is one of the busiest in east India. Trains from the south diverge here into two routes: one towards Howrah and further to Guwahati; another towards Jharkhand-Bihar. On the night of May 22, we received a call. A Shramik Train from Chennai to Jharkhand, which had stopped at Rourkela, needed food and water.

DISHA – a Rourkela-based NGO – provides humanitarian aid (dry rations, soap and masks) to rural households affected by

the lockdown. Their team was immediately mobilised, and managed to provide water and snacks to the passengers. That first day was chaos, as hungry people fought for relief packages.

The very next day, DISHA made plans to put things in order. The Railway Police and station staff extended all help – both by providing crowd management while relief materials were distributed, and by opening up their stocking area for packaging and logistical warehousing. The Rourkela go-down was converted into large hall where NGO volunteers worked all hours to stock, pack and distribute food and water to passengers.

Between May 23 and June 1, DISHA has provided food and water to approximately 5,000 passengers aboard Shramik trains every day. Each sleeper coach has 72 passengers. Before each train arrives, 72 packages of water and food per coach are placed on the platform, positioned where that coach usually comes to rest. As soon as the train halts, DISHA volunteers and Railway Police personnel guide passengers from a safe distance to take the packages and distribute them inside the coaches. This way, assistance is provided to everyone who needs it, while still ensuring safety.

ASHA: Staying Even Through Impossible Odds

Meet an ASHA (Accredited Social Health Activist) from Wayanad district, Kerala. Her ward has 467 households (not including shops and temporary shelters). She knows each one of them, and gets hundreds of calls every single day. She is the lowest rung in our huge healthcare system, responsible for all ground-level implementation (including non-health surveys for Government departments). Her gargantuan workload seems set up to fail.

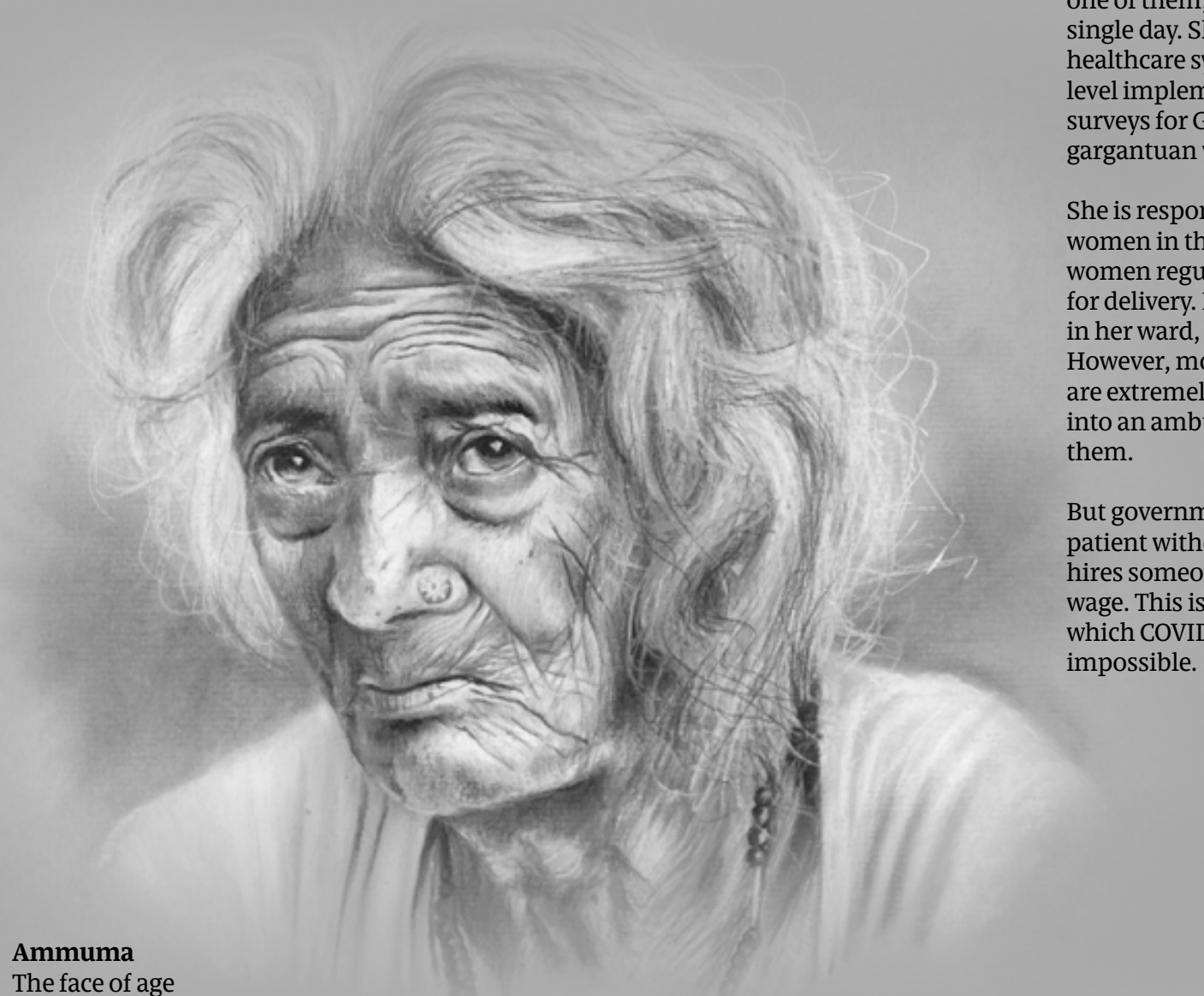
She is responsible for all antenatal (pregnant) women in the ward. She must monitor such women regularly and take them to the hospital for delivery. If there's a non-institutional birth in her ward, her record gets a black mark. However, most young mothers are tribals, who are extremely wary of hospitals. They won't get into an ambulance; relatives won't accompany them.

But government hospitals won't accept a patient without a bystander. So she usually hires someone to be a bystander for a daily wage. This is only a small part of her daily work, which COVID-19 has increased from frenzied to impossible.

As we spoke, she received a call. A man had returned recently from Hyderabad. His family (including his wife) didn't want him to enter the house, fearing infection. So they told the ASHA to figure out alternative accommodation. She managed it. Now, unhappy with being quarantined, the husband regularly demands a newspaper, tobacco, and snacks – calls directed to the ASHA, even though it's not her responsibility. He has threatened to walk out if his demands aren't met, but his wife has asked the ASHA to quarantine him for 21 days, despite the Government recommending only 14. Such 'extra' demands are, sadly, normal for her.

For COVID-19, the government announced a monthly incentive of Rs. 1,000. It hadn't yet been implemented when we spoke. She wrapped up our visit saying she had to visit a local tribal shaman, who was sick and demanded medicine – before his usual evening crowd of devotees arrived from all parts of the district.

An ASHA doesn't get holidays, casual leave or sick leave. She is expected to report to work every day. She apologised for cutting short our conversation and left to handle the shaman's request. As she was leaving, her phone rang again.



Ammuma

The face of age

Charcoal, graphite and pastel pencils on Tinted Pastel Paper

An ASHA's pre-COVID responsibilities

- Conduct regular house visits. Know the whereabouts of every member.
- Supply folic acid and calcium tablets to pregnant women.
- Visit bed-ridden/sick patients, monitor their BP/sugar, give them medicine, take them to Community Health Centre Camps if needed.
- Ensure chlorination of all public and private wells.
- Hold vaccination camps and achieve 100% immunisation.
- As part of the DOTS initiative to eradicate TB, do a sputum test on anyone with a cough for more than a week. If required, take patients for a TBNAT test at Mananthavady Govt hospital, 2 hours away. If they are diagnosed with TB, regular check-ups and medicine delivery/intake are her responsibility.

Never-ending Reports

The health department is bottom-heavy in its implementation and every ASHA has a seemingly endless list of reports to submit.

A sample:

- Daily house visit report
- Palliative patient list update
- Medicines supply report
- Vaccination camp report
- Well chlorination reports
- Directly Observed Treatment Short Course report
- Dry ration kit supply reports
- Under-5 age group list update
- Under-19 age group list update
- 60-69 age group list update
- Above-79 list update
- Cancer patients list update of (+ house visit reports and medicine reports)
- Daily report of each Jagriti Samiti's work on quarantined households (+ house visit reports and quarantine reports)

Post-COVID Responsibilities

In addition to her regular duties as mentioned above, the ASHA today has to:

- Conduct awareness classes on social distancing and hygiene practices for each household.
- Meet anyone returning from overseas and other states, advise them on precautions, place them in quarantine. If anyone shows symptoms, inform the district health team.
- Ensure no individual aged 60 and above goes out.
- Make a list of families with dire needs, and ensure government dry-ration kits reach them.
- Deliver ration kits to those isolated/quarantined during Lockdown Phase 1.
- Answer all queries/concerns from families who want to get provisions or need a doctor.
- Recruit volunteers to form Jagriti Samitis (Volunteer Vigilance Groups). Each Samiti will observe a certain number of households to ensure they follow social distancing/quarantine rules.

Average pay

She receives a monthly honorarium of Rs. 5,000 + incentives tied to targets. For example, for every pregnant woman who undergoes 4 antenatal check-ups, takes 2 TT injections and regular folic acid tablets, and gives an institutional birth, the ASHA gets Rs. 600. She gets an additional Rs. 2,000 each month if she completes 50 house visits per day – which should include visiting 20 palliative patients.

Excerpts from a report on the life-history traits and migratory behaviour of poorly known endemic subspecies (Mammalia: Homo Sapiens: Pseudorecognitus Workerii) observed across different urban and semi-urban ecosystems across India

Indian cities are global hotspots of pollution, inequality, segregation and poverty. Reports indicate a high density of middle- and upper-middle-class *Homo Sapiens* individuals and families, most of whom are endemic. In the past seven decades, while researchers have extensively focused on the history, sociology and anthropology of this species and their areas of settlement, knowledge about the internal workings of these urban clusters remains limited.

In this note, we describe the life-history traits of a newly found subspecies, *Pseudorecognitus Workerii*, intrinsically similar to *H. Sapiens*. Previously, a 19th-century paper had described the survival mechanisms of this species (Malthus, 1834). However, a review reveals serious misunderstandings and misrepresentation of this subspecies. Currently, no article, to the best of our knowledge, has reported their life-history or migratory traits.

Our observations were made in the urban, semi-urban and sub-urban clusters of Bengaluru, Mumbai, Delhi, Pune, Chennai and other Indian cities.

Pseudorecognitus Workerii

Members of *P. Workerii* were observed traversing lengthy migratory paths on National Highways, toward their homes. Several features distinguished them from their close genetic cousins (*H. Sapiens*):

- (i) They were carrying very few items of luggage.
- (ii) They travelled on foot across the majority of their migratory routes.
- (iii) Though they had constructed ingenious contraptions to carry their young and old members, these devices are very poorly made compared to the sophisticated mechanisms available to *H. Sapiens* in the same clusters.
- (iv) They produced very little waste during their travel, unlike *H. Sapiens*. This may be due to the low stocks of food and resources.
- (v) Extreme exhaustion, sleeplessness, anxiety and signs of starvation were very much in evidence.
- (vi) Individuals evinced high levels of mutual cooperation and care towards their fellow travellers.

Physical features and social characteristics


Though we had very low hopes of establishing communications with them, we were surprised to find that *P. Workerii* were capable of human speech and possessed functional vocal cords and emotional apparatus very similar to *H. Sapiens*. Knowledge and use of different languages like Hindi, Bengali, Odiya and English were also observed. Physical and social characteristics also matched those previously recorded in *H. Sapiens*, except for symptoms of mild to severe malnutrition and economic impoverishment.

The discovery of such a subspecies, inhabiting the same settlements and possessing *H. Sapiens* traits and characteristics, but hitherto completely invisible to the scientific and political community, is ground-breaking. Our primary focus revolved around understanding how this subspecies managed to find food and water sources, and attempting to comprehend their sudden visibility after decades of going unnoticed.

Conclusion

P. Workerii shares most physiological and psychological traits with *H. Sapiens*. Their social and cultural environments too possess crucial superficial similarities in structure, but are vastly different when observed in detail. *P. Workerii* has been, until now, largely invisible to most members of *H. Sapiens*. They face severe scarcities of food and water resources. They are highly cooperative, caring and possess an innate dignity. The Covid-19 situation has exacerbated their conditions, making them break the shroud of invisibility. Their migration, unlike other species, seems to be a one-way affair.

Our observations strongly indicate that, without immediate intervention, this vibrant subspecies, whose work supports the economic and political ecosystems that enable *H. Sapiens* to thrive, will be abandoned once more to obscurity and decline.



INDIA IN THE TIME OF CORONA

AZIM PREMJI FOUNDATION AND BHARATBALA PRESENT • A VIRTUAL BHARAT PRODUCTION OF • A BHARATBALA FILM
INDIA IN THE TIME OF CORONA • 15 CREWS • 15 STATES • 19 CINEMATOGRAPHERS • 1.3 BILLION PEOPLE • A LOCKDOWN • ONE TRUE STORY

COMING SOON

DOCTORS WITHIN BORDERS

Parvathy Mohandas

HANGING BY A THREAD

Avneet Saini

BOKARO BABIES

Manohar Elavarthi & Aparna Chaudhury

REDEMPTION SONG

Shuchi Roy

SLEEPLESS IN SANGAREDDY

Yogesh G.R.

THE ROURKELA PROTOCOL

Mohammed Zia ud din

ASHA: STAYING EVEN THROUGH
IMPOSSIBLE ODDS

Vishnu Harikumar

PSEUDORECOGNITUS WORKERII

Vishnu Harikumar

Edited by Ved Iyer

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Designed by Saumya Kishore

Poster Design by Amresh Mondkar

IN PARTNERSHIP WITH

CHIMERA

FOR INTERNAL COMMUNICATION



Lal Badshah
Man in red turban looks contemplative
Oil-based pencils and watercolour on Art Paper