



CENJOWS

EX-SERVICEMEN: HAVE THE POTENTIAL TO BE EFFECTIVE COVID WARRIORS

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Rapidly Rising Threat

The global statistics of COVID – 19 as of 16 April 17, 2020 reads, total positive cases 21, 82,190, deaths 145,521, recovered 547,295 and still active 1,489,381. The deaths being 6.7% of the total affected cases. If we were to look at the figures of India these stand at total cases 13,430, deaths 448 (3.4%), recovered 1,768 and still active 11, 214. It took roughly 4 months to reach 10 lakhs but only 14 days to reach 20 lakhs, implying that death and total cases will only mount as days pass by unless we do some critical intervention. India has done well until now in managing the outbreak of COVID-19. It is a model that caters best for Indian conditions given its population concentration of weaker sections of the society and sheer geographic size. Many have now started referring to the Indian approach as the Indian model. Till now barring a few incidents such as Anand Vihar and Tablighi Jamat incidents it has been successful in delaying the spread thus giving time to medical institutions to attend to COVID-19 patients and keeping the numbers low given its large population. ***However, the action which stands out most is the leadership of the PM to keep the public motivated and galvanized to fight the COVID-19. He has led from the front.***

The Indian Challenge

What is the Future of COVID-19 in India and the Consequent Challenge? The rapid rise of cases in India too in the past few day does not paint a very rosy picture for India. We can see that if we project this growth rate with no major medical intervention, we will double the infections in 4 to 5 days. ***The situation in a number of cities in India is bad such as Mumbai, Delhi, Chennai and even Indore where cases have crossed the 500 mark. It is astonishing that India's cleanest city is now reeling under severe impact of COVID-19.*** This means that soon we may move from cluster transmission to community transmission. ***We have to prevent the COVID-19 outbreak from reaching the community transmission stage or else this epidemic will assume epic proportions.***

Ex-Service Men Can be the Game Changers

Given the pace of the spread of COVID-19 we will have to deploy many people first, for screening cum testing centres. Second, for management of quarantine camps at district, block & village levels in rural areas and ward level camps in cities. Third, for provision of essential services. Fourth, for ensuring social distancing during controlled farming activities. Fifth, to enhance the law and order strength. Where do we get the manpower that can perform these tasks with minimum briefing and training? It will be worth examining the large pool of ex-servicemen which is readily available. This human pool has medics and paramedics for medical facility augmentation, technical personnel such as electricians, communications, engineering, tradesmen, drivers' combatants, for administration and security of makeshift quarantine camps and combatants for augmentation of police resources to maintain law and order and access control. We must also gainfully harness this manpower at block, tehsil and district levels to spread awareness amongst the rural population on preventive measures especially during farming activities.

Some state governments have tapped this potential in not only managing their state administration but also the COVID-19 epidemic. Karnataka has mobilized a team of 45 bicyclists who are providing medicines and essential supplies. UP has also identified around 6592 ex-Army Medical Corps Personnel for deployment in 75 districts of UP. In Andhra Pradesh 300 volunteers are assisting the police in maintaining law and order. Similarly, Punjab has used over 4200 Guardians of Governance right up to the village level from the time Capt. Amrinder Singh took over as CM. They are being used for community surveillance and data collection. Likewise, other states have also started using or planning to use them but is this enough? Can we combat the COVID-19 when cases start increasing

daily by over 1000 people? We will fall short of trained manpower as the time passes until we develop a firm line of medical treatment or develop a vaccine. We all know that the development of a vaccine takes a lot of time, by some estimates around 12 to 18 months. Can we not use ESM more aggressively and in large numbers to make our response more effective and minimize the chances of the country moving into community transmission stage?

ESM Pool has the Numbers Along With Quality

ESM pool in such scenarios are the best bet to tide over the problem but some may give reasons countering this suggestion because ex-servicemen would be of older age profile and hence may not be suitable for high-risk jobs during the current crisis and susceptible to getting infected by a novel coronavirus. To the naysayers, it may be worth noting that a very large proportion of men in uniform retire very young hence it would be easy to get the numbers from the acceptable risk age group between the ages of 30 to 50. This is also backed by empirical data. Further, to show that ESM can be the best bet in such a pandemic, to combat it country wide a rough availability of realistic numbers available to use for COVID has been worked out. As of June 2019 DGR (Director General of Resettlement) figures, 26,75,223 ex-servicemen are present in the country. Number of ESMs who have registered for jobs is around 5,69,404. This figure would have only increased since then. Almost 80% of strength below officer rank retires between the ages of 35 to 48 years which, comes to approximately over 4,55,500. Even if we were to assume that only 60% of this are available or volunteer, the numbers would be still be in the range of 2.7 lakhs. This by any comparison is a huge potential. We are just not tapping it. **Therefore, the country can do well to create a temporary Task Force to combat COVID – 19.** We can use the ESMs on contractual basis with compensation paid out of PM/CM COVID CAREFUND. We also must realize that most of the ESMs have extended life cover till the age of 80. This is an added advantaging. ***In fact, there is a strong case to prepare even disaster cum epidemic management TAs on the lines of Environment TA units.*** They could be manned with a nucleus manpower during normal situations and activated in crisis like COVID-19, SARS and H1N1 flue etc. We should also not rule out the possibility of bio terrorism despite the Chemical and Bio Convention of 1982. In such an eventuality Epidemic Management TA (EMTA) units will be of immense advantage. They could also be gainfully used during calamities such as floods, cyclones and quakes in relief and rehabilitation phase. Moreover, since the ESMs are already insured government does not have to spend money on their life insurance.

Given the size of the country and unpredictability of the future trajectory of COVID-19, we may require a number of trained and disciplined manpower. Going by sheer guesstimate, this could be between one to two lakhs for the entire country to cover both rural and urban areas as cases start mounting. We can easily use ESMs for this purpose. Another added advantage is that they are available in most cases in situ. Employment of ESMs may be the game-changer in defeating COVID-19 and the government would do well to tap this well trained, highly disciplined and aptly qualified resource base at the earliest to win the battle of the current pandemic decisively.

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