

WEBINAR REPORT

ANTHROPOLOGICAL RESPONSE TO COVID-19

7th July 2020

Department of Anthropology,
University of Delhi-110007



CONCEPT NOTE

Anthropological response to COVID-19

COVID-19 is probably the worst pandemic that humankind has seen since Spanish Flu (1918-1920). It has already claimed more than half a million lives worldwide and experts believe that this figure may balloon further in next few months. While Governments of various countries are struggling to contain the spread of the virus, people are waiting to hear the news of a miraculous vaccine liberating them from home confinements. This is just one aspect of this multi-dimensional pandemic, it has social, economic, psychological, genetic and epigenetic dimension.

The world economy is expected to shrink, a large section of society is fearing income losses, some are already finding it difficult to keep up with basic necessities, yet another section of society is facing racial discrimination, families of people going to or working at quarantine centers are being stigmatized and people who are in high-risk groups are additionally burdened with stress and anxiety. From economic losses to stigmatization and psychological turmoil, effect of COVID-19 can be seen everywhere. While we can't predict how exactly this rapidly evolving situation will impact the future of humankind, we have surely been taken aback by the magnitude of the Pandemic at various scales. The situation is truly unprecedented; so much so that some anthropologists are calling it as the beginning of a new era -'Covidocene'.

This discussion leads us to the question 'What next?' Humankind is standing at such a juncture of history where every future step must be meticulously planned. However, planning for future cannot be done without accurate evaluation of the present. Tricky decisions like whether to continue with the lockdown (in order to protect people from COVID-19) or to open up the economy (so that loss of livelihood can be minimized) cannot be made without proper evaluation and planning. While, researchers and scientists from various academic disciplines have started working in this direction, anthropology (being the only discipline that deals with every aspect of human life) perhaps can evaluate the impact of the Pandemic on human lives. Anthropological approaches can help not just in understanding the changing socioeconomic scenario of the world but also in elucidating how people negotiate with these changes.

With an objective of providing a platform to learn the multidimensional nature of the pandemic, the Department of Anthropology, University of Delhi is organizing a webinar on 'Anthropological Responses to COVID-19'. Various sub-themes to be covered in this webinar are as follows:

- Anthropology in COVID-19: prevention, treatment and management strategies
- Psychological impact of COVID-19, lockdown and physical distancing
- COVID-19 and genetic and epigenetic implications
- Post COVID-19 Anthropological fieldwork challenges.
- Negotiating with post-COVID life worlds

ORGANIZING COMMITTEE

The webinar was organized under the patronship of Prof. P. C. Joshi. Members of organizing committee are as follows:



Prof. P. C. Joshi
Patron
Pro Vice-Chancellor,
University of Delhi
Professor and Head,
Department of Anthropology,
University of Delhi



Dr. P. R. Mondal
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Associate Professor,
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Dr. K. N. Saraswathy
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RESOURCE PERSONS

The Webinar was addressed by following eminent academicians, Scientists and researchers:



Social and Behavioural Aspects of Covid-19

Prof. P.C. Joshi
Pro Vice Chancellor,
University of Delhi



COVID-19 and Tribes of India
Prof. V.K. Srivastava Director,
Anthropological Survey of India



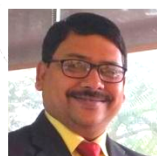
Diasporic Feeling and Identity Change: Effect of COVID Infection- Cytokines, Genes, Society and Culture
Prof. P. K. Ghosh



Anthropological Reflection in time of COVID-19
Dr. Nitin Malik
Registrar, AUD



Anthropological implications of COVID-19: Variation in Severity and Fatality
Prof. Arup Ratan Bandyopadhyay
Head, Department of Anthropology
University of Calcutta



COVID-19 and Public Health Emergencies in India: Anthropological Perspective
Dr. Suman Chakrabarty
Head, Department of Anthropology
Mrinalini Datta Mahavidyalaya



Epigenetic Shadow of COVID-19
Dr. K. N. Saraswathy
Department of Anthropology, DU



The Novelty of COVID-19
Dr. R.P. Mitra
Department of Anthropology, DU



Lessons from Vaccine Development Timeline
Dr. Benrithung Murry
Department of Anthropology, DU



Being Punjabi in the Pandemic: Convivial Gatherings in the Digital Sphere
Dr. Chakraverti Mahajan
Department of Anthropology, DU



Designing in PostCOVID-19 era: Insights from Ergonomical Anthropology
Dr. Shivani Chandel
Department of Anthropology, DU



Response by Scientific Community towards COVID-19
Dr. Kiranmala Devi
Department of Anthropology, DU



The Untold Story of Managing COVID-19
Dr. Suniti Yadav
Scientist-C, ICMR

SCHEDULE

The webinar was divided into five sessions and each session was addressed by two to three speakers. The detailed schedule is as follows:

Anthropological Responses to COVID-19 7th July 2020	
Opening Session 9:30AM - 9:45AM	
Introductory Note	Dr. P. R. Mondal
Welcome Address	Prof. M. P. Sachdeva
Session 1 9:45AM - 11:30AM Moderators: Prof. M. P. Sachdeva & Dr. Mitashree Srivastava	
Name of the Speaker	Topic
Prof. P. C. Joshi	Social and Behavioural Aspect of COVID-19
Prof. V. K. Srivastav	COVID-19 and Tribes of India
Session 2 11:30AM - 1:15PM Moderators: Dr. P. R. Mondal & Dr. N. Kiranmala Devi	
Name of the Speaker	Topic
Dr. Nitin Malik	Anthropological Reflection in time of COVID-19
Prof. P. K. Ghosh	Diasporic Feeling and Identity Change: Effect of COVID Infection- Cytokines, Genes, Society and Culture
Prof. Arup Bandyopadhyay	Anthropological Implications of COVID-19: Variations in Severity and Fatality
Session 3 2:00PM - 3:00PM Moderators: Dr. R. P. Mitra & Dr. Shivani Chandel	
Name of the Speaker	Topic
Dr. Suman Chakrabarty	COVID-19 and Public Health Emergencies in India: Anthropological Perspective
Dr. Suniti Yadav	The Untold Story of Managing COVID-19 in India
Session 4 3:00PM - 4:00PM Moderators: Dr. Manoj Kumar Singh & Dr. M. Kennedy Singh	
Name of the Speaker	Topic
Dr. Benrithung Murry	Lessons from Vaccine Development Timeline
Dr. R. P. Mitra	The Novelty of COVID-19
Dr. Chakraverti Mahajan	Being Punjabi in the Pandemic: Convivial Gatherings in the Digital Sphere
Session 5 4:00PM - 5:00PM Moderator: Dr. Benrithung Murry	
Name of the Speaker	Topic
Dr. K. N. Saraswathy	Epigenetic Shadow of COVID-19
Dr. Shivani Chandel	Designing in PostCOVID-19 era: Insights from Ergonomical Anthropology
Dr. N. Kiranmala Devi	Response by Scientific Community towards COVID-19
Vote of Thanks 5:00PM	

WEBINAR SUMMARY

Anthropological response to COVID-19

The Department of Anthropology, University of Delhi organized a one day webinar on "Anthropological response to COVID-19" (7th July 2020). The webinar commenced with the introductory note by Dr. P.R Mondal, convener of the webinar. He delineates on the survival adaptations dating back to the ancestral human species who were able to survive amidst various hardships and life threatening obstacles. The outbreak of this pandemic COVID-19, is creating a crisis all-round the globe. He states that the pandemic has penetrated into everyday life, not just by killing us but also by damaging various aspects of social dimensions. He expressed that, through these webinars, conclaves, and meeting, we will be able to gather knowledge to understand this disease and be able to defeat it. And soon enough, together we the Homo sapiens sapiens, as the wisest species will be back to dominate the world.

Prof M. P. Sachdeva expressed a warm welcome to the first speaker of this seminar, Prof P.C. Joshi, the Pro-Vice-Chancellor and Head of Department of Anthropology at the University of Delhi. He presented a brief introduction about the emergence of the virus COVID-19 and that there are enough evidences that confirms this as a wildlife induced human epidemic. However, Prof Sachdeva believes that the culprit behind this disease is not wildlife but humans owing to the many reasons such as humans being the cause for destruction of natural ecology, wildlife hunting, poor hygiene and bad dietary habits. In this globalized era where there is non-stop movement of goods and humans no country is immune to the potential threat of epidemics. He said "In the contagion we have discovered ourselves as part of a single organism, we become a community again, and therefore in times of contagion what we do is no longer about us".

SESSION 1 (9:45 AM – 11:30 AM)

Prof P. C. Joshi deliberated on the topic of Social and Behavioural aspects of Covid-19, by beginning with the urge of using a face mask and not to be careless during these tough times, as requested by the Prime Minister of India. As social scientists, it is necessary to understand human behaviour during this pandemic to handle the disease, which is "more of an art than science". Prof Joshi highlighted that human behaviour and its indulgence in disease management, treatment, and prevention, makes Covid-19 also to be considered as a "social disease". It is essential to understand Covid-19 from an anthropological perspective because anthropology provides a holistic framework to understand the susceptibility of this viral disease among the population. As anthropologists, it is necessary to relay the correct information to people rather than the media projection of misleading facts. Most importantly, the role of anthropologists shines in devising intervention policies to implement necessary protocols to ensure a healthy nation. It has been witnessed that 'Social distancing' is most widely practiced to curb the spreading of the disease, Prof Joshi highlighted that this very globally accepted solution is not efficient in the Indian scenario. He expressed his views on the term 'social distance' as contentious and hierarchal (as said by Louis Dumont as Homo Hierarchicus), which poses a resemblance to the caste structure that has been practiced for so long in India. Hence a more apt term could be physical distancing, rather than social distancing. Prof Joshi elaborated on safe distance, as at least two yards need to be maintained to avoid the risk of spreading the disease, but then again it is very subconsciously disregarded, as physical contact is part of our daily life while traveling or being in a public space. Too often, the notion of giving some physical space is not considered as an etiquette among many, be the poor, uneducated or rich, educated. The sanitization is considered more of physical cleanliness, which could be washed away with water to appear clean to our eyes. The risk-taking behaviour should be understood among the population, as 'visually appealing cleaning' is the perceived norm over proper sanitization of microorganisms. But with the

outbreak of this viral pandemic, people are trying to change their habits, by sanitizing their hands properly with soap, avoid touching the facial T-zone to avoid the risk of infection, and rigorously trying to wash and sanitize anything that comes from outside the home. Prof Joshi mentioned that misleading information, rumours, blame games, and fearing the unknown is much more dangerous than the disease itself. The stigmatization is what makes everything worse, creating tension between communal solidarity and national unity. This has affected social customs like the right to last rites of decent cremation, with proper precaution and respect, the deceased should be cremated or buried properly. Prof Joshi pointed out that, another major issue during a pandemic emergency is 'hoarding' where people buy much more than required, which surprisingly leads to more wastage due to expiry of the product before its use in the long term. With skyrocketing figures of Corona patients, the normal patients are suffering more since they are often neglected due to the unavailability of a medical facility, to accommodate them. He urged that the nation should understand, this disease is highly communicable, yet with a low mortality rate. While appreciating Kerala and Delhi Government in managing the outbreak as contrasted to the anticipated spreading of infection, Prof Joshi said that good medical system, awareness, and home quarantine is more efficient of a solution in controlling the pandemic. This disease has brought enduring effects in habits and social behaviour, as more and more people started greeting with Namaste, more often sanitized themselves, and took care of public coughing and sneezing in an appropriate way. While work from home, made the system run again, people were able to spend more quality time with their family and children during this period. Last but not the least, traditional healing practices like Ayurveda and Yoga drew more followers since many more people began indulging themselves in practice after a long time.

Dr Mitashree Srivastava introduced the next speaker Prof V K Srivastava, the present Director of Anthropological Survey of India and the former HOD of Anthropology at the University of Delhi. Prof V K Srivastava was the second speaker of the webinar, and he spoke on COVID-19 and Tribes of India, enriching his deliberation with narratives from the tribal communities. The Covid-19 scenario should be viewed from an anthropological lens, while considering the dire impact on the population, especially the tribal communities. This pandemic has also brought forward new methods of fieldwork, as in Smart Ethnography and the use of communication over the phone to collect data rather than the classical in-situ mode. Prof Srivastava mentioned that often, the marginalized, denotified tribal groups are considered to be passive, as opposed to the reality where the opposite is witnessed. It should be understood that they are not passive, rather they do have their indigenous active effort to cope with situations like Covid-19. He focussed on two major aspects through his deliberation, one is the impact of the contemporary pandemic situation on the tribal, and the other is the indigenous responses. While citing Vernadsky's concept of no sphere and Anthropocene, Prof Srivastava highlighted that the tribal are the upholders of nature, by guarding and protecting it more often than the "civilized people". Following up on that, he elaborated on the altruism that makes humans unique, becomes translucent during a critical situation like a pandemic outbreak, where the healthy people succumb to compassion deficit mind set towards the rest. This leads to further stigmatization of the "Quasi-community", those already destitute are enforced with ruthless rules. Meanwhile, the so-called "super spreaders" or the victims and patients are the ones who contribute to the medical research by cooperating with the process. Considering the urgency of compassion and social altruism, it is necessary to raise awareness against the prevailing inequality. Prof Srivastava explained that not everyone is endowed with a stable source of income, the working-class migrants are the ones without any land and job, forced to work in distant places. The tribal economy is usually mixed type, with tribal people engaged in foraging, cultivation, as peripatetic nomads, and urban industrial workers. Considering the sedentary tribal lifestyle, the Covid-19 risk is higher in terms of spreading, once it reaches the community. Prof Srivastava said that, with the outbreak of this pandemic, the Andaman administration stopped fishing and hunting. The Jarawa tribe of Andaman were at more risk, since they mixed with others, unlike the Sentinelese who led an isolated life. The fieldworkers there were trained accordingly so that they can convince the Jarawa tribe to reach out to them in case of illness. Foraging tribes like Santhal, whose economy depends on collecting minor forest products were not able to do so since the resources would decompose readily and they have to do distress sale. The working class asset fewer people, due to reverse migration from urban spaces where they lived as construction workers, domestic helpers, rag pickers, and did many odd jobs, were forced to undergo harsh conditions. The Working class is something that the pandemic brought forward, how the destitute, stigmatized, poverty-stricken tribal people were humiliated, forcibly quarantined, and inhumanely treated during the Covid-19 onset. Several rights and tasks analysis groups came forward to provide support, like the traveling market or "ektakar bazaar" which supplied the bare necessities. Yet, among such adversities, the tribal people

were active in adapting to the COVID scenario on their own, with indigenous attempts at addressing problems. In Bastar, large houses enabled safe home quarantine to those returning from outside. Even those going to collect forest products went individually rather than going in groups, as they used to do earlier. Prof Srivastava said that instances of leaf masks, barricading village, and home boundaries with bamboo gates, patrolling the village to prevent outsiders from entering are few narratives that surfaced during these times. Prof Srivastava eloquently concluded his deliberation with the notion that tribal communities are active which should be understood and accepted rather than anticipating outdated information. Their efforts should be recognized and respected, while at the same time keeping in mind that, the so-called civilized people should not become apathetic towards the plight of destitution these tribal people face at harsh times.

SESSION 2 (11:30am – 01:15pm)

Dr. Nitin Malik presented the topic Anthropological reflection in time of Covid-19, stating that it was an unpredicted event that shook the global health scenario. According to him, anthropological insights are necessary to consider the pandemic spreading and its impact in the present scenario as well as the post-COVID scene, in terms of research, resources for health determinants, occurrence, and disease prevention as well as health promotion. Dr. Malik emphasized on human behaviour and cultural practices in adaptation to this mutant pandemic. He also urged to consider indigenous cultural practices, symbiosis with nature, historical imagery, use of traditional herbs and medicines, social exclusion, and stigmatization as important factors. With the Covid-19 being mostly asymptomatic and invisible to bare eyes, immunity boosters are the most sought solutions. Dr. Malik mentioned traditional immunity boosters like Chappra (red ant paste) and Kaadha (made of spices and herbs) in Bastar, which are considered indigenous remedies. Concerning the genetic susceptibility of the SARS-CoV-2, large variations in the disease have been witnessed with a very high rate of transmission. The aging groups with cardiovascular, pulmonary, and renal diseases are more prone to the risk of getting infected. Angiotensin-Converting Enzyme 2 (ACE2) plays a major role in the Covid-19 transmission and infection, for better understanding, he suggested that the underlying genetic, virological, ecological, epidemiological and evolutionary factors need to be evaluated. Dr. Malik cited previous studies to highlight the role of blood group type and gender in Covid-19 pandemic, stating that men are at greater risk of getting infected than women, because of the immunity allele located in the X chromosome. Among the blood groups, the A-type blood group is 45% more prone to getting infected than O-type at 35% less risk among other blood groups. Dr. Malik concluded his presentation with a note to the research community on coming together to seek answers on adaptability, prognosis, diagnosis, the wellbeing of humankind during this period, developing a better coping mechanism to support such unanticipated pandemic outbreak in the world.

Prof P.K Ghosh presented his deliberation on the topic Diasporic Feeling and Identity Change: Effect of COVID-19 infection- Cytokines, Genes, Society and Culture. He provided introductory facts on SARS-CoV-2 and the biological characteristics along with the molecular mechanism in an individual prior and post to the disease. He inferred that Th1 cytokine spiked among the affected people, bringing forth a cytokine storm, where the protective immunity of the body causes more damage to the body than the disease, due to overreaction. Prof Ghosh discussed the nationwide lockdown and social distancing with respect to diasporic feelings. He stated that shrinkage of physical space of social interaction has led to identity change. The shared space and contextual forces of social structure have been disintegrated, and the social interaction among people has devastated. Because of the lockdown, there have been changes in human behaviour, controlled by the enforced prohibition in mobility, featured by self-actualization and low self-esteem. Prof Ghosh used the Five-Factor Personality model of Robert McCrae and Paul Costa (1992) to demonstrate the ocean of emotions that are affected, viz. openness to experience has certainly decreased, conscientiousness, agreeableness, extroversion plummeting down, while neuroticism as the only silver lining. Citing from his own experiences, Prof Ghosh elaborated on the effect of Corona on personality, with higher-order personality traits being diluted, leading to identity change. Among people, ambivalence has decreased giving rise to anhedonia and apathy. He recollected from his own experience that this lockdown scenario has been more muted in terms of jovial activities and spurted interests, with diasporic feelings and identity change as witnessed effects. Prof Ghosh mentioned the Hero characteristics by Fred Luthans considered for pushing through the Covid-19 scenario, with hope, efficacy, resilience, and optimism to stand apart from the crowd. He mentioned that people with good psychological

capital will be able to face this pandemic in a better way. Prof Ghosh concluded with the statement that, even though the economy has crashed, things have worsened, it demands more than ever to unite and put effort together to eradicate the Corona Virus from society.

Prof Arup Ratan Bandhopadhyay from Calcutta University deliberated on the topic 'Anthropological implications of Covid-19: Variation in Severity and Fatality'. He addressed a background of human evolution over a million years, which brought changes in the social structure and organization. With the onset of the Anthropocene era, humans began relying more upon the fauna, which led zoonotic diseases to seep into the human domain of diseases. Anthropology is instrumental in studying public health, its social dynamics, and the transmission of illness and diseases. Anthropological intervention through program design and formative research, interpretation, investigation and response, event analysis, and post hoc assessment is significant. Prof Bandhopadhyay put forward studies from several established sources to support the occurrence, development, and severity of the viral infection due to the Spike protein (S), which binds with ACE2. He enlightened the physiological and pathophysiological aspects of RAAS (Renin-Angiotensin-Aldosterone system) with respect to the cytokine storm, resulting in vasoconstriction, inflammation, fibrosis, proliferation, hypertension, cardiac fibrosis, thrombosis, and acute respiratory disorders. SARS invades and destroys the lung cells, leading to acute respiratory disorders and pneumonia. Prof Bandhopadhyay cited studies indicating that the cytokine storming in the case of SARS-CoV-2 is fifty times higher than Zika or West Nile virus infection, which results in multi-organ failure in the terminal stage. He mentioned that although deprivation of iron supply to a virus could serve beneficial in the treatment, the severity among anemic patients is another riddle unanswered. Interestingly, per-capita-income is inversely proportional to the case fatality rate (CFR), since those countries with lower per-capita-income have been able to handle it better than other countries. As found generally the infection is more lethal among the older population, yet infection transmission is more among the younger population due to their exposure. In India, males are more prone to infection due to the exposure, Prof Bandhopadhyay also supported with studies that says due to X-inactivation less SARS-CoV-2 binding allele is exposed among women. Even estrogen and androgen plays a role in facilitating the CFR while combining with comorbid conditions and behavioural factors like smoking and drinking alcohol among males. He highlighted that due to the rare presence of three certain variants among the Asian population, the susceptibility is lower as compared to the European counterparts. Neanderthal Haplotype and Non-O blood groups are also affected directly by SARS-CoV-2. Apart from these genetic factors, population density, and mobilization in terms of reverse migration during the pandemic also contributes to the CFR in the contemporary situation. Prof Bandhopadhyay concluded with the statement that, Covid-19 is not the last, or the worst of Zoonotic pandemic yet to come, hence interdisciplinary surveillance and capacity building is necessary for risk reduction; after all "Prevention is better than Cure".

SESSION 3 (2:00 PM – 3:00 PM)

Lecture by Dr. Suman Chakrabarty (Assistant Professor and HOD, Department of Anthropology, Mrinalini Datta Mahavidyalaya, Birati West Bengal, India) Lecture Summary. The lecture delivered by Dr. Chakrabarty focused on COVID-19 and Public Emergencies in India. He directed the attention of attendees towards the understanding of Public Health emergencies and the measures which were taken by the indigenous people to resolve issues at their level. The pointers of his presentation were 'understanding of Public Health emergencies and their distinction from clinical health, Public Health emergencies with special reference to India, their relation to anthropology and what role anthropologists can play during the current COVID emergency through personal experiences'. His talk focused more on the health system and health promotions, he shoved way up the clinical sphere, entering the real applied domain of public health. He scrutinized the responses of COVID in Kerala as was the first state to report COVID case where community participation was made central, and through volunteer engagement and creating awareness via media such as radio in the local language ensured dissemination of knowledge to all the levels of the society. Attaching more relevance to the Syndemic concept of Singer, adopted in contrast to co-morbidity, he agreed on the relation of the socio-cultural factors in contributing and unfolding the underlying adversities. Borrowing from Influenza study done by David Hardiman Dr. Chakrabarty hypothesized a positive correlation between poverty & COVID. Wherein, as he

argued that anthropologists have a greater role to play, amidst the emergency of COVID 19 and its control. In order to pave way to it Dr. Chakrabarty brought forth some points such as, prospective in preparedness and responses around which anthropological efforts can be done. These were, understanding the cultural construction of COVID 19, unfolding building of stigma and so called othering in Pandemic, understanding pandemic through bio- cultural model, understanding responses to health communication, social surveillance and local governance. As an anthropologist while understanding the plight of the indigenous people he conducted intervention via forming a group 'Adibasi Samaz o sastha' and members became the task force in their respective geographies. These members facilitated the knowledge of COVID and best practice, smoothened the quarantine process for migrants coming back to villages, and made many more contributions. He concluded with a note that anthropologists, who helped the world at the time of Ebola, can do it again in the current scenario.

Presentation by Dr. Suniti Yadav (Scientist- C, ICMR, Delhi). Dr. Suniti being a scientist at ICMR headquarters closely observed the whole operation and process of management of pandemic. She began with locating spatio-temporal events and progression of COVID telling how it started at the source district of China and later, the cases swelled out in the world. She mentioned, how various national and international nodal agencies such as, WHO- Incident Management Support Team (IMST), ICMR- Epidemiology and Communication division (ICMR-ECD) getting activated in December, NITI Aayog, AIIMS, MOHFW, DBT- DST, CSIR, DRDO, WHO, etc. stepped in to understand and manage the outbreak. She narrated that Kerala being the state with highest literacy rate and with a better health care system, when reported the first case in India was advantageous to the country which allowed ICMR to buy time to strategize testing, responses and other requirements. She reported that on 11th of March National Institute of Virology (NIV), Pune segregated the strain and started sequencing of genetic material and by 17th of March testing strategizing were finally in place and ready to be implemented. By 22 March international travel was restricted and testing strategies were revised under the guidance of NITI Aayog who headed the team for testing, planning, operations, and implementation at the country level. She narrated step by step how ICMR in collaboration with other state and national agencies established 52 centers for corona testing and led various operations with other agencies at all levels. National Institute of Virology (NIV) was involved in standardization of diagnostic kit analysis, including the indigenous kits. The validation centers for the RT- PCR kits invented indigenously as well as procured ones were, ICMR- National institute of Pathology (ICMR- NIOP), ICMR- National AIDS Research Institute (ICMR-NARI), Pune, ICMR National Institute of Cholera and Enteric Disease (ICMR- NICED), CSIR- Center for cellular and molecular biology (CSIR- CCMB). She explained the contribution of research studies, which were simultaneously going on in which diagnostic and biomarker task force, headed by Director of ICMR- NARI, was pivotal as these markers could contribute in testing and could be incorporated into kits wherein state actively played an important role as samples from these state(s) were primarily ingredients for testing. She described how ICMR, MHRD and MOF collaborated to ensure the adequate resource supply such as labs, man power, monetary logistics for procurement of testing kits, etc. which were further supplied to regional and state centers which was coordinated by the Ministry of Home affairs. She detailed the role of ICMR in planning, purchasing, procuring and distributing the procured kits where ICMR institutes were responsible for the distribution to the regional depot/centers PGI, KGMC. She unfolded how ICMR looks after the therapeutic studies wherein Plasma therapy and Convalescent Plasma were initiated followed by BCG which was considered as an explanation for lower case fatality rate in India in comparison to the US. She clearly explained that Hydroxychloroquine (HCQ) was not for the treatment but for the prophylaxis which is showing positive results. She said that the trials were also conducted through alternate health systems in India under the supervision of the ministry of Ayush in which 4 molecules have been identified to be lying in the COVID pathway and concluded with her well wishes to all and with a positive note to find a cure soon.

SESSION 4 (3:00 PM - 4:00 PM)

Presentation by Dr. Benrithung Murry (Assistant Professor, Department of Anthropology, University of Delhi). His presentation focused on one of the immediate needs and expectations amidst COVID 19 scenario, i.e. the development of a vaccine. With claims done about the vaccine, he brought forth various perspectives on development of an effective vaccine which either argued that it is impossible to have a vaccine of COVID virus soon or will

take time and in case if it is achieved its efficiency remains questionable. He drew a landscape of distribution of active vaccine candidates across the globe where the major were reported to be located in North America (46%), China (18), Asia and Australia (18), Europe (18) and which includes private firms (75%), academicians, and public organizations and other non-profit organizations. According to him, with the dedication and speed, the vaccine can become available for emergency use only by early 2021. He based his argument on two examples of vaccine development timeline, first, Tuberculosis, and second, that of Ebola. In 1905 development of the BCG vaccine began and resultant of which came in 1921 when two French bacteriologists achieved it. It took 15 years to develop this vaccine. But, as he detailed it was 1927 when it became available to the world and in 1928 it was adopted by the Health committee of the League of Nations. Dr. Murry described how since 2014, the European Medical Agency in collaboration with WHO worked towards development of EBOLA vaccine and consequently in 2018 Ebola vaccine came out for emergency use. But it was 2019 when marketing authorization of Ebola vaccine was granted by the European commission and made available to the world. In comparison to BCG this vaccine took 5 year only to come out for use by the wider world. He argued that the 12-18 months' timeline is very much unprecedented and the scientific community, manufacturers and regulatory agencies are faced with numerous problems in the race to finish it in the stipulated time. He concluded that there is a need to be well informed about the scientific uncertainties against a new pathogen about which the scientific knowledge is still less, along with the uncertain efficacy against the vaccine. He delineated another uncertainty that whether the vaccine will reach the rural masses without delay or not. He highlighted the need for a participatory strategic planning process for procurement and distribution of the vaccine once developed. He argued that it will be worthwhile to look for vaccine development and also to discuss and disseminate accurate information to the people around us based on facts and history so that their social behaviour is not dependent on false information.

Presentation by Dr. R. P. Mitra (Assistant Professor, Department of Anthropology, University of Delhi). Through his presentation Dr. Mitra deconstructed the term 'Novel' used as prefix to COVID 19. Dr. Mitra saw anthropology as the most affected discipline in terms of carrying out its work in the present circumstances and doubted the way out, as suggested by Prof. Srivastava i.e. using phones to do 'smart ethnography'. Dr. Mitra saw use of these methods in the present scenario as reinnervation of the same, as they were popular in the 50s but also doubted the end product and also the contentment of the researcher in using these methods. He used structural and interpretive approach to break down the phenomena i.e. novelty of COVID in its constituent units, in seeing the relationship between these units (linkage and inter-relationship), and based them upon these linkage and inter-relationship. And through this, he tried to draw an interpretation of the situation. He added the concept of 'novel' in the idea of relationship between an individual and a pathogen given by Merrill Singer. While unfolding the etiology of the term novel, Dr. Mitra pointed it to another meaning, 'fiction' turning to the 'newness' and what he called as 'fiction' of COVID 19 in the presentation. He moved to the concept of Danger (given by Mary Douglas) which was based on the idea that something is dangerous when it cannot be 'classified or ordered', as is the case of COVID 19. The first thing which constructively made COVID 19 a novel thing was the experiential reality constructed by media based on horror, anxiety and stress based on the facts and phenomena occurring during the pandemic. The second novel factor was 'the cure', which Dr. Mitra unfolded in the realm of reverse migration of migrant workers, the neglect of the other diseased people, and in the form of other social crisis that affected the mass. The third factor which made it novel was its ability to reorient the understanding of the concept of disease and health, as it became havoc to the western health knowledge and system, and challenged their knowledge of health and disease. Dr. Mitra moved to his conclusion by highlighting the fault-line, represented by the vulnerability which has never been deliberated in a scientific understanding. Noting the Anthropocene's role in creation of the epidemic, he pointed to the need to take nature seriously or mankind may become a part of prehistory.

Presentation by Dr. Chakraverti Mahajan (Assistant Professor, Department of Anthropology, University of Delhi). Dr. Mahajan pointed out that the work was his personal as well as professional journey as an anthropologist as through this work he could explore two things first, his identity and second, a way of conducting digital fieldwork. He explored the convivial digital groups wherein people from Punjab, both the Punjabi in Pakistan and Punjabi in India gathered in convivial meetings and shared ideas and thoughts. Elaborating on the history,

idea and meaning of 'convivial', he touched various concepts such as the linguistic dimensions of communication in the group, construction of identity by people and in turn solidarity of culture, narratives around the lived experiences of the people, etc. As he went ahead he showed how people, including diasporic people from these groups are trying to conserve the culture and lived history and experiences via these groups, and which are also made available to all for consumption and research. He analyzed that these groups are engaged in production and reproduction of knowledge, and are platforms to discover the suppressed layers of identity which were renegotiating the confines of nation, state realignment of regions, caste and gender, and have already started questioning the narrow nationalistic boundaries. He argued that these platforms can also be seen as locales providing psychological space facilitating sharing of memories and anxieties of future in a congenial environment and also in negotiating the COVID life-world.

SESSION 5 (4:00 PM - 5:00 PM)

Presentation by Dr. K. N. Saraswathy (Assistant Professor, Department of Anthropology, University of Delhi). The three keywords or concepts around which the presentation was fabricated were Epigenetics, COVID and pregnancy wherein the phenomenon of pregnancy and concerned biological junctures can act as a lens to look at COVID epigenetics impacting evolution. She pointed out that to understand the evolution most of the evolutionists relied on genes as they focused on good or bad genes in survival and reproductive fitness of the individuals but the breakthrough came with the understanding of the phenomenon through epigenetics. Comparing Severe Acute Respiratory Syndrome (SARS), Middle – East Respiratory Syndrome (MERS) and COVID 19, she interpreted that both the previous ones had higher Maternal Mortality Rate (MMR) than COVID ranging from 25-30% in case of SARS and 32- 35% in case of MERS. The common pregnancy complications in SARS and MERS ranged from miscarriages, preterm births, preterm pre-labour rupture of membranes (Pprom), intrauterine growth restriction (IUGR), etc. She unfolded that the respiratory complications which pregnant positive lady face in COVID are very mild with no much effect on the foetus and the only consequence of COVID was that the most affected cases underwent caesarean section or C- section as a form of intervention. Eventually she moved to the question on the reason for discussing pregnancy in the context of COVID. Dr. Saraswathy showed the relevance of studying the impact of the experience of corona on expecting mothers and on their unborn child, which cannot be detached from the evolutionary process. She explained that due to environmental stresses experienced by the expecting mother, some biological signatures are triggered which are passed on to the foetus and future generation turning to biological stresses, contributing to their ill-health, as also explained in Barker's Developmental Origins of Health and Disease (DOHaD) hypothesis. She supported the need to care for the expecting mothers, by situating the example of Dutch hunger winter, and argued that in the current scenario where most of the economic assistance is diverted to the containment zone, they stand as neglected and may contribute to additional maternal and child mortality. Although, she did report that the epigenetic can be reversed by a nutritious diet but still, a need for a stress-less environment for these mothers cannot be compromised.

Presentation by Dr. Shivani Chandel (Assistant Professor, Department of Anthropology, University of Delhi). With this pandemic we, at some point of time are going to think about resuming habituated normalcy, where work and personal life will resume. Dr. Shivani's presentation was concerned about one of these daily spaces i.e. work space where, post outbreak of COVID certain changes are required. Discussing the theoretical basis of ergonomic anthropology, with underlying anthropological, physiological and psychological dimensions, she highlighted its role in blending the three factors, human factor, environmental factors and working systems. Focusing on the design of workspace and work station in the times of COVID, she discussed the design of workstation and workplace, and strategies and processes required to achieve the efficiency of both the employee and office. She highlighted that the main goal of ergonomic anthropology is to reduce discomfort, injuries and health issues, and to increase the quality of work and productivity of people and also deal with pandemic efficiently. In the current scenario the requisites of workplace are need of generation of standards for equipment, process and communication channel; makeshift in engagement of employee should be scheduled accordingly to ensure continuity of work and also observing the precautionary measures; restructuring of workplace to ensure

observance of precautionary measures such as raised partitions, inclusive design to allow differently-abled and old aged, etc. She also highlighted the need to have visual floor or wall demarcations that indicate the traffic flow between these stations and common areas and exits, ensuring the well-being of employees and facilitation of stress-less environment.

Presentation by Dr. N Kiranmala Devi (Assistant Professor, Department of Anthropology, University of Delhi). With a chronological order of events Dr. Kiranmala highlighted responses of the various scientific bodies and general population towards the outbreak of the COVID 19. The timeline drawn highlighted how quick were the responses from WHO and other bodies in announcing the outbreak, sharing the genetic sequence of the virus, production of the primer and probe for PCR testing, publication of nucleic acid testing protocol, development of techniques to study COVID, production of test kit, etc. She appreciated the quick response of WHO in starting the solidarity trial in various countries with which eventually, 153 more potential effective drug candidates came up. Subsequently, she detailed how 536 clinical studies in the post infection therapies for COVID 19 started and in concern with drug development, more than 100 such projects are going on around the world and at least around 129 vaccines are in preclinical stage while 18 are currently tested on human volunteers. She informed that among these Moderna is a famous vaccine and also COVAXIN, which is an indigenous drug. Coming down to the statistics of mortality, she speculated the lack of basic amenity i.e. ventilator as a prime cause of high fatality. Although, as she also spoke, various agencies such as NASA and other individuals are coming up with their solutions such as ventilator, fastened PPE production, production of masks by even the home-makers to support the need in the country. She explained how funding agencies (a large no. of government funding agencies) are also facilitating the grants to find some solution to the issues ranging from viruses to protective kits. She concluded that with the effort of all in totality, COVID scenario has been managed nicely.

After the lecture of Dr. Kiranmala Devi, the webinar moved towards the closing session. Dr. Saraswathy, moving towards the closing of the seminar, thanked all the moderators for agreeing to manage the sessions and their insightful contribution. She underlined the heavy contribution made by the organizer, especially Dr. Avitoli G. Zhimo and Dr. Mondal. She then handed over the screen to Dr. Zhimo to propose a vote of thanks and to take over the further proceedings.

Dr. Zhimo invited the patron of the department, Prof. Joshi to share his thoughts. Prof. Joshi showed his pleasure of being part of such an event where more than 1000 participants registered and more than 300 attendees were present at any time. He credited the contribution of young scholars especially students in their masters who are contributing and taking a role in such events. He called the seminar successful as it catered a platform to diverse set of presenters, referring to Prof. Srivastava, Prof. Malik and other department scholars and faculties who are specialists in varied areas. Prof. Joshi also acknowledged the fact that the eminent speakers were able to pull the attention to the plight of tribals and other marginalized groups as they stand unvoiced. He proposed the idea of having more such virtual seminars to bring a diverse set of people and engage them in fruitful talks. He congratulated all and handed over the dice to Dr. Zhimo.

Dr. Zhimo, expressing her gratefulness to the head of the department, the moderators and other members of the organizing committee (Dr. Mondal, Dr. Saraswathy), shared some experience of participants and the positive feedback received from them. She shared her experience of organizing a seminar with a massive response from participants enrolled in 217 different universities that include five attendees from universities outside India. She also reported that many participants expressed their desire and expectation from the Department of Anthropology, University of Delhi to organize a webinar on research methodology. So, Dr. Zhimo assured that based on the positive feedback received from the participants, the department will consider the suggestions and plan accordingly. She concluded the webinar with a note of thanks to all the participants.

REGISTRATION DETAILS AND KEY HIGHLIGHTS

- For the webinar, in total the organising committee had received **1003 responses**.
- Participants from **217 different Universities and Organisations** including AnSI, IIT, IIM, NIT and five foreign Universities including American University in Cairo, University of Bedfordshire, University of Cambridge, University of the Witwatersrand South Africa, University of West Indies were the part of webinar.
- The background of the participants ranged from various disciplines such as anthropology, medicine, engineering, public health, sociology, social work, psychology, history, archaeology; language studies, economics, management, commerce.

Course

1,003 responses

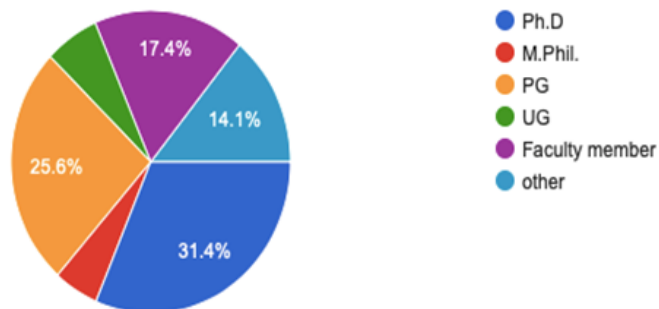


Fig: Pie-chart showing the academic background of participants

FEEDBACK

After the workshop, an anonymous and voluntary electronic feedback form was circulated among the participants. In total 238 participants filled and submitted the feedback form. A brief analysis of participant's feedback is given below.

The feedback form contained two questions. Question wise responses are as follows:

Q1: On a scale of 1 to 10, how would you rate this webinar?

Response: More than 85% participants (who submitted the feedback form) gave 8 or more rating out of 10 to the webinar.

**Webinar Feedback of 238 Participants
(On a scale of 1 to 10)**

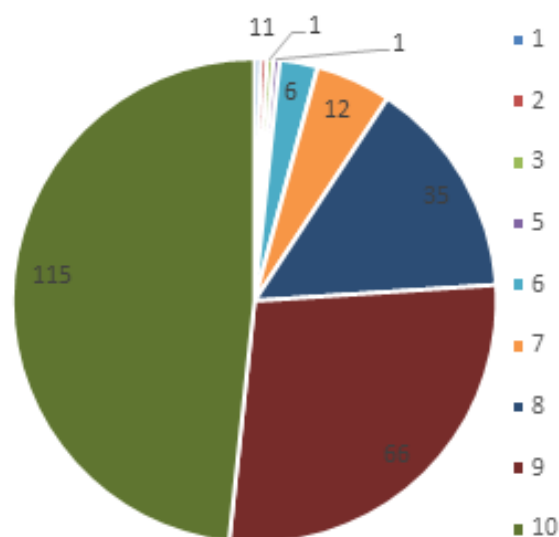


Fig: Pie-chart showing the ratings given by participants

Q2: Your feedback on this webinar?

Selected responses:

- "The webinar was really informative and enlightening for young scholars like us. Thank you organizers and spokespersons. Looking forward to attending more such webinars."
- "Thank you so much for organising such an informative webinar. Got to know a lot about of the current scenario. Would like to be a part of such webinars in near future. Thank You."
- "The webinar was very well organised and was highly informative. I learnt so many new things in this webinar. I am very grateful and thankful to the organizers and speakers. I got inspired by this excellent webinar cum opportunity. Waiting for more such webinars. Congratulation and regards."
- "I found this webinar really helpful. One of the most useful and very informative I have ever attended. Thank you for organizing and a very special thanks to the speakers."
- "Thank you for providing this platform where I could learn so many things from such knowledgeable teachers. I really enjoyed the session and hope for more such opportunities in future also. Thank you to the Dept. of Anthropology, D.U. for enlightening me with anthropological perspective on COVID-19."
- "It was a nice and refreshing webinar, with lots of new information and ideas. It gives me a lot of satisfaction knowing how anthropologists are contributing in the fight against the pandemic. I hope there will be a brighter future for everyone. "
- "This webinar was awesome. It very was extremely informative. The management was very good. I would like to attend this type of webinars again. Thank you for organization the webinar. Well wishes. "
- "Thank You and Kudos to the organizer for organizing this webinar. Each and every session of the webinar was superbly informative and effective for the students of not only Anthropological background but to all the people from different disciplines who attended the webinar. Keep on organizing such webinar again in this pandemic situation. "
- "Right now it is a very urgent area. Thank you for organizing such a wonderful webinar. Very thought provoking sessions. Specially the lecture of Prof. Arup Ratan Bandyopadhyay, opened up a large number of dimensions for prospective research."
- "I found this webinar really helpful. One of the most informative webinars I have attended so far. "

Overwhelmingly positive feedback from participants reflects that the webinar could successfully achieved its objective of 'providing a platform to learn the multidimensional nature of the pandemic (COVID-19).'

GALLERY

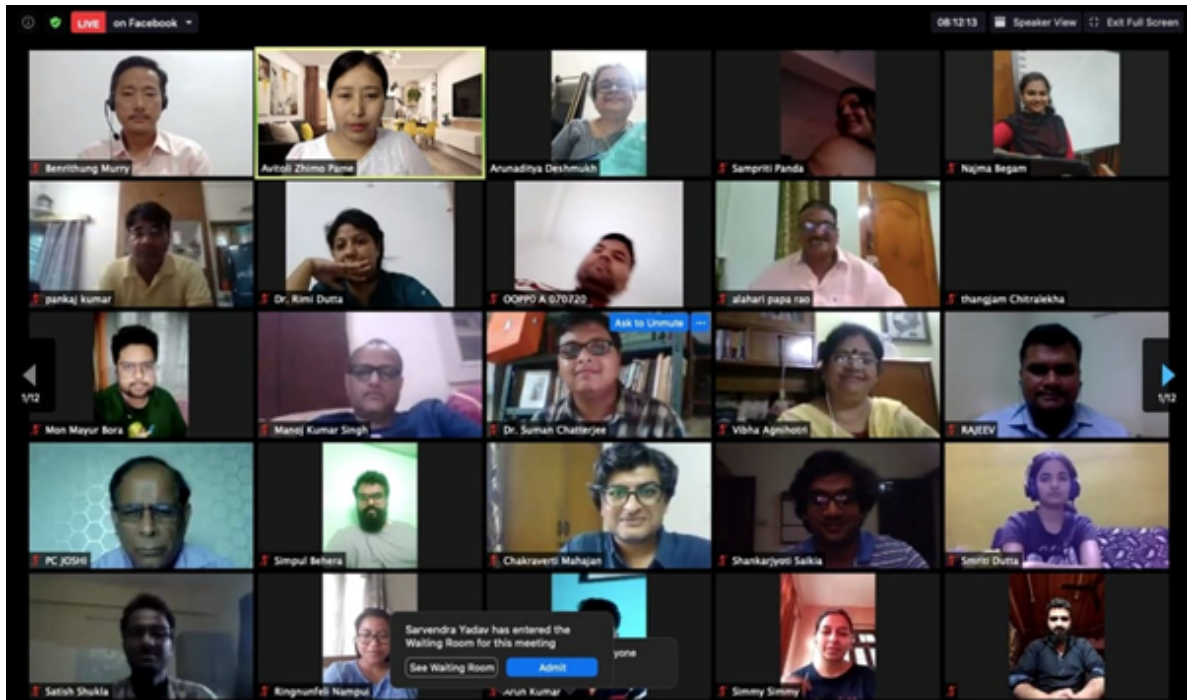


Photo 1: Participants, Anthropological response to COVID-19 (view -1)

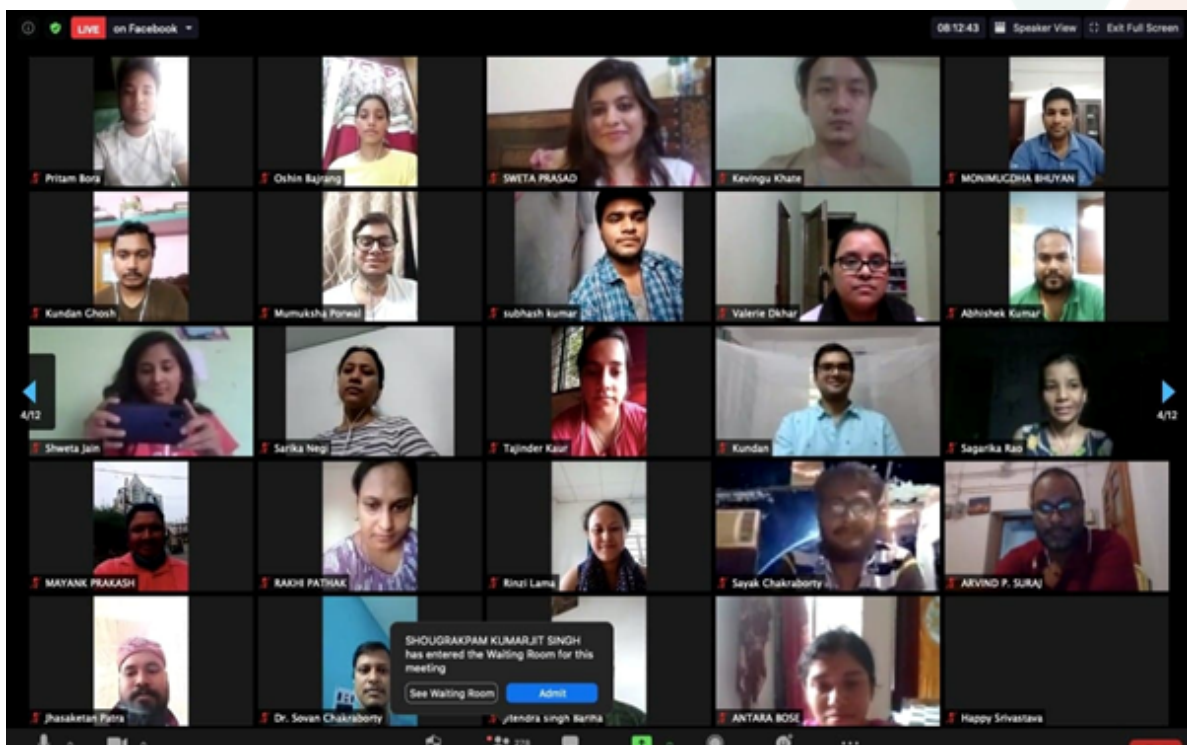


Photo 2: Participants, Anthropological response to COVID-19 (view -2)



Photo 3: Participants, Anthropological response to COVID-19 (view -3)

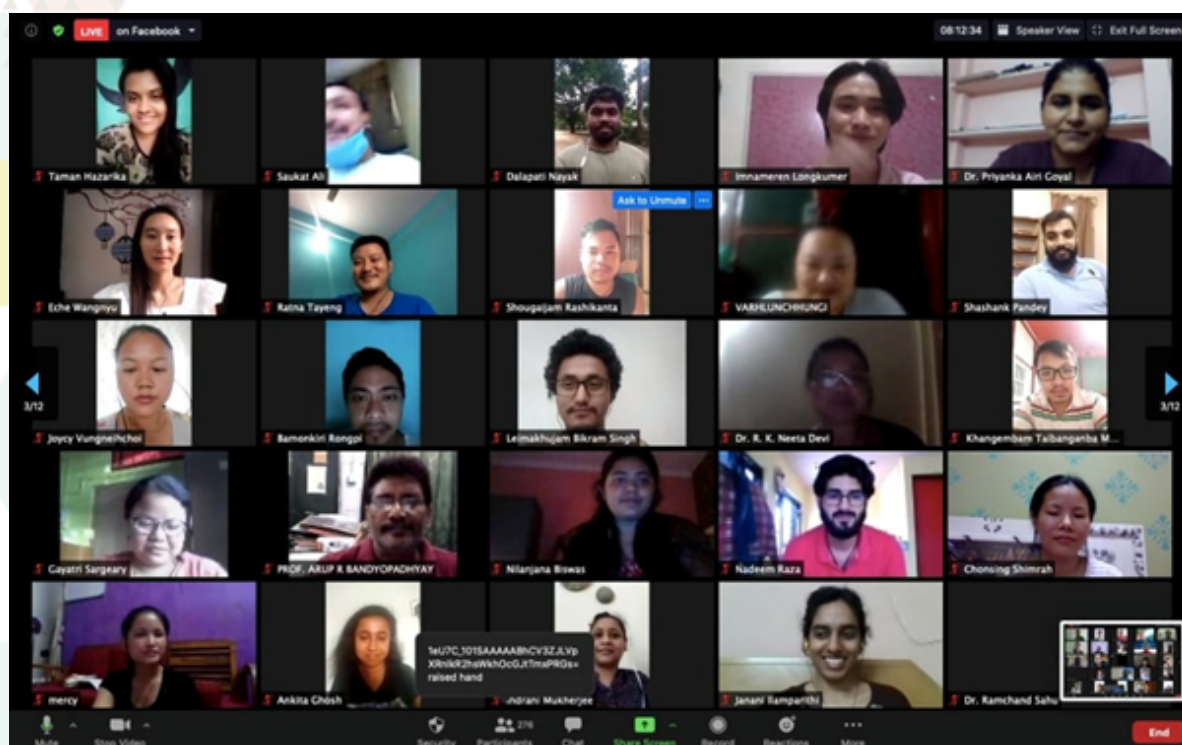


Photo 4: Participants, Anthropological response to COVID-19 (view -4)

- End of Report -