

INDIA FIGHTING A PANDEMIC WITH OUTDATED LAWS: A NEED FOR AN INCLUSIVE HEALTH LAW

Written by Priyanka Purohit

*4th Year BBA LLB Student, Siksha 'O' Anusandhan National Institute of Law, Bhubaneswar,
Odisha*

ABSTRACT

The COVID-19 pandemic has highlighted the drawbacks that India is currently facing in the absence of a comprehensive Legislation solely dedicated to its health emergency aspects. According to the New York Times, “India now has the fastest-growing coronavirus caseload of any country in the world, reporting more than 75,000 new infections per day. Crowded cities, lockdown fatigue, and a lack of contact tracing have spread COVID-19 to every corner of this country of 1.3 billion people”¹. The article tries to highlight the challenges arising due to the use of piecemeal legislation and Acts that India is currently using to fight this Global Pandemic. Even after imposing strict Lockdown aimed at curbing the spread of COVID-19, cases continue to rise steadily. India’s lack of overarching Legislation and proper Public Health System has not just worsened the pandemic situation but has also raised questions about how the Government and local bodies have been dealing with such a pandemic without any proper guidelines which can address the severity of a pandemic of such nature. The purpose behind this article is to highlight the conspicuous gaps between the current Legislation and Acts that are hindering the country’s capacity to fight with the infection, to highlight how a couple of other countries have managed to effectively control the spread of COVID-19 by combining strict Health Laws and prompt Government intervention and how India still has a lot of scope to improve upon its current health laws, keeping in mind the current Pandemic, as the country continues to majorly depends on some laws which haven’t been modified for as long as 1897.

Keywords: Pandemic, Health Law, COVID-19, Epidemics, Legislations, Acts, Drawbacks, Coronavirus, Public Health, Ordinance, Covid.

INTRODUCTION

India has surpassed Russia and ranks third in the daily rise in COVID-19 cases behind the USA and Brazilⁱⁱ. Fear grips the entire nation, as COVID-19 cases continue to rise dramatically. While India is still struggling to get a grip on the whole situation, countries like Canada, New Zealand, Australia, Taiwan, and Singapore have already become strong examples for their response in handling the initial outbreak of COVID-19. The question that continues to haunt is that even after five months of uncompromising lockdown, what is keeping the country from handling this pandemic effectively? Most countries never planned for a pandemic of such nature, yet many have shown promising results by introducing holistic laws and dynamic legislation that kept upgrading with time and more so after the onset of health emergencies like the current one. India, on the other hand, compromised gravely with only a few laws in hand to fight with COVID-19. Infectious diseases and Epidemics are not a new thing for India. In the past, India has faced a series of Epidemic scenarios yet no major changes or amendments were introduced to fight something as severe as COVID-19. This pandemic has highlighted the conspicuous gaps and lacunas in Indian domestic laws and has raised poignant questions on India's legal framework and its capability to fight with such Epidemics.

AN OVERVIEW OF THE LAWS USED FOR COVID-19 IN INDIA

The Epidemic Diseases Act, 1897

This is one of the smallest Acts existing in India which consists of four sections. Section 1 of the Act states the Short Title and extent of the Act. Section 2 and section 2A enumerates the powers vested upon the State Government and Central Government to take special measures and formulate regulations for the people to follow and thereby control the spread of such diseases. Section 3 provides the penalty procedures to be imposed, in case of violation of the regulations which is pari passu to section 188 of Indian Penal Code which prescribes punishment on disobeying orders promulgated by the public servant. And finally, Section 4 states that no suit or legal proceeding can be initiated against any person who does anything out of good faith under this actⁱⁱⁱ.

The Indian Penal Code, 1860

The Indian Penal Code has also been invoked for this Pandemic. For anyone who disobeys orders promulgated by Public Servant and thereby either causing or creating a risk of injury or obstruction or annoyance or tends to cause danger to human life and safety or maybe causes riot or affray, Section 188 of the Indian Penal Code has been invoked which prescribes punishment on these grounds. Also, Section 269 and 270 of the Penal Code have been widely invoked which state the punishment for anyone who acts malignantly or unlawfully or negligently which is likely to spread any infection or diseases dangerous for life^{iv}. For those violating the quarantine rules that are made and promulgated by the Government, Section 271 provides the punishment for the same.

The Criminal Procedure Code 1973

Section 144 of the Criminal Procedure Code states the power given to a District Magistrate, a Sub-Divisional Magistrate, or any other Executive Magistrate to issue orders in urgent cases of nuisance or apprehended danger to human life and safety. Such order may be directed to a particular individual residing in an area or might be for the public in general when visiting or returning from a particular place or area^v. This section has been invoked during the COVID-19 pandemic to restrict public gatherings and thereby maintain social distancing.

The Disaster Management Act 2005

For restricting movement during the COVID outbreak, even the Disaster Management Act 2005 was invoked by the Central Government and the COVID pandemic was declared a Notified Disaster to regulate uniform lockdown in the entire country. Under section 6 of the Disaster Management Act, a nationwide lockdown was imposed by the Prime Minister of India on 24th March 2020. Section 10 of the Act has also been used which helped formulate the guidelines that were imposed for the Nationwide lockdown. Section 51 – 60 of Disaster Management Act has also been instrumental which prescribes the offenses and its penalties under this act and it includes punishment for false claims, fake news, and offenses by Government departments^{vi}.

The Essential Commodities Act 1955 and Schedule 1 of Essential Services Act

Section 3 of the Essential Commodities Act 1956 provides power to the Central Government to control production, supply, storage, distribution, transport, disposal, acquisition, and use or consumption of essential commodities^{vii}. Keeping the Pandemic in mind, the Central Government also invoked the Essential Services Act to allow the flow of essential services (as listed in the Act) throughout the lockdown.

NOTABLE AMENDMENTS MADE FOR COVID-19

- ***The Epidemic Diseases (Amendment) Ordinance 2020***

Amidst all the challenges faced by India during the nationwide lockdown and ongoing COVID crisis like Labor Migration, Economic Distress and access to basic medical facilities, the most unusual episodes that came into the limelight were the violence and harassment that was faced by Frontline Medicos like Nurses, Medical Staffs, and Medical Professionals. The Epidemic Diseases Act of 1897 focussed more on the act of physical violence than on mental harassment that was happening at their workplace and their homes. It was saddening to see that Medicos and Frontline workers who were struggling day and night, risking their own lives, to curb the growth of Coronavirus and treating infected patients, had to face such treatment. This called for a stronger law and therefore on 22nd April 2020^{viii}, the Union Cabinet approved promulgation of an ordinance to amend the Epidemic Diseases Act, 1897 to protect the Healthcare Service Personnel and their property including their living/working premises against violence during epidemics.

The ordinance promulgated has defined the term “act of violence”, which includes physical injury, harassment, damage to property as well as the hindrance in discharging the duty. The ordinance extended the scope of inspection by the Central Government from “ships or vessels” to “bus or train or goods vehicles or ships or vessels or aircraft”. The ordinance makes any acts of violence against Health Service Personnel as cognizable and nonbailable. It also prescribes a speedy investigation for such offenses by the Police Personnel within 30 days from the date of registration of FIR. Moreover, it also states a reverse presumption in presuming the accused guilty unless proved innocent. Also, it makes the offender liable to pay compensation to the

victim for the damage of property which is charged either twice the fair market value or as decided by the court. In case of commission or abetment of such acts of violence, the ordinance prescribes a punishment of imprisonment ranging from 3 months to 5 years with a penalty ranging from INR 50,000- INR 2,00,000 and in case of 'grievously hurt' the punishment is imprisonment for a term not less than 6 months to 7 years with fine ranging from INR 1 lakh- 5 lakh^{ix}.

- ***The Essential Commodities (Amendment) Ordinance 2020***

The ordinance empowers the Central Government to designate and regulate the supply of certain commodities (cereals, pulses, potatoes, edible oil, etc.) under an extraordinary circumstance like war, famine, inflation, or a severe natural calamity^x. The ordinance also provides for the imposition of stock limits on certain commodities depending on their price. Besides it clarifies that the regulation of food items and the imposition of stock limits would not apply to Government orders relating to the Public Distribution System or the Targeted Public Distribution System.

GLOBAL RESPONSE TO COVID-19

Before we start discussing more about the global response to COVID-19 and India's scope of improvement in the subsequent part of this article, let us take cognizance of the fact that COVID-19 is highly contagious, and despite extreme measures taken by every country, it is indeed a difficult task to achieve hundred percent success in getting rid of the same. Yet certain countries have shown commendable results because of quick decisions taken by their Government and tremendous support extended by the citizens of those countries.

For instance, even though Taiwan is China's neighboring country which was the epicenter of COVID, yet it reported only 488 cases and 7 casualties^{xi}. At the initial stage of the COVID outbreak when other countries took the step of shutting down their Economies, Taiwan took an immediate decision of locking down its borders and discontinuing the export of surgical masks. The country continued its daily routine of work but gave vital importance to the use of sanitizers and took the precautionary measure of checking temperatures of people at all major entry points and thereby making it a part of their daily routine. Besides, the medical officials of Taiwan

held regular briefings for the public and, the Government started tracking sim cards to check whether people under quarantine are strictly adhering to the guidelines issued by the higher authorities. The country has been praised for being one of those Countries which displayed the best responses in handling COVID outspread.

Another country that has set an example while handling COVID-19 infection would be New Zealand. The country already has a geographical advantage of being an 'Island Nation', that separates it from being directly connected with any other countries and hence highly reduces the chances of the disease from spreading. From the date of detecting the first case, the Government of New Zealand took speedy steps, and immediately within three weeks all its borders were cordoned off and, in a week, all non-essentials businesses were asked to close. The country banned all its domestic air travel and cancelled every event and social gathering. By its 4th lockdown, New Zealand had made its distancing rule stricter and asked its public to have contact only with those whom they lived. Throughout the lockdown, the Government maintained proper communication and transparency with its citizen by informing vital information through emergency text messages especially with regards to the emergency measures to be followed during their 4th lockdown^{xii}. Meanwhile, the country worked on its testing capacity. Currently, New Zealand is COVID free (it may have reported a few new cases) and it could limit the spread of the Virus to only 1,729 cases with only 22 cases of fatalities^{xiii}. New Zealand's Prime Minister Jacinda Ardern was praised globally for her decisions that made the country one of the best in their response towards COVID-19.

UAE to date has reported 69,328 cases and 379 fatalities^{xiv}. The Government of the country took strict measures to maintain social distancing, it declared a curfew, lockdown, and cancelled all its religious celebrations and gatherings. The country also bore the cost of all its COVID patients who did not have insurance covers^{xv}. Apart from this they also declared hefty fines of \$5,500 on anyone who shares medical information that is fake and does not comply with the official declaration^{xvi}. Moreover, their surveillance system kept a proper check on every movement of individuals and especially those who are under quarantine.

Around the world, various countries have put great efforts to strengthen their Health Laws to prepare for and tackle such pandemic. For instance, Australia has a National Security Agreement that is signed by all its States and Territories in 2008^{xvii}, which supports the National Health Security Regulations 2008 and the National Health Security Act 2007 to give effect to

WHO's International Health Regulations. The country also has a National Health Emergency Response Arrangement that provides a structure for information flow during National health emergencies and highlights how the government will respond in case of a severe health crisis. It also has a Federal Quarantine law, the Quarantine Act 1908 which got replaced by Biosecurity Act 2015. Besides the laws, the officials of the Government of Australia coordinated well with Scientists and Health Officials, and as a result, until now it reported just 25,670 cases and 611 deaths^{xviii}. Moreover, the country has also been spending more than 10 % of its GDP on wage subsidiaries, free childcare, and unemployment benefit aspects, which has helped its economy a lot^{xix}.

The United Kingdom came up with the Coronavirus Act 2020^{xx} specially to combat the economic impacts of the pandemic and tackle the current pandemic situation. The Act defines Coronavirus and consists of various provisions to safeguard Medical Personnel, Volunteers, and Social Workers. It also specifies ways to store, transport, and disposing of the bodies of people who died of Coronavirus.

Singapore has reported only 56,771 cases and 27 deaths^{xxi}. This country took a different approach to handle COVID-19. It did not use the terms like 'Emergency' and 'Lockdowns' and rather used the term 'Circuit Breaker' for its period of controlled containment. At initial stages, it chose not to invoke emergency laws and did not consider COVID-19 as an emergency. The country relied on the Infectious Diseases Acts, and the Immigration Act to restrain travelers who came from the countries with a high threat level^{xxii}. Later as the threat of the COVID Virus increased the country immediately came up with a new law- The COVID-19(Temporary Measures)(Control Order) Regulations 2020^{xxiii}, which contains provisions on varied aspects like restriction on movement and participation in gatherings and events, and the prohibition on coming out of residence, except for essential needs. The act contains various guidelines relating to social distancing and also prescribes punishments and fines for anyone violating the control measures.

REASONS WHY INDIA NEEDS A NEW LEGISLATION DEDICATED TOWARDS ITS PUBLIC HEALTH

India is a vast country with a diverse population of approximately 1.38 billion. Owing to its dense population, it is very easy for any infection or disease to spread rapidly within a short period, therefore making it very difficult to control and curb affectively. Hence for the Indian Government, to deal with such a health emergency, it requires comprehensive laws and strict guidelines, which currently India lacks.

In the absence of comprehensive legislation for a health emergency during COVID-19, India took up the Epidemic Diseases Act 1897 as its primary Health Law and the provision from various other Acts to meet the glaring gaps in the Act. The Epidemic Diseases Act is an archaic law that fails to define and describe important terms like- “Epidemic”, “Dangerous Epidemic Disease”, “Contagious Disease” or “ Infectious Diseases”. It also fails to categorize diseases based on its infection rate, its severity, its effect on different age groups, or its cure. While the Epidemic Diseases Act has been invoked to deal with the health aspect during COVID, for announcing uniform lockdown throughout the Nation, the Disaster Management Act was invoked. Under the Disaster Management Act, the COVID outbreak was declared as a “Notified disaster” and The National Disaster Management Authority since then, has been indulged in imposing Lockdowns and making policies, and guidelines at the National, State, and District level, which can be followed to curb the growth of this disease. However, the fact remains that the legislative intent behind the enactment of the Disaster Management Act was not for health emergencies like COVID-19 but for natural or man-made calamities like earthquakes or tsunami, etc, which is likely to cause sudden damage or suffering but for certain hours or days, unlike health emergencies. It does include aspects related to a biological disaster like Epidemics but contains no specific provision on the various difficulties that can arise while handling an epidemic the size of COVID-19 which has such a high infection rate and the ability to cause death at such a massive level due to its unstable nature.

Keeping COVID in mind, a few States have adopted specific regulations. For instance, Bengal has ‘The West Bengal Epidemic Disease COVID-19 Regulation’, Maharashtra has introduced ‘Maharashtra Regulation for Prevention and Control of Coronavirus Disease’, Delhi has issued ‘Delhi Coronavirus Regulations’ and Kerala has adopted ‘Kerala Epidemic Diseases Corona

Virus Disease (COVID-19) Regulations’. Different rules and regulations in different states can tend to be highly confusing, especially for people who need to travel across the country. Every state can formulate State-specific laws but having a common integrated law will ensure that people would know the basic guidelines that need to be followed and adhered to. Every state can also use the law for formulating better state-wide policies. A lack of proper guidelines for maintaining quarantine has also made surveillance a major challenge in our country with many people flouting quarantine regulations and endangering the lives of others.

During this ongoing crisis, one of the major issues in India has been handling the aspect of social distancing and public gathering. For instance, Migrant Laborers have been working across the country and as India entered the lockdown phase, the country witnessed a mass reverse migration of the labor class who wanted to return to their homes in absence of any income. The fate of thousands of laborers was handed over to the respective District Authorities with very limited availability of resources. Lack of social distancing norms was evident in every state and there was a huge spike in the number of Corona Positive cases across the country. This incident draws a lot of attention towards the lack of coordination between the Union and the State during a health emergency. Had there already been any stringent provision that could address the subject of Inter-state migration (Entry 81 union list 1) during a crippling pandemic, this situation could have been dealt in a much safer manner.

After closing Liquor Shops across the country during the first phase of Lockdown, Government of India, after around 40 days of Lockdown, decided to open approximately 150 Government-run liquor shops. Unavailability of Alcohol for so long and the uncertainty of further restrictions prompted people to overcrowd in those shops and the social distancing norms went for a toss. The situation at some places around the country became so severe that platoons had to use mild force to control the crowd^{xxiv}.

Moreover, various incidents of Positive patients absconding were also recorded which is again a serious health risk and adds up to the negligence in handling cases and the strict penalty for the same^{xxv}. Despite MHA issuing the guidelines like “Not more than 50 people can attend a wedding”, instances of people flouting the rules came from various parts of the country. A noted example is the Bihar Wedding, which was attended by more than 400 people, and more than 100 People including the Groom, who died 2 days later, tested positive. Bihar then

reported the highest positive tested cases in a day in which 80% were reported from Palinganj District^{xxvi}.

While it was certainly commendable how the Police force has been tirelessly working to ensure the safety of the people, one cannot ignore the heartbreaking news that came from Thoothukudi, Tamil Nadu. The gruesome case that came to notice was the Custodial Death of a father and son, 2 shopkeepers in Tamil Nadu, who were taken in custody by Thoothukudi Police, for keeping their shops open beyond the permissible time^{xxvii}. An emergency like the current one, calls for a piece of legislation that would specify the powers of the authority working during an emergency and the extent to which they can exercise those powers. The current laws should address the changes and restrictions in Fundamental Human Rights Principles that have to be maintained when the Country is facing such an emergency.

Current laws also fail to highlight health measures that become mandatory to control the spread of diseases, like the distribution of vaccines/drugs, general public health response and protocols, and surveillance of the situation. Also, there are no specific provisions to deal with the storage, transportation, and disposal of bodies of patients who have died due to COVID-19. Across India, there were cases of gross negligence while taking care of the bodies of patients, and reports of insensitive treatment came from many families of such patients.

RECOMMENDATIONS TO THE GOVERNMENT AND LAW-MAKERS

- The National Health Bill 2009 which was proposed but which could not make its way to become an Act, needs a revisit. The bill addressed health as a fundamental right of the citizens and guaranteed that no citizen is to be denied health care under any circumstance. It focussed on establishing transparency on part of the health care team and clinicians by obliging them to provide all details regarding proposed treatment or alternative treatments to the patient or their family. Also one of its clauses covers the rights of the Health care providers as well. The bill also proposed for the establishment of National and State-level health care boards that would provide protocols and guidelines regarding various aspects of health and treatment. Also, Chapter V of the bill elaborated on mechanisms for

monitoring at the government and community levels.^{xxviii} In addition to that, it also prescribed a dispute resolution and redressal mechanism.

- The Public Health (Prevention, Control, and Management of Epidemics, Bio-Terrorism, And Disasters) Bill, 2017^{xxix} should also be revisited as it contains elaborative definitions of the terms- “Epidemics, Epidemic-prone Diseases, Isolation, Outbreak, Public Health Emergency, Public Health Emergency Of International Concern, Public Health Emergency Of National Concern, Quarantine, Social Distancing, Disinfection, Deratting, Decontamination” and so on.
- India has various laws like – Drugs and Cosmetic Acts, Indian Ports Act, Livestock Importation Act, some of whose provisions can be used for public health emergencies like the COVID pandemic. All it requires is to recognize and harmonize it into one comprehensive legislation.
- Rather than making amendments in the preceding laws, the government should focus on producing an overarching and robust piece of health law that should take into consideration, all the drawbacks it experienced during the current crisis. Firstly, the Act should contain a clear definition and categorization of diseases like –“Epidemic Diseases” and “Contagious Diseases”, to help determine the strict perimeters between the continuation of the usual laws and the emergency statutes. Secondly, during health emergencies, it is of foremost importance that the privacy right of the public should not get curtailed while implementation of the health law hence the act should maintain a balance between the privacy of its public and application of emergency laws. Also, the Government while responding through surveillance and data collection of individuals should balance the proportionality and reasonability on doing the same with strict non-disclosure policy and there should be provisions on collecting data, recording it, and deleting the personal data of public after the required work is over. Thirdly, the Act should create a body or an authority, with representatives of both the State and the Centre, to design and formulate quarantine guidelines, isolation measures, surveillance and contact-tracing mechanisms and for planning strategies regarding treatments and testings, in a proper harmonized manner for an effective result during Health Emergencies. Moreover, the Act should also

empower the authority to implement a logical and all embraced lockdown strategy, that would consider the disturbances in the aspects of migration of laborers, nonessential and essential commodities, food and medical supplies, and health care services, and will implement accordingly. Fourthly, there are penalties and punishments for only health care personnel but there should be punitive actions formulated for all frontline workers like – Police personnel, sanitation officers, social workers, etc. Also, there should be provisions in the Act to allow relief measures and financial supports to businesses, farmers, and local authorities during the time of economic distress, and there should also be provisions to safeguard animals and livelihoods, during a crisis. Lastly, the Act should empower the states to take required steps as per their local requirements and prepare health facilities to respond to challenges occurring at different levels in a state^{xxx}.

THE WAY FORWARD

India Government and lawmakers should take this as an opportunity to formulate an inclusive Health law that not just covers pandemics and epidemics but also considers other Health emergencies. The need of the hour calls for not just an inclusive law but also a responsible attitude from the citizens who are willing to cooperate and abide by the laws and guidelines formulated by the Government. With examples of global responses of other countries and recommendations mentioned, this article hopes that the government and the law-makers would come up with an comprehensive legislation that would not only help in post-pandemic situations but will ensure that the country is better equipped to handle emergencies like this in the coming future and setting up a great example for other nations to follow.

ENDNOTES

- ⁱ Jeffrey Gettleman and Sameer Yasir, India's Covid outbreak is now the World's Fastest-Growing, *The New York Times* (Aug. 28, 2020), <https://www.nytimes.com/2020/08/28/world/asia/india-coronavirus.html>.
- ⁱⁱ Special correspondent, Coronavirus|India's rise in cases third fastest globally, *THE HINDU* (JUNE 15, 2020 00:49 IST), <https://www.thehindu.com/news/national/coronavirus-indias-rise-in-cases-third-fastest-globally/article31829312.ece>.
- ⁱⁱⁱ The Epidemic Diseases Act, 1897, No.03, Acts of Parliament, 1897 (India).
- ^{iv} The India Penal Code, 1860, No.45, Acts of Parliament, 1860.
- ^v The Code of Criminal Procedure, 1973, No.02, Acts of Parliament, 1974.
- ^{vi} The Disaster Management Act, 2005, No.53, Acts of Parliament, 2005.
- ^{vii} The Essential Commodities Act 1955, No.10, Acts of Parliament, 1955.
- ^{viii} Press Release of Ministry of Health and Family Welfare (PIB), Promulgation of an Ordinance to amend the Epidemic Diseases Act, 1897 in the light of the pandemic situation of COVID-19 (Apr 20, 2020 10:14 P.M), <https://pib.gov.in/PressReleasePage.aspx?PRID=1617327>.
- ^{ix} The Epidemic Diseases (Amendment) Ordinance, 2020, No.5, Acts of Parliament, 2020 (India).
- ^x The Essential Commodities (Amendment) Ordinance, 2020, No.8, Acts of Parliament, 2020 (India).
- ^{xi} Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Inf Dis.* 20(5):533-534. doi: 10.1016/S1473-3099(20)30120-1, <https://coronavirus.jhu.edu/map.html>.
- ^{xii} Chloe Taylor, How New Zealand's 'eliminate' strategy brought new Coronavirus cases down to zero, *CNBC* (May 5, 2020 2:14 AM EDT), <https://www.cnbc.com/2020/05/05/how-new-zealand-brought-new-coronavirus-cases-down-to-zero.html>.
- ^{xiii} Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Inf Dis.* 20(5):533-534. doi: 10.1016/S1473-3099(20)30120-1, <https://coronavirus.jhu.edu/map.html>.
- ^{xiv} *Ibid.*
- ^{xv} Dhanusha Gokulan, Coronavirus cases in UAE to be treated free of cost, insurance not necessary, *Khaleej Times* (Feb. 6 2020 05:51 AM), <https://www.khaleejtimes.com/coronavirus-outbreak/coronavirus-cases-in-uae-to-be-treated-free-of-cost-insurance-not-necessary-->.
- ^{xvi} UAE announce \$5,500 fine for Coronavirus fake news, *Aljazeera* (Apr. 18 2020), <https://www.aljazeera.com/news/2020/04/uae-announces-5500-fine-coronavirus-fake-news-200418153715552.html>.
- ^{xvii} The Law Library of Congress, Global Legal Research Center, Legal Responses To Health Emergencies, file:///C:/Users/pur27120/Downloads/health-emergencies.pdf.
- ^{xviii} Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Inf Dis.* 20(5):533-534. doi: 10.1016/S1473-3099(20)30120-1, <https://coronavirus.jhu.edu/map.html>.
- ^{xix} Matthew Cranston, Australia's rescue package the world's biggest, bar one, *Financial Review* (May 6, 2020 3:46 p.m), <https://www.afr.com/policy/economy/australia-s-rescue-package-the-world-s-biggest-bar-one-20200506-p54qdc>.
- ^{xx} Coronavirus Act, 2020, chapter 7, https://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga_20200007_en.pdf.
- ^{xxi} Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Inf Dis.* 20(5):533-534. doi: 10.1016/S1473-3099(20)30120-1, <https://coronavirus.jhu.edu/map.html>.
- ^{xxii} Neo, Jaclyn; Lee, Darius: *Singapore's Legislative Approach to the COVID-19 Public Health 'Emergency'*, *VerfBlog*, 2020/4/18, <https://verfassungsblog.de/singapores-legislative-approach-to-the-COVID-19-public-health-emergency/>.
- ^{xxiii} COVID-19 (Temporary Measures) (Control Order) Regulations, 2020, <https://sso.agc.gov.sg/SL/COVID19TMA2020-S254-2020?DocDate=20200424>.
- ^{xxiv} Nayanika Sengupta, Social distancing in drain, unruly behaviour: Many liquor shops in Delhi shut after overcrowding, *India Today* (May 4, 2020 18:00 IST), <https://www.indiatoday.in/india/story/many-liquor-shops-delhi-shut-after-overcrowding-1674281-2020-05-04>.
- ^{xxv} HT Correspondents, Fleeting patients pose a huge risk, *Hindustan Times* (Mar 15, 2020 06:44 IST), <https://www.hindustantimes.com/india-news/fleeting-patients-pose-a-huge-risk/story-wmjHq6WZpJluh4uCQQvDJN.html>.
- ^{xxvi} Bihar's super-spreader wedding was attended by 400 people; 200 at groom's cremation, *Hindustan Times* (Jul 02, 2020 12:55 IST), <https://www.hindustantimes.com/patna/bihar-s-super-spreader-wedding-was-attended-by-400-people-200-at-groom-s-cremation/story-zY3a6sS7LO9teFUzFIbDqK.html>.

^{xxvii} Pragadish Kirubaran, Uproar In Thoothukudi Over Custodial Death Of 2 Traders, #JusticeForJayarajAndFenix Trends, R.RepublicWorld.Com(27th June, 2020 09:24 IST), <https://www.republicworld.com/india-news/law-and-order/thoothukdi-justiceforjayarajandfenix-custody-death-tamil-nadu.html>.

^{xxviii} National Health Bill,2009, https://www.prsindia.org/uploads/media/Draft_National_Bill.pdf.

^{xxix} The Public Health (Prevention, Control And Management Of Epidemics, Bio-Terrorism And Disasters) Bill, 2017, <https://www.prsindia.org/uploads/media/draft/Draft%20PHPCM%20of%20Epidemics,%20Bio-Terrorism%20and%20Disasters%20Bill,%202017.pdf>.

^{xxx} Amar Patnail & Nikhil Pratap, India needs a new epidemic control and management law, Hindustan Times(May 21, 2020 09:48 IST), <https://www.hindustantimes.com/analysis/india-needs-a-new-epidemic-control-and-management-law/story-cglkPZb9OCLWObjFqk2uO.html>.

