Indian Laws during COVID-19 Pandemic: Implications to Health and Management

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Authors’ contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

ABSTRACT

Introduction: 2019 corona virus disease (COVID-19), a respiratory disease caused by a new corona virus (SARS corona virus 2, also known as novel corona virus) in China, has spread and attracted worldwide attention. The WHO declared the outbreak of COVID-19 a global public health emergency on January 30, 2020. Following the 2002 corona virus (SARS-Corona Virus) and the 2012 MERS Corona Virus, the virus SARS corona is the third most infectious disease and the largest corona virus that caused human outbreaks in the 20th century.

Aim: To assess the Indians law that affects or supports the Indian citizen with present scenario of Pandemic.

Conclusion: Coronavirus has called for a mixed response in India. The answer includes a host of regulations, guidelines, services, and administrative structures, as well as public and government warnings. As the demands of government action grow, the Passivence Sicknesses Act has become a topic of discussion. Instead of establishing a comprehensive health care system, the Pestilence

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Infections Act allows states to take special measures in response to serious infectious diseases. The law gives the public a broad mandate to participate in oppressive actions against citizens within this limited framework.

Keywords: COVID-19 pandemic; corona virus in central India, Indian disaster management acts; Supreme court India; Law decisions.

1. INTRODUCTION

In China, 2019 corona virus disease (COVID-19), a respiratory disease caused by a new corona virus (SARS corona virus 2, also known as novel corona virus), has spread and attracted worldwide attention. WHO announces COVID-19 outbreak as a global public health emergency on January 30, 2020 [1].

To control the Coronavirus (COVID-19), various strategies such as subsequent contact, social isolation, and isolation are used worldwide. State policies undermine human sovereignty, rights and dignity on a regular basis. We allow this interference, which is legal, to enable the State to choose to intervene in the event of a valid concern for non-public persons [2].

The current article examines the legal status of the response to the threat of COVID-19, with a focus on the Epilepsy Act of 1897. On the other hand, experts in the field of government experience continue to believe that the law is sufficient and that no adjustments are needed [2].

The role of the Law within the legal framework for the response of COVID-19 is discussed in this article. The level of State control used in leadership is assessed to determine whether the guidelines and legal framework of COVID-19 should be reviewed.

2. THE COMPONENTS OF THE COVID-19 REACTION

General health and sanitation are the responsibility of local government and local government under the Constitution of India, and the federal government regulates the separation of ports, between state transport and segregation. In India, general welfare services are available in only about eight provinces and meeting places [3].

The Union government is taking a variety of steps to prepare for and react to the COVID-19 pandemic. There are the following:

- It gathered its powers in January under the Disaster Management Act of 2005 to improve COVID-19 preparation and control at emergency clinics. The states were able to use funds from the State Disaster Response Fund on COVID-19 after portraying the pandemic as a disaster.
- The Ministry of Health advised states in March to make preparations for Section 2 of the Epidemic Diseases Act of 1897.
- India, as a signatory to the 2005 Global Health Regulations (IHR), must provide an effective health response to the spread of disease worldwide. The Integrated Disease Control Program contains this (IDSP).

3. THE ROLE OF THE PANDEMIC INFECTIONS ACT, 1897

The Pestilence Sicknesses Act of 1897 was intended to activate government machinery in the event of a significant threat of a dangerous scourge disease, not as a code for establishing overall population health structures [4].

Legal agreements are usually pure. Divided into four parts, each gives the government greater power. Local governments work to prevent potentially dangerous outbreaks of disease, a concept not defined in the law. Ships or vessels leaving or arriving in India are controlled by the government. While it is not allowed to be ignored by government officials in the exercise of their constitutional capacity, non-compliance with the guidelines is considered an innocent offense.

While revealing the historical background of infectious diseases in India, it was noted that in deciding exhibitions and treatments to fight epidemics, government officials desperately needed to ensure sterile landmark consensus, ensure trade, and reduce any overseas concerns about the potential spread of disease or cholera outside India [5].

The law is described by David Arnold as “quite possibly the most draconian bits of clean enactment ever obtained in pioneer India. Mandatory detention of plague associates,
obliteration of houses and infected land, real evaluation of individuals, and prohibition of fairs and journeys were among the acts that were welcomed by study.

This has strengthened the doubts of the Indian people and their opposition to the government’s actions. As a result, Arnold notes that the pilgrim government changed its moderate balancing system, such as raising awareness about disinfection, enforcing deliberate measures, and establishing clinical research institutes [6].

4. THE FORCE OF STATES DURING A PANDEMIC

This enables them to use Non-Drug Mediations (NDMs) to control the spread of the epidemic without resorting to antiretroviral drugs. To date, these NPIs have included the closure of educational institutions, shopping centres, and colleges, as well as reminders of fun segregation and home segregation and segregation orders [7].

Regardless, part of the administrative arrangement gives government officials broad powers. Government guidelines, such as the Bihar Pandemic Infections Coronavirus Guidelines 2020, the Uttar Pradesh Plague Illnesses Coronavirus Guidelines 2020, and the Delhi Scourge Sicknesses Coronavirus Guidelines, 2020, empower public officials to provide and limit individual cases.

Officials are often assigned troops to look after citizens and private areas. The Local Authority has the authority to enforce a floor lock. In addition, free speech is controlled by prohibiting anyone from disseminating information about Coronavirus without first obtaining permission from the public authorities, in order to prevent the spread of false information [8].

While any of these powers should work in a dignified manner to ensure the safety of the general public, the consequences of extreme actions can be frightening.

The current Coronavirus guidelines enable countries to practice coercive practices similar to those tried by the provincial government. Growth, free speech, faith, calling, and protection are all hampered by these activities. The restrictions are legal to the extent that they are necessary and in line with the real situation.

Given the concept of a pandemic, which necessitates broad state observation and power, these should be changed by comparing keeps an eye on the use of state power to ensure people’s rights [8].

However, procedural certificates that violate the State’s impedance for the protection of individuals are not permitted under parental law. For example, the law does not define or provide a definition of a serious infection.

As a result, citizens face unnecessary neglect and coercion in government. Citizens were previously obliged to apply to the courts to direct the State to take certain action or to protect themselves from oppressive State actions. The state can use the law to disclose personal information, classify it into larger groups, and then focus on them. Despite all of this, members of the community in which they work are subject to legal restrictions. For this reason, the law emphasizes open interest while eliminating any procedures to prevent abuse of its powers. As a result, the Scourge Infections Act does not end the testing of appropriate limits on basic human right to safety.

5. THE REQUIREMENT FOR A LEGITIMATE SYSTEM FOR PANDEMIC READINESS AND REACTION [9]

The Pandemics Disease Act does not use state power to change human rights. In any case, the government official will provide guidelines for drawing lessons we can learn from the past and from existing practices. Coronavirus’ new recommendations should be revised to remove the protection from illegal activities approved by the government.

The legal framework for infectious diseases, based on reasonable care in protecting public health, is essential to increasing government visibility and accountability to the general public. The Catastrophe Executives Act, 2005, is an example of a formal legal system governing the process in India. The law establishes community, national and local experts. The work of the organization and government of the country is then explained under various services. The law also includes provisions to limit working hours by establishing organizations, financial units, and accountable employees.
Rather than providing government authorities/divisions with immunity, the legislation requires them to act lawfully. Legitimate resistance is only granted in specific situations, such as high-confidence behavior and warning correspondence [10].

Additional attention is paid to the actions of public officials in preventing divisions while providing assistance, considering a salary installment for the parties involved in the search for property or buildings, and the dissemination of annual reports by law enforcement experts.

While some rapid developments in administrative action may aid India's response to Coronavirus, more important changes are needed to balance health protection and general freedom.

India's health system is surprisingly fragmented. The Disease Act is one of the many prayers for the well-being of India. The only purpose of the law is to allow provinces to take normal measures in the event of a deadly disease. At the time of the catastrophic explosion, it does not establish any communication between the regions and the coalition government. Under this law, the role of a coalition government (such as the separation of ports) is also unimportant [11-12].

Without discrimination, Article 253 of the Constitution empowers the federal government to enact legislation that will apply to the World Health Organization's Global Welfare Guides guidelines, which require the establishment of instruments to prevent, reduce, monitor and control the spread of disease worldwide.

When the law is made for India, you must pass the High Court examination [13-14].

6. CONCLUSION

Coronavirus has called for a mixed response in India. The answer includes a host of regulations, guidelines, services, and administrative structures, as well as public and government warnings. As the demands of government action grow, the Passivence Sicknesses Act has become a topic of discussion. Instead of establishing a comprehensive health care system, the Pestilence Infections Act allows states to take special measures in response to serious infectious diseases. The law gives the public a broad mandate to participate in oppressive actions against citizens within this limited framework.

Under this rule, Indian states have been told of Coronavirus guidelines. There are unrestricted powers of reconnaissance and power utilization assigned to state specialists. While such powers are envisioned to be used for the purpose of securing the populace's strength, neither the law nor the rules that accompany it depict procedural safeguards against state coercion.

Using examples from Indian states and previous application of the guidelines, it is demonstrated that states can realign their Coronavirus guidelines to change people's rights with their own force. This is important because crisis-related indicators of general well-being necessitate local community trust and cooperation.

Instead of a response process currently divided into projects and activities, a complete formal framework for disease preparation and response is required to order using a agreed-upon procedure in the future.

This is necessary in order to increase the authority of public officials over its relatives. It is important that such legislation is enacted by the federal government while still allowing countries to implement their general health system.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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