

Deterrence or danger?

India does not gain anything by escalating the nuclear arms race in the region with INS Arihant



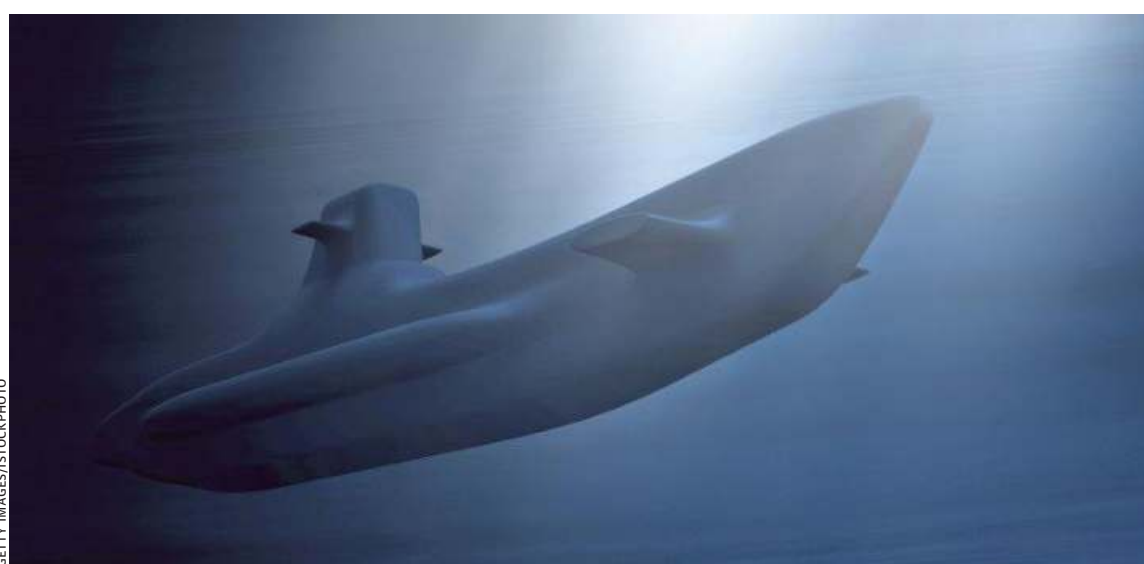
CHINMAYA R. GHAREKHAN

The indigenous nuclear submarine, INS Arihant, is a great achievement for India. The Indian Navy, its engineers and scientists have done us immensely proud. But it might not be inappropriate to ask: Will Arihant make us more secure, and if so, in what way?

It has been universally recognised that the sole justification for having nuclear weapons is their deterrence value. If ever a nuclear bomb has to be used, it has destroyed its raison d'être. The initiation of a nuclear attack would mean utter destruction, not just for the two parties involved but also for regions far beyond. The Americans got away with their bombing of Hiroshima and Nagasaki, however controversial it was, because they had a monopoly of nukes at the time. Today, the situation is vastly different and far more dangerous. If nuclear weapons fail to deter the outbreak of war involving use of such weapons, they have disastrously failed in their deterrence mission.

A nuclear triad

The major nuclear weapon powers, principally the U.S., have developed the myth of a nuclear triad, that consists of land-based, air-based and sea-based nuclear delivery systems. The theory is that if country A initiates a nuclear attack on country B in a first strike, country B must be in a position, even after absorbing the nuclear strike, to retaliate with a massive nuclear attack on the enemy country. This is called second strike capability. In the event that country A manages to destroy the land and air-based nukes of country B, country B will still have its third leg in the shape of sea-based nuclear-tipped missiles, called SLBMs or submarine-launched ballistic missiles, for use against country A because the sea-based missiles, launched from nuclear-powered submarines, would have remained undetected and hence safe from enemy attack. Thus, the rationale for the naval leg of the triad is its survivability. Essentially, the argument in favour of the naval



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leg is not that it makes the deterrent more credible, but that, as mentioned above, it will survive for retaliation.

In the event that an enemy initiates a nuclear strike, it will never be able to destroy all the land and air-based nuclear weapons of the target country. Again, the enemy might attack population centres and not nuclear weapon sites; in that case, all the nukes of the target country would be available for retaliation. In either case, the deterrence capability of the target country would remain intact. If the possession of the naval leg were to deter the enemy, ab initio, from initiating a nuclear launch, it would add to the deterrence value. Survivability by itself does not appear to make deterrence more credible.

If the hostilities reach the threshold where a country may consider using nuclear weapons, it would be preceded by a period of conventional warfare. The enemy would also have to reach the conclusion that unless he uses his nuclear weapons, he would suffer a defeat that he simply cannot afford to let happen. A conventional conflict itself will not start before several days of negotiations, including possible mediation by external powers and the UN Security Council. Even a small incident involving India and Pakistan would immediately invite big powers to rush in and mediate pull-back of forces, etc. Whether the external interventions succeed or not in preventing a major war, the target country would have ample time to disperse its land and

air-based nuclear assets. The naval leg does not seem indispensable.

The case of Pakistan

Let us take Pakistan. One does not know if it has a nuclear doctrine, but even if it does not have one, that by itself does not make it an irresponsible nuclear power. Pakistan has rejected the no-first-use policy and has in fact said that it would not rule out using nukes if it felt compelled to do so in a war. It claims to have so-called tactical nuclear weapons which can presumably be used in a battle field. Pakistan, in other words, keeps the option of using nuclear weapons first as a deterrent against a conventional attack by India. India's stand is clear. Any use of nuclear weapon, tactical or otherwise, will invite massive retaliation by India which would have disastrous consequences for Pakistan. (Will India remain unaffected by radiation, etc? Can we guarantee that the winds will not blow in our direction? The radiation, debris, heat, blast, etc will be carried well beyond the belligerents' borders.) So, even assuming that we will have the political and moral will to unleash the full force of our nukes, how does acquiring SSBNs or a nuclear-powered ballistic missile submarine make our deterrent more credible?

Since Pakistan is still a long way away from having the naval leg of the triad, would not our land and air-based nukes be enough of a deterrent? Is it conceivable that after destroying each other's land and air-based nuclear platforms, either country will have even the need to

bring into play its naval leg? And, if and when Pakistan does acquire the third leg, which it is bound to sooner or later, even if it has to 'eat grass', will it then make the nuclear equation more stable and make each country's deterrent more credible? We may not admit it, but we are engaged in a nuclear, and conventional, arms race, exactly the same way the superpowers were during the Cold War era.

China is far ahead of India in many respects. It has more warheads and more nuclear-powered submarines. Both India and China have repeatedly declared adherence to the no-first-use doctrine. So where is the justification for acquiring the naval leg of the triad? We have a territorial dispute with China, but both countries have acquired enough experience to manage and contain the conflict. It is reasonably safe to say that there will not be an all-out war involving the use of nuclear weapons between India and China.

One of the arguments in the 1960s and 1970s in favour of atom bombs was that they would be cheaper in the long run. That has not happened. The acquisition of expensive conventional platforms as well as the ever expanding nuclear programme has destroyed that argument. India has been in the forefront in campaign for nuclear disarmament. Let us not at least escalate a nuclear arms race in our region.

Chinmaya R. Gharekhan, a former Indian Ambassador to the United Nations, was Special Envoy for West Asia in the Manmohan Singh government

Lessons from Kerala

Its experience could help achieve the objectives of the Astana Declaration on primary care



RAJEEV SADANANDAN

Last year, in October at Astana, Kazakhstan, world leaders declared their commitment to 'Primary Care'. They were reaffirming what their predecessors had done in Alma Ata in 1978. The Alma Ata Declaration, as it was called, had been criticised as wishful thinking without a clear road map on strategies and financing – an allegation that could be levelled against the present declaration too.

In 2016, Kerala had, as part of the Aardram mission to transform health care, attempted to re-design its primary care to address the current and future epidemiological situation. Lessons learnt from Kerala's experience could provide insights into what needs to be done to ensure the objectives of the Astana Declaration do not remain a statement of pious intentions in India.

The Astana Declaration would "aim to meet all people's health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care". A representative list of primary care services are provided: "including but not limited to vaccination; screenings; prevention, control and management of non-communicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and sexual and reproductive health".

The Kerala experience

In the revamped primary care, Kerala tried to provide these services and more with mixed results. These services cannot be provided without adequate human resources. It is nearly impossible to provide them with the current Indian norm of one primary care team for a population of 30,000. Kerala tried to reduce the target population to 10,000. Even the reduced target turned out to be too high to be effective. Kerala's experience suggests that providing comprehensive primary care would require at least one team for 5,000 populations. This would mean a six-fold increase in cost of manpower alone. Since supply of more human resources would generate demand for services, there would be a corresponding increase in the cost of drugs, consumables, equipment and space. So a commitment to provide comprehensive primary care – even in the limited sense in which it is understood in India – would be meaningful only if there is also a

commitment to substantially increase the allocation of funds. It is sobering to remember that most successful primary care interventions allocate not more than 2,500 beneficiaries per team.

Providing the entire set of services, even if limited to diagnosis and referral, is beyond the capacity of medical and nursing graduates without specialised training. Practitioners in most good primary care systems are specialists, often with postgraduate training. The Post Graduate Course in Family Medicine, which is the nearest India has to such a course, is available in very few institutions. If the services are to be provided by mid-level service providers, as is planned in many States, building their capacity will be even more of a challenge. It would be a long time for this to be built. Kerala has tried to get over this through short courses in specific areas such as management of diabetes mellitus, hypertension, chronic obstructive pulmonary disease, and depression.

The primary care system will be effective only when the providers assume responsibility for the health of the population assigned to them and the population trusts them for their health needs. Both are linked to capacity, attitude and support from referral networks and the systemic framework. It will not be possible unless the numbers assigned are within manageable proportions. Access to longitudinal data on individuals through dynamic electronic health records and decision support through analysis of data will be helpful in achieving the link.

Discussion on primary care in India focuses only on the public sector while more than 60% of care is provided by the private sector. The private sector provides primary care in most countries though it is paid for from the budget or insurance. The private sector can provide good quality primary care if there are systems to finance care and if the private sector is prepared to invest in developing the needed capacities. Devising and operating such a system (more fund management than insurance though it can be linked to insurance) will be a major challenge but a necessary one if good quality primary care is to be available to the entire population. Negotiations to set up such systems in Kerala are only at the initial stage.

Achieving Universal Health Coverage – one of the Sustainable Development Goals to which India is committed – is not possible without universal primary health care. The experience of Kerala in transforming primary care reveals the steepness of the path India will have to cover to reach the goals committed to in the Astana Declaration.

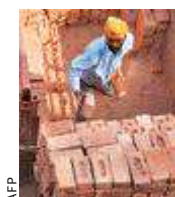
Rajeev Sadanandan is Health Secretary, Kerala. The views expressed are personal

SINGLE FILE

Breaking the stranglehold

There is scant focus on India's secret shame: bonded labour

MOHIT M. RAO



Last year, on December 22, an incident of bonded labour reached the national headlines, even if only for a fleeting moment. BJP president Amit Shah tweeted on the subject. A week earlier, 52 trafficked labourers had been rescued from a ginger farm in Karnataka where they had been made to work inhuman hours

with little pay. Yet, for the most part, both the mainstream discourse and social media commentary miss the underlying phenomenon: bonded labour, India's secret shame.

The practice was abolished under the Bonded Labour System (Abolition) Act, 1976 after the issue found a place in the Emergency-era's 20-point programme. Four decades on, independent surveys and State government-led committees still point to its myriad forms. The Global Slavery Index 2016 estimated there to be 1.8 crore Indians in modern slavery, including bondedness, while the International Labour Organisation said there were 1.17 crore bonded labourers in 2014.

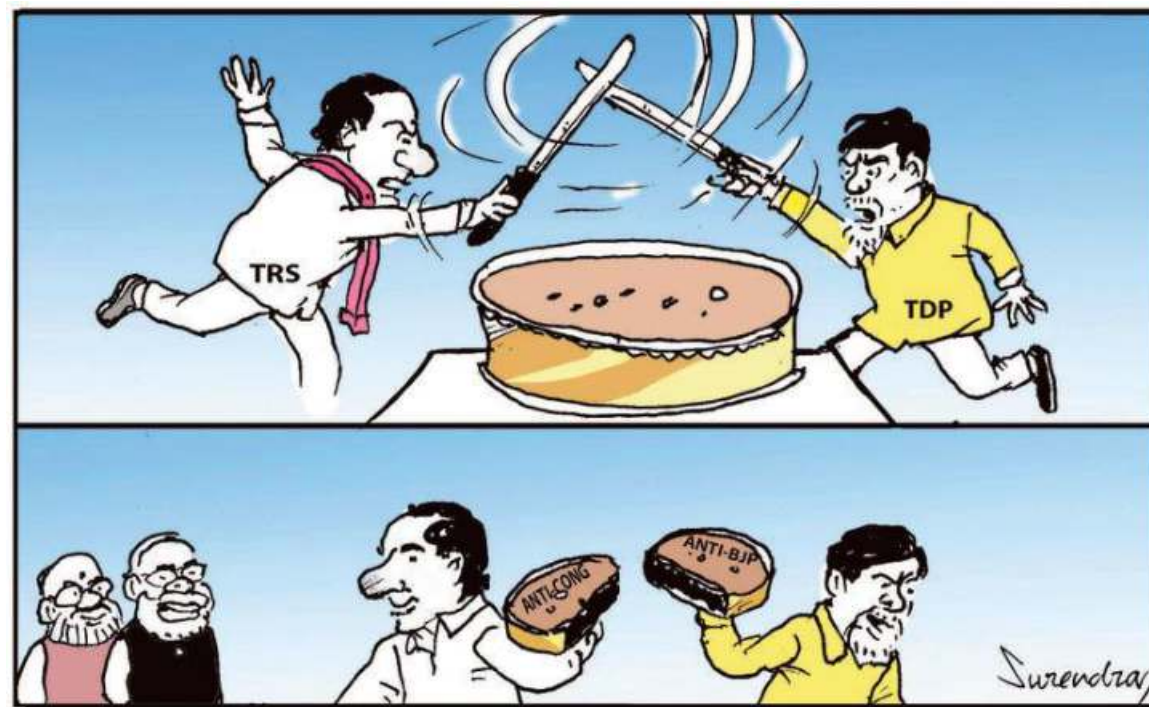
However, there has been no government-led nationwide survey since 1978, despite each district having been given ₹4.5 lakh for such surveys. Instead, the government relies on rescue and rehabilitation numbers: Since 1976, over 3.13 lakh people have been rescued, with Karnataka topping the list (nearly 66,300 people). This does not reflect the extent of the prevalence of bonded labour, as most labourers are not aware of the Act and turn to the authorities only when it becomes overtly violent.

Moreover, National Crime Records Bureau data show that not all cases are reported by the police. Between 2014 and 2016, they recorded just 1,338 victims, with 290 police cases filed – a stark difference from 5,676 rescues reported by six States in this period.

This becomes important given the structure of the disbursement of rehabilitation funds: ₹20,000 is given as immediate relief while the rest (which depends on the case) is given only after conviction of the accused. In these three years, only 28 cases (of the 334 in trial) saw judicial resolution, resulting in a conviction rate of just 32%. It is no surprise that the Centre has had to spend just ₹7.65 crore on rehabilitation in this period. Some patterns emerge. Traffickers continue to source labour in socio-economically backward districts, an example being Bolangir in Odisha. Tribals and Dalits remain vulnerable. Advances and small loans accompanied by promises of steady pay are tools of entrapment. Brick kilns, quarries, horticulture farms, shoe and plastic factories in metropolises are venues for this practice.

The Ministry of Labour says, "The root of the problem lies in the social customs and economic compulsions," before listing a "multi-pronged" strategy which focusses solely on rescue and rehabilitation processes. However, a preventive measure, which must start with a survey, is missing. Creating financial access for vulnerable communities/vulnerable districts could help. Further, regulatory attention must focus on trafficking rings and sectors.

The writer is a Principal Correspondent at The Hindu's Bengaluru bureau



FAQ

All along the coastline

Breaking down the new Coastal Regulation Zone Notification

G. ANANTHAKRISHNAN

What changes will the notification bring?

The Cabinet has approved a significant relaxation of development controls along the coastline through the Coastal Regulation Zone (CRZ) Notification 2018, as part of a plan to encourage construction of buildings and launch tourism activities in areas that are closer to the high tide line. State governments and others had made representations, calling for a review of coastal management policies. Recommendations for changes were then made by the Shailesh Nayak Committee.

The Centre has taken the view that both affordable housing availability and tourism will grow if restrictions on coastal zones are relaxed. With this objective, a decision has been taken to permit current Floor Space Index

(FSI) or Floor Area Ratio (FAR) in urban areas coming under CRZ-II – which governs the size of buildings – as on the date of the new notification. This does away with the restrictions on construction which date back to the Development Control Rules of 1991. The CRZ-II urban category, as per the CRZ notification of 2011, pertains to areas "that have been developed up to or close to the shoreline", and are legally designated municipal limits already provided with roads, water supply, sewerage connections and so on.

What about rural areas?

For rural areas, the newly approved notification adds a sub-category to CRZ-III. The new provision, CRZ-III A, applies development restrictions to a much smaller area of 50 metres from the high tide line, compared to the 200 metres that was earmarked as the no development

zone (NDZ) earlier for densely populated areas. These are defined as places with a population of 2,161 per sq km as per the 2011 Census. Areas with a population density below that will continue to have 200 metres as the NDZ.

However, for tourism expansion, the new scheme will allow temporary facilities such as shacks, toilet blocks and changing rooms, maintaining only a slim margin of 10 metres from the high tide line.

The system of granting clearances has also been changed. States will have the authority to approve proposals for urban (CRZ-I) and rural (CRZ-III) areas. The Ministry of Environment, Forests and Climate Change will grant clearances for ecologically sensitive areas (CRZ-I), and areas falling between the low tide line and 12 nautical miles seaward. The modifications also include demarcation of a 20-metre

no development zone for all islands and guidelines to deal with sensitive areas.

What will be the likely impact?

When the draft of the new CRZ notification was published in 2018, concerns were raised that it ignored two major issues: maintaining a well demarcated hazard line and factoring in the effects of climate change on sea levels. The disastrous impacts of periodic cyclones show that coastlines will become even more vulnerable.

Protection of fishers poses a challenge, since the relaxation of development controls could subject them to severe commercial pressures. The decision to allow construction and tourist facilities closer to the coast may boost employment and grow local business, but without strong environmental safeguards, these could damage fragile ecosystems.

FROM The Hindu. ARCHIVES

FIFTY YEARS AGO JANUARY 3, 1969

Scope for India-Iran cooperation

The Shah of Iran said to-night [January 2] there were tremendous possibilities of co-operation between Iran and India and "we must seek to develop it to the maximum possible extent." Responding to the toast at the State banquet here [New Delhi], he stressed the importance of regional co-operation. "Those who need assistance must be helped." The Shah traced the historical and cultural ties between the two countries which, he said, "are one of the most ancient of their kind in the world." Referring to the present relations between the two countries, he said the approach of Iran and India to almost all the problems was very similar. "We attach importance to the dignity of the human being and the freedom of man. It is but natural that, bound by ties of the past and the present, we are seeking closer friendship." The President, Dr. Zakir Husain, described the visit of the Shah to this country as "a milestone" in Indo-Iranian relations and expressed the "confident hope" that it would renew not only the ancient ties between the two countries but "will also beckon towards a common exercise in the practice of modern ideals of Government."

A HUNDRED YEARS AGO JANUARY 3, 1919.

Tea Trade in England.

The Indian Tea Association announces [in London] that the Food Ministry has arranged that licences shall be freely issued for private import of tea provided that no portion of the tea is sold for home consumption and at least fifty percent of importations are offered to Food Ministry. Subject to grades, FOB prices will be as follows: India and Ceylon will be equivalent to present contract prices. Java Sumatra and Nyassa land will be analogous to Indian contract prices. China and Formosa prices will be determined by Food Ministry in consultation with the trade within the limits of eight pence for fair common leaf to two shillings for the finest tea at the present rate of exchange on the basis that FOB costs and prices will be paid by Food Ministry for their purchases of three million pounds. Tea not taken by the Ministry will be free for re-export without limitation of price subject to export restrictions. Quantities of tea which are at present available for re-export to blockaded countries are very small.

CONCEPTUAL

Sexual dimorphism

BIOLOGY

This refers to the various prominent differences in the physical characteristics of males and females of the same species apart from just their primary reproductive characteristics. These differences may include size, colour, shape, cognitive abilities, and various other distinct characteristics. Sexual dimorphism, which is prevalent across various species, has been attributed by scientists to the process of sexual selection. It is believed that males or females with certain characteristics may have been favoured by the opposite sex. This might have caused genes responsible for these characteristics to be passed on to future generations, thus magnifying differences between the sexes.

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<http://bit.ly/Sabarimalawomenentry>