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In these times of the Covid-19 pandemic, hill areas of the North-eastern region were the first to voluntarily enforce a lockdown and people had taken steps quite early on to implement community quarantine at the village level. When the first case of the novel coronavirus was reported in the North-east from a foreign returnee student of Manipur on 24 March, many localities and villages in Manipur closed the roads leading to their habitations.

As the Government of India eased lockdown rules from 4 May to allow stranded migrant workers and students in different parts of the country to return home, villages in different parts of the hills voluntarily built makeshift huts to act as community quarantine centres for home returnees. Such initiatives were undertaken without any official intimation by the authorities.

They were born from a sense of social responsibility placed upon themselves by villagers when the existing state infrastructure seemed insufficient to quarantine all the expected returnees. Acknowledging that, the Tuibong Sub-Divisional Officer in the southern district of Manipur requested each village to establish infrastructure for community quarantine centres, while the Kangpokpi Deputy Commissioner issued a "Protocol for community quarantine centre" for the district.

Two months after the lockdown was enforced, domestic flights in India resumed on 25 May, with the observance of travel guidelines issued by the Union ministry of health and family welfare. The Union minister of civil aviation, Hardeep Singh Puri, while requesting travellers to strictly follow "self-regulatory norms", questioned the need for quarantine of air passengers if their Aarogya Setu app showed a green status.

Various hill communities in the North-east decided on that day to reject the home quarantine guideline. An "order" was placed to keep all travellers in community quarantine centres set up and managed by each village. It warned that strict action will be taken against anyone defying the order.

Such measures taken by hill communities are not surprising given their deep cultural understanding of contagious diseases, which were controlled in the past with stringent traditional public health measures.

Quarantine in the days of yore

In the cultural universe of indigenous peoples of the highlands in the North-east, incurable communicable diseases were dealt with extreme caution, except among those who took it as divine intervention. In the days of yore, a close relationship was placed between religion and sickness. For instance Bivar says, "The Khasi religion may be thus briefly defined as forms used to cure diseases and to avert misfortunes, by ascertaining the name of the demon, as the author of the evil, and the kind of sacrifice necessary to appease it." In the Mikir or Karbi culture, Edward Stack writes, "To kill for oneself (a fowl) for disease means to prevent evil by sacrifice." There was, thus, a causal relationship where an evil spirit was believed to be the cause of all sickness. Traditional rites were performed to propitiate the evil spirit and heal diseases.

Outbreaks of contagious diseases were not uncommon in the past. It became intense with the world getting more connected during the 18th and 19th centuries, when European traders explored and colonised the indigenous world. Imperialists brought with them diseases hitherto unknown to the



Trusting indigenous experience

In the hills of the North-east, lockdown and quarantine measures primarily stem from the time-honoured cultural understanding of communicable diseases and epidemics

indigenous peoples. During such times, it is recorded that strict measures were adopted to control communicable diseases such as cholera, small pox and leprosy.

In his ethnography of the Lushei Kukis, J Shakespear gives an account of how contagious diseases were dealt in the Lushai Hills more than a century ago. He writes, "The appearance of cholera, or any similar disease, is a signal for evacuation of the village. The sick are abandoned and the people scatter, some families taking up their abode in the jhum huts, others building huts in the jungle. The neighbouring villages close their gates to all incoming from the infected neighbourhood, and to terrify the Huai, who is supposed to be responsible for the epidemic, a gateway is built across the road leading to the stricken villages, on the sides and arch of which rude figures of armed men made of straw with wooden spears and dahs are placed. A dog is sacrificed and the shreh are hung on the gateway."

Similarly among the Semas, John Henry Hutton writes, "In common with other Nagas, the notion of isolation in case of epidemic diseases is familiar to the Semas. A village in which an epidemic is raging is 'put out of bounds,' and a man visiting it is severely dealt with by his fellow villagers. In such epidemic the Semas used disinfectant, which is made of a collection of dung and burnt inside the house, and the smoke of such fire is believed to keep away the spirit of the sickness."

In the Chin Hills, bordering Manipur and Mizoram, Carey and Tuck also reported that "there are two epidemics known in the hills, cholera and small pox; at the first appearance of either a hue-and-cry is raised, and the whole village breaks up, each household going to its own cultivation hut in the fields; the people thus being scattered miles of hillside, the contagion is usually checked. When a village

becomes affected it is put to quarantine by all other villages and sentries are posted on the roads, and a man from an affected village would be assuredly shot if he attempted to approach another village. Smallpox claims more victims than cholera; it rarely occurs, but when it does it decimates the population."

In the Garo Hills, Alan Playfair writes about how the Garos handle a corpse that was infected with leprosy, "A leper is never burned, but is buried instead. In former days, a leper was isolated from his people, and when in the last stages of the disease made very drunk. His house was then set on fire, and he and all that he possessed were destroyed. When dealing with certain other wasting diseases, an even more barbarous method was adopted. The sick man was taken far away into the jungle, and left there with a basket of food and the means of cooking it. When this food was exhausted, the wretched man simply died of starvation."

In the hills of Manipur, Macculloch writes about the Kukis thus, "In their own hills, the Khongjais describe themselves to have been most healthy, and unacquainted with several diseases from which since their arrival in these parts they have suffered fearfully. The small pox has done fearful havoc amongst them, and should that disease or the cholera appear in a village, it is scattered more effectually than it would be by an attack of its southern enemies. He is put away by people who have had the disease into the jungle by himself, some food and water are placed beside him, and he is left to Providence."

Interestingly, in the Jaintia Hills, PRT Gurdon records that "the small pox is believed to be a goddess, and is revered accordingly. Syntengs regarded small-pox infection as an honour, calling the marks left by the disease as the 'kiss of the goddess'; the more violent the attack and the deeper the marks, the more highly honoured

is the person affected." Gurdon also mentions about how a certain Mr Jenkins further explains it in this regard, "When the goddess has entered a house, and smitten any person or persons with this disease, a trough of clean water is placed outside the door, in order that every one before entering may wash their feet therein, the house being considered sacred."

Furthermore, he also elucidated how a Mr Rita "mentions cases of women washing their hair in water used by a small-pox patient, in order that they may contract the disease, and women have been known actually to bring their little children into the house of a small-pox patient, in order that they may become infested and thus receive the kiss of the goddess."

In the Khasi-Jaintia Hills, "If a person, dies of cholera, small pox, or other such infectious or contagious disease, the body is buried, but is dug up again and burnt with all the customary rites when fear of infection or contagion is over."

Quarantine in folklore

The folklore of indigenous peoples in the highlands of North-east India reflects social realities of the past. The tale of Nanglhun and Jonlhing in a Kuki folktale embodies quarantine measures prevalent during the days of yore. The cross-class story of Nanglhun and Jonlhing is an uphill journey of eternal love between a rich and beautiful woman and a lover from a poor family, in a society largely believed to be egalitarian. With an exceedingly large number of suitors from near and yonder, Jonlhing, filled with pride of her beauty, sang a ballad, "O! heavenly sun, shines I brighter than thou; softer than the green grasses in the meadow." After singing such a song, she became a leper.

To prevent the spread of leprosy to other people, the village elders quickly quarantined her outside the village in a makeshift hut. She was regularly supplied with food by her fami-

ly but disallowed close contact. Her lover Nanglhun could only converse with her following social distancing. Not allowed to attend the traditional festival and feast of the village youths, Jonlhing came to a realisation and composed another ballad, "O! heavenly sun, none is above thee in the sky; on earth no beauty is above me." Her leprosy healed and she was taken back to the village.

Community quarantine centres

The voluntary construction of makeshift camps by several villages in the hills of Manipur is a traditional public health instinct of the hill men. The cultural past still shapes a lot of the present social beliefs and practices and therefore instructs them to take drastic public health measures and be vigilant. The success of the indigenous peoples in this effort, so far, is due to their diligence in implementing the cultural response to epidemics -- the lockdown, quarantine measures and intricate social distancing norms, which are integral aspects of contagious disease control.

The psychological human casualties during such unprecedented times are met with the invocation of the traditional sensibilities. To address the melancholy and emotional stress of those in quarantine, relatives and friends are permitted to visit for a cheerful conversation with strict adherence to social distancing norms, which was indeed a very well understood cultural practice from the past.

Modern medicine and healthcare practices arrived about a century ago among indigenous communities of highland North-east India. Yet folk medicine and traditional healthcare methods are still fondly remembered and practiced. Such cultural understanding of public health systems must be invoked in these times of need.