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GS 2: POLITY, GOVERNANCE, SOCIAL JUSTICE, INTERNATIONAL RELATIONS/INSTITUTIONS

1. Trump to end birth right citizenship, will hit Indians in US

Context: US President Donald Trump has sought to revoke birthright citizenship, automatic citizenship of children born in the US to non-citizen parents. The Indian American community, which is one of the fastest-growing immigrant populations in the US, will be profoundly impacted by this change as and when it comes through. According to estimates on the 2022 US Census Bureau data, Indian American number over 5.4 million as of 2024, comprising 1.47% of the US population, among these two thirds are first-generation immigrants, while the rest are US-born citizens.

Key points

- Overview:** The change in policy if implemented with Trumps order, children born to Indian nationals who are on temporary work visas (like H-1B) or waiting for the Green card would no longer automatically acquire US citizenship.

- **Birthright Citizenship:** *Jus Soli* - Citizenship by birth within a country, regardless of parental citizenship.
Jus Sanguinis - Citizenship determined by a parent's nationality or ethnicity, irrespective of birthplace.
US - The 14th Amendment guarantees *jus soli* citizenship.
India - Initially followed *jus soli* but incorporated *jus sanguinis* through amendments.
- **Shift in India's citizenship policy:** *1987 Amendment* - Citizenship was granted only if at least one parent was an Indian citizen.
2004 Amendment - Citizenship required one parent to be an Indian citizen and the other not to be an illegal immigrant.
- **Trump's plan to end jus soli:** Trump aims to eliminate birthright citizenship, arguing that it promotes illegal immigration and "birth tourism." He suggests requiring at least one parent to be a US citizen or lawful permanent resident for a child to gain automatic citizenship. This would align the US more closely with *jus sanguinis* principles.
- **Impacts on Indian families in the US:** *Children of Green Card Holders* - May not acquire automatic citizenship, necessitating naturalisation.
H-1B Visa Holders - Citizenship would depend on parental visa status, potentially limiting opportunities.
Undocumented Families - Legal and social uncertainties could deepen.
- **Legal challenges:** *US* - The 14th Amendment explicitly guarantees *jus soli* citizenship. Ending it would require a constitutional amendment or a Supreme Court ruling overturning precedent. Executive orders to modify citizenship laws would likely face legal challenges.
India - India's amendments to citizenship laws were implemented through legislative processes, avoiding direct constitutional changes.
- **Comparing India's shift to Trump's Plan:** *Drivers of Change* - India's changes stemmed from concerns over illegal immigration and demographic shifts in border areas. The US debate focuses on national security, illegal immigration, and perceived exploitation of the system.
Legal Pathways - India's shift was achieved through legislative amendments. In the US, constitutional amendments or Supreme Court rulings are necessary, making change more complex.
Social Impacts - In India, the amendments created significant challenges for affected communities, especially in regions like Assam. In the US, ending *jus soli* could disproportionately impact immigrant communities, including Indians.
- **Lessons for the US from India's experience:** *Policy Design* - Changes must consider humanitarian implications alongside national interests.
Legal Safeguards - Clarity is essential to avoid disenfranchisement or legal ambiguities.
Social Stability - Restrictive citizenship laws can lead to long-term societal divisions.
- **Conclusion:** The US and India's experiences highlight the delicate balance between national security and inclusivity in citizenship policies. While India's shift to *jus sanguinis* reflects its unique regional challenges, the US's proposed changes face significant legal and social hurdles. Both cases underscore the importance of crafting policies that uphold justice, inclusion, and stability.

ANCHOR BABIES

Anchor babies are children born to non-citizen residents in a country with birthright citizenship. Such children are citizens of that country by virtue of their birth and hence can sponsor the citizenship of their parents after they have become adult.

GS 2: POLITY, GOVERNANCE, SOCIAL JUSTICE, INTERNATIONAL RELATIONS/INSTITUTIONS

2. 'Competent' to judge Indus Water Treaty dispute, says World Bank Neutral Expert

Context: The Neutral Expert (NE) appointed under terms of the Indus Water Treaty (IWT), 1960, decided that he was "competent" to decide on differences between India and Pakistan on the design of hydroelectric projects built on the Indus Treaty rivers. The decision was made by Michel Lino, who is the world bank appointed NE, however the decision is not going to help resolve a demand by India in January 2023 to renegotiate the IWT but only keeps alive the differences between the two countries on the dispute resolution mechanism, laid out under the terms of the treaty.

Key points

- **Overview:** The IWT allocates the three eastern rivers (Sutlej, Beas, Ravi) to India and the three western rivers (Indus, Jhelum, Chenab) to Pakistan. Signed in 1960, the treaty aimed at equitable water sharing between the two nations.
- **Parallel Mechanisms and Legal Challenges:** Pakistan's move for a CoA led to the World Bank facilitating both a Neutral Expert and a CoA in 2022. India has refused to participate in the CoA, calling it "illegally constituted" and contrary to treaty provisions.
- **Engagement on Treaty Review:** India and Pakistan are also in contact under Article XII (3) of the IWT for the review and potential modification of the treaty. India issued formal notices to Pakistan for review (August 30, 2024) and modification (January 2023) of the treaty.
- **Neutral Expert's Decision:** The World Bank-appointed neutral expert, Michel Lino, ruled in Favor of India's stance, affirming his competence under Paragraph 7 of Annexure F of the IWT to resolve the differences.
 - *Indus Water Treaty 1960 India's Response* - The Ministry of External Affairs stated that the ruling upholds India's consistent position that the neutral expert is the appropriate authority to address the seven issues concerning the two projects.

Dispute Resolution Mechanism under the Indus Water Treaty (IWT)

- **About:** The IWT 1960 outlines a three-tiered dispute resolution process to address disagreements regarding projects on the Indus rivers. Article IX of the treaty defines this structured mechanism.
- **Level 1: Permanent Indus Commission (PIC): Initial Notification** - Both parties must inform each other about any planned projects on the Indus rivers, sharing all relevant information.
Role of PIC - The Permanent Indus Commission (PIC), established under the IWT, is responsible for managing and overseeing the treaty's objectives.
Outcome - If the PIC fails to resolve the disagreement, the issue is escalated to the next level.
- **Level 2: Neutral Expert Appointment: World Bank's Role** - If the PIC is unable to resolve the dispute, the World Bank appoints a neutral expert to mediate the issue.
Resolution Attempts - The neutral expert's goal is to resolve the dispute through technical assessments and recommendations.
Escalation - If the neutral expert cannot resolve the matter, it is considered a formal dispute and moves to the final level.
- **Level 3: Court of Arbitration (CoA): Final Step** - When a dispute persists after the neutral expert's intervention, it is referred to the Court of Arbitration (CoA).
Chairperson - The chair of the CoA is appointed by the World Bank.

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3. Police investigation under BNSS

Context: The Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, has introduced several changes in the pre-trial, trial, and post-trial stages of the criminal justice process. Among these changes, new provisions pertaining to police investigation demand attention, as this is the first important step in the pre-trial stage for an effective system. Sub-section (1) of Section 173 BNSS now statutorily recognises 'Zero FIR' and 'electronic communication as a means of providing such information to an officer in charge of a police station.'

Key points

- **Overview:** The BNSS has introduced changes concerning the investigation of cognisable offences by the police. A new proviso has been added to Section 175(1), by virtue of which the Deputy Superintendent of Police may also be required to investigate cases.
- **Need for new bills:** The current laws were drafted during colonial times and contain archaic language. Some concepts do not accurately reflect current social norms and values. The Parliamentary Standing Committee in its 111th and 128th reports had also highlighted the need for reforms in criminal laws.
 - *Changing Norms* - The evolving societal perceptions. For e.g. the transition of attempted suicide from a criminal offense to a recognized mental health issue under Mental Health Care Act, 2017.
- **Detention by police:** The BNSS adds provisions for police to detain or remove any person resisting, refusing, ignoring, or disregarding directions given as part of preventive action. The term "Judicial magistrate" has been replaced by "Magistrate". (Magistrates are under the direct control of the government).
- **Zero FIR:** A formal provision (Section 230) has been introduced to ensure that a copy of the FIR is made available to the accused and the victim free of cost and within fourteen days from the date of production or appearance of the accused. The Bill also permits the filing of a Zero FIR from any part of the country.
- **Greater use of technology:** Digitization of complete process starting from registration of FIR to maintenance of Case Diary to filing of Charge sheet and delivery of Judgment. The complete trial, including cross-examination, will be facilitated via video conferencing. Videography while recording statements of victims of sexual crimes is made mandatory.
- **Specific safeguards:** Section 41A of CrPC, which has safeguards against arrests — will get a new number, Section 35. No person can be arrested without prior permission of an officer, not below the rank of a deputy SP, in cases where the offence is punishable with less than three years or if the person is above 60. In cognisable cases where the offence attracts 3-7 years, the police officer will conduct a preliminary inquiry to ascertain whether a prima facie case exists to proceed within 14 days.
- **Significance of the BNSS Bill:** Electronic FIR introduced. Preliminary Inquiry introduced in offences punishable from 3 years to less than seven years. Meaning of bail has been simplified throughout the BNSS. First-time undertrial is provided early release on bail. Bail in acquittal cases simplified. First-time offenders to be given relaxed punishment (one-fourth and one-sixth of such punishment) in plea bargaining. Witness protection scheme introduced. Provision for not more than two adjournments introduced.

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4. Cancer tentacles grip Northeast

Context: Northeast India is witnessing an alarming rise in the number of cancer patients, along with a correspondingly high fatality rate in recent years. As per a report released by the Indian Council of Medical Research (ICMR) in 2021, the Northeast has the highest incidence of cancer in India – approximately three times the national average. Within the region, Mizoram reports the highest incidence of cancer (207 men and 172.3 women per 1,00,000 people). Extensive research is required to determine the exact causes – genetic or otherwise – behind the high incidence of cancer in this region.

Key points

- **Overview:** According to data shared by the annual Health of Nation report by Apollo Hospitals, India is rapidly emerging as the “cancer capital of the world”.
- **Rise in NCDs in India:** The report sheds light on the rise of non-communicable diseases (NCDs) in India, which significantly impact the nation’s overall health.
- **Reports from the state:** Among men, the cancer incidence rate is highest in the Aizawl district of Mizoram (269.4 per 1,00,000), followed by the East Khasi Hills district of Meghalaya (227.9 per 1,00,000) and Kamrup Metro district of Assam (213.0 per 1,00,000). For women, the highest rate is recorded in the Papum Pare district of Arunachal (219.8 per 1,00,000), followed by the Aizawl district (214.1 per 1,00,000) and Kamrup Metro district (169.6 per 1,00,000).
- **Status of Cancer Prevalence in India:**
 - NCD-Related Deaths* - Around 63 percent of all deaths in India are due to NCDs.
 - Economic Cost of Cancer* - By 2030, these diseases are projected to cost India \$3.55 trillion in lost economic output.
 - Extrapolation of Western data in India* - The report highlighted the threshold for Prostate-Specific Antigen (PSA) – a blood test – in Indian men was different from the current standards suggesting the need for local data.
- **Reasons for Cancer Prevalence in India:**
 - Smoking and Alcohol Use* - Smoking, alcohol use, high BMI (Body Mass Index) Index) and other known risk factors were responsible for over 37% of cancer deaths in India in 2019, as per a Lancet Report.
 - Obesity* - Obesity is a significant risk factor for cancer development. Studies have linked it to an increased likelihood of breast, colorectal, pancreatic, and kidney cancers.
 - Unhealthy Diet* - An unhealthy diet that is high in fat, and low in fibre may increase the risk of many cancers including bowel, lung, prostate and uterine cancers.
 - Occupational and Environmental Exposures* - Exposure to certain chemicals and toxins in the workplace or environment, such as asbestos, benzene, and radon, can increase the risk of various cancers.
- **Way forward:** A comprehensive cancer control programme is urgently needed in the North-east. Besides government initiatives, this requires the collective efforts of hospitals, administrative bodies, medical organisations, NGOs, and the media to raise awareness and promote healthier lifestyles. Vaccination against cervical cancer must be intensified. Tobacco control programmes should be implemented more aggressively to combat the deep-rooted habit of tobacco consumption.

5. Why are antivenoms not easily accessible in India?

Context: On New Year's Day, five-year-old Mayuri lost her life to a snakebite in Uttara Kannada district in Karnataka. The delay in receiving antivenom and the unsafe conditions at her anganwadi tragically sealed her fate. A terrible number, estimated 58000 snakebite cases, renders India the 'snakebite capital' of the world and in this regard antivenoms play a crucial role. Snake venom is one of nature's most lethal weapons, a complex cocktail of toxic proteins, each tailored by evolution to immobilise, and in some cases to digest, prey and defend against threats.

Key points

- **Antivenom:** Antivenoms, or antivenins, are life-saving medicines used to treat snake bites. Antivenoms are the frontline defence. They work by specifically binding to the venom toxins to render them ineffective, allowing the body's natural defence systems to clear them safely over time.
- **Lethality of snake venom:** Snake venom is one of nature's most lethal weapons, a complex cocktail of toxic proteins. Haemotoxins destroy blood cells and disrupt clotting. Neurotoxins block nerve signals and paralyse. Cytotoxins dissolve tissue at the bite site. The effects are often fatal without medical intervention.
- **Productions of Antivenoms:** French physician Albert Calmette in the 1890s developed the first antivenom using horses, a practice that continues today. To produce antivenom, healthy and mature venomous snakes are first captured from the wild by trained experts who then "milk" the snakes to extract the venom. Next, they immunise horses with increasing doses of venom over many weeks, allowing their immune systems to produce antibodies. Over time, the horses develop a robust immune response, producing antibodies that neutralise venom toxins.
- **Current scenario of antivenoms in India:** Polyvalent antivenoms (PVAs) currently used in India targets multiple species. However, their efficacy varies against less common snakes.
- **Issues with Antivenoms in India:** India is the world's largest producer and consumer of antivenoms in the world. However, access to timely medical care remains a significant challenge for many Indians.
 - *Administration issue* - Improper administration and inadequate facilities exacerbate the crisis. Logistical issues, unequal access to care, superstitious beliefs, and cultural practices often delay proper treatment in many parts.
 - *Lack of Infrastructure* - Antivenoms often need to be transported in cold storage, however, India's rural parts lack the supporting infrastructure and power supply.