be allowed to ply outside the fixed timings. The number of convoys should also be reduced and tourists should be diverted to speed boats.

(3) A traffic study on the ATR needs to be carried out to understand the pattern of ATR usage and implications of road closure. [6]

(4) Cost Benefit Analysis of the sea route vis-à-vis the land route should be commissioned at the earliest. Existing sea transport should be strengthened with measures like introduction of speed boats plus better passenger and cargo ships. The ferry service which was stopped after tsunami should be immediately resumed and its frequency increased. Cargo must be sent through cargo vessels.

(5) Luxury cruise boats and chopper services should be operated for tourists during the peak season. This will take pressure off the ATR and prove to be a greater attraction for the high end tourists who the administration hopes to attract. Care should be taken to ensure that tourism operates at a safe distance away from all tribal areas on the Islands, both on the sea and on the land.

HEALTH and FOOD SECURITY

(6) Intervention should be limited to areas of health and food security and should be guided by experts. Attempt should be made to gradually phase out any dependency that arises from this intervention.

(7) A group of renowned health practitioners – both national and international – should be sensitised to the particular situation of the Jarawa and be entrusted with the task of examining the effect of modern drugs on their immune system. This group can then prescribe a drug regimen and set out treatment and diagnostic protocols for the Jarawa.

(8) In-situ treatment should be provided to the extent possible and use of traditional medicine of the Jarawa encouraged. Alternate systems of medicine may also be introduced after due research.

[6] Traffic statistics from 2001 to 2004 show that over one third of the traffic passing through the Reserve comprises light vehicles, whose numbers have been increasing steadily. Of the approximately 30,000 vehicle trips which were made through the Reserve every year between 2002 and 2004, less then 200 were by ambulances.