

“VOICE of CIVIL SOCIETY”

(Awareness, Rights, Duties, Responsibility and Achievements)



**Nothing can be accomplished without
the hope of accomplishment**

Social Responsibility
contributing to
Development

Education for
Underprivileged
Children

Social
Harmony

Socio-Economic
Governance

Responsible
Citizenship

Sustainable
Socio-economic
Growth and
Development

A Magazine of THE CIVIL SOCIETY

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2021

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13 Jan Wednesday Lohri
 26 Jan Tuesday Republic Day
 11 Mar Thursday Maha Shivaratri/Shivaratri
 29 Mar Monday Holi
 2 Apr Friday Good Friday
 21 Apr Wednesday Rama Navami
 25 Apr Sunday Mahavir Jayanti
 13 May Thursday Ramzan Id/Eid-ul-Fitar
 26 May Wednesday Buddha Purnima/Vesak

20 Jul Tuesday Bakr Id/Eid ul-Adha
 15 Aug Sunday Independence Day
 19 Aug Thursday Muharram/Ashura
 30 Aug Monday Janmashtami
 2 Oct Saturday Mahatma Gandhi Jayanti
 15 Oct Friday Dussehra
 4 Nov Thursday Diwali/Deepavali
 19 Nov Friday Guru Nanak Jayanti
 25 Dec Saturday Christmas

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From Editor-in-Chief



Ambassador Amarendra Khatua (Retd.)
Former Secretary, Ministry of External Affairs, Gov. of India

Is India prepared to handle major emergencies like a super power?

Continuing devat of the question raised by the editorial. Yes, since long time our Central and State Governments are handling the worst caused by floods, tsunstation caused by Covid 19 Pandemic on the national economy, MSMEs and poor development plans and education, tourism and availability of labour and on human, after life psychology and family stead is the starting poinami, famine and outbreak of diseases like AIDS, Bird Flu, Polio, Dengue etc etc. Somehow we manage to control the situation, evacuate people and provide necessary relief but Covid-19 is a world-war-size or bigger emergency. Is India prepared to address this emergency well and such emergency in a well-coordinated manner in future? Are the right lessons and preparedness being learnt by the Central and State Governments, Civil Authorities, NGOs, Specially created Disaster Management Bodies and Media?

Central Govt. now must be ready with a contingency action plan for Covid-19 and any such future emergency depending on the previous mistakes only, will not do. Each of the misery must prepare its battle plan, preparatory and consultation Body and, as and when required a Nodal Point Ministry including Communication, Health and family welfare, Finance, Commerce and industry, as well as the ones dealing along with women and youth, physically challenged welfare, North-east etc among with Niti Ayog starts preparing the best model Practice System for future generating funds is not the issue. Effective and monitored utilization is the issue. It is also a priority to take care of Indians at first.

Criticism of Modi Government on unnecessarily huge export of vaccine is justified to some extent. Concerned Ministries and Ministers are responsible for this as the national plan and the requisite message were not conveyed to Prime Minister boldly. Central Government also must hand over requisite resources, medicines, funds and materials to the State Governments upto maximum level and keep only contingency portion at hand for immediate use. This will battle issues of shortages, availability and absence of on-the-spot local decision making.

State Governments behave like either unprepared victims or Political critics of the centre, while confronting emergencies. This will not do, they must prepare their contingency plans to handle emergencies all the time, in anticipation, in collaboration with experts of other States and best practice providers and with grassroot administrative authorities in the State. Each Panchayat must be trained and kept in loop on the issue of handling emergencies, strict monitoring of fiscal discipline to avoid corruption and misuse of funds, essential for handling emergencies must from important part of preparatory toolkit. Like in the Centre, the States must set up inter-ministerial coordinating supervisory implementation and follow-up bodies, whose response must be assessed and if required, corrected and supported, by the Office of the Chief Minister.

Educating the Society to create preparedness and to help each other during the time of major emergencies is the need for India our selfish attitude, especially of the rich and well-to-do is shameful contribution of the top industrialists, Bollywood stars, major private

sectors, banks etc to the effort of fighting Covid-19 is absolutely insignificant and needs soul searching. In this contest role of Civil Societies and NGOs to:-

- a) Publicise the need for exercising duties and responsibilities.
- b) Bring ground realities to the notice of the most.
- c) Organize interactive sessions to generate financial supports and voluntary assistance by way of men and materials.
- d) Empower Society through awareness, analysis and support has needs to be uplifted to the maximum level beyond photo-opportunities and creating

socialites, NGOs must be source of inspiration, information, in-between public and government and above all, conscience keepers of the nation.

Gradually India is waking up to all these realities including education and preparing youth, women, rural bodies, tribal institutions and foreigners working in India. But we have a long way to go. We are trying to battle the evil pandemic to our best, which is not enough as it appears on the ground. Hence time had come we, both look at the levels of Centre, State, people and grassroots, must train ourselves to behave like a superpower of the coming century and ward off evils of emergencies in an efficient manner.

**The Civil Society - activities related
bodies may send us announcements
of Conferences, Seminars,
Panel Discussions etc to
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Executive Editor's Note



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The official names COVID-19 and SARS-CoV-2 were issued by the WHO on 11 February 2020. WHO is continuously monitoring and responding to this pandemic. COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, People's Republic of China.

The World Bank shows that Covid-19 is a planned pandemic to continue until end of March 2025, thus four more years to fight for sustenance.

The first mass vaccination programme started in early December 2020 and the number of vaccination doses administered is updated on a daily basis [here](#). At least 13 different vaccines (across 4 platforms) have been administered. Campaigns have started in 206 economies.

The Pfizer/ BioNtech Cominate vaccine was listed for WHO Emergency Use Listing (EUL) on 31 December 2020. The SII/Covishield and AstraZeneca/AZD1222

vaccines (developed by AstraZeneca/Oxford and manufactured by the State Institute of India and SK Bio respectively) were given EUL on 16 February. The Janssen/Ad26.COV 2.S developed by Johnson & Johnson, was listed for EUL on 12 March 2021. The Moderna COVID-19 vaccine (mRNA 1273) was listed for EUL on 30 April 2021 and the Sinopharm COVID-19 vaccine was listed for EUL on 7 May 2021. The Sinopharm vaccine is produced by Beijing Bio-Institute of Biological Products Co Ltd, subsidiary of China National Biotech Group (CNBG).

There are large group of medical experts publishing newspapers with over 500,000 copies every week, to inform the public about the massive misinformation about Covid-19 in

the mainstream media. They also organized mass protests in Europe, like the one on August 29, 2020, where about 12 million people signed up and several people actually showed up.

Why did these 500+ medical doctors say the pandemic is a Global Crime?

What did they know the coming pandemic, that we don't?

In USA a documentary called 'PLANDEMIC', which exposes Covid-19 as a criminal operation, is supported by over 27,000 medical doctors! Why are these thousands of medical professionals worldwide are saying that the pandemic is a crime? What information do they have access to, that we are not getting from the mainstream media?

In 2015 a 'System and Method for Testing for Covid-19' was patented by Richard Rothschild, with Dutch government organization. Did the media catch that?

Also in 2015, four years before the Covid disease existed- a testing method named was developed.

As we know the new covid-19 disease appeared in china towards end of 2019, which is an acronym for Carona Virus Disease. Data from the World Integrated Trade Solution, however shows something astonishing - In 2017 and 2018, two years before Covid-19, hundreds of millions of Test Kits for covid-19 were distributed worldwide.

Two years before the outbreak of pandemic the USA, EU, China and nations around the world started exporting millions of Diagnostic Test instruments for Covid-19, a disease that supposedly didn't even exist then.

In 2017 **Anthony Fauci** made a very strange prediction, with an even stranger certainty, with complete confidence. Fauci announced that

during the first term of President Trump, a surprise outbreak of an infectious disease would surely happen. Here is what he said- "There is no question that there is going to be a challenge for the coming administration in the arena of infectious disease. There will be a surprise outbreak. There is no doubt in anyone's mind about this". How could Fauci guarantee such a surprise outbreak to happen during the first term of the Trump administration? What did he know, that others don't?

In 2018 **Bill Gates** publicly announced that a global pandemic was on its way that could wipe out 30 million people. He said this would probably happen during the next decade. **Milinda Gates** added that an engineered virus is humanities greatest threat and also assured this would his humanity in the coming years. The Gates also claimed that air travel was sure to create a global pandemic. Yes, countless people have been travelling in airplanes in the past century. Did that give rise to constant outbreaks of global pandemic? No, not at all! A few months before the outbreak, Bill Gates, the world number 1 vaccine dealer, organized an event in New York. Guess what the event was all about? It was a 'coronavirus pandemic exercise'. Yes, the published news say so.

On the large display in the auditorium, one could see the text printed – "We need to prepare for the event that becomes a pandemic" This pandemic exercise was called "Event 201 and took place in October 2019, literally right before its outbreak.

In September 2019, also right before the outbreak, the 'Global Preparedness Monitoring

Board' released a report titled "A World at Risk". It stressed the need to be prepared for, a coronavirus outbreak! On the cover of the report the picture of a coronavirus and people wearing face mask is displayed. In the report we read the following interesting paragraph – "The United Nations (including WHO) conducted at least two system-wide Training and simulation exercise, including one for covering the deliberate release of a lethal Respiratory Pathogen"

Let's relook at the then scenario – They have been practicing for a deliberated release of a lethal respiratory pathogen. In 2018 the Institute for Disease Modelling made a video in which they show a flue Virus originating in China, from the area of Wuhan and spreading all over the world, killing millions. They called it "A simulation for a Global Flu Pandemic". That is exactly what happened, two years later.

Why did they say it would come from china? Why not Africa, where far more diseases are present or why not from India or South America.

The Film 'Dead Plague' depicted a global pandemic with a coronavirus and even mentions hydroxyChloroquine as the cure.

Another film called 'Contagion' shows how a coronavirus spreads globally with social distancing, face mask, lock-down, washing of hands etc as a result.

Literally everything we see now is predicted in detail in these movies.

**Contribute write-ups relating to
Socio-Economic issues, Education, Agriculture,
Health, Industry Sustainability, Women & Youth
Concerns and creating Harmonious Society in about
3,000 words to Executive Editor
at
rpani246@gmail.com**

OUR BASIC HUMAN NATURE

(Why and how do we think, behave and act the way we do)



Balvinder Kumar IAS (Retd)
Practitioner of Mindful-based Meditation

We all have our own unique basic nature, that determine the way we think, behave, feel and act with outside world.

« Generally, our basic nature remains unchanged throughout our lifetime. Though we keep on changing - physically, physiologically, mentally and spiritually in many different ways as we undertake our journey. »

That's why, other people who interact closely with us from time to time also know about our nature. Very often we use words such as 'good person', 'short tempered', 'kind hearted', 'loving and compassionate', 'cruel', 'criminal' and so on for basic nature of others based on our perception. These are completely based on our subjective experiences with other people. There is a hugely wide range of human attributes through which we know and categorise others in respect of our basic nature.

In this article, I will attempt to explain briefly about certain core characteristic of our basic nature. I am sure if we learn more about human nature, it will help us in knowing others in better ways and that can surely improve our relationships with others. We may become more conscious, mindful and awake about others and the world around us. Most of the things which I am going to explain about our core nature, you may be knowing them but I will put them in proper perspective to understand better and appreciate them.

When we discuss about our basic nature, a question arises whether we are good human beings with certain degree of 'evilness' or we are evil people mixed with some 'goodness'.

Different people have their own views depending upon their upbringing and experiences. If we read history, we find people

with extreme cruelty and ruthlessness such as Genghis Khan, Joseph Stalin, Adolf Hitler and Idi Amin. These are the people who massacred thousand with extreme brutality. We know Genghis Khan, the great barbarian leader of 13th century, who created an empire to the cost of millions of lives, and left ruins of cities on his way. He killed as many as 40 million

people, nearly 10% of world population, isn't it the cruelty in these cases Unbelievable!

We also find names in history who set their examples in their 'goodness and kind-heartedness'. But one thing is certain that there are more names in the first category of so called cruel and brutal people compared to so called 'good people'. Since we have a negativity bias, due to evolutionary reasons, we are tempted to know more about such cruel people.

As Plato observed, there are relatively few ways to do good, but there are countless ways to do evil, which can therefore have a much greater impact on our lives, and the lives of other beings capable of Suffering.

For this reason, some philosophers maintain that preventing evil is more important than promoting good in our conduct.

On the other side, philosopher Francis Bacon expressed that "the inclination to goodness is imprinted deeply in the nature of man..... It is our uniqueness as a species, coupled with our fundamental character of goodness, that opens the door for the message in our cells to seed real and lasting change in our lives." Similarly, Abraham Maslow, one of the great psychologists of the 20th century, also believed that "people are all decent underneath." His unwavering faith in our goodness remained through the last days of his life, when he wrote that humankind

"has a higher nature" as part of our essence and our species can be "wonderful out of their own human and biological nature." In fact, most of us also feel that we are primarily good people but among us some are deviants from their normal behaviour and actions. Unfortunately, those people look large in number and make huge impact in any society.

**Is the ugliness
hidden in us, in the
clothes of goodness?**

Coming back to the difficult question, whether we are good human beings with hidden evilness or we are evil people with some element of 'goodness',

It was a long journey and by the time they reached the earth they were feeling tired and dusty, so the first thing they decided to do was to take a bath. It was early morning, the sun was just rising, and they went to a lake, dropped their clothes on the bank, and both jumped in. It was really refreshing and cool, and they enjoyed it. Beauty went swimming far into the lake, and when she looked back, she was surprised; ugliness was missing. She came back and found that her clothes were missing, too. Then beauty understood what had happened: Ugliness had taken her clothes and run away.

The story ends by saying that since then, ugliness is hidden in the clothes of beauty, and the beauty is compulsorily wearing the clothes of ugliness. Beauty is running after ugliness, searching for her, but she has not yet been able to find her. So, this story fits very well into the current political social affairs.

Ugliness and evilness needed something to hide and so they started wearing a mask of goodness and good people had no idea that ugliness and evilness have stolen their clothes.

So, the politicians along with other criminals, crooks and rogues, who are the symbol of evilness and ugliness, are wearing white clothes of goodness. They are presently ruling innocent and good people of society. They may not be more than 5% of the population but they affect negatively and exert lot of bad influence on others and society as a whole. (The story of Kahlil Gibran is quoted from The Book of Understanding by OSHO)



The expression of genes that we are born with make a huge difference in our basic nature

our parents who have determined our genetic blueprint set the stage on which we are exposed to the outer world. The genetic material in every cell carries the blueprint for every aspect of our physical body, from our height and complexion to the risks of critical illnesses, such as cancer. No two humans are genetically identical -- yet we are all 99.9 percent the same! The genes we carry from our parents and ancestors make every

individual unique. There are estimated to be around 20,000 to 25,000 human genes. The genes we are born with don't change, but their expression can vary substantially, especially during our formative years. How genes work is a highly complex process. Our experiences leave a chemical 'signature' on the genes which determine whether and how the genes are expressed.

Our early childhood experience makes us what we are, by and large, today



The emotional well-being of young children is directly tied to the functioning of their parents and the families in which they live.

Young children who experience recurrent abuse or neglect, domestic violence, or an addicted parent are particularly vulnerable. The care and nurturing that is provided by our parents has greatest impact on the future of their children. Recent studies confirm that the first five years are particularly critical for the development of the child's brain. They are especially important in the development of learning skills, as well as social and emotional abilities. That's the reason, our early childhood experiences are so critical in creating the foundation of our basic nature.

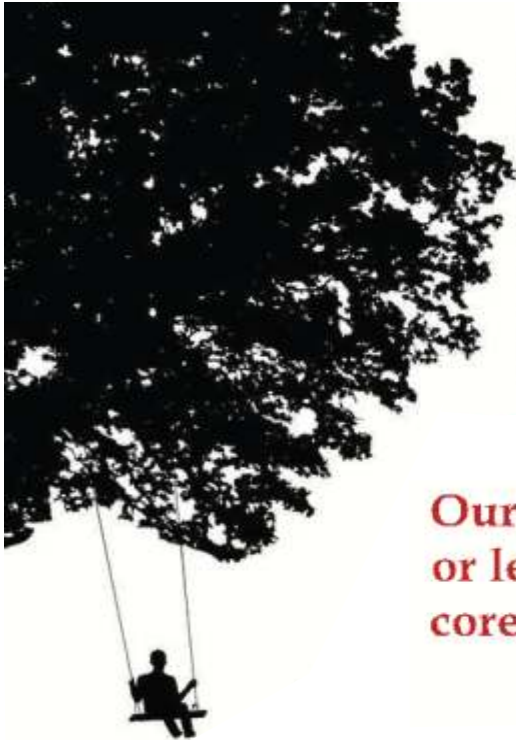
The parents and other caregivers, deeply affect the infant and establish a close link with his or her mind. Neurological research shows that the early childhood years play a key role in children's brain development. Leaving deep imprints on the child's mind, some of those early experiences may overshadow some aspects of genetic constitution written by the biological parents. The interaction of genes and experience determines childhood mental health. The physical, emotional, and social development of young children has a direct effect on their overall development and on the adult they become.

Numerous studies and simple observation show that

adverse and traumatic experiences during childhood often lead to violent and criminal behaviour in adolescence and adulthood.



Our basic nature doesn't change throughout our life time



You may have noticed that we find it extremely difficult to change our basic temperament, mindset and other characteristics of core personality during the course of time. Unless there is some drastic turn of events in one's life, like due to death of very close one, traumatic experience, deep emotional setback, major financial loss, or some serious eventuality, there is a little change in one's core personality. When we meet someone closer after years, there may have been changes in her/his physical appearance but once we start interacting then we find nothing much has changed.

Our basic nature remains more or less the same. We also call it core personality. It is a product of social interaction.

We are social animals and love to stay in our comfort zone.

We all construct our 'comforts' and tend to live there. Till we are disturbed or the external situations are such that we need to do something very different, we do not wish to step out of that comfort area. There is an unknown fear in us against the potential change. Due to negativity bias, we think more about negative impact of likely change, rather than positive changes that may come with the change. Within the comfort zone, we may be earning our livelihood, comfortable living, fixed routine, having a set of 'good' friends and lovely family. And if something disrupts it, we feel extremely uncomfortable and we react sharply if we are forced to get out of our

comfort zone. Thus, we often end up missing opportunities that may have come across, if we had accepted the change gracefully.

Even if we want to change our habits and get out of certain patterns, it's not an easy task. We need tremendous will power or determination to harness our mind. And by changing those, we keep referring them as if we have changed ourselves. But those are just the few patterns of our life. Our habitual behaviour is hardwired in our brain. This is the reason that we feel the great difficulty in changing our habitual behaviour or thought pattern.

Surprising, we know very little about ourselves

We have a poor self-awareness. When we ask people in general, whether they are self-aware, the answer would, as expected, be positive. However, you will be surprised to know that majority of us are hardly self-aware. We have, invariably, very little self-awareness, though we are confident of possessing the same. To be self-aware is a meta skill, and limited, often rarely, to find in ourselves. Had we been more self-aware and mindful, we would have been living far more peacefully and co-existing amicably with fellow beings. One of the basic problems pertaining to modern age like mental stress, aggression, intolerance, violence, hatred etc is lack of desired level of self-awareness among masses.

According to the organisational psychologist and researcher, Dr Tash Eurich, though 95% of people say that they're self-aware but only 10-15% of people actually are. It means nearly 80% of people are lying to themselves. Their level of self-awareness differs from person to person, from highly ignorant to partially self-aware. We humans in general are very arrogant about our own knowledge and awareness. Have you ever met a person saying 'he/she knows very little about himself/herself? The answer would obviously be 'no'. What a great irony about us – knowing so little about ourselves, but feeling so confident about 'self-awareness'.

In many cases, a person knows lesser of himself / herself than what others know about them. Such persons are so self-absorbed and self-centred in their own little world that they are least self-aware and don't really know about themselves well. Unfortunately, no one teaches about this skill to us. Majority of us are ignorant of what self-awareness is and why it's so important for us to succeed in life?



Self-awareness is the ability to focus on ourself and how our actions, thoughts, or emotions affect ourselves and others around us. Not only we should thoroughly know about ourselves but also know, how others perceive us. It's about knowing how we behave under different circumstances. How we think, act and react in various situations of life? What kind of thoughts and feelings we are experiencing every moment? If we are self-aware, then we know all these things about ourselves. We are always very confident that we know all about ourselves but unfortunately that's not the case. Our attention doesn't go to this side. Isn't it difficult to believe, that we are so ignorant about our own self?

We are all self-absorbed and lost in our own inner world



Most of us when we are engaged in a conversation, we speak and when other one is speaking, we are preparing ourselves for what to say next. We are, most of the time, completely absorbed and lost in 'self-talk'. We generally don't live in present. We are mostly planning, anticipating and preparing ourselves for the future. We have a tendency to live in future. We are mindless and absent-minded when we were required to be present on the moment.

We therefore lose precious moments of present. Moreover, we are busy in thinking about our personal problems relating to financial issues, relationships, physical and mental health. Most of us one problem or the other these issues. Normally, 50% of the time our mind is not focused or attentive, in fact, it's on wandering mode. When we are bored or doing routine or any other uninteresting work, mind's wandering is as high as 70%. However, when we are engaged in mind-absorbing or concentration-demanding tasks, this percentage is low, as low as 10%.

When our mind is wandering, it means it's an 'autopilot mode' or in default mode. During this time, many interconnected areas of brain are active and they form a network, which is known as default mode network (DMN). When there is a high activity in DMN, it means we are not focused on the present moments and thinking about all other things (except about the task at hand).

In a way, DMN is a home of our 'ego'. It's also referred as the "me" network of our brain. It lights up when we think about ourselves, daydream, introspect, worry or busy with 'I' thoughts. So, whenever we are not focused on any task or present at the moment then our DMN is activated. We are on 'thinking mode'. Our thinking mind is at work.

It's a known fact that when we are disturbed or distressed or worrying about

something, then it's very difficult to focus on present. Mind's wandering increases on those moments. We are not able to concentrate on any anything other than the issue which is troubling us. On the other hand, focused mind is a happy one. When we are busy in some absorbing activity such as playing a game, doing gym, reading an interesting novel or book or playing a music instrument, we are lost in that activity. During those moments, since there is hardly any mind wandering, so we are invariably happy and joyful.

Our happiness level generally remains the same



I am not sure whether you have noticed or not, our happiness level fluctuates within a narrow range. We generally return to our

usual level of happiness. Each one of us occupies a particular place/level on a happiness scale. Let's say in a scale of 1 to 10, our happiness level oscillates between these two extremes - one being the most unhappy and ten the happiest person. Suppose our base level is 5. It means we more or less hover around that emotional baseline (of 5), which remains relatively stable through all our days. This is known as the hedonic treadmill gradient.

This gradient is a common phenomenon in which people repeatedly return to their baseline level of happiness, regardless of what happens to them. Since so much of our happiness is determined by our thoughts and actions, which tend to be habitual and unchallenged, our happiness level remains generally static, with only slight fluctuations. Suppose a very unhappy and sad person with base line gradient of 3, won a big lottery and

becomes a rich man. That person will be very happy and excited for days, may be for few months but gradually he/she returns to the original level. So, winning a lottery will, in no way, raise the gradient level for a long time. This happens with most of us.

One study has found that 50% of our happiness is biologically determined -- i.e., Through genes. Then 40% of happiness is controlled by our thoughts, behaviour, and the actions we take. Our choices are entirely in our own hands. The remaining 10% is determined by life's circumstances. It means our day-to-day circumstances will not change our happiness level much on long term basis. If we win a lottery or buy a bigger house, it doesn't mean that we will become happier for bigger span of time. Since our thought process, behaviour and the way we make choices are habitual and conditioned, it will need concerted efforts for a long time to change our happiness level. This is how, our basic nature remains more or less static throughout our lifetime.

We have, more or less, a permanent sense of satisfactoriness

Is it true that we humans can never be satisfied with our lives? Yes, to a very large extent, we are in the perpetual state of satisfactoriness. We want more of everything, that give us satisfaction. We are, in a way, desires generating machine. If one desire is met, another arises, may be bigger one. From evolutionary point of view, it's a desirable trait and that's the reason, we have been evolved to the state where we are now. But the same trait, make us suffer when the desires are not met to our satisfaction. The feeling of satisfactoriness often led to suffering and on many occasions, suffering can be very acute.



It's well said that we humans have been evolved to suffer. It's primarily because of our

inherent nature of mind. Our mind is generally in a state of perpetual dissatisfaction and restlessness. It's like a drunken monkey, restless and jumping from one set of thoughts to another, like eating and throwing away half eaten fruits. When the mind is disturbed, it's becomes distressed and difficult to control thoughts. Despite our best efforts, most of us fail to calm our mind from negative thoughts. As we generally don't know how to manage our mind and thoughts during troubling times, suffering aggravates.

According to Buddhism, suffering lies at the root of life itself. We are born into a world of pain and suffering. No doubt, we experience great joy as well, but suffering seems to be a dominant influence in our lives. We quite often get attached to the outcome of desire. For example, we have a genuine desire to possess a bigger sized luxurious flat in metro city. We feel when we start living there, we will become happy. Unfortunately, when we succeed in acquiring that kind of flat, we will be happy only for a limited time, may be for few months. Then we come back to our same state of mind. The mind becomes unsatisfied for certain other unfulfilled desire.

In life, we are generally looking to "improve" our life's conditions, to accumulate more of material things, to gain more power and prestige in society. In their pursuit, we create mental distress and unhappiness, resulting in mental suffering.

This is how our mind then become dissatisfied and restless. For one reason or the other, we are not happy and contended with life. That's the reason, we can never be perfectly happy with our lives. So, we continue to live in a continual state of satisfactoriness. Sometimes good for us as we pursue bigger goals, but on some other times, we suffer, mentally and psychologically.

We all generally have an inflated image of our own self

Some others genuinely feel that others are 'not good', inadequate and even inferior to them. So, their image of 'better than others' gets justified. We all have a deep desire to become superior at least in certain aspects. In order to preserve that image, wherever needed we may attempt to blame others or the environment if something goes wrong, rather than blaming ourselves. When we commit any mistake or error, we, very commonly, try to rationalize what we did.

We want to keep our self-image intact and keep satisfying ourselves by blaming the external factors rather than looking inside and find fault. This very attribute of our personality also resists changing ourselves. We don't really feel to change ourselves for our 'better version'. In fact, we keep on reinforcing our own image.

Invariably all of us, think 'better than others', 'know more compare to others', 'having greater experience in certain areas'. Very common quality indeed we exhibit. No doubt, there are reasons, as to why we generally think the way we do. First of all, we don't want to confess or admit ourselves that I am an average human beings and others are certainly better in some areas and in few others we may be better. But always thinking that 'I' am better

than others may be wholly incorrect. Second, we don't want others to know our own weaknesses and flaws. To hide those attributes, either we justify and

rationalize them or we put forward our 'inflated image' before others. We don't want to get hurt.



Another very common thing, you may have observed that those who are genuinely better or more intelligent, they will never boast or show off their 'superior trait' to others. While on the other hand, those who are really bad, unintelligent type, are found to be far more confident than others. A very common quality of human nature we have. This is called

the Dunning-Kruger effect,

a type of cognitive bias explained by social psychologists David Dunning and Justin Kruger in which people believe they're smarter and more skilled than they actually are. Besides, those people with high ability tend to underestimate how good they are. 'High-ability individuals tend to underrate their relative competence, and at the same time assume that tasks that are easy for them are just as easy for other people'. The smarter we are, the less we think we know -- because we invariably realize just how much there is to actually know.

“

The people who feel that they are 'better than others' have low level of self-awareness. It means that they really don't know well about themselves and they keep on carrying their 'superior' image. It's very difficult for them to get convinced that they are, like others, average people with certain better qualities on certain aspects of their personality. Like they may be more intelligent or have better looks. We should all realize that we are unique individuals and we can't compare with others under totality of circumstances. In fact, more we gather knowledge or learn more about the world around us, we feel how little we know. Those who are more mindful and self-aware, they know their limitations, that's the reason they are more humble and very prompt in confessing their weaknesses or limitations.

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We act and behave with a motive of “pursuit of pleasure and avoidance of pain”

Our behaviour is motivated by the pursuit of pleasure and the avoidance of pain (or, more accurately, displeasure). The word pleasure, broadly, includes all positive feelings or experiences such as joy, satisfaction, bliss, contentment and so on. Likewise, pain is typically understood so as to include all negative feelings or experiences, such as fear, guilt, discomfort, regret, anxiousness, and so forth. So, it's very obvious that we all strive to avoid pain completely or minimize it to the extent possible. On the other hand, we spend time and energy to pursue pleasurable activities and sensations. Pleasure therefore is of many kinds like pleasure of senses (by stimulating the senses in many ways to create arousal), wealth, power, imagination, expectation etc.

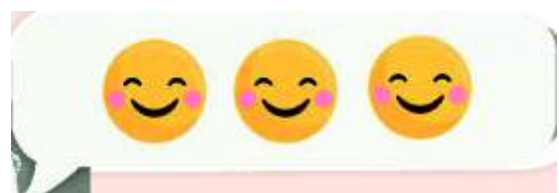


The word 'hedonism' comes from the ancient Greek for 'pleasure'. Psychological or motivational hedonism claims that only pleasure or pain motivates us. Since, pain stimuli and its effects on human body are immediate compare to pleasure stimuli. Therefore, we all spend a great deal of time and effort to avoid pain. This is very normal but in extreme cases pain avoidance can become the sole and self-destructive purpose of life. Likewise, extreme kind of hedonism can also prove to be selfdestructive, because gratification becomes harder and harder to Achieve.

We need to realize that pleasure alone can't give us the feeling of happiness and satisfaction. A life of physical ease, with lot of money and comforts, can indeed be pleasurable. However, pleasurable feelings, by their very nature, are fleeting. Temptations abound in this pleasure-driven world like use of tobacco, consuming alcohol, drugs, and in today's world it's the obsession of social media and Internet. This phenomenon is known as the “hedonic treadmill”. In its extreme, it becomes outright addiction. Those who smoke or drink, must be familiar with it. To maintain their pleasure, they need to increase their dose (of nicotine and alcohol). Few can resist it because the cause lies in our brain – especially in its

secretion of one specific biochemical, which is known as dopamine.

It's therefore necessary to enjoy life with a balanced approach. Excess of anything is bad. If we pursue pleasure and pleasurable experiences, this will invariably lead to pain. Overindulgence in pleasure often make us highly dissatisfied and painful. It's misleading to say that pleasure is good and pain bad and pursuit of pleasure and avoidance of pain is our ultimate aim. This has often been misconstrued as a call for rampant hedonism in modern age.



Take Away

There is a broad consensus that we come into this world with certain unique physical attributes and traits like intelligence, height and skin colour from our parents through genetic blueprint. Then gradually, as we grow, we develop our temperament, mindset, attitude and other personality traits through a complicated process of early childhood experiences, nurturing (influence of environment over expression of genes), and interaction with outside world.

Basically, we are all good human beings with enormous 'goodness' but having huge scope to exhibit evilness. The range is wide right from cheating, unethical and immoral behaviour to criminal activities, cruelty, brutality and other extreme cases of evilness. No one becomes a perfect person of 'goodness' due to complexities of life journey we all undertake. Each one of us behave, act and interact with others differently. We choose our own unique path and move forward.



Our basic nature remains largely unchanged. However, we all wear masks to hide our basic nature, the real 'Self'. We generally project ourselves differently when we face others. Most of us do suffer from 'I am better than others' syndrome. We keep on reinforcing this myth to protect our 'inflated image'. As we enter into 40s and 50s, we become highly conditioned and habitual in our thought pattern, behaviour and beliefs. As a result, it becomes extremely difficult to change our basic nature.

Lastly, people are not what they seem to be. Beneath their polite exterior is also a dark, shadow side consisting of the insecurities, fear and aggressive & selfish impulses they carefully conceal from all others (Robert Greene in The Laws of Human Nature). Yes, it's true in most cases. So, we should be aware of our own dark side. By accepting and integrating the dark side into our personality, we can become a more complete person.



PUBLIC HEALTH AND HOSPITAL MANAGEMENT



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The pandemic has exposed the deep vulnerabilities of World's health care system. It is widely believed that there is a huge shortage in the health sector in the World over. Most of this is attributed to India's low spending on public health. No mainstream economist or policymaker has come out with a suggestion for enhancing expenditure in these sectors. Implementing the Right to Health within India's framework of co-operative federalism will build capacities where they are most needed at the grassroots.



Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighbourhood, or as big as an entire country or region of the world. Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality and accessibility. Public health system across nations is a conglomeration of all organized activities that prevent disease, prolong life and promote health and efficiency of its people. Indian

healthcare system has been historically dominated by provisioning of medical care and neglected public health. 11.9% of all maternal deaths and 18% of all infant mortality in the world occurs in India, ranking it the highest in the world. 36.6 out of 1000 children are dead by the time they reach the age of 5. 62% of children are immunized. Communicable disease is the cause of death for 53% of all deaths in India. (WHO Report) In the health field, there are a vast number of vacant posts for professionals at these levels. There is a huge deficit of paramedical workers, middle level health workers, nurses and trained doctors. This is evident from the long queues of patients in the ill-equipped and inadequate primary health centres and government hospitals. NITI Aayog in 2019, highlighted that State in India has unequal public health system. This imbalance was primarily due to restricted technical expertise and fiscal constraints.

India's public health initiatives that affect people in all states, such as the National Health Mission, Ayushman Bharat, National Mental Health Program, are instilled by the Union Ministry of Health and Family Welfare. There are multiple systems set up in rural and urban areas of India including Primary Health Centres, Community Health Centres, Sub Centres, and Government Hospitals. These programmes must follow the standards set by Indian Public Health Standards documents that are revised when needed. But there are a lot of drawbacks to India's healthcare system today include low quality care, corruption, unhappiness with the system, a lack of accountability, unethical care, overcrowding

of clinics, poor cooperation between public and private spheres, barriers of access to services and medicines, lack of public health knowledge, and low cost factor. In view of shortcomings, crisis and risks of the health care system; the state should make health services as public goods. These health services are provided for free of cost or heavily subsidised by the state. Unfortunately, in India, we find the opposite trend of state with drawing from the provision of service and consequently their rapid privatisation. That's why, wealthier Indians to use the private healthcare system, which is less accessible to low-income families, creating unequal medical treatment between classes.

Public health crisis are three key components in health crises: Public health problem, Problem health coordination and Poor communication of risks to the population resulting in social upheaval. The role of central, state and local government is to ensure the community is protected from public health risks. States should ensure their policies and measures are coordinated across all relevant sectors. It is anticipated that participating States would apply a mutually supportive multi-layered risk-based approach to their implementation of public health mitigating risk measures. A combination of risk controls will provide better protection than the implementation of only one or two selected risk controls. By collaborating on the measures implemented, States can establish a risk mitigation strategy and approach that most effectively aligns to their risk tolerance and to their health and safety management systems. Public health Crisis management efforts in the public health sector aim to prepare and protect the life of an individual, family or group against a health-related event. These efforts span governmental, nongovernmental and private sectors. The need for coordination between these organizations has never been more apparent.

Government public health authorities have aligned with private sector health care providers, insurers, managed care companies, and non-profit religious organizations to provide, directly or indirectly, various public health services.



A hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment. There are basically two types of hospitals for public health care. There is a general hospital which is a district hospital, where there is usually a major health care facility in its area, with multiple beds for intensive care and additional beds for patients who require long term care. And there is another type of Specialty Hospitals, which include trauma centres, rehabilitation hospitals, children's hospitals, senior citizen (geriatrician) hospitals and hospitals to deal with specific medical needs such as psychiatric treatment and certain disease categories. Specialized hospitals can help reduce health care costs compared to general hospitals. Therefore, the management of hospitals is very important. The hospital management has developed a relationship between delivery of health care services and supply of requisite services. This can reduce public health crisis to a great extent.

Hospital management at priority level: A suggestive approach

The hospital (government or private) is in the form of a structural structure for the salvage of

public health crises. Hospitals matter in both circumstances, whether pandemic or normal. If their management is better, then the treatment and death rate of patients can be reduced to a great extent. The situation that has been created in the present day and the way the number of dead people are increasing day by day is the chaos of hospitals along with other reasons. The general condition of patients in India is also not good. Therefore, if a government wants to hide the mischief by taking the name of Pandemic, it is untrue. Oxygen is not the cause of high mortality in Pandemic as much as lack of medical staff. As it is, the number of medical staff in our country is small and most of them are doing their duty due to fear of infectious diseases or those who should work in full strength are not able to do it. In such a situation, the care of the patients must have been in the faith of God. The condition is that if the government hospital is unhappy, the same private hospital is the hub of earning money. Due to shortage and disorder of government hospitals, patients are not being saved in time. Many are losing their lives due to lack of good care of patients in hospitals. Private hospitals are constantly defying their rules by disobeying them. No one is keeping control of their increasing number. To reduce the public health crisis, there is a need to make changes at the level of hospitals and for this the following initiatives can be taken. (These suggestions are based on a case study and experience.)



- Along with the arrangement of the urban hospital, There is a need to make Rural hierarchal Hospital with full of all arrangements (Doctor, Staff, Beds, Ambulance, Medicines etc.) in which district level, block level and panchayat level can be included. If it is possible in every ward, then the government should try to make arrangements like 'Mohalla Clinics'.
- There is an availability of ICU beds at the district level, but one should try with all the facilities in sufficient quantity at the local level as well.
- A high level committee should be set up at the district level which includes DMs, Judges, MPs, MLAs and other respected persons who will make efforts to raise financial support and funds and use those money in health facilities.
- At the large hospital level, there should be an 'independent control cell' consisting of representatives of CMO, DM, Chief Judge, MP, MLAs, Principals and other respected person who can work 24 x 7. If there is any irregularity, the patient can lodge a complaint there. Cell could then help them immediately.
- Since doctors are the priest of humanity and another form of God, they (Private Doctors) have to unanimously set fees to see their patients. If a doctor is charging arbitrary fees, then there should be a provision to see 50 to 100 patients at least once in 15 days with the instruction of the Doctor's Association.
- A 'Medical Aid Supply Cell' should be created at the district level to cater to the government and private hospitals for medical assistance and requirements. Each hospital keeping in view its adequate availability for 3 days, inform its supply to the supply cell in the Prescribe format every day. It is the responsibility of the cell

to provide medical aid as per the demand. With this, demand and supply will always remain.

- Integrating all the on-going central / state level programs and schemes related to health, their allocated funds should focus on strategy for only strengthening infrastructure and providing free of cost to provide health services.
- The district's CMO should form a 'trained team' who visit every panchayat every day with a 'full equipped mobile van' and take care of health related conditions.
- 'Dan Patra' should be made in hospitals on the lines of temple. The money collected from this should be used as per the hospital management. The hospital management should be given the responsibility of getting the Concern Authority to solve the problems coming to the hospital in time. If there is no attempt to diagnose the problem, the management should inform the people through the media.
- To overcome the shortage of staff at the district level, through skill development scheme, at least 10 applicants from each panchayat should be trained to ensure that they are given priority in appointment in private and government hospitals.



- A CCTV can be installed in the main gate of the hospital, OPD and ICU and broadcast in the CMO's room and control room. So that the staff can detect the negligence and they

should be afraid to perform their duties better. The staff working in the hospital should have their name plate with designation along with the dress code and a complain book or register is in the office of CMO.

- At the district level, a database should be prepared with various necessary information of all hospitals (government and private), doctors (Allopathic, Homeopathic, Ayurveda, Dental, Unani and others) and all the staff associated with them. This database should be with the concerned health department so that it can be used as soon as possible and as per the requirement and all of them can also be given necessary guidelines from time to time.



- It is important to bring health-related schemes to more and more people, so there is a need to emphasize on making these subjects a course for university education. Their activities will bring awareness and precaution to the people, which will ultimately reduce the load on hospitals.
- At the village or ward level, a 'Health Task Force' (by the concerned Mukhiya or ward councillor) should be made voluntary by training young people to do some basic training which will help in advising patients, boosting their morale and taking them to the hospital.

- Along with government doctors, private doctors should be filled 'Wealth Assessment Form' yearly so that income tax along with details of their property can also be ensured.
- Efforts should be made by rich and philanthropic individuals or society to open a 'Trust Based Hospital' area or Panchayat Wise so that poor patients can get access to their facilities at a low cost. It should also be ensured that the hospital is not profit oriented and the doctors serving these hospitals do not make their patients a means of reaching the private clinic.
- At the district level, a team of 5-member health-related experts should be set up to review of health-related problems weekly and at the same time take care of strategy management to solve the problems. It should also be the task of this team to coordinate with other district level teams and inform the state government and concern authority about the situation as per the requirement.



- For the protection of doctors and other medical personal, a separate police station and patrolling team should be set up at the district level so that they can be provided immediate help. This will develop a sense of security in them and they can give their service fearlessly. Because the violence against doctors and other medical personnel has increased over the past few decades. Incidents of violence often occur with them.

- In times of adversity, it has often been seen that the black marketing of medical equipment and medicine starts happening rapidly. In this regard, the drugs control team should work with its activeness. The state government should immediately take the production and supply of these things into its control. Apart from this, some public instructions should be issued in the field of medicine, in which 'what to do' and 'what not to do' and 'what should be his punishment', etc. is described. Many times it has been seen that due to lack of information, many wrong steps are taken by a man. This step will definitely put some control on all these things.



- Many civil society and non-governmental organizations are working in this area. They should work in mission mode in a goal oriented, result oriented direction. If there are too many groups in the district, then all those groups should work towards implementing and contributing a separate arrangement or health services (e.g. Medicine, Ambulance, Equipment, Blood, Food, Waste, Awareness, and Counselling, in the medical line itself).

Despite all these corrective initiatives (Can be used in either villages or cities level) the most important thing is the development of morality towards moral responsibility. It can be developed only from the inner core. Because what we do, we either know ourselves or God. The condition of man is that he obeys God, worships him but is not afraid of doing wrong. Everyone has to understand this. Only then can we serve humanity in a selfless manner. If this profession is anything, only serve humanity.

LIFE PRISM OF PAIN DURING PANDEMIC



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*Omsarvebhavantusukhina?sarvesantunir may ?
Sarvebhadra?ipa yantum ka ciddu?khabh gbhaveta!
Om nti? nti? nti?!!*

This above quoted shloka given by our ancestors meaning “*May all sentient beings be at peace, may no one suffer from illness, May all see what is auspicious, may no one suffer. Om peace, peace, peace,*” became the Shanti Mantra during pandemic and made us voyage on different journey with speed of life slowing down with the growing fear and uncertainties. Nevertheless, amidst the pain and suffering we saw the human spirit of facing odds with determination, devotion to duty and compassion. This journey has been an inward one wherein we all have realised our own selves and our limits.

The Sinister year 2020, casted a dark shadow on the entire world, and we all being spectators to the global pandemic, but purportedly, were we really prepared for the current scenario. It seems to me some dreamy sequence rather a nightmare or watching some fancy Hollywood movie where some super hero will rescue us at the end. To our despair, it was a dreadful reality and we have to live in it or to better say survive in it. Somewhere Back in my acquaintance, I remember the Darwin theory of “survival of the fittest” and today I have realised it in true sense. For all of us “immunity” became utmost thing in the past year. The importance of having healthy body, mind and soul became a priority and people tethered to it. The need of loving oneself, taking care of self and family nutrition is one of the most crucial lesson we all learnt in the pandemic.

The pandemic hit the entire world with full force and we were caged inside our own home,

it was amazing to witness immigration of different sector of people to their native place, the fear of a minute organism “Corona” barred us from stepping out. Industrial work was hampered, few or no vehicles on the otherwise jammed roads of Metropolitan cities. Pandemic inhibit the momentum of fast pace of life. The mother nature seemed to be healing, pleasant weather, cliff of Himalayan range was visible from distant places. paradoxically some relate Corona with “Karuna” which literally mean mercy in Hindi.



Though this epidemic shattered many homes and families, the Covid scenario was also a blessing in disguise for not only environment but also for animals. They were embracing the freedom given to them, moving out of their habitat. it was a thrilled experience evident by me during this pandemic.

The covid era marked as renaissance of spirituality, revived our belief on God. Everyone's inclination and connection with the supreme power strengthened further. Being a covid warrior, I have better perspective on life now. I am grateful to almighty for keeping us Hale and hearty. I feel

more content in life and have realised happiness lies beyond monetary things. I feel more self-reliant now, dependency on household help has relatively declined.

With the chances of return to “normal” life retreating further and further into the future, we’re left uncertain, floating in the present’s rarefied air. The peculiar nature of the current circumstances has altered my relationship with time, and I’ve found myself turning to narrative theory and concepts of plot to give meaning to my own isolation.



As a result, reflecting on the “now” as a part of a coherent whole provides me with a sense of continuity and direction, providing mindfulness in seemingly mundane daily experiences, rather than letting them blur into a haze of disconnected images, bobbing in my temporal sea.

Covid era has defined new parameters of normalcy. We all have been combating our fear and emerged perpetually better versions of ourselves. There is always a silver lining amidst of dark day. In quest of vaccinations, this harsh phase shall pass soon. Mankind will come out as an excelsior. Keeping optimists approach forward, there is a popular saying, “When it rains, look for the rainbow. When it’s dark, look for the stars.” The great tragedies of 1918, Spanish flu just vanish into the cracks of history. We don’t really know what happened to them but we get the occasional glimpse. Similarly, the Time will gradually balm the present ailment.



“The wheel of time turns, And Ages Come and pass, leaving memories that become Legend.

Legends fade to myth. Even Myth is long forgotten when the age that gave it birth comes again.”

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Water, Sanitation, Hygiene and Waste Management for the COVID-19 Virus

1. Introduction and background

In late 2019, an acute respiratory disease emerged, known as novel coronavirus disease 2019 (COVID-19). The pathogen responsible for COVID-19 is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, also referred to as the COVID-19 virus), a member of the coronavirus family. In response to the growing spread of COVID-19, WHO has published a number of technical guidance documents on specific topics, including infection prevention and control (IPC). These documents are available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>.

This technical brief supplement the IPC documents by referencing and summarizing the WHO guidance on water, sanitation and health care waste that is relevant to viruses, including coronaviruses. This technical brief is written, in particular, for water and sanitation practitioners and providers. It is also for health care providers who want to know more about water, sanitation and hygiene (WASH) risks and practices.

The provision of safe water, sanitation and hygienic conditions is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak. Ensuring good and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces and health care facilities will further help to prevent human-to-human transmission of the COVID-19 virus.

The most important information concerning WASH and the COVID-19 virus is summarized here.

- Frequent and proper hand hygiene is one of the most important measures that can be used to

prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behaviour change techniques.

- WHO guidance on the safe management of drinking-water and sanitation services applies to the COVID-19 outbreak. Extra measures are not needed. In particular, disinfection will facilitate more rapid die-off of the COVID-19 virus.

- Many co-benefits will be realized by safely managing water and sanitation services and applying good hygiene practices. Such efforts will prevent many other infectious diseases, which cause millions of deaths each year.

Currently, there is no evidence about the survival of the COVID-19 virus in drinking-water or sewage. The morphology and chemical structure of the COVID-19 virus are similar to those of other surrogate human coronaviruses for which there are data about both survival in the environment and effective inactivation measures. Thus, this brief draws upon the existing evidence base and, more generally, existing WHO guidance on how to protect against viruses in sewage and drinking-water. This document is based on the current knowledge of the COVID-19 virus and it will be updated as new information becomes available.

1.1 COVID-19 transmission

There are two main routes of transmission of the COVID-19 virus: respiratory and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact with someone who has respiratory symptoms (for example, sneezing, coughing) is at risk of being exposed to potentially infective respiratory droplets (1).

Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (known as contact transmission).

The risk of catching the COVID-19 virus from the faeces of an infected person appears to be low. There is some evidence that the COVID-19 virus may lead to intestinal infection and be present in faeces. Approximately 2-10% of cases of confirmed COVID-19 disease presented with diarrhoea (2,4), and two studies detected COVID-19 viral RNA fragments in the faecal matter of COVID-19 patients (5,6). However, to date only one study has cultured the COVID-19 virus from a single stool specimen (7). There have been no reports of faecal-oral transmission of the COVID-19 virus.

1.2 Persistence of the COVID-19 virus in drinking-water, faeces and sewage and on surfaces.

While persistence in drinking-water is possible, there is no current evidence from surrogate human coronaviruses that they are present in surface or groundwater sources or transmitted through contaminated drinking-water. The COVID-19 virus is an enveloped virus, with a fragile outer membrane. Generally, enveloped viruses are less stable in the environment and are more susceptible to oxidants, such as chlorine. While there is no evidence to date about survival of the COVID-19 virus in water or sewage, the virus is likely to become inactivated significantly faster than non-enveloped human enteric viruses with known waterborne transmission (such as adenoviruses, norovirus, rotavirus and hepatitis A). For example, one study found that a surrogate human coronavirus survived only 2 days in dechlorinated tap water and in hospital wastewater at 20° C (8). Other studies concur, noting that the human coronaviruses transmissible gastroenteritis coronavirus and mouse hepatitis virus demonstrated a 99.9% die-off in from 2 days (9) at 23° C to 2 weeks (10) at 25° C. Heat, high or low pH, sunlight and common disinfectants (such as chlorine) all facilitate die off.

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems likely to behave like other coronaviruses. A recent review of the survival of human coronaviruses on surfaces found large variability, ranging from 2 hours to 9 days (11). The survival time depends on a number of factors, including the type of surface, temperature, relative humidity and specific strain of the virus. The same review also found that effective inactivation could be achieved within 1 minute using common disinfectants, such as 70% ethanol or sodium hypochlorite (for details, see Section 2.5 Cleaning practices).

1.3 Keeping water supplies safe

The COVID-19 virus has not been detected in drinking-water supplies, and based on current evidence, the risk to water supplies is low (12). Laboratory studies of surrogate coronaviruses that took place in well-controlled environments indicated that the virus could remain infectious in water contaminated with faeces for days to weeks (10). A number of measures can be taken to improve water safety, starting with protecting the source water; treating water at the point of distribution, collection or consumption; and ensuring that treated water is safely stored at home in regularly cleaned and covered containers.

Conventional, centralized water treatment methods that utilize filtration and disinfection should inactivate the COVID-19 virus. Other human coronaviruses have been shown to be sensitive to chlorination and disinfection with ultraviolet (UV) light (13). As enveloped viruses are surrounded by a lipid host cell membrane, which is not robust, the COVID-19 virus is likely to be more sensitive to chlorine and other oxidant disinfection processes than many other viruses, such as coxsackieviruses, which have a protein coat. For effective centralized disinfection, there should be a residual concentration of free chlorine of ≥ 0.5 mg/L after at least 30 minutes of contact time at pH < 8.0 (12). A chlorine residual should be maintained throughout the distribution system.

In places where centralized water treatment and safe piped water supplies are not available, a number of household water treatment technologies are effective in removing or destroying viruses, including boiling or using high-performing ultrafiltration or nano membrane filters, solar irradiation and, in non-turbid waters, UV irradiation and appropriately dosed free chlorine.¹

1.4 Safely managing wastewater and faecal waste

There is no evidence to date that the COVID-19 virus has been transmitted via sewerage systems with or without wastewater treatment. Furthermore, there is no evidence that sewage or wastewater treatment workers contracted severe acute respiratory syndrome (SARS), which is caused by another type of coronavirus that caused a large outbreak of acute respiratory illness in 2003. As part of an integrated public health policy, wastewater carried in sewerage systems should be treated in well-designed and well-managed centralized wastewater treatment works. Each stage of treatment (as well as retention time and dilution) results in a further reduction of the potential risk. A waste stabilization pond (that is, an oxidation pond or lagoon) is generally considered to be a practical and simple wastewater treatment technology that is particularly well suited to destroying pathogens, as relatively long retention times (that is, 20 days or longer) combined with sunlight, elevated pH levels, biological activity and other factors serve to accelerate pathogen destruction. A final disinfection step may be considered if existing wastewater treatment plants are not optimized to remove viruses. Best practices for protecting the health of workers at sanitation treatment facilities should be followed. Workers should wear appropriate personal protective equipment (PPE), which includes protective outerwear, gloves, boots, goggles or a face shield, and a mask; they should perform hand hygiene frequently; and they should avoid touching eyes, nose and mouth with unwashed hands.

2. WASH in health care settings

Existing recommendations for water, sanitation and hygiene measures in health care settings are important for providing adequate care for patients and protecting patients, staff² and caregivers from infection risks (14). The following actions are particularly important: (i) managing excreta (faeces and urine) safely, including ensuring that no one comes into contact with it and that it is treated and disposed of correctly; (ii) engaging in frequent hand hygiene using appropriate techniques; (iii) implementing regular cleaning and disinfection practices; and (iv) safely managing health care waste. Other important and recommended measures include providing sufficient safe drinking-water to staff, caregivers and patients; ensuring that personal hygiene can be maintained, including hand hygiene, for patients, staff and caregivers; regularly laundering bedsheets and patients' clothing; providing adequate and accessible toilets (including separate facilities for confirmed and suspected cases of COVID-19 infection); and segregating and safely disposing of health care waste. For details on these recommendations, please refer to *Essential environmental health standards in health care* (14).

2.1 Hand hygiene practices

Hand hygiene is extremely important. Cleaning hands with soap and water or an alcohol-based hand rub should be performed according to the instructions known as "My 5 moments for hand hygiene" (15). If hands are not visibly dirty, the preferred method is to perform hand hygiene with an alcohol-based hand rub for 20"30 seconds using the appropriate technique (16). When hands are visibly dirty, they should be washed with soap and water for 40"60 seconds using the appropriate technique (17). Hand hygiene should be performed at all five moments, including before putting on PPE and after removing it, when changing gloves, after any contact with a patient with suspected or confirmed COVID-19 infection or their waste, after contact with any respiratory secretions,

before eating and after using the toilet (18). If an alcohol-based hand rub and soap are not available, then using chlorinated water (0.05%) for handwashing is an option, but it is not ideal because frequent use may lead to dermatitis, which could increase the risk of infection and asthma and because prepared dilutions might be inaccurate (19). However, if other options are not available or feasible, using chlorinated water for handwashing is an option.

Functional hand hygiene facilities should be present for all health care workers at all points of care and in areas where PPE is put on or taken off. In addition, functional hand hygiene facilities should be available for all patients, family members and visitors, and should be available within 5 m of toilets, as well as in waiting and dining rooms and other public areas.

2.2 Sanitation and plumbing

People with suspected or confirmed COVID-19 disease should be provided with their own flush toilet or latrine that has a door that closes to separate it from the patient's room. Flush toilets should operate properly and have functioning drain traps. When possible, the toilet should be flushed with the lid down to prevent droplet splatter and aerosol clouds. If it is not possible to provide separate toilets, the toilet should be cleaned and disinfected at least twice daily by a trained cleaner wearing PPE (that is, gown, gloves, boots, mask, and a face shield or goggles). Furthermore, and consistent with existing guidance, staff and health care workers should have toilet facilities that are separate from those used by all patients.

WHO recommends the use of standard, well-maintained plumbing, such as sealed bathroom drains, and backflow valves on sprayers and faucets to prevent aerosolized faecal matter from entering the plumbing or ventilation system (20), together with standard wastewater treatment (21). Faulty plumbing and a poorly designed air ventilation system were implicated as contributing factors to the spread of the aerosolized SARS coronavirus in a high-rise apartment building in Hong Kong in 2003 (22). Similar concerns have been raised about the

spread of the COVID-19 virus from faulty toilets in high-rise apartment buildings (23). If health care facilities are connected to sewers, a risk assessment should be conducted to confirm that wastewater is contained within the system (that is, the system does not leak) prior to its arrival at a functioning treatment or disposal site, or both. Risks pertaining to the adequacy of the collection system or to treatment and disposal methods should be assessed following a safety planning approach (24), with critical control points prioritized for mitigation.

For smaller health care facilities in low-resource settings, if space and local conditions allow, pit latrines may be the preferred option. Standard precautions should be taken to prevent contamination of the environment by excreta. These precautions include ensuring that at least 1.5 m exist between the bottom of the pit and the groundwater table (more space should be allowed in coarse sands, gravels and fissured formations) and that the latrines are located at least 30 m horizontally from any groundwater source (including both shallow wells and boreholes) (21). If there is a high groundwater table or a lack of space to dig pits, excreta should be retained in impermeable storage containers and left for as long as feasibly possible to allow for a reduction in virus levels before moving it off-site for additional treatment or safe disposal, or both. A two-tank system with parallel tanks would help to facilitate inactivation by maximizing retention times, as one tank could be used until full, then allowed to sit while the next tank is being filled. Particular care should be taken to avoid splashing and the release of droplets while cleaning or emptying tanks.

2.3 Toilets and the handling of faeces

It is critical to conduct hand hygiene when there is suspected or direct contact with faeces (if hands are dirty, then soap and water are preferred to the use of an alcohol-based hand rub). If the patient is unable to use a latrine, excreta should be collected in either a diaper or a clean bedpan and immediately and carefully disposed of into a separate toilet or latrine used only by suspected or confirmed cases of COVID-

19. In all health care settings, including those with suspected or confirmed COVID-19 cases, faeces must be treated as a biohazard and handled as little as possible. Anyone handling faeces should follow WHO contact and droplet precautions (18) and use PPE to prevent exposure, including long-sleeved gowns, gloves, boots, masks, and goggles or a face shield. If diapers are used, they should be disposed of as infectious waste as they would be in all situations. Workers should be properly trained in how to put on, use and remove PPE so that these protective barriers are maintained and not breached (25). If PPE is not available or the supply is limited, hand hygiene should be regularly practiced, and workers should keep at least 1 m distance from any suspected or confirmed cases.

If a bedpan is used, after disposing of excreta from it, the bedpan should be cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, and then rinsed with clean water; the rinse water should be disposed of in a drain or a toilet or latrine. Other effective disinfectants include commercially available quaternary ammonium compounds, such as cetylpyridinium chloride, used according to manufacturer's instructions, and peracetic or peroxyacetic acid at concentrations of 500-2000 mg/L (26).

Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and, possibly, this may introduce risks associated with splashing.

2.4 Emptying latrines and holding tanks, and transporting excreta off-site

There is no reason to empty latrines and holding tanks of excreta from suspected or confirmed COVID-19 cases unless they are at capacity. In general, the best practices for safely managing excreta should be followed. Latrines or holding tanks should be designed to meet patient demand, considering potential sudden increases in cases, and there should be a regular

schedule for emptying them based on the wastewater volumes generated. PPE (that is, a long-sleeved gown, gloves, boots, masks, and goggles or a face shield) should be worn at all times when handling or transporting excreta offsite, and great care should be taken to avoid splashing. For crews, this includes pumping out tanks or unloading pumper trucks. After handling the waste and once there is no risk of further exposure, individuals should safely remove their PPE and perform hand hygiene before entering the transport vehicle. Soiled PPE should be put in a sealed bag for later safe laundering (see Section 2.5, Cleaning practices). Where there is no off-site treatment, in-situ treatment can be done using lime. Such treatment involves using a 10% lime slurry added at 1 part lime slurry per 10 parts of waste.

2.5 Cleaning practices

Existing recommended cleaning and disinfection procedures for health care facilities should be followed consistently and correctly (19). Laundry should be done and surfaces in all environments in which COVID-19 cases receive care (for example, treatment units, community care centres) should be cleaned at least once a day and when a patient is discharged (27). Many disinfectants are active against enveloped viruses, such as the COVID-19 virus, including commonly used hospital disinfectants. Currently, WHO recommends using:

- 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers);
- sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces.

All individuals dealing with soiled bedding, towels and clothes from patients with COVID-19 infection should wear appropriate PPE before touching it, including heavy duty gloves, a mask, eye protection (goggles or a face shield), a long-sleeved gown, an apron if the gown is not fluid resistant, and boots or closed shoes. They should perform hand hygiene after exposure to blood or body fluids and after removing PPE. Soiled linen

should be placed in clearly labelled, leak-proof bags or containers, after carefully removing any solid excrement and putting it in a covered bucket to be disposed of in a toilet or latrine. Machine washing with warm water at 60°-90° C with laundry detergent is recommended. The laundry can then be dried according to routine procedures. If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully in sunlight.

If excreta are on surfaces (such as linens or the floor), the excreta should be carefully removed with towels and immediately safely disposed of in a toilet or latrine. If the towels are single use, they should be treated as infectious waste; if they are reusable, they should be treated as soiled linens. The area should then be cleaned and disinfected (with, for example, 0.5% free chlorine solution), following published guidance on cleaning and disinfection procedures for spilled body fluids (27).

2.6 Safely disposing of greywater or water from washing PPE, surfaces and floors.

Current WHO recommendations are to clean utility gloves or heavy duty, reusable plastic aprons with soap and water and then decontaminate them with 0.5% sodium hypochlorite solution after each use. Single-use gloves (that is, nitrile or latex) and gowns should be discarded after each use and not reused; hand hygiene should be performed after PPE is removed. If greywater includes disinfectant used in prior cleaning, it does not need to be chlorinated or treated again. However, it is important that such water is disposed of in drains connected to a septic system or sewer or in a soak-away pit. If greywater is disposed of in a soakaway pit, the pit should be fenced off within the health facility grounds to prevent tampering and to avoid possible exposure in the case of overflow.

2.7 Safe management of health care waste

Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. There is no evidence that direct, unprotected human contact during the handling of health care waste has resulted in the transmission of the COVID-19 virus. All health care waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably on-site. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All who handle health care waste should wear appropriate PPE (that is, boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it. For more information refer to the WHO guidance, *Safe management of wastes from health-care activities* (28).

3. Considerations for WASH practices in homes and communities

Upholding best WASH practices in the home and community is also important for preventing the spread of COVID-19 and when caring for confirmed cases at home. Regular and correct hand hygiene is of particular importance.

3.1 Hand hygiene

Hand hygiene in non-health care settings is one of the most important measures that can be used to prevent COVID-19 infection. In homes, schools and crowded public spaces “such as markets, places of worship, and train or bus stations” regular handwashing should occur before preparing food, before and after eating, after using the toilet or changing a child’s diaper and after touching animals. Functioning handwashing facilities with water and soap should be available within 5 m of toilets.

3.2 Treatment and handling requirements for excreta

Best WASH practices, particularly handwashing with soap and clean water, should be strictly

applied and maintained because these provide an important additional barrier to COVID-19 transmission and to the transmission of infectious diseases in general (17). Consideration should be given to safely managing human excreta throughout the entire sanitation chain, starting with ensuring access to regularly cleaned, accessible and functioning toilets or latrines and to the safe containment, conveyance, treatment and eventual disposal of sewage.

When there are suspected or confirmed cases of COVID-19 in the home setting, immediate action must be taken to protect caregivers and other family members from the risk of contact with respiratory secretions and excreta that may contain the COVID-19 virus. Frequently touched surfaces throughout the patient's care area should be cleaned regularly, such as beside tables, bed frames and other bedroom furniture. Bathrooms should be cleaned and disinfected at least once a day. Regular household soap or

detergent should be used for cleaning first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1 part household bleach with 5% sodium hypochlorite to 9 parts water) should be applied. PPE should be worn while cleaning, including mask, goggles, a fluid-resistant apron and gloves (29), and hand hygiene with an alcohol-based hand rub or soap and water should be performed after removing PPE.

Note on document development and background

The content in this technical brief is based on the information currently available about the COVID-19 virus and the persistence of other viruses in the coronavirus family. It reflects input and advice from microbiologists and virologists, infection control experts, and those with practical knowledge about WASH and IPC in emergencies and disease outbreaks.

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PANDEMIC EXISTENTIAL PHILOSOPHY



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We stand as no stranger to this term. As much as we do not like the concept, the dangers it possesses and how unwittingly it has become a part of our lives makes the very word of 'pandemic' itself a crucial topic to be talked about. The globally affecting disease, on the surface, may appear to be run of a mill occurrence that comes every once or so in about a hundred years. Nevertheless, behind all the conspiracies and speculations surrounding the virus, one cannot pinpoint the actual flaw of modern society, which is implicit by nature and unspoken in words: The human society still has a lot to learn.

While looking back at the glorious (compared to the recent) year of 2019, it all started when the habitants of a particular territory got interested in taking out a blind flying rodent from its natural habitat to intermingle with the human society and served it in the form of a delicacy. Not many tasted the dish out of disgust, and some viewed it as an ecstasy satisfying our hunter origins, but the result of such harmful concoction was felt across the continents. We got locked up in our homes, lost contact and friendship with many, and the solidarity that many introverts sought throughout their lives ended up as dissatisfied with the very concept of life itself. Since we were held as a captive in a homely habitat because of a situation that was not created out of our own volition, a sense of dread, fear, angst, and ambivalence of all these emotions can only begin to describe the bag of mixed emotions everyone experiences in varying degrees. It is, therefore, quite crucial to understand this strange and yet not uncharted enough, the recurring event of human civilization that takes help from great thinkers of the past and to understand what the school of ideas has to offer indeed.

Plagues are not a freakish or rare occurrence recorded in all human history. While going through the annals of it reveals a crucial fact to the reader:

The only thing that we learn from history is that we do not learn from history. This is a word for word what the influential German philosopher Hegel decreed about the sorry state of human civilization. One of the most severe manifestations of our failure to learn decency and humanity from the plague comes in the fictional work "The Plague" written by the French Philosopher Albert Camus and published in 1947. He began working on it in 1941, and after the herculean task of embroiling himself with history and texts associated with death and pandemics, he wrote the novella, which was hailed as the "Greatest European novel" of the second half of the 20th century.

The book chronicles the events of the plague, presented objectively through the eyes of Doctor Rieux, the protagonist of the story. It takes place in the modern town of Oran. The inhabitants hail and worship technical ingenuity and call infidel to none but the bankrupts. One day, akin to a horror story, the writer discovers the dead body of rodents across the city. In the act of panic, the authorities clean out the dead in a massive collection and annihilation process; the citizens take a sigh of relief, but the Doctor is aware of the disaster to come. Soon the plague hits the city and, at its peak, claims 500 lives daily.

The town gates are shut, families and loved ones are separated, and telephone and telegram services are mostly restricted only to 'urgent' services. The Doctor cannot tend to his wife, who lives in the other part of the city and engrosses himself in the service of the townspeople. In front of him, many expire, including children, young adults and the old. Doctor Rieux is brought face to face of the enormities of the evil that pestilence breeds, though it lacks a human dimension, which makes people ignore its existence. However, the death tolls are enormous. In the building climax of the story, the antagonist of the story, a catholic priest Paneloux holds a sermon declaring that the

plague is an act of purification carried out by God himself and would usher in Paradise only for the true believers, but Rieux is not entertained with this. The Doctor denies the arrogant, boastful, and cruel claims of the priest. Soon after, the priest himself is entrapped by a similar disease, which proves fatal.

In the ending pages, the plague has come and gone, the town gates are open, and we see the Doctor mourning the loss of his wife. Eventually, the Doctor makes his final diagnosis:

“Pestilence is so common, there have been as many plagues in the world as there have been wars, yet plagues and wars always find people equally unprepared. To simply say what we learn in the midst of plagues: there are more things to admire in men than to despise.”

This story not only embraces the very dangers of empty heroism that comes from denying the fear of death, and at the same time places a covert warning and reminder for the human society, which it fails to understand repeatedly. Looking at post-modern(post-covid) religion, Science, society, economics, politics, and human psychology may suffice some of the key aspects of the existential dread human civilization faces.

Religion vs Science:

Since time immemorable, religion has been with humankind right from the ancient historical grounds of 4000 BC when the aboriginal Australian drew the Yingarna serpent on a rock to the youngest world religion of Islam in the 7th century AD. Religion, at its core, has a greater intention and underlying desire to explain a very confusing world around us. Though many religions are present worldwide, some have reduced to being mere spectacle or sideshow attractions in roadside carnivals. Simply because it has been validated with the profound claims of inaccuracy and deemed as 'superstitious' by perhaps the most remarkable tool that humankind ever created: Science. It quite beautifully has led people to move away from direct and divine intervention ideas, but it failed at addressing one crucial flaw of human hierarchy the power vacuum created at the top. Groups of scientists have successfully replaced authoritarian religious figures, but in the

due process became 'Gangs of Scientists' and provided a new source of power to tyrants, who in the past and still to this very day exploit the credulity of the avid science believers for their own commercial and nefarious means.

Such a claim may seem to be bold, but a simple and mundane act of opening the telly, or 'the tube' for your visual cravings, and you are bombarded with advertisements professing the product to be superior in the cutthroat market. Such declarations are supported by using the word Science in their claims. “Proven by real science”, “that is a scientific fact”, “supported by latest lab experiments”, is one of the many tactics used by commercial brands to take advantage of the unaware masses.

“An objective value for a Godless Age.”, as the German thinker and science enthusiast Friedrich Nietzsche would say to comment on the strange dilemma we face in a post-modern age. The main objective to criticize Science is not to ask the reader to reject religion altogether. Nevertheless, instead, it asks the reader to take a step further and try to reconcile reason with faith, innovation with revelation and religion with Science. Understood psychologically, religion and Science are forms of knowledge. Sure, some religious beliefs appear to be false and based on foundations of blind fellowship promoting untenability of beliefs. However, deeply hidden within the grandeur of the beautiful architecture it boasts, religious beliefs are crucial in providing which no other can provide: Peace of Mind.

Neurotheologist such as Andrew Newberg has equated religion as a form of drug. He compares the relief religion provides to the practitioner as a drug addict might get from taking a daily fix. The brain scans observed of both the practitioner and drug addict exhibited the same level of Dopamine concentrations. The Electrodermal graphs as well were indicative of what was observed. No matter the results, at its core, religion and Science are truly different forms of knowledge. Each of them has its respective place, and quite similarly, humanity would require the use and connection between both if it wishes to strive. Blind worship of any just for knowledge's sake can lead to dire consequences. As the German thinker famously

put it in his masterpiece, *The Gay Science*: “Man should not be the servant of knowledge. Knowledge should be the servant of man.” This quote places clarity on the individual's mind and leaves us all with a very critical question: Why can't we all think a bit more like Nietzsche?

The Economic Seesaw:

The pandemic times have not only brought to notice the fragility of human life. But it has also brought to notice the fragility of the very financial fabric that modernity boasts of so much. Our world economy though impervious to the humanly fatal effects of the disease, are battling a financial pandemic. Such disruption is bound to happen with any pandemic. The widespread resentment that comes while battling a disease of such magnitude is bound to reflect on the mood of the market and overall trade aspects. Most importantly, we should understand that our world economy is bound together so delicately that when prices rise or the commodity rate fluctuates, its expense goes out of the pocket of the common person. This is not surprising.

A closer look at the works of the most ambitious critic of Capitalism, Karl Marx, can provide some resolution to understand the failure of this system. In his book, *Das Kapital*, Marx had proposed that any capitalist system is marred by crises. Every crisis of this kind comes from something quite odd. The crises of such kinds accompany the production of commodities on a gargantuan scale, which is far too much, even beyond the required consumption. In other words, every time the Capitalist system is at the fault of producing so much in surplus to gain monetary benefits and, as a result, end up in a situation that does not highlight the flaw of the system but emphasizes blaming the individual. With that being highlighted, we should now focus on what a person can do to accommodate such turbulent times.

To fully battle this situation: we would need the help of three known intellectuals.

- Maslow's hierarchy of needs.
- The existentialist thinker, Jean-Paul Sartre.
- Father of Communism, Karl Marx.

As per Maslow's hierarchy, the most basic need for a human being is clothing, food, shelter, and

warmth. The other aspects of life such as social status, fame, relationships (single or multiple) and luxuries are all broadly classified as 'wants', which are bound to confuse anyone at any given point in life. Understanding for the commoner that most of the time, the basic needs are fulfilled can be a sign of relief, motivation and similarly applying this understanding to gain self-discovery and moving a step closer to enlightenment in a modern sense.

Jean-Paul Sartre, in an attempt to add glamour to the largely begotten subject of Philosophy, came with this memorable phrase: “Being precedes Essence”. 'Being' are the bits of our life that we are free to choose: How we live our life, what job we do, and Essence comprises of things that lie outside our command: our biological nature, the flow of history, the position of the stars and so on. This recognition and surrender to these random aspects of our life may seem to be on the fringes of a defeatist mentality, but when applied to a good chunk of our daily lives can help us in dealing with anxiety, pain, and sufferings that we have accepted unknowingly when signing on the bounding contract called life.

Finally, returning to Karl Marx, one of the biggest problems arising out of a turbulent economic landscape is the limitations of our imagination. As a child, it would be easy for us to wear an extra pair of baggy lowers to think of ourselves as an astronaut, or to save up on time, we might pull off the genius act of spooling four crayons together with a rubber band or glue to finish the colouring book in a time-saving manner. The multiplicity of our interests as displayed in our younger days could not be replicated in the modern economy. Part of the problem is that our modern economy is highly specialized. Specialized roles allow society to be better equipped with the commodity they need, at the cost of ignoring the generalist nature apparent in all of us. Marx, in his '*German Ideology*', wrote:

“In a communist society, it is possible for me to do one thing today and another tomorrow, to hunt in the morning, fish in the afternoon, rear cattle in the evening, criticize after dinner, just as I have a mind, without ever becoming hunter, fisherman, herdsman or critic.”

With these great thinkers' knowledge, we are more emotionally mature and intelligent to understand

the financial adversity that lay in front of us. This can be battled by expanding our restrictive thinking regarding work and branching out to other dynamic avenues and fields we can excel in. Just because the individual has failed to achieve targets in sales does not necessarily mean that he cannot excel in writing or as a student counsellor. By adhering to this generalist facet of human nature, we can broaden our thinking horizon and see more opportunities in areas we would not know about unless we try first. This is a description of the skill flexibility required from the future workforce and not its prescription.

Choose wise (influencers), live well:

This is perhaps one of the most significant snags in modern society. Society (modern or even the ancient) is very much fascinated by the lives of the rich and aristocrats. Ancient Greece was fascinated by Aristocrat Alcibiades and the boxer Milo. The smooth talkers were able to lure the masses of Greece and gained power and prominence in matters of state. Soon after, removing fundamental rights in favour of the catastrophic military campaigns in Sicily made the mistake more evident. The founding father of Western Philosophy, Socrates, and Plato were acutely aware of this. In 'The Republic', Plato outlined the biggest problem with celebrities or role models. Celebrities give glamour to flaws of character. For him, the protectors of the society were termed as "Guardians"; they were the most virtuous, stayed away from the limelight and avoided doing humanitarian acts to earn more fame in return. The dilemma faced by our modern society finds much resonance with this thinking of Plato. Nowadays, the social media handles are full of influencers who promote their own brand by exploiting the fan following they have and make pleads and claims to favour their own brand. Such people are advertently bound to vouch for a particular commodity in exchange for money. The recent plethora of immunity-boosting advertisements consisting of the biggest names

reflects this thought. The one who stands to gain from this is, of course, the multi-millionaires, not the common public.

Ending Thoughts:

We are standing at a very decisive point in our life. The medical systems have failed us, and hope gained for some time is utterly shattered in the face of deaths left in the wake of the pandemic. What can humanity learn from this is quite monumental, yet the involvement of bowing down to necessities of life may make it difficult for the modern man to attach from his fellow human being in the sense of humanity and decency. We can all keep these three G's close to heart, which would act as the moral compass for any person away from the confines of religion or concrete authority of any kind.

The first G is 'Good thoughts'. This approach advocates understanding what is right from wrong and, more precisely, understanding the suffering of our fellow human being. From this Good thought, we can have the second G, 'Good words.' Avoid speaking without morality to a fellow person and only indulge in intelligent and humble conversations. Furthermore, when we combine the above two G's, we arrive at the final G, which is 'Good Deeds'. A good deed you can do anytime is to help the poor, fight injustice, extend bridges, and not create walls. Applying all the three Gs in our daily lives can only help society be more civic and usher in a Utopia.

This task may seem small but replicated on a massive level brings a substantial and thought-provoking insight. Making and worshipping the medical staff, the front-line warriors and the unsung heroes as the true influencers promotes a thought with beliefs in rationality, faith in tolerance and rejection of superstition of every kind. We should all join hands and sincerely affirm the famous quote by Marx:

"Philosophers until now have only interpreted the world in various ways. The point, however, is to change it."

Ecotourism - The way Forward (in Uttarakhand)



Ravi Mathur, IRS (1979)
Ecological and Environmental Advisor

The Himalayan State of Uttarakhand (UK) with its rich biodiversity and variety of floral and fauna attracts millions of tourists every year. In order to conserve this natural heritage, the State has declared twelve areas as “Protected” including 6 National Parks and 6nWildlife sanctuaries. Nearly 65% of the geographical area of the State is forested, of which over 12% comes under the Protected Area Network.

This natural diversity is complemented by cultural tradition, nature and social practices associated with local communities such as Bhotiyas, Tharus, Rajis, Jaunsaris and other indigenous groups. Significantly these tribes and groups largely occupy relatively underdeveloped areas of the State in and around the “Protected” areas.

Of late there is growing, albeit, belated awareness in government circles of importance of Uttarakhand conserving its bio-cultural natural heritage while opening its doors to domestic and international tourists.



The Uttarakhand government consequently is in the process of finalizing a long term eco-tourism policy. The proposed policy seeks to

built adequate safeguards to prioritize conservation of environment, reduce threats to biodiversity, promote socio-economic development, particularly in rural areas of hill districts and facilitate low impact responsible travel to natural areas, which are culturally and ecologically sensitive. Participation and involvement of local communities with a view to generating nature compatible livelihood has been flagged. This in turn is expected to arrest out migration from rural areas of hill districts.

Keeping the above macro-principles in mind, Ecotourism has been defined in the proposed policy document as a form of sustainable tourism within a natural or cultural heritage area, where community participation protection of natural resources, cultural and other indigenous practices are fostered and preserved for enrichment of host community and satisfaction of visitors. Policy guidelines also seek to draw a distinction between “Adventure Tourism” and “Eco-tourism” and draws up a list of activities coming under the ambit of Eco-tourism.



These inter alia includes:-

Trekking, nature walks, hiking, photography

Visits to Uttarakhand's fairs and festivals and exposure to local traditions.

Lodging in Campsites, Eco Lodges, home stays and guest houses. Located in identified areas of nature/cultural significance.

Jungle safaris in specified forest areas with overnight camping at designated sites.



The administrative architecture for implementation of the proposed Eco-tourism policy envisages a District Committee, headed by the District Magistrate, which shall be responsible for identification of new projects and proposed activities within and outside the forest areas. All proposals will then be forwarded to the UK Tourism Development Board (UTDB) Eco-tourism wing, for approval. The UTDB will be the nodal agency responsible for identifying, proposing and developing existing and/or new sites. The Eco-tourism wing will also be responsible for identifying and selecting partners for development of Eco-tourism products/sites in Public Private Partnership (PPP) mode.

While the policy mentions that all the Eco-tourism proposals for use of forest areas will be forwarded to the Forest Department by UTDB for review and comments, the final authority for selection and setting up of Eco-tourism projects lay with the District Eco-

tourism Committee and the UTDB. Prior to establishment of Eco-tourism zones, consultations are also proposed with local NGOs, Community based Organizations, Local people representative groups and private tour operators.

Once sites are identified, a team of experts in different fields including those trained in environmental impact evaluation along with a team of local residents would be involved in the site development process. The policy also lays down guidelines for monitoring and review product development and marketing, certification of facilities, setting standards for carrying capacity in the Eco-tourism zones and forested areas to prevent damage to the bio-diversity and eco-systems.



As would be apparent from the above discussion, the proposed Eco-tourism policy is a comprehensive documented Business Plan.

However past experience of Eco-tourism projects in India suggests caution, compulsion to maximise profits under the garb of nature-based tourism can end up promoting pseudo-ecotourism, an approach with limited benefits to protected areas and local communities.



One common phenomenon is “Green Washing”. It includes unregulated development of relatively undisturbed areas, appropriation of ancestral land or application of traditional tourism modes under guise of Eco-tourism (promotion of Eco lodges, adoption of recycling of rain water harvesting etc). These are essentially marketing strategies masquerading under eco labels.

While it is too early to comment on how successful the proposed Eco-tourism policy will be, some worrying aspects need comment. The Policy is heavily loaded in favour of opening up many forest areas for Eco-tourism, which could disturb the movement wild life using forests as corridors. Some proposals may also conflict with the national Eco-tourism policy in so far as it relates to Forest and Protected areas. For instance, a conflict area could be the proposal for using forest rest houses for commercial purposes, which flies in the face of a Supreme Court decision. The policy also seems to be driven by the Tourism Department with the Forest Department having a marginal role in deciding, which areas to open up or not. The

Draft Policy has moreover been framed in such a way that it leaves most of the power to bureaucrats, even as it envisages participation from the Panchayats. A bureaucracy driven process with little or no local rights is not an ideal vehicle for benefiting the local communities, irrespective of how skilfully the policy is worded.

Uttarakhand, fortunately does have some existing projects, which could serve as role models for Eco-tourism developments in the State. In this context, mention may be made of Kumaon Maati outside the Corbet National Park (Community based Eco-tourism in partnership with the Forest Department), Green People (NGO managed and community based Eco-tourism at Goat Village near Nag Tibba in Mussoorie), Mountain Shepherds (Community owned and operated Eco-tourism in Nanda Devi, Garhwal region) and Himalayan Ark (private owned and community partnership based home stay in Kumaon Region). It is hoped that these examples will pave the way for a participatory and bottom-up approach to Eco-tourism policy and its implementation in Uttarakhand.



The Civil Society - activities related
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Panel Discussions etc to
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at
rpani246@gmail.com

BHAAVA-EXPRESSION. RAASA EXPRESSION



NALINI- KAMALINI
Benaras Gharana of Kathak Dancers
dancenalinikamalini@gmail.com

The very key to human existence in the present civilized world – “Expression “. Well, one could say, a person’s entire life revolves around expression. As a dancer, one required to portray myriad expression on stage. Since it is something we love doing. Everyone thinks it would be appropriate to write about Expressions.



What is referred by a layman as “Expression” is coined “Bhaava” by performing artistes. Bhaava further builds up to “Raasa”, palatable only to those who know of experiencing the highest form of union with the Paramatama-God or Jeevatma-soul. At any point of time in your life, if you have experienced an inexplicable sense of contentment, indelible moist eyes, you have certainly experienced unison with the divine, either God, or your own soul. And that Experience is “Rasa”. we have complied this definition for Rasa, from interpretations of various explanations that we have heard.

Now this description of Rasa, startled us at first, because, we are someone who gets tears

at even those minute instances which are generally passed as irrelevant by the world- if a very beautiful Raga like Madhuvanti or Charukeshi is rendered by someone in a very moving and soul stirring manner, or if one read about Andal Tirukkanavu (marriage of Andal with Lord Narayan), or visions of the gruesome life of Saint Meera, or when one watchor perform Raaslila (a thematic presentation of Radha krishna) or just being able to touch the feet of a guru like Jitendra Maharaj;



We have had droplets rolling down our cheeks at situations such as these. The ecstasy that certain things like this give can only be understood, when experienced. And this experience is what they call “Raasa”. The Natyothpatthi Shloka says “Yathobhaava, tathoraasha” translating into “Where there is Bhaave, Raasa follows”. Naturally, the underlying principle to Experience is by Expression. If the vocalist renders soulful expression in his vocal presentation then dancer experiences that emotion, wise versa,

dancer depicts visually aesthetic expression and the audience experience that emotions and are carried away. When a friend, after watching a performance tells you that “she had tears in her eyes during Shiva Stuti or Thumri depicting Krishna leela “, or when a connoisseur compliment after watching the concert “ Nalini –Kamalini !!!! Amazing! Unbelievable!! Ah you took us to different world,you were just looking like SHIVA PARVATI ’ a darshan of my deity,that means , you have justified the Character you were presenting during the dance concert , and thus given an experience to the audience ,they will cherish. This is the essence of Indian classical art forms, and this is the responsibility of every artiste.

And now we are putting forth a question that has troubled me for quite some time – what is wrong in extending this confluence to our normal life, off stage? Why should we restrict the Experience-Express cycle only to stages where we perform? Is it incorrect to be vividly eloquent about our daily life scenarios? It is disheartening to see expressive people being branded as overtly articulate cartoons, when they wish to retain the personality that they

carry on stage. And it is even more unfortunate having to see individuals who are so expressive on stage but turn into cold, dull personalities otherwise, owing to being branded “Fake” or “Artificial” by commoners. Another distressing element is that, expressing is considered a weakness. People, mostly well wishers, have often told us – “Don’t ever reveal your expression, it is considered that it makes you weak and helpless in front of others”. Shedding tears after a wonderful performance by Bragha Bessel or Mandolin Shrinivas, or after watching films like TaareZameen Par and Guzarish, makes you frail which angle, may I ask? Curbing such as expression, distorts the very foundation of Rasa, of connecting with the supreme. And of what use is it to be born a human, if you do not have Rasa in you?

The Sanskrit translation of Rasa is “essence” or “flavor”. An indispensable fundamental of life isn’t it?

So, confidently retort – “The world is our stage”, and never shun an expression!!!!

EXPERIENCE.....EXPRESS!!!!



When The Suffering is Blessing to Serve the Others- (Journey of the First Patient Centric Welfare society (ILPF) of India)



Dr. Ashok Choudhury
MBBS MD DM (liver health and Transplant)
Author, Researcher, Academician and Social Activist.
Email:-indianliverpatientfoundation@gmail.com

I suffer-I care; Now It's You. This simple line has a million dollar meaning. When a person suffers a pain, he faces a tragedy, and then it is his/her experience that guides others not to avoid the bitter lessons. With this concept a patient-centric civil society organisation was conceptualised on the auspicious day of 2nd October 2016. Mrs Sabitawas one of the luckiest to recover completely from this chronic disease of cirrhosis and Ms Heena had a genetic liver disease, who got a second life with organ donation from cadaver. Both set example for the society to send a message what is our theme line.

The main catalyst was the experience of Dr Ashok in his trip to Barcelona, where the liver patients had a voice under European Liver Patient Association (ELPA). These Societies offer financial support to fellow patients,



'adoption' of a patient by another patient who is capable enough etc. They often support medical research; and, also at present they are a major advocate before governments in health policy formulation. Keeping this in

mind the team registered Indian Liver Patient Foundation (ILPF) in 8th November 2016 with a vision to achieve a society where each liver patient is diagnosed in time and treated with respect, getting access to proper medical care. The mission is to increase Awareness about Liver Diseases; enable Prevention vide Information, Education & Communication; and enhance the Quality of Life of the common masses.

Why it is needed!!!

According to WHO data of May 2014 Liver Disease Deaths in India reached 216,865. Hepatitis B related liver disease- affects 3% of population of India i.e. with a population of more than 1.25 billion. India harbours 10–15% of the entire pool of HBV carriers of the world. Approximately 10 Lakhs infants born every year in India run the lifetime risk of developing chronic Hepatitis B infection due to mother to baby transmission. It is preventable by simple screening of mother as well as vaccination to the newborn. Ironically, with increase in living standard, liver disease progressively are going up even among younger age group due to increased accessibility of alcohol and unwittingly, adoption of bad life style. The burden of obesity has been steadily increasing. The prevalence of fatty liver related disease ranges from 5-28% i.e. about 30 million of Indians. The incidence of this cancer has been steadily rising at an alarming rate, liver cancer was recognized as the 4th most common cancer in males in India. It is mainly due to hepatitis B and C, and presently the fatty liver related cirrhosis is also becoming a major concern.

When the disease gets beyond control, transplant is the only treatment to improve survival. In India 200,000 people need a new kidney every year and 100,000 need a new liver, but only 2% to 3% of the demand for new organs is met. Finding a donor- family members to accept their loved one is brain dead and the religious superstitions, makes the thing more complicated.

What ILPF Achieved in its Mission!!!

ILPF was formed by a group of like-minded individuals comprising patients dedicated for the cause, doctors, other health care providers, policy makers, social activists who strive for empowering masses on issues like hygiene, health, liver disease, organ donation and enable Prevention with Information with focus on stress-reduction, de-addiction, meditation and dietary practice sessions. It is born out of real love of labour and stands for better life-preventive, promotive and curative- of people afflicted with the blight of liver diseases.

Know Hepatitis-No Hepatitis Campaign

Learn it, practice it and prevent it. To practice this ILPF did started this flagship programme “Know Hepatitis-No Hepatitis” in 2017. In this we covered till date 25 schools, 3 orphanages, 2 old-age homes, 15 institutions and 3 corporate offices and addressed to about 10,000 people. Deliberation, demonstration, flyers distribution and screening for hepatitis was undertaken free of cost in Khurda, Cuttack and Puri districts. The beauty of the programme was that it cantered around the children who were our messengers to carry good habits for themselves, for family and the surrounding and this way to reach the masses. This will help in the WHO theme “Find the missing million” to eliminate hepatitis from world by 2030. We released booklet written by a hepatitis B patient also a movie on. Quiz and Discussion programmes were held for students on liver diseases to make them spread the word to the masses.



Sand art by International Sand artist also raised campaign.

Miss Nanhi from Haryana, who suffered hepatitis B with jaundice due to mother baby transmission, at very tender age and at her beginning of her carrier as athlete, but she conquered over it and proudly sharing the vision and mission of ILPF and now an international sprinter [Fig-3].



International Sprinter under 19, Miss Nanhi spearheading hepatitis awareness campaign

Mr Bibhuti, a successful software engineer suffered the stigma, choose to challenge this and currently an office bearer and instrumental in spreading awareness about liver care.

Know Hepatitis campaign logo and Five finger pic



The campaign- Know Hepatitis No Hepatitis.

Living Initiative with Fresh Energy (LIFE) Initiative:

Life may be short but it should be enjoyable-the dream for all of us. But does it happen so for everyone? No, because we often adopt bad life style. To curb this, to break the chain, we need to re-program our life style: hence is the focus on Life initiative-started under supervision of Er. Pani and Mr Pratap. This is a structured programme where awareness, counselling, dietary advice, screening for liver problem by advanced machine i.e.Fibroscan and free doctors consultation was undertaken routinely by ILPF. Our volunteers Dr Dinesh, Dr Pratibhashree by periodic Yoga camp as well as Nanna Sir with Anjali on healing touch, the 'mindfulness' practice by Ms Anindita and Diet Plan of Ms. Laxmipriya both online and offline are some of the brilliant efforts to propagate healthy life style and care about liver.. We have conducted such 2 mega programme, 15 institutional, 6 corporate programme. We also conduct free monthly diet clinic on every fourth Sunday. Psychotherapy and dedicated support by Dr Suvendu, Dr Sanjay Pani made LiFe as a comprehensive approach that connects body,mind and soul with Nature as a preventive approach.

Yoga pic with Life



Yoga Practice session by Prof Pratibha Shree part of LiFe programme

NIRUJAM-the Ageless Living Concept for Happy Ageing

Everyone needs to lead a happy and healthy life. The ageing is natural but should be meaningful and happy. An elderly feel comfortable more with friends than family. These are the concepts upon which our "NIRUJAM", another Flagship programme is running.

Wellness programme integrating natural, traditional and modern health practices for achieving holistic health is "NIRUJAM-the Ageless Living". We conducted seminars for happy geriatric living, visit and interact with Old-age homes. During COVID time ILPF has supported with ration, medicine, clothes at Earth Saviour Foundation under supervision of Mr Kuldeep Chouhan and Mr Sutar. Now we are planning a wellness centre with healthy ageing for senior citizens at spiritual city of Puri.

School Health Initiative- Project PRAYAASH

School Health Programmes were the milestone that was successful in inculcating healthy living habits among children and could educate them about Hepatitis, Organ



Donation and healthy habits as well. Till now 15 schools of Puri, Cuttack and Khurda District are covered in these programmes by our esteemed doctor members Dr Bhrati, Dr Soumya, Dr Lipika, Dr Snajiv. Now a new

Project PRAYAASH is being planned to be executed to impart healthy life style, nutrition engagement centre, yoga, health camp, liver health information and facts about organ donations in schools in pilot mode by supervision of Dr Nihar Nalini and Mrs Madhusmita Barik.

School health programme- remote rural to semi-urban to institutes

Outreach Health Camps and Cyclone Relief Camps

In 2019 ,camps were organised in May at Goruala,Puri and in June 2019 at Bhodara,Nimapada when the villages were worst affected by the devastating cyclone-Fani.It is also planned to adopt one village and conduct quarterly health camps to provide medical assistance to the common masses and incorporate healthy habits in order to promote preventive health. Free medicine distribution often done at orphanages,blind school, old-age homes and at residential charity school.

ILPF During COVID times

As COVID-19 gripped the world, it put to test our collective resilience to the global pandemic. The fight against COVID-19 has been a collaborative effort. It has been a phase of learning too.ILPF, with all the effort taken bore the testament to the collective articulation of social responsibility.In the current unprecedented times, when the virus continued to spread and impact almost all every corner of the world, ILPF tried its best to balance the scale between panic and carelessness. We prepared 10,00 litres of Sanitizers as per WHO formula, 10000 cotton masks and distributed in remote villages and to underserved slums/streets by Suprava, Kalwatia, Er Pani and Mr Moharana relentlessly being careless of their own live during COVID peak with help of Mr S KDehury and Mr. G P Samanta at each step.We conducted daily evening online support

programme during lockdown “Happy-Times-Now” programme for mental support an motivation. Every Sunday Virtual online consultation and support to public.We could arrange 400 PPE kits distribute in leading hospitals of Delhi NCR and installed 15 automated sanitizer machines at Lady Hardinge hospital Delhi.



ILP Activities During COVID-19 pandemic

Medical Education and Research Initiative

We often focused on collaborative translational medical research. For which a workshop was done in Bhubaneswar in Feb 2020 by ILPF where all medical institutes of Odisha, reputed organisations like IIT, NISER, IMTR, Utkal University, Institute of Life sciences, ICMR-RMRC joined for a medical consortium. This has now started working with few projects. On the eve of World Hepatitis Day 2020,a live International Webinar was organized by ILPF.Dr.Ashok Choudhury and Dr.Manoranjana Behera (Faculty,SCB Medical College & Hospital). [Photos]The objective was to understand the basic challenges in daily life faced by Physicians and encourage prevention, diagnosis and treatment from the deadly disease of Hepatitis. All 11 Medical Colleges of Odisha joined the forum with 1200 delegates from countries like India, Pakistan, Nepal,

Bangladesh, Indonesia, Singapore, USA, Canada, UAE & Saudi Arabia. ILPF organized a live webinar in collaboration with DODA (Delhi Odia Doctors' Association) on the topic *Artificial Intelligence & Medical Innovation* with Dr. Ashok Choudhury as Moderator and Dr Abani Patra from Tufts University Boston as guest speaker, Ex-Union Secretary Shree Arun Panda (IAS), Dr. Akhilesh Mishra (DST), Dr. Bijay K Sahu (NRDC) being resource personnel, helped many young enthusiast to work on artificial intelligence.

Immediate Future Plan:

Being liver disease often chronic, require lifelong medication and often costly. The proposal for making post-care liver medicine available to liver patients at lower and affordable cost- a chain of Medicine Store strategically located including online supply at no-profit/no loss basis. Hopefully will be operational soon with your support and good will.

ILPF created a sphere of care comfort and compassion

Recently our team could able to help the needy patients with supportive medications, free guidance and necessary screening test. Mr Pruthwiraj suffering from advanced cirrhosis underwent liver transplant, liver donated by his wife. But from a remote village and without funds, it's the volunteers of ILPF like Satyajit who could run pillar to pillar to arrange and make their journey successful. The story getting added day by day

ILPF need Your Patronage for Transformation

ILPF believes that health care does not always necessarily refer to a doctor's chamber or hospital. The patient himself can act as a leader in the community. He too can share his experiences and knowledge gained. This novel

thought led to the birth of ILPF. He/she is the torchbearer to others who are unable to get the timely advice, referral or care or proper follow up. Since the humble beginning in 2016, ILPF has come a long way and has been transformed into a trendsetter in the field of health care in general and liver care in particular; it is now running successfully from its office at Gurugram and Bhubaneswar, with volunteers spreading across the country. Enrichment of ILPF with Mrs Swagatika Bhuyan, Rajan Yadav, Gurmeet Singh, Kuldeep Chuhan, Umakant Pani, Dr Madan Sethi and Prasanna Kumar Hotahad made ILPF to shine bright amidst challenges. It is a matter of great satisfaction for the entire team that we have been able to achieve what we strived for. We have been able to raise awareness, facilitate capacity building of the community, reach out to rural masses that often lack access to basic health care and have gradually succeeded in bridging the gap between health care providers and those who need. The path to development and change is always challenging. New challenges call for new strategies. We face all challenges with trust in our commitment. Here I would like to thank our members, our supporters, our donors and the entire Team for having Trust in us and extending their cooperation.

Specific Areas Where Help Is Needed:

1. Dharmam Mulam Artham – Fund raising
2. Man Power Voluntarism and beyond
3. State and Central Govt. Links
4. Organ Donation Campaigns – Tie up with Medical Institutions
5. IEC- information, communication and Education challenges
6. Celebrity Brand-Ambassadors
7. Inducting Student Volunteers

I invite you to be a part of ILPF. Be a member, be a volunteer

BENEFITS FOR SENIOR CITIZENS



under Income Tax Law

Higher Basic exemption limit

Higher deduction for Medical Insurance Premium

Higher deduction limit for interest from Banks and Post Office

and many more...



Income Tax Department

www.incometaxindia.gov.in

Who is a Senior Citizen ?

A Senior Citizen is a resident Indian who is of the age of 60 years or above at any time during the respective financial year.

Higher Basic Exemption Limits for Senior Citizens and Very Senior Citizens

For ordinary individual tax payers the basic exemption limit, upto which he is not required to pay any tax is presently fixed at Rs. 2.50 lakhs for A.Y. 2019-20. However, for **Senior Citizens**, the basic exemption limit is fixed at a higher figure of Rs. 3 lakhs. **Senior Citizens who are aged 80 years or more**, do not have to pay any tax upto Rs. 5 lakhs of annual total income.

Income Tax Rates for senior citizens are following:

| Total Income | Rates of taxation for senior citizens | |
|--------------------------|---------------------------------------|--------------|
| | Age > 60 yrs and < 80 yrs | Age ≥ 80 yrs |
| upto 3 lakhs | 0% | 0% |
| from 3 lakhs to 5 lakhs | 5% | 0% |
| from 5 lakhs to 10 lakhs | 20% | 20% |
| more than 10 lakhs | 30% | 30% |

Higher deduction limit for Medical Insurance Premium

From AY 2019-20, the maximum limit for deduction u/s 80D in respect of payment made for health insurance premium in respect of a Senior Citizen has been increased to Rs. 50,000. Deduction upto Rs. 50,000 is also allowed for medical expenses incurred on the health of a Senior Citizen provided no amount is paid for health insurance of such person. For claiming this deduction, it is mandatory that the health insurance premium/medical expenses are paid by any mode other than cash.

Higher deduction limit for interest from Banks and Post Office

Individual taxpayers other than senior citizens are allowed maximum deduction of Rs. 10,000 u/s 80TTA in respect of interest income from saving bank accounts. However, from AY 2019-20 onwards, a Senior Citizen can claim deduction upto Rs. 50,000 u/s 80TTB in respect of interest income earned on not only savings bank accounts but also on interest income earned on any bank deposits or any deposit with post office or co-operative banks. Further, if such interest income earned by a senior citizen during the year is less than Rs. 50,000, the payer bank/ post office will not deduct any tax from such interest income.

Higher deduction limit for expenses incurred for Medical Treatment of a specified disease or ailment

For general tax payers, the amount of deduction available in respect of expenses incurred for medical treatment of specified disease or ailments of self or dependent relatives u/s 80DDB is Rs. 40,000. However, in case the expenses are incurred by the tax payer in respect of a dependent senior citizen, the entitlement has been enhanced to Rs. 1 lakh in a year from A.Y. 2019-20 onwards.

Exemption from payment of advance tax

Every person whose estimated tax liability for the year is Rs. 10,000 or more, is liable to pay advance tax. However, a senior citizen need not to pay any advance tax, provided he does not have any income under the head "Profits and Gains of Business or Profession".

Benefit of Standard Deduction

From AY 2019-20, a standard deduction upto Rs. 40,000 against salary income earned during the year has been introduced u/s 16. Accordingly, a Senior Citizen who is in receipt of pension income

from his former employer can claim a deduction upto Rs. 40,000/- against such salary income.

Eligibility to file Income Tax Return Manually

A Senior Citizen aged 80 years or more filing his return of income in Form SAHAJ (ITR-1) or SUGAM (ITR-4) and having total income of more than Rs. 5,00,000 or having a refund claim can file his return of income in paper mode. For such individuals, electronic filing of ITR 1 or ITR 4 (as the case may be) is not mandatory. However, he may opt for e-filing, if he chooses to do so.

Form No. 15H for Non-deduction of TDS

A senior citizen may submit form No. 15H to the deductor for non-deduction of TDS on certain incomes referred to in that section, if the tax on his/her estimated total income of the concerned year comes at nil.

Transfer of Capital asset under 'Reverse Mortgage Scheme'

The transfer of a residential house property by way of a reverse mortgage as per the Reverse Mortgage Scheme made and notified by the Central Government for senior citizens, is not liable to be taxed as Capital Gain (nor under any other head of income).

DIRECTORATE OF INCOME TAX
(Public Relations, Publications & Publicity)
6th Floor, Mayur Bhawan, New Delhi

Form 15H/15

This brochure should not be construed as an exhaustive statement of the law. For details - reference should always be made to the relevant provisions in the Acts and Rules.

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MISSION, VISION & CORE VALUES

The Civil Society (TCS) is an independent Society in India, a Not-for-Profit Organization. It is key driving forces for positively influencing Social Harmony and Socio-Economic governance in India and for better quality of life for all.

Vision

Empowered and responsible Indians realize social harmony, economic justice and improved quality of life.

Mission

To contribute to sustainable Socio-economic development in India through Civil Society strengthening, policy influencing and enhancing a learning culture

Core Values

Ideals that guide the Society include: Social Harmony; Inclusion; Integrity; Learning and excellence; Accountability and Gender equality.



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