

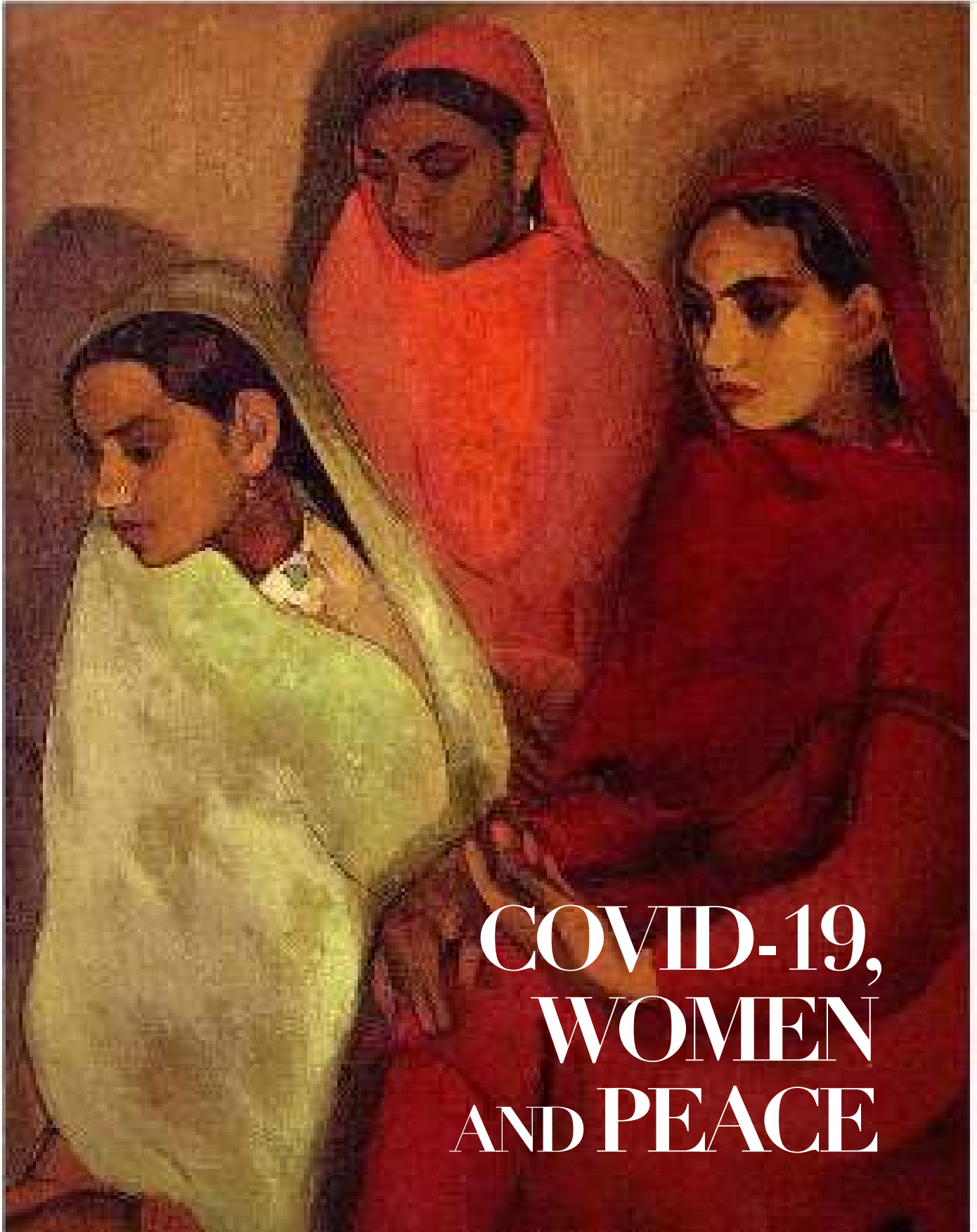
Bimonthly

Pax Lumina



Vol. 1 | No. 3 | September 2020

A Quest for Peace and Reconciliation



COVID-19,
WOMEN
AND PEACE

*Peace does not mean absence of conflicts;
differences will always be there.
Peace means solving these differences through peaceful
means; through dialogue, education, knowledge;
and through humane ways.*

~ Dalai Lama

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A Quest for Peace and Reconciliation



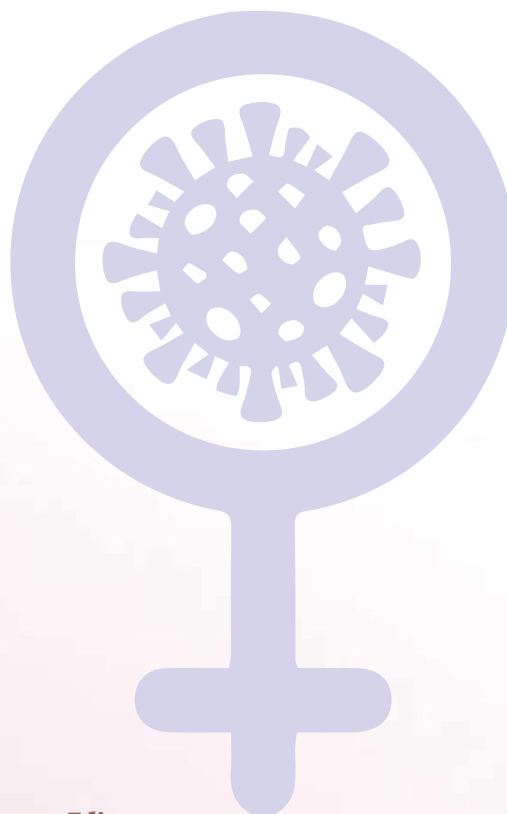
Vol. 1 | No. 3 | September 2020

Pax Lumina

A Quest for Peace and Reconciliation

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Promotion of Peace and Reconciliation

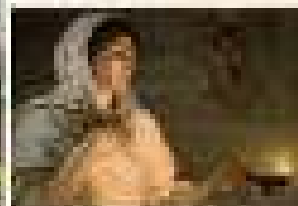
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Women and the Pandemic



Editorial

The cover of this issue of Pax Lumina features 'Three girls' by Amrita Sher-Gil.

She was a Hungarian-Indian painter (1913-1941). Trained in Paris and worked in India she painted Indian life especially that of women with compassion and pathos. Raja Ravi Varma had also painted women, palace women and goddesses. The Bengal school showed them stylised and abstract. But the women of Sher-Gil were ordinary Indians working and living their harsh lives in the tropical Indian sun hoping for hope. The Art and Peace column features her story.

Women's lives haven't changed much from the Sher-Gil times as we find from our contributors to this issue which has women and Covid as its focus. It may be simplistic to infer life's complex truths from easy, often binary categorisations. But certain divisions are inescapable. Gender is such a one. Being a woman has never been easy. And when a pandemic such as Covid-19 strikes, the weak, the excluded and the vulnerable suffer most and women are all of these.

Our contributors, as usual, from all over the world look at women and their fight for survival in these Covid times with empathy, with the hope that things can change if we try to discern the structural faults beneath the apparently peaceful crust of our society which is getting ripped apart by the pandemic. Admittedly the task is difficult and the situation grave especially for the 'wretched of the Earth', those beyond the margins of the society and women form a disproportionate number amongst these. Let us not forget there is no lasting peace without justice.

In these pages, you can find an actor-activist sharing her anguish and hope, the story of a pioneering biostatistician and inspiring figure for the medical community, courageous and lonely struggle of a young woman with cancer and much more including the re-conversion of Hagia Sophia and the violence of identity.

We can't promise you happy reading. We don't wish it either. But we hope for reading leading to action, action for peace in this chaos. Stay safe, stay healthy, stay peaceful.

Jacob Thomas



Women *as* Fighters

*“Any woman who
understands
the problems of
running a home will
be nearer to
understanding
the problems
of running a country.”*

– Margaret Thatcher

■ INTERVIEW

Ms Nandita Das

Listen to Her

Pax Lumina 1(3) / 2020 / 07-11



Coming to women, we largely live in a patriarchal, traditional and feudal society.

Most women have had an unequal share, whether it is of opportunity, resources or decision-making power.



? *Pax Lumina's basic aim is promoting peace. In the last issue, we covered migrants- the suffering migrants- and their travails. Peace, we believe, is possible only with justice. No justice, no peace. Therefore, we are looking at people who are suffering because of injustice. The magazine highlights their suffering and asks what we can do about that in a non-violent manner. COVID-19 has highlighted the sufferings of these people though COVID-19 is not the cause of their sufferings. Suffering has been caused by the structural injustices in our society.*

While we were trying to cover the invisible women, who are suffering in the pandemic, we found that women are the worst sufferers- we can see the picture of that dead mother and the crying baby. This time we thought we would make this woman visible. Hopefully, a reminder to a sensitive person to do whatever he or she can do.

The worst sufferers of COVID-19 pandemic are those on the margins of the society, including women. What can be done for them? What are your observations in this regard?

I completely agree with you that in this pandemic, many things have come into sharp focus that existed before and unfortunately will continue to exist even after. This pandemic reminded us, for instance, that all our cities are run by a large number of migrant workers and daily wagers that we have never cared for. This is as much their city. Our life, in fact, functions because there are a whole lot of people who help us. I am able to work today because somebody is cooking for me or taking care of my child while I am working. There are people who are constructing buildings, are street hawkers and shopkeepers, but we do not really care for them. Today they are caught between starvation and the virus. Hope we now realise that just being able to be at home in itself is a luxury, a privilege. The urban poor live in such congested areas, especially in big cities. How do we expect them to do social distancing? How do we expect them to really obey the lockdown? How do they earn? And if they don't earn, they don't eat. What will happen to their children and how are the women holding it all together, as they often do? Unfortunately, it is always the marginalised who get the short end of the stick. Even though we say that the virus is a leveller, actually it is not. While the virus is impartial, the society is not. So, the inequality that exists in the



Artists and writers are the conscience of a society because they reflect reality of the times. They can tell stories in a more interesting way. **Through powerful films, through art, we can spark new ideas, ask inconvenient questions, challenge prejudices, because art goes into the subconscious.**



society, in fact, has sharpened and has affected the disadvantaged all the way, in every possible way.

Coming to women, we largely live in a patriarchal, traditional and feudal society. Most women have had an unequal share, whether it is of opportunity, resources or decision-making power. Yesterday I read that in Palghar, which is at the outskirts of Mumbai, a woman killed her 3-year-old daughter and committed suicide. Despite the fact she has a husband and another 7-year-old child, she took this drastic step as she felt that there would be less mouths to feed. How tragic is that? I don't know how we can live with our conscience with a woman having to kill her own child and kill herself. This is the reality that doesn't even make it to the front page. If we don't learn from this pandemic, if we don't learn from everything that has come up in sharp focus, and we continue doing the same thing that we did before, and continue being selfish,



We have to engage with realities beyond ours in whichever way we can.
We can contribute with our time, money, expertise, whatever we have.
All of us have something or the other to give. We must make the effort in our own communities, because all of us have some area of influence and we must use that to do something good for the world we live in.



and consumeristic, then we would have learnt nothing from this huge crisis.

I made a short film called Listen to her during the lockdown - (You Tube: Nandita Das - Listen to her). It was a spontaneous response to the women and children who are locked up in their homes with their abusers. Stay home, Stay safe is ironical for those that are stuck in their four walls with their perpetrators of violence. This short film was a response to domestic violence and to the overburden of work that women had to suffer during the pandemic. Because, traditionally, men are not used to doing domestic work. So all the burden falls on the woman. And there are a lot of emotional, psychological and physical

reasons for which women suffer, often in silence. The impact is on many, many levels and so even after we come out of the crisis, the lingering effects are going to go on for much longer than we can imagine.

? The decisions of the government and the rest of the society affect the workers and the poor so much, both in terms of their economic situation and their freedom of mobility. What can be done in this regard?

The pertinent question is the role of the government. It has a huge responsibility because the kind of resources, infrastructure and personnel that the government has, nobody else has to implement any policy or system. Sadly their strategy to tackle the issues at hand has been rather thoughtless and mismanaged. The lockdown was announced with a 4-hour notice and that too at night, which created so much confusion and panic. We have only a little over 1% of our budget for healthcare! This itself should tell us that this is not even a priority. And in a country of 1.3 billion people, where is the required health infrastructure? There are many countries that were able to flatten the curve much faster than us. Of course, India has a large population and also has many other complexities. But even countries like China, with a huge population have managed to combat it because their health system is in place. It is time that the government relooks at our health infrastructure, our budgeting etc. Our defence budget is way higher than our health budget. So how could we have handled this pandemic properly? People who have other illnesses are also suffering hugely because they are not getting any medical care. Even though the government's role is primary, it is the many NGOs that are relentlessly working on the ground and in many places assisting the government. Many of them are doing a very good job, the kind of work that the government should be doing.

As privileged people we can do two things. The first, of course, is to make the government more accountable. To be an engaged civil society, not just waking up during elections. We have to be mindful of who we want to vote for, who our MPs and MLAs are, what they are doing? Are they in touch with us through the five years they are in power? Are we making sure that they are giving their time and resources for the larger good?

Secondly, as individuals, I feel we have to keep ourselves informed. There are so many lies, fake news, alternative facts and what not. We need to be more aware about what the reality of the situation is and take measures to deal with it. And in that sense, as Gandhiji has said, "Be the change that you want to see in the world." We can't make a more peaceful or a more just world if we go back to the same old ways and continue as if it is business as usual. We have to engage with realities beyond ours in whichever way we can. We can contribute with our time, money, expertise, whatever we have. All of us have something or the other to give. We must make the effort in our own communities, because all of us have some area of influence and we must use that to do something good for the world we live in. Otherwise, we are a burden on the society. And all of us must stretch ourselves a little more.

? If we look at the role of women as fighters of COVID-19 we find that the frontline workers are women - our nurses are all over the world - and even most of the other workers are also women across the country. Thus the burden is double on women. They have to work, cook, take care of the children and their husbands who are sitting at home. How do you see this situation?

All nurturing sectors, whether it is teachers or nurses, or those in the hospitality business, the women are the primary caregivers.



We have to be mindful of who we want to vote for, who our MPs and MLAs are, what they are doing? Are they in touch with us through the 5 years they are in power? Are we making sure that they are giving their time and resources for the larger good?



So many women, as you rightly said, are on the frontline and are most vulnerable. And they have to do double work, as they also have to take care of things at home. I think, it will not change till men don't step up and realise that it is as much their responsibility to take care of the house, to raise children, to share the burden equally. Also, to understand the problems and wishes of women and be a genuine partner.

The health workers are definitely more vulnerable and we are doing nothing for their safety. They are also actually making the family vulnerable. There is an emotional burden too, because all day they are working with COVID-19 patients or their families. So, they are not only physically fatigued but also emotionally. And they are not getting sufficient support either from the government or sometimes, even from their families. In the hospital, they don't have proper gear, equipment, proper masks and gloves. There are many such cases where the frontliners have had to pay a heavy price because of this burden. And I think

instead of banging plates to thank them, being safe, would at least not add to their burden in the hospitals.

We have to make sure that we don't hoard masks and other essential healthcare equipments. In between, a lot of people out of panic were hoarding masks and health workers were not getting N95 masks. We have to be very, very cognisant of the fact that we owe our lives to them. They are fighting for us everyday. So, we have to do the best we can for them.

? One last personal question. You are a very committed person as your speeches and actions clearly demonstrate. You are also a very intelligent, sensitive artist. Therefore, let me ask you: what do you feel about the responsibility of artists as a community in this pandemic situation?

Artists and writers are the conscience of a society because they reflect the reality of the times. They can tell stories in a more interesting way. Through powerful films, through art, we can spark new ideas, ask inconvenient questions, challenge prejudices, because art goes into the subconscious. We don't even realise how we are impacted by it.

If cinema was not a powerful medium, then the rightwingers, the more orthodox, conservative people would not want to ban our films or censor them. Why would they

even care about a two-hour film? The fact that they want to ban it or censor it means that they know that it has an impact. I feel we don't need to fear freedom. With freedom, of course, comes responsibilities. But that is not for others to judge. Because if I find something objectionable in a film, why should someone not stop me from doing what I want to do. It is a double-edged sword. If I value my freedom, I have also got to value other people's freedom. Having said that, artists and people in the public space are looked up to as role models and inspirations. They influence and impact how people think and react. I think, if those of us who are in the public domain are a little more responsible in the choices we make, in what we say, how we live, what stories we choose to tell, it does make a difference. But if somebody wants to spread hate, or chooses to remain silent through these times or acts irresponsibly, then it is that person's conscience, or the lack of it. Beyond a point, it is no one's place to tell the other.

After all, on the internet where there is no censorship, the good, the bad and the ugly-everything exists. But finally, only good art will survive. Because time is the only true judge of any kind of art. So, the more discerning we become as a society - we watch better art, we read better literature, we impact the taste of the audience or the reader. So, that is why artists and writers, I feel, have a responsibility. But again, this has to come from their own selves.

Nandita Das has acted in more than 40 feature films in 10 different languages. Her directorial debut in 2008 was *Firaaq*. She has been twice on the jury of the Cannes Film Festival, among others. She has a master's degree in Social Work and is a strong advocate for social justice and human rights. She was conferred the 'Knight of the Order of Arts and Letters' by the French Government. Nandita was the Chairperson of the Children's Film Society and wrote a monthly column for 8 years in the Indian magazine, *The Week*. *Manto*, Nandita's second directorial film premiered in 2018 at the Cannes Film Festival and can be watched on Netflix. Her first book '*Manto & I*' chronicles her 6-year long journey of making the film. She wrote, directed, produced and acted in a short film called, *Listen to Her*, that sheds light on the increase in domestic violence and overburden of work that women have been facing during the lockdown.





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Pax Lumina 1(3) / 2020 / 12-17

Women as Agents of Transformation



What the COVID-19 crisis has shown is that women's leadership matters. Given the opportunity, they can transform the context and bring in inclusive change.

It's imperative, therefore, that we develop more women-leaders across the spectrum, record their contribution, replicate their best practices, and hold them up as role models. Only then can women be the alternative, and the change we seek in this world.



Daya Bai



Medha Patkar

Introduction

The heart-wrenching image of a toddler trying to wake up his dead mother on Bihar's Muzzafarpur railway platform will forever haunt us. Ruksana was a reverse migrant who, despite her health condition, had been labouring in Gujarat to support her family.

15-year-old Jyoti Kumari was travelling, with her ailing father, riding pillion, on a pink bicycle, from Gurgaon to Bihar, her native State, a distance of more than 1,200 kms. This was another unforgettable image of India's migrant worker exodus. Jyoti's story of grit made headlines around the world and went viral on social media.

These are just a few of the many stories of women, pregnant, menstruating, elderly, disabled, sick, mothers with infants at their breasts, toddlers, and children in tow, who trekked the long, and difficult journey home, in hunger, heat and humiliation. In any disaster, women are affected disproportionately and are doubly vulnerable.

It is no different with the COVID-19 pandemic. The lockdown imposed on the country affected the lives and livelihoods of men and women, but women were hit harder because the existing gender faultlines were exacerbated.

Gender Faultlines

The 2020 Global Gender Gap Report of the World Economic Forum draws these lines starkly. “None of us will see gender parity in our lifetime, and nor will many of our children,” is its conclusion, for gender parity will not be attained for 99.5 years. India dropped in the report to the 112th spot from its 108th position in 2018, due to the rising inequality between women and men concerning health and participation in the economy. A tech CEO, for instance, makes more in 10 minutes than what a domestic worker would make in one year.


Societies and economies thrive on gender disparity. According to the Oxfam ‘Time to Care’ report, care work which is essential and done primarily by women, is mostly unpaid, further increasing the inequality. In South Asia, women’s share of unpaid care work is as high as 80 to 90 per cent. Women spent billions of hours cleaning, cooking and caring for children, the sick and elderly but have nothing to show for it. This invisible, unpaid work is the hidden engine that keeps the wheels of our economies, businesses and societies moving. Ironically, it is also what keeps women from getting an education, earning a decent wage, or

having a say in how our societies are run.


Monika Banerjee, a Delhi-based researcher, said that in India, 94% of women are employed in the unorganised sector, involved in work which lacks the dignity of labour, social security, decent and timely wages and, in some cases, even the right to be called a ‘worker’.

Among construction workers, for example, a ‘Jodi’ system is followed where only the man is registered as a worker. In the agrarian sector too, women often are not accorded worker status. Alternatively, women will be found in the service sector working as domestic workers, or in hospitality, education, healthcare and retail. These are the sectors that have been worst hit by the COVID-19 crisis.

A report of the McKinsey Global Institute states that women make up 39 per cent of global employment but accounts for 54 per cent of overall job losses during the pandemic. Their jobs are 1.8 times more vulnerable than men’s jobs. What’s worse, women are not only losing their jobs but also are losing



The lockdown imposed on the country affected the lives and livelihoods of men and women, but women were hit harder because the existing gender faultlines were exacerbated.





Ordinary women have also risen to the occasion, stitching masks, delivering sanitary napkins, addressing domestic violence, and running community kitchens.

A gated community of privileged women prepared food packets daily for migrants on their long journey home.

them at a higher rate than their male counterparts.


One reason could be the increased time that lockdowns are forcing women to spend on family responsibilities, an estimated 30% in India, which reduces their availability for paid work.

Another reason could be their low-wage roles which employers see as expendable. A third factor could be the occupations in which women are to be found. The McKinsey report states that female jobs are 19 per cent more at risk than male ones because women are disproportionately represented in sectors negatively affected by the COVID-19 crisis.

They estimate that 4.5 per cent of women's employment is at risk in the pandemic globally, compared with 3.8 per cent of men's employment, due to the industries in which women and men are to be found. Traditional attitudes could also be a contributing factor to a higher job loss for women. According to the global World Values Survey, more than half the respondents in many countries in South Asia agreed that men have more right to a job than women when jobs are scarce.

At the frontline

At the same time, women are making critical contributions to address the



outbreak. They are holding families and homes together and are looking after those who are quarantined because of exposure to the coronavirus. But they are also at the frontlines, as doctors, nurses, scientists, laboratory workers, ayabais, sanitary workers, anganwadi workers, community health workers, like the Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives (ANM), and government teachers handing out public distribution system (PDS) rations.

According to UN Women, around the globe, 70% of all health workers and workers in social sectors are women. In India, women nurses and midwives form 83% of the total workforce in healthcare professions and the care sector, and around one million ASHA workers support rural healthcare as part of the National Rural Health Mission.

On May 12, 2020, WHO acknowledged that the hard work and selfless service provided by India's health workers, including nurses and midwives, have contributed to the country's impressive recovery rate of 31.15 per cent. It also recognised the "unprecedented levels of overwork by nurses, particularly those specialised in intensive care units, those in management or those most directly involved in the response to the COVID-19 pandemic, oftentimes without adequate time for rest and recuperation, without support and assistance, and with

limited considerations for their mental health and well-being.”

It expressed concern at the unprecedented global market failure in the provision of personal protective equipment (PPE) and COVID-19 testing, that was putting the lives of these brave women at risk, forcing them to go on strike or flee to safety, worsening an already precarious situation.

Many do not realise the huge personal sacrifices these women are making. Nursing Matron Pratima Naik, who works at the 2200-bedded King Edward Memorial Hospital in Mumbai, one of the worst-affected cities in India, said, “It’s been a month that I have stayed away from my family along with my other colleagues at a vacant ward given to nurses serving the pandemic. One of my team members was tested positive. It takes a toll on you mentally. But we must stay strong and keep going. Online counselling helped me ease my anxiety.”

In villages, the Accredited Social Health Activists (ASHA) and the Auxiliary Nurse Midwives (ANM) lead from the front. Counsellors, educators, and activists have helped the nation eradicate polio and reduce maternal mortality, and perform a host of health-related services. They are the backbone of the Indian health system at the grassroots level. Assisting them are the Self Help Groups (SHG), the world’s largest network of community-based organisations (CBOs), predominantly women-led.

During the lockdown, these women leaders surveyed households and identified sick people; they kept a watch on people coming from outside and those who were quarantined. They continue to educate people on handwashing, adhering to physical distancing and wearing masks, using catchy slogans (Noon roti khayenge, ghar se bahar

nahi jayenge) written on the walls, or singing songs to the beats of a dholak. They provide daily updates to the health department. Some are engaged in door-to-door delivery of medicines.

Theirs is a thankless job. Blowing the whistle on defaulters can cause them to be ‘slapped, chased and abused’. Low in the health hierarchy, they have little bargaining power. In Bihar, in August this year, the ASHA workers went on a two-day strike to protest low wages, increased working hours, and the non-payment of four months’ dues. They also demanded proper PPE.

In Maharashtra, an incentive is on the cards for their work during the pandemic. However, despite all they do, these intrepid women are still not acknowledged as government servants.

At the grassroots level, women sarpanches and panches of India’s 255,208 panchayats too emerged as effective leaders in the war against COVID-19. Constituting the largest body of democratically elected women in the world, they number approximately 13.45 lakhs. Undaunted by their lack of proper orientation in disaster management or formal education, they have forged ahead with passionate commitment and their innate knowledge of the local community. They are generating awareness of government guidelines for COVID-19 prevention, connecting anganwadi and health workers with households, providing innovative solutions to release the pressure of reverse migration, activating food security programmes and creating blueprints for the control of COVID-19.

Ordinary women have also risen to the occasion, stitching masks, delivering sanitary napkins, addressing domestic violence, and running community kitchens. A gated community of

privileged women prepared food packets daily for migrants on their long journey home. Some coordinated relief work, while others adopted police stations. Management and IT skills were put to use to ensure efficient delivery systems.

Women at the helm

On the world stage, elected women leaders captured the media's attention with their swift and sensible policies to contain the coronavirus. Erna Solberg, the Prime Minister of Norway, which enjoys one of the lowest fatality rates in Europe, organised a children's press conference to answer queries. New Zealand's Prime Minister, Jacinda Ardern, announced a special package for wage guarantee, tax relief and welfare provision.

Sanna Marin, the Prime Minister of Finland, fast-tracked the implementation of the Emergency Powers Act, which enabled the government to limit the sale of medications, goods and services used in healthcare. German chancellor Angela Merkel's handling of the crisis resulted in Germany having the lowest number of deaths per million among the Big Four -- UK, France, Italy, and Germany.

This success was attributed to large-scale testing, a robust healthcare system, and proactive leadership. Among the first

and fastest to respond was Taiwanese President Tsai Ing-wen. She introduced 124 measures to contain COVID-19 as early as January 2020, and wrought a COVID 'miracle', despite Taiwan being so close to the original outbreak in mainland China. Taiwan also provided 10 million masks to the US and Europe.

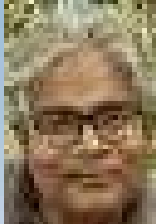
In India, K.K. Shailaja, Kerala's Health Minister, received accolades from around the globe and recognition from the UN, for maintaining low mortality rates in the State due to her timely intervention. Though she is not the only woman to turn things around in Asia, her contribution put the spotlight on Asian women political leaders. These include the Mayor of Nepal, the Health Ministers of Sri Lanka and Bhutan, and Members of Parliament in Afghanistan, Pakistan and Bangladesh.

What made these women world leaders stand out?

All these women displayed a leadership style that was marked by open, empathetic and timely communication. They devised innovative strategies which connected them with the people and built trust. By leveraging technology to stay informed and updated they combated false news. Direct information to the affected was given through WhatsApp and social media simplifying

Their sense of ownership of the challenges, high sense of responsibility, and value for life distinguished them from their male counterparts.

These women leaders redirected resources where they were needed, collaborated with civil society stakeholders, and made swift decisions.



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The Plight of Women in Fishing-dependent Communities

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Fisherpeople, whether they belonged to Christianity, Hinduism or Islam, have always been considered 'polluted' and perceived to belong to the lowest strata of society.

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Fisherwomen have been the backbone of the fishing communities in their struggle for survival in a hostile environment. But they suffer from multiple vulnerabilities due to lack of socio-cultural capital and the existence of identity-based exclusion.

Fisherpeople, whether they belonged to Christianity, Hinduism or Islam, have always been considered 'polluted' and perceived to belong to the lowest strata of society.

Till the end of the last century, the majority interiorised this debased identity and kept playing their role as an oppressed class. But focussed work of some women's organizations, Non-Governmental Organizations (NGOs) and Faith-Based Organizations (FBOs)

have empowered many women to become community leaders who are ready to accompany their vulnerable community members and face their plight bravely.

Sneharam has either accompanied some of these leaders through a project called Lok Manch or collaborated with other organizations such as Cheru Resmi Centre, Adhwana, Trivandrum Social Service Society and Family Integral Development and Education Scheme (FIDES) Centre to deal with various issues faced by them.

Sneharam engaged with the fisherwomen in a participatory research programme on 'the impact of globalisation on women workers in the traditional fisheries sector' (Kerala Institute of Labour and Employment, 2012); a project called 'Lok Manch for the entitlements of the marginalised'; a research work on 'safe and sustainable fishing' in collaboration with Sussex University; and some remedial education programmes, counselling sessions and interviews.

Through our involvement we could identify the following issues faced by the women that kept them incapable of breaking the cycle of poverty:

- 1) Debased identity of women workers and their limited human rights.
- 2) Poor, unsafe, and unhealthy living conditions.
- 3) Over-dependence on fisheries and lack of access to alternative livelihoods.
- 4) Unsafe working conditions.
- 5) Inadequate monitoring of the fisheries sector by the State and Central governments.
- 6) Inadequacy of the Public Distribution System to cater to the needs of the fishing community during disasters.
- 7) Increasing alcoholism among fisherpeople. It is a major cause of conflict in the coastal areas.
- 8) Deteriorating quality of education in public schools, foreclosing higher educational opportunities of coastal women.

Interestingly, there is no match between the number of committed leaders required in the coastal areas and the enormity of the problems they need to tackle. The emergence of many grassroots women leaders has been



the contribution of many State-funded and other NGO-funded programmes such as Kudumbasree and Lok Manch. FBOs have their share in the creation of this silver lining among the clouds.

Christy Simon, the panchayat president of Anjengo is one leader who could rise to the challenge of the COVID-19 pandemic. While she had been busy coordinating the fight against the pandemic, she contracted the disease. Her isolation and eventual hospitalisation were an eye-opener for her.

“Now I understand the implications of COVID-19,” she said. “I was about to collapse. I lost my voice. And then I decided to go for the test and get treated. In fact, I was advised not to take the COVID test fearing how we would manage the pandemic-related work in the panchayat in my absence. Then I learned how important it was to learn to delegate power and work and trust people, especially the youth.”


Earlier, some of them had misunderstood Christy on a few occasions and abused her verbally during a protest march for ensuring the safety of fishers passing through the Muthalapozhi Mini-Fishing Harbour, especially during the monsoon season.

Later, the youth apologised to Christy. Now during this pandemic, they are able to set aside party affiliations to deal with the crisis.

Christy could transcend some of her identities, such as being a member of the local Congress Party, a practising Latin Catholic woman, and the wife of a boat-owning fisherman.

“We need to have an ongoing awareness programme,” she said. “As we journey with this new disease we are learning new things. The greatest learning experience for all our community leaders, government officials, religious leaders and NGO representatives is that we can work together if we forego the need for taking individual credit for anything and everything.”

Forging ahead with collective efforts, periodic evaluation, social audit and common planning were some of the highlights during their work to prevent the spread of the disease in the months preceding the containment zone announcement. The youth, who belonged to different political persuasions, religious and caste identities could forget their differences when they received a constant reminder about the need for united action.



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“Now that we are in the containment zone much needs to be done to update our knowledge of the disease and equip our people with new facts, skills and attitudes to deal with the livelihood crisis while ensuring public order,” said Christy.

Now Christy, who has less than two months to complete her term as president, is thinking of forming a WhatsApp group to make people aware of the seriousness of the disease. In her opinion, there have been concerted efforts from some corners to make people get agitated and forget about their responsibility to keep public order. Some are good at spreading conspiracy theories. Despite being a member of the Indian National Congress, Christy has appreciated the excellent medical care she received in the District General Hospital under the guidance of a Communist-led government.

With this new experience of fighting COVID-19 collectively, Christy can review the lacunae in their earlier campaigns. In her opinion, there has been no united effort to deal with the lack of safety of the fishers at the Muthalapozhi Mini-Fishing Harbour. Committed and passionate action will be possible only if someone can unite all the forces in Anjengo.

While listening to Christy, I was reminded of the ideal of a servant leader. I also came to know that she was a student at Sneharam in its initial days when it focused on primary education up to high school. As a facilitator of a Jesuit Worldwide Learning (JWL) certificate course on ‘Peace Leader,’ I invited Christy back to Sneharam to be a student in our higher education programme.

Like Christy, several women leaders in our panchayat can support the people even while risking their own lives. But what are their comments on the issues mentioned above? How are the coastal people differently affected owing to their vulnerable backgrounds?

1. The debased identity of women workers and their limited human rights make them devalued in fishing-dependent villages. This has resulted in their being excluded in their communities. Cultural devaluation leads to the social exclusion of women workers from the fishing sector. There is gender-disparity in being recognised as workers in their community and they are more often omitted from the statutory list of Fishermen Welfare Fund Board (FWFB). Membership in FWFB is essential to avail of social protection measures of the government. They are likely to be left out of the safety net even during the pandemic. The prejudices and stigma against the fishing communities are seen to be recycled through the vehicle of the containment zone.

2. Unsafe and unhealthy living conditions seemed the norm in a fishing village. Lack of good drainage systems, lack of proper toilet facilities and inadequate waste-management systems have made it more difficult for them to deal with the COVID-19 pandemic. Now during the pandemic, when following WASH protocols which required them to wash their hands frequently; they were under severe stress to ensure the provision of water for the purpose. Think about their difficulty in properly disposing off the used face-masks! Their geo-social marginal existence makes them more vulnerable

than members of mainstream societies. Even during the lockdown and after the announcement of the containment zone, at least three fatal accidents took place at Muthalapozhi. This ran counter to the claim by Adani Ports Pvt Ltd. that it was safe for traditional fishing boats. COVID-related restrictions muffled the democratic voices regarding this matter as well as the impact of sea erosion and the ensuing destruction of houses along the coast due to the developmental works done at Vizhinjam and Muthalapozhi.

3. Fishers were unable to get out of poverty because of their over-dependence on fisheries and lack of access to alternative livelihoods. Caste-based exclusion forced them to be landless and satisfied with only subsistence-level fishing. Too much dependence on fisheries even in the wake of fast-depleting marine resources and ever-increasing acute unemployment among the youth have already made latent intra-community and inter-community conflicts worsen. Given the impact of COVID-19, women are likely to be the most insecure and least protected in case of open conflict.

4. Poor and unsafe working conditions are the fate of fish-vending women while bravery and masculinity are eulogised in the case of fishermen. An unhygienic environment and harassment by police are the most prominent problems faced by the fish-vending women even during normal life. But during the pandemic, many local women leaders reported that fish-vending women were chased out of their workspace without a proper legal mandate. The issue was brought up in a meeting with the police authorities. The Deputy Superintendent of Police of the locality promised protection to these hapless women. Though there was some reduction in the harassment, from April to June, it escalated after Anjengo was declared a containment zone.

5. Even before the pandemic, the majority of the coastal women were being exploited by the money-lenders who asked for exorbitant interest rates. Now when lockdowns and containment zone-related restrictions were imposed on them they were clueless as to how to tide over the crisis. Globalisation has increased their mobility and speed, especially in the case of fish-vending women. But their income has considerably reduced because of the lack of availability of public transport even during normal conditions. And now with COVID-19 restrictions, there has been no public transport in the coastal areas.



The deteriorating quality of education in public schools has a direct impact on foreclosing higher educational opportunities of coastal women.

Before the pandemic, the near absence of quality education has incapacitated the children of women workers to climb the ladder of professional education.

Now the pandemic has exacerbated the situation since they are unable to access online education.



6. Inadequate monitoring of the fisheries sector by the State and Central governments had serious implications for the lives of fisherwomen. Lack of updated data affects proper policymaking and its implementation. For example, in a recent meeting to deal with the public order and livelihood problems of the fishing communities in Anjengo, the Revenue Divisional Officer, in charge of the area, asked the number of fish-vending women going out daily. No one could give a conclusive answer. This lack of clarity regarding basic data has serious implications. These vulnerable women will find it difficult to get COVID-19 negative certificates to allow them to go out for work.

7. Limited participation in the decentralised governance system also pointed to the fact that the people have not become active participants of the development process and their views are not often taken into account when it comes to major developmental projects. Wherever and whenever fishing-dependent people do not cooperate with the government authorities, because of COVID-19 restrictions, we could see the flipside of their lack of active participation at the grassroots. Anjengo could fare well till now, because of the contribution of many local women leaders and their capacity to inspire collaborative efforts.

8. The ineffective Public Distribution System (PDS) has improved considerably but still, it is unable to cater to the needs of the fishing community during disasters. When fishing happens, the coastal people manage their food with limited support from the PDS. But the extraordinary emergency such as this long 'thuramudakku' (a local Malayalam word for 'ban on fishing')




demanded extraordinary decisions to help people remain safe at home. Many women leaders have highlighted the need for addressing this issue in the recent meetings and protests along the coastal areas of Thiruvananthapuram.

9. Increasing alcoholism among fisherpeople has been a major cause of conflict in the coastal areas. There was a Zoom meeting of various coastal leaders with the top officials of the Kerala Police Department on August 21, 2020, to chalk out strategies to support the livelihood of fishing communities during the pandemic. One conclusion: free availability of liquor can aggravate domestic violence.


10. The deteriorating quality of education in public schools has a direct impact on foreclosing higher educational opportunities of coastal women. Before the pandemic, the near absence of quality education has incapacitated the children of women workers to climb the ladder of professional education. Now the pandemic has exacerbated the situation since they are unable to access online education. We have seen some women leaders in Anjengo helping the community to tackle this issue.

The traditional fishing sector has been going through a crisis. This has affected the women in manifold ways. Before the pandemic, as managers of the household economy, they had already been experiencing various deprivations, in the absence of their over-occupied husbands, or other significant people. As a result, they have been under severe emotional and mental stress.

As supplementary income-earners, they had become more vulnerable when they were unable to meet the needs of their children and dependents facing various risks without adequate adapting capacities. Finally, as consumers of a global market, they were under pressure to consume the




Forging ahead with collective efforts, periodic evaluation, social audit and common planning were some of the highlights during their work to prevent the spread of the disease in the months preceding the containment zone announcement. The youth, who belonged to different political persuasions, religious and caste identities could forget their differences when they received a constant reminder about the need for united action.

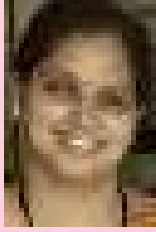


products available to all, especially, the less vulnerable and more secure mainstream counterparts.

Most often, they were chasing something that they could never catch. They felt frustrated but remained hopeful. But the ongoing pandemic has changed the scenario; their frustrations could very well turn out to be destructive, both for themselves and society.

It is the responsibility of the system to restore their faith by respecting their self-determination and enabling a sustainable and empowering environment.





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From a Survivor to a Conqueror

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January, 2009

An anxious phone call from my father informed me that my mother has been advised by the doctor to undergo a few tests. Within two days, the word 'cancer' exploded like a bomb in our nuclear family. The characteristic response of shock and denial was followed by a pandemonium created by the superfluous assessment by everybody regarding the disease. Amidst the chaos, my father decided to go with the simple and practical solution - adhere to the guidelines given by the doctor.

The months that followed were taxing. We went through a multitude of medical issues, along with feelings of anxiety, depression, irritability, pain, disability and altered relationships. Despite the support, we gave to my mother, post-diagnosis and during the treatment, she never regained her vigour for life and just lived through it. We lost her in 2018.

My mother came to be known as a cancer survivor.

I AM a cancer survivor
and I WILL do everything
I can, to make the
journey as smooth as
possible for all aboard
with me.

**I sailed smoothly
through the first
'acute' season of
survival, the period of
diagnosis and initial
therapy, armed with
the support of my
father and son, friends
who took leave of
absence to be beside
me on my surgery day
and lots of
well-wishers.**

Being a teacher by profession, I addressed all my fears regarding the treatment by constantly asking questions to my doctor and thereby, I conquered all the myths associated with cancer.

February 4, 2020

On a bright and sunny January afternoon, I came out of the doctor's room. With wobbly legs and blurred eyes, I tried to read the set of papers in my hands. History was repeating itself. When the world was observing World Cancer Day, on February 4, my father and I were being apprised about my type of breast cancer, the latest developments and the *modus operandi* to be followed for the treatment.

Later, that night, after breaking the news to a few close friends, I was aimlessly surfing the net and accidentally came upon the theme for this year's World Cancer Day. It read "I AM and I WILL".

It was emphasising on how personal actions can be powerful and impactful in dealing with cancer. Just as I was contemplating this theme, two of my closest friends appeared at my doorstep and whisked me away for a late-night tea. Spending some time with them and talking to them made me realise that I had not exhibited any of the

characteristic responses of shock that I felt when my mother was diagnosed with cancer. That was when it dawned upon me that I was starting my journey as a cancer survivor.

Seasons of Survival

I AM a cancer survivor and I WILL do everything I can, to make the journey as smooth as possible for all aboard with me. I sailed smoothly through the first 'acute' season of survival, the period of diagnosis and initial therapy, armed with the support of my father and son, friends who took leave of absence to be beside me on my surgery day and lots of well-wishers.

I am currently nearing the end of the second season of 'extended' survival (a time of waiting, uncertainty and transition). I have spent the major part of this season in the waiting rooms of the cancer care centre and the chemotherapy ward, observing other cancer survivors, of all age groups and gender, and the people accompanying them.

The waiting room has been transformed into a classroom. Every time I entered it, I would get a feeling as though I was entering a parent-teacher meeting room at a school. The room would be abuzz with the murmurs of students (survivors) and the parents (bystanders) exchanging and comparing the results of their recent tests and eagerly waiting to read the comment in the progress report prepared by the teacher (doctor).

Like any classroom, I saw a wide variety of students and parents, ranging from the silent to the drama queen type, from the ever-complaining to the submissive. Now you may be wondering what type of student I was. I shall only state the comment written by the teacher in my progress report: 'deferring discharge of

this patient as she has a positive attitude and very contagious cheerful nature!’


As a result, I was asked to be a volunteer in a non-profit organisation, working extensively in educating women about early detection and screening tests for breast cancer, headed by a team of experts, from healthcare and allied areas. I accepted the offer as I would be working towards fulfilling the pledge, I AM and I WILL.

No one told me that one of the side-effects of chemotherapy will be a surge in creativity. If this article has sustained your interest until now, then it is obvious that scepticism has crept in your mind. Can surviving cancer be so good and smooth? No, not at all.

I am going through a lot of physical transformation as a part of the side-effects caused by chemotherapy. Pain, perpetual tiredness, loss of appetite, blackening of nails and weight gain are some of the side-effects. But what astounded me was its effect on my brain. After my sixth session, I found myself penning down a poem in Hindi, which was the first time I did something creative in my forty years. My professor at the Government College of Teacher Education was the only person who told me that I was lucky to be diagnosed with cancer. Yes, he was right and now I have a refreshed perspective of life.

The transition from a survivor to a conqueror

My role was that of a helpless bystander when my mother was diagnosed with cancer. And I saw cancer cripple love, shatter hope, corrode faith, eat away peace, destroy confidence, kill friendship, silence courage and shut out good memories. Now when I was diagnosed



In a world deluged by irrelevant information, clarity is power. Today, having power means knowing what to ignore.

with cancer, the first thing I did was to resign the post of a bystander to my life and appointed cancer as the helpless bystander. You may be wondering why I never mentioned hair loss as one of the side-effects of chemotherapy. It was because I never had any hair to lose. The day before my chemotherapy sessions began, I got my hair shaved off. That was the first social stigma that I conquered and I gave my appointed bystander one less thing to rejoice about.

In a world deluged by irrelevant information, clarity is power. Today, having power means knowing what to ignore. As the saying goes, it wasn't raining when Noah built the ark, but it is always beneficial to be prepared beforehand and have good clarity about what you are stepping into. It is very important to have an effective exchange with your doctor about the disease, course of treatment and its side-effects, social and financial challenges and ignore every other piece of advice that comes your way.

Being a teacher by profession, I addressed all my fears regarding the treatment by constantly asking questions to my doctor and thereby, I conquered all the myths associated with cancer. I was starting to see my appointed

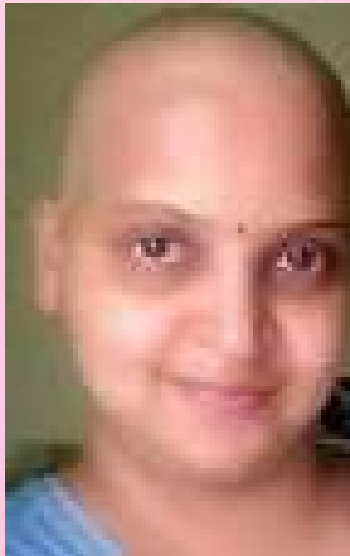
bystander lose confidence. Expressing my indebtedness to all the doctors and healthcare staff for their unfaltering support and guidance is the least I can do for them.

Concentrating on the micro tasks

One of the major side effects of chemotherapy is extreme body pain and it renders us incapable of performing the smallest of tasks and can trigger a panic attack. On one such occasion when I was sure that I was having a heart attack, I did not let the panic set in. Instead, I assigned my mind micro-tasks like turning to one side and gradually trying to lift my body to a sitting position and finally standing and walking with baby steps towards the washroom. You may think why I am describing this as a great feat. All of this took me a good half an hour to accomplish. I learnt a valuable lesson: life shrinks or expands in proportion to one's courage.

I should make a special mention of gratitude to the home nurse who was there with me throughout my treatment, motivating me to go on. Thus, I conquered the fear of pain and deafened cancer with a roar filled with courage.

If I accept you as you are, I will make you worse; however if I treat you as though you are what you are capable of becoming, I help you become that. When people have cancer, there is a tendency for those around them to make all conversation about the disease. This deprives the person living with the illness the chance to have normal conversations. But fortunately, I am surrounded by friends and well-wishers who have constantly engaged me with conversations, from current affair topics to the latest gossip.



Let me use this space to express my gratitude to all my colleagues, especially Fr. Devassy Paul S.J., former Principal of Loyola School, Trivandrum, and all my friends and well-wishers, whose steady and abundant support has preserved my belief in love, hope and faith.

I am now awaiting my third season of survival: permanent survivorship, a time of increased confidence that the chance of recurrence is low and long-term survival is great. In my journey, from a survivor to a conqueror, every person and all my experiences have formed a strong link and the challenges awaiting me when I complete my treatment and start to pick up the reins of my career and merge with the 'new normal' life, will only strengthen this link.

I intend to focus my life on short-term goals by being micro-ambitious and work with pride on what is in front of me. As far as the chance of recurrence and long-term survival are concerned I shall only declare that 'I have won battles, not physical battles. I was strong through what was meant to weaken me; overcoming different storms of life. It was never easy, it will never be easy; I smiled and laughed when I wanted to cry, won when I was supposed to lose, survived when I was to perish, rise when I was to fall. Far I have come, far am going, because I am a conqueror'.





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OBITUARY



‘The Mother of Special Children’

Sr. Ruth Lewis, the Mother of Pakistan’s special children, died of COVID-19 on 20 July 2020.

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Very often, media depict the discrimination and persecution of minorities in Pakistan, particularly of Christians. However, there are exceptions. Most recent among them is Sister Ruth Lewis, who spent her life serving the disabled in Karachi. Highly respected for her work among disabled children, Lewis was admired throughout Karachi and the Sindh region. Her reputation was due to her tremendous services to the handicapped and mentally challenged children and adults. She was called “mama” by all the children who stayed at the home for the disabled.

Born May 2, 1946, Lewis belonged to the Congregation of Franciscan Missionaries of Christ the King. Together with fellow Sisters Gertrude Lemmens and Margaret D’Costa, she founded the Dar-Ul-Sukun (House of Peace) for the disabled in 1969. The home, which accommodated around 300 inmates at a time, quickly gained reputation for its selfless service and the Government of Sindh supported it financially.

In addition to her local work in Karachi, Lewis also pioneered several national projects, including the establishment of a home for socially displaced boys in Quetta in 2007; a home for socially displaced girls

in Muslimabad in Karachi in 2010; a centre for the elderly in Karachi in 2015; and the addition of a new extension of the Dar Ul Sakun home and a modern rehabilitation complex in Rashidabad.

After well over 50 years of service, Lewis contracted the coronavirus while working with the 21 children from the Dar-Ul-Sukun home, who were also infected with the virus. On her death, rich tributes were paid to the noble soul in glowing terms by many distinguished persons such as Cardinal Joseph Coutts, the Archbishop of Karachi, Cecil Shane Chaudhry, Executive Director of the National Commission for Justice and Peace, James Channan, Director Lahore Peace Center, Bishop Samson Shukardin of Hyderabad-Sindh, et.al

Soon after her death, she was given the Sitara-e-Imtiaz, the third highest honour and civil award in Pakistan, by the Sindh Government. She had received several awards including the ‘Pride of Karachi’ award.

Lewis really served the humanity without any discrimination. She was the icon of love, care, and true compassion. May she rest in peace.



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On the Frontline

Accredited Social Health Activists (ASHA) of the Indian government talk about their experiences of working during the pandemic.

Shamla PM goes to the government hospital at Fort Kochi and takes the list of the people who have been afflicted with COVID 19. Then, she, along with the other workers, locates the address of the families. They go to their houses and provide food kits, usually made by community kitchens belonging to the State government.

In each kit, there are rice grains and other essentials. “For a family of four, it should last for about two weeks or more,” says Shamla. The only precaution she takes is to wear gloves and a face mask. She also carries a sanitiser bottle. What they lack is Personal Protective Equipment(PPE).

Shamla is an ASHA worker (The initials stand for Accredited Social Health Activist belonging to the Ministry of Health and Family Welfare, Government of India).

She is in charge of 300 households. Shamla says that when somebody is diagnosed with COVID, the neighbours shun the family, as it scares them that they will also get it. “That is a problem the family faces,” says Shamla. But she cannot blame the neighbours. It is a colony where houses are very close to one another. So people are scared.

Shamla advises the family not to step out. But sometimes, they are forced to, as the

water tap is outside. So they have to come out and collect water.

Thankfully, in the area where she is staying, the people have appreciated the work she has been doing. Shamla has twice won the ‘Best ASHA Worker Award’. Incidentally, there are 24 ASHA workers in Fort Kochi.

Meanwhile, Shamla, 44, had to face a personal crisis. Her husband, Najeeb, 49, a fisherman who worked at the Cochin Harbour, had a heart attack in April. He needs to get an angioplasty done, but the government hospital is busy treating pandemic patients. So the doctor gave him medicines. Shamla has two children, a daughter, Sujeesha, 30, who is married. Her son, Alameen, 24, is doing a logistics course, but classes are suspended for the time being. “My family is supportive of my work,” she says.

As the days go past, Shamla is amazed at the power of the virus and its ability to disrupt lives and the economy too. “My husband is not able to earn because the harbour is closed,” she says. “I know of so many people who are jobless. We are going through hard times. And we had already suffered the impact of two major floods in 2018 and 2019.”

It is not a risk-free job. Around 20 ASHA workers have died nationwide. According to newspaper reports, one of them was a



woman named Bheemakka, 51, who passed away on May 13.

She was working at a village in Ballari district, Karnataka. The relatives refused to take the body until she received insurance for having died of COVID. However, the doctor said Bheemakka had been tested negative for the virus. The cause of death was a heart attack.

There is no doubt about the risks. ASHA workers go to many houses and when they come across positive cases, they inform the hospital. Thereafter, they have to provide the medicines and look for primary and secondary contacts.

Seena KM, Senior Consultant, Social Development, National Health Mission, of the Kerala State Government, says that ASHA workers do a daily tracking of people in quarantine to see whether they are displaying any symptoms of the virus. "If a person becomes symptomatic, the worker will immediately inform the Primary Health Centre," she says. "Then a swab test is done."

The workers have to put up posters outside houses where people are in quarantine along with the date. "This prevents outsiders from coming to the house," says Seena.

On May 21, the State government had launched a campaign called 'Break the chain'. The aim was to bring about a change of behaviour among the people. ASHA workers spearheaded this programme. They talked about how to keep a distance from one another at funerals and marriages. "The workers also distributed pamphlets, conducted health education sessions and did home-visits to generate awareness," says Seena.

There are over 9 lakh ASHA workers all over the country. In Kerala, their number is 26,475. They earn anywhere between

Rs 2000 and Rs 7000 per month. Shama, in Fort Kochi, is earning Rs 7000 a month.

Sheeja AS, 44, is also earning the same amount. She is working in Manaloor village, near the Canoly Canal in Thrissur (87 km from Kochi). She has been an ASHA worker for the past 12 years. At present, she has the responsibility for 234 houses. She gives the residents notices from Arogya Jagratha (a Kerala State initiative) of the actions that need to be taken to safeguard oneself during the pandemic. Sometimes, she buys medicines for elderly people who live alone. So far, nobody has got the virus in her area.

She wears a mask, a face shield, and carries a sanitiser bottle. Some residents are happy to see her. But others have told Sheeja to just call them on the phone. "They told me they had seen on the TV that a few ASHA workers had turned positive, so it scares them that I might have it also," says Sheeja. In Thrissur district, two workers have tested positive.

So, to comfort them, Sheeja speaks from the courtyard itself. Regarding her family, her husband Premlal, 54, works in a shop at Thrissur. Daughter Krishnendu, 26, is married, while her son, Pranav, 24, is working in the credit card section of a bank.

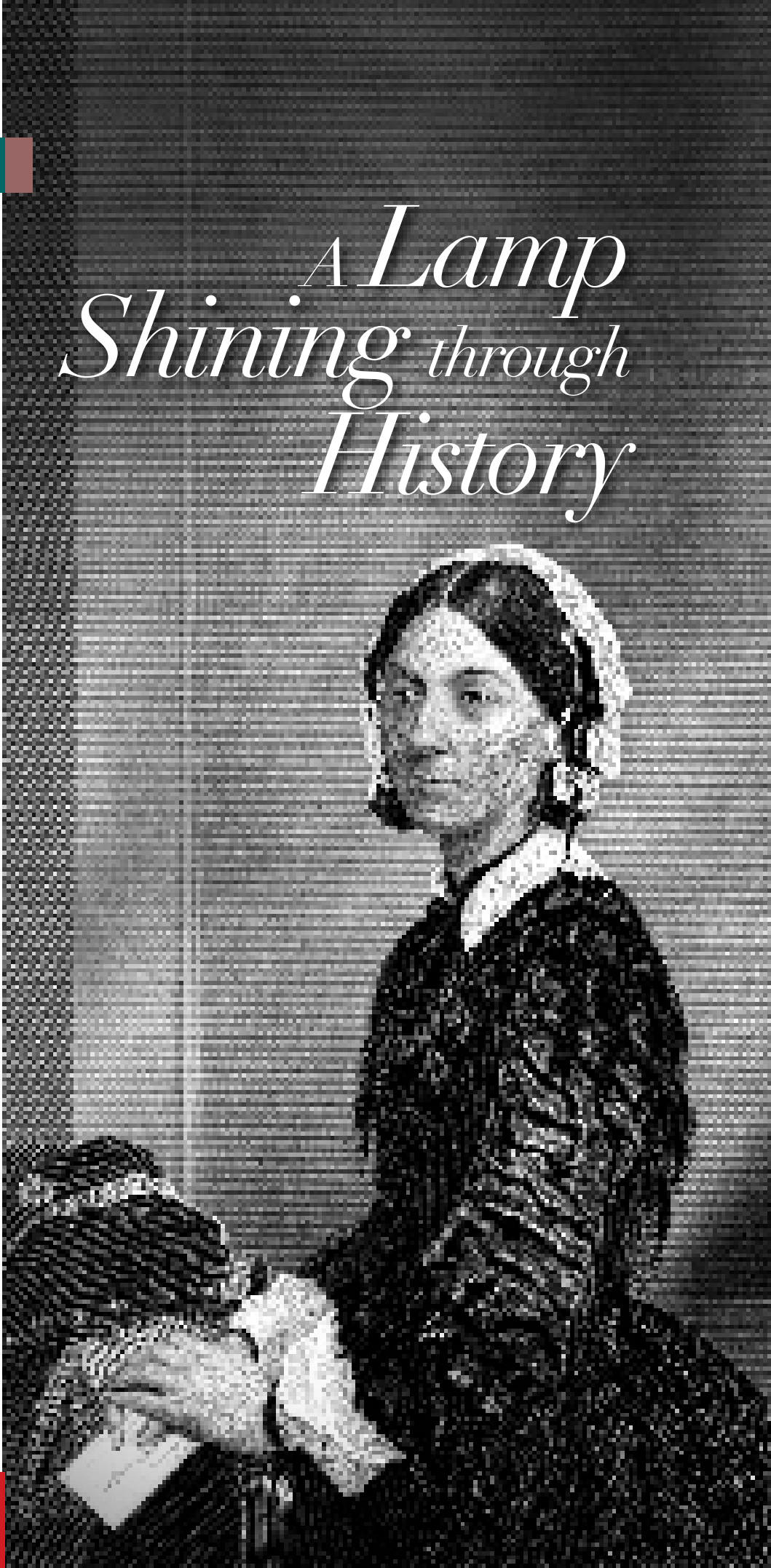
The family takes precautions. As soon as they return home, all of them take a bath first. "We have to do this because you can never say from where the virus will come," says Sheeja.

As community spread increases in Kerala, Seena says there is coordination between ASHA workers, health volunteers, police, and the COVID Rapid Response Team, so that they can render efficient services.

"We are doing our best," she says.



A Lamp Shining through History



*“Being the light of
the world is about
being a broken,
exploding, scarred star
and shining a light of
hope and inspiration to
everyone around you.”*

- Ricky Maye

(Author of *An Emerging Spirituality*)



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FLORENCE NIGHTINGALE

A Pioneering Biostatistician and An Inspiring Nurse



Introduction

This year we are celebrating the 200th birth anniversary of Florence Nightingale. To pay tribute to her, the World Health Organisation has declared 2020 as the ‘Year of nurses and the midwife’. She was not only ‘The lady with the lamp’, but also a ‘lady with data’.

She was born in Florence, Italy, in a British family on May 12, 1820. Her father, William Edward Nightingale, a graduate of Trinity College, Cambridge, supervised her university education at home, teaching her mathematics, Latin and Greek. By the time she was nine years old, she knew how to organise data from garden fruits and vegetables in numerical tables.

Perhaps, Florence's statistical ideas were an integral part of her religious beliefs. As a child, she had a desire to nurse the sick and remembered that her daydreams were all about hospitals. She thought these daydreams symbolised that “God had called her to Him in that way”. This calling brought relief to her because she would not have to



By using Applied Statistical methods, she made a case for eliminating the practices that contributed to an unsafe and unhealthy environment. Her work saved lives.

hospitals and no standardised or consistent reporting. Each hospital had its system of naming and classifying diseases, which were then tabulated in different forms, making comparisons impossible. Even the number of deaths was not accurate. Hundreds of men had been buried, but their deaths were not recorded.

live according to the stifling constraints of Victorian upper-middle-class marriage. The divine inspiration allowed her to develop her intellectual pursuits.

Statistics during the Crimean War

The Crimean War

In October, 1853, the conflict between Russia and an alliance of European countries turned into a full-fledged war in the Turkish region of Crimea. Florence volunteered her services. The Secretary at War, Sidney Herbert, a lifelong friend, made her the Superintendent of the female nursing establishment in the English General Military Hospital in Turkey for the British troops fighting in the Crimean war. She took a group of thirty-eight nurses with her.

So, Florence established the much-needed order by systematically recording the statistics. She also collected a lot of new data. In doing so, Florence learned that poor sanitary practices were the main culprit of high mortality in hospitals. She was determined to curb such avoidable deaths. By using Applied Statistical methods, she made a case for eliminating the practices that contributed to an unsafe and unhealthy environment. Her work saved lives.

Once Florence arrived in Crimea, she saw that there were no blankets, beds, furniture, food, or cooking utensils at the hospital. Rats and fleas were everywhere. Florence was dismayed not only by the appalling lack of sanitation but also by the statistical carelessness. The medical records were in a deplorable state, as none had been maintained uniformly. Moreover, there was a lack of coordination among

She used to visit the wounded soldiers even at midnight with a lighted lamp in her hand and her presence was a relief to them. They called her 'Lady with the Lamp'. She always insisted on handwashing, with soap, personal hygiene and good sanitary conditions, clean surroundings, with clean water and air, nutritious food along with proper medical treatment.

The statistical data Florence collected during the first seven months of the campaign were later analysed with the help of William Farr, Britain's foremost statistician. Farr


had compiled the statistical records of the General Register Office, which records vital information such as births, deaths and marriages. His legacy with his colleague, the epidemiologist Thomas Rowe Edmonds, was the creation of the modern discipline of vital statistics and using these statistics to analyse public health and welfare.

Florence remained at Scutari for one-and-a-half years. She left in the summer of 1856, once the Crimean conflict was resolved, and returned to her childhood home at Lea Hurst. To her surprise, she was met with a hero's welcome. The previous year, Queen Victoria presented her with an engraved brooch that came to be known as the 'Nightingale Jewel' and a prize of \$250,000 from the British government.


Florence decided to use the money to further her cause. In 1860, she founded the St. Thomas' Hospital, and within it, the Nightingale Training School for Nurses. She became a figure of public admiration. Poems, songs and plays were written and dedicated in her honour. Young women aspired to be like her. Eager to follow her example, even women from the wealthy upper classes started enrolling at the training school. Thanks to Florence, nursing was no longer frowned upon; it had come to be viewed as an honourable vocation.

Based on her observations during the Crimean War, Florence wrote 'Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army'. Published in 1858, it analysed her experiences and proposed reforms for other military hospitals. Her research would spark a restructuring of the War Office's administrative department, including the establishment of a Royal Commission for the Health of the Army.

Florence was also noted for her statistical skills, creating coxcomb pie charts on patient mortality in Scutari that would influence the direction of medical epidemiology. Queen



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Victoria summoned Florence to Balmoral, the week after she returned from Crimea. Florence successfully procured support for a Royal Commission on the Health of the Army.

On her recommendation, Farr was appointed a member, along with the army doctor and statistician, Thomas Graham Balfour. Her neighbour and friend Lord Palmerston became Prime Minister during the Crimean War. Their twinned desires to see reforms in the Army Medical Department led to a fulfilling and productive professional relationship. This led to the inclusion of hospital statistics in her books, 'Notes on Hospitals' (1859) and 'Introductory Notes on Lying-in Institutions' (1871).

The miserable condition of soldiers

The statistical evidence from Florence's mortality rates in civilian and military hospitals showed that unsanitary living conditions leading to endemic diseases such as typhus, typhoid and cholera were, indeed, the principal reason for high mortality rates. Moreover, the Crimean data revealed that during the war more troops died from these diseases and unsanitary living conditions than in London during the plague of 1665.

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Florence and Farr discovered there was an annual mortality rate of 60% for these soldiers. Between the ages of 25 and 35, the mortality rate in military hospitals was double that in civilian life. Later on, Florence and Farr demonstrated that three times as many soldiers died at home and abroad during peacetime than when they were at war because of overcrowding and filth in the industrialised cities.

Florence wrote a report based on the army medical statistics and sent it as a confidential communication to the War Office and Army Medical Department. Eventually, the army adopted Farr's classification of disease, with modifications.

One of the main outcomes of the statistical aspect of the Royal Commission was the creation of a department of Army Medical Statistics. The Surgeon-General and President of the Statistical Society of London (1888-1890) Thomas Graham Balfour, undertook



a statistical analysis of material relating to the Army Sanitary Commission of 1857 and its report of 1858.

A year later, he was appointed to work in the new Army Medical Statistics Department that Florence and Farr established. In this capacity, he compiled the first four volumes of 'Statistics of the British Army'.


Florence developed a flair for devising graphic methods, including her well-known polar area graph, which was similar to the pie chart created by the Scottish economist William Playfair in 1801. This graph is equivalent to a modern circular histogram, used for illustrating grouped cyclic data. It was cut into twelve equal angles, where each slice represented one month of the year, which, as you can see, revealed changes over time.

Florence's graph not only dramatised the extent of the needless deaths among the soldiers during the Crimean War, but it was used as a tool to persuade the government and medical profession that deaths were preventable if sanitation reforms were implemented in military and civilian hospitals.


Revolutions in Public Health System

Florence's reformatory spirit did not restrict itself to military hospitals. Her investigation of London's hospital statistics in 1858 confirmed that the record-keeping needed to be revised. She found that in addition to carelessness in the collation of statistical information, there was a lack of scientific coordination. For example, hospital statistics gave very little information on the average duration of treatment or on the proportion of patients who recovered compared with those who died.

As Statistical Superintendent to the General Registrar Office, Farr had found it troubling that there were so many inconsistencies



She was the 'lady with the lamp and data' who will always be remembered for her innovative work in statistics and public health. She was a pioneer of modern nursing and public health statistics.



in the reporting of deaths in English hospitals, which did not use a standard system to classify disease. A Statistical Society Committee was set up to keep hospital statistics in a uniform scheme that would permit comparative studies. Florence proposed that the same medical forms be used in all hospitals.

After the International Statistical Congress, in 1860, endorsed Florence's plans she convinced London and a few Parisian hospitals to comply with her forms. In 1861, the results of these reports were published in the 'Journal of the Statistical Society of London' in 1862. Florence made a determined effort to extend the scope and application of the census of 1861, largely in the direction of collecting statistics which would serve as a foundation for sanitary reforms.

Florence improves the health system in India

Florence's attention was turned towards India, which was occupied by the British. Sanitary conditions were much worse than in England. Florence served in a consultative role. A Royal Commission was formed in 1858 to study the problems and Florence



Florence developed a flair for devising graphic methods, including her well-known polar area graph, which was similar to the pie chart created by the Scottish economist William Playfair in 1801. **This graph is equivalent to a modern circular histogram, used for illustrating grouped cyclic data.**



was able to influence the appointment of committee members.

There were major issues with the water supply and land irrigation as well as physical and cultural barriers that were difficult to overcome. She worked hard to improve sanitary conditions, and to ensure personal hygiene and nutritious food among the military as well as local people. The Indian project took much of Florence's time for many years. However, her report submitted in 1863, helped to bring down the death rate from 69 to 18 within 10 years.

In the Indian Sanitary Reports for 1868 and 1869, there are two contributions by Florence'. In the first, there is an introduction of eight pages and in the second, a paper on 'Sanitary Progress in India'. Her statistical enterprises of this period are summarised in a few phrases which are quoted from one of her letters: 'I am all in the arithmetical line now... I find that... there are in the Home Army, 729 men alive every year who would have been dead but for Sidney

Herbert's measures, and 5,184 men always on active duty would have been 'constantly sick in bed'. In India, the difference is more striking. Taken in the last two years, the death rate of Bombay is lower than that of London, the healthiest city in Europe and the death rate of Calcutta lower than that of Liverpool and Manchester.'

As a result, the British Parliament passed the British Public Health Act 1874-75. This helped in revolutionary improvements in the public health system of Britain and India. In 1877, Florence published two letters on the famine in India and followed these by an article in the Nineteenth Century magazine.

This article, 'The People in India', gave the principal facts about the Indian famines and proceeded further to describe the evils of usury in the Bombay Deccan. Beginning in 1874, Florence collected statistics of irrigation in India, and its effect on the life and health of the people. These data, the appendix of the second part of an unpublished work on the Indian Land Question and Irrigation Systems, were afterwards partially used in several isolated papers.

She thought much about education in India. There had been a neglect of elementary education. The exception was found in the system of village schools established by Lieutenant-Governor James Thomson, of what is now the Agra Province. The report of the Indian Education Commission of 1883 directed attention to the difficulties residing in the language, credal, race, and traditional differences of the populations of the several provinces. The succeeding years were taken up, in turn, by Army Hospital Service reform, district nursing organisation, nursing education and Indian financial problems.

Recognitions and Honours

Florence's skills in reporting and illustrating statistical data for sanitary reform in military

and civilian hospitals led Farr to nominate her as the first woman to be elected a Fellow of the Statistical Society of London in October, 1858. In the same year, she was also elected to the Statistical Congress, and made an honorary foreign member of the American Statistical Association in 1874. In 1883, she received the first Royal Red Cross Award and in 1904, the Lady of Grace award.


In 1907, she was conferred the Order of Merit and received the Freedom of the City of London the following year, becoming the first woman to receive the honour. In May, 1910, she received a celebratory message from King George on her 90th birthday.

Florence is an enduring role model for women in the field of statistics; she paved the road in so many ways. Today, we know statistics careers are growing in nearly every type of industry, but Florence probably didn't have many female statisticians to serve as role models in the 1850s. She was the 'lady with the lamp and data' who will always be remembered for her innovative work in statistics and public health. She was a pioneer of modern nursing and public health statistics. Her book on measuring hospital care outcomes is a testimony to her use of data analysis to make decisions in the health sector.


Later life

While at Scutari, Florence had contracted the bacterial infection brucellosis, also known as Crimean fever, and would never fully recover. Fiercely determined and dedicated as ever to improving healthcare and alleviating patients' suffering, Florence continued her work from her bed. Residing in Mayfair, she remained an authority and advocate of healthcare reform, interviewing politicians and welcoming distinguished visitors from her bed.

In 1859, she published 'Notes on Hospitals', which focused on how to run civilian



Although Florence is acknowledged and highly venerated for her role in reforming nursing in the mid-nineteenth century, **she deserves more recognition than she has received for revolutionising nursing through her use of statistics.**



hospitals. Throughout the United States Civil War, she was frequently consulted about how to best manage field hospitals. Florence also served as an authority on public sanitation issues in India for both the military and civilians, although she had never been to India herself.

In August, 1910, Florence fell ill but seemed to recover and was reportedly in good spirits. A week later, on the evening of Friday, August 12, 1910, she developed an array of troubling symptoms. She died at around 2 p.m. on August 13, at her home in London.

In her will, she had expressed the desire that her funeral be a quiet and modest affair, despite the public's desire to honour Florence who had tirelessly devoted her life to preventing disease and ensuring safe and compassionate treatment for the poor and the suffering. Respecting her last wishes, her relatives turned down a national funeral. 'The Lady with the Lamp' was laid to rest in her family's plot at St. Margaret's Church, East Wellow, in Hampshire, England.



Conclusion

Although Florence is acknowledged and highly venerated for her role in reforming nursing in the mid-nineteenth century, she deserves more recognition than she has received for revolutionising nursing through her use of statistics. Her investigative statistical work led to a decline in the many preventable deaths that occurred throughout the nineteenth century in English military and civilian hospitals. Her pioneering use of evidence-based medicine became a powerful directive in garnering support from the medical community and the government.

Florence's statistical innovations and achievements are as important in the twenty-first century as they were in the mid-nineteenth century. Certainly, making statistical data accessible by using diagrams and charts is imperative for the medical sciences.

Moreover, the development of randomised clinical trials in the mid-twentieth century and the growing reliance on evidence-based medicine in the twenty-first century demands an understanding of contemporary statistical

methods, which will enable nurses to make informed decisions about current medical research and their patients. She was a social reformer and writer who had worked for the cause of soldiers, the poor and women. She will always be remembered as the founder of modern nursing, public health statistics and epidemiological research.

Even in the present COVID 19 lockdown throughout the world, her works are relevant. The best practices to protect from the coronavirus are what she practised during the 1850s, namely, handwashing with soap, personal hygiene, social distancing, good sanitary conditions, clean surroundings, with clean water and air, nutritious food along with medicines. She believed that 'it is better to prevent than cure'. Data has proved more valuable than anything else for solving issues with the advent of new emerging areas like data science, data analytics, artificial intelligence and machine learning.

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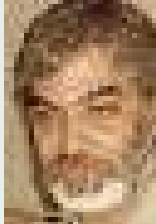


Violence of Identity

“All the major religions of the world taught the worship of God and love and compassion for mankind in their original form. If these original teachings were upheld today it would lead to a harmonious society, free from conflict and war...”

*- His Holiness
Mirza Masroor Ahmad
(Muslim Leader)*





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Hagia Sophia is the Heritage of Humanity



The conversion of Hagia Sophia is not a conflict between Islam and Christians.

It is a conflict between political Islamists like Erdogan, Al Qaeda, ISIS and the Islam of ordinary faithful followers.

Monuments built in ancient times are historical memories and the cultural heritage of humanity. The more tyrannical the ruler, the grander the monument that was constructed to overawe the people. The monument was often constructed with slave labour or underpaid labour who were made to work for long hours. They are also symbols of exploitation. The Babri Masjid and Hagia Sophia were such monuments.

The reconversion of the Hagia Sophia museum into a mosque of the same name on July 24, 2020, by an order of the President of Turkey, has thrown up a controversy. It was built as a Patriarchal Cathedral by Justinian I

I am afraid the Ramjanmabhoomi temple is also being constructed as an imposing structure, a statement of the power of those who are constructing it rather than a temple of piety where the faithful can feel the presence of God, **feel liberated and inspired to pursue truth and the true meaning of life, and a space where the faithful feel inspired by the religious values of service to humanity, rather than be mesmerised into being a submissive follower ready to be subjugated by the elite of the community.**

in 537 CE but was later converted into the Hagia Sophia Grand Mosque in 1453 after the conquest of Constantinople by Sultan Mehmet II and into a museum by Turkish President Mustafa Kemal Ataturk in 1934. At that time, Ataturk had declared, “This should be a monument for all civilisations.”

The reconversion of the Christian-Muslim monument in the 21st century signifies the global rise and growing strength of right-wing politicians who misuse religion for their political ends and stoke religio-cultural wars. The conversion should be condemned in the strongest possible words.

The museum was a great tourist attraction. UNESCO declared it as a World Heritage Site in 1985. One of Turkey’s most famous authors, Orhan Pamuk, said, “There are millions of secular Turks like me who are crying against this but their voices are not heard.”

I was pained at the sight of the first Juma Namaz on the streets surrounding the mosque and the khutba delivered by the Imam with the Ottomon-era-sword in



his hand. Muslims pray to one universal God. However, that day they were perhaps praying to the bricks and mortar of the structure to express their triumph rather than praying to Allah.

The reconversion is not a triumph of Islam. It is a triumph of politics alien to Islam. It is the triumph of a right-wing politician accused of corruption, the President of Turkey, Recep Tayyip Erdoğan, whose popularity is sagging due to the poor performance of his government on the economic front and whose authoritarian rule represses the opposition. Erdogan re-configured the Kemalist state which imposed secularism from top to an authoritarian state by misusing Islam to consolidate and perpetuate his rule.


American President Donald Trump is manipulating Christian sentiments to rally right-wing Christian evangelists for his second term. Former American President George Bush stoked religious sentiment by calling his invasion of Afghanistan and Iraq as a crusade. Islamists like ISIS, Taliban and Al Qaeda misuse Islam to achieve their political objective of a totalitarian state. The Bodhu Bala Sena in Sri Lanka and the Myanmar military misuse Buddhism to mobilise the faithful for their version of Buddhist nationalism and an authoritarian state. And in India, the BJP government misuses the Hindu religion to weaken all democratic institutions and push for centralisation of power.

The reconversion of Hagia Sophia will fuel Islamophobia and immensely strengthen right-wing politicians across the board.


Erdogan is misusing Islam for another political objective as well – to expand the boundaries of Turkey and re-conquer the Ottoman territories and become the leader of the Muslim world. Erdogan's military interfered in the Syrian conflict to annex the Kurdish-inhabited territory. He failed miserably. Then he interfered into the Libyan conflict without making much headway.

Islam respects freedom of conscience

There are several verses in the Holy Quran in support of the freedom of religion. The



If the Islamists are celebrating the conversion of Hagia Sophia into a mosque, would they accept similar conversions of mosques into religious structures of other religions where Muslims are in a minority?



Quran explicitly states that there is no compulsion in religion. “For you your religion; and for me mine.” Jews and Christians are considered people of the book. Allah has sent prophets in all regions of the world to guide the people and Quran reveals the same truth that has been revealed through earlier prophets.

The Quranic righteous path is to strive for justice, struggle against inequalities in society, serve the neediest, deliver them from oppression and show respect for diversity. Diversity is God-ordained so that we know one another. Quran 2:148 says: “For each [religious following] is a direction toward which it faces. So race to [all that is] good. Wherever you may be, Allah will bring you forth [for judgement] all together.”

The centre of all religions is Him, even though their ways may be different. We are ordained not to fight with each other but compete in doing good deeds.

If the Islamists are celebrating the conversion of Hagia Sophia into a mosque, would they



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However, the majority of Muslims in their everyday life desire to live peacefully with non-Muslims in their neighbourhood and have an attitude of cultural dialogue which leads to a rich diversity within Islam.

Islam is a matter of faith for them and they have learnt to live peacefully with their non-Muslim neighbours. The conversion of Hagia Sophia is not a conflict between Islam and Christians. It is a conflict between political Islamists like Erdogan, Al Qaeda, ISIS and the Islam of ordinary faithful followers. The former is a minuscule minority.

Religion should be a source of knowledge and values. All religions have common values that teach spirituality, teach us not to be vulgar consumerists and individualistic

but socially conscious about our duties to the society, sharing space with others and living in solidarity, while coming to the aid of the needy.

Imposing structures like Hagia Sophia have been monuments of power and authority to overawe and mesmerise ordinary suffering people who need livelihoods, housing, education, access to health services and fair opportunities of development.

In India, the Hindu nationalists demolished a 16th-century mosque – Babri Masjid – constructed by a Mughal, and are now constructing a grand temple in its place, claiming that Lord Ram was born at that precise spot in Ayodhya. I am afraid the Ramjanmabhoomi temple is also being constructed as an imposing structure, a statement of the power of those who are constructing it rather than a temple of piety where the faithful can feel the presence of God, feel liberated and inspired to pursue truth and the true meaning of life, and a space where the faithful feel inspired by the religious values of service to humanity, rather than be mesmerised into being a submissive follower ready to be subjugated by the elite of the community.

There should be an end to conversion of religious structures in the 21st century. Monuments like Hagia Sophia should be a heritage of humanity accessible to people of all faiths and restored as a museum. Those in possession of Hagia Sophia and such monuments should hold it in trust as a heritage for all.

Here I am reminded of the Prophet of Islam inviting the Christians who came to meet him in Medina from Najran, to pray in their tradition inside the mosque. Muslims in India are constructing a hospital for all on the land given to them under the judgment of the Supreme Court in place of the demolished mosque.

A black and white photograph of a woman sitting on a stone ledge. She is wearing a headscarf and a long, light-colored dress. She is looking down at her hands, which are resting on her lap. The background is a rough, textured wall. The lighting is dramatic, with strong shadows.

Homelessness and Women

*As long as poverty,
injustice, and gross
inequality persist in
our world, none of
us can truly rest.*

- Nelson Mandela



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The Suffering of Homeless Women in COVID Times

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A home is a permanent place of residence and a roof over one's head in the most literal sense. At the same time, beyond the tangible and physical comforts, a home also provides one with social acceptability and inclusion in society. **A person with a home is integrated into society, with class, sex and caste barriers intact. When one lives in a home, that person also lives in a neighbourhood and society.**

■



“Hungry not only for bread -
but hungry for love. Naked
not only for clothing
- but naked of human
dignity and respect. Homeless not
only for want of a home of bricks - but
homeless because of rejection”
- Mother Teresa

A home is a permanent place of residence and a roof over one's head in the most literal sense. At the same time, beyond the tangible and physical comforts, a home also provides one with social acceptability and inclusion in society. A person with a home is integrated into society, with class, sex and caste barriers intact. When one lives in a home, that person also lives in a neighbourhood and society.

However, a homeless person not only lacks a permanent shelter but is also excluded from the mainstream and made invisible by circumstances. They live on the periphery and the constraints and barriers created by the social classes and gender continue to persist.

The term 'feminisation of homelessness' implies that the lived experiences of women on the street and in shelter homes have a gendered reality to it. 70% of the world's population living in absolute poverty are women. The high rate of homelessness among women and the sheer invisibility of their existence is a grim reality that needs to be explored. Women are inadequately represented in statistics of homeless households.

Researches on homelessness focus on the phenomenon without highlighting the problems women face on account of their sex. So, they go unnoticed. Women living in

shelter homes have experienced violence, and many continue to live in a cycle of poverty and talk with a sense of hopelessness. This rise in violence has led to greater concerns regarding the safety of women in India leading to greater vigilance by the state and stricter laws for the protection of women against acts of violence, including rape, physical and sexual assaults, acid attacks, domestic violence and harassment. While the parliamentarians have been concerned about women and their position in society, homeless women have been largely ignored.

Homeless people are the most deprived. They face inequality at the structural level since they are not included in the mainstream. Women, in general, face the worst brunt



Home is where the private and the personal life takes place, where we express ourselves, where we go to unwind after a long day, the place where we find comfort.

It leaves us with a feeling of belonging and a sense of security and protection from external threats.

When there is a loss of this safe place and the dissipation of the personal space that is when one is rendered homeless.





of inequality, their realities and hardships becoming more pronounced because of rampant gender inequality in society. However, the imposition of lockdown and isolation by the government to reduce the spread of COVID-19 has further increased the inequalities and dislocation of the homeless women inconsistently.

Women face structural inequality and are socially and economically vulnerable. Then, the realities of homeless women must be taken into account to understand the extent of deprivation. It makes one wonder what homeless women must face in a society that is already neglectful of their needs and wants.

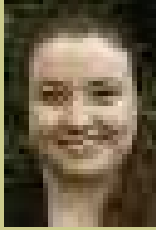
The idea that the home is a safe space has been inculcated in us since birth. We are socially conditioned into believing one's home is safe and secure. Home is where the private and the personal life takes place, where we express ourselves, where we go to unwind after a long day, the place where we find

comfort. It leaves us with a feeling of belonging and a sense of security and protection from external threats. When there is a loss of this safe place and the dissipation of the personal space that is when one is rendered homeless.

Women's homelessness is a representation of women's position in society. Homelessness is often a result of the unequal distribution of economic, material and social resources in society, wherein, the more disadvantaged are the women who are already marginalized and vulnerable in this patriarchal society. The position of women makes them vulnerable to homelessness.

Initiatives should be taken by the government to protect this marginalised section since not much has been researched about the impact of such an unprecedented crisis on homeless women. Hence, the safety of such women should be taken into consideration by treating them with dignity thereby safeguarding that they have a shelter to call home with access to all the basic amenities. No homeless woman should be left behind in the wake of this pandemic. Instead, this pandemic can bring positivity by providing a safe space to women who have experienced homelessness.

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Rethinking Human Mobility in the Lockdown

While the virus knows no borders, gender, race, religion, class or immigration status, **the impact of the pandemic has highlighted the systemic inequalities that persist in our society.**

The COVID-19 pandemic has brought most of the world to a standstill and has fundamentally changed human mobility.

Governments around the world have introduced measures to ‘flatten the curve’ of infections, including travel restrictions, border closures, the suspension of labour migration, and the slowing of migration processing and assistance to asylum-seekers.

While the virus knows no borders, gender, race, religion, class or immigration status, the impact of the pandemic has highlighted the systemic inequalities that persist in our society. This is particularly true for people on the move, such as migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster, whether within their own countries or across international borders-refugees and asylum-seekers.

In the recently-launched UN policy briefing on COVID-19 and People on the Move, the Secretary-General of the United Nations António Guterres framed the pandemic as three interlocking crises: a health crisis, a socio-economic crisis, and a protection crisis.

The impact of the pandemic on people on the move

Migrants and refugees are on the frontlines of the pandemic, working as essential workers to run our healthcare systems, our food production and distribution, and our care economies,

among other critical sectors. Because of their vital work, these workers are exposed to higher risks of contracting the virus, and yet many lack basic labour protections, especially informal and undocumented workers.

For many, the lack of health insurance, often linked with insufficient financial resources, has negatively impacted their ability to take preventive measures and to receive medical care if they contract the virus. Many support and care services run by civil society organisations have been closed due to lockdown policies, which has led to decreased access to essential services, including healthcare, shelter, and crisis response for those experiencing abuse or violence.

This especially impacts undocumented migrants, who may be reluctant to enter medical facilities or other public services for fear of being reported to the authorities.

Many people on the move also lack access to basic needs, such as nutrition, water or sanitation, which makes it harder to practise hand washing. Those in fragile, disaster-prone and conflict-affected countries are facing higher risks owing to weak health systems. This is compounded by travel restrictions which constrain the delivery of life-saving humanitarian assistance.

Crowded living environments also affect the implementation of preventive measures such as social distancing. This is the situation for irregular migrants in administrative detention, refugees in camps, or migrant workers in highly-populated migrant labour housing, who experience inadequate sanitation and limited access to health services.

The lack of inclusion of migrants and refugees into public health strategies

has further exacerbated existing inequalities. Information-sharing has had a significant impact on migrant communities, as some communications on the pandemic were not available to people in a language they could understand, and misinformation and politicisation of issues have led to the stigmatisation and exclusion of migrants from response and recovery measures.

These have led to higher risks of contamination, and entail long-term consequences for migrants' integration and social cohesion. The loss of control is felt across communities worldwide due to border closures, restrictions on movement or feelings of social isolation provide insights into the daily struggles faced by displaced persons around the world everyday.

Many people on the move tend to have few, if any, reserves that might soften socio-economic shocks. Migrants are, therefore, among the hardest hit by reduced incomes, increasing unemployment, and increasing expenses and price hikes for basic commodities.

Migrant workers were among the first to be affected by lay-offs and lockdowns that closed businesses. The crisis has disproportionately impacted food and hospitality, retail and wholesale, tourism and transport, and manufacturing. Many migrant workers and their families have lost their employment-based health insurance, and are ineligible for government-provided unemployment benefits, welfare or stimulus programmes.

The loss of employment among migrant workers is compounded by the fact that they are often not covered by protections of standard labour laws or social protection systems and the risk that layoffs could trigger the expiration of visa or work permits, forcing them into



**We need
a conversation about
the future of work, of
our societies, and our
economies,
where care workers,
fruit pickers, nurses,
and people on the
move are recognised
and valued for the
contribution they
make, no matter
where they are from.**



undocumented or irregular status or to return to their home countries.

The pandemic's socio-economic consequences are affecting, in particular, those migrant workers and refugees in the low-wage informal economy who are excluded from decent work and social protection measures.

The loss of livelihoods for these migrants not only impacts their lives in their countries of destination but also their families in their countries of origin. The World Bank estimates that in 2020, remittance flows to low and middle-income countries are expected to drop by around 20 per cent, to \$445 billion, from \$554 billion in 2019, crippling the economic lifeline to migrant families and communities, which will lead to an increase in poverty and limit households' access to much-needed health services.

The crisis has also exacerbated the already precarious situation of women

and girls on the move, who face higher risks of exposure to gender-based violence, abuse and exploitation, and have increasingly limited access to protection and response services.

Women play an outsized role in health services, which disproportionately expose them to health risks. Furthermore, owing to entrenched gender stereotypes, women also carry the burden of both paid and unpaid domestic and care work, which is exacerbated by the lockdown or stay-at-home orders.

Female migrants are also at heightened risk of gender-based violence, in particular intimate partner violence exacerbated by confinement and lockdown measures. Migrants and refugees often face barriers in reaching out to police, justice or gender-based violence services, particularly when they are undocumented, for fear of retaliation, stigma, detention and possible deportation.

This situation is further exacerbated by the fact that in some situations, sexual and gender-based violence protection and response services have not necessarily been declared essential, making it even more difficult for women and girls to access them.

While foreign-born migrants face a loss of livelihood, discrimination and barriers to basic services, internal migrants are also experiencing hardship due to the pandemic. The magnitude of internal migration is about 2.5 times that of international migration. Lockdowns, loss of employment, and social distancing prompted a chaotic and painful process of mass return for internal migrants in India and many countries in Latin America. Thus, the pandemic containment measures might have contributed to spreading the epidemic. Internal migrants often face similar exclusion from health services and cash transfer and other social programmes, and also face discrimination.



A new, inclusive approach to human mobility

The pandemic has led to many restrictions on human mobility across the globe, from tourism to business travel and labour migration. At a time when trust in multilateralism is weak, this is worrisome to advocates and policymakers who promote more open and flexible approaches to global migration management. Across the world, migrants and their families have experienced policies and rhetoric from politicians that seek to keep the virus—and especially the people who carry it—away from ‘us’. We can expect even more of an ‘us first’ approach in politics: ‘our’ vaccines, ‘our’ PPE (Personal Protective Equipment), ‘our’ health, ‘our’ borders, ‘our’ people first.


This betrays the fact that the COVID-19 virus does not discriminate based on nationality, and does not care about political borders. In a public health crisis such as this, the exclusion of any person or group of people is detrimental to the whole of society - if one person is sick, we are all at risk.

This approach not only is not human rights-based – it also fails to recognise that migrant essential workers were key to our economies and societies before the pandemic and are likely to become even more essential in the recovery to sustain our weakened economies and exhausted societies.

From doctors, nurses, and care workers to delivery drivers and shelf stackers, many of these ‘essential workers’ come from abroad. In the U.S. for example, 30 per cent of doctors and 27 per cent of farm workers are foreign-born. In Australia, 54 per cent of doctors and 35 per cent of nurses are immigrants. In the European Union, 13 per cent of essential workers are non-EU nationals. In some



Reforms are happening around the world to recognise migrant workers’ contribution to the pandemic response and, most importantly, **to put in place measures to remove barriers and facilitate migrants’ access to labour markets, social protection, and basic services.**



key occupations, however, the share is substantially higher: More than 1 in 3 domestic workers, more than 1 in 4 construction/mining, and 1 in 5 workers in food processing are migrants.

These essential workers have been celebrated as heroes during the pandemic, but they are the backbone of our societies and economies. The pandemic offers an opportunity to evaluate the positive contributions of people on the move and the critical role of migration to countries of origin, transit, and destination. A new approach to migration policy is needed to recognise and value the contribution that people on the move make to societies, and to work towards regularisation and inclusion of migrants and refugees into the political, social and economic lives of their communities of destination.

Reforms are happening around the world to recognise migrant workers’



expire? How do we sustain these reforms beyond the pandemic? How do we go beyond the usual emergency/crisis narrative that so often taints migration debates and leaves us with little space for a balanced, rational, and politically-viable approach to reform?

Governments must look long-term to address the lack of regular migration pathways that fill critical skills and labour gaps and enable people to fulfill their aspirations. They must pursue policies of social inclusion that enable people to access essential services regardless of their migration status and counter xenophobia and discrimination in all its forms.

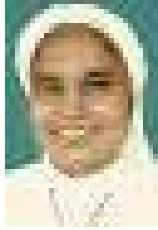
The pandemic has tested our strength and highlighted systemic inequalities. It has also connected us in new ways and renewed our motivation to act for just and equitable policies. In the face of the pandemic, the rhetoric must change, from discrimination to solidarity. We need a conversation about the future of work, of our societies, and our economies, where care workers, fruit pickers, nurses, and people on the move are recognised and valued for the contribution they make, no matter where they are from.

(Cecilie Kern is the Migration Specialist for the Congregation of Our Lady of Charity of the Good Shepherd)

contribution to the pandemic response and, most importantly, to put in place measures to remove barriers and facilitate migrants' access to labour markets, social protection, and basic services.

Some of these reforms are more comprehensive than others: Portugal has temporarily granted all migrants and asylum-seekers citizenship rights; in Italy, the regularisation only applies to some sectors; in different cities and states in the U.S., some policies have extended social protection to migrants, and emergency measures have granted foreign-born healthcare workers temporary work permits or skills recognition.

While these are steps in the right direction, they are temporary measures. What happens when these policies



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Women in Tanzania

There are many women religious working in the African mission. One such group is the Society of the Helpers of Mary, which has been working in Africa for the past 25 years. They reach out to the powerless and the voiceless, especially women and children. Since 2017, they have been rendering valuable service in Arush, Tanzania. Within a short span, they organized nine women's groups in various villages, consisting of 257 members each. Likewise, the Congregation of the Daughters of Mary has been there in Tanzania since 2013. They conduct many programmes to empower women and children.

Leadership training, skill development programmes, health talks, and self-help groups are organised systematically. Basic and advanced training sessions are offered in table banking, loan management, animal husbandry, small-scale businesses like handicrafts, tailoring, catering and fund-raising for the sick and bereaved families. Monthly evaluation and annual reporting are done meticulously.

Women and Marriage

The marriage system in Tanzania is unique. The dowry system is still in practice. Interestingly, in arranged marriages,

the boy's family will have to pay a high dowry to the girl's family. If the girl looks beautiful, the amount of dowry becomes double. However, usually, one finds one's partner by oneself and opts for co-living. Consequently, the marriage bond may not be so strong. They can separate at any time.

Polygamy is common. Many girls become pregnant in their teenage. Their moral life often remains weak. This pathetic family situation makes them vulnerable. AIDS is a common disease. However, in recent years, through awareness programmes, regular family visits, seminars, guidance and counselling programmes, things are getting better. People have started appreciating monogamy and getting their marriage blessed.

Many of them are uneducated. To reach the school, they have to walk 15 to 25 kilometres per day.

Women and Agriculture

Tanzania is an agricultural country. For agriculture, people depend on rain. Surprisingly, people do not own any water sources. All sources of water belong to the government. Consequently, they have to pay tax to get water. The economic background



of the people is so poor that they cannot afford it. In such situations, the sisters sponsor water, fertilisers, and tractors. Women are special beneficiaries. They are as hardworking as men. Besides taking care of the family and children, they do all kinds of work including farming. Through all these, they become self-sufficient and self-sustaining.



Collaboration with the Government

Collaborative ventures with the government seem to be promising in the African context. This year, on March 8, during the International Women’s Day celebrations, guests like the District Commissioner (DC), Member of Parliament and other leaders were invited. The selfless work, by the missionaries, at the grassroots level for the poor womenfolk was an eye-opener for all the guests. After the speeches and the cultural programmes, the DC gave a large sum of money as a donation and requested the other guests to support the women groups with donations. A large amount was collected and deposited as a corpus fund. Each group was made to register under the government project with a bank account.

COVID in Tanzania

Tanzania is one of the few countries which has not imposed a lockdown. People go to

work everyday. Places of worship remain open. The president John Magufuli has urged the people to take care of themselves. Because, unlike in other countries, the government has no funds to support and provide food and safety measures. If the government had announced a lockdown the people would have died of starvation. So, there is no lockdown. Africa is used to sicknesses like malaria and typhoid. As the healthcare facilities are poor, many are dying due to these illnesses. The mortality rate is very high. The people are treating COVID as a sickness similar to malaria and typhoid.

Compared to other countries, the virus is not spreading fast in Tanzania. This could be because of the strong willpower and immunity of the people.

(The author is engaged in social-health service in the Diocese of Mbinga, Ruvuma Region, Tanzania.)



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In Corona's Crucible

This is not a surprise. Disaster settings are breeding dens for sexual and gender-based violence. The quarantine centres that the government put up in various parts of the country have become death traps, especially for women. **The tested and the untested, the infected and the clean, men and women were herded into the centres which lacked essential items like hand sanitisers, masks, soaps and separate toilets for women and girls. Sexual abuse and even suicides have been reported from the quarantine and isolation facilities.**

Manisha (name changed) is a student of St. Xavier's College, Kathmandu. She tested positive for Corona and was kept in isolation. I asked her how she was doing. "I was fortunate that I was permitted to be isolated at home," she said. "One of my friends stayed in a government-run quarantine centre. She was in her period. She told me, 'The way people stared at my blood-stained pyjamas hurt me more than the cramps.'

During isolation, the vessels Manisha used were not used by others. She knew it was for her safety. Yet, it made her think about oppression and persecution and how the 'untouchables' are treated in society. Manisha had a tough time. "I couldn't breathe the morning air or watch the setting sun," she said. "When I went near a window, my neighbours would stare

at me with horrified eyes and vanish. But friends and family comforted me. I learnt how to focus on the positives. I feel more connected to myself."

Manisha belongs to the luckier group who had the luxury of social distancing, home quarantine, working from home, attending online classes, and ordering groceries for home delivery. Over 80 per cent of women in Nepal are not as fortunate. They have no permanent homes, no stable jobs and no long-term savings. They depend on the government for their survival, especially during this time of a national disaster. However, the government has failed them.

Nepal reported its first case on January, 23, 2020. In the following two months, it had only one more reported case. Yet, the government imposed a nationwide lockdown on March 24.

During the lockdown, the government made no preparations to test, trace and treat; no measures were taken to set up safe and secure quarantine and isolation facilities; no stipulations were enacted to equip hospitals to treat the infected; no training was offered to health workers and volunteers who would be at the forefront.

The Family Welfare Division of the Department of Health Services said there was an almost 200 per cent rise in the maternal mortality rate during the lockdown. Another study, in the Lancet Global Health, stated that 13,189 women delivered babies in the hospital before the lockdown while the number decreased to 7,165 during the lockdown. As a result, stillbirth per 1000 births jumped from 14 to 21 (a 50 per cent increase).

Institutional neonatal mortality increased threefold from 13 per 1,000 live births before the lockdown to 40 during the lockdown. The same report noted that during the lockdown there was a significant disparity among the privileged and disadvantaged groups when it came to accessing health service.

There was another bad news. On June 10, three people allegedly gang-raped a woman staying at a quarantine centre in



Lamkichuha Municipality-1, in west Nepal. The 31-year-old woman alleged that three quarantine volunteers gang-raped her. Later, they were arrested.

This is not a surprise. Disaster settings are breeding dens for sexual and gender-based violence. The quarantine centres that the government put up in various parts of the country have become death traps, especially for women. The tested and the untested, the infected and the clean, men and women were herded into the centres which lacked essential items like hand sanitisers, masks, soaps and separate toilets for women and girls. Sexual abuse and even suicides have been reported from the quarantine and isolation facilities.

Because of the haphazard government response, when the nationwide lockdown was lifted on July 21, the number of corona cases crossed 17,000. Within fifteen days, all the 40 hospitals treating corona patients had exceeded their capacity. The 115 ventilators were all put to use. As of August 16, the number of infected has climbed to 26,660. While 17,201 have recovered from the infection, 104 deaths have taken place. About 700 active cases are being reported daily. By all accounts, Nepal has just entered the first phase of the community spread. The worst is yet to come.

A pregnant Kalpana Parajuli from Melauli Municipality in Baitadi District had to stay in a quarantine centre when she returned home from India. She was not provided food in time; neither did she get the PCR test results during the 20 days she was there. Those in charge asked her to collect firewood and to cook food for herself.

This author met Laxmi outside the gates of St. Xavier's College, Kathmandu. She has two children a fifteen-year-old-boy and a nine-year-old girl. Laxmi used to work on a dairy farm. But after three weeks of the lockdown, she was told there was no work. Just before the lockdown, Laxmi's husband went abroad. It has been six months since

she heard from him. She thinks he has deserted her and the children.

The lockdown destroyed the informal economic sector through which the women predominantly eke out their living. In a survey conducted by the Central Bank of Nepal it was reported that in the micro and small business, every three in five employees lost their jobs. One-fourth of all employees were laid off by larger businesses. The hotel and restaurant sector laid off 40 per cent and small-medium scale enterprises 30.5 per cent. More than 77 per cent of business firms did not have enough cash flow to pay employee salaries, rental fees and bank loans.

Nepal's economy depends on loans, donations, remittances and tourism. Early studies show that tourism receipts in Nepal are projected to fall by 60 per cent in 2020 resulting in a loss in earnings of \$400 million. As early as May 20, it was reported that nearly six lakh Nepali migrant workers wanted to return home at the earliest as they had lost their jobs. This will result in a fall in remittances, ranging between 15 and 20 per cent this fiscal. Nepal is the 19th largest receiver of remittances in the world.

What has the government done? The Prime Minister Employment Programme (PMEP) has a fund of Rs 11.6 billion. It was created to provide 100 days of employment to two lakh people across the country, mostly in building infrastructure. But everyone knows it is an eyewash, because the PMEP has a pathetic track record. In 2018-19, all it managed was to provide 13 days of employment to 175,909 persons. Moreover, 2 lakh jobs is a drop in the ocean. According to a government task force, the country needs to generate a minimum of 1.5 million jobs to deter an unemployment crisis.

Although one wishes to say Nepal has failed in its fight against the pandemic, the truth is that the country has not even thrown a punch at its enemy, let alone put up a fight. Seven months into the crisis, the

government has neither a comprehensive strategy nor has it exhibited a political will to do so.

During the lockdown, a task force consisting mostly of sycophant politicians under the leadership of a chicaner Prime Minister was commissioned to deal with the pandemic. All it has done is to make a slew of arbitrary and short-sighted decisions, precipitating an unprecedented social and economic crisis, and destroying lives, especially of women. Come to think of it, Nepal systemically metes out a second-class treatment to women whether it is in citizenship, land ownership or human rights.

Is there any hope?

Madhu Banjade is a 45-year-old health volunteer in Bhumikasthan Municipality of Arghakhanchi district in West Nepal. She used to earn her living through a fruit shop but there is no business now. Because of her experience as a female health volunteer, the local government asked her to head the Covid-19 response team of the municipality.

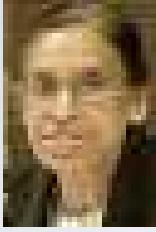
Madhu is the coordinator of a team that keeps the record of people travelling in and out of the district, and ensures people are put in quarantine when needed, and educates the public about protecting themselves.

Madhu said that she was overwhelmed by the work, and she was often at risk of contracting the virus. "The government has offered us little help by way of finance, safety materials or training," she said. "Our only remuneration is the joy we see on the faces of the quarantined when we take care of them. Our only salary is the happiness we see in the faces of the recovered. This keeps us going."

Women, like Madhu, will keep this country going!

(Written in collaboration with Aashish Paudel and Mohan Banjade)





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According to the UN, less than 40 per cent of women who experience violence seek help or report the crime. **Less than 10 per cent go to the police. The pandemic makes reporting even harder for women on the margins due to various reasons such as male-dominated public services like police and the judiciary.**

Women and COVID-19 the UN Perspective

One of my favourite posts during COVID-19 is the picture of world leaders who are efficiently dealing with the pandemic. What is common is that they are all women. Fortunately, I had the privilege to meet and listen to all of them in my ministry at the

United Nations. Women are working at the forefront and the grassroots level in different communities. They need recognition and support including funding to deal with the crisis in the long-term.

The Secretary-General of the United Nations, Antonio Guterres said, “The pandemic is deepening pre-existing inequalities, and exposing vulnerabilities in social, political and economic systems.”

The year 2020 marks the 25th anniversary of the Beijing Conference or Beijing platform of action which would have been groundbreaking regarding gender equality. Instead, the

seek help or report the crime. Less than 10 per cent go to the police. The pandemic makes reporting even harder for women on the margins due to various reasons such as male-dominated public services like police and the judiciary.

Women and girls are disproportionately impacted by the pandemic due to the preexisting socio-economic and gender-based inequalities. The economic impact of domestic violence globally had been estimated at \$1.5 trillion before the pandemic. The emotional and economic shocks make it hard for poor women and girls to rise above it. It is a concern that the girls who have missed their schooling will ever return to education. If not, they may perpetuate the cycle of intergenerational poverty. A United Nations Development Programme Report says that the lockdown brought more work for women and girls, both paid



and unpaid.

pandemic has not only dampened the spirit but also added an unexpected burden on women and girls.

Dr Phumzile Mlambo, Executive Director of UN Women, stated that even before COVID-19 existed, domestic violence was already one of the greatest human rights violations. “In the previous 12 months, 243 million women and girls (aged 15-49) across the world have been subjected to sexual or physical violence by an intimate partner,” she said. “As the pandemic continues, this number is likely to grow, with multiple impacts on women’s well-being, their mental health, and their ability to participate and lead in the recovery of our societies and economy.”

Domestic violence is often underreported for reasons of shame, fear or family prestige. A lack of access makes data gathering a challenge. According to the UN, less than 40 per cent of women who experience violence

The pandemic is not just a threat to public health, it is a threat to people’s lives and livelihood too. Women are of vital importance in rural economies and food security. One of the predicted challenges of COVID-19 is a shortage of food and hike in prices, pushing more into poverty and hunger. Women make up a substantial proportion of agricultural producers, processors, traders, agricultural entrepreneurs, and natural resource managers. The restrictions on movement and marketing can be a blow to rural women.

Like Mother Earth, women are resilient. Struggles and challenges make them rather than break them if they are willing to “sit in the fire.”

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Doing Much Better

Female leaders around the world have won praise for their handling of the crisis. **This trend reveals some important insights about female leadership. Do women lead differently from men, are they more effective, and how does this translate to handling a crisis like the coronavirus?**



The world is going through one of its worst times in history. The coronavirus pandemic eclipses every aspect of our life now. More than one-quarter of the world's 7.8 billion people are confined to their homes, as governments close borders, airports, hotels, businesses and schools. These unparalleled actions are ripping apart the social fabric of some societies and disrupting many economies, resulting in mass job losses and raising the spectre of widespread hunger.

But during this period of doom, we can find an interesting correlation between female leaders at the helm of various nations and the effectiveness of their handling of the pandemic. The actions of female leaders in New Zealand, Germany, Taiwan, Denmark, Iceland, Norway, Finland, and the small Indian State of Kerala support the claim that women are dealing with the crisis better than their male counterparts.

The Prime Minister of New Zealand, Jacinda Ardern, has been at the forefront of taking action to eradicate the pandemic. Ardern took the brave stand of not only implementing a strategy of suppression but also the elimination of the virus. She was very quick to close borders and was one of the first leaders to initiate a total lockdown.

The German Chancellor, Angela Merkel, a former research scientist, has also been praised for her clear and effective communication with her country and the world. Her actions have proved that bigger countries and not just island nations can curb the virus. The country's early lockdown measures have proved fruitful with Germany faring much better than its European counterparts.

Just 100 miles from China, Taiwan's President Tsai Ing-wen was the first world leader to take action. Owing to Taiwan's proximity to mainland China, the country was one of the most at-risk areas. Without imposing



KK Shailaja



Tsai Ing-wen

a lockdown Tsai Ing-wen installed 124 measures to contain the spread of the virus.

Denmark, under the leadership of Prime Minister, Mette Frederiksen, became one of the first countries in Europe to shut down its borders and put into effect the necessary policies to sustain the country's economy during the crisis. Quick actions have proved fruitful as the country has started to loosen certain restrictions.

Iceland, under the leadership of Prime Minister Katrín Jakobsdóttir, offered free coronavirus testing to all its citizens and would become a key case study in the true spread and fatality rates of COVID-19. Finland's Sanna Marin, the world's youngest head of state used social media influencers as key agents in battling the crisis. Norway's Prime Minister, Erna Solberg, had the innovative idea of using television to talk directly to her country. Solberg held a dedicated press conference where she responded to children's questions from across the country.

KK Shailaja, the Health Minister of India's southern State, Kerala was honoured by the United Nations on its Public Service Day 2020 for her response to the pandemic. She has been at the forefront of strong measures in fighting the spread of this disease. Shailaja's forethought in preparing the State and her ability to communicate the decisions to the public has gained world attention. Under her leadership, the State followed three strategies to tackle the pandemic: 'Trace, Quarantine, Test, Isolate and Treat', 'Break the Chain' and 'Reverse Quarantine'.

Indeed, female leaders around the world have won praise for their handling of the crisis. This trend reveals some important



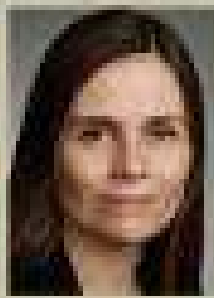
Angela Merkel



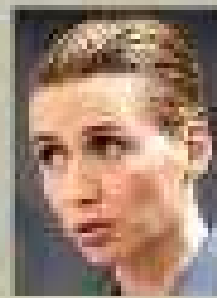
Erna Solberg



Jacinda Ardern



Katrín Jakobsdóttir



Mette Frederiksen



Sanna Marin

insights about female leadership. Do women lead differently from men, are they more effective, and how does this translate to handling a crisis like the coronavirus?

All these women leaders appear to be deliberate, thoughtful and intentional about how they lead. Norway's Prime Minister Erna Solberg's special news conferences for children is a mark of this kind of thoughtful deliberateness. To come up with effective responses leaders must be willing to pay attention to experts. This requires humility, a common attribute shared by many of the women political leaders.

The inclusive leadership style employed by Ardern brings us to an important component: humility. Not only must leaders be willing to humble themselves and listen, but they should also be willing to include a mixture of voices in the dialogue. But solving complex problems requires considering different points of view so that leaders can make decisions that have a positive impact on the people.

They have the guts to take decisive actions at the right time. They can't always wait for the perfect information or to be 100 per cent confident about their choices. Taiwan's President, Tsai Ing-wen, took action early and decisively contained the virus.

Effective communication was one of the qualities maintained by leaders. Along with decisive actions they made use of various media platforms to convey what they were doing and why. Merkel's scientific yet succinct clarifications helped Germans to understand why it was so critical to

contain the virus as early as possible. By addressing her people, consistently, and compassionately Ardern has remarkably shown all the traits of good communication during a crisis. Even before COVID-19, in the wake of a horrific act of terrorism in her country, she exhibited one of the most important traits that any leader can have during a crisis: empathy. Merging empathy with quick action is precisely what she has done in response to the current pandemic.

Thoughtful deliberateness, resilience,



pragmatism, inclusive leadership styles, effective communication methods, empathy and humility are mentioned as common features of the success of these women leaders. These skills have empowered them to listen to scientific expertise, work with local authorities and communicate successfully with the public. It has made them come across as transparent and responsible at a time of the pandemic. With these traits, they proved to the world that they are far better than their male counterparts who miserably failed to contain the deadly virus.



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Science for Peace

The development of the atom bomb and atomic reactor are both instances of **how science can be harnessed for good as well as evil.**



Derived from the Latin word, *scientia*, science means the systematic exploration of the universe and the production of verifiable and predictable knowledge. Technology is applied science. The term science will be used to represent both its pure and applied aspects. The usual critique about science is that it is value-neutral. From ancient times, science has been employed for the promotion of happiness on the one hand, and sorrow on the other. Most breakthroughs in science have been harnessed for peace as well as strife. The original motivation of the scientists may have been the thirst for new knowledge. Nuclear fission was discovered primarily as the outcome of numerous experiments done in the laboratory to test Einstein's special theory of relativity which predicted the conversion of matter into energy. The spectacular chain of events following its discovery is too well-known to be recounted. The development of the atom bomb and atomic reactor are both instances of how science can be harnessed for good as well as evil. Defense research is now a highly competitive field of science that has contributed not only Weapons of Mass Destruction (WMD) but also pilotless aircrafts, guided missiles, and sophisticated computers.

Scientific reasoning is not merely logical reasoning but receives inputs from experimentation and observation. Scientists are better qualified to analyse situations and make projections for the future than others. When an epidemic like COVID-19 has posed a major threat to humans, it is only to epidemiologists and virologists that the governments all over the world have turned to produce a solution to fight it. Experts are busy developing vaccines suitable to face this challenge. Scientists have made unpleasant predictions about climate change and food scarcity. If their advice



is taken seriously, such catastrophes may be checked. People also argue that climate change is a consequence of environmental degradation, caused by unbridled application of technology. Actually, it is not science that is to be blamed but man's insatiable greed for wealth and power.

There are two major initiatives dedicated to the application of science to peace: (1) Science for Peace. This is an organization of scientists and other scholars working together in ventures to promote global peace. It was established by Anatole Report and Eric Fawcett, former professors at Toronto University. (2) The Pugwash Conferences on Science and World Affairs, which is another organization founded in 1957 by Joseph Rotblat and Bertrand Russell. Their original concern was about the growth of nuclear stockpiles in many countries and are now pursuing sustainable peace projects. The coming decade will witness how science can play a major role in ensuring sustainable peace. November 10 is celebrated each year as the World Science Day for Peace and Development to highlight the urgency to engage public debates on emerging scientific issues. It is sponsored by UNESCO.





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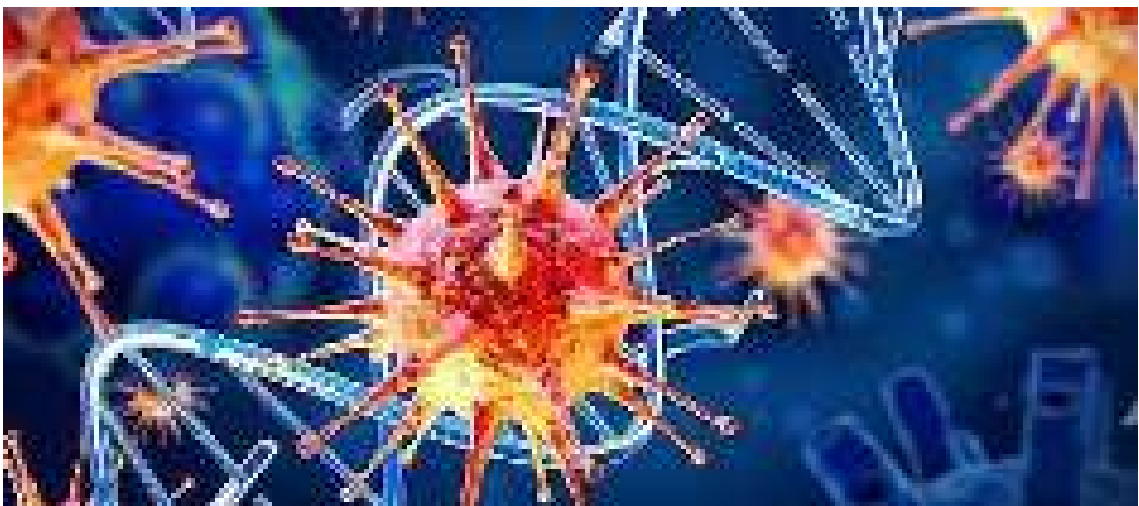
Staging Science in Times of COVID-19 Crisis

Is science up to the task during crises? The purpose of the article, “Staging Science: Authoritativeness and Fragility of Models and Measurement in the COVID-19 Crisis,” (Wouter Van Dooren and Mirko Noordegraaf, *Public Administration Review*, vol. 80, issue 4, July/August 2020, pp. 610-15), is to analyse how science can be authoritative and impactful in times of crisis. It is written in the COVID times with special reference to the context of Netherlands and Belgium, the home countries of the authors. The article has five parts: (1) Science, Uncertainty and Ambiguity (2) The “Science and Crisis” Paradox (3) The Staging of science (4) the Fragility of the staging Process (5) The Impact of Staging Process.

In the first part, Van Dooren and Noordegraaf highlight the role of science in addressing the uncertainty and ambiguity that are typical

of a major crisis. To cope with uncertainty, decision makers closely follow insights from science (e.g. studies of virologists and epidemiologists). Likewise, science also helps society to cope with ambiguous context through ‘sense making’ (e.g. scientific insights on new normal?), and ‘meaning making’ (e.g. use of symbolic language for social distancing).

In the second part, the authors discuss how the role of science leads to a “science and crisis” paradox. In a crisis, science is of crucial importance, yet, the conditions in a crisis are not conducive to doing good science. The authors distinguish incompatibilities of normal science and science in times of crisis. Crisis science needs to be fast, univocal, personalised, and direct, whereas normal science is slow, contentious, collective, and sensitive to complexity.



Even though the background of the study is primarily based on the context of Netherlands and Belgium, the insights of the article can be applied worldwide especially when the pandemic has spread in all continents.

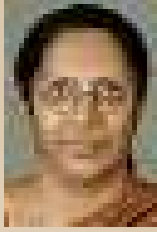
The third part describes how science has been staged during the COVID-19 crisis. For science to be impactful during crises, it needs to be actively staged in the public arena. Staging is done by political leaders and policymakers, as well as by the media and by scientists themselves. In that way, science, especially scientific models and measurements, contributes to decision-making and policy formulation during crises. For this, scientists need to perform public roles, aimed at presenting evidence, legitimising measures, and changing social behaviour. What is more challenging at this phase is to link scientific data to lived experiences and the emotions they embody.

Part four brings to light the fragility of the staging process. During the COVID-19 crisis, scientific models and measurements seem to strengthen science but also to weaken it, both directly and indirectly. Part of the fragility is due to science returning to its normal state. Most often, new measurements show the inadequacy of the measures taken (e.g. shortage of masks). Part of the fragility can be attributed to politics (re)claiming its role independent of science. New models and measurements show the relativity of policy courses. Politicians repeatedly argue that they follow the lead of science. Yet at some points, they diverge from the scientific path (e.g. the closure of schools in the Netherlands was not advised by medical experts, nonetheless the government decided on the closure). In addition to these, new

models and measurements coming from different disciplines stress the complexity of the crisis. For e.g., models from economics, psychology, and educational sciences redirect public attention away from health and epidemiology.

The fifth part discusses the impact of the staging of science on policy processes. The staging of science supports but does not guarantee effective policy processes. Furthermore, the staging of science is difficult to maintain, and the outcomes are uncertain and debatable. Although political decision-making rests on scientific evidence, there is a lot of scientific and emotional noise: unclarity, contestation, trade-offs, etc. The authors argue that politicians, policymakers, and scientists are co-dependent and form alliances. There are benefits of these new interactions, but at the same time, risks are involved.

Van Dooren and Noordegraaf are dealing with the topic in a balanced way taking advantage of their vast experience in the field of management and public administration. Even though the background of the study is primarily based on the context of Netherlands and Belgium, the insights of the article can be applied worldwide especially when the pandemic has spread in all continents. The authors have collected and analysed data scientifically to arrive at conclusions. They have referred to various studies to substantiate their arguments. Their study affirms that objective implementation of scientific advice is often impossible in crisis times due to the complexity of science-policy alliance. Practical suggestions to overcome constraints of this kind could have been dealt in detail to reduce the incidents of risks involved. Indeed, the article is a welcome addition during the COVID times and is highly recommended for policymakers, scientists and people involved in medical research and healthcare.



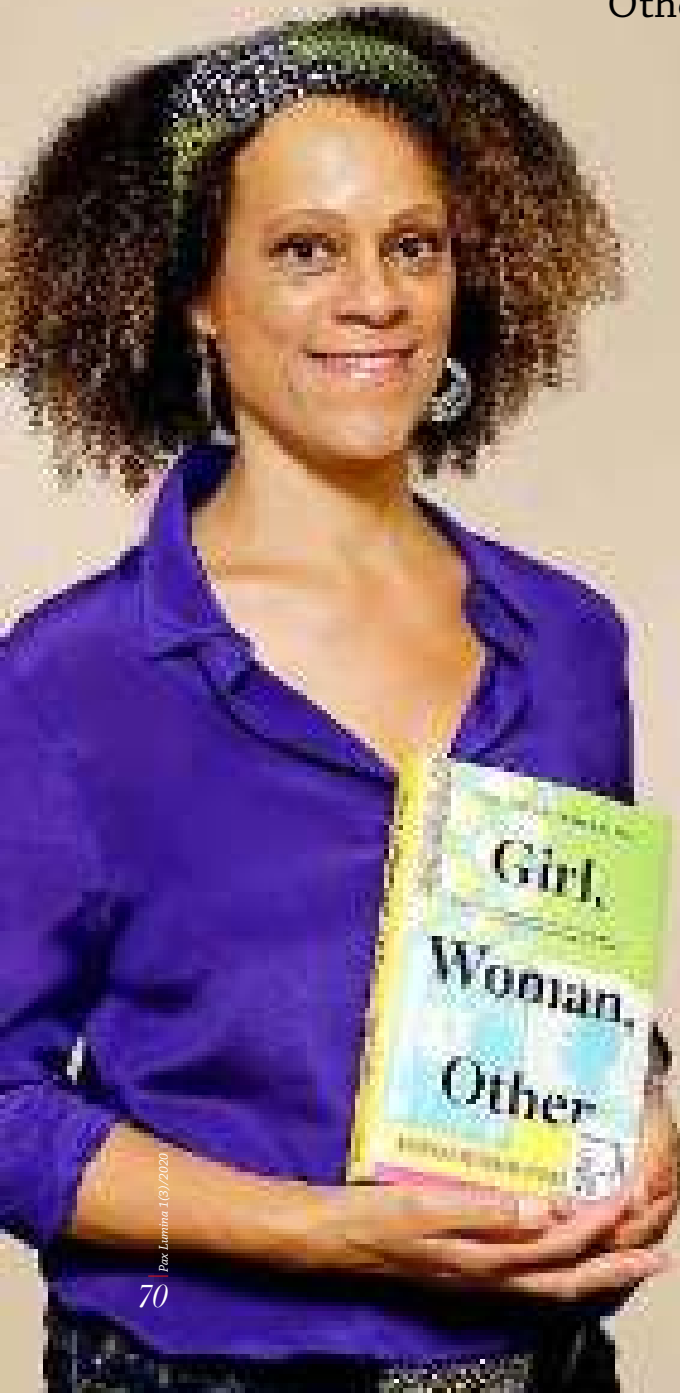
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BOOK
REVIEW

Pax Lumina 1(3) / 2020 / 70-72

The Seething Pain of Indignities


A book review of 'Girl, Woman, Other' by Bernardine Evaristo, winner of the Booker Prize for fiction in 2019




The book, 'Girl, Woman, Other', the LGBT fiction by Bernardine Evaristo has bagged the Booker Prize for fiction, 2019. She is the first coloured woman to be awarded this prestigious prize after it was instituted 51 years ago.

This is her eighth book. Her writings include short fiction, essays, drama and writing for BBC radio. Born in 1959, she belongs to the United Kingdom and lives in London. The author is a lesbian playwright, poet, activist and an intersectional feminist.

The book unfolds the lived experiences of a dozen diverse women drawn from the 20th and 21st century with their ancestral roots in various continents and with a wide variety of sexual and gender orientations, racial identities, educational and professional attainments. As we read on, the life stories of the 12 characters unfold through four chapters. We meet three new characters in each chapter and begin to listen to their stories of the struggles lived through subjugated existence, exploitation underwent, oppression endured, resistance put up and also those of transcendence of barriers and triumphs.



For the reader, it is an exciting journey along the multi-generational terrains, starting from 1806 and witnessing glimpses of building up wealth through the slave trade, a crude form of racist and sexist practice, and their subtle versions in the ultra-modern corporate world.



The seething pain from the indignities born out of the prejudices, stereotyping and discrimination is palpable. The ugly faces of sexism, racism, ageism, ableism, classism and heterosexism unveil on the go and that too in a humorous way.

The author does this unveiling ingeniously by permitting the characters to converse freely. It is done in a stream-of-consciousness style. The crisscross movements across time in the progress of the novel, blend with the flow and do not obstruct it. In the background of the recent resurgence of black rights, the slogans such as #Lesbian Lives Matter, make the novel's contemporariness quite appealing.

For all readers, this is an unmistakably enjoyable and easy read, flowing fluidly from chapter to chapter without full stops. The characters are loosely connected as mother, daughter, grandmother, friend, mentor, and lover. The connections unfold only as we progress. The last chapter ties

together all the loose ends and while there, surprises await the reader

Injustices such as the abdication of responsibility by the husband, the acceptance of the household responsibilities by the wife, resistance, silence, domination, non-recognition, put-downs, frustrations all find their place in the novel. Interestingly, as we move on, the very same dynamics of possessiveness, sexual jealousy, domination, forced isolation, micromanagement of the partner's life happen in lesbian alliances as well. We also witness many examples of happy and egalitarian heterosexual marriages.

Amma is the main character, a black polyamorous lesbian playwright. The novel has autobiographical elements in it. The setting is in London. Amma experiences rejections in the mainstream theatre and as an actress finds that no company allows them to tell the stories of lesbian black women. Finally, she co-founded the Theatre of Black Women along with Dominique and runs it successfully. But Dominique left for America with a lesbian, leaving an unbridgeable gap and the theatre had to be wound up. Eventually, Amma built up a troupe and staged shows in the National Theatre.

The 'Last Amazon of Dahomey' was her tour de force. It is the story of an Amazon warrior woman who lived a sort of captive life as a de jure wife of a king. They were rigorously trained in warfare. Being disallowed sex with anyone else, they probably were driven to become lesbians, to quell their passion. The play brought glory to Amma, the playwright and director. 'The afro gynocentrism caused a femiquake'.

Interestingly, despite being a person who flouted the norms of her times and who was trying to raise a 'self-expressed adult', her daughter Jazz overshot and this outraged Amma. The mother's angst about the daughter going out with grown-up men is

portrayed very vividly. If Amma breathed in feminism and breathed out racism, Jazz dumps feminism and declares herself as a humanitarian.

She says that feminism has no place in a gender-fluid world. Jazz also confronts her 'gay intellectual narcissist' dad, and questions his scholarship and worldview which he derived from his readings of white males alone. The novel begins when the play is about to begin and ends up after several characters interact with one another after the play.

We again meet Dominique, who endured a few years of tyranny and enslavement under her lesbian partner. We see Carole who became the vice president of a bank braving all the racial hazards (of being the daughter of well-educated Nigerian parents who were unjustly under-employed), and the gender hazards of sexism in the corporate set-up. Shirley, the school teacher, a passionate crusader of racial justice and the mentor of disadvantaged children, is also present.

For the reader, it is an exciting journey along the multi-generational terrains, starting from 1806 and witnessing glimpses of building up wealth through the slave trade, a crude form of racist and sexist practice, and their subtle versions in the ultra-modern corporate world. We also see the shifting social landscape -- irresponsible impregnation, the fear of social opprobrium, eventual expulsion from the parental home, secret delivery, forceful separation of the baby from the mother, the modern version of tolerating promiscuity of women, if not celebrating it, tending the out-of-wedlock children in the parental home, the emerging variety of sexual orientations reminds us that 'the only thing that does not change is change'.

The author opts not to use her characters to teach ideologies. When Jazz challenged feminism and upheld humanism, Amma does not clarify the link and logic between feminism and humanism. Being an activist

and essayist, Evaristo knows how to explain this. Nevertheless, the reader learns, though, not under the academically accepted labels. The author has to be excused for being didactic when it comes to the issue of transpersons. Without conceptual clarity, most readers will fail to get a grip on what is going on.

The language employed is efficacious and leaves lingering images, for example, 'prematurely matured'.

For most of the readers, it is to an unfamiliar social terrain that the author takes them -- a terrain populated by people who are jeopardised in multiple ways due to their 'wrong' race, colour, gender and sexual orientation. Indignities heaped on them when different systems of oppression intersect in their lives is poignantly portrayed. Orthodox persons and homophobes may find some parts of this book abhorrent. But for the curious ones among them, this book might broaden their perspective.

For the serious reader, it provides insights into how racial and gender discrimination operate micro dynamically with all the nuances and innuendos. This book can be relished as light fiction as well. But even to them, the book is sure to leave some lasting messages regarding sensitive communication and behaviour.

The sexual involvement of the mother-in-law with her son-in-law is shocking to the moral sensibilities of an average reader and at least the vivid description of the scenes could have been avoided. Too many characters might make the reader of the e-version long for a map or flowchart. But this is antithetical to the tone and tenor of the book and will lessen the excitement of graduated unravelling.

This 464-page book, published by Hamish Hamilton, is prized at 4.99 pounds for the Kindle version and 13.99 pounds for the hardcover.





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With her style and her emphasis on women, Sher-Gil became known as the “Indian Frida Kahlo.” **She understood the loneliness of her subjects well, since their moods were a reflection of her own. Because of her upbringing, she lived between worlds, often searching for a sense of belonging.**

Amrita Sher-Gil, a Painter of Indian Women

Amrita Sher-Gil, a pioneer of modern Indian art, depicted in her paintings the daily lives of Indian women, often revealing a sense of their loneliness and even hopelessness. She painted women going to the market, women at home and women in groups. At times the works seemed to convey a sense of silent resolve.

The painting ‘The Three Girls’ which has a melancholic tone shows women wearing passive expressions, their solemn brown faces a contrast to the vibrant reds, greens and ambers of their clothing. The mood is despondent; as though the women are waiting for something they doubt will ever



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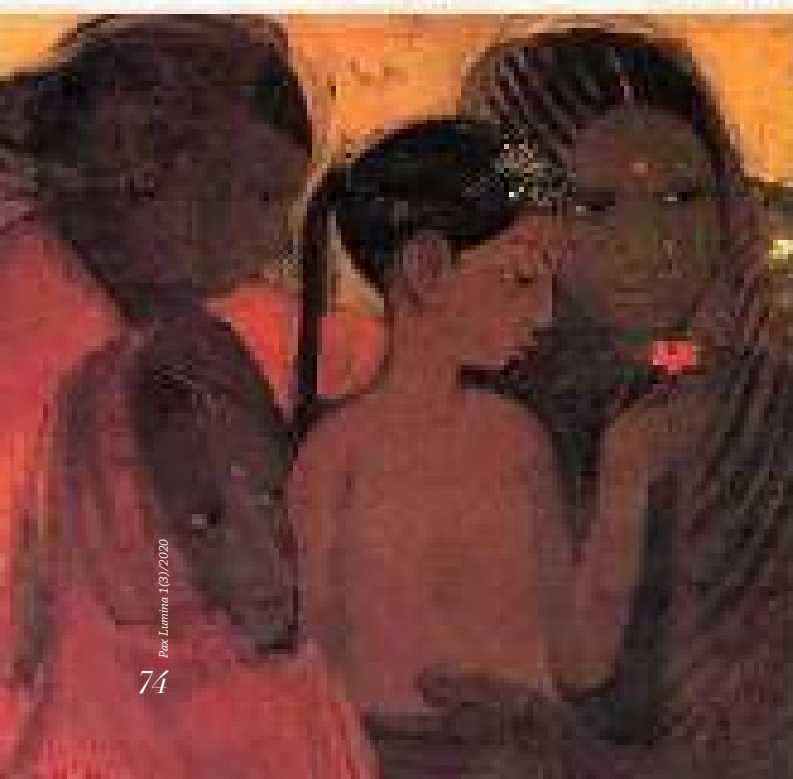
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come along. They are obviously in awe of the future. Amrita's compassionate temperament is so vivid in her paintings of these ordinary village women. She created loneliness in their haunted faces.

With her style and her emphasis on women, Sher-Gil became known as the "Indian Frida Kahlo." She understood the loneliness of her subjects well, since their moods were a reflection of her own. Because of her upbringing, she lived between worlds, often searching for a sense of belonging.

A child of a Punjabi landlord father Sardar Umrao Singh Majithia and a Hungarian musician mother, Antoinette, both loyalists to the British Raj, Amrita had to struggle with the biases that her mixed parentage, her middle class background and her gender raised throughout her brief artistic career. In the 30s, Sher-Gil was convinced of the need to come back to India to her roots. She returned home in 1934. She once said, "As soon as I put my foot on Indian soil my painting underwent a change not only in subject and spirit, but also in technical expression. It became more fundamentally Indian." In addition to paintings of relatives, lovers and friends, she created self-portraits that showed her "grappling with her own identity," They often reflected an introverted and troubled woman caught between her Hungarian and Indian existences.





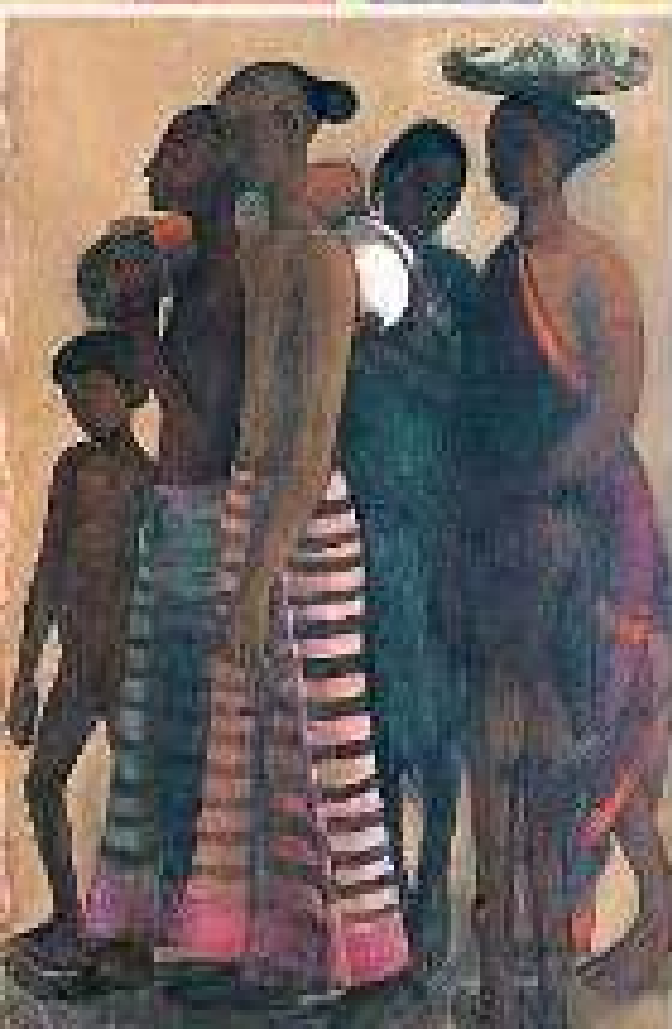
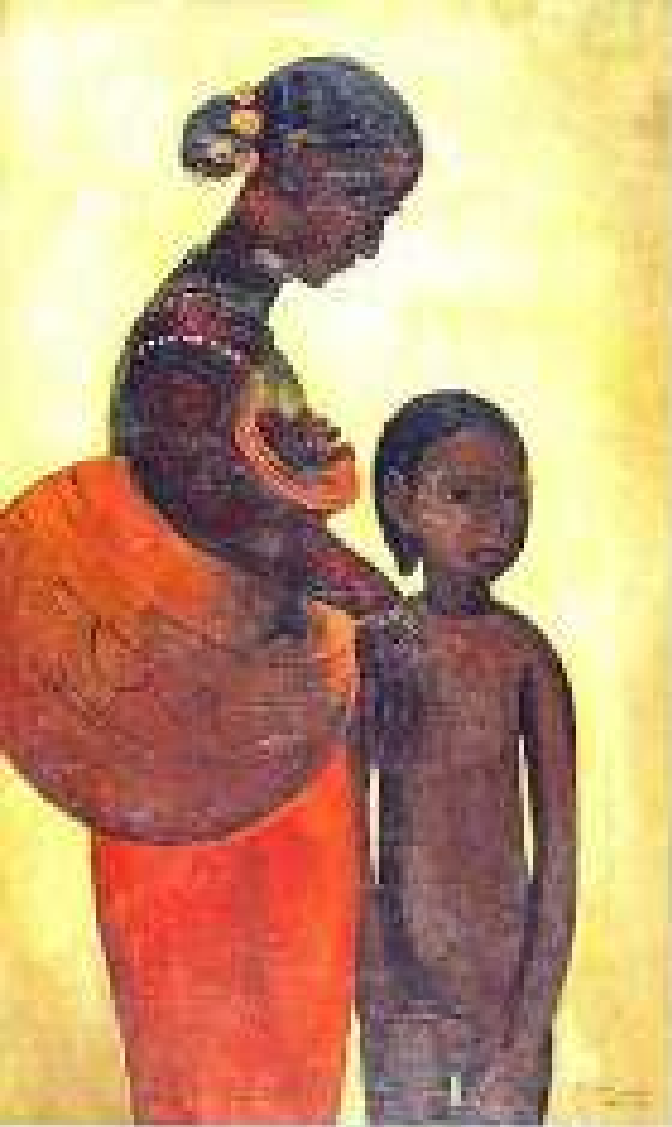
She developed her own style that was a mix of the western and oriental art styles, with the themes being predominantly women oriented and feminist. "I realized my artistic mission was not only to paint but to interpret the life of Indians and particularly that of the poor Indians, pictorially, to paint the silent images of infinite submission and patience, to depict the angular brown bodies, strangely beautiful in their ugliness, to reproduce on canvas the impression their sad eyes created on me," she said. Sher-Gil's women, often drawn in their own private spaces, were not necessarily beautiful ladies from affluent families. Rather, they came from rural communities and villages, from the middle, and lower middle class families. She is considered the single biggest role model for post-independence women artists, in search of their own roots and identity.

Although her life was short-lived, Sher-Gil has left a compelling body of work behind, and these works have established her as one of the foremost female artists of the century. Extensively trained in painting and exposed to the works of Italian masters, her

paintings are representative of this period in the history of Modern Art, drawing inspiration from artists like Paul Gauguin and Paul Cezanne. She became heavily influenced by wall paintings in Western India and the aesthetic of European oil painting techniques.

Sher-Gil showed a strong empathy and deep engagement for her Indian subjects and depicted the poverty which blighted much of her country. *Bride's Toilet*, *Brahmacharis* (1937) and *The South Indian villagers Going to Market* (1937) are a few of Sher-Gil's seminal works which convey her compassion for the underprivileged. Influenced by her surroundings and experiences, her paintings are carved out with eloquent symbols of the human condition, and it is clear that her artistic mission was to express the





lives of Indian people through her vivid paintings. This marked a significant point in her artistic development where she engaged with the rhythms of rural life in India, appropriating a way of life which was antithetical to her own.

The poetic sense of doom was to linger like an ever-present mood during her Simla days. The beggars, coolie boy and women with sunflower, painted in 1935 reflect the broodings on misery. In these, the dominant obsession was with men and women infused with poignant expression. Seemingly static, the figures in these groups are essentially anti heroes of the doom of the reduction of men and women to the near bones of tragic existence.

She painted the Hillmen picture to reflect the dignity of weakness of the lowly people which had early impressed her. They stand

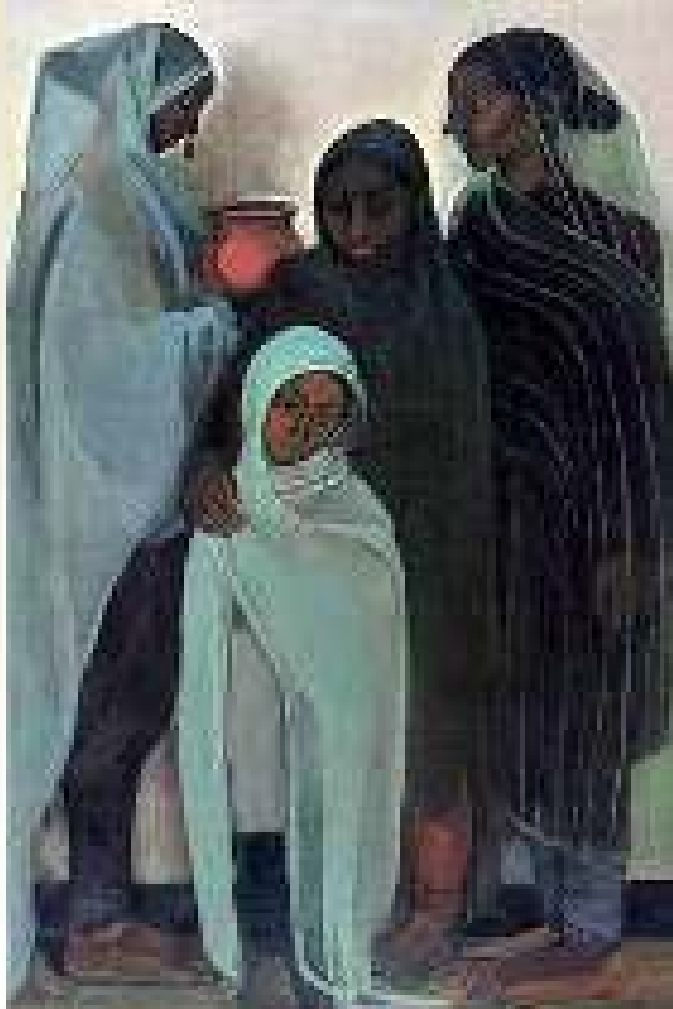
like strains of laments, pain marred yet enduring monuments of suffering. The agonised forms are attained through acute inner feelings of anxiety, a kind of metaphysic of pity to master her own disgust before the human situation. She had also noticed the females of these rickshaw coolies doing their ordinary affairs. she painted these hill women. The predicament of these Hillwomen is even more poignant because they are slaves of slaves.

Her painting 'Mother India' is a recreation of a demure coolie woman, with tilted face and near slit eyes, betokening despair. She sits with her son, with the bright child's eyes and daughter with big eyes tinged with apprehension. Here painting becomes like a sculpturesque as in old Indian temple frescoes.

“The painting is a lament. For Sher-Gil seems to have decided that the conventional revivalist elegant female forms were not for her. One can feel misery from the pores of paint on the canvas of the slightly bent head of the mother, the anxiety and the acceptance. Amrita deliberately wandered away from the big house into lower depths of the coolie huts, with a swelling of pain in her groin, facing decay, with the excitement of discovery of her own nausea”.

Amrita Sher-Gil became ill in the end of 1941 and expired on 5th December in Lahore. She was only 29 years at the time of her demise.

Courtesy:
Tariro Mzezewa, 2018
Petra Power, 2016
Mulk Raj Anand, 1989



XLRI - LIPI ONLINE CERTIFICATE COURSE

IN

PEACE STUDIES

JOINTLY OFFERED BY
XLRI, JAMSHEDPUR
&
LIPI, KOCHI

DURATION: 2 MONTHS
25 SEPTEMBER - 28 NOVEMBER 2020

The course will be conducted online with weekly classes and project components.

SCOPE: The course primarily aims at fostering peace in the context of COVID 19. It also envisages the inculcation and strengthening of right attitudes and values along with enhancing professional skills. The Course Certificate is expected to add to the academic credentials of the participants.

ASSESSMENT: Assessment will be based on assignments and project work. The project work will be supervised by competent faculty of XLRI & LIPI.

CLASS TIME: 03.00 pm - 05.30 pm, Friday and Saturday only.

TARGET GROUP: Working Professionals, Midcareer Bureaucrats of State/Central Government, Social Workers, (NGO & Civil Society Organization), Activists, Artists, Researchers and College Students with aptitude.

MODULES

1. UNDERSTANDING PEACE IN THE CONTEXT OF COVID-19
2. CONFLICT TRANSFORMATION
3. IDENTITY, VIOLENCE AND PEACE
4. STRUCTURAL INEQUALITIES AND HUMAN RIGHTS
5. INNER PEACE IN TIMES OF COVID-19
6. HOLISTIC APPROACHES TO HEALTHCARE
7. ART AS MEANS FOR TRANSCENDING SUFFERING AND FOSTERING INNER PEACE

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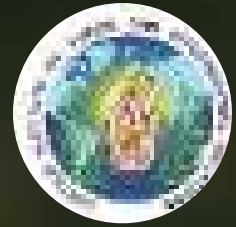
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