



## MADRAS HIGH COURT CENSURE

## Election Commission divided: One EC objects to panel asking court for gag order on media

Affidavit filed in Madras HC and SLP in SC don't have unanimous approval

RITIKA CHOPRA  
NEW DELHI, MAY 4

THE Election Commission (EC) is split down the middle over its response to the censure by the Madras High Court on its role in conducting elections during the second wave of the Covid-19 pandemic.

The Indian Express has learned that the poll panel's plea in the Madras High Court to gag the media from reporting oral



CEC Sushil Chandra (left) and EC Rajiv Kumar. Express

observations of judges and its subsequent Special Leave Petition (SLP) in the Supreme

Court against the Madras High Court's "murder-charges" remark were not unanimously approved by the Commission.

One of the Election Commissioners, it is learnt, strongly objected to the contents of the affidavit filed in Madras HC and the SLP.

He is said to have advised against calling for a gag on the media. His feedback being currently discussed by several officials within the EC, was overruled.

After Sunil Arora's retirement

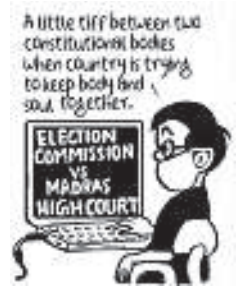
as Chief Election Commissioner (CEC) on April 12, the three-member Commission has Sushil Chandra as CEC and Rajiv Kumar as Election Commissioner. The position of the third EC is vacant.

The poll watchdog has been under a harsh glare over its handling of the Assembly elections in Assam, Kerala, Tamil Nadu, West Bengal, and Puducherry with parties, mainly the Trinamool Congress, accusing it of being biased in favour of

CONTINUED ON PAGE 2

## BUSINESS AS USUAL

By UNNY



## NADDA RUSHES TO STATE

## Death toll 14 in Bengal violence, PM dials Gov, Mamata calls for action

Rumours of rape, molestation in Birbhum false, says SP



BJP national president J P Nadda meets the family of party worker Abhijit Sarkar who was killed in post-election violence in Kolkata on Tuesday. ANI



## INSIDE

VACCINATION  
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AMID CHAOS PAGE 3

## Under CBI lens, 6 firms owned by Maharashtra former minister's sons

One of them is in a Kolkata building known to house shell companies

KHUSHBOO NARAYAN  
MUMBAI, MAY 4Anil  
Deshmukh  
is under  
probe for  
corruption

A KOLKATA-based company is among over half-a-dozen firms owned by the two sons of Anil Deshmukh, former home minister of Maharashtra, that have come under the scanner of the Central Bureau of Investigation (CBI), sources have told *The Indian Express*.

The Kolkata firm has been operating from an address that's a known hotspot of shell companies, the sources added.

The CBI is investigating Deshmukh for corruption and

alleged "attempt to obtain undue advantage for improper and dishonest performance of the public duty". The agency is also probing Deshmukh for exercising "undue influence" over transfers, postings of police officials in the state and influencing the performance of officials as alleged by former Mumbai Police

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## Vaccines falling short, state Health Minister's Jalna got extra doses

TABASSUM  
BARNAGARWALA  
MUMBAI, MAY 4Health  
Minister  
Rajesh Tope

FROM APRIL 7 to 9, when several districts in Maharashtra had to shut down their vaccination centres on account of shortage of vaccines, Jalna stood out, with a surplus that would last at least 10 more days.

Home to Maharashtra Health Minister Rajesh Tope, Jalna district received 60,000 vaccine doses more than its allotment of 17,000 when fresh supplies of 26.77 lakh doses were received by the state from the Centre on March 31 -- and distributed to all districts.

Sources said Tope called Health Department officials and asked them to increase the allocation to his district to 77,000

doses. Tope told *The Indian Express* "no particular district was preferred" and that if Jalna got more stocks, this was done "to encourage more vaccination". "We distributed doses to primary health centres and sub centres to increase vaccination," the minister said, noting that against the state average of 27% of the target population receiving vaccinations, Jalna had accomplished just 18.1% at the time.

But this went against both the criteria on which the Maharashtra public health

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## WORLD

FOREIGN MINISTERS  
OF G7 MEET AFTER  
PANDEMIC PAUSEAFTER 27 YEARS OF  
MARRIAGE, BILL AND  
MELINDA GATES SAY  
THEY'RE DIVORCING  
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DELHI'S COVID  
PUZZLEBY NEELKANTH MISHRA  
PAGE 10

## 2 PLAYERS TEST POSITIVE, TAKING TOTAL AFFECTED TO 6

## Covid-hit IPL put on hold, BCCI eyes a window after World T20

SHAMIK CHAKRABARTY &  
DEVENDRA PANDEY  
KOLKATA, MUMBAI MAY 4

THE INDIAN cricket board is exploring the possibility of holding the remaining 31 matches of the IPL after the World T20 in October-November following its decision to put the ongoing T20 tournament on hold due to a string of Covid cases, *The Indian Express* has learnt.

The decision to indefinitely postpone the IPL was announced by the BCCI after Sunrisers Hyderabad wicket keeper Wriddhiman Saha and Delhi Capitals spinner Amit Mishra Tuesday became the latest to test positive following two players of Kolkata Knight Riders



A body scanner at the entrance to Arun Jaitley Stadium in Delhi being dismantled on Tuesday. AP

and two non-playing staff of Chennai Super Kings.

"We are looking to conduct the remaining IPL matches after

we host the World T20 in October-November. If all goes well, we will host both the World

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## Odisha scrambles to cope as Chhattisgarh surge hits rural districts

AISHWARYA MOHANTY  
BHUBANESWAR, MAY 4

A 23-YEAR-OLD spent three days under a banyan tree outside his village in Kalahandi because there was no provision for isolation in his small, thatched home. A 48-year-old struggled for 48 hours to save his mother's life in Bargarh but failed for want of an official letter. At a hospital in Jharsuguda, a security guard is the key contact for families outside and Covid patients inside.

These snapshots from the last five days tell the story of how rural districts on Odisha's western border with Chhattisgarh, which has been ravaged by the virus, have struggled to combat the second wave with limited resources



Health workers in a village in Nuapada district. Express

and inadequate manpower.

On Tuesday, Odisha decided to set up checkpoints in the southern districts bordering Andhra Pradesh and Telangana following reports of a new virulent variant. It said that all travellers from the two states via road or rail have to undergo

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PAGE 1  
ANCHORCOOMI KAPOOR  
NEW DELHI, MAY 4

JAGMOHAN, who passed away Tuesday at 93, was a rare exception in Indian politics who changed political masters, but never his core beliefs.

Always referred to simply by his first name Jagmohan — few were aware of his surname Malhotra — the able, innovative, but high-handed and combative civil servant turned politician, succeeded in making a radical switch from the Congress to the BJP, without in any way compromising on his

thinking or tough style.

Two of his main backers, Sanjay Gandhi and the RSS, both appreciated these qualities and he was decorated with a string of Padma awards by different governments, including the Padma Vibhushan in 2016.

Jagmohan came to the notice of Sanjay Gandhi in the early 1970s when he was appointed Vice Chairperson of Delhi Development Authority and changed the face of the capital, innovating schemes for land appropriation and beautification projects. He was a close lieutenant of Sanjay's during the Emergency, and earned notori-

ety for overseeing the ruthless slum demolition drives, particularly the devastating evacuation and demolition of Turkman Gate in 1976. He remained unapologetic about the mass, overnight displacements, insisting that his squatter victims were major beneficiaries in the long run.

When Indira Gandhi came back to power in 1980, he was appointed the Lt Governor of Delhi. Even Rajiv Gandhi appreciated his dynamism and appointed him to help plan and organise the Delhi Asian Games.

From 1984 to 1989, he was Governor of Jammu and

JAGMOHAN  
1927-2021

Kashmir. This was a period when militancy in the Valley was exploding. Jagmohan tried to crack down on law and order and was accused of using extra-legal methods to engineer defections and displace Farooq Abdullah as Chief Minister so that G M Seyed could be installed in his place. All along, he was of the firm belief that Article 370 was an obstacle in enforcing New Delhi's writ in the troubled border state.

He believed that regional parties were complicit in the deteriorating law and order situation in Kashmir. It was during his brief second tenure as Governor in 1990, that the Kashmiri

Pandits began their exodus from the Valley. His critics charged that he was unable to protect the Pandits from Islamic militants and orchestrated their departure. On the other hand, the Hindus were grateful to him for saving their lives.

Always combative and convinced about the righteousness of his causes, he wrote half a dozen books spelling out his position on different topics, including *My Frozen Turbulence*, giving his version of his role in Kashmir. Other books include *Rebuilding Shahjahanabad* and *Soul and Structure of Governance in India*.

During the Emergency, Jagmohan was perceived as being anti-minority because he famously remarked during the Turkman Gate evacuation that he had no intention of permitting the displaced persons to be re-located together, stating bluntly: "I did not destroy one Pakistan to create another."

It was this, compounded with his strong view that Kashmir should be fully integrated with India, which brought him to the notice of the RSS. Although the RSS initially opposed his efforts to take over the Vaishno Devi temple board administration and undertake a

massive clean-up, they came to applaud his efforts in bringing order and accountability in the running of the renowned shrine and organising a system for ensuring a smooth, comfortable passage for tens of thousands of pilgrims annually.

With the backing of the RSS, Jagmohan joined the BJP, and was made a minister in Prime Minister Atal Bihari Vajpayee's Cabinets. He served ably as Minister for Urban Development, Tourism and Communication. Until ill health confined him to his bed in his last years, Jagmohan lived a very

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WEB EXCLUSIVE

**HYDERABAD CYCLISTS ARE RUNNING ERRANDS FOR THE CITY'S ELDERLY**

While 'Relief Riders', as the group of cyclists, is christened, offers to deliver medicines for elderly people, the requests for assistance range from arranging oxygen cylinders, blood plasma units, emergency drugs, and even ICU beds.

EXPLAINED

**KANGANA'S TWITTER ACCOUNT BLOCKED**

**When does Twitter suspend an account permanently**

TECH

**MI 11 ULTRA REVIEW: A WORTHY FLAGSHIP**

**The Mi 11 Ultra is Xiaomi's most power packed phone**

EXPRESS AUDIO

**Key takeaways from BJP's Kerala loss**

NEW EPISODE EVERYDAY

Today on the 3 Things podcast, we discuss the Kerala assembly election results, the importance of studying new Covid variants, along with the latest updates on the pandemic.

## FROM PAGE ONE

### Divided EC

the Centre.

On April 26, the Madras High Court came down heavily on the EC for “not stopping political parties” from violating Covid protocols during their campaign rallies last month. In its oral observations, the HC lamented that perhaps murder charges should be imposed on the panel for being “the only institution responsible for the situation that we are in today”.

Despite TMC and Congress petitions urging the EC to end campaigning or reschedule the dates given the Covid spread, the EC put curbs as late as April 22, an hour after Prime Minister Narendra Modi cancelled his four rallies scheduled there the next day.

After the Madras HC censure, the EC put measures in place for the day of counting on May 2, including an aban on victory marches.

However, the Commission also went back to the Madras HC with a plea seeking directions to be issued to the media to confine their reports to observations recorded in orders or judgments and refrain from reporting oral statements made during court proceedings since the remarks had caused it grave prejudice. The HC didn't entertain the plea.

The EC eventually went to the apex court last week against the Madras HC's remarks, which it described as “uncalled for, blatantly disparaging and derogatory”.

Hearing the matter Monday, the apex court said that the observations made by judges while hearing cases are in the “larger public interest” and the media cannot be stopped from reporting them. The SC's order in this matter is expected Thursday.

During the 2019 Lok Sabha elections, there was a serious difference of opinion within the Commission when then Election Commissioner Ashok Lavasa had opposed the clean chit given to Prime Minister Narendra Modi and former BJP president Amit Shah on charges of violating the election model code of conduct.

Soon after the elections, three members of the Lavasa family, including his wife, had come under the scanner of the Income Tax Department for alleged non-declaration of income and disproportionate assets. Lavasa quit EC in August last year to join the Asian Development Bank as one of its vice presidents.

### HC slams Centre

not... We are not going to have 'no' for an answer. There is no way that you are not going to supply 700 MT, by whatever means.”

The court had directed Additional Secretaries of Home and Commerce Ministry, respectively, Piyush Goyal and Sumita Dawra to remain present during the hearing on Wednesday to answer the query regarding initiation of contempt proceedings.

The Centre said that it had met Delhi's oxygen deficit by increasing its allocation to 590 MT from 490 MT, and that its “compliance affidavit” to be placed before the Supreme Court explained how much Delhi required and a chart showing the demand made by state governments.

The court said it failed to understand “what good a compliance affidavit would do” given that the Supreme Court had taken note that Delhi's daily demand was 700 MT, and this was not being supplied. It was “unfair” for the government to now say it was going to supply only 590 MT, and even this had not come through for a single day, the Division Bench noted.

The judges also disapproved of the Centre's submission that the Supreme Court had not directed it to supply 700 MT, adding it was paid that oxygen for treatment of Covid-19 patients in Delhi should be viewed “the way it has been done by the Central government”.

“We had also passed an order

that, by whatever means, you have to arrange the oxygen. Just because we told your officer that contempt is the last thing on our mind, it does not mean you will take it lightly. It is there. Just don't drive us there. We mean business. We have said this earlier too.”

The Division Bench also took strong exception to the Centre's argument that Delhi government counsel Senior Advocate Rahul Mehra's submission was “always tainted and loaded” and its description of the state's statement before court that “people are dying”, as “rhetoric” that needed to be eschewed. “Is it only rhetoric?” the court said. “Is it not a fact? This is not fair. It is the reality. We don't accept your statement. You may be blind. We are not blind. We will not shut our eyes.”

When ASG Sharma said his submission was that this “emotional quotient” be set aside for a while, the court said, “When people die, it is an emotional matter! It is a matter of people's lives and liberty.”

**Cylinder units shut**

comparison. It is just 11 MT a day. This has been red-flagged at the highest level in Government but critical plants still remain shut.”

The manufacturers are a harried lot, saying they are getting “hundreds of requests” for oxygen cylinders on a daily basis. Their existing orders from the Centre, state governments and from hospitals nationwide are stuck.

According to Sarang Gandhe, the Marketing Manager of Everest Kanto Cylinder Ltd, the largest cylinder manufacturer in the SEZ, the situation is “desperate.”

“We have a production capacity of around 35,000 cylinders a month but are being forced to cancel orders,” he said. “There are states like Orissa, Uttarakhand, Chhattisgarh, Delhi and Madhya Pradesh that depend on us for cylinders but our plant is shuttered. The Government is now importing oxygen cylinders at three or four times our rates.”

According to him, while the MHA issued instructions for exempting cylinder manufacturers from the ban, state authorities, including the Food and Drug Administration (FDA), were not executing these orders.

When contacted, Manoj Das, Additional Chief Secretary to Gujarat CM Vijay Rupani said: “Our first priority is to give available oxygen to (Covid) patients; especially, those needing oxygen support... We are just barely managing somehow. As soon as we get additional allocation, we would definitely like to help them. We are working with them.”

The owners of another large cylinder plant, Rama Cylinders Private Limited, said they have a production capacity of 50,000 oxygen cylinders a month and a “technical delay” has tied their hands during an emergency. Said Managing Director Vashu Ramsinghani: “We have large volume orders from the Ministry of Home Affairs and the Union Health Ministry and from hospitals all over the country. We have made representations to the Chief Minister's Office and the situation is one of panic.”

His son, Amit Ramsinghani, Executive Director, said: “All we need is 3 MT of oxygen a day to run two cylinder plants. Hundreds of emails and frantic calls are coming but our plants are shut.”

(with ENS, Ahmedabad)

**State violence: BJP**

are seeing in Bengal right now is unprecedented. I have never seen or heard of such violence on people. This is state-sponsored. Mamata Banerjee and the TMC should be graceful in their party's victory.”

“This is just to scare those who voted for the BJP. TMC goons are asking BJP supporters how dare they supported us,” Vijayvargiya said, echoing the party's apprehension that the “fear” would

## As violence spreads to Kolkata

“Banerjee is very worried as she fears it will tarnish her win if the situation goes out of control. She shared some videos with the Chief Secretary and asked him to verify them and accordingly take action.”

While the BJP claimed Tuesday that six more of its workers had been killed, taking the toll to nine, the TMC said it had lost four men. A leader of the Indian Secular Front was killed on Monday.

Police said at least six people had been killed, including one in Kolkata. However, it denied reports of rape and molestation of women in Nanoor, Birbhum. Birbhum SP N N Tripathi said, “Since yesterday news of rape of two women and molestation of some other women in Nanoor is being circulated on social media. Some party men are forwarding it. We verified the information and also spoke to local BJP leaders. They are unaware of any such incident. I inform everyone that it's fake news. We have been receiving a lot of complaints of small incidents. We are taking action.”

BJP candidate Swapna Dasgupta, who lost in the Assembly polls, had tweeted, “Alarming situation in Nanoor... marauding mobs seeking to take it out against BJP supporters. Reports of molestation or worse of women.”

On Tuesday, a black plastic sheet placed by the Kolkata police covered a makeshift BJP office at the end of a lane in Sitaltala, Narkeldanda, near which party worker Abhijit Sarkar, 35, was beaten to death, hours after the TMC soared

found time to congratulate Banerjee, he had called up the Governor promptly.

According to the police report, one TMC supporter, Srinibas Ghosh, 54, was killed in Agardanga panchayat by alleged BJP supporters.

Two TMC men, Saju Sheikh and Bibhash Pal, were reported killed in Jamalpur on Monday in clashes with the BJP. TMC East Burdwan spokesperson Prasenjit Das said, “They were killed brutally. BJP supporters surrounded them and beat them up. Three others were seriously injured.” Police claimed to have arrested 11 people for the incident on Tuesday.

The fourth TMC leader reported killed was Ganesh Malik, 60, of Samsabad village in Raina. His family claimed he was hit when trying to stop a TMC-BJP clash.

Biswajit, the brother of the BJP worker killed in Kolkata, claimed the family had long faced threats from the TMC. The brothers make clay idols and sell eggs for a living. “During the campaign we were threatened by the TMC. Around 1.30 pm on Sunday, some miscreants lobbed crude bombs near our home, then ransacked the party office. Police were there but did nothing,” Biswajit said.

To save themselves, he added, Abhijit and he ran inside the house while Abhijit put up a video on Facebook Live saying he was in danger. “They beat up my mother and started to beat Abhijit up. They hit him with bricks and stones. He died in hospital,” Biswajit said.

Demanding a CBI probe, he

department distributes doses: a district's daily performance of vaccination and active cases. On March 31, Jalna had 773 active cases, lower than 30 districts. In terms of daily vaccinations, its figure of 600-1,000 till March end put it among the 10 lowest-performing districts.

State immunisation officer Dr DN Patil diverted 60,000 doses from Aurangabad to Jalna on April 1. Aurangabad, also one of the six divisional storage centre for vaccines in the state, had received 1.95 lakh doses, based on its 7,000-8,000 daily vaccinations.

At that point Jalna was conducting just 600-1,000 vaccinations a day. At this rate, it had enough vaccine doses to last 15-18 days when other districts had stocks only for five-10 days. Following the extra doses, Jalna increased daily vaccinations to 3,000-5,000 in the first week of April.

Meanwhile, between April 8 and 9, officials across Maharashtra districts made frantic calls for more supplies to the state health department. Finally, Tope allowed transfer of 15,000 doses from Jalna to nearby districts.

handicap the party again in a state where it had struggled to build up a cadre.

Vijayvargiya questioned Banerjee's sincerity in calling herself the daughter of Bengal. “She called herself *Bengal ki beti*. Are these women, who have been assaulted on the roads by TMC goons, not daughters of Bengal?”

The TMC, meanwhile, alleged that its workers, too, have been attacked, and that reports of violence are an exaggeration. Senior leader Derek O'Brien asked on Twitter, “Why would someone who won a landslide victory start riots in their own state? They

won't. But the losing side might want you to think they would.”

A senior TMC leader said, “There is a huge amount of propaganda that is doing the rounds in the state, including fake videos and photographs. There is violence, yes, but it is being controlled. But the BJP wants to turn this into a communal situation. This is the same model they used in Delhi after they got defeated. Look at the demands for President's rule. Thousands are dying due to Covid. They have just found something to distract the country with.”

On Tuesday, both the Congress and the Left, too, alleged attacks

on their cadres, accusing the TMC of practising “politics of violence” and blamed the BJP, too, for not being able to accept its defeat.

“This has been the practice of the Trinamool... what we have been seeing for the last ten years... Pre-election violence, during election violence and post-electoral violence... In the last 10 years, we have lost 300-odd party members... False cases have been hoisted and people have been unable to go home for the last 10 years... this is the politics of terror and violence that has been the trademark of the TMC,” CPM general secretary Sitaram Yechury

District health officials said they requested the state government, including Tope, to urgently send more stocks.

“We reasoned with the minister that stocks in Jalna would sit for days as other districts suffered. He eventually agreed to divert stocks from Jalna,” an official said.

On April 8, Jalna transferred 15,000 doses, to Washim, Yavatmal and Parbhani. “A few centres could not function for a day-and-a-half,” said Dr Avinash Aaher, Washim's district health officer.

Dr Vivek Khatgaonkar, district health officer in Jalna, said doses were moved to other districts when shortage was reported. In Yavatmal, district health officer Dr Hari Pawars said their supply is always limited.

Incidentally, on April 7 and 8, Tope red-flagged the acute vaccine shortage in Maharashtra, receiving in turn a trenchant response from Union Health Minister Harsh Vardhan that the state had enough stocks.

Till May 2, Jalna had administered 2.06 lakh doses, while improving its daily capacity to 13,000 doses.

Yechury's CPI counterpart D Raja said, “Political violence has been happening there for quite some time. Both the BJP and the TMC must be held responsible for the continuing violence,” said Raja.

Asking both the TMC and the BJP to show restraint, Yechury said the BJP, unable to come to terms with the verdict of the people, will try to impose President's Rule in the state. “Already some of their people have filed a case in the court... a PIL...”

Jitin Prasada, AICC in-charge of the state, said, “The post-poll violence that has been unleashed by

the TMC on the Congress workers is unacceptable. Even women and children are not spared. I am sure the people of West Bengal did not vote for this lawlessness.”

*Inputs from Dipankar Ghose*

**Deshmukh sons**

commissioner Parambir Singh.

As part of its corruption probe, the CBI, sources said, is examining the financial records of companies owned by Deshmukh's sons, Salil Deshmukh and Hrishikesh Deshmukh, including the Kolkata-based Zodiac Dealcom Pvt Ltd.

Sources said the registered address of Zodiac Dealcom is 9/12 Lal Bazaar, Block E, Second Floor, Kolkata. It's in a colonial-era building called Mercantile Buildings, which was identified as a hotspot of over 400 shell companies in 2017 by a task force appointed by the Central government during the course of a crackdown on shell companies and black money.

While a number of these shell companies were subsequently shut down by the Ministry of Corporate Affairs (MCA), records of the Registrar of Companies (RoC) show that over 100 of them are still active from the same building. At least 30 of these active firms have their registered office at the same address as that of Zodiac Dealcom.

Records show that as of March 2019, Zodiac Dealcom was owned by four firms — Ayati Gems Pvt Ltd, Concrete Real Estates Pvt Ltd, Atlantic Vista Real Estates Pvt Ltd and Concrete Enterprises Pvt Ltd — all controlled by Salil, Hrishikesh and a few other family members of Anil Deshmukh.

Deshmukh declined to comment on the CBI investigation into the companies owned by his sons. “I have no comments,” he said on the phone.

According to the financial statement of Zodiac Dealcom for financial year 2017-2018 — the latest year for which documents are available — the firm recorded sales of Rs 16 lakh, the first time since 2015 (the earliest available records), but it has not specified the nature of the sales.

**IPL put on hold**

T20 and the remainder of the IPL in India. The UAE is also an option,” a top BCCI official told *The Indian Express*.

“We are looking for another window, but at the moment we can't say when it would be rescheduled,” IPL Governing Council chairman Brijesh Patel said. On Monday, Kolkata spinner Varun Chakravarthy and medium pacer Sandeep Warrier tested positive, forcing the postponement of their game against Royal Challengers Bangalore.

Chennai Super Kings chief executive Kasi Viswanathan and bowling coach Laxmipathy Balaji, too, tested positive — Viswanathan's second test returned negative.

“The Indian Premier League Governing Council and Board of Control for Cricket in India in an emergency meeting has unanimously decided to postpone IPL 2021 season, with immediate effect,” stated an IPL press release.

Patel said the BCCI would help the franchises arrange for the return of their foreign players.

“We stand by our word that for us IPL is not complete until our players and the officials reach their homes safely. We are working on that and in two days we will come out with a detailed plan,” BCCI treasurer Arun Dhumal said.

Last week, the Australian government had banned all travellers from India, including Australian citizens, from entering the country until May 15. BCCI officials said the 14 Australian cricketers in the IPL are expected to get a safe passage home after May 15.

In the UK, The Times reported that the England and Wales Cricket Board would provide assistance to 11 England players in the IPL to return home.

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# WORLD PULMONARY HYPERTENSION DAY

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## World Pulmonary Hypertension Day: Normal life with PH

**T**HIS year, the World Pulmonary Hypertension Day will be celebrated on 5th May, 2021. It is expected that people (doctors/specialists) dealing with the disease or knowing about it will conduct webinars and discussions to raise awareness about it and make people mentally prepared to fight and be cautious about it.

Pulmonary Hypertension (PH) is a rare type of high blood pressure that takes place when the pressure in the blood vessels leading from the heart to the lungs gets too high. Since the pressure in the pulmonary blood vessels builds up, the heart has to work harder to pump blood to the lungs, but that eventually weakens the heart muscle and can lead to heart failure as well as death.

At present, there is no cure available for PH but several treatment options are there that might help in reducing the symptoms and improve one's quality of life.

### A LOOK INTO THE SYMPTOMS

The symptoms of PH might not be noticeable for months or even years during the initial stages. However, these begin to come to notice when a person's condition starts worsening. Difficulty in breathing, fatigue, dizziness, pain in the chest, rapid pulse,

swelling in legs, ankles and abdomen heart palpitations, bluish colour to one's lips and skin are some of the usual symptoms of PH.

Other potential conditions that can be associated with this disease are chronic liver disease, congenital heart disease, certain connective tissue disorders, infections like HIV, sickle cell anaemia, etc.

### CAUSES OF PH

Depending on the causes, PH can be divided into five groups: Pulmonary Arterial Hypertension (PAH), PH caused by left-sided heart disease, PH caused by lung disease, PH caused by chronic blood clots and PH triggered by other health conditions.

The causes for PAH include a genetic mutation passed down through families, usage of drugs like methamphetamines and heart problems present at birth, among others. Left-sided heart valve disease and failure of the lower left-heart chamber can lead to the PH caused by left-sided heart disease.

Apart from it, Chronic Obstructive Pulmonary Disease (COPD), pulmonary fibrosis – a condition in which the lungs become scarred over time, obstructive sleep apnea and long-term exposure to high altitudes can lead to pulmonary hypertension caused by lung disease and pulmonary hyperten-



sion caused by chronic blood clots takes place due to chronic blood clots in the lungs and other clotting disorders.

The causes behind PH triggered by other health conditions include blood disorders, inflammatory disorders, metabolic disorders, kidney disease and tumours pressing against pulmonary arteries.

### THE VARIOUS RISK FACTORS

As a person grows older, his/her chances of developing PH are likely to increase. More often, this condition is diagnosed in people who are aged between 30 to 60 years. Other

factors that can increase the risk for this disease are: a family history of PH, overweight, exposure to asbestos, living at a high altitude, use of certain weight-loss drugs, etc.

The disease is more common among women and people aged 75 or above. In rarest of the rare cases, PH affects newly-born babies too. It happens because the blood vessels going to a baby's lungs do not dilate properly after birth. Foetal infections, severe distress during delivery and under-developed lungs or respiratory distress syndrome are some of the risk factors associated with this condition in the newborns.

### UNDERSTANDING THE TREATMENT

As mentioned earlier, there is not any cure for PH but a few treatments and precautions can help a person live a longer life. Some of the medications that a doctor may prescribe include prostacyclin therapy to widen one's blood vessels, anticoagulants to prevent blood clots, endothelin receptor antagonists drugs to block the activity of endothelin – a substance that can narrow blood vessels.

Surgery is another option that can help a person suffering from PH in treatment. The options include atrial septostomy that can reduce the pressure on the right side of a person's heart or a lung or heart transplant that can replace the damaged organs. If the case is severe, a doctor can even recommend a heart transplant in addition to the lung transplant.

Inhaled medicine, medicine given through the veins under the skin, diuretics – medicine to reduce swelling in the feet and oxygen therapy are some of the other ways to treat PH.

### PREVENTION IS BETTER THAN CURE

It is always a better option to prevent oneself from diseases rather than running here and

there for getting treated. The same goes for PH too. If one adjusts his/her diet, exercise routine or other daily habits, it can lead to reduction in the risk of PH. In addition, for those who smoke regularly, PH becomes a huge problem. Therefore, it is necessary for such people to eat healthy, exercise regularly, maintain moderate weight and most importantly, quit smoking.

Since it is not possible to prevent all forms of PH, one can surely take steps to prevent it by making healthy lifestyle changes and managing blood pressure, coronary heart disease, chronic liver disease and chronic lung disease and avoiding the consumption of tobacco. That apart, he/she should get vaccinated against influenza and pneumococcal pneumonia and women should avoid getting pregnant. Nevertheless, if they become pregnant, they should receive care from a multi-disciplinary health team that includes specialists with expertise in pulmonary hypertension.

Despite all this, an individual's treatment of PH actually depends on his/her medical history and the symptoms he/she is experiencing. So, the cases must not be compared because everyone will have his/her own way of getting treated.

## Pulmonary Hypertension and Age Related Complications

### COMPLICATIONS OF PULMONARY HYPERTENSION INCLUDE

■ **Right-sided heart enlargement and heart failure (cor pulmonale).** In cor pulmonale, your heart's right ventricle becomes enlarged and has to pump harder than usual to move blood through narrowed or blocked pulmonary arteries.

At first, the heart tries to compensate by thickening its walls and expanding the chamber of the right ventricle to increase the amount of blood it can hold. But these changes create more strain on the heart, and eventually the right ventricle fails.

■ **Blood clots.** Having pulmonary hypertension makes it more likely you'll develop clots in the small arteries in your lungs, which is dangerous if you already have narrowed or blocked blood vessels.

■ **Arrhythmia.** Pulmonary hypertension can cause irregular heartbeats (arrhythmias), which can lead to a pounding heart-beat (palpitations), dizziness or fainting. Certain arrhythmias can be life-threatening.

■ **Bleeding in the lungs.** Pulmonary hypertension can lead to life-threatening bleeding into the lungs and coughing up blood (hemoptysis).

■ **Pregnancy complications.** Pulmonary hypertension can be life-threatening for a woman and her developing baby.

Pulmonary hypertension (PH) is a rare disease with a significant morbidity and mortality if untreated. The disease has a multifactorial aetiology and is often associated with insidious onset of signs and symptoms. Multimodality imaging is often required for establishing the diagnosis, evaluating the underlying haemodynamic compromise and follow-up after institution of therapy. The range of potential complications associated with PH vary widely. We aimed to summarize the imaging findings of complications that the radiologist should be familiar with.

### VASCULAR COMPLICATIONS

#### MASSIVE PULMONARY DILATATION

The range of potential complications associated with PH vary widely (Table 2). The pulmonary artery may increase in size owing to increasing wall shear stress and volume, e.g. in a left to right shunt. It is considered dilated when the ratio of the main pulmonary artery to the ascending aorta exceeds 0.9. In patients without interstitial lung disease, the upper limit of the pulmonary artery diameter for males is 297mm and 277mm for females.<sup>3</sup> In patients with interstitial lung disease, the pulmonary artery may be dilated without the corresponding increase in pressure.<sup>4</sup> Dilated pulmonary arteries can cause extrinsic compression on the left main stem coronary artery (Figure 1). The left main stem is typically effaced and displaced caudally. Patients may experience angina, myocardial infarction or even sudden death. A potential treatment for left main stem compression includes percutaneous stenting or open bypass, although the optimal treatment is controversial. The former may be more suitable for patients at a high risk. If the cause of PH is congenital heart disease, e.g. atrial septal defect, ventricular septal defect and patent



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ductus arteriosus, treatment of the left to right shunt may reverse the pulmonary artery dilatation and left main stem compression.<sup>5</sup> Pulmonary vasodilators have also been quoted as a successful treatment.<sup>6</sup>

Extrinsic compression of proximal airways from pulmonary artery dilatation is common in congenital heart disease (Figure 2). This may lead to asthma-like symptoms of wheezing and coughing and is unlikely to respond to conventional treatment. In addition, the same process may be happening at the level of the distal small airways, owing to their proximity to the distal pulmonary arteries.<sup>7</sup> It is unclear whether this is a purely mechanical process, or if an imbalance of vasoconstrictive and bronchoconstrictive agents is at play.

### PULMONARY ARTERY DISSECTION

Pulmonary artery dissection is a rare and potentially catastrophic complication, the majority of which are diagnosed post-mortem. It is associated with congenital heart disease and may occur idiopathically from chronic PH, or iatrogenically from catheterization. The pulmonary artery dissection tends to rupture into the pericardium causing tamponade, rather than extending further downstream with a re-entrance slit

### IN SITU THROMBOSIS

In situ thrombosis is a concept of thrombus formation within the pulmonary arteries, without embolism from a distal deep-vein thrombosis. Thrombus formation is common in severe hypertension from any cause. Proposed mechanisms vary, and this may be due to a combination of wall shear stress from turbulent flow, vascular dilatation leading to stasis and vascular endothelial injury in PH. It may also be secondary to an increase in thrombin activity and disturbance of the thrombolytic pathway.<sup>16</sup> In situ thrombosis is common in congenital heart disease and up to one-fifth of the patients with Eisenmenger's syndrome may have pulmonary thrombi.

### BALLOON ANGIOPLASTY COMPLICATIONS

The history of balloon pulmonary angioplasty (BPA) as a treatment of chronic thromboembolic pulmonary hypertension (CTEPH) dates back to 1983.<sup>17</sup> The conven-

tional treatment is pulmonary endarterectomy (PEA), which demonstrates immediate post-operative improvement in haemodynamics and improved survival.<sup>18</sup> BPA may be an alternative for patients unsuitable for surgery.

### CARDIAC COMPLICATIONS

#### RIGHT HEART FAILURE

With increasing pulmonary artery resistance and pressure, the right ventricle responds to pressure overload initially with hypertrophy and eventually dilates to increase the preload to maintain stroke volume (Figure 6a,b). The right ventricle eventually ceases to adapt, although the mechanism is not fully understood. This may result in functional tricuspid regurgitation, pericardial effusions and cardiac cirrhosis.

### PERICARDIAL EFFUSION AND TAMPONADE

Pericardial effusions are associated with up to half the patients with PH23,24 (Figure 6c,d). Mechanisms are unclear, and it has been hypothesized that it is due to the increased right chamber pressures causing increased myocytic transudation and decreased resorption.

### CARDIAC CIRRHOSIS

Congestive hepatopathy is a pattern of chronic liver injury due to raised right atrial pressures from any cause, including PH. The liver may have a lobulated contour, which can be associated with ascites and distended hepatic veins and inferior vena cava (Figure 7). Right heart failure increases the hydrostatic pressure within the sinusoids, leading to swelling and haemorrhage. Secondly, the reduced cardiac output causes acute hepatic necrosis. Eventually, this leads to fibrosis/cirrhosis. The fibrosis tends to spare the portal tracts, unlike other causes of cirrhosis.

### LINE INFECTION

Patients within the PAH and CTEPH may be treated with prostacyclin analogues, e.g. epoprostenol or treprostinil, to increase life expectancy and improve the quality of life. However, these drugs require long-term infusions via a central venous catheter, and secondary infections are not uncommon.

### PULMONARY COMPLICATIONS

Cavitation secondary to infarcts is a known complication in acute pulmonary emboli and similarly, patients with CTEPH may present as such. These are initially aseptic, but could be secondarily infected and colonized by aspergillus (Figure 9). Cavitation is more common within mid and upper zones with the cavity wall generally being a poor discriminator of the underlying aetiology.<sup>35</sup> Superinfection with clostridium species has been reported to be especially common, resulting in a necrotizing, cavitary pneumonia.<sup>36</sup>

PH is a rare disease with a significant impact on the patient quality of life and survival. The radiologist plays a vital role in identifying complications at diagnosis and surveillance imaging.

## New Treatment Guidelines in Pulmonary Hypertension

### TREATMENT GENERAL MEASURES AND SUPPORT

Diuretics are indicated in patients with right ventricular failure and water retention. Loop diuretics or aldosterone antagonists should be used. Anticoagulation with vitamin K antagonists is recommended in idiopathic and hereditary PAH, and PAH caused by anorectics [Ib, C]. Oxygen therapy is recommended if PaO<sub>2</sub> is <60mmHg [I, C]. It may also be considered as an option for correcting desaturation during exercise.<sup>2</sup> Regular monitoring of iron levels is recommended, and supplements should be administered if necessary.

### Measures that could be taken into consideration [class IIb]

■ Genetic counseling in specialized units of patients or family members with mutations associated with PAH or PVOD  
■ Avoid drugs that can aggravate PH (nasal decongestants and beta-blockers)  
■ Diet: advise a daily salt intake of <5g (equivalent to 2g sodium), particularly in patients with right heart failure. If RHF is severe or in case of hy-



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ponatremia, reduction of water intake to <1.5–2L/day is also advisable.

### SPECIFIC TREATMENT

Specific drugs for the treatment of PAH include

Calcium channel blockers: indicated for use in patients with idiopathic PAH and positive vasodilator test [I, C]. High-dose nifedipine, diltiazem and amlodipine are recommended.<sup>8</sup>

Endothelin receptor antagonists, including ambrisentan, bosentan, and macitentan. Ambrisentan and bosentan can cause liver toxicity, so monthly

monitoring of liver enzymes is required. Macitentan carries a risk of anemia, and regular monitoring of hemoglobin levels is recommended.

Phosphodiesterase type 5 (PDE5) inhibitors and soluble guanylate cyclase (sGC) stimulators: available PDE5 inhibitors are sildenafil and tadalafil, and the only available sGC stimulator is riociguat. The concomitant administration of PDE5 inhibitors and sGC stimulators is contraindicated.

Prostacyclin analogs and prostacyclin receptor agonists: available prostacyclin analogs include epoprostenol, administered via continuous iv infusion; iloprost, administered by inhalation; and treprostinil, administered in a continuous subcutaneous microinfusion pump. Inhaled treprostinil has also been shown to be beneficial<sup>9</sup> (Table 4). Selexipag is a prostacyclin receptor agonist that is administered orally.<sup>10</sup>

INH: inhaled; IV: intravenous; SC: subcutaneous; VO: oral.

Drug that has demonstrated delay in time to clinical deterioration as a primary objective in a clinical trial, or the reduction of all-cause death.

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## PAH Patient & Stress

PULMONARY arterial hypertension (PAH) is a devastating disease that places a significant burden on patients and their families. Caregivers and families of patients with PAH play a significant role in patients' medical care and self-management, yet they lack sufficient emotional support or information to meet the demands of caregiving. The morbidity of the disease profoundly affects the health-related quality of life (HRQoL) of these patients.

### CHALLENGES FOR PATIENTS

PAH significantly affects the physical capabilities of patients. Symptoms of shortness of breath, fatigue and exhaustion remarkably limit patients' ability to execute activities of daily living. This reduced physical activity negatively impacts HRQoL and survival. In addition, patients with PAH have significant psychological morbidity. In fact, the diagnosis of PAH creates emotional and psychological distress, reflected as feelings of frustration, anger, low self-



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esteem and worthlessness. Indeed, patients with worse functional class and reduced exercise capacity often have a higher prevalence of depression.

Unexpected changes in the patients' and family lives contribute to the overall suffering in PAH. Worsening HRQoL in patients with PAH is associated with reduced social activity and emotional wellbeing.

Patients frequently face a loss of financial security and social status, as they become unable to maintain employment, travel obligations or social activities. In addition, marital relationships can suffer as sexual intimacy diminishes given physical limitations, reduced self-esteem and a partner's fear of affecting the patient's condition. Hence, it becomes the moral duty of the family to provide better care to the patient and keep the patient happy and away from depression.

### THE CARE

Pulmonary arterial hypertension (PAH) is a complex, progressive disease with poor long-term survival. The prognosis of PAH has improved in the past two decades, in part due to the approval of several PAH-specific therapies.

Physical and emotional symptoms palliation is important to improve the HRQoL of patients living with chronic diseases like PAH. However, palliative care interventions are often overlooked by clinicians

since they are associated with end-of-life care. This fact results in the underutilisation of palliative measures.

Furthermore, chronic diseases not only affect the HRQoL of patients, but also their caregivers and family members. Palliative and family care is a method of improving the HRQoL of both patients and caregivers when faced with incurable diseases.

### CONCLUSION

Social care has much to offer to patients with PAH, whose suffering extends beyond the physical realm into the psychological, spiritual and social domains. This kind of care improves functional status, exercise tolerance, haemodynamic values and viability to receive transplants. There is a need to stress upon the utilisation of palliative care and involvement of families and educate patients, caregivers and physicians on this treatment approach and the psychological therapies in order to help alleviate the suffering of patients with PAH.

## Family care for PAH Patient



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## Approved medicine for Pulmonary arterial hypertension (PAH)

THERE'S no cure for pulmonary hypertension, but your doctors can prescribe treatments to help you manage your condition. Treatment may help improve your symptoms and slow the progress of pulmonary hypertension.

It often takes some time to find the most appropriate treatment for pulmonary hypertension. The treatments are often complex and require extensive follow-up care.

When pulmonary hypertension is caused by another condition, your doctor will treat the underlying cause whenever possible.

### MEDICATIONS FOR PULMONARY ARTERIAL HYPERTENSION

Being diagnosed with pulmonary arterial hypertension (PAH) may be overwhelming. Working with your doctor to create a care plan can ease your symptoms and give you some peace of mind.

Treatment can't stop or reverse this aggressive disease, but medications can help slow the progression of PAH and improve your symptoms.

### TREATMENT GOALS

PAH is a type of high blood pressure. It affects your pulmonary arteries and the right side of your heart. Your pulmonary arteries carry blood from your heart to your lungs where fresh oxygen is pumped into your blood.

If you have PAH, it's tricky for these arteries to carry enough oxygen and blood to your body.

Over time, PAH can get worse. It can lead to death if your organs don't receive enough oxygen. The goal of PAH drugs is to stop further damage to your pulmonary arteries.

### PAH may cause symptoms, which can include:

- shortness of breath, dizziness, fainting, chest pain

Drugs for PAH can also help relieve these symptoms.

### Treatment options:

Once you're diagnosed with PAH, you'll work closely with your doctor. Together, you'll make a treatment plan, which includes taking medications. To properly manage your condition, you need to take your PAH medication long term.

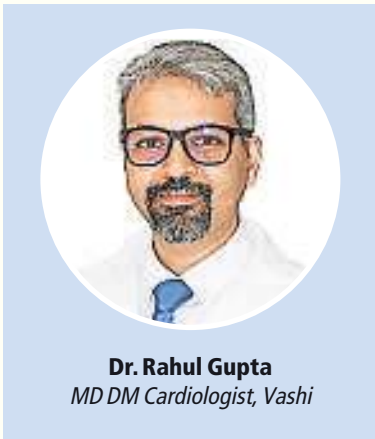
There are several types of medications used to treat PAH.

### Vasodilators:

Many people with PAH need to take vasodilators, or blood vessel dilators. These drugs work to open blocked and narrowed blood vessels in your lungs. They can help more blood and oxygen flow through your body.

### Common side effects of these drugs can include:

- pain in your arm, leg, or jaw, leg cramps, nausea, diarrhea, headache



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### Examples of vasodilators include:

**Iloprost (Ventavis) and treprostinil (Tyvaso):** Some vasodilator drugs are inhalable. These include iloprost (Ventavis) and treprostinil (Tyvaso). These drugs are inhaled through a nebulizer, which is a breathing device that delivers medication to your lungs.

**Epoprostenol (Flolan, Veletri):** Other vasodilators are given through an intravenous (IV) injection, which means the drug is injected into your vein. These drugs include epoprostenol (Flolan, Veletri). You receive this drug continuously.

These vasodilators use a pump that's often on a belt you wear around your waist. Your doctor attaches the pump to you, but you give the drug to yourself as you need it.

### Treprostinil sodium (Remodulin)

Another vasodilator is called treprostinil sodium (Remodulin). Your doctor gives you this drug through an IV, or you may also receive it subcutaneously, or under your skin.

Treprostinil sodium is also available as an extended-release oral tablet that's marketed under the brand name Orenitram. "Extended release" means the drug is released slowly into your body.

First, you receive treprostinil sodium as an injection from your doctor. Then you start taking part of your dosage in the tablet form.

Your doctor slowly increases your oral dosage and decreases your injection dosage. Eventually, you only take the oral form of this drug.

### Selexipag (Uptravi)

Selexipag (Uptravi) is another vasodilator for PAH. It comes as an oral tablet. This medication

may be better at slowing the progression of PAH than improving the symptoms of PAH.

### Anticoagulants

People with PAH have a higher risk of blood clots in their lungs. Anticoagulants are blood-thinning drugs that prevent blood clots from forming. They also stop clots from blocking the small pulmonary arteries.

Warfarin (Coumadin) is one example of an anticoagulant.

A common side effect of this class of drugs is increased bleeding if you're injured or cut.

If you take a blood thinner, your doctor will monitor your condition closely. They'll likely do routine blood tests to check how the drug affects your body.

Your doctor may also make changes to your diet and your medications to prevent dangerous interactions. Be sure to tell your doctor about all medications, vitamins, or herbs you're taking.

### Endothelin receptor antagonists

Endothelin receptor antagonists work by reversing the effect of endothelin. Endothelin is a natural substance in your blood. If you have too much of it, it can slowly build up on the walls of your blood vessels.

As it builds up, your blood vessels become narrower. This can make it even more difficult for blood and oxygen to flow to the rest of your body.

All of the drugs in this group are oral drugs. They include:

- ambrisentan (Letairis)
- bosentan (Tracleer)
- macitentan (Opsumit)

### Common side effects of endothelin receptor antagonists can include:

- headache, swelling, anemia (low red blood cell levels), bronchitis

### Serious side effects of these drugs can include:

- Low blood hemoglobin levels. This means your blood can't carry oxygen as well as it should.
- Liver damage. Symptoms can include:
- Tiredness, nausea, vomiting, loss of appetite, pain on the right side of your stomach, dark urine, yellowing of your skin or the whites of your eyes



## PAH & Diagnostic Procedures

PULMONARY arterial hypertension (PAH) is a rare, progressive disorder characterized by high blood pressure (hypertension) in the arteries of the lungs (pulmonary artery) for no apparent reason.

### DIAGNOSTIC PROCEDURES INCLUDES

- Blood tests

- Chest X-ray
- Electrocardiogram (ECG)
- Echocardiogram

Sometimes, an echocardiogram is done while you exercise on a stationary bike or treadmill to understand how well your heart works during activity. You may be asked to wear a mask that checks how well your heart and lungs use oxygen and carbon dioxide.

An echocardiogram may also be done after diagnosis to assess how your treatments are working.

Right heart catheterization. If an echocardiogram reveals pulmonary hypertension, you'll likely have a right heart catheterization to confirm the diagnosis.

During this procedure, a cardiologist places a thin, flexible tube (catheter) into a

vein in your neck or groin. The catheter is then threaded into your right ventricle and pulmonary artery.

Right heart catheterization allows your doctor to directly measure the pressure in the main pulmonary arteries and right ventricle of the heart. It's also used to see what effect different medications may have on your pulmonary hypertension.



HAVING pulmonary arterial hypertension (PAH) means that you have high blood pressure in the arteries that go from your heart to your lungs. It's different from having regular high blood pressure.

With PAH, the tiny arteries in your lungs become narrow or blocked. It's harder for blood to flow through them, and that raises the blood pressure in your lungs. Your heart has to work harder to pump blood through those arteries, and after a while the heart muscle gets weak. Eventually, it can lead to heart failure.

### CAUSES

Sometimes doctors can't find a reason for high blood pressure in the lungs. In that case, the condition is called idiopathic pulmonary hypertension. Genes may play a role in why some people get it.

In other cases, there is another condition that's causing the problem. Any of these illnesses can lead to high blood pressure in your lungs:

- Congestive heart failure
- Blood clots in the lungs
- HIV
- Illegal drug use (like cocaine or methamphetamine)
- Liver disease (such as cirrhosis of the liver)
- Lupus, scleroderma, rheumatoid arthritis, and other autoimmune diseases
- A heart defect you're born with
- Lung diseases like emphysema, chronic bronchitis, or pulmonary fibrosis
- Sleep apnea

### SYMPTOMS

You may not notice any symptoms for a while. The main one is shortness of breath when you're active. It usually starts slowly and gets worse as time goes on. You may notice that you can't do some of the things you used to without getting winded.

Other symptoms include:

- Chest pain
- Fatigue
- Passing out
- Swelling in your ankles and legs

### TREATMENT

Pulmonary hypertension varies from person to person, so your treatment plan will be specific to your needs. Ask your doctor what your options are and what to expect.

First, your doctor will treat the cause of your condition. For example, if emphysema is causing the problem, you'll need to treat that to improve your pulmonary hypertension

### TAKING CARE OF YOURSELF

One of the best things you can do for yourself is to stay active, even if you have shortness of breath. Regular exercise, like taking a walk, will help you breathe better and live better. Talk to your doctor first to find out what kind of exercise is best for you, and how much you should do. Some people may need to use oxygen when they exercise.

Get plenty of rest, too. Pulmonary hypertension makes you tired, so get a good night's sleep and take naps when you need to.

Caregivers of patients with PAH play a significant role in patients' medical care and self-management, yet they lack sufficient emotional support or information to meet the demands of caregiving. These findings underscore the importance of supporting family caregivers of patients with PAH.

### SUPPORT FOR FAMILY AND FRIENDS

When someone is diagnosed with a condition like pulmonary hypertension, it can affect family and friends as well as the patient themselves.

Feelings of concern, sadness and anger are all very normal emotions, and can continue throughout a loved one's journey with PH.



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## Breathing Complication of PAH During Sleep

**A**RARE progressive disorder, pulmonary arterial hypertension gets worse with time. Obstruction in the small tiny arteries in the lung that can occur due to many reasons leads to narrowing of these arteries, which in turn causes an increase in pressure in the blood vessels of the lungs. This causes your heart to be able to work harder and, over time the heart loses its ability to effectively pump blood throughout the body. There is no cure for PAH, but treatments are available to control symptoms and improve quality of life. Research indicates that between 17 and 53 percent of people with sleep apnea also develop pulmonary hypertension. Obstructive sleep apnea (OSA) is one of the major causes of cardiovascular disease. It increases the risk for hypertension, pulmonary vascular disease and other cardiovascular problems as well. When the individual has episodes of sleep-disordered breathing, it causes changes in blood vessels which is a major contributor to cardiovascular disease. Basically, this means that they repeatedly choke themselves and wake up from sleep. As this process is for a very short period of time, patients do not recall waking up.

Sleep health has a profound influence on the development and progression of pulmonary hypertension (PH). When an individual gets a full 8 hours of uninterrupted sleep, your body has the opportunity to heal damage all the way to the cellular level. If a person has pulmonary



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hypertension, he or she may still be able to prevent it from worsening if they get enough sleep. Due to repeated loss of oxygen in the blood stream which is due to the apnea, there is a rise in pulmonary artery pressure. If these apneas are frequent and for long period of time, then it may lead to significant loss of blood oxygen. This can increase levels of carbon dioxide (a waste product) in the blood as well and this can be damaging to the individual.

*You can consider some of the below points to offset symptoms and find relief.*

- Get a sleep study to see if your PH is related to undiagnosed or untreated obstructive sleep apnea (OSA).
- Continuous positive airway pressure

(CPAP) is an effective treatment for OSA which can lead to major improvements in overall cardiac health. CPAP has been shown to reduce pulmonary artery pressure.

- Enrol in a weight loss program if you are obese, as obesity is a risk factor for both OSA and PH.

*Some important steps to help your OSA include:*

- Weight loss
- Avoid sleeping pills
- Avoid narcotic pain medications
- Avoid alcohol
- Avoid sleeping on your back
- CPAP takes time to get used to, be patient and persevere!

Managing a patient of PAH can indeed be challenging. For newly diagnosed patients, coping be with the disease can be frustrating. But with care and support, their life can be navigated well. Accepting the condition, adapting and moving forward is crucial. Patients need to reach out and ask for help, talk to family, friends, medical health professionals and also to other people who are living with PAH. Studies show that individuals who have a strong support system often have better clinical outcomes because they are able to manage their emotional and psychological distress in a much better way. Coping strategies can help in creating a routine and allow these patients to function much more effectively and have an improved quality of life.

## Pulmonary Function Test for PAH Patients

**P**ULMONARY arterial hypertension (PAH) is a chronic debilitating disease characterized by increase in lung artery pressures. Pulmonary arterial hypertension (PAH) is a condition characterized by pulmonary vascular growth and proliferation, leading to increased pulmonary vascular resistance and right heart dysfunction. Pulmonary hypertension (PH) can be difficult to diagnose in a routine medical examination because the most common symptoms of PH, such as breathlessness, fatigue and dizziness, are also associated with many other conditions.

As per WHO, Pulmonary hypertension is classified into five major subtypes based on pathological, pathophysiological, and therapeutic characteristics as:

- Pulmonary arterial hypertension (PAH)
- PH due to left heart disease
- PH due to interstitial lung disease and/or hypoxia (PH-ILD)
- chronic thromboembolic PH (CTEPH); and
- PH with unclear and/or multifactorial mechanisms

Breathlessness is a common symptom in pulmonary hypertension (PH) and an important cause of morbidity. Though this has been attributed to the well described pulmonary vascular abnormalities and subsequent cardiac remodelling, changes in the airways of these patients have also been reported and may contribute to symptoms.

Pulmonary function tests are used during evaluation for pulmonary hypertension



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and involve a series that measures the movement of air in and out of the lungs, capacity of lungs to hold volume of air and exchange of oxygen (in to the blood) and carbon dioxide (out of blood stream).

One should avoid smoking, consumption of alcohol, vigorous exercises, eating heavy meals one hour before undergoing pulmonary function tests. One should also avoid wearing clothes that restrict abdominal and chest expansion.

There are various devices used in Pulmonary function test.

Spirometer is used to determine the capacity of an individual to inhale maximally and then rapidly exhale to full extent.

Bronchodilator challenge is conducted as a part of spirometry test to identify airway diseases or to assess the effectiveness of current therapy. Baseline test is done and then bronchodilator such as Albuterol

is administered through a nebulizer followed by repeating the spirometry. The role of the bronchodilator is to dilate or open the airways in lungs. The main aim of the test is to measure abnormalities reversal with administration of bronchodilator.

Pulmonary function tests results serve as a suggestion of Pulmonary Hypertension.

The respiratory therapist or health care professional administering the pulmonary function tests will have to ask several questions such as the patient's age, weight, height, and ethnicity. The answers to these tests are important as they all affect the "normal" numbers that the patient's results will be compared against. Along with identifying other lung diseases, there are specific findings that are consistent with a diagnosis of pulmonary hypertension such as a low diffusing capacity without other abnormalities. The diffusing capacity gives information about how well the lungs extract oxygen from the air. While this number is low in patients with pulmonary hypertension it is also low in patients with other lung disease such as emphysema.

Exercise limitation is the most prominent symptom in PH. Exercise capacity, commonly assessed through a six-minute walk test (6MWT), correlates with both functional status and survival in PH.

Because peripheral airways affected follow the pulmonary vasculature, it is reasonable to postulate that pulmonary function might be affected by the development of pulmonary hypertension.

## Global Burden of PAH

**B**EING diagnosed with a chronic illness like PAH can be like a nightmare. And life-changing too. A well-defined support system and a suitable treatment and management plan can go a long way in reducing the burden of this disease. Pulmonary arterial hypertension is a progressive disease. Over the last two decades, there has been a significant amount of progress in the treatment and management options. Though there is no cure for this disease, there are medications and procedures that can slow the progression of the disease and improve your quality of life. Moreover, healthy habits and appropriate treatment regimens from the available options can help the patient live an improved quality of life. It is important to note that treatment options vary from person to person and the patient needs to work in close coordination with their doctors so as to work out a suitable management plan for them.

### SYMPTOMS CAN IMPAIR DAILY ACTIVITIES

Symptoms of PAH include dyspnoea, fatigue, chest pain, syncope, and peripheral oedema, and such symptoms impair the daily activity capacity of PAH patients. If these symptoms are not treated, some patients experience consistent dyspnoea and fatigue with disease progression, finally leading to right heart failure and death. The burden of PAH is huge as it affects the daily life of the patients, takes a toll on their mental and emotional well-



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being, and impacts their interpersonal relationships too. Their work productivity decreases and this directly affects their financial status and poses a huge financial burden on their families. Treatment expenses also contribute to a massive extent and physical capabilities of patients are also impaired. Patients of PAH also experience high levels of anxiety and depression. As the disease progresses, emotional problems also arise and all this is a burden on the health-related quality of life of the patient. Within the society also, the awareness of PAH disease is limited which further becomes a hindrance for the patients and they tend to isolate themselves from others. If a family member gets diagnosed with PAH, both the one diagnosed and other members of the family need to work on understanding the disease and its management procedure. Caring for the patient and sharing the respon-

sibilities is a key aspect of reducing the burden of the disease.

Adapting to the disease condition and making necessary lifestyle changes to maintain health play a major role in PAH management.

- Quitting smoking and avoiding secondhand smoke is one of the most important decisions you can make.
- Though PAH may make you feel fatigued, it is important to stay active and exercise as much as possible. You can consult your doctor for a suitable exercise plan.
- Avoid travelling to high altitudes, as that can also put strain on your lungs and heart.
- Consume a healthy diet. Eating healthy will be an important part of managing your disease. Many doctors suggest avoiding saturated fat, trans fat and cholesterol and limiting your salt intake.
- Engage yourself in activities that interest you. This will help in maintaining your mental and emotional well-being.

Though there have been tremendous advances in diagnosis and management of PAH, the disease continues to be devastating. Patients and their families continue to experience emotional as well as financial burden. Early diagnosis and support can be immense help. There are a number of support groups and other mental healthcare options available. If you are having problems coping with your situation, talk to your doctor about getting some help.

## PAH and COPD

**C**HRONIC obstructive pulmonary disease (COPD) mainly involves dyspnoea and exercise limitation, which is mostly due to airflow obstruction, hyperinflation, gas exchange abnormalities, and inspiratory muscle weakness. As per the data available, Pulmonary hypertension (PH) associated with lung diseases and/or hypoxemia is classified into group three. COPD complicated PH would make adverse effects on survival and exercise capacity, and PH is a vital risk factor of acute exacerbations.

Chronic obstructive pulmonary disease (COPD) is a leading cause of morbidity and mortality worldwide and its prevalence has been on the rise. One established complication of COPD is the development of pulmonary hypertension (PH). Typically, PH appears when airflow limitation is severe and is associated with chronic hypoxaemia, the main pathophysiological cause being chronic alveolar hypoxia, although new mechanisms have emerged recently. PH is associated with worse clinical courses with more frequent exacerbation episodes, shorter survival, and greater need of health resources. The severity of the PH is moderate and it progresses slowly, without altering right ventricular func-



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tion in the majority of cases. Such a complication is associated with increased risks of exacerbation and decreased survival.

Worsening of Pulmonary hypertension usually occurs during exercise, sleep and exacerbation. Pulmonary vascular remodelling in COPD is the main cause of increase in pulmonary artery pressure and is thought to result from the combined effects of hypoxia, inflammation and loss of capillaries in severe emphysema. Some of the COPD patients may

present with "out-of-proportion" pulmonary hypertension, defined by a mean pulmonary artery pressure >35-40 mmHg (normal is no more than 20 mmHg) and a relatively preserved lung function (with low to normal arterial carbon dioxide tension) that cannot explain prominent dyspnoea and fatigue.

Even in its mildest form, the diagnosis of COPD-PH is a difficult task. It is rather difficult to differentiate the symptoms due to PH, such as dyspnoea or fatigue, from the clinical picture of COPD itself. Some of the clinical signs can be masked by the existence of lung hyperinflation, the large oscillations in intrathoracic pressure, or superimposed respiratory sounds (rhonchi or crackles). Thus, typical findings such as ejection click increased pulmonary component of the second tone or pansystolic murmur of tricuspid regurgitation may not be recognized. Frequently, the suspicion of PH in COPD is based on the presence of peripheral edema.

When PH continues even after giving optimal management of COPD, then the latest guidelines recommend that PH specific therapies should be taken into account. PH is a common complication of COPD without effective drugs to treat. Pathology of pulmonary arteries in COPD patients depicts fibromuscular intimal thickening and proliferation in smooth muscle cells and endothelial cells. PH specific therapy will facilitate improvement of pulmonary function, exercise capacity, health-related life-of-quality, not just only exercise capacity or pulmonary artery pressure. Hypoxia is the primary cause of PH in COPD, so long term oxygen treatment is most recommended. Also, patients with COPD first show symptoms of PH during sleep. Some COPD patients who are normoxaemic or mildly hypoxaemic during the day develop moderate to severe hypoxaemia during sleep. There is a rapid decline in lung function and worse outcomes. These patients are also at an increased risk of having severe exacerbations.



## Pulmonary Hypertension and Diet

**H**YPERTENSION is a condition in which the force of the blood is very high against the walls of the arteries whereas pulmonary hypertension (also known as ph) is a condition in which the pressure of the blood from the heart to the lungs is very high. When the pressure in this artery is very high, the arteries in the lung can narrow and hence the blood does not flow as well as it should, resulting in lack of oxygen in the blood.

### CURE

There is no cure for PH, however, it can be prevented by following a healthy lifestyle to manage high blood pressure and avoiding use of tobacco to prevent lung disease.

### PREVENTION

Preventions of the same are focused around heart health. These include maintaining a healthy weight range, checking pulse regularly, regularly exercise, eating a healthy and balanced diet as well as not

smoking.

### DIET

Pulmonary hypertension can be taken control of by making healthy choices and by staying dedicated to the new routine. Choice of correct diet is very important as some foods raise blood pressure, while others cause increase in weight.

**Cut back on salt and sodium.** Avoid having packaged, canned, pickled and tinned foods as salt is hidden in the ingredients. Choose fresh ingredients to limit the sodium intake. Do not add salt to your food out of habit but rather taste your food before adding salt.

**Limit fluids.** The limit of amount of intake of fluids is to be consulted with the doctor. Keep track of weight to assess the amount of fluid consumption. Don't go above 2,000 milligrams of salt and about 8 cups of fluid a day.

**Avoid stimulants.** Stay away from caffeine or other stimulants such as alcohol.



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Cutting back on stimulants also help in sleeping better.

**Relieve nausea.** To avoid nausea from the treatments, try eating small meals and cut back on food with high fat. Avoid sodas and ginger in the diet. Be sure to make the dietary changes gradually.

**Iron up.** According to a study conducted in 2009, pulmonary hypertension is aggravated with the body lacks of iron. Include red meat, beans and dark, leafy greens into the diet. Include vitamin C rich diets to help the body absorb iron, such as tomatoes, broccoli bell peppers.

**Get more garlic.** A compound in garlic called allicin helps widen blood vessels and keeps blood pressure low. Make sure to eat garlic within an hour of chopping it.

**Vitamin K intake to be kept consistent.** The amount of intake of vitamin K is to be consulted with the doctor. A balanced and consistent amount of vitamin K is important along with iron whether the intake is higher or lower.

### AVOID

**Enormous portions.** The most common bad eating habits is not realising the size of portion in the diet. A normal appetiser, main course and dessert orders in a restaurant will result in consumption of more

than 2000 calories. This may result in increase in weight. Hence, portion size makes a huge difference and to decide on an accurate portion to be consumed is equally important.

**Food selection.** Many people think that by eating a salad or pasta that they are choosing lower calorie choices. This is usually not the case in a restaurant. A small Caesar salad at a normal restaurant is almost 1000 calories. A proper choice of food is also important to keep the weight in check.

**The problem of grazing.** Another eating style that leads to weight gain is constantly eating small bites here and there. This is especially problematic if you are in an environment where snack food is abundant. Eat at meal time. If you need to snack, enjoy raw carrots or celery (minus the cheese dip and ranch dressing).

**Binging.** Many people are very disciplined 95% of the time but periodically lose it. This is a very challenging eating

style. You feel like you have been so well behaved that a small indiscretion won't matter. Or perhaps you had a really bad day and you are looking for some comfort in the bottom of an ice cream tub. Be honest with yourself.

**Liquid calories.** Having a small glass of wine or a glass of juice on occasion is not the end of the world. However, if you drink a six-pack of soda or beer or a bottle of wine a day, you are dramatically increasing your calorie intake.

**After dinner snacking.** One of the most common hobbies is watching TV after dinner. And many people have habit of having popcorn, candies or chips while they are at it. The best policy is to close the kitchen and stop eating after a small dessert (preferably fresh fruit or berries).

The best possible way to keep a healthy eating habit is to keep a track of daily calories consumption and set a maximum limit of calories, avoid bad eating habits and exercise regularly.



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# Pulmonary arterial Hypertension and Therapeutic Management



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Pulmonary arterial hypertension is chronic, progressive and debilitating disease. The key to management of PAH is to find the potential cause, risk stratification and medical management. When PAH is caused by underlying condition, one need to focus on the treating underlying causative pathology. In patients whom the cause cannot be identified, the treatment strategy needs to be fine-tuned according to the patients symptoms, 2 D echocardiogram, exercise capacity and

blood investigations. PAH could be managed by medications and surgery however in this article we are going to talk on therapeutic management of pulmonary hypertension.

**Medications: Medications for PAH can be divided into two broad groups:**

**Specific pulmonary vasodilators:**

These are a group of medications which decrease the pressure in the lung arteries and help improve the right heart

function.

Various groups of these medications are now available in India and combinations of these medications can be used in patients with PAH.

**Sildenafil/ tadalafil Group (PDE5i):** These are commonly used to treat erectile dysfunction. But they also open the blood vessels in the lungs and allow bloodto flow through more easily.

**Bosentan/ Ambresentan/ Macitentan group:**

These medications reverse the effect of endothelin, a substance in the walls of blood vessels that causes them to narrow. These drugs may improve your energy level and symptoms. However, they can damage your liver. You may need monthly blood tests to check your liver function. Endothelin receptor antagonists shouldn't be taken if you're pregnant.

**Prostacyclin analogues:** Iloprost/ Selexipag/ Treprostinil: These are very effective

medications and one the first medications which were approved by the US FDA for use in PAH. Unfortunately, these are not yet marketed in India. Nevertheless, we have 16 patients who were on the verge of being listed for heart and lung transplant but have benefited from use of prostacyclin analogues.

**Calcium channel blockers:** These medications are useful in some patients of PAH. However before starting these medications, we need to do a

specialized test called 'right heart catheterization with vasodilator testing' only patients who are vasodilator positive benefit from these medications.

Supportive therapy: These include medications like diuretics (water pills) and digoxin. These medications are used when the patient has right heart failure. Another medication in this group is "oxygen" which is used if the oxygen levels in the body are low. Blood thinners may also be used in certain subsets of patients with PAH.

## Pulmonary Hypertension and other Vascular diseases



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VASCULAR disease is any abnormal condition of the blood vessels (arteries and veins). The body uses blood vessels to circulate blood through itself. Problems along this vast network can cause severe disability and death.

Vascular diseases outside the heart can "present" themselves anywhere. The most common vascular diseases are stroke, peripheral artery disease (PAD), abdominal aortic aneurysm (AAA), carotid artery disease (CAD), arteriovenous malformation (AVM), critical limb-threatening ischemia (CLTI), pulmonary embolism (blood clots), deep vein thrombosis (DVT), chronic venous insufficiency (CVI), and varicose veins.

Pulmonary hypertension (PH) is a devastating condition that ultimately leads to right heart failure and death, if untreated. The morphological correlate for clinically relevant PH is pulmonary vascular disease that may concern all vascular compartments of the lung: pulmonary arteries, capillaries and veins, but also systemic lung vessels, commonly known as bronchial arteries and vasa vasorum.

### PULMONARY VASCULAR DISEASES

The definition of pulmonary vascular disease is any condition that affects the blood vessels along the route between the heart and lungs. Blood travels from the heart, to the lungs, and back to the heart. This process continually refills the blood with oxygen, and lets carbon dioxide be exhaled. Any part of the heart-lung blood circuit can become damaged or blocked, leading to pulmonary vascular disease.

### PULMONARY ARTERIAL HYPERTENSION

Increased blood pressure in the pulmonary arteries (carrying blood away from the heart to the lungs). Pulmonary arterial hypertension can be caused by lung disease, autoimmune disease, or heart failure. When there is no apparent cause, it's called idiopathic pulmonary arterial hypertension.

### PULMONARY VENOUS HYPERTENSION

Increased blood pressure in the pulmonary veins (carrying blood away from the lungs, to the heart). Pulmonary venous hypertension is most often caused by congestive heart failure. A damaged mitral valve in the heart (mitral stenosis or mitral regurgitation) may contribute to pulmonary venous hypertension.

### PULMONARY EMBOLISM

A blood clot breaks off from a deep vein (usually in the leg), travels into the right heart, and is pumped into the lungs. Rarely, the embolism can be a large bubble of air, or ball of fat, rather than a blood clot.

### CHRONIC THROMBOEMBOLIC DISEASE

In rare cases, a blood clot to the lungs (pulmonary embolism) is never reabsorbed by the body. Instead, a reaction occurs in which multiple small blood vessels in the lungs also develop blood clots. The process occurs slowly, and gradually affects a large part of the pulmonary arterial system.

### CONCLUSION

If less blood flows through your lungs, you won't be able to take in enough oxygen. Having less oxygen in your blood can harm how well your body changes food and drink into energy (your metabolism). It can also make some of your arteries narrower.

In most PVD cases, blood that can't flow into the lungs gets pushed back into other blood vessels. This can cause high blood pressure in your lungs. The right side of your heart then has to pump harder to get blood into your lungs. The extra work can cause that side of your heart to fail over time. In some PVD cases, many large blood clots quickly get stuck in the blood vessels of the lungs. If enough vessels become clogged, blood may suddenly stop flowing into your lungs, which is always fatal.

## Pulmonary Hypertension and Oxygen Therapy

People with PH need their heart and lungs to work much harder to get the oxygen they need. PH causes them to have too little oxygen in their blood while at rest or during exercise. This can lead to symptoms, such as tiredness and breathlessness. Oxygen therapy (supplementary oxygen) increases the amount of oxygen in the blood, and so can reduce these symptoms. Oxygen therapy may also improve concentration and the ability to do everyday tasks, such as walking short distances. Oxygen therapy can be an important addition to treatment for PH. As well as increasing the amount of oxygen in the blood, oxygen has the additional benefit that it is a vasodilator. This means that it helps to relax the arteries in the lungs, which can reduce the pressure in the pulmonary artery.

### HOW DO YOU GET OXYGEN THERAPY?

For many people with PH, supplementary oxygen is not always helpful or even needed. If you need to have oxygen therapy at home, a member of your PH team will work out with you how much oxygen you will need, how long you will need it for, and will discuss the different ways in which you can get oxygen at home.

### OXYGEN CAN BE OBTAINED FROM



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- Compressed oxygen cylinders.
- Liquid oxygen in cylinders.
- An oxygen concentrator machine, which extracts oxygen from the air.

### OXYGEN CONCENTRATOR

An oxygen concentrator filters oxygen from the air in the room, and this oxygen is then delivered by plastic tubing to a mask or through soft tubes in your nose (called cannulae). Long tubing can be fixed around the floor or skirting board, with two points where the user can 'plug in' to the oxygen supply.

### OXYGEN CYLINDERS

When you use an oxygen cylinder, you breathe oxygen in either through a mask, or through cannulae in your nose.



### LIQUID OXYGEN

Portable tanks containing oxygen compressed into liquid form can contain more oxygen than when it is uncompressed.

### PORTABLE OXYGEN (ALSO CALLED AMBULATORY OXYGEN)

If you are using oxygen for PH in the home, you may also want a small oxygen cylinder to use outside. When full these portable oxygen cylinders weigh about 5lbs (2.5kg; about the same as a big bag of sugar) and hold just under two hours of oxygen at two litres per minute. It is also possible to have semi-

portable oxygen cylinders. These cylinders are heavier and not really suitable for carrying far but do help you get out of the house.

### PORTABLE OXYGEN CONCENTRATORS

There are some very good portable oxygen concentrators available, but unfortunately they have to be purchased privately and are not available on prescription.

### OXYGEN CONSERVERS

Once turned on, oxygen cylinders usually release a constant flow of oxygen

whether the user is inhaling or not. An oxygen conserver changes the oxygen flow according to each breath. This eliminates oxygen wastage so that the cylinder lasts many times longer than with a continuous flow system.

### OXYGEN HUMIDIFIERS

For people requiring oxygen at flow rates higher than 4L/min, an oxygen humidifier can be added. This is a simple attachment that adds water vapour to the oxygen you inhale, to prevent the oxygen from drying out your nasal passages.

## Non therapeutic treatment of PH

WHEN someone is diagnosed with a serious, life-threatening illness, one of the first things they are likely to worry about is pain. In fact, it's just about the most common question patients and their caregivers ask. There are effective treatments for pain, and you can put those treatment plans in place ahead of time. It's also important to know that medications are not the only option available to treat pain in the context of palliative care.

### TREATMENT OF PH

The goal of treatment of PAH is to improve functional class, exercise capacity, and QoL while delaying disease progression. Patients with PAH should be referred to an expert, specialized PAH center for early assessment of hemodynamics on right heart catheterization and optimal management. Treatment of PAH may be categorized into nonpharmacologic, conventional therapy, disease-specific therapy, and surgical interventions. Surgical therapy includes atrial septostomy, pulmonary thromboendarterectomy for CTEPH, and lung or heart-lung transplantation for severe disease.

### NON THERAPEUTIC TREATMENT

The non therapeutic therapy may address comorbid conditions that often accompany PAH.

### COUNSELLING

Counselling of avoidance of pregnancy is key due to high morbidity and mortality in females with PAH during and after pregnancy.

### Immunisation:

All patients should receive immunization against influenza and pneumococcal disease.

### Supplemental oxygen:

Certain PAH patients may require supplemental oxygen to keep oxygen saturations to a goal of greater than 90 % and to decrease hypoxic vasoconstriction. It is important to remember when in high altitude or air travel that there is a reduction in ambient air concentration of oxygen.

### Diet:

Patients should maintain a low-sodium diet to avoid fluid retention in right heart failure.



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### Rehabilitation:

Cardiopulmonary rehabilitation improves functional status, exercise capacity, and QoL in patients with PAH.

### Healthy Eating habits:

Cut back on salt and sodium, consume low calorie food in small portions, avoid bingeing and munching, limit liquids especially excessive alcohol and sodas, avoid stimulants and increase iron intake and consume more garlic.

### Light exercise:

Build stamina and manage your breathing as you work on exercising. If not possible, consult doctor about other activities like walking, swimming or a yoga program. Right kind of exercise can make the patient able to walk more, breathe better, and feel better. Muscle strengthening is important, too, but avoid lifting heavier weights.

**Rest, Sleep Repeat:** Trouble sleeping isn't good for anybody, and it's a common problem for people with PAH. And if you have another condition, like sleep apnea, that keeps you from breathing well when you're asleep, your PAH can get worse.

### Care and support:

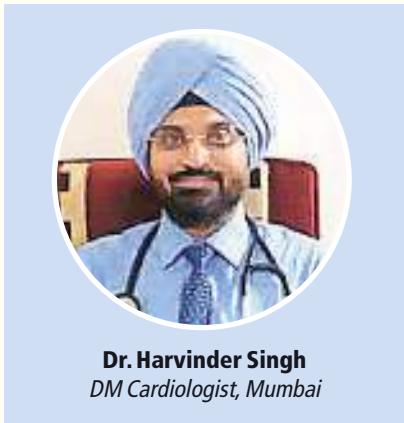
The support of carers, family and even children is very important for the QoL of the PH patients. It is of utmost importance that these people are well informed and educated about the challenges to the patient, and how it impacts the daily life of the patient. This way they will be able to decide how to support the and help the patient.

### Conclusion

Advancing knowledge and treatment options in PAH have improved the outlook for PAH patients, making PAH a disease that patients can live with over the long term. Improved long term outcomes in PAH patients mean that patient needs have evolved beyond those of treatment of symptoms and managing disease progression. A holistic approach is now coming to the front of PAH management which places the patient at the centre of their own healthcare.

Tailored support and education, shared decision making and support of self-care are some of the ways that patient engagement can be achieved.

## Pulmonary Arterial Hypertension and Sleep Apnea



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A RARE progressive disorder, pulmonary arterial hypertension gets worse with time. Obstruction in the small tiny arteries in the lung that can occur due to many reasons leads to narrowing of these arteries, which in turn causes an increase in pressure in the blood vessels of the lungs. This causes your heart to be able to work harder and, over time the heart loses its ability to effectively pump blood throughout the body. There is no cure for PAH, but treatments are available to control symptoms and improve quality of life. Research indicates that between 17 and 53 percent of people with sleep apnea also develop pulmonary hypertension. Obstructive sleep apnea (OSA) is one of the major causes of cardiovascular disease. It increases the risk for hypertension, pulmonary vascular disease and other cardiovascular problems as well. When the individual has episodes of sleep-disordered breathing, it causes changes in blood vessels which is a major contributor to cardiovascular disease. Basically, this means that they repeatedly choke themselves and wake up from sleep. As this process is for a very short period of time, patients do not recall waking up.

Sleep health has a profound influence on the development and progression of pulmonary hypertension (PH). When an individual gets a full 8 hours of uninterrupted sleep, your body has the opportunity to heal damage all the way to the cellular level. If a person has pulmonary hypertension, he or she may still be able to pre-

vent it from worsening if they get enough sleep. Due to repeated loss of oxygen in the blood stream which is due to the apnea, there is a rise in pulmonary artery pressure. If these apneas are frequent and for long period of time, then it may lead to significant loss of blood oxygen. This can increase levels of carbon dioxide (a waste product) in the blood as well and this can be damaging to the individual.

You can consider some of the below points to offset symptoms and find relief.

- Get a sleep study to see if your PH is related to undiagnosed or untreated obstructive sleep apnea (OSA).
- Continuous positive airway pressure (CPAP) is an effective treatment for OSA which can lead to major improvements in overall cardiac health. CPAP has been shown to reduce pulmonary artery pressure.
- Enrol in a weight loss program if you are obese, as obesity is a risk factor for both OSA and PH.

Some important steps to help your OSA include:

- Weight loss
- Avoid sleeping pills
- Avoid narcotic pain medications
- Avoid alcohol
- Avoid sleeping on your back
- CPAP takes time to get used to, be patient and persevere!

Managing a patient of PAH can indeed be challenging. For newly diagnosed patients, coping with the disease can be frustrating. But with care and support, their life can be navigated well. Accepting the condition, adapting and moving forward is crucial. Patients need to reach out and ask for help, talk to family, friends, medical health professionals and also to other people who are living with PAH. Studies show that individuals who have a strong support system often have better clinical outcomes because they are able to manage their emotional and psychological distress in a much better way. Coping strategies can help in creating a routine and allow these patients to function much more effectively and have an improved quality of life.

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DESHMUKH CORRUPTION CASE

CBI FIR intended to give material to Opposition to destabilise govt: State to HC

OMKAR GOKHALE  
MUMBAI, MAY 4

THE MAHARASHTRA government recently moved the Bombay High Court seeking directions to set aside two “unnumbered paragraphs” from the corruption FIR registered by the CBI on April 21 against former state home minister Anil Deshmukh.

One of these paragraphs stated that “the central agency in its Preliminary Enquiry (PE) had found that former state home minister Anil Deshmukh was aware of the reinstatement of now suspended assistant police inspector (API) Sachin Waze into the police after 15 years and sensitive and sensational cases being given to Waze for investigation”.

Waze is being probed by the NIA for his alleged role in the Ambani house terror scare case and the murder of businessman Mansukh Hirani.

The second “unnumbered” stated that Deshmukh and others exercised “undue influence” over the transfer and postings of police officers as alleged by former Mumbai Police commissioner Param Bir Singh.

The state government maintained that it does not want to interfere in the CBI probe against Deshmukh and others beyond these two allegations, which were not mandated to be investigated as per the April 5 HC order.

The CBI initiated a probe against Deshmukh after the HC, on April 5, directed it to carry out a PE into Singh's corruption charges against him.

The plea filed on April 30 said, “This act of respondent CBI clearly demonstrates that the registration of FIR on these impugned issues clearly demonstrates malafide. This is clearly intended to carry out fishing and roving inquiry into the administration of the state government in order to try and find out some material enabling political groups that are presently not in power in the petitioner state to try and destabilize the present government in Maharashtra.”

The plea added that filing FIR in respect of these two matters without consent of state was “flagrant violation” of the law, as the CBI is trying to initiate inquiry into transfers and postings of officers by the government. It said that the same was “to protect selected few persons” and therefore, “unauthorised and unsustainable”.

The CBI had initiated a probe against Deshmukh after the HC, on April 5, directed it to carry out a PE into Singh's corruption allegations against him.

Param Bir's plea against PEs can be adjudicated by CAT, says HC

OMKAR GOKHALE  
MUMBAI, MAY 4

AFTER THE state government on Tuesday opposed the writ plea filed by former Mumbai Police Commissioner Param Bir Singh challenging two preliminary inquiries initiated against him, the Bombay High Court “prima facie” observed that there was no urgency to hear the petition and the reliefs claimed by Singh can be adjudicated by the Central Administrative Tribunal (CAT).

The court was told by the state government that DGP Sanjay Pandey has recused from the

probes and therefore Singh's plea be rendered infructuous and non-maintainable.

The first order challenged by Singh is the April 1 state directive asking Pandey to initiate a preliminary probe against Singh under the All India Services (Conduct) Rules in connection with the Ambani security scare case.

The April 20 order directed Pandey to initiate an inquiry against Singh over the allegations made by Inspector Anup Dange - who was suspended last year and recently reinstated.

A division bench of Justice S S Shinde and Justice Manish Pitale heard Singh's plea on Tuesday.

Singh also sought directions to the CBI to probe the alleged “criminal conspiracy and malicious attempts to thwart” its preliminary inquiry as per the HC order of April 5. “The impugned orders are aimed at silencing petitioners and pressuring him to withdraw allegations against Anil Deshmukh,” the plea said.

Senior counsel Darius Khambata, representing the state government, opposed the plea and said that the complaints and allegations made by Singh were of “service nature” and remedy lay before the CAT, and therefore the court should not continue hearing the plea as non-maintainable.

FIR in Thane: Singh moves HC, seeks CBI probe

MOHAMED THAYER  
MUMBAI, MAY 4

SENIOR IPS officer Param Bir Singh has filed another writ petition before the Bombay High Court seeking that the FIR registered against him and 32 others by Thane police be handed over to the CBI for investigation.

A total of 27 sections including those under the Prevention of Atrocities Act were added in the FIR registered last month.

The FIR was based on a complaint by Inspector Bhimrao

Ghadge at Akola, from where it was transferred to the Thane Police. Ghadge had alleged that Singh had pressured him to drop the names of some persons from an FIR and later registered FIRs against Ghadge when he did not accept the orders. The Thane police have begun investigations in the matter.

The petition filed by Singh on Monday is likely to come up for hearing before the Bombay High Court on May 6. In this petition, Singh has sought that the FIR being investigated by the Thane police be handed over for probe

to the CBI.

Prior to this, Singh had approached the Bombay High Court in connection with the two enquiries registered against him by the Maharashtra government. Singh had alleged that DGP Sanjay Pandey, who was tasked to conduct these enquiries, had been putting pressure on him to withdraw a letter he had written earlier making allegations of corruption against former Home Minister Anil Deshmukh. The CBI had later registered an FIR against Deshmukh based on the letter.

He also submitted that fresh preliminary enquiry (PE) has been ordered by the state government and therefore the present petition be rendered “infructuous”.

Senior counsel Navroz Seervai for Pandey adopted the arguments made by the state government and said that his client had recused from the probe without accepting allegations made by Singh against him. Advocate S R Ganbavle representing complainant PI Dange also opposed the plea.

Advocate Sunny Punamiya, representing Singh, sought urgent hearing as senior advocates representing his client were not present on Tuesday.

After hearing submissions, the bench noted, “We are of the prima facie opinion that reliefs claimed can be adjudicated by the CAT. The subject matter of proposed preliminary enquiries is alleged violation of service rules and therefore we are of the opinion that this is a matter pertaining to service law jurisprudence, subject of course to submissions advanced by the petitioner. There is no urgency in view of submissions made by the state government and also because even show cause notice is not issued to petitioner.”

HC posted further hearing on Singh's plea to June 9.

IAS OFFICER TO HEAD PROBE AGAINST SINGH

**Mumbai:** Senior IAS officer Debashish Chakraborty has been asked to head the probe against former Mumbai Police Commissioner Param Bir Singh. Chakraborty will head the probe committee, which is likely to comprise two more persons.

Chakraborty was appointed after acting DGP Sanjay Pandey had last week written to the state government saying he was

recusing himself from the task of conducting two inquiries against Singh. Pandey sent the communication after Singh alleged that the acting DGP offered to mediate in his stand-off with the state government.

The state has set up a probe against Singh under the All India Services (Conduct) Rules in connection with the Ambani security scare case. **ENS**

Thane Police commissioner promoted, transferred

**Mumbai:** Thane Police Commissioner Vivek Phansalkar was promoted and transferred to the Maharashtra State Police Housing and Welfare Corporation as the managing director. His replacement is yet to be chosen. Joint Commissioner Suresh Mekala will hold the charge till a new commissioner is appointed.

Besides Phansalkar, his batchmate Sandeep Bishnoi and former Pune Police commissioner K Venkatesham, were also promoted from additional director

general (ADG) to director general (DG) rank, and transferred. While Venkatesham was appointed as Director (Civil Defence), Bishnoi was made DG (Legal & Technical) that oversees forensic laboratories. While Venkatesham was ADG (Special Operations), Bishnoi was ADG (Railways).

Several high-profile officers in Mumbai Police and nearby commissionerates were also transferred on Tuesday by the Maharashtra Police. Many of them had been posted in Mumbai

for several years.

Among those transferred included inspectors Nitin Thakre, who was transferred to Nandurbar; Kedari Pawar, transferred to Jalgaon; Nandkumar Gopale, transferred to Jalna, Sachin Kadam, transferred to Aurangabad and Sudhir Dalvi, transferred to Nanveej.

While Thakre has been posted with Thane Police crime branch for years, the rest were attached to the Mumbai Police.

Sena, NCP slam Patil for warning Bhujbal

EXPRESS NEWS SERVICE  
MUMBAI, MAY 4

AFTER BJP state president Chadrakant Patil warned NCP Minister Chhagan Bhujbal over congratulating West Bengal Chief Minister Mamta Banerjee for Trinamool Congress' victory in the state Assembly polls, Shiv Sena and NCP hit out at Patil on Tuesday.

An editorial in party mouthpiece Saamana asked what is wrong in Bhujbal congratulating Banerjee. “PM Modi also congratulated the new Prime Minister of Pakistan after the change of guard. This is protocol. But Bhujbal congratulating Mamata made Patil so angry that he reminded Bhujbal that he had been released on bail,” it said.

On Sunday, after Bhujbal congratulated Banerjee for her victory, Patil had said that Bhujbal should remember that he is only “out on bail” and may have to pay a heavy price.

Maintaining that Patil indicated that Bhujbal should keep quiet, the editorial said: “Otherwise, we have the capacity to put you in jail” – is this what Patil wants to suggest? This is an attempt to influence the judiciary.”

“If ministers and legislators are being threatened in such a way by the Opposition, then the chief minister and home minister should take it seriously.”

It added that the “arrogance” of BJP leaders is one of the reasons behind their party's defeat in Bengal. It would be better if BJP leaders in Maharashtra keep this in mind, the party said.

Seeking Patil's apology, NCP Minister Nawab Malik said: “If the court is also functioning as per Patil's remarks, then declare that there is no democracy. Otherwise, Patil should apologise to the court. The court should also take suo motu action.”

“So far, it has been proved that the central agencies are being misused by BJP. Is the court now working on their words?” asked Malik.

CHHABRIA GETS BAIL

**Mumbai:** Celebrity car designer and manufacturer Dilip Chhabria was granted bail on Tuesday in the third case filed against him, paving way for his release. Chhabria was arrested in January in connection with an alleged cheating case involving his company Dilip Chhabria Designs Private Limited. He was booked in two more cases subsequently, including a case where a complaint was filed by comedian Kapil Sharma. The 68-year-old was granted bail last month in two of the three cases. Chhabria's lawyer had argued that these cases resulted out of civil disputes and his custody was not required. **ENS**



**SURAT MUNICIPAL CORPORATION**

Drainage Department

**e Tender (On line) invitation Notice No. C.E./Drainage/02/2021-22.**

Online tenders are invited on <https://smc.nprocure.com> for the various works of drainage department, from the Government approved contractors of relevant class.

1	Name of the department	Drainage
2	No of the works	07
3	Total Estimated cost of Tender Rs. in Lacs	1881.50

The detail tender notice will be made available at above address and on website [www.suratmunicipal.gov.in](http://www.suratmunicipal.gov.in)

No. PR.O./522/2021-22  
Date: 03/05/2021

**City Engineer**  
Surat Municipal Corporation

**Mangaon Nagar Panchayat, Mangaon**

Tal. Mangaon, Dist. Raigad, Pin Code 402104  
Email- [nagarpanchayatmangaon@gmail.com](mailto:nagarpanchayatmangaon@gmail.com),  
Phone No. 02140263056

OWT.No/MNP/E-Tender/163/2021-2022

Date: 04.05.2021

**Open E-Tender**

CHIEF Officer, Mangaon Nagar Panchayat Raigad Government of Maharashtra Invites Bids from experience contractors (Tender Id: 2021\_DMA\_682160\_1)

Sr. No.	Name of Work	Tender Fee	EMD	SD	Duration
1	Supply of Quick Response Vehicle with fire fighting cum rescue equipment on 16 Ton GVW BS-VI compliant vehicle and emission norms of Gol	5000/-	1,59,000/-	10%	04 Month 120 Day

**Terms & Conditions**

Bids should be submitted online only. For cost of tender document, earnest money deposit & detailed NIT, Please Visit web site <https://www.mahatenders.gov.in>

Sign-  
Chief Officer  
Mangaon Nagar Panchayat

Seal

Sign-  
Administrator &  
Sub Division Officer  
Mangaon Division



**Classifieds**

FROM ANYTHING TO EVERYTHING.

**PROPERTY**

ACCOMMODATION AVAILABLE

**DADAR,** Prabhadevi Shivajipark, Worli, Matunga Mahim, Sion, Parel, Byculla, Office, Shop, Flats, godowns, buying/ selling/ renting. Padmavati Estate- 9820553072/9322296555. 0070735908-2

**PROPERTY FOR SALE**

**MTDC** approved running Resort for sale, near Usgaon Dam, Ganeshpuri, Vajreshwari Road, 30 Guntha Land - 8108297614/ 9324629596. 0070739697-1

**BUSINESS**

POULTRY

**MEA** Mumbai Eggs Association Suggested Selling Rate in Mumbai Rs. 400/- per 100 Eggs. Mobile: 9820057700/ 9820351822/ 7303390009. 0070734347-1

**AMIR** Broiler, Small: Rs. 93/-, Big: Rs. 84/-, Contact: Phone: +91-8828895000/ 8080432388/ 022-25251901/ 022-23860517. 0070722299-1

**ZORABIAN** Today's Ex-Farm Live Broiler Rate Rs. 58/- Retail Market Rate Rs. 95/-, Mobile: 8879050887/ 9372663242. Office: 022-26604937/ 38/-, 0070721613-1

**FRESH** Chicken Trading Big birds 61/- kg., Small birds 76/- kg., Turbhe Naka, Navi Mumbai. Mobile: 9769468897. 0070727146-1

**N.E.C.C** suggested price for 100 eggs in Mumbai on 05/05/2021 Rs. 430/- (Four Hundred Thirty) only. NECC 22834107. 0070738990-1

**S. K. Patel** Small: 90/-, Big: 79/-, 8082040343/ 24460095/24459098. To subscribe to paper rate & purchase rate. 9320460095/ 9930193010. 0070737201-1

**VENCOBB** Ex-Farm Yesterday's price in Pune Rs. 55/-, Suggested Retail Price is Rs. 73/-, 0070735580-1

**RECRUITMENT**

SITUATION VACANT

**TEACHERS** required for CREES School, English medium, at Curry Road; Primary section – HSC.Ded; Pre-Primary section– ECCED, having fluency in English. High School– Librarian- Dip. In Lib.Sci.Email your resume to: crees69.sarma@gmail.com Contact No.- 9619351419. 0070739933-1

**VACANCY for CEO/Retd. Banker/ Advocate/ CA/ CS/ ICMA/ Civil/ Mechanical/ Electrical/ Chemical Degree/ Diploma/ Valuer/ ITI/ Interior/ Architectural/ Draftsman for site visit/ B.Com/ Marketing/ Computer Typist.** pvaind07@gmail.com 0070739673-1

**OBITUARY**

IN MEMORIAM

**IN MEMORY OF OUR LOVING PARENTS**



**Arlene M D'Cruze**  
24 Aug 1941-26 Apr 2021

**&**



**Oswald B D'Cruze**  
3 Nov 1935-29 Apr 2021

*Those we love, don't go away. They walk beside us every day. Unseen, unheard but always near. Still loved, still missed, and very dear.*

**Loving parents of Fiona, Priscilla and Lyndon. Loving Grandparents of Carolyn, Priyanka, Neha, Nicholas & Nathan**

0050178224-1-1

**"IMPORTANT"**

Whilst care is taken prior to acceptance of advertising copy, it is not possible to verify its contents. The Indian Express (P.) Limited cannot be held responsible for, such contents, nor for any consequences, direct or indirect, incurred as a result of transactions, companies, associations or individuals, advertising in its newspapers or Publications. We therefore recommend that readers make necessary inquiries before sending any monies or entering into any agreements with advertisers acting on an advertisement in any manner whatsoever.



**RAIL WHEEL FACTORY**

YELAHANKA, BENGALURU - 560 064  
Website: [rwf.indianrailways.gov.in](http://rwf.indianrailways.gov.in), E-mail: [workstendercell@gmail.com](mailto:workstendercell@gmail.com)

**Tender Notice No. RWF/S/146/2021-22/02 Dated: 03.05.2021**

E-TENDERS: On behalf of the President of India, The Principal Chief Materials Manager/RWF invites electronic tender for the following work online through the website <http://www.ireps.gov.in> from experienced/ reputed contractors in the field.

<b>Tender No.</b>	RWF_S_TPT_FW_1000_2021-22		
<b>Due Date &amp; Time</b>	31.05.2021 - Tender closing at 14.15 hrs.		
<b>Scope of Work</b>	Carriage of Finished products i.e. Railway Wheels of 1000 MT from Rail Wheel Factory (RWF),Yelahanka, Bangalore - 560 064 to Various Railway Consignees in India by road, under distance slab of 500-1000 Kms. (For detail scope of work, please refer uploaded Tender document)		
<b>Distance Slab</b>	500 - 1000 kms.	<b>Quantity</b>	1000 MT
<b>Estt. Tender Value</b>	Rs. 19,80,000/-	<b>EMD Amount</b>	Rs. 39,600/-
<b>Contract Period</b>	12 (Twelve) months from the date of commencement of Work		

PRINCIPAL CHIEF MATERIALS MANAGER

**GOVT. OF MAHARASHTRA**

**P. W. Division, Chiplun**

Phone No. 02355/252806

Web - [www.mahapwd.com](http://www.mahapwd.com) & e-mail- [chiplun.ee@mahapwd.com](mailto:chiplun.ee@mahapwd.com)

**E-TENDER NOTICE NO. 07 FOR 2021-2022 ONLINE**

ONLINE “B-1” e-tenders for the following works are invited by the Executive Engineer, P. W. Division, Chiplun Dist. Ratnagiri.

Sr. No.	Name of Work	Approximate value of work (Rs.) Lakhs	Earnest Money (Rs.)	Time Limit (Month)	Type & Cost of blank e-tender form fee (Non Refundable)
1	Improvement and Black Topping To Purar Mandangad Khed Road, S. H. 101 Km. 25/400 to 26/800, 27/000 to 28/000, 30/000 to 31/200 Tal. Mandangad Dist. Ratnagiri.	1,44,85,172/-	1,45,000/-	12 Months	B-1 Rs. 1000/-
2	Improvement and Black Topping To Bankot Pandharpur Road M. S. H. 15 Km. 0/000 to 3/000 Tal. Mandangad Dist. Ratnagiri.	1,31,22,875/-	1,31,000/-	12 Months	B-1 Rs. 1000/-

E-tender time table

1. Download & Bid Preparation Period of online Tender	Dt 05.05.2021 at 10.00 a.m. to Dt 29.05.2021 at 18.00 p.m.
2. Bid Meeting Date Time & Date	Nil
3. Last Date of Download And bid Preparation	29.05.2021
4. Place, Date and timing of opening Technical bid and Financial bid.	In the office of the Superintending Engineer, P.W. Division, Circle Ratnagiri Technical Bid- dt 31.05.2021 at 10.00 a.m. Financial Bid- dt 31.05.2021 at 10.00 a.m. (If possible)

**Note:**  
1. All eligible/interested contractors who want to participate in tendering process should compulsory get enrolled on e-tendering portal “<http://mahatenders.gov.in>” the appropriate category applicable to them.  
2. Contractors details for difficulties in submission of online tenders if any. NIC (National Informatics Centers on 18002337315 (Toll Free))  
3. It is compulsory for all participants to submit all documents online.  
4. Other term and conditioned displayed in online e-tender forms. Right to reject any or all online bid of work without assigning any reasons thereof is reserved.  
5. Above Tender Notice is displayed on P. W. D. web site [www.mahapwd.com](http://www.mahapwd.com).

No. CHD/AB/TC/2021.22/3196

Office of the Executive Engineer, Chiplun P. W. Division, Chiplun.

Date :- 30.04.2021

Sd/-

**Executive Engineer,**  
Chiplun P. W. Division, Chiplun

DGIPR -2021-22/328

**SALUTE THE SOLDIER**

5041170 LNK GHAN BAHADUR THAPA 05 MAY

On this day 5041170 Lnk Ghan Bahadur Thapa of 5/1 Gorkha Rifles made the supreme sacrifice during 'OP PAWAN', Sri Lanka in May 1988 in a true act of valour and courage. The brave soldier will always be remembered for his enthusiasm. To this brave heart we pledge that we shall always be guided by his immortal spirit and make his name proud.

**CO AND ALL RANKS, 5/1 GORKHA RIFLES**

**मुख्य कार्यालय विरार**

विरार (पूर्व),  
ता. वर्साई, जि. पालघर-४०१३०५



दुरध्वनी: ०२५०-२५२५१०१/०२०३/०५/०५/०५  
फॅक्स : ०२५०-२५२५१०७  
ई-मेल : [vasaivirarcorporation@yahoo.com](mailto:vasaivirarcorporation@yahoo.com)  
जाबक क्र. : व.वि.श.म./आरव्य/११८/१९-२२  
दिनांक : ०५.०५.२०२१

**RE-Tender Notice (Second Recall)**

**SUPPLY & Installation of Tractor Trailer Mounted Suction Machine from GEM Portal**

Sr. No.	Activity / Milestone	Date / Amount
1	Estimated Cost	Rs. 44,25,000/-
2	Tender Document Download & Bid Submission	03.05.2021 To 13.05.2021 at 6.00 pm
3	Techincal Bid Opening Date & Time	13.05.2021 at 6.30 pm
4	Web site	<a href="https://gem.gov.in">https://gem.gov.in</a>

Sd/-

**Dy. Commissioner,**  
Vasai Virar City Municipal Corporation



**MAHARASHTRA STATE POLICE HOUSING & WELFARE CORPORATION LTD. MUMBAI**

(A Government of Maharashtra Undertaking)

Plot No. 89-89A, Near Police Officers' Mess, Sir Pochkhanwala Road, Worli, Mumbai - 400030  
Contact No.: 022-24918388/89, Fax. No. 24954139  
• Web site - [www.msphc.org](http://www.msphc.org) • E-mail - [jmd@msphc.org](mailto:jmd@msphc.org) • (CIN - U45200MH1974SGC017281)

**e-Tender Notice No. C1-14, Year 2020-21**

(Second call)

Maharashtra State Police Housing and Welfare Corporation Ltd. Mumbai inviting online e-tenders in "Lumpsum C- form" from eligible contractors for Construction of Administrative and Forensic Science Laboratory building for Directorate of Forensic Science laboratories, Mumbai on plot bearing C.T.S. No. 4362 at KOLEKALYAN, Santacruz (East), Mumbai  
(Approximate estimated cost Rs.2851.08 Lakhs.)

• Online Tender Form Fees :Rs.3360/- (including 12 % GST) (Non refundable)

• Online Earnest Money Deposit : Rs.28,51,100/-

The Tender form fee & Earnest Money Deposit to be paid only through the online payment gateway of Maharashtra State Police Housing and Welfare Corporation Limited, Mumbai.  
Detailed tender notice along with Tender Document and Drawings is available on e-tender portal <https://mahatenders.gov.in/nicgep/app> from 05/05/2021 at 17.30 hours.  
Contact: Tel. No. (Help desk no.) 1800-3070-2232 & Mobile No. 7878107985, 7878107986

1) Go to <https://mahatenders.gov.in/nicgep/app>

2) Click on “ Tenders by Organisation”

3) In search list select “ Maharashtra State Police Housing and Welfare Corporation Ltd., Mumbai ”

4) Select check box “Show All”

5) Click on search button

Jt. Managing Director,

**Maharashtra State Police Housing & Welfare Corporation Ltd., Worli, Mumbai**



# 9 MAHARASHTRA

## State govt and BMC write to Centre on daily oxygen needs

Kunte seeks hike in allocation

**EXPRESS NEWS SERVICE**  
MUMBAI, MAY 4

THE MAHARASHTRA government and the BMC wrote two separate letters to the Centre highlighting their daily oxygen requirement, with state Chief Secretary Sitaram Kunte requesting for enhanced allocation of liquid medical oxygen (LMO) to the state by at least 200 MT.

The letters, officials said, were also written to ensure that allocation for Maharashtra and Mumbai is not reduced on the ground of increasing allocation for Delhi, which has been witnessing an acute shortage of oxygen.

BMC Commissioner Iqbal Singh Chahal wrote to the office of Piyush Goyal, Minister of Commerce and Industry, giving details of daily oxygen consumption in Mumbai, which currently stands at 220 MT. The city's active case load is 57,342. "I had a word with the minister and he wanted daily break up of Mumbai's oxygen requirement in light of Delhi's demand for 700 MT. This letter gives details of daily cases and oxygen consumption in Mumbai. There is no shortage," Chahal said.

Chahal said they have created protocol for oxygen use to limit consumption after BMC was forced to shift 168 patients from six hospitals due to oxygen shortage on April 18. A letter was written to the Centre even then to ensure steady supply.

With Maharashtra's current oxygen requirement ranging between 1,750 MT 1,850 MT daily, Health Minister Rajesh Tope said that the state has asked the Centre to increase oxygen allocation by 200 MT. "We have also received response from a few countries for the global tender that has been

floated. After careful scrutiny, orders will be placed," Tope said.

Maharashtra has issued tender for 25,000 MT oxygen, 40,000 concentrators, 132 pressure swing adsorption plants and 27 tankers.

In his letter dated May 3, Kunte said that at present, the state has 6,63,758 active cases. Of them, 78,884 patients are on medical oxygen, including 24,787 in ICU.

The 16 districts that are recording growth in active cases and oxygen requirement are Palghar, Ratnagiri, Sindhudurg, Satara, Sangli, Kolhapur, Solapur, Nandurbar, Beed, Parbhani, Hingoli, Amravati, Buldhana, Wardha, Gadchiroli and Chandrapur, he added. "I assure you that we are carrying out oxygen audit in every district to contain the demand in every possible manner. However, considering this situation, I request you that the current allocation of the state be enhanced by at least 200 MT," Kunte wrote.

He also suggested that the allocation should be enhanced from convenient locations for easy transportation or they will remain only on paper. "This allocation may be enhanced from locations convenient to the state. Otherwise, earlier allocations from RINL in Vizag and Jindal Steel Plant at Angul in Odisha remain only on paper," he stated.

"My request is to enhance allocation from Jamnagar in Gujarat – from current 125 MT/day to 225 MT/day. Similarly, allocation from Bhilai may be increased to 230 MT from the current 130 MT. These geographically close locations will reduce the turnaround time of oxygen tankers, which are limited in number," Kunte added.

"I request you to allocate at least 10 LMO tankers to Maharashtra," he said.

### BMC INITIATIVE

## Mission Save Lives to keep Covid death rate in check

**YOGESH NAIK**  
MUMBAI, MAY 4

WITH THE death rate due to Covid-19 slowly rising in Mumbai, the BMC has devised a programme called Mission Save Lives to prevent loss of lives due to Covid. The daily case fatality rate in Mumbai stands at 1.5 per cent – substantially higher than 0.8% registered a fortnight ago.

"The death rate has increased in the second wave and this is a cause for concern. We asked the task force to give a presentation to all private and civic hospitals staff of Mumbai on the treatment protocol to be followed. We have observed that there is a

late reporting of cases to the BMC or the Covid hospitals and late referral of cases from smaller hospitals to bigger Covid facilities and this has to be stopped. Besides, patients with comorbidities have to be given special attention," Additional Municipal Commissioner Suresh Kakani, who looks after the health department, said.

As part of the initiative, instructions have been given to ensure that all Covid patients are asked to sleep in a prone position, which helps boost blood oxygen levels. Kakani said that all doctors treating Covid have been told to give drugs only when needed and reduce excessive usage of oxygen. Instructions have



Beneficiaries in the 18-44 age group at the Global Hospital vaccination centre in Thane on Tuesday. *Deepak Joshi*

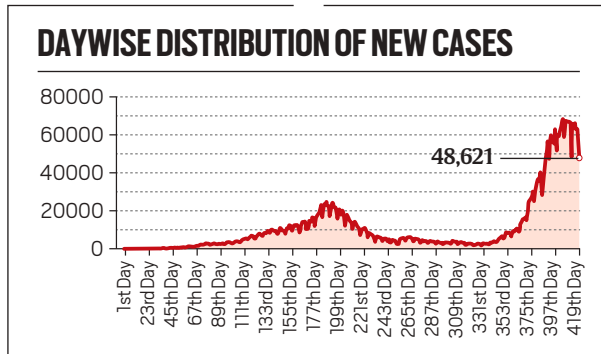
## 18-44 group can choose vaccine while booking slot

**EXPRESS NEWS SERVICE**  
MUMBAI, MAY 4

PEOPLE IN the age group of 18-44 years can choose between Covishield and Covaxin while registering for vaccination slot on the CoWIN portal.

Maharashtra on Tuesday received 4.71 lakh doses of Covaxin from Bharat Biotech for the next phase of immunisation of people aged less than 45 years.

With the arrival of fresh stock, the state will be able to increase its daily vaccination numbers to 30,000-40,000 in the 18-44 year age pool. Health Minister Rajesh Tope said the state has vaccinated over a lakh of people in the 18-44 age group since May 1. "An empowered committee will decide on how to prioritise vaccination in the 18-44 age group. We may give preference to those aged between 35 and 44 years. Until the committee gives recommendations, people must



not crowd vaccination centres and pre-register for vaccination before visiting one," Tope said. Maharashtra has placed a purchase order of 18.5 lakh vaccine doses with Serum Institute of India and Bharat Biotech for this month for people in the 18-44 age bracket. Of that, the state has got over 7 lakh doses. Districts will increase the total number of vaccination centres from five in each to 15-20 from Wednesday to improve accessi-

bility. When a person tries to register, the name of vaccine will be displayed alongside each centre. "For now, we are keeping separate centres for Covaxin and Covishield. But as we keep increasing centres, soon both vaccines will be available in one centre," said Dr Balaji Shinde, district health officer in Nanded, adding that people can opt for centres based on which vaccine they want. Meanwhile, for health work-

ers, frontline workers and those aged above 45 years, the Centre has distributed 9 lakh doses to the state. The daily vaccination numbers for this pool have dipped from 3-4 lakh to 40,000-80,000 in the last few days due to vaccine shortage.

Tope said the state has the capacity to do 8 lakh vaccinations a day and has repeatedly urged the Centre to increase allocation. "Yesterday we had only 20,000-30,000 doses left for those aged above 45 years. We have vaccinated nearly 50 per cent of the population over 45 years with the first dose and 50 per cent population is left. We plan to cover this population rapidly because they continue to remain at high risk," Tope said.

The minister added that the state is waiting for Sputnik vaccine's rates to be made public. "We are in talks with the manufacturer. Once the rate is finalised, an order will be placed," he said.

## 15 days into the 'lockdown', autorickshaw drivers yet to get promised relief of Rs 1500

**VALLABH OZARKAR**  
MAY 4, MUMBAI

A FORTNIGHT after Maharashtra Chief Minister Uddhav Thackeray announced an economic package for rickshaw drivers to compensate for the loss of daily wages during the recently enforced lockdown, a bulk of the state's 7.5 lakh autorickshaw drivers are yet to receive the relief money. The delay in payment is being attributed to the inability of the State Transport Department to put in place a system for distribution of the relief amount that each permit holder is eligible to receive. The Department, presently, does not have the account details of

all the permit holders to enable the transfer of the money.

The Maharashtra government had in April announced a Rs 107 crore package for the 7.5 lakh autorickshaw drivers under which each one of them would have got Rs 1500 as a relief. The relief was only for permit holder auto drivers, and taxi drivers were not included in it.

"The relief will be only for the permit holder autorickshaw drivers and for that, their bank account and Aadhaar card details are required, the data pertaining to which the department currently doesn't have," sources in the State Transport Department said.

Officials are presently trying to create an online system

whereby eligible permit holders can fill up their account and Aadhaar card details online. This system is likely to become functional in the next couple of weeks. Once the permit holder's details will be provided, they will be linked with their account and after verification, within three days, the money will be deposited, officials said.

Unions have, however, raised questions over the delay in the distribution of relief and stated that many rickshaw drivers across the state are facing hardship due to loss of income.

"Firstly, the amount should have been released immediately so that the drivers would have got some relief during the lockdown. But even after so many

## Harrowing time for passengers as US flight curbs kick in

**VALLABH OZARKAR**  
MUMBAI, MAY 4

WITH THE US restrictions on entry of non-Americans travelling from India kicking in from Tuesday, the last flight heading out from Mumbai was chaotic, with several passengers claiming they were refused entry in the flight at Chhatrapati Shivaji Maharaj International Airport.

The US imposed restrictions on travel from India from May 4 because of the high Covid-19 case loads and multiple variants circulating in the country. The last flight for the US from Mumbai was on the intervening night of May 3 and 4. Due to the ban, several flights were cancelled and curtailed.

Maitri Shah, a passenger of the Air Qatar Mumbai-Doha-Chicago flight, said, "We were stranded at the airport Monday night for over 6 hours. The airline eventually denied 50 of us from boarding. Different passengers had emails and got airline officials in touch with the Dallas immigration officer, a member from Seattle

Homeland Security and officials from the US embassy stating that our flight was well within the travel ban and could take off, but they refused to accept it. People had travelled from Hyderabad, Chennai, Nagpur and Pune to Mumbai for that one flight..."

Some of the flight tickets were as high as Rs 2.21 lakh for a single journey; and there were instances of flights getting cancelled frequently, resulting in non-availability of tickets.

"My brother had come from the US for the last rites of my mother... He wanted to return to the US urgently as his eight-year-old son was alone, but the flight he booked got cancelled abruptly. Getting another ticket was almost impossible as all flights were packed. We had to pay Rs 2.21 lakh for the single journey and finally got a flight from Delhi," said Sandeep Darveshi, a Mumbai resident.

When contacted, the MIAL spokesperson said the decision for allowing to board falls under the airlines. The airline representatives did not comment.

## Provide jabs, masks to homeless: HC to state

**OMKARGOKHALE**  
MUMBAI, MAY 4

THE BOMBAY High Court on Tuesday told the Maharashtra government that besides imposing fines in case of violation of Covid-19 norms in Mumbai, the state and BMC should also consider providing masks to homeless, beggars and those living below the poverty line.

Chief Justice (CJ) Dipankar Datta and Justice Girish S Kulkarni was hearing a PIL filed by Lokshahiwadi Balasahab Sarode Smriti Prabodhan Upakram through advocates Asim Sarode and Ajinkya Udane. It said that while the state has made it compulsory for all to wear masks, there is no uniformity in the amount collected as fine for violating the norm.

"You may also provide masks to homeless, beggars and people living below the poverty line. It is quite possible for you. There should be some drive on your part for these unattended persons staying below flyovers or on pavements. Sometimes we see no one is wearing masks. What is the government doing?" the bench asked. Providing vaccination facilities to the underprivileged should also be considered, it added.

CJ Datta said that strict vigil by police personnel and BMC marshals was required even in areas where "high-profile" people live. He noted that despite high-rise buildings reporting a large number of cases, some people still come out of their houses without caring for their own or others' lives. The court asked the state and the BMC to deploy civic body marshals to implement curbs.

## Two Covid deaths within 10 days, Nalasopara family counts its losses

**TABASSUM BARNAGARWALA**  
MUMBAI, MAY 4

UNTIL A few weeks back, Nalasopara-based Shaikhs were one happy household, making plans for a wedding in the family. But things took a turn for the worse towards the end of April when three sisters in the family started showing symptoms of Covid-19. What followed was a hectic scramble for a hospital bed, key drugs like remdesivir and tocilizumab, ventilator, and a huge sum of money for treatment. However, it all came to naught with two sisters succumbing to the infection one after the other, and the third still in a severely ill condition.

Brothers Ahmad Shaikh, an auto driver, and Ali, a paan stall owner, are crestfallen at the loss of their siblings, one of whom, 35-year-old Shakeela, Shaikh saw gasping for breath and suc-

cumbing to the disease in front of him outside a municipal hospital in Virar, 65 kms from Mumbai, waiting for a bed on April 25.

Nine days later, on Tuesday morning, they were back outside a hospital mortuary to collect the body of their elder sister Talmunissa (50). Her only daughter was slated to be married after Eid.

The family's hapless situation is a testimony to what a strained healthcare system in Mumbai's satellite town looks like, forcing people to go to Mumbai for treatment, where they are greeted with struggles of a different kind.

Recalling the nightmare his family has gone through in the last week, Shaikh says Talmunissa was admitted in the intensive care unit in Jai Ambe hospital, Mira Road, 30 kms north of Mumbai on April 25 but the same night, the hospital reported oxygen shortage asking him to move her elsewhere. He

managed to find an ICU in Sunrise Hospital but was asked to submit Rs 1 lakh as an advance deposit, despite the state government directing private hospitals not to demand an advance.

"I began borrowing money. We had exhausted all our savings on ration. We collected Rs 60,000 and begged hospital to admit her, they agreed," said Shaikh, whose income has dwindled since the second lockdown began. Shaikh has been unable to run his auto, while his brother Ali has had to keep his paan shop closed.

A day later, Sunrise Hospital asked the family to arrange for remdesivir and tocilizumab injections. "We are requesting Food and Drug Administration every day for vials, they are supplying no stock," said senior doctor Nitin Pardeshi, a part of the hospital administration.

The family began hunt for the drugs and Ali was told by a hospital staffer that he could get tocilizumab from black market



Ziya Fatema, who lost her mother and aunt to Covid-19 within 10 days. *Express*

for Rs 45,000. "We began collecting funds for the injection," he said. But eventually, the family could source neither of the drugs.

By March 27, the hospital asked the family to shift Talmunissa to a tertiary hospital

**The Hospital had refused to allow her to leave (for another hospital) without full payment. When they moved her to ambulance, for a full five minutes she struggled to breathe. They had removed oxygen**

**BILAL KHAN,**  
SOCIAL ACTIVIST

with ventilator support. Pardeshi said Talmunissa's lungs were damaged. For three days, the brothers reached out to multiple hospitals looking for a ventilator bed.

Mira Bhayander Municipal Corporation (MBMC) has only 40 ICU and ventilator beds in all of its Covid hospitals, all running to full capacity. Shambhaji Panpatte, deputy municipal commissioner in MBMC, said they plan to scale up to 100 ICU beds soon.

evening, BiPap machine was borrowed from Sunrise Hospital and by night, 10 hours after BMC allotted a bed, Talmunissa was shifted to Nair Hospital.

"The Sunrise Hospital had flatly refused to allow the patient to leave without full payment. When they moved her to ambulance, for full five minutes she struggled to breathe. They had removed oxygen," said Khan.

Panpatte, from MBMC, said an audit of hospital will be undertaken for demanding deposit. Pardeshi, for his part, said the hospital was only following the rules of admission and discharge.

A senior doctor at Nair Hospital said Talmunissa's condition had turned critical by the time she was admitted there. Her oxygen saturation level improved briefly a day later, but by Tuesday morning, the Shaikhs got a call that her oxygen was rapidly declining. Her daughter Ziya Fatema (27) was at home – she is also Covid positive and re-

quires intermittent oxygen support through cylinder. Shaikh rushed to hospital, and Ali who slept outside on hospital footpath rushed to the Covid ward. By 4.30 am, Talmunissa had passed away. Doctors said they administered remdesivir on May 1 but it was too late.

Her family saw her body, sealed in transparent plastic, nine hours after her death. When they reached the cemetery, officials refused to bury the body – The paperwork was incomplete, some hospital stamps were missing. A senior medical officer from Nair Hospital immediately arranged for a staffer to ride down to the cemetery to stamp all papers. The cemetery had a waiting list of two hours after that. The family paid Rs 8,000 for her burial.

Ziya Fatema kept crying outside on a chair. "Her father died a few years ago, and now her aunt and mother. The second aunt is also serious," said a relative.



The Indian

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## EC DIMINISHED

Poll panel dents itself by asking for gag on media. It should withdraw its plea to recover some of its moral high ground

ANY LIST OF winners and losers in the just-concluded round of assembly elections will have to include in the category of losers a non-combatant who is, in fact, the referee: The Election Commission of India. A constitutional body that draws its mandate to conduct free and fair elections from Article 324, and has built for itself an enviable reputation for impartiality and a formidable cache of public trust, the EC has appeared all too pliable to political pressures amid a pandemic. In the poll aftermath, it continues to let itself down. By approaching the Supreme Court with a special leave petition against the oral and sharply critical observations by the Madras High Court about its superintendence of elections — the HC said, as a lament, that perhaps it should face “murder charges” — by complaining that they are “uncalled for; blatantly disparaging and derogatory” and then suggesting that “a line is drawn” so that they are not reported by the media, the EC shows unbecoming prickiness, and worse. It shows disregard for an open and democratic public sphere, in which, as the Supreme Court rightly pointed out, it is important for constitutional bodies to take criticism from other constitutional bodies in the “right spirit”. And in which the people have a right to know, and therefore the media has a duty to report, “the unfolding of debate in the court of law”, not just its final verdict.

Now that the elections are over, instead of running to court and protesting too much, the EC would do well to take a moment of pause and do an honest reckoning. It has invited serious questions from the beginning of the poll exercise. Its eight-phase schedule for the West Bengal polls seemed overlong, especially amid a pandemic, and the demarcation of phases and geographies appeared to favour the party that rules the Centre, the BJP. While elections were on, the EC made only desultory attempts to ensure that COVID protocols were followed by candidates and parties. As the COVID curve climbed steeply in West Bengal as in India — India crossed a daily case load of 1 lakh on April 4, and that number vaulted to over 3 lakh daily cases in a matter of days, registering 3,32,730 on April 22 — the EC ignored pleas by non-BJP parties to curtail the election by clubbing together its last few phases. It was only when Prime Minister Narendra Modi announced cancellation of his election meetings scheduled for the next day to supervise the response to COVID’s second wave on April 22 that the EC, an hour later, in suspiciously me-too fashion, banned road shows and public meetings of over 500.

Trust in institutions, once earned, must then be maintained. That takes constant vigilance and work. The EC must know that the impression is growing of late that it has let itself go. In a time when a strong executive does not hesitate to weaponise its mandate, the independence of monitorial institutions is especially precious, and needed. The EC needs to act to retrieve and restore its hard-earned credibility. It should begin by withdrawing its self-indulgent and ill-conceived petition from the Supreme Court.

## A LOSING HAND

Adhir Chowdhury has spoken of Congress debacle in Bengal. Party high command needs to listen in

SPeAKING TO THIS paper, the Congress’s face in West Bengal and its leader in Lok Sabha, Adhir Ranjan Chowdhury, has been candid in his assessment of his party’s predicament as highlighted by its dismal performance in the just concluded round of assembly elections. For the first time since Independence, the party will not be represented in the West Bengal assembly — it had 44 MLAs in the outgoing House. The Congress high command would do well to listen to Chowdhury’s forthright analysis.

Chowdhury has summed up the Congress position today: “We have been decimated by Mamata Banerjee regionally, we have been decimated by Modiji nationally... So where should we go.” Of course, he also sees an opportunity in the emerging post COVID situation if the party is able to quit the comfort zones of social media and “hit the streets in support of common people”. As the BJP converted the Bengal election into a bipolar contest, the Congress allowed itself to be pushed out and eclipsed, it failed to maintain its presence. The party may need to ask itself if it made the wrong call by staying with the Left Front, knowing well that its social base overlapped with that of the Trinamool Congress, which has successfully claimed the parent body’s secular legacy. The Congress’s chances were further crippled by the inability of the alliance, as Chowdhury points out, “to offer a proposal, plan or vision to the common people”. On paper, it had the potential to deepen a middle ground in Bengal, a feature of Congress politics elsewhere, if it could strategise and mobilise intelligently. It shied away from the challenge, unlike the TMC which was willing to fight the formidable BJP election machinery led by the prime minister, by marshalling all its resources.

Recent poll results show that the pushback to the BJP’s ambitious plan for complete domination of the political space has come from strong regional leaders, who occupy the centrist space once claimed by the Congress. The Congress has retained this character wherever it has leaders with grassroots connect and cadres willing to slog it out — Rajasthan and Chhattisgarh are examples. It lost in Kerala, Assam and Puducherry, where it had a chance to win office, because its rivals had smarter leaders who were also backed by more cohesive and better-prepared organisations. Chowdhury has identified some of the factors that cost the Congress its space in West Bengal. He and his colleagues now need to hit the streets, if their party wants to retrieve lost ground.

## BOTTOM-UP

Joe Biden’s address to US Congress marks a significant departure from Reaganite celebrations of private sector

GRAVITY, IT TURNS out, may be no match for greed. Since the Ronald Reagan presidency in the US — and Margaret Thatcher in Great Britain — there has been a consensus in the capitalist-liberal world order. And as with all political appeals, it tried to condense the complexities of political economy into easy-to-understand aphorisms: “A rising tide lifts all boats”; “if the pie grows, a smaller share is still a bigger piece” and most popular of all, “wealth trickles down”. The broad consensus in the US for over three decades has been that lower taxes on the rich lead to economic growth, and the wealth so created lifts people out of poverty and strengthens the middle class. But it seems now that while many things roll downhill, money isn’t one of them.

Last week, while delivering his first address to a joint session of the US Congress, President Joe Biden outlined an ambitious post-COVID economic recovery plan. In essence, massive public spending will be used to bolster the welfare state — provide for jobs, healthcare, education, childcare — to ensure that large swaths of the population do not descend into poverty. To finance this expenditure, Biden plans a “bottom-up” and “middle-out” approach instead of a trickle-down one. The super-rich — “the one per cent” — will have to pay their fair share while the poor and working people receive subsidies.

The paradigm shift in the US is significant. The assumption behind trickle-down economics is, essentially, that the market and the private sector would ensure a just equilibrium in society — in pursuing their own interests, individuals making money would serve the social interest as well. But inequality has grown and as the pandemic has shown, the state is so small now, it cannot handle a crisis. Biden seems to have finally figured out what most poor and working class people have always known.



NEELKANTH MISHRA

DOES SEROPREVALENCE (THE presence of antibodies) help at all in preventing serious infections and death due to COVID-19? If yes, then why is Delhi, which appears to have crossed herd immunity levels of infection, still seeing such a high number of daily new cases and deaths? Why are cities across north India reporting deaths several times higher than normal?

Let us start with Delhi. A study found that in January this year 56 per cent of Delhi residents had COVID-19 antibodies, suggesting that the number of infections in the city was 16 times the number of reported cases at the time: An infection becomes a case only after a test. This infection-to-case ratio appears high, but is nearly half the national average of 28 in December last year, and is consistent with a well-known characteristic of this disease, that most infections are asymptomatic.

Cases since January add up to about 3 per cent of the population, implying that even if the infection-to-case ratio was 8, another 24 per cent of the population has been infected. Add to that the 15 per cent who have received at least one vaccine shot, and we reach a hard-to-believe 95 per cent of the population with antibodies. There is undoubtedly some double-counting in this (some people have been infected twice; some after being vaccinated), the infection-to-case ratio may be lower in this wave, and the January seroprevalence study may have errors. However, even if the cumulative number is 75 per cent, it is above levels at which herd immunity is reached, making it hard to explain 24,000 new cases a day at a positive-test ratio above 30 per cent (a high ratio means cases are being under-counted). More importantly, even if re-infections occur or vaccinated individuals catch symptomatic disease, the probability of serious illness or death is materially lower. And yet, Delhi has been reporting more than 400 COVID-19 deaths a day, almost the same as daily registered deaths in a normal year due to all causes.

Suspicion that the virus evades antibodies is natural, but there is strong evidence of vaccines being effective against serious illness and death, including in India. Similarly, in Mumbai, the slums, where 57 per cent of the population

Surge in cases, deaths might be result of patient migration. Revamp of rural healthcare is urgent

was estimated to have antibodies at the end of the first wave, account for less than 10 per cent of active cases in the second wave, and the non-slums, where only 16 per cent had antibodies, are badly hit. More anecdotally, such trends have been observed in other cities too.

Why then is the impact not visible in Delhi? One reasonable explanation can be patient migration. Compared to the first wave, the virus appears to have made deeper inroads this time, with significant rural and semi-urban spread being reported from several states. Unlike last year, when district borders were closed for a long time, patients can now travel, and are most likely reaching neighbouring big cities in search of better medical care. Some states have sealed district borders, but one assumes and indeed hopes that patients in need of serious care are permitted to cross. The factors that led to the rural areas being largely spared in the first wave perhaps still apply (like higher pre-existing immunity and fewer social situations that spread the virus including air-conditioned offices, restaurants or malls) but higher infectiveness of the new strains could have increased their vulnerability. The lack of testing infrastructure may have exacerbated the spread.

This can also explain the abnormally high deaths in several cities in north and west India, where the daily death numbers have been reported to be several times above normal. This distress is not visible in the southern states, which have deeper penetration of healthcare services, and people do not have to travel to cities for relatively simple ailments. Even in cities where more than half of the population above the age of 45 (90 per cent of all COVID deaths are in this age group) has been vaccinated, death numbers are not falling. Nearly 60 per cent of the deaths are still occurring in districts with Tier-1 and Tier-2 towns, even though they account for only a third of the population. As only serious patients would make the long inter-city journey for medical attention, this influx of often earlier undiagnosed cases increases the reported case fatality ratio (CFR) in cities (the ratio of deaths to cases). In Delhi, despite the number of active Covid cases now falling, the number of occupied beds con-

This hypothesis should not be hard to test: Home addresses of admitted patients even for a statistically relevant sample size should suffice. Obviously, the objective of this exercise would not be to deny access to ‘outsiders’, but to understand the problem better, and then devise the right strategies. Better awareness and testing in rural and semi-urban areas can help prevent transmission, provide the needed early treatment that can be critical, reduce vaccine hesitancy, and also reduce crowding of urban hospitals.



SHANTI BHUSHAN

I AM shocked at the sudden death of my very close friend Soli Sorabjee. I had only just recently, in December 2020, visited his home and met him and his wife, and found him in excellent spirits. We discussed with laughter and cheer, our old times together.

I have known Soli since 1975 and we had a common interest in fundamental rights, including the freedom of speech and expression as also the right to life and liberty in its expanded form. We argued the habeas corpus case together during the Emergency in the Supreme Court. I had come from Allahabad and he from Bombay.

During the 1977 elections, I was in Bombay with Jayaprakash Narayan presiding over an election meeting. Soli and some other lawyers were in the audience and they shouted that they wanted to hear me speak. I was then called to address the Bombay crowd. In 1977, when I became law minister, I persuaded Soli to leave Bombay and move to Delhi as Additional Solicitor General. I was very happy when he accepted my request. S V Gupte was then the Attorney General and later on we also brought K K Venugopal as second Additional Solicitor General after Soli. It was an excellent team and we functioned beautifully. I became close to Soli and his family and used to visit his home very often.

In the 1977 elections, the Janata Party won a two-thirds majority in the Lok Sabha with the Congress failing to get a single seat in nine northern states where they still had a majority in the state assemblies. We felt

## A FIGHTER FOR RIGHTS

Soli Sorabjee's contribution to the journey of a democracy will remain invaluable

that, having lost the trust of the people, the Congress continuing to rule the state governments would be undemocratic and we decided to dissolve nine state assemblies and call for fresh elections. All nine state governments challenged this decision in the Supreme Court. Though Soli was still only the Additional Solicitor General, I asked him to represent the central government in this case. He argued brilliantly and eventually a nine-judge bench of the Supreme Court upheld the decision of the central government. Fresh elections were held in the states and everywhere the Congress was voted out of power. This was also an important contribution of Soli Sorabjee towards establishing real democratic rights.

After the Bhopal disaster, a settlement took place between the government and Union Carbide which absolved the latter of all liability including criminal liability, in consideration of their paying \$470 million. This settlement was endorsed by the Supreme Court presided over by the then Chief Justice R S Pathak. We decided to file a review application challenging that settlement on behalf of the victims. At that time, I am happy to record, that Soli, who was then Attorney General, argued to support our review on behalf of the government. The review petition was heard at length by Justice Venkatachaliah’s bench and was partially allowed, with the criminal liability waiver being set aside. Many important principles were laid down in that judgment. Soli’s stand

showed that his heart was with the victims of the Bhopal tragedy and he did not want them to be shortchanged by this settlement. When V P Singh became Prime Minister, he was very keen that I should become the Attorney General. In fact, he called me and tried to convince me to take up the post. I however told him that Soli would be the more appropriate choice, because my interest was in parliamentary issues and not so much arguing cases in court at that stage. Thereafter, Soli was appointed the Attorney General.

Soli, as his name suggests, was a great soul. His heart was for people’s rights, for which he struggled throughout his life. I do not regard him as anything less than Nani Palkhivala. He was one of the outstanding Bombay lawyers and had been trained in the chambers of the then great lawyers. Bombay, at that time, used to produce great lawyers like M C Seetlavad, Nani Palkhivala and Fali Nariman. It has been my great privilege to have started appearing in the Bombay High Court way back in 1965 and then again in 1969 and later in 1975 (when Indira Gandhi’s election case was decided). While at the Bombay bar, I developed a great affinity especially for my dear friends Soli, Fali, Nani, Seervai, and others. I will miss Soli for the rest of my life. He died in honour and glory and the nation is proud to have had a son like him.

Bhushan is a senior advocate and former law minister of India



## MAY 5, 1981, FORTY YEARS AGO

### BIHAR VIOLENCE

PRIME MINISTER INDIRA Gandhi visited riot-affected areas of Bihar Sharif town as reports that 17 more persons were killed in clashes on Sunday. At least 45 persons have lost their lives and over 70 have been injured in the curfew-bound Bihar Sharif town in the last five days of communal riots, according to official sources. Reliable reports reaching Patna indicate that the police force (assisted by the CISF and BSF companies) have so far failed to stem the violence. It is learnt that on May 2, in Bihar Sharif, an assistant IG of police fired six rounds to disperse clashing groups. Four persons were killed.

### BOEING MYSTERY

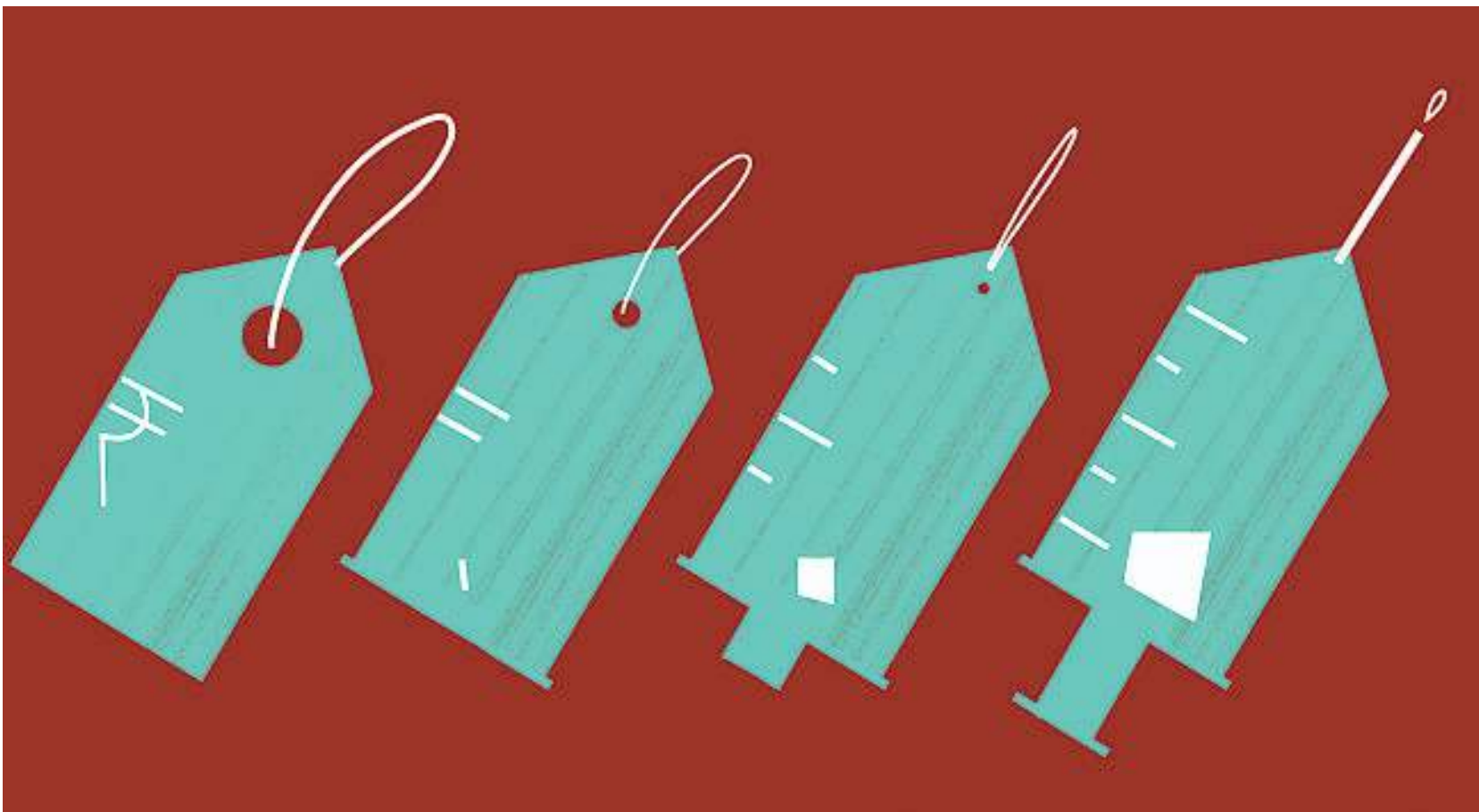
HOME MINISTER ZAIL Singh said in the Lok Sabha on Monday that the Air India Boeing, Makalu, was scheduled to fly for 80 hours before the Prime Minister’s foreign tour. Asked to say how many journeys the aircraft would have taken before flying Mrs Gandhi, the Home Minister said he could not answer the question since “I am neither a pilot nor connected with the airline.” The matter came up through a calling attention motion. Zail Singh said CBI lawyers had not told the court in Bombay that a foreign hand was suspected in the case.

### POKHRAN RUMOURS

AN AIR OF uncertainty and apprehension prevails in nine villages of the Pokhran tehsil of Jaisalmer district, Rajasthan, as the villagers fear they may soon be evacuated to make room for another nuclear explosion. An extensive 200-kilometre tour of Pokhran and surrounding areas revealed that the entire area is buzzing with talk of another nuclear device to be exploded. According to Gokul Das, deputy sarpanch of Loharkhi village, which is about three kms from the 1974 nuclear explosion site, official word came on March 10 for a meeting of eight villages to be held to discuss the evacuation of the nine villages.



# THE IDEAS PAGE



C R Sasikumar

## Needed: Free jabs for all

Centre's vaccination policy leaves citizens at mercy of manufacturers, does not address shortage issues. Free shots at public health centres is the strategy it must adopt



JEAN DRÈZE

AT A TIME when fair and speedy COVID-19 vaccination is of the essence, the Indian government has done a great job of putting us at the mercy of vaccine manufacturers. It is bad enough that we depend, as of now, on just two suppliers — the Serum Institute of India (SII) and Bharat Biotech. What is baffling is that the government has now allowed them to set their own prices — “whatever you want in terms of being reasonable and fair”, as SII chief Adar Poonawalla candidly explained in a recent interview to CNBC. For good measure, suppliers are also allowed to set different prices for different buyers (the Centre, states and private hospitals), enabling them to charge what different segments of the market can bear. This is the polar opposite of the “single-payer model” in healthcare, where the government tries to get the best possible deal from drug manufacturers by acting as the single buyer.

In the single-payer approach, the central government would order all the vaccines and then distribute them equitably between states, and possibly some private healthcare providers. This was, more or less, the situation in the first phase of the COVID-19 vaccination programme, when most of the vaccines were sold to the central government at a negotiated price of Rs 150 per dose. However, a radical change occurred on April 21 with the release of the central government's policy note on “Liberalised Pricing and Accelerated National COVID-19 Vaccination Strategy”.

It is important to read the fine print of that policy, effective from May 1. The stated intention was clearly to supplement central procurement (limited to 50 per cent of vaccine supplies from then on) with a vaccine market where each manufacturer would charge one

transparently declared price to all buyers other than the central government, that is, states and private hospitals. That intention, however, was defeated the very same day by SII, which announced different prices for states and private hospitals, with a much higher price (Rs 600 per dose) for the latter. And if suppliers can get a higher price from private hospitals, why would they take interest in selling to the states?

The danger of states being squeezed out was made worse by another aspect of the Centre's new policy: It allows private hospitals to set their own prices for vaccination. Their prices will be “monitored”, but not controlled. In practice, monitoring is likely to be symbolic, giving private hospitals a free hand. In short, the stage has been set for a thriving vaccine market where private hospitals charge hefty prices for vaccination and manufacturers make money by selling a good portion of their supplies to private hospitals at inflated prices.

The central government's policy note makes a virtue of “liberalised” pricing on the grounds that it will incentivise vaccine production. But production can equally be incentivised in the single-payer system by paying an adequate price — it's just that the central government would have to foot the bill. So, the real function of this pricing policy is to save the central government some money. Why not tax the rich instead and foot the vaccine bill? It's not a lot: Even if the price paid by the central government were to be raised from Rs 150 to (say) Rs 300 per dose, buying two doses for two-thirds of India's adult population of 850 million or so would cost Rs 34,000 crore — less than what has already been allocated for COVID-19 vaccination in the 2021-22 Budget. Further, in a single-payer framework, the government would probably be able to negotiate a much lower price than Rs 300 per dose (perhaps even lower than Rs 150) without undermining production incentives.

Leaving the financial aspects aside, why would we prefer central procurement to “liberalisation”? The main reason is that it would lead to a more equitable distribution of vaccines. Today, India is facing an acute shortage of COVID-19 vaccines. In the public sector, there is (or was, until now)

Why would we prefer central procurement to ‘liberalisation’? The main reason is that it would lead to a more equitable distribution of vaccines. Today, India is facing an acute shortage of COVID-19 vaccines. In the public sector, there is a reasonably equitable system where vaccination is provided free of charge to everyone. In the private market, on the other hand, scarce vaccines are distributed according to their ability to pay: The poor are excluded as the rich jump the queue.

a reasonably equitable system where vaccination is provided free of charge to everyone in expanding priority categories such as health workers, the elderly, everyone above age 45, and so on. In the private market, on the other hand, scarce vaccines are distributed according to their ability to pay: The poor are excluded as the rich jump the queue. The problem gets worse when private provision degenerates into an extortionate black market, as might happen in a situation of vaccine scarcity (much as with oxygen and COVID-19 medicines today).

If it were the case that expanded vaccination is held up by the government's lack of capacity to vaccinate, rather than by a shortage of vaccines, there might still be an argument for promoting private provision: It would augment vaccination capacity. But the main constraint today is a shortage of vaccines. India's public sector is perfectly capable of vaccinating en masse, if vaccines are available. This has been well demonstrated in earlier vaccination programmes, including some that involved 100 million shots in a single day.

As argued earlier, liberalisation does not really ease the shortage of vaccines, it just shifts some of the financial burden from the central government to private buyers. But the savings are at least partly illusory, since liberalisation also enhances the bargaining power of manufacturers in public procurement negotiations. In any case, trimming the vaccination budget is hardly a priority when COVID-19 threatens to sink the economy.

The central government's vaccine policy is an extension of liberalisation to a domain where it does not belong. The way it came about, as Adar Poonawalla revealed in the CNBC interview, is that the private sector “lobbied” (sic) for it. As far as the public interest is concerned, free vaccination at public health centres is a much better strategy. Any proposed departure from it should be examined “not only with the most scrupulous, but with the most suspicious attention” as Adam Smith wisely advised us to consider business-sponsored proposals many years ago.

The writer is visiting professor at the Department of Economics, Ranchi University

## WHAT THE OTHERS SAY

“A media in chains cannot hold the powerful to account and serve public interest as it is meant to do. Indeed, the very quality of a democracy can be gauged by the state of its press.”

—DAWN

## Gujarat's retreating state

Government's withdrawal from public healthcare system has put it in league of BIMARU states, worsened Covid crisis



CHRISTOPHE JAFFRELOT AND SHARIK LALIWALA

ON MARCH 3, 2021, Nitin Patel, Gujarat's deputy chief minister, who is also the finance and health minister, congratulated his state government for having excelled at containing the COVID-19 virus while presenting the annual budget in the legislative assembly. He went off-track in his budget speech to note how other states kept patients in open grounds and stadiums, but, in contrast, none of that took place in Gujarat because of “our speedy decisions to ramp up health infrastructure.”

The government was high on confidence as the BJP had outperformed expectations in the local elections held a few weeks before. But the hubris was misplaced, since the second wave had started in February. By the first half of April, non-availability of hospital beds, life-saving drugs, and oxygen supply became an everyday sight in major cities across the state. Even the most privileged citizens — elites and the middle-classes — for whom Narendra Modi as the state's CM carved out special concessions like tax breaks and land policies, were left to fend for themselves.

The malaise in Gujarat stems from a systemic problem that piecemeal augmentation cannot ameliorate — the retreat of the state from essential infrastructure and the privatisation of the health industry. In turn, it left the state organs unprepared to deal with the pandemic. Just in terms of hospital beds, Gujarat fares worse than most of India. Data from the Centre for Disease Dynamics, Economics and Policy show that there are 138 hospital beds in the country per one lakh population, while in the rich, industrial state of Gujarat, this number is below 100. Even socio-economically backward regions like Rajasthan and Uttar Pradesh have a better hospital bed availability with 123 and 130 beds per one lakh people respectively. The same holds for critical care beds.

Instead of filling these deficits, the government's chest thumping in the budget presentation hid finer details. Even in times of the pandemic, the state government cut capital expenditure on public health infrastructure — as opposed to the budget estimate of Rs 914 crore, it spent only Rs 737 crore in 2020-21. The budgeted capital outlay on medical and public health is just Rs 856 crore in 2021-22 translating to less than Rs 150 per resident. It is lower than the budgeted figure for the same in socio-economically backward states like Bihar (Rs 2,437 crore). The total budget for Gujarat's health and family welfare ministry stood at Rs 11,323 crore for 2021-22. In other words, the state government reserved less than 0.7 per cent of the state's GSDP and fewer than Rs 5 daily expenditure per state resident's healthcare. The percentage on healthcare services in the budget declined from 5.54 per cent in 2018-19 to 4.98 per cent in 2021-22 — far below the 8 per cent recommended by the National Health Policy.

The state's withdrawal from the public healthcare system in the last few decades, a phenomenon that runs parallel with economic liberalisation, has put its track record on health indices in the league of the so-called BIMARU states. As per the NFHS-5 (2019-20), close to 80 per cent children in Gujarat under the age of five years suffer from anaemia. Not only is this figure worse than in Assam and Bihar, it is a jump of nearly 17 percentage points from that recorded in NFHS-4 (2015-16) when Gujarat was already performing worse than the national average of anaemic children. Almost 40 per cent of the children under the age of 5 years are stunted in the state. Amongst women aged between 15 and 49 years, 65 per cent are anaemic as per NFHS-5 (2019-20), a rise from 55 per cent in NFHS-4 (2015-16).

Gujarat is anything but vibrant on cumulative parameters of income, education, and healthcare as measured by the Human Development Index (HDI). Based on the Global Data Lab's estimation, Gujarat ranked 23rd amongst 36 states and union territories of India in 1990. The high-growth trajectory of Gujarat under Modi's chief ministership made no difference to this ranking. By 2018, the state was still at the 22nd position.

It was not always the case. Under Madhavsinh Solanki's regime in the early 1980s, Gujarat experimented with welfare measures by improving access to education for SCs and OBCs, strengthening its public distribution system, and initiating mid-day meal programmes for school-going kids. However, it soon faced a backlash in the form of a political convergence of anti-reservation Patels and upper castes that resulted in the rise of BJP. The political discourse, subsequently, shifted from rights and emancipation to the law-and-order situation — given a grim history of Hindu-Muslim violence — and ethnic (sub)nationalism, leading to the folding of the then nascent welfare state.

Under a BJP dispensation since the mid-1990s, movements for rights are abhorred and questioning the state provokes repressive measures. Aspersions on the people and dissenters, which diverts attention from state responsibilities, continues even today in the face of the COVID-19 crisis. For instance, in the Gujarat High Court's ongoing suo motu litigation to audit the COVID situation, the state counsel repeatedly chided the press for giving bad publicity and instigating fear in the minds of the public at large. Instead of correcting course, by building trust in the public, cabinet ministers in Gujarat, in their media interactions, blame Opposition parties for spreading anxiety amongst masses. Not a single all-party meeting has been called for, the kind that Kerala and Maharashtra have done to brief Opposition leaders and seek their views and support. Perhaps, it is not surprising that the destruction of an infant welfare state — which lies at the crux of its present inability to deal with the pandemic — took place at a time of “democratic backsliding” in Gujarat. The systematic underestimation of the number of casualties by the state reflects the same trend.

Jaffrelot is senior research fellow at CERI-Sciences Po/CNRS, Paris, and professor of Indian politics and sociology at King's India Institute. Laliwala is a researcher on Indian Muslims and Gujarat's politics. He was previously associated with Trivedi Centre for Political Data at Ashoka University and Centre for Equity Studies, New Delhi



MANASH FIRAQ BHATTACHARJEE

FOR NINE years, we sat together in the government school in a small railway colony town near Guwahati. When we rejoined school after summer vacations in Class V, the Hindi teacher asked what we had learnt during that time. Zafar said he had learnt a new song while holidaying with cousins in Varanasi. The teacher asked him to sing it for us.

Zafar sang a Mohammad Rafi song from *Dhool Ka Phool* (1959): “Tu Hindu banega na Musliman banega, insaan ki aulad hai insaan banega” (You will be neither a Hindu nor a Muslim. You are the child of a human being, you will become one). The song was an invitation to become more than an identity, seeking human camaraderie, friendship.

Zafar was a sincere student. Cricket was his favourite game. He loved bowling fast. But after an accident, the doctor messed up his right elbow, and he couldn't bowl. He still executed deft glances and front drives. He missed school, and risked being thrashed by his father, for cricket.

A classmate once tried to create a misunderstanding between Zafar and me. It remained a joke between us. We trusted each other, and freely complained about the world. Once, we stole a few Hardy Boys novels from a classmate's bag because he was only letting

girls borrow from him. We were found out later. Mischief breathes life into friendship.

I remember the lunch every Eid at his place, made by his mother. He welcomed everyone at the gate, wearing white. Once he said, as I reached, “The radio still hasn't played Kishore Kumar's *Aye khuda har faisla...* Only after I hear it, my Eid is complete.”

Our biggest adventure was in Class XII. On a rainy day, we decided to bunk classes after recess, to go see a film. The shuttle that ferried railway employees, its old engine giving off white smoke, was set to leave the Pandu Ghat station. We were lucky. It saved us time and money.

It was the first day of *Maine Pyar Kiya* (1989) at the Apsara theatre in Paltan Bazar, a market area in Guwahati. The “houseful” board disheartened us, but we coaxed a black marketer into selling us tickets at a lower price. The film was fluff, but pleased our adolescent minds. We had to rush back home. As we paused before a railway crossing, Zafar said, if it turned out to be a goods train, he would jump into the rear bogie. I thought he was out of his mind. It was a goods train and Zafar did as he had threatened. I was scared out of my wits, but followed him.

The guard was scandalised and scolded us. He said, the train may not stop at our station. It was headed to Kolkata. I imagined landing up at my uncle's house in Dhakuria (in south Kolkata), and telling a stunned family, “We decided to pay you a visit after watching a film in Guwahati.”

We didn't think much of the guard's warning, until the train sped down the middle track at our station. I panicked. As it neared the Saraighat Bridge, Zafar said he would jump, asking me to follow. I summoned my guts and did an equally good job.

When I learnt Zafar was anxious to return home from the engineering institute, just after December 6, 1992, I met him at the bus stop. On our way back he said, “We don't need temple or mosque, if it means strife.” He was not interested in historical facts, or rights. He thought like Gandhi.

I last met him in November, 2018, at my place in Delhi. He was aggrieved by the jingoism around him, and nostalgic about our secular childhood. He offered namaz, before I saw him off.

Zafar passed away from COVID complications on April 25. I texted him my prayers a couple of days earlier, learning he was unwell.

He was too ill to reply. A classmate called up to share the news of his passing. Another classmate, a doctor (the daughter of the teacher who made him sing), helped Zafar get medicines. But it was difficult to arrange for oxygen when he had breathing trouble. He sat on the terrace to get more air. His family took him to Kanpur, where relatives offered help. But it was too late. The healthcare system was too fragile to save him.

In his most vulnerable moment, Zafar trusted old classmates. Some people were bothered by him turning religious, but not by the majoritarianism that affected him. One lives in the embrace of friendship, or turns to the lonely refuge of faith. Faith is a shelter from a world where we cannot be ourselves.

I thought of the Kishore and Rafi song from *Dostana* (1980) that we sang together when classes were postponed due to heavy rain: “*Bane chahе dushman zamana humara, salamat rahe dostana hamara*” (Even if the world turns against us, may our friendship remain secure). I raise a toast to the memory of that friendship.

The writer is the author of *The Town Slowly Empties: On Life and Culture during Lockdown*

## LETTERS TO THE EDITOR

### AFTER THE WIN

THIS REFERS TO the editorial, ‘Mamata's first task’ (IE, May 4). A culture of violence is ingrained in West Bengal politics, which began with Left rule. Despite making *poriborton* its election plank in 2011, the TMC cadre added to this violent culture. No wonder, TMC workers are out in the streets again doing what they are best at — vandalism. Banerjee has the opportunity to rise above partisan politics and wear the mantle of a national leader. But does she have the will, the desire and the calibre to think beyond West Bengal?

Kamna Chhabra, Gurgaon

THIS REFERS TO the editorial, ‘Mamata's first task’ (IE, May 4). People elected the TMC over the BJP for peace and security in West Bengal. This is something what Bengalis are proud of. Now, the people of Bengal expect the TMC to get quickly on with developmental work instead of stoking political rivalries.

Sayed ur Rahman, Darbhanga

THIS REFERS TO the editorial, ‘Mamata's first task’ (IE, May 4). There are not many chief ministers who get elected thrice in a row. Mamata Banerjee has huge responsibility to live up to the massive mandate. Not only will she have to crack down on violence but also ensure that corruption is a thing

Bal Govind, Noida

## IDEAS ONLINE

ONLY IN THE EXPRESS

● **POST-POLL VIOLENCE IN BENGAL MUST STOP: SHESH NARAYAN SINGH**

● **THE LOW NUMBERS IN MSME REGISTRATION: RADHIKA PANDEY AND AMRITA PILLAI**

[www.indianexpress.com](http://www.indianexpress.com)

### PINARAYI'S TASK

THIS REFERS TO the editorial, ‘Captain Vijayan’ (IE, May 4). In Kerala, the second consecutive victory of the LDF led by Pinarayi Vijayan marks a departure from the anti-incumbency verdicts since the 1980s. Vijayan retained his support base through a mixture of political acumen and administrative measures, managed two floods and the pandemic with considerable efficiency. All that paid rich dividends for him, but the path ahead is going to be tougher as Kerala faces a fresh surge in COVID-19 infections.

SS Paul, Nadia





## Insulating material in ceiling, ducts led to Serum building blaze spread, says report

**SUSHANT KULKARNI**  
PUNE, MAY 4

A PRELIMINARY report about the fire at Serum Institute of India (SII) campus on January 21, in which five workers dies, has concluded that the spread of blaze was aided by the insulating material used in the ceiling and ducts, state Fire Services officials have said.

Meanwhile, a report from the regional Forensics Sciences Laboratory (FSL) on the exact cause of the fire is expected soon, based on which the further line of investigation will be decided, said police. Officials, however, said the probe till now has not pointed to

any possibility of a sabotage.

A major fire that had engulfed the upper three floors of a newly-constructed six-storey building inside Manjri campus of vaccine-maker SII, which is a central player in global supply of vaccines for Covid-19. Five workers -- who were part of the welding and air-conditioning crew at the building, which had recently been completed -- were killed in the fire

Santosh Warick, who led the probe from the fire department, said: "We have submitted our report to the police. It primarily states that the heat insulating material used in the ceiling and the air conditioning ducts aided the spread of the fire..."



**MADHYA PRADESH PUBLIC HEALTH SERVICES CORPORATION LTD.**  
**Tilhan Sangh Bhawan, 01 Arera Hills, Bhopal**  
**URL : www.mpphsc.in, Phone : 0755-2578915**  
**Dated : 04.05.2021**

**TENDER NOTICE**  
Tenders for rate contracts of following items/Services floated on Portal & website dated 04.05.2021 :-  
1. Online Tender Ref. No. T-184/COVID-19 AD Syringe 0.5 ml uploaded on 04.05.2021 (Portal & Website)  
Prospective bidders are requested to visit **"www.mptenders.gov.in/www.mpphsc.in"** for further details.  
M.P. Madhyam/100675/2021 **CGM (TECHNICAL)**

**कार्यालय, जिला परिषद, लोहरदगा (अभियंत्रण कोषांग)**  
**सूचना**  
इस कार्यालय द्वारा निकाले गए ई-निविदा आमंत्रण सूचना संख्या 01/2021-22 विज्ञापन संख्या PR No. - 245446 Lohardaga(21-22).D को अपरिहार्य करणवश अगले आदेश तक के लिए स्थगित किया जाता है।  
जिला अभियन्ता, जिला परिषद, लोहरदगा  
PR 246215 Lohardaga(21-22).D

कार्यपालक अभियंता का कार्यालय  
ग्रामीण विकास विशेष प्रमंडल, लोहरदगा।  
**शुद्धि पत्र**  
एतद् द्वारा सूचित किया जाता है कि कार्यपालक अभियंता, ग्रामीण विकास विशेष प्रमण्डल, लोहरदगा अन्तर्गत आमंत्रित ई- निविदा आमंत्रण सूचना संख्या – RDD/SD/LOHARDAGA/E-01/2021-22 PR No.245017 Lohardaga(21-22):D द्वारा प्रकाशित है, को कोविड-19 महामारी के कारण अगले आदेश तक स्थगित किया जाता है।  
कार्यपालक अभियंता  
ग्रामीण विकास विशेष प्रमंडल, लोहरदगा।  
PR 246207 Lohardaga(21-22)D


**Government of Odisha, e-Procurement Notice**  
**INVITATION FOR BIDS (IFB)**  
**Bid Identification No. S.E. Dkl. (R&B) 01/2021-22**  
**Email Id- sedklpww@gmail.com**  
**Letter No. 817 / Dt. 29.04.2021**  
The Superintending Engineer, Dhenkanal (R&B) Circle, Dhenkanal on behalf of Governor of Odisha invites Percentage Rate bids in double cover system to be received in ONLINE MODE from eligible contractors for construction of Building works as detailed below:  
1. Name of the work : Building works  
2. No of works : 04 (Four) Nos.  
3. Estimated Cost : Rs. 1,03,03,275/- to Rs. 3,96,72,007/-  
4. Cost of tender paper : Rs. 10,000.00  
5. Class of contractor : 'B', 'A' & 'Special'  
6. Period of Completion of work : 11 (Eleven) to 15 (Fifteen) Calendar Months  
7. Date and time of availability of bid Document in the website : From Dt. 10.05.2021 to 16.00 hours of Dt. 24.05.2021  
8. Date of opening of bid : Dt. 25.05.2021 at 11.30 hours  
The bidders have to participate in ONLINE bidding only further details can be seen from the e-Procurement Portal: **www.tendersodisha.gov.in**. Any addendum/ corrigendum / cancellation of tender can also be seen in the said website.  
Sd/- Chief Engineer  
Dhenkanal (R&B) Circle, Dhenkanal  
OIPR- 34132/11/0002/2122


**Bangalore Electricity Supply Company Limited**  
(Wholly owned by Govt. of Karnataka undertaking)  
(CIN-U04010KA2002SGC030438)  
**BRIEF TENDER NOTIFICATION (Through E-procurement)**  
Bangalore Electricity Supply Company Limited invites tenders from eligible Bidders for the tenders listed below:  

Sl. No.	Particulars	Enquiry No.
1	Preventive and Breakdown maintenance of RMUs in East, West, North and South Circles of BESCOM	BESCOM/BCP-1270/2021-22/East BESCOM/BCP-1271/2021-22/North BESCOM/BCP-1272/2021-22/West BESCOM/BCP-1273/2021-22/South
5	Procurement of LT Aerial Bunched Cables of size 3x95+1x70+1x16 Sq.mm (Short Term Tender)	BESCOM/BCP-1274/2021-22
6	Rectification / repair of faults in the 11kV UG Cable in East, West, North and South Circles of BESCOM.	BESCOM/BCP-1275/2021-22/East BESCOM/BCP-1276/2021-22/North BESCOM/BCP-1277/2021-22/West BESCOM/BCP-1278/2021-22/South

Bid Documents available: **05.05.2021 onwards to 04.06.2021 15:00 Hrs.** Last date for Bid Submission: **04.06.2021 15:00Hrs.** for Sl. No. 1to 4 & 6 to 9, And for Sl. No. 5, **20.05.2021 15:00 Hrs.** Opening of Bid Document: **05.06.2021 15:15Hrs.** for Sl. No. 1to 4 & 6 to 9, And for Sl. No. 5, **21.05.2021 15:15Hrs.** The Tender documents can be obtained through e-procurement portal website: **http://eproc.karnataka.gov.in**. Aspiring bidders need to register on e-procurement portal. Further Bidders can take assistance with e-procurement help desk contact numbers: **91-8046010000, +91-8068948777** or email at **support@eprochelpdesk.com**.  
Sd/-  
**The General Manager (Elec.), Procurement, BESCOM, 4th Floor, K.R. Circle, Bengaluru-560 001,**  
**ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ದೂರವಾರ್ತೆ : 1912**  
**ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ Mobile APP ಡೌನ್‌ಲೋಡ್ ಮಾಡಿರಿ**

## 8,410 MT OXYGEN TO 22 STATES AGAINST DEMAND OF 8,462 MT: AFFIDAVIT

# Importing O2 using...personal intervention of political executive: Centre to Gujarat HC

**SOHINI GHOSH**  
AHMEDABAD, MAY 4

THE CENTRAL government in an affidavit filed before the Gujarat High Court Monday, in response to a suo motu PIL that the court is hearing on Covid-19, has submitted that not only is it augmenting oxygen supply within India, but also "importing oxygen from other countries using not only the diplomatic channels but also personal intervention of the political executive."

Against a demand of 8,462 metric tonnes (MT) of oxygen calculated on basis of active cases, an allocation of 8,410 MT has been made for 22 high-burden states, the affidavit states.

Calculations based on data provided in documents annexed to the affidavit filed by Additional Solicitor General



**ABIT OF JOY:** A woman discharged from Ahmedabad Civil Hospital after defeating Covid-19, thanks healthcare staff on Tuesday. Nirmal Harindran

Devang Vyas, suggest at least seven of the high-demand states have been provisioned with only 60 per cent or even less as daily allocation of oxygen vis-a-vis the demand projected for May 5 as per the central government-appointed Empowered Groups

(EG). The states include Kerala, Rajasthan, Chhattisgarh, Tamil Nadu, Bihar, Jharkhand and Jammu and Kashmir. Kerala has been provisioned only 22 per cent of its projected demand as daily allocation as per the April 30 supply plan.

### PUNE HOSPITAL REFUSES TO RELEASE BODY

*Pune:* A private hospital in Pune district's Maval taluka refused to release the body of a Covid-19 patient for nearly three days citing non-payment of his bill. The patient, a vegetable vendor, was admitted with a dipping oxygen level on April 23. He was shifted to an Intensive Care Unit (ICU) and died five days later. Maval

MP Shrirang Barne had to take up the issue with the Chief Minister's office and the district administration before the hospital waived the bill and handed over the body to the family for the last rites. The Zilla Parishad has ordered a probe into the matter.

ENS


**Navi Mumbai Municipal Transport**  
**Technical Store Dept. Re-Auction**  
Tender .021-22 NMMT/TM/TEC-STORE/54/21-22  
**TENDER Description :- Sale of Scrap Buses on 'As is where is basis' Estimated cost Rs. 1,55,52,441/-**  
Which is available on Website  
**https://organizations.maharashtra.nextprocure.in**  
S/d  
**Transport Manager, N.M.M.T.**


**पनवेल महानगरपालिका शहर अभियंता विभाग जाहीर ई-निविदा सूचना फेर निविदा (2<sup>nd</sup> Call)**  
निविदा सूचना क्र. पम्पा/बोधाकाम/२८२१/प्र.क्र.०३/०९१/२०२१ दिनांक : ०१.०५.२०२१  
**अव्युक्त, पनवेल महानगरपालिका खालील नमूद कामाकरिता सार्वजनिक बोधाकाम विभाग, केंद्रीय सार्वजनिक बोधाकाम विभाग, महाराष्ट्र जीवन प्राधिकरण, सिडको इत्यादी शासकीय/ निमशासकीय (Central Government/ State Government/ Government undertaking) विभागात मलनिस्सारण वाहिऱ्या या कामासाठी योग्य विभागात पात्र नोंदणीकृत व अनुभवी ठेकेदारकडून बी-१ शतमान पद्धतीनुसार जाहीर ई-निविदा (2<sup>nd</sup> Call) मागवीत आहेत.**  

अ. क्र.	निविदा क्र.	कामाचे नाव	निविदा रक्कम (Without GST)
१.	पम्पा/रा.अ./६९/२०२०-२१	पनवेल महानगरपालिका हद्दीतील प्रभास समिती-ड प्र.क्र. २० मधील काळुंग्रे येथे मलनिस्सारण वाहिऱ्या उदकणे.	८८,७५,३०५/-

या कामाच्या ई-निविदाबाबतची माहिती शासनाच्या "http://mahatenders.gov.in" या संकेत्यव्यवहार दि. ०५.०५.२०२१ रोजी प्रसिद्ध करण्यात येईल. संबंधित निविदाधारकांनी याची नोंद घ्यावी.

स्वाक्षरी/-  
**अतिरिक्त अव्युक्त**  
**पनवेल महानगरपालिका**


**MUMBAI METROPOLITAN REGION DEVELOPMENT AUTHORITY**  
(A Government of Maharashtra Undertaking)  
NEW OFFICE BUILDING, 2<sup>nd</sup> Floor, Engineering Division, Plot Nos. R5, R6 & R12, Bandra-Kurla Complex, Bandra (E), Mumbai – 400 051. Tel. 2659-5933/5931, Fax : 26594179.  
Website: <https://mmrda.maharashtra.gov.in>  
e-Mail : [chiefengineer1@mailmmrda.maharashtra.gov.in](mailto:chiefengineer1@mailmmrda.maharashtra.gov.in)  
**e-TENDER NOTICE**  
MMRDA invites bids from eligible Bidders through e-Tendering for :-  
**Name of the work : Construction of Internal roads & SVD for the proposed Dedicated COVID Health Centre at Village Valnai, Malad (West), Mumbai.**  

Bid document download		Last date of online submission	Date and time of pre bid meeting
From <b>04 May 2021 17:00 Hrs.</b>	To <b>10 May 2021 17:00 Hrs</b>	<b>10 May 2021 18:00 Hrs</b>	<b>06 May 2021 at 12.00 Hrs.</b>

**Note:-** • The Pre-bid meeting will be held online. The link to the pre-bid meeting will be made available on MMRDA's web portal.  
• The e-Tender can be downloaded from e-Tendering Portal: <https://etendermmrda.maharashtra.gov.in>. Any additional information, Corrigendum & help for uploading & downloading the e-tender, may be availed by contacting MMRDA's e-tendering service desk at the following id: <https://etendersupport.maharashtra.gov.in>. or call us on **022-26597445**.  
Sd/-  
**Chief Engineer**  
**Engineering Division, MMRDA**  
**Date : 03 May, 2021**  
**Place : Mumbai**

**कार्यपालक अभियंता का कार्यालय ग्रामीण विकास विशेष प्रमंडल, देवघर**  
**अति अल्पकालीन ई- निविदा आमंत्रण सूचना संख्या – RDD/SD/DEOGHAR/02/2021-22**  
**1. कार्य की विस्तृत विवरणी :**  

क्र० सं०	कार्य का नाम	प्राक्कलित राशि	अग्रघन की राशि	परिमाण विपत्र का मूल्य	कार्य पूर्ण करने की अवधि
1	देवघर जिला के करी प्रखंड अन्तर्गत प्रखंड विकास पदाधिकारी-सह-अंचलाधिकारी/पर्यवेक्षीय/तृतीय/चतुर्थ वर्ग कर्मचारी आवास निर्माण तथा प्रखंड परिसर का विकास एवं विविध कार्य।	4,64,68,500.00	9,29,400.00	10,000.00	12 माह

- वेबसाइट में निविदा प्रकाशन की तिथि – 10.05.2021
- ई-निविदा प्राप्ति की अंतिम तिथि एवं समय – 15.05.2021 अपराह्न 5:00 बजे तक
- कार्यपालक अभियंता, ग्रामीण विकास विशेष प्रमंडल, देवघर/मुख्य अभियंता कार्यालय, ग्रामीण विकास विशेष प्रखेत्र, एफओ एफओ पीओ भवन, घुर्वा, रॉकी में निविदा शुल्क, अग्रघन की राशि, Bank Credit Certificate एवं Affidavit जमा करने की तिथि एवं समय 17.05.2021 अपराह्न 05:00 बजे तक
- निविदा खोलने का स्थान – मुख्य अभियंता कार्यालय, ग्रामीण विकास विशेष प्रखेत्र, एफओ एफओ पीओ भवन, घुर्वा, रॉकी
- ई-निविदा खोलने की तिथि एवं समय – 18.05.2021 अपराह्न 2:00 बजे
- निविदा आमंत्रित करने वाले पदाधिकारी का नाम एवं पता :- कार्यपालक अभियंता, ग्रामीण विकास विशेष प्रमंडल, देवघर।
- ई-निविदा प्रकोष्ठ का दूरभाष सं०- 8709623131 (संबंधित कार्यपालक अभियंता का दूरभाष नम्बर)
- निविदा शुल्क राष्ट्रीयकृत बैंक द्वारा निर्गत ड्राफ्ट या बैंकर्स चेक जो कार्यपालक अभियंता, ग्रामीण विकास विशेष प्रमंडल, देवघर के पदनाम से देय हो देना होगा।

विस्तृत जानकारी के लिये वेबसाइट [www.jharkhandtenders.gov.in](http://www.jharkhandtenders.gov.in) एवं कार्यालय की सूचना पट्ट पर देखा जा सकता है।  
**कार्यपालक अभियंता**  
**ग्रामीण विकास विशेष प्रमंडल, देवघर।**  
**PR.NO.246191 Rural Development(21-22):D**

## Goa extends lockdown till May 10

*Panaji:* The Goa government on Tuesday imposed additional restrictions in the state after village panchayats in different parts of the state started imposing their own 'lockdown' in their jurisdiction.

While the state government

had earlier enforced a 4-day lockdown that concluded on May 3, it had imposed certain restrictions on large gatherings till May 10 but allowed businesses like restaurants to operate at 50 per cent capacity.

ENS

# Covid deaths due to oxygen shortage not less than genocide: Allahabad HC

**ASAD REHMAN**  
LUCKNOW, MAY 4

THE ALLAHABAD High Court on Tuesday directed the district magistrates (DMs) of Lucknow and Meerut to verify news of Covid-19 patients dying due to oxygen shortage. The court observed that "death of Covid patients just for non-supplying of oxygen to the hospitals is a criminal act and not less than a genocide" by those responsible for ensuring the continuous procurement and supply of medical oxygen.

A Bench of Justices Siddhartha

IMS Director Dr Randeep Guleria, and Director general of ICMR Dr Balram Bhargava, "on the basis of their Covid management experience and examination of the facts and reports received from the various state hospitals and medical institutes of the country categorised Covid-19 patients in three broad classes where it was determined that 80 per cent patients are "mild cases" and do not require oxygen. Three per cent of cases are severe ICU cases, which require "approximately 24L/min of oxygen", and another 8.5 per cent cases may require oxygen at the rate of 10L/min.

Based on these estimates, the oxygen requirements of different states, on the basis of their active cases, is being calculated, "which in the estimates of the central government at present is around 8,462 MT".

# Foreign aid sent to 38 institutes in 31 states, says Centre

**HARIKISHAN SHARMA**  
NEW DELHI, MAY 4

WITH THE global community responding to India's Covid crisis by sending aid in the form of medicines, oxygen concentrators and ventilators, the Centre has now begun distributing these, with the Union Ministry of Health and Family Welfare on Tuesday saying 40 lakh items have been sent to 38 institutions across 31 states.

"The global community has extended a helping hand in supporting efforts of Government of India in this collective fight against the global COVID-19 pandemic... The materials are being given by countries due to the immediate and urgent requirements in different parts of the country. This help is over and above what Govt of India is already providing, and is thus an additionality for the states and UTs," the Health Ministry said in a statement.

The list of institutions that have received the Covid-19 supplies include nine hospitals in the Delhi-NCR region, which that has been battling a severe oxygen crisis over the last few weeks. Supplies have also been sent to 14 All India Institutes of Medical Science (AIIMS) across the country and other hospitals under the Central Government/PSUs and state government-run hospitals, the Ministry said.

"The allocations are done keeping in mind equitable distribution and the load on tertiary health care facilities," the Ministry

## Bihar imposes lockdown till May 15

**PRES TRUST OF INDIA**  
PATNA, MAY 4

A DAY after the Patna High Court slammed the Bihar government for its poor handling of the second wave of the pandemic and sought to know whether it was enforcing lockdown or not, the administration on Tuesday announced the imposition of lockdown from May 5 to May 15.

The decision was made at the meeting of the Crisis Management Group presided over by Chief Minister Nitish Kumar.

The Patna High Court had on Monday asked Advocate General Lalit Kishore to talk to the chief minister on the urgent need of the lockdown.

When contacted, Kishore told PTI he has intimated the High Court about the declaration of the lockdown to check the spread of the virus.

The state saw a 10 per cent positivity rate in the last week.

# Foreign aid sent to 38 institutes in 31 states, says Centre



**An Air India flight picks up medical aid at Israel's Ben Gurion Airport, near Tel Aviv, on Tuesday. PTI**

statement said, adding, "As the different tranches are coming in, the rest of the States and UTs will also be covered in the coming days." According to the Ministry, the equipment include BiPAP machines, oxygen concentrators, cylinders, and pulse oximeters; drugs such as favipiravir and remdesivir; and PPE kits, N-95 masks and gowns.

Saying the Centre has adopted a "streamlined and systematic mechanism" to allocate the supplies to States and UTs, the Ministry said the Indian Red Cross Society (IRCS) and HLL Lifecare Limited (HLL) are also involved in the process.

According to the statement, a cell has been created in the Health Ministry under the Additional Secretary [Health] to "coordinate the receipt and allocation of foreign COVID relief material as grants, aid and donations."

Varma and Ajit Kumar asked "how can we let people die in this way" when medical science had advanced so much that heart transplantations and brain surgeries were now a reality. The judges made the observations while hearing a PIL, and said they "find it necessary to direct for immediate remedial measures to be taken by the government".

The court asked the DMs to look into the news reports within 48 hours and submit their reports by Friday, the next date of hearing. The officials were also instructed to appear for the hearing.

The court said stories of oxygen

shortage going viral on social media were showing "harassment meted out" by the district administrations and the police "to those poor citizens who were begging for an oxygen cylinder to save the life of their near and dear ones".

The order mentioned news reports about the deaths of five patients in the ICU of a new trauma centre at the Meerut Medical College on Sunday and fatalities at the Sun Hospital in Lucknow. "We find these news items showing a quite contrary picture to one claimed by the Government that there was sufficient supply of oxygen," read the order.

# India, UK adopt ‘Roadmap 2030’

**SHUBHAJIT ROY**  
NEW DELHI, MAY 4

INDIA AND the UK on Tuesday adopted an ambitious 'Roadmap 2030' during a virtual bilateral summit between Prime Minister Narendra Modi and his British counterpart Boris Johnson that will elevate bilateral ties to a "Comprehensive Strategic Partnership".

The two leaders discussed the Covid-19 situation and ongoing cooperation in the fight against the pandemic, including the successful partnership on vaccines. Modi thanked Johnson for the prompt medical assistance provided by the UK in the wake of the severe second wave of Covid-19 in India. They also launched Enhanced Trade Partnership, and

announced their intent to negotiate a comprehensive Free Trade Agreement (FTA), including consideration of an interim trade agreement to deliver early gains. "They agreed to continue removing trade barriers on the path to an FTA, and an ambitious target of more than doubling India-UK trade by 2030," a joint statement said.

The two leaders agreed to strengthen defence partnership, focusing on maritime and industrial collaboration. They also reaffirmed the benefits of closer cooperation in a free and open Indo-Pacific, recognising their shared interest in regional prosperity and stability.

They agreed to significant new cooperation on Maritime Domain Awareness, which includes new agreements on maritime infor-

mation sharing, an invitation to the UK to join India's Information Fusion Centre in Gurgaon and an ambitious exercise programme which includes joint trilateral exercises. In addition to commitments on the Indo-Pacific, the two countries agreed to build on existing government-to-government collaboration on India's future combat air engine requirement.

As part of 'Roadmap 2030', they agreed to work closely together in support of India's indigenous development of the Light Combat Aircraft Mark 2. They also discussed the potential for further industrial collaboration in areas such as maritime propulsion, space and cyber, marking the start of a promising new era of UK-India research, capability and industrial collaboration on Indian combat air and beyond.





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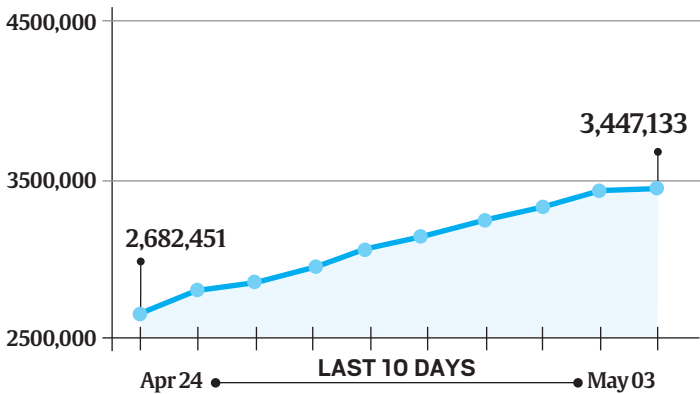
#ExpressExplained

If there are questions of current or contemporary relevance that you would like explained, please write to [explained@indianexpress.com](mailto:explained@indianexpress.com)

## CORONAVIRUS DASHBOARD

### INDIA ACTIVE CASES

3,447,133



Note: The May 3 figure in this graph is based on the government update on May 4

#### INDIA TOTAL CASES

20,282,833

Source: Ministry of Health & Family Welfare, updated at 11 pm on May 4

#### WORLD TOTAL CASES

153,738,123

Source: Johns Hopkins University, updated at 11 pm on May 4

## In older adults, use oximeter rather than temperature to screen for Covid: scientists

PEOPLE HAVE become accustomed to having their temperature checked during the pandemic because fever is a key indicator of Covid-19. A new commentary by medical scholars, however, proposes that taking a temperature is a less useful indicator of infection in older adults, and that a pulse oximeter be used instead.

The commentary, by Washington State University College of Nursing Associate Professor Catherine Van Son and Clinical Assistant Professor Deborah Eti, has been published in *Frontiers in Medicine*.

### Oximeter or not

The reliability of a pulse oximeter as an indicator of Covid-19 has been the subject of debate in recent months. In January, the World Health Organization (WHO) listed the use of the pulse oximeter to identify Covid patients who may need to be hospitalized due to low oxygen levels.

But in February, the US Food and Drug Administration (FDA) warned that pulse oximeters could yield inaccurate results under some circumstances. It said a number of factors — including, poor circulation, skin pigmentation, skin thickness and temperature — can affect the accuracy of the reading.

Also in February, the US Centers for Disease Control and Prevention (CDC) updated its coronavirus guidance to warn healthcare professionals that data from a number of studies suggest skin pigmentation can also affect the accuracy of oximeter readings.

### The commentary

The new paper makes a case for preferring an oximeter to a tempera-



ture reading in older adults, specifically. It says baseline temperatures are lower in older adults. A lower baseline temperature means a fever may be overlooked using the CDC's standard definition of 100.4°F or greater, Washington State University said in a press release on the paper.

"In fact, upwards of 30% of older adults with serious infections show mild or no fever," the paper says.

The authors note that other common signs of Covid, too, may also be dismissed and attributed to ageing, such as fatigue, body aches and loss of taste or smell. Additionally, some Covid-19 patients have no visible signs of having low oxygen levels, such as shortness of breath, yet have oxygen saturation below 90%. Such asymptomatic hypoxia can be associated with extremely poor outcomes.

Van Son and Eti write that inexpensive, portable pulse oximeters should be considered for wide use in Covid-19 screenings of older adults because the devices can detect changes in oxygen saturation without other indications of infection.



EXPRESS NEWS SERVICE

## SIMPLY PUT

# Behind frequent hospital fires

24 fire incidents in hospitals since August have killed 93, mostly Covid patients. A look at how a high patient load and arrangements for the pandemic have stressed the hospital system, making it vulnerable to fire.

TABASSUM BARNAGARWALA  
MUMBAI, MAY 4

AS MANY as 93 people, most of them Covid-19 patients, died in 24 incidents of fire in hospitals in India since last August. Why are these fires taking place regularly, despite the hospitals having passed fire checks and audits?

### Where, when, how many

Eleven of the 24 fires were major fires and 13 were minor ones. More than half these fires occurred in March and April, when rising Covid-19 cases snowballed into a second wave. Of 59 deaths from hospital fires in the last two months, 33 deaths were reported from Maharashtra in six fire incidents and Gujarat (21) in three fire incidents.

Counting from August, 43 deaths in Maharashtra and 35 in Gujarat have been reported till date, the latest being in Bharuch where 16 patients and two nurses died.

### Overstressed ICUs, ACs

Fire experts blame an "overstressed" hospital system unable to bear the rising patient load for the frequent fire incidents.

"Hospitals are increasing beds, equipment and staff to admit more Covid patients, but it is not possible to immediately expand the electrical wiring system. Medical equipment or wires carrying current beyond their capacity can overheat. That is what is happening in many hospitals. We don't need just a fire audit, we also need an electrical audit," said Rajendra Uchake, Chief Fire Officer in Nagpur.

In Well Treat Hospital, Nagpur, where a fire occurred in the intensive care unit (ICU) on April 10, fire officials found the hospital had added more ICU beds in a limited space, making it easier for the fire to spread besides putting a burden on the existing electrical system.

In 13 of the 24 cases, the fire began in an ICU. "These hospital ICUs did not function up to 100% capacity before the pandemic. The ventilator, equipment, air conditioners are working 24 x 7 now. It puts a pressure on the entire system," said Santosh Warick, Director, Maharashtra Fire Services, adding that ideally air conditioners need to run for 15-16 hours and then need a cooling period.

A back-up AC is necessary, which is absent in small hospitals, he said. In a fire in Vijay Vallabh Hospital in Virar outside Mumbai, which killed 15, and in Ayush Hospital, Surat, which killed three, the fire began from the AC. In both cases, the AC had functioned for 24 hours. Uchake said instead of a cassette or window AC, air handling units (AHU) must be installed in ICUs to circulate air as they are better workhorses.

Air handling units take air from the atmos-

## 24 HOSPITAL FIRES, 93 DEATHS IN 9 MONTHS



MAY 1, 2021  
WELFARE HOSPITAL, BHARUCH  
18 DEATHS



AUGUST 6, 2020  
SHREY HOSPITAL, AHMEDABAD  
8 DEATHS



MARCH 26, 2021  
SUNRISE HOSPITAL, MUMBAI  
10 DEATHS

MAY 1: Fire in laboratory of Mazumdar Shaw Hospital, Bengaluru: no deaths

APRIL 28: Prime Criticare Hospital, Thane: 4 deaths (not Covid patients)

APRIL 25: Ayush Hospital, Surat: 3 deaths

APRIL 23: Vijay Vallabh Hospital, Virar: 15 deaths

APRIL 18: Rajdhani Super-Specialty Hospital, Raipur: 5 deaths

APRIL 10: Fire in Well Treat hospital, Nagpur: 4 deaths (non-Covid)

APRIL 6: Fire in Nashik's Chandwad Covid care centre in a private building: no deaths

APRIL 4: Fire in Dahisar jumbo centre: no deaths

APRIL 4: Patidar Hospital, Ujjain: no deaths

MARCH 31: Safdarjung Hospital, Delhi: no deaths

MARCH 28: LPS Institute of Cardiology, Kanpur: no deaths

MARCH 17: Shree Vijay Vallabh Sarvajanik Hospital, Vadodara: no deaths

JANUARY 9: Civil General Hospital, Bhandara: 10 deaths

JANUARY 6: Government General Hospital, Guntur: no deaths

DECEMBER 9, 2020: Little Flower Hospital, Ahmedabad: no deaths

SEPTEMBER 28: Chhatrapati Pramila Raje Hospital, Kolhapur: no deaths

NOVEMBER 27, 2020: Uday Shivanand Hospital, Rajkot: 6 deaths

SEPTEMBER 21, 2020: Sadguru Hospital, Cuttack: no deaths

SEPTEMBER 8, 2020: SSG Municipal Hospital, Vadodara: no deaths

AUGUST 25, 2020: Guru Gobind Singh Hospital, Jamnagar: no deaths

AUGUST 9, 2020: Swarna Palace hotel converted into isolation facility, Vijaywada: 10 deaths

phere, "recondition" it — cooling or heating as required — and circulate it within a building or a section of the building through ducts.

In Safdarjung Hospital, Delhi, a fire mishap in March was due to an overheated ventilator machine.

### More inflammable material

In Gujarat, fire officials have noted that ICUs lack cross-ventilation — this is the case with all ICUs as they are sealed for the purpose of keeping them sterile. In addition, due to Covid, there has been an increase of inflammable material in Hospitals — sanitiser spills and vapour, higher oxygen content in the air, and PPE kits, which are made of synthetic material. A fire official said "highly inflammable material such as these spread fire quickly" and leave very little time for a response.

KK Bishnoi, director, Gujarat Fire Services, said the response time of fire brigade in Welfare Hospital (Bharuch) was seven minutes. "But a high oxygen percentage and sanitiser fumes in the ICU led to a flash fire. To further reduce response time, we plan training of staff in hospitals, deputation of more fire officials in major Covid hospitals and regular auditing once a week or two," Bishnoi said.

Bishnoi has suggested cross-ventilation in ICUs to allow fumes an outlet, which would mean unsealing a part of it. In the case of the fire in Rajkot's Uday Shivanand Hospital and in Bharuch's Welfare Hospital, the preliminary observation by fire department was that the fire began in an ICU which did not have any ventilation.

Former Mumbai fire officer Pratap Kargupikar said hospitals must install sprinklers. "If temperature rise to 78°C, sprinkler automatically starts dispensing 35 litres per minute. They can become first form of response," he said.

### Temporary hospitals

In makeshift hospitals, jumbo centres for Covid patients present their own challenges. They are made of highly inflammable materials, and sprinklers or fire alarms are difficult to install. Only fire extinguishers can be provided. Suresh Kakani, Additional Municipal Commissioner, said that to prevent a massive mishap, they have placed a fire engine next to the Mulund, Dahisar and BKC jumbo centres to reduce the response time to seconds.

In Dahisar jumbo centre, two minor fire incidents were reported in the last six months — one in an overheated high flow nasal cannula machine, and one in an inverter. A doctor from the centre said the capacity was for 85 ICU patients, but the rise in cases forced them to expand to 100 ICU beds. "That has put pressure on the electrical lines, equipment, everything," the doctor said.

# When Twitter permanently suspends an account

SHRUTI DHAPOLA  
NEW DELHI, MAY 4

TWITTER HAS "permanently suspended" Bollywood actor Kangana Ranaut's account after she tweeted about the post-poll violence in Bengal, a post that included what appeared like a call to violence.

In a statement, Twitter said, "We've been clear that we will take strong enforcement action on behavior that has the potential to lead to offline harm. The referenced account has been permanently suspended for repeated violations of Twitter Rules specifically our Hateful Conduct policy and Abusive Behaviour policy. We enforce the Twitter Rules judiciously and impartially for everyone on our service."

Twitter has previously permanently suspended the account of former US President Donald Trump for his tweets when rioting took place at the US Capitol.

### But when does Twitter "permanently suspend" an account?

According to Twitter's policy page, this is the company's "most severe enforcement action". Not only is the account removed from global view, the violator is not "be allowed to create new accounts". This means that Kangana cannot return to the platform with a new account.

Twitter says when it decides to permanently suspend an account, it will notify the user about the abuse violations. They also "explain which policy or policies they have violated and which content was in violation."

### But can Kangana appeal against this suspension?

Yes, Twitter does let violators appeal "permanent suspensions" given it is the harshest punishment. According to Twitter's

support page, those whose accounts have been impacted can file an appeal "through the platform interface or by filing a report". If the suspension is found valid on appeal, then Twitter will respond to the "appeal with information on the policy that the account has violated".



Her account suspended

### What other actions could Twitter have taken against Kangana's account?

Typically, abusive tweets can be hidden for a particular country or Twitter can even reduce their reach. But with Kangana, it chose to do more.

Twitter could have placed the account in a read-only mode, but this applies only to "otherwise

healthy accounts" which appear to be in the middle of an abusive episode. In such cases, Twitter can limit the account's ability to tweet, retweet or link content. The person

can, however, use direct messages, when an account is placed in this mode.

"The duration of this enforcement action can range from 12 hours to 7 days, depending on the nature of the violation," according to the support page.

Sometimes, Twitter will ask for owners to verify the account to ensure that violators "do not abuse anonymity" on the platform to harass others. In this case, Twitter might demand a phone number or email address to verify ownership. Twitter says this can help them in identifying "violators who are operating multiple accounts for abusive purposes and take action on such accounts".

But in Kangana's case, it appears that she was repeatedly warned by the platform over her tweets. Plus hers was a verified account with over 3 million followers, and not an anonymous troll account. Given the repeated warnings, it appears that the latest tweet was a final straw, which pushed Twitter to take its harshest decision with regard to her account.

# Just six women in new Assam Assembly, MLAs under 40 down by half

ABHISHEK SAHA  
GUWAHATI, MAY 4

THE NEWLY Assam Assembly has 31 Muslims out of 126 MLAs — all from the Congress-led grand alliance — and just six women. It is also an older Assembly than the previous one, with just 8 MLAs under age 40 as compared to 16 in 2016.

### Muslim MLAs

The 31 Muslim MLAs, up from 28 in 2016, are from the Congress (16) and the Badruddin Ajmal-led AIUDF (15). These represent almost 70% of the 45 MLAs from these two parties, and 62% of the 50 in the alliance that also includes the BPF (4 MLAs) and the CPM (1 MLA). As a proposition of Muslims fielded, it comes to 84% — or 5 in 6 — of the 37 Muslim candidates of the Congress (19) and AIUDF (18).

## TELLING NUMBERS

The BJP had fielded eight Muslim candidates, all of whom lost. That leaves the BJP-led alliance with no Muslim among 75 MLAs.

Among the 31, two are two first-timers: Abdul Batin Khandekar, 53, the Congress winner from Abhayapuri North, and Ashrafal Hussein, 28, the AIUDF winner from Chenga.

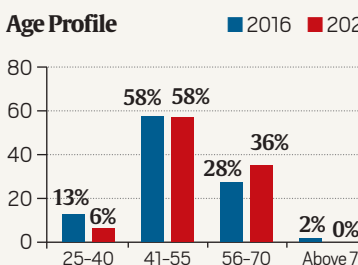
Both have been vocal activists representing the state's Bengali-origin Muslims, a community at the centre of the state's identity politics and citizenship determination processes.

### Women MLAs

The count of six women MLAs is down from eight in 2016. Two each are from the BJP, its ally AGP, and the Congress.

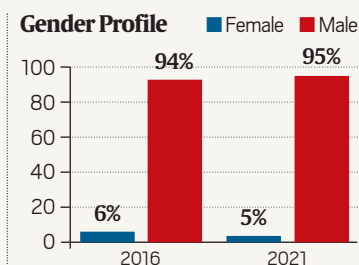
AGP's Renupoma Rajkhowa, 66, won a fourth straight term from Teok, which she has represented since 1991. The party's other woman MLA, Nandita Garlosa, is a debutante who won from Haflong.

## NUMBER OF YOUNG MLAS REDUCES SHARPLY; WOMEN'S REPRESENTATION DECREASES MARGINALLY



Sources: Election Commission of India; Candidate affidavits uploaded on ECI; MyNeta; Assam Legislative Assembly website; PRS Legislative Research, via PRS

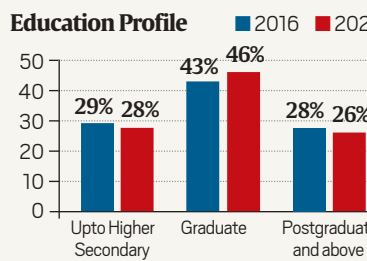
Sibamoni Bora of the Congress defeated incumbent BJP MLA Angoorlata Deka, the actor, in Batardoba. The Congress's Nandita Das retained Boro constituency.



Ajanta Neog, 57, who was a minister in Tarun Gogoi's Congress-led government, joined BJP just before the elections and retained Golaghat, a seat previously held by her

husband, former Congress minister, who was killed in 1996 by suspected ULFA militants. BJP's Suman Haripriya, 41, a filmmaker, retained Hajo, defeating BJP's Dulu Ahmed.

## 72% OF THE MLAS HAVE AT LEAST A BACHELOR'S DEGREE, UP FROM 71%



### Other key faces

From the AJP-Rajgor Dal regional anti-CAA alliance, the only winner is jailed peasant leader Akhil Gogoi, in Sivasgar. Gogoi, 46, who leads RD, has been in jail for over a year after being booked by the NIA on charges relating to sedition and terrorism under provisions of the UAPA over anti-CAA protests.

"It appears that the AJP and Rajgor Dal factor also helped the BJP consolidate its position in Upper Assam region. AJP and Rajgor Dal need to do some soul searching on how they ended up helping the very forces that they were seeking to oppose," AICC general secretary in-charge of Assam Jitendra Singh said in Guwahati on Monday.

The Assembly will also see vocal leaders from the tea garden worker community such as BJP's Rupesh Gowala and sitting Congress MLA Rupiyoti Kurmi. Former president of the apex literary body Asam Sahitya Sabha, Paramananda Rajbongshi, has won on a BJP ticket from Sipajhar.



# 14 GOVT & POLITICS

## BENGALURU 'BED SCAM'

Hospitals blocked beds under fake names: BJP MP

PRESS TRUST OF INDIA  
BENGALURU, MAY 4

BJP MP Tejasvi Surya Tuesday alleged that hospitals in the city 'blocked' beds under fake names to make money at a time when Covid-19 cases were rising in the country and Karnataka.

At least 4,065 beds were "blocked" by the hospitals, the BJP Yuva Morcha president and Bengaluru South BJP MP alleged. Chief Minister B S Yediyurappa said he will take action 'mercilessly' against the hospitals, their management and government officials and will not spare anyone who is involved in it.

As COVID cases are rising, the Karnataka government has ordered the private hospitals and nursing homes to reserve 80 per cent of beds for coronavirus patients. However, according to Surya, government officials in Bengaluru colluded with private nursing homes and hospitals to block the beds and reserve it for exorbitant fees.

"When people are struggling to find a bed in the hospital and begging everyone including MPs and MLAs to give them one, there are hospitals who say that no beds are vacant," Surya told reporters.

According to him, those in the BBMP (city corporation) war room in Bengaluru get all the details about those testing positive such as whether they are asymptomatic or symptomatic.

If they are asymptomatic, they will be kept under home isolation but beds will be booked in different hospitals in their names, he alleged. In one instance, beds were booked in 12 hospitals in the name of one patient, Surya said, adding, these beds are 'sold' to the needy at a much higher price.

Railways admitted 146 in Covid coaches

EXPRESS NEWS SERVICE  
NEW DELHI, MAY 4

THE ISOLATION coaches readied by the Indian Railways have admitted 146 Covid-19 patients, discharged 80 and are currently treating 66 across India, the Railway Ministry said in a statement Tuesday.

The Railways has deployed nearly 4,000 isolation coaches with almost 64,000 beds to serve as isolation in its during the second wave of the pandemic.

While states like Maharashtra, Madhya Pradesh, Delhi and Uttar Pradesh have such facilities deployed, the latest to requisition the railways for such coaches include Gujarat and Nagaland.

"At some locations, the Railway authorities have also provided new logistical solutions like supported ramps on stair-cases for hassle-free transport of sick patients besides facilitative conveniences like make-shift tents, area segregation for better isolation on railway platforms that serve as freeway for movement of medical personnel and supplies in these Covid care facility," it said.

Twitter permanently suspends Kangana for 'repeated violations'

EXPRESS NEWS SERVICE  
NEW DELHI, MAY 4

TWITTER ON Tuesday permanently suspended the account of Bollywood actor Kangana Ranaut owing to her repeated violations of the platform's policy against "hateful conduct" and "abusive behaviour".

The suspension came a day after Ranaut posted a series of tweets on violence in West Bengal after TMC's thumping victory in the state assembly polls. In one of the tweets, Ranaut said: "This is horrible... we need super gundai to kill gundai... She is like an unleashed monster... to tame her Modi ji please show your Virat roop from early 2000's... #PresidentRuleInBengal"

## After results, rumblings within losing camps



BJP president J P Nadda meets post-poll violence victims in Sonarpur on Tuesday. Atri Mitra

### Tathagata Roy slams BJP top brass for fielding 'politically stupid' actors

EXPRESS NEWS SERVICE  
KOLKATA, MAY 4

DAYS AFTER the BJP failed to cross double figures in the West Bengal Assembly elections, former Tripura and Meghalaya governor, and senior BJP leader Tathagata Roy lashed out at the party's national general secretary Kailash Vijayvargiya and state president Dilip Ghosh for giving tickets to film and TV actors who ended up losing the elections.

Roy said actors such as Srabanti Chatterjee, Tanusree Chakraborty and Payel Sarkar were "politically stupid" for appearing in public with Trinamool Congress (TMC) leader Madan Mitra before the elections and clicking selfies with him. While Tanushree Chakraborty lost from

Shyampur in Howrah, Srabanti lost to Partha Chatterjee in South 24 Parganas' Behala West seat. Sarkar failed to win Behala East.

Though in his initial tweet Roy mentioned actor Parno Mitra, who lost from Baranagar in North 24 Parganas district, she was not among the candidates who clicked selfies with Madan Mitra. In a subsequent tweet, the former governor corrected himself and said the "error is regretted".

"Film and TV actors who never had anything to do with politics, let alone BJP, were handed tickets by BJP's election management team. Parno Mitra (Baranagar), Srabanti Chatterjee (Behala West), Payel Sarkar (Behala East). These women were so politically stupid that they had gone on a steamer trip with TMC's playboy-politician Madan Mitra less than a month

before elections and shot selfies with him. All were roundly defeated. What great qualities were these women possessed of? Kailash Vijayvargiya, Dilip Ghosh & Co must answer," the former governor tweeted.

The BJP leader, who is known for making controversial statements, added, "It must not be forgotten that a BJP electoral ticket carries with it substantial money for running the election. Or for other purposes!"

Srabanti Chatterjee dared Roy to prove she had joined the party for money.

Weighing in on the matter, BJP leader Rahul Sinha said, "Instead of making such statements, he [Roy] must stand by the workers who are being attacked by TMC goons. This is the need of the hour." **WITH PTI INPUTS**

### Bengal to EC: Security given to Nandigram returning officer

New Delhi: The West Bengal government has informed the Election Commission that it has provided security to the returning officer of the Nandigram assembly constituency which saw a cliffhanger between TMC chief Mamata Banerjee and BJP's Svendhu Adhikari, sources said Tuesday. Banerjee lost by 1,956 votes to former protégé-turned-BJP adversary Adhikari.

On Monday, the TMC leader alleged that the returning officer of Nandigram did not order recounting of votes as he feared for his life. The sources said the returning officer was provided security in person and at his home on the directions of Election Commission, amid reports that he was under pressure. **ENS**

## How smaller parties played big spoilers in Tamil Nadu election

ARUN JANARDHANAN  
CHENNAI, MAY 4

WITH THE two alliances led by DMK and AIADMK bagging almost 85 per cent of the vote share in the Tamil Nadu elections, all smaller parties outside the alliances failed to grab a single seat, although they did play spoilers for the two Dravidian majors in several seats.

While Kamal Haasan's Makkal Needhi Maiam (MNM) bagged 2.52 per cent vote share, T T V Dhinakaran's Amma Makkal Munnetra Kazhagam (AMMK) got a vote share of 2.35 per cent.

Both parties, which made their assembly elections debut this time, drew a blank with even their founders losing their respective contests. However, they managed enough votes to tilt the results in several seats.

For instance, AMMK spoiled the chances of AIADMK – Dhinakaran's former party – in at least 20 seats. Haasan's MNM, a party that was accused of being



MNM chief Kamal Haasan with CM-elect MK Stalin at his residence in Chennai on Tuesday. PTI

the B-Team of RSS by rivals, was largely a threat to the DMK than the AIADMK at several places.

Another smaller party which made a difference in several seats was Tamil nationalist leader and fiery orator Seeman's Naam Tamilar Katchi (NTK). Although it failed to win any seat, the party improved its vote share to 6.58 per cent, up from 1 per cent in the last assembly elections in 2016 and 4 per cent in the 2019 parliamentary elections. The party spoiled the chances of calculations of both the DMK and AIADMK in several seats.

A closer look at the results shows how the AMMK, which drew its votes from the traditional AIADMK vote bank, hurt the prospects of the AIADMK, especially in close contests in 20-odd seats.

In Neyveli, where the DMK won with a margin of 977 votes, the AMMK polled 2,230 votes. In Katpadi, where the DMK won with a margin of 746 votes, the AMMK got 1,066 votes.

The AMMK and its ally Captain Vijayakanth's DMDK – the main opposition party in 2011 that was literally reduced to almost zero in

vote share (0.43%) this time – also played spoilers in Virudhachalam. The Congress won this seat with a margin of 862 votes as the DMDK garnered 25,908 votes.

In Karaikudi, where Congress defeated BJP leader H Raja with a margin of 21,589 votes, the AMMK polled 44,864 votes, while in Mayiladuthurai, where the Congress won with a margin of 2,742 votes, Dhinakaran's party got 7,282 votes.

In Mannargudi, the home turf of Dhinakaran's aunt Sasikala, the DMK registered a resounding victory with a margin of 37,393 votes. The AMMK bagged 40,481 votes against the ruling AIADMK's 49,779.

Thiruporur, Sankarankovil, Sattur were among the other seats where the AMMK ensured the defeat of AIADMK.

Even as the AIADMK alliance managed to get a vote share of more than 39 per cent this time against 40.88 per cent in 2016, these 20 seats would have improved the position of the AIADMK.

## After poor UDF show in Kerala, calls for change in Cong unit

SHAJU PHILIP  
THIRUVANANTHAPURAM, MAY 4

VOICES OF dissent in the Congress against the state leadership appear to be getting louder following the defeat of the party-led UDF in the Kerala assembly elections.

With the UDF reduced to 41 seats, six less than its 2016 tally, a demand for an overhaul in the state party unit has emerged from within the party as well as its disgruntled allies. The Congress, which contested 93 seats, could win only 21 seats.

The Congress leadership has not reacted to the election rout or fixed a meeting of its political affairs committee to review the situation. Party state president Mullappally Ramachandran and Opposition leader Ramesh Chennithala have refused to comment on the UDF's pathetic show before a detailed evaluation.

However, knives are out in the party. Setting the tone of demand for change, Congress MP Hibi Eden said in a Facebook post: "Why do we still need a sleeping president?"

Party Alappuzha district president M Liju quit his post, taking moral responsibility for the loss of all but one seat in the district. UDF candidate K K Shaju, who lost in Mavelikkara seat, blamed Congress working president Kodikkunil Suresh MP for the defeat.

Congress sources said there is a growing feeling in the party that the present leadership should go. Many leaders have raised the demand, the sources said, without naming anyone. "But, it is up to the party high command to take a final call. Since the national lead-



Mullappally Ramachandran and Ramesh Chennithala

ership is also on a sticky wicket, we are not sure about the outcome," said a senior leader.

Congress state vice-president T Siddique, who won Kalpetta seat in Wayanad weathering opposition from within the party, said the party system at the booth level is very weak at many places. "Hence, the Congress could not mobilise votes even from its traditional vote banks. The massive verdict UDF got during the Lok Sabha elections [winning 19 out of 20 seats] made it overconfident that the coalition would come back naturally in the assembly election," he said.

Siddique said a public perception had been created in Kerala that whatever be the achievements, the incumbent government would be unseated. The UDF faulted this time by banking heavily upon that perception. "After every electoral rout, there would be a panel to study the reasons. But so far no action has been taken against anyone responsible for anti-party activities during the elections," he said. Senior UDF leader and Kollam MP N K Premachandran blamed organisational weakness. "The UDF had raised several genuine issues against the CPI (M) government and made it retract many controversial decisions. But there was no coordinated election mechanism in the UDF during the campaign..." said Premachandran.

## Himanta or Sonowal: Poll in the bag, wait for CM post on



Himanta Biswa Sarma and Sarbananda Sonowal

added.

Speaking to The Indian Express, state BJP president Ranjeet Dass said that Union agriculture minister Narendra Singh Tomar will visit Guwahati Wednesday or Thursday as an observer of the BJP's parliamentary board.

"We will maintain our internal democracy – the opinion of MPs and MLAs will be taken in this regard. We will follow whatever the party decides," Dass said, adding that only the party's high command will decide who will be the chief minister.

A day after the results, Sonowal tweeted: "A mandate for Sabhyata, Suraksha & Vikas. People have rewarded BJP+ for

Kerala BJP leader targets state unit chief: 'Chopper politics will not work here'

SHAJU PHILIP  
THIRUVANANTHAPURAM, MAY 4

BRINGING to the fore fissures in the state unit of the BJP, senior leader C K Padmanabhan on Tuesday said "helicopter politics" would not work in Kerala.

A former state president of the BJP, Padmanabhan, who contested against Chief Minister Pinarayi Vijayan in Dharmadam, was referring to the use of helicopter by party state president K Surendran, who simultaneously contested in two constituencies districts apart.

Surendran had taken a helicopter to shuttle between the constituencies of Manjeshwar and Konni.

Padmanabhan, who is a member of BJP core committee, told reporters in Kannur that the party state president contesting in two seats was unprecedented. "The helicopter politics would not work in Kerala. That may sometimes go well with voters in North India. The leadership failed to clearly understand the core of the state politics," he said.

The senior BJP leader also praised Vijayan, saying his personal charisma also played a crucial role in the LDF win. "The LDF had a very neat and tidy campaign," he said.

Reacting to the remarks, BJP state president Surendran said, "Padmanabhan is a senior leader. I don't think he has raised a big criticism. The party would examine such criticism, which is expected to give a new direction for the future course of action. I used the helicopter only because I contested in two seats."

pro-people, development oriented policies that our Govt has undertaken under PM @narendramodiji's leadership. I bow to the people of Assam for the huge mandate & promise to continue the development journey."

The BJP has not announced Sonowal – who led the party to victory in 2016 and held firm ground as the state battled issues like the preparation of the NRC and the implementation of the CAA – as its CM face. So far, he has not made any statement about the party's CM choice.

On the other hand, Sarma is arguably the most influential politician in Northeast India right now – the BJP's key man and troubleshooter in the region. He is the convener of the North-East Democratic Alliance, a BJP-led grouping of the regional parties in the Northeast.

As health minister of Assam, Sarma's handling of the Covid crisis has been applauded and as the state's finance minister, he is credited for implementing some of the most important welfare schemes, which have yielded electorally.

## Lockdown only way to stop second wave: Rahul

EXPRESS NEWS SERVICE  
NEW DELHI, MAY 3

SENIOR CONGRESS leader Rahul Gandhi, who had been critical of the way the Centre imposed the lockdown last year and handled the migrant crisis, Tuesday said the only way to fight the second wave of the pandemic now was a full lockdown with the protection of a minimum income guarantee scheme for vulnerable sections.

"GOI doesn't get it. The only way to stop the spread of Corona now is a full lockdown- with the protection of NYAY for the vulnerable sections. GOI's inaction is killing many innocent people," Gandhi tweeted.

NYAY was a promised minimum income guarantee scheme in its Lok Sabha election manifesto of 2019. Gandhi put out an-



Rahul Gandhi

other tweet soon saying he meant that lockdown has become the only option because of the lack of any other strategy by the Centre.

"I just want to make it clear that a lockdown is now the only option because of a complete lack of strategy by GOI. They allowed, rather, they actively helped the virus reach this stage where there's no other way to stop it. A crime has been committed against India," he said.







GOLD

₹46,758



RUPEE

₹73.85



OIL

\$65.71



SILVER

₹70,270

Note: Gold, silver rates at Delhi spot market; gold per 10 g, silver per 1 kg; Crude oil (Indian basket) as on April 30, 2021

SECTOR WATCH  
INSURANCE

## Eying rural coverage, Irdai pitches for model insurance villages

GEORGE MATHEW  
MUMBAI, MAY 4TO START WITH  
500 VILLAGES

■ The concept may be implemented in a minimum of 500 villages in districts in the first year and raised to 1,000 in the subsequent 2 years, Irdai said in a paper.

AT A time when the Covid pandemic is raging across the country, the Insurance Regulatory and Development Authority of India (Irdai) has come out with the concept of model insurance villages to cover the entire population in those areas, with the financial support of various institutions like Nabard and CSR funds.

The idea behind the model village concept is to offer comprehensive insurance protection to all the major insurable risks that villagers are exposed to and make available covers at affordable or subsidised cost.

The concept may be implemented in a minimum of 500 villages in different districts of the country in the first year and increased to 1,000 villages in the subsequent two years, Irdai said in a paper. The choice of villages is to be made carefully, considering the various relevant aspects and parameters in order to implement the concept successfully for a period of three to five years, it said.

According to the Irdai, in order to demonstrate the concept and efficacy of insurance as risk management tool and to make farmers and rural population aware of benefits of insurance, special focused efforts need to be made to cover the entire population in the village and their property, farms/crops, farm machineries, vehicles, different village level services, manufacturing enterprises and other specific insurance needs of the particular village through targeted efforts in few selected villages. Such model villages are ex-

pected to tackle losses due to natural calamities like floods and earthquakes. There's no catastrophe insurance in the country now.

"Every general insurance company and reinsurance company accepting general insurance business and having office in India (partnering with general insurance company of their choice) needs to be involved for piloting the concept," it said. The efforts in selected villages need to be continued for a minimum of 3 to 5 years so as to make insurance benefits visible to the community, the Irdai said in a discussion paper on 'Increasing General Insurance Penetration in rural areas with special focus on agriculture and allied activities'.

In order to make the premium affordable, financial support needs to be explored through Nabard, other institutions, CSR funds, government support and support from reinsurance companies and to keep some of the covers available with very minimum or nominal premium cost. This is to ensure that families and their property, crops get cover and the entire village community participate in the initiative.

Full report on [www.indianexpress.com](http://www.indianexpress.com)

## DURATION TO BE OF 6 MONTHS

## 5G trials get go ahead, no telco tie-ups with Chinese vendors

AASHISH ARYAN  
NEW DELHI, MAY 4

THE DEPARTMENT of Telecommunications (DoT) Tuesday allowed the three private telcos, Bharti Airtel, Reliance Jio Infocomm and Vi (formerly Vodafone Idea) as well as state-run telco Mahanagar Telephone Nigam Limited (MTNL) to start 5G trials in the country. The initial duration of the trial will be 6 months, which includes 2 months for procurement and setting up of equipment.

"The trials are important because they reduce the time gap between 5G spectrum auction and rollout. On earlier occasions, trials happened after auctions. Now we are gaining time," DoT Secretary Anshu Prakash told *The Indian Express*. The significance of 5G, Prakash said, is mostly in the application of technology and the government would want it to be put to use in telemedicine, education, agriculture, and public safety, among others.

For the trials this time, the telecom service providers (TSPs) will have to conduct tests in the rural and semi-urban settings in addition



5G or fifth generation is the latest upgrade in the long-term evolution (LTE) mobile broadband networks. File

tion to their usual urban settings, the DoT said, so that test cases can be developed and tested for all users. 5G or fifth generation is the latest upgrade in the long-term evolution mobile broadband networks. 5G mainly works in 3 bands, namely low, mid and high-frequency spectrum—all of which have their uses and limitations.

During the trial phase over the next 6 months, the four telcos will get frequencies for testing in the 3.2 GHz to 3.67 GHz or the millimetre wave band and 24.25 GHz to 28.5 GHz band, among others.

Apart from this, telcos will also be allowed to use their existing spectrum in the 800 MHz, 900 MHz, 1800 MHz and 2500 MHz band frequencies for the trials.

"Trials will be on a non-commercial basis. The data generated during the trials shall be stored in India. TSPs are also expected to facilitate the testing of the indigenously developed use cases and equipment as part of the trials," the DoT said, urging the telcos to also conduct trials using 5G tech.

Of the four telcos that have been given the go-ahead to conduct the trials, the private telcos, Bharti Airtel, Jio and Vi, have tied up with Ericsson, Nokia, and Samsung, respectively. State-run MTNL on the other hand has partnered the Centre for Development of Telematics for original equipment and technology to be used in 5G trials, the DoT said. "TSPs have a chance to choose vendors, their technology, and equipment by the conduct of trials. 5G, which has been advocated by India is also likely to be tested," Prakash said.

The two major Chinese telecom equipment and technology vendors, Huawei and ZTE are conspicuous by their absence from the

partner list of the three private telcos or the state-run telco MTNL. While there is no official bar on the deployment of equipment and technology from these two vendors, they have effectively been left out of the trials as no telcos requested permission to use their equipment. "We can only give permissions based on what the telco asked. No telcos asked to use their (Huawei and ZTE) equipment," a senior DoT official said.

Though Huawei is the world's largest maker of telecom equipment and the second-largest maker of mobile phone parts, the company's alleged relationship with the Chinese Communist Party and China's military apparatus had landed it in trouble more than once and eventually led to a ban on usage in multiple countries such as the US and the UK. In India, Telecom Minister Ravi Shankar Prasad had in December 2019 said all companies, including Huawei and ZTE, would be permitted to participate in the trials for 5G services. A border skirmish in April 2020, which left over 20 Indian soldiers dead, however, cast shadows on the two companies' ability to participate in any telecom tenders.

## COVID-19 IMPACT

## 'MFIs to witness asset quality pressures in near term'

Rising Covid-19 cases and resultant movement curbs are likely to hit collections of microfinance institutions (MFIs), causing asset quality pressures in near term, Icrs Ratings said



**8-10%** Sequential fall in collections projected in April 2021; may dip further if cases continue rising and more curbs are imposed

## FACTORS THAT MAY HELP ABSORB FURTHER SHOCKS:

- Good on-balance sheet liquidity
- Sizeable provisions created by most MFIs in FY21

**Improvement in overdue portfolio:** Improvement in collection efficiency and pick-up in growth in as-

sets under management in H2FY21 helped the industry post a marginal improvement in overdue portfolio [Q+ days past due (dpd)] to 16.7% as on December 31, 2020 compared to 18.1% as on September 30, 2020

**Impact of movement restrictions:** Cash flows of borrowers may be affected due to the restrictions/ lockdowns, thereby affecting their repayment ability

Source: Icrs Ratings/PTI

## Production may be hit if lockdowns continue: Maruti Suzuki

New Delhi: The country's largest carmaker Maruti Suzuki India expects some impact on production if lockdowns and curfews imposed across various states continue amid the second Covid wave.

"There could be an impact if lockdowns continue because then sales outlets would remain closed," MSI Chairman RC Bhargava told PTI.

When asked if the production could go down by as much as 50 per cent due to the pandemic-related disruptions, he noted: "We don't know yet how it will be in the future. It all depends on how it (lockdowns) continues. It has just been a few days."

Bhargava added: "Let us wait a week or so, then we will know better how things are." PTI

## INDUSTRIAL RELATIONS CODE

## Recognising trade union as negotiating council: Draft rules published

ENSECONOMIC BUREAU  
NEW DELHI, MAY 4

THE LABOUR Ministry on Tuesday published draft rules for recognition of trade unions in the role of negotiating council under the Industrial Relations (IR) Code.

These rules are in addition to the already published draft rules for the IR Code which were circulated in October last year. The draft rules notified Tuesday spell out criteria for recognising a single registered trade union of workers as sole negotiating union of workers under Section 14 of the IR Code.

"Where there is only one registered Trade Union operating in an industrial establishment having its

members not less than thirty per cent of the total workers employed in the industrial establishment, then, the employer of such industrial establishment shall recognize such Trade Union as sole negotiating union of the workers," it said.

The process for constitution of the negotiating union or the negotiating council shall commence three months before the expiry of the tenure of the existing recognition period of the registered trade unions, the draft rules said. Also, trade unions will have to meet conditions like providing copy of registration certificate, copy of list of members, details of membership subscription and copy of the latest annual return submitted to the Registrar of Trade Unions.

## PRODUCTION LINKED INCENTIVE SCHEME

## IT hardware PLI: Foxconn, Wistron, Dell, 16 others apply

ENSECONOMIC BUREAU  
NEW DELHI, MAY 4

DELL AND contract manufacturers Foxconn, Wistron and Flextronics are among the 19 companies that have filed their applications under the production linked incentive (PLI) scheme for IT hardware, notified on March 3, 2021.

The scheme, with an outlay of Rs 7,350 crore over four years, will provide financial incentives in the range of 4 per cent to 1 per cent on the net incremental sales over the base year (2019-20) for manufacturing laptops, tablets, all-in-one PCs and services.

As per an official statement, the electronics hardware manufacturing companies that have applied under category IT hardware companies are Dell, ICT (Wistron), Flextronics, Rising Stars Hi-Tech (Foxconn) and Lava. 14 companies

Over the next four years, the scheme is expected to lead to total production of about ₹1,60,000 crore

have filed applications under the category domestic companies which include Dixon, Infopower (JV of Sahasra and MITAC), Bhagwati (Micromax), Symra, Orbic, Neolync, Optimus, Netweb, VVDN, Smile Electronics, Panache Digilife, HCLBS, RDP Workstations and COLBS.

Over the next four years, the scheme is expected to lead to production of about Rs 1,60,000 crore. Electronics and IT Minister Pavi Shankar Prasad said the PLI scheme for IT hardware has been a huge success in terms of the applications received. FE

## Air India pilots say vaccinate or won't fly; airline assures jabs for all by May-end

PRANAV MUKUL  
NEW DELHI, MAY 4

UNDERSCORING THE struggle to get oxygen cylinders for themselves and family members, Air India pilots have threatened to stop flying unless the airline gets them urgently vaccinated against Covid. This comes at a time when the national carrier has been transporting critical medical equipment such as oxygen concentrators, BiPAP machines, ventilators, etc from several locations globally to various points across the country.

The airline said late on Tuesday all its employees will be vaccinated by the end of this month.

The Indian Commercial Pilots Association (ICPA), a union of Air India pilots, in a letter to the airline's management on Tuesday



Express file

wrote: "Many crew have been diagnosed Covid positive and are struggling to get oxygen cylinders. We are left to fend for ourselves for hospitalization".

"With no health care support to the flying crew, no insurance, and a massive opportunistic pay cut, we are in no position to continue risking the lives of our pilots

without vaccination. Our finances are already spread thin covering our bedridden colleagues and provisioning for families ... If Air India fails to set up vaccination camps on a Pan India basis for the flying crew above the age of 18 years on priority, we will STOP WORK," it added.

To date, Air India has ferried medical equipment worth over 190 tonnes from stations, including Hong Kong, Germany, the US, Singapore, Dubai and London, to India for onward delivery.

Notably, private airline IndiGo had earlier said that it will get its employees vaccinated at its cost. Additionally, on April 27, in a letter written to chief secretaries of all states, Tuhin Kanta Pandey, Secretary, Civil Aviation (Additional Charge) wrote: "It is understandable that the crew, engineers, air traffic controllers, tech-

nicians, ground staff and frontline workers in aviation face significant risk in discharging their duties".

"To ensure the sector continues to render essential services to the nation, it is imperative that the aviation work force is covered on priority in the vaccination program," he added. In a separate statement, Air India said: "Discussions were already on for the vaccination of all AI employees, including the crew. As the guidelines did not allow vaccination below 45 years of age, AI could not complete the vaccination. Also after the vaccination dose is taken, two days leave is being given too to employees... a schedule for vaccination is now being drawn up and it is expected to commence as early as next week and all employees will be vaccinated by end of this month, that is May 2021".

## POSOCO: No Covid hit on control room functions

New Delhi: National grid operator POSOCO has said "the Covid pandemic is being handled very carefully" and that there has not been "an effect on the control room functions".

It also said "sufficient employees" are on reserves.

"Adequate arrangements have been made to carry out the control room duties even if there is a Covid breakout. All the five Regional Load Despatch Centres and National Load Despatch Centre are working on a 24x7 basis. The grid operators are taking all the precautions which have been directed by the Ministry of Power and are safely conducting the operations. There is no need to create any panic as we have sufficient employees on reserves as well," it said in a statement.

This comes in the wake of concerns raised about manpower shortages at key infrastructure sector control rooms.

At last count, nearly one in every five air traffic controllers at Delhi's Indira Gandhi International Airport — the country's largest — was out of action, either directly or indirectly affected by Covid-19, *The Indian Express* had reported on May 3.

Official sources also indicated that concerns regarding a shortage of operators in the power sector, including those manning control rooms, has been flagged. ENS

## Adani Ports says could abandon Myanmar project if found to violate US sanctions

REUTERS  
CHENNAI, MAY 4

ADANI PORTS and Special Economic Zone said it could abandon a Myanmar container terminal project and write down the investment if found to be in violation of sanctions imposed by the US.

"In a scenario wherein



The new indices are S&P Bitcoin Index, S&P Ethereum Index and S&P Crypto Mega Cap Index. Reuters file

The list will expand to include additional coins later this year, the division of financial data provider

S&P Global said.

The company first announced the plan in December.

## BRIEFLY

## EU-India trade

Brussels: The EU and India will agree to relaunch stalled free-trade talks at a virtual summit Saturday, showed a draft statement. REUTERS

## LTIQ4 net rises

New Delhi: L&T Infotech (LTI) posted a 27.6 per cent rise in consolidated net profit to Rs 545.7 crore for Q4FY21.

## '11.1% growth'

New Delhi: Goldman Sachs said it cut the FY22 GDP growth estimate to 11.1 per cent from 11.7 per cent earlier.

## Diesel with UCO

New Delhi: To cut imports, Indian Oil on Tuesday launched and started supply of diesel doped with 7 per cent biodiesel extracted from used cooking oil (UCO). PTI



# 16 THE WORLD

## TOPOF THE WORLD



Scottish first minister

### UK

#### Sturgeon: Only court can stop vote

**London:** Scottish First Minister Nicola Sturgeon challenged British Prime Minister Boris Johnson to oppose plans for another independence referendum in court, saying that only the courts could prevent another such vote. "I'm saying if Boris Johnson wants to stop it, he would have to take legal action," Sturgeon told Sky. "If Boris Johnson didn't do that, by definition it would be a legal referendum."

### IRAN

#### Swiss diplomat found dead

**Tehran:** The first secretary at the Swiss embassy in Tehran was found dead on Tuesday after falling from a high-rise building where she lived, a spokesman for emergency services was quoted as saying by Iranian news agencies. The Swiss foreign ministry did not identify the deceased.

### PHILIPPINES

#### Envoy apologises for China remarks

**Manila:** Philippines' foreign secretary, Teodoro Locsin Jr, apologised after tweeting an obscene phrase demanding China get out of Philippine-claimed territory in the South China Sea, in an outburst that annoyed the Philippine president.

AGENCIES

## G7 closes ranks, considers tough message for China and Russia

**WILLIAM JAMES & GUY FAULCONBRIDGE**  
LONDON, MAY 4

THE GROUP of Seven rich democracies will on Tuesday discuss ways of countering challenges from China and Russia without trying to contain Beijing or escalate tension with the Kremlin, two of its top diplomats said.

The G7 is debating responses to the two vast and increasingly assertive countries as well as the Covid-19 pandemic and climate change. "It is not our purpose to try to contain China or to hold China down," US President Joe Biden's secretary of state, Antony Blinken told reporters ahead of the first in-person G7 foreign ministers meeting since 2019. He said the West would defend "the



Britain's Foreign Secretary Dominic Raab with French Minister of Foreign Affairs Jean-Yves Le Drian, at the G7 foreign ministers' meeting in London. *Stefan Rousseau/Pool via Reuters*

international rules based order" from subversive attempts by any country, including China.

Britain will seek to agree decisive action from G7 partners to protect democracies at a time when it says China's economic influence and Russian malign activity

threaten to undermine them. "The UK's presidency of the G7 is an opportunity to bring together open, democratic societies and demonstrate unity at a time when it is much needed to tackle shared challenges," British Foreign Secretary Dominic Raab said. **REUTERS**

## EXPLAINED

Test of transatlantic unity

WITH THE transatlantic relationship previously tested under Donald Trump's tenure as the US president, the G7 foreign ministers' meeting this year is taking place under different circumstances: the pandemic and its geopolitical fallout. A precursor to the G7 meeting in June, it remains to be seen whether the meeting will be able to build consensus on issues related to authoritarian states.



## Afghan Taliban launch huge offensive after US deadline

**Lashkar Gah:** Afghan security forces fought back a huge Taliban offensive in southern Helmand province, officials and residents said on Tuesday, as militants launched assaults around the country following a missed US deadline to withdraw troops. Although the US did not meet the May 1 withdrawal deadline agreed in talks with the Taliban last year, its pull-out has begun, with President Joe Biden announcing all troops will out by September 11.

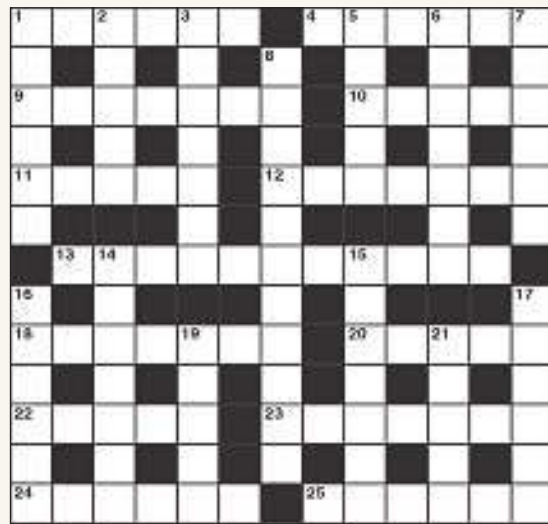
Attallah Afghan, the head of Helmand's provincial council, said the Taliban had launched their huge offensive on Monday from multiple directions. The insurgents had been pushed back but fighting was continuing on Tuesday.

The Pentagon earlier said "small harassing attacks" over the weekend had not had a significant impact on the US withdrawal. **REUTERS**

## 23 DEAD IN MEXICO CRASH

A subway overpass collapsed late Monday in Mexico City, the Mexican capital, sending a train plunging to the ground, killing at least 23 people and injuring dozens. The subway system has been the source of growing concern after several accidents and a 2017 earthquake. Mexican President Andres Manuel Lopez Obrador has announced a probe. **AP/PTI**

## CROSSWORD 4421



### ACROSS

- 1 Colour of Dutch house (6)
- 4 Terrible though not loud stream of abuse (6)
- 9 Oven holds vessel in front (7)
- 10 Bad lighting (5)
- 11 It comes from a bird and sounds inexpensive (5)
- 12 Don't approve but is liked somehow (7)
- 13 His products are essentially wicked (11)
- 18 A new tropic fruit (7)
- 20 Measure of restriction (5)
- 22 Range over an area in a clean-up operation (5)
- 23 Skinhead breaks rules, gives up (7)
- 24 Final elimination race (6)
- 25 Like a seabird following a ship (6)

### DOWN

- 1 Where one is likely to find a rink manager? (6)
- 2 Unusually eager to come to terms (5)
- 3 Understood it's filed under 'G' (7)
- 5 Build up a service (5)
- 6 Number set about making the interior look gay (7)
- 7 Bird left in a snare (6)
- 8 Uncalled-for correspondence (4,7)
- 14 Where a journey may start or a trip be arranged (7)
- 15 Makes a legal charge (7)
- 16 Was not prepared to be detective's assistant (6)
- 17 Unions strangely in agreement (6)
- 19 Vehicle to travel as freight (5)
- 21 Viewpoint that may vary to some degree (5)

**Solutions Crossword 4420:** Across: 1 Coffers, 5 Pumps, 8 Get your hand in, 9 Yahoo, 10 Militia, 11 Annoys, 12 Satrap, 15 Ascetic, 17 Lama, 19 Three-quarters, 20 Dry up, 21 Finance. Down: 1 Cagey, 2 Fetch and carry, 3 Economy, 4 Shrimp, 5 Pearl, 6 Mediterranean, 7 Sun lamp, 11 Adapted, 13 Aileron, 14 Scruff, 16 Tie-up, 18 Aisle.

## JUMBLED WORDS

Given below are four jumbled words. Solve the jumbles to make proper words and move them to the respective squares below. Select the letters in the shaded squares and jumble them to get the answer for the given quip.

Ever notice that the whisper of \_\_\_\_ can be heard farther than the loudest call to \_\_\_\_ - Earl Wilson (10, 4)

GMAEO



UUTTT



UNTIED



AIOMPY

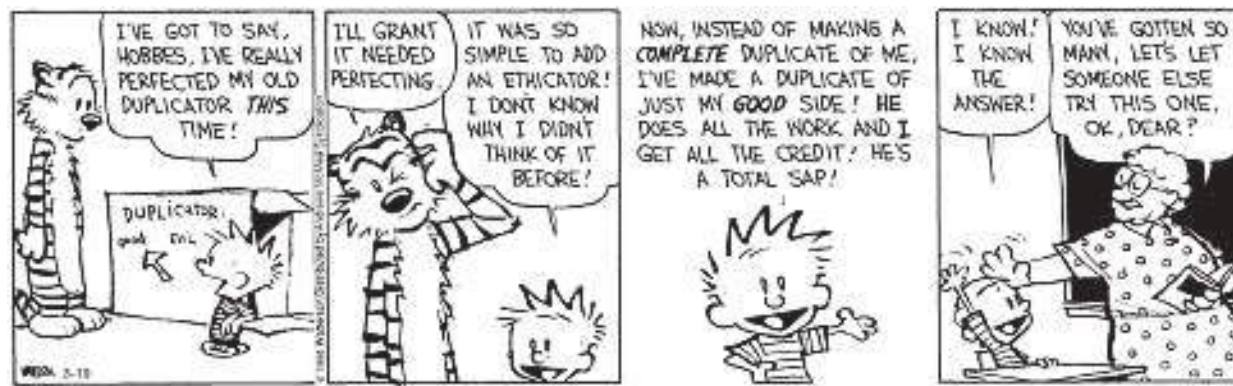


SOLUTION: OMEGA, TUTTI, UNTIED, ANOYA  
Answer: Ever notice that the whisper of temptation can be heard farther than the loudest call to sin - Earl Wilson

## OVER THE HEDGE by Michael Fry & T Lewis



## CALVIN & HOBBS by Bill Watterson



## MARVIN by Tom Armstrong



## SUDOKU 4462

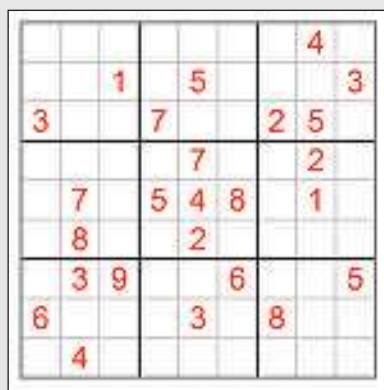
Difficulty Level 5s

### Instructions

To solve a Sudoku puzzle, every digit from 1 to 9 must appear in each of the nine vertical columns, in each of the nine horizontal rows and in each of the nine boxes.

Difficulty Level

1s = Very easy; 2s = Easy; 3s = Medium; 4s = Hard; 5s = Very Hard; 6s = Genius



## SOLUTION SUDOKU 4461



## 30 WARPLANES FOR \$4.8 BILLION

## FRANCE SEALS RAFALE DEAL WITH EGYPT

Egypt is buying another 30 Rafale fighter jets from France, building up its fleet of the advanced warplane to 54, second only to the French air force. France said it will begin delivering 30 Dassault warplanes to Egypt from 2024 in a 4 billion euro (\$4.8 billion) deal, as it strengthens ties with a partner it considers vital in fighting Islamist militants.

## 'Threat to national security': Myanmar bans satellite TV

**REUTERS**  
YANGON, MAY 4

MYANMAR'S JUNTA-CONTROLLED media announced a ban on satellite television receivers on Tuesday, saying "illegal media outlets are broadcasting news that undermines national security, the rule of law and public order, and encouraging those who commit treason".

MRTV state television announced a punishment of "one year imprisonment and a fine of 500,000 kyat (\$320)".

With mobile internet access largely cut off in a bid to quell anti-junta protests since the February 1 coup, Myanmar has increasingly appeared headed back to the state of isolation that preceded a decade of democratic reforms.

## JAPAN JOURNALIST BOOKED FOR FAKE NEWS: OFFICIALS

**YANGON:** A Japanese journalist detained in Myanmar last month has been charged with spreading false news, an official at the Japanese embassy said, amid a crackdown on media.



**Yuki Kitazumi**

Yuki Kitazumi runs a media production company, Yango Media Professionals.

REUTERS

## Far-right crime hits record high in Germany

**Berlin:** Germany saw a big jump last year in politically motivated crimes, and offences committed by far-right supporters hit a record high, Interior Minister Horst Seehofer said on Tuesday.

Far-right offences were up nearly 6% from the previous year at 23,064, and accounted for more than half of all politically motivated crimes, the highest level since police started collecting such data in 2001. Violent crimes classified as political in nature rose by nearly 20% year-on-year to 3,365, Seehofer said. "During the pandemic we observed a further polarisation of the political discussion." Security is emerging as a key political issue ahead of a national election in September. German intelligence fears that far-right activists are trying to exploit public frustration over lockdowns aimed at curbing Covid infections to incite violence against state institutions.

REUTERS



French far-right politician

## Marine Le Pen cleared of hate speech charges

**Paris:** French far-right leader and presidential candidate Marine Le Pen was acquitted on Tuesday of breaking hate speech laws in late 2015 when she posted images of Islamic State atrocities on Twitter. Le Pen displayed three images, including one of the decapitated body of American journalist James Foley, after a television interviewer compared her party to the Islamist militant group. She had previously said she tweeted the images to highlight the absurdity of the comparison and denied any wrongdoing. **REUTERS**



**'No longer believe we can grow together as a couple'**

new life". The couple has three children aged 18 to 25.

The Bill and Melinda Gates Foundation, which had reported total net assets of USD 43.3 billion at the end of 2019, said in a statement that the two would remain co-chairs and trustees and no changes were expected at the organisation. **PTI**

## DAY TODAY

BY PETER VIDAL

**ARIES (Mar 21 - Apr 20)**  
You really don't have any choice but to listen to partners. Compromise will be the greatest commodity around, and a tactical retreat in the short-term will help you win the battle in the long run. Besides, if you make suggestions to other people, they might expect you to put them into practice.

**TAURUS (Apr 21 - May 21)**  
You still have a great deal of emotional power, which of course means that you also have a responsibility towards others. It is much easier than you imagine to manipulate their feelings, even unintentionally. That's why you should be careful about what you say.

**GEMINI (May 22 - June 21)**  
You are all too prone to worries which have no basis in fact whatsoever. You may also imagine that someone is out to do you down, but realise that first thoughts, like first impressions, can often be misleading. This is no time to jump to rash conclusions.

**CANCER (June 22 - July 23)**  
The emotional temperature is rising. The more directed and focused you are, and the clearer your ambitions, the better off you'll be. If you are currently stumbling around in the dark, come back to reality immediately and set yourself some realistic targets.

**LEO (July 24 - Aug 23)**  
It's a useful day to put forward unlikely suggestions, especially if you've set your heart on a new job or promotion. There's also an increasing likelihood that you'll be taken away from home or from your usual base. Still, it might do you good to get out and about.

**VIRGO (Aug 24 - Sep 23)**  
Amid all the hurly-burly of daily life, it's very important to pay a little extra attention to the ethical issues and moral questions. You should take the lead in enforcing higher standards not by preaching, but by setting a worthy example. Other people should do as you do, not just as you say.

**LIBRA (Sep 24 - Oct 23)**  
A little extra confidence will come in handy today, especially if it's time to put your foot down at home. You have put up with other people's irritating whims and foibles for far too long, but please don't sink to their level. Try to show them where they've gone wrong — with sympathy and understanding, of course.

**SCORPIO (Oct 24 - Nov 23)**  
When all is said and done you can only do so much, and other people must recognise that even if you bend over backwards to help, it might still not do them any good. So, concentrate on what you think is important, and try to make partners see that you're not letting them down.

**SAGITTARIUS (Nov 24 - Dec 22)**  
Stay busy and recognise that collaboration is essential at work. You will have to carry colleagues with you if you are to get your own way, and if you go it alone then your options may be narrowed down. And don't worry that you're being undermined. If you do things right then you can't be touched.

**CAPRICORN (Dec 23 - Jan 20)**  
Your travel stars are now extraordinarily imaginative, and getting more so by the day. In one sense this means that you should focus on adventurous plans, but also bear in mind that contacts should be forged with loved ones, friends and acquaintances overseas.

**AQUARIUS (Jan 21 - Feb 19)**  
Take a step back and consider all personal matters from the long-term perspective. There are broader patterns in your life, and it is only by understanding these that you will figure out current strains. It may even be that a dose of stress is good for you.

**PISCES (Feb 20 - Mar 20)**  
Business matters become more important, and you may be about to tap deep veins of entrepreneurial talent and skill, striking a few bargains and impressing other people with your totally unexpected grasp of the facts. It's amazing how your charm and winning ways can help you turn in a profit.



## 17 SPORT

## ‘Who would have imagined such a situation will arise? Had we known, we could have held the IPL overseas’

DEVENDRA PANDEY  
MUMBAI, MAY 4

THE BCCI officials endured some sleepless nights with Covid-19 cases coming over the last few days. With several members among IPL franchises testing positive, the Board had no option but to postpone the tournament. In a chat with *The Indian Express*, BCCI treasurer Arun Dhimal spoke on this and several other issues. Excerpts:

**What happened over the last three days?**

We were continuously reviewing the situation with regards to Covid-19 and safety of the players. We had two cases first and then got news that an official and another member of the franchise had been infected. Today, we got to know that a few more players were being tested. So, keeping health and safety in mind, it was best to postpone the tournament. Nothing else matters for us

other than safety, it's the paramount concern.

**How did the BCCI react when they heard that Covid had entered the bio-bubble?**

The BCCI was worried and we were trying to find out how it happened. The first case we got to know was of Varun Chakravarthy. He was supposed to go for a scan. We felt he might have got infected. Then a second case came in. Now rather than finding out how it happened, all felt that first we should make everyone safe and secure. Safety, at this moment, is paramount for us.

**What was discussed in the emergency meeting?**

BCCI secretary (Jay Shah) was in touch with everyone, so was IPL chairman (Brijesh Patel). The secretary briefed us about the situation. He told us what was happening and what we can do now. He suggested that looking at the situation, it was better to postpone. Everyone agreed with the secretary's view.



BCCI treasurer Arun Dhimal

The positive cases happened in supposedly the safest place. The players felt it was the safest place in India but nobody can make predictions about this virus.

**Why did BCCI pick so many venues?**

In a normal scenario, we would have had more venues, like Indore and Pune. They also used to host IPL games. When we were conducting the England series, everything went so smoothly that we thought that it's time to take cricket back to each zone. At least, the main centres of India.

The IPL should have been played in all areas. We all thought that after what the country went through in 2020, the IPL will boost the spirit of the country. We conducted a dummy run and planned out things. When the England series was conducted in Ahmedabad, Chennai and Pune, the situation was far better. As things went so smoothly, we all were quite confident that we will be able to conduct the IPL smoothly. Who would have imagined such a situation will arise? Had we known, we could have held the IPL overseas. It was during the time when things were getting normal that we took the call. We were quite confident that we will pull it off.

**TOUGH OPENERS FOR SAINA, SRIKANTH**

Kidambi Srikanth will need to beat Japanese top seed Kento Momota in the opening round of the Malaysian Open if he wants to keep his qualifying chances for Tokyo alive. Once he's past Momota, Anthony Ginting could stand in the way in the quarters. Saina Nehwal could face Nozomi Okuhara in Round 2 and Akane Yamaguchi in quarters, if she gets past German Yvonne Li. **ENS**

There are people who are experts in criticising. That is their expertise. We believe in doing the best we can. It's a hallmark of BCCI and we tried our best. We don't go by people's criticism. We gave it our best shot.

**How will you send the foreign players home?**

We stand by our word that for us, the IPL is not complete until our players and officials reach their homes safe and secure. We are working on that and will come out with a detailed plan in two days.

**Any window planned for the resumption of the IPL?**

We haven't discussed anything as all our focus is now on ensuring players, support staff and officials reach home safely. When a window is available, we will hold it.

**What is your estimate on the revenue loss?**

At this point, it's the least of our concerns. We are not thinking about it. Numbers can wait.

## 10-minute call decided IPL fate

Fear of more cases, players reluctant to travel, single venue being impractical gave governing council no other option

DEVENDRA PANDEY  
MUMBAI, MAY 4

AN ONLINE meeting of the Indian Premier League (IPL) Governing Council lasted just 10 minutes on Tuesday morning before it was decided to postpone the tournament indefinitely. BCCI secretary Jay Shah told attendees that it was untenable to carry on because of the breach in the IPL bio-bubble. The secretary told the GC members that the safety of the players was most important and the only option was to postpone the tournament.

A member in the meeting wanted the tournament to go on, but the majority was in favour of postponement for now. Covid-19 cases were detected in Sunrisers Hyderabad and Delhi Capitals on Tuesday to go with those in Kolkata Knight Riders and Chennai Super Kings the previous day. Once Shah spoke to the officials, the next course of action was as clear as daylight for the governing council.

The tournament which the BCCI was conducting in the midst of a raging pandemic in India had to be called off midway, with 29 games played and 31 left to be conducted.

The Indian cricket board had run out of options because of multiple reasons, with fear of more players testing positive looming. The rise in the number of cases within the IPL bio-bubble in Delhi and Ahmedabad was a setback. Players were wary of travelling to Kolkata and Bangalore, venues for the next leg, because both cities have been witnessing a steady increase in new Covid-19 cases.

**No other option**

BCCI officials also realised it was impractical to set up a new bio-bubble for all the teams in a single city to reduce travel.

"Frankly, things started unravelling once the positive cases emerged within the bio-bubble. We don't know how many players, coaches and support staff will test positive in the next few days. The secure bio-bubble no longer existed and everyone was worried. There was no other option. We could not continue with the tournament," a top BCCI official, who was part of the meeting, told *The Indian Express*.

The BCCI considered suspending the tournament for a week and then holding double-headers to make up for lost time, but the possibility of positive cases increasing in the days to come was seen as too big a risk.

"We have no other choice other than postponing the tournament as more cases were detected in the past few days. We had kept all precautions and protocols in place



IPL 2021 has been postponed, following several positive Covid-19 cases across franchises over the past 48 hours. BCCI

but the virus still sneaked in. We had a discussion and we all felt that it's the right time to postpone the tournament," informed BCCI vice-president Rajeev Shukla.

**Teams out of action**

Things took a turn for the worse when two more teams reported players testing positive, taking the number of Covid-19 cases, including non-playing members, to six. Sunrisers Hyderabad wicketkeeper Wriddhiman Saha had tested positive on Tuesday. This was followed by reports of spinner Amit Mishra testing positive in the Delhi Capitals camp.

Both teams would have to isolate for six days as per Covid-19-related Standard Operating Procedure which would have resulted in a scheduling nightmare.

Kolkata Knight Riders and Chennai Super Kings were already in isolation after positive results of two players and two non-playing

members respectively.

On Monday, KKR spinner Varun Chakravarthy and medium pacer Sandeep Warrier tested positive, forcing the postponement of their game against Royal Challengers Bangalore.

CSK chief executive Kasi Viswanathan and bowling coach Laxmipathy Balaji, too, tested positive although Viswanathan's second test returned negative, while Balaji was asymptomatic. CSK, on Monday evening itself, had informed the BCCI about their inability to play the match against Rajasthan Royals on Wednesday.

DC and KKR in Ahmedabad and CSK and SRH in Delhi were out of action for the next five to six days.

**Travel too risky**

A BCCI official also said that the sentiment leaned towards calling off the tournament because players would have had to travel for

the next leg to Bangalore and Kolkata, cities where Covid-19 cases are on the rise.

Just last week, after three Australian players decided to head back home, BCCI interim CEO Amin had assured everyone that the bio-bubble was safe. However, things have changed since.

"The BCCI does not want to compromise on the safety of the players, support staff and the other participants involved in organising the IPL. This decision was taken keeping the safety, health and well-being of all the stakeholders in mind," the IPL said in its statement.

"These are difficult times, especially in India, and while we have tried to bring in some positivity and cheer, however, it is imperative that the tournament is now suspended and everyone goes back to their families and loved ones in these trying times. The BCCI will do everything in its powers to arrange for the secure and safe passage of all the participants in IPL 2021."

SHAMIK CHAKRABARTY  
KOLKATA, MAY 4

THE INDEFINITE postponement of the 2021 Indian Premier League (IPL) due to players and support staff testing positive inside the bio-bubble has thrown up a lot of questions. How will the foreign players return home? What about the ICC World Test Championship (WTC) final next month where India face New Zealand? The International Cricket Council (ICC), however, has confirmed that the WTC final would be played as per schedule, at Southampton from June 18-22.

**How will the Australian players return home?**

Three Australian players - Adam Zampa, Andrew Tye and Kane Richardson - had returned home earlier, pre-empting a travel ban on flights from India. At the time of the IPL postponement, the tournament had 14 Aussie players. There was a big question mark over their return, as the Australian government had banned all travellers from India, including Australian citizens, until May 15. Any breach was threatened to be dealt with a maximum penalty of five years' jail sentence.

Former Australia opener Michael Slater, working in the IPL as a commentator, had left the bubble and went to the Maldives, hoping that he would be able to return home from there before May 15.

A denial irked him, and prompted a tweet: "Blood on your hands PM. How dare you treat us like this. How about you sort out quarantine system. I had government permission to work on the IPL but I now have government neglect".

On Tuesday, however, Australian Prime Minister Scott Morrison retreated on the jail threat. "I don't think it would be fair to suggest these penalties in their most extreme forms are likely to be placed anywhere, but this is a way to ensure we can prevent the virus coming back," Morrison told *Channel Nine*.

This improves the situation for the Australian cricketers in the IPL, although they will have to wait at least until May 15. In a joint press statement with the Australian Cricketers' Association, Cricket Australia, too, said that they would "respect the decision of the Australian Government to pause travel from India until at least May 15 and will not seek exemptions". Given the Covid spike in India, it needs to be seen if the Australian cricketers stay put here or prefer to go to the Maldives or Sri Lanka before returning home.

**What about the other foreign cricketers?**

Every cricketer and staff will have to return three negative Covid tests before leaving. In separate statements issued by the England and Wales Cricket Board (ECB) and Cricket South Africa (CSA), the two boards informed that they are in "close contact" with their respective players, and arrangements would be put in place for their return home.

In its press release, the IPL said: "The BCCI will do everything in its powers to arrange for the secure and safe passage of all the participants in IPL 2021." IPL Governing Council chairman Brijesh Patel told *The Indian Express* that franchises would make arrangements for the return of their foreign players, with the BCCI providing the necessary support.

**What are the quarantine requirements in UK, Australia, South Africa and New Zealand?**

The United Kingdom has a 10-day quarantine rule for incoming travellers. The Australian government has "approved



At the time of the IPL postponement, the tournament had 14 Australian players waiting to return home. BCCI

mandatory quarantine for 14 days from arrival". The South African government allows international travellers to get in if they "provide a valid certificate of a negative COVID-19 test, recognised by the World Health Organization", obtained "not more than 72 hours before the date of travel". But if someone doesn't provide the certificate and tests positive on arrival, "he or she will be required to isolate him or herself at his or her own cost, for a period of 10 days". Travellers to New Zealand from outside quarantine-free travel zone countries "must complete a 14-day stay in managed isolation or quarantine".

Restrictions are stricter for travellers from 'red list' or 'high risk' countries like India.

**Is there a chance for another window for IPL this year?**

It is learnt that the BCCI is looking into a November window for the resumption of the IPL, after the T20 World Cup. The tournament has been postponed after 29 matches and for the remaining 31 games, a short window in November remains an option. Depending on the Covid situation in the country then and the Future Tours Programme (FTP), the BCCI might take a call on the IPL's resumption in India. In any case, the United Arab Emirates (UAE) remains a back-up venue for the Indian board.

**How and where will Indian players quarantine, considering now they are going home?**

To start with, the IPL franchises will make arrangements for their departures. Those who have contracted Covid and the players and support staff isolating inside the bubble will have to follow the tournament quarantine protocols - six days' isolation for close contacts and three negative tests before leaving.

**Will Indian players be able to make it to England for the WTC final next month?**

The UK government has placed India among the "travel ban red list" countries and its advisory says: "If you have been in a country on the travel ban red list in the 10 days before you arrive, you will need to quarantine in a government-approved hotel."

Upon reaching England, two negative Covid tests are mandatory while in quarantine. The BCCI and ECB are in talks at the moment about the quarantine rules for Indian players and staff who will go to England for the WTC final. The ICC is in the loop as well. "We aren't anticipating any changes," an ICC spokesperson told *The Indian Express*.

It is learnt that once the squad for the WTC final is picked, the players will assemble in a bubble and undergo three rounds of Covid tests before taking a charter flight to England. They are likely to leave in early June.

## BRIEFLY

**Prakash Padukone hospitalised**

Bangalore: Prakash Padukone has been hospitalised in Bangalore on Tuesday after testing positive for COVID-19. "Around 10 days back, Prakash, his wife (Ujjala) and second daughter (Anisha), they developed symptoms and got themselves tested and the results came out to be positive," Vimal Kumar, a close friend of the legendary shuttle and director at the Prakash Padukone Badminton Academy (PPBA), told *PTI*. "He is okay now. All his parameters are fine, his wife and daughter are at home and he too will be hopefully discharged in 2-3 days," he added. The 65-year-old has taken his first dose of the vaccine and he is currently awaiting the second. Padukone, who became the first Indian to win the prestigious All England Championships title in 1980, is likely to be discharged later this week. **PTI**

**Mourinho named Roma coach for next 3 seasons**

London: AS Roma has appointed former Tottenham Hotspur manager Jose Mourinho as its new head coach on a three-year contract starting 2021-22 season, the Italian Serie A club announced on Tuesday. The decision comes after the club announced coach Paulo Fonseca will leave his role at the end of the current campaign. "We are thrilled and delighted to welcome Jose Mourinho into the AS Roma family," club president Dan Friedkin and vice-president Ryan Friedkin said. "A great champion who has won trophies at every level, Jose will provide tremendous leadership and experience to our ambitious project." Mourinho, who has previously coached Porto, Chelsea, Inter Milan, Real Madrid and Manchester United, was sacked by Tottenham last month. "After meetings with the ownership and Tiago Pinto, I immediately understood the full extent of their ambitions for AS Roma," Mourinho said. **REUTERS**

**UEFA details rules for teams hit by virus**

Geneva: Teams hit by COVID-19 cases or mandatory quarantine at the European Championship can have their games postponed for up to 48 hours to get new players in, UEFA said Tuesday. UEFA published extra rules for the June 11-July 11 tournament, including raising squad sizes from 23 players to 26 to help teams cope amid the coronavirus pandemic. Euro 2020 is scheduled to play 51 games in 31 days with few days available as back-ups. Matches will be played on schedule if each team has at least 13 players, including one goalkeeper, available for selection. UEFA said teams with fewer than 13 players could have their game "rescheduled within the next 48 hours of the date of the relevant match" and possibly at a different venue. "Any additional player called up to meet the minimum of 13 players requires that an equivalent number of quarantined players are definitively withdrawn from the 26 players list," it said. **AP**

**BFI's RK Sacheti succumbs to Covid**

New Delhi: The Boxing Federation of India's Executive Director R K Sacheti died on Tuesday after battling COVID-19. He was 56. The long-serving administrator was fighting the dreaded infection at a hospital here for the past few days and was on ventilator support. "With a deep sense of sorrow & grief, we inform you that Mr. RK Sacheti, ED (BFI) left for heavenly abode today morning, creating a huge void in the sports world," the BFI said. BFI President Ajay Singh said Sacheti was the "life and soul" of the national federation. "Indian boxing reaching such heights in the last few years was largely his contribution. We will miss him dearly. Boxing will miss him. Indian sport will miss him. "Rest in peace my dear friend. We will always be proud of you," Singh said. Last year, he was invited by the International Olympic Committee's Experts Group to "advise" on the formulation of rules for Olympic Qualifiers. **PTI**





# Opening of Sahasrara The Last Step of our Evolution



H.H Shri Mataji Nirmala Devi (Founder of Sahaja Yoga)

*"The only way one can really understand what we are is by knowing yourself."*

H.H Shri Mataji Nirmala Devi

From the dawn of human civilization man has been in quest of exploring the truth of nature, the functioning of its varied natural systems, the evolution and the purpose of life. With the passage of time while the human evolutionary process progressed man started developing chord with the nature. Also, the endeavor led mankind to different levels of development in different spheres of political, economic, social and religious importance yet the search never satiated. The vital question of what is the truth of existence remained unanswered.

According to French biologist Pierre Lecomte Du Noüy, a transcendent cause directs the evolutionary process. In the context of modern times it is to be seen whether this purpose was accomplished by the human race so dearly cherished for several centuries of spiritual history, or, was it taken over by materialism leading to strife, conflicts within and outside, insecurity and endangered natural environment.

If transcendent cause has brought us to this level of human consciousness, giving meaning to our existence can only be understood by the process of Self- Realization. In our history of seeking we have always searched for meaning outside, not knowing that the real treasure lies inside. But now the time has come that we look inside and discover our own glorious Self. The age-old sacred scriptures like Vedas and Puranas, Gita, Tripitaka, Agamas, Torah, Avesta, Bible, Quran, Guru Granth Sahib, etc. explicitly mention the experience of the Divine Bliss in this modern era known as the Kaliyuga, the time when the ripening of the spiritual seed that lies dormant within each individual shall take place leading to an en-masse spiritual awakening. This awakening is the final stage of our evolutionary process, the final benchmark of our development and is the most complex yet the simplest to attain. It is just like the organic growth of a seed into a tree which happens naturally at its own pace. Just like all flowers bloom at different pace on their own, just as the human heart pumps blood throughout the body on its own and just as the process of digestion happens on its own, this happening too works out naturally like any other living process without any outside efforts or external discipline. This realization of the Self is not a mental or intellectual understanding but an experience, an actualisation that takes place and can be felt on our Central Nervous System due to the awakening of a residual energy called the Kundalini that lies dormant within. This Kundalini is the mother energy that rests at the base of our spine in the Sacrum Bone in three-and-a-half coils and rises, piercing the six energy centers (chakras) above it ultimately opening the Primordial Sahasrara, the last chakra in the Human Subtle System. Upon the breaking of the Sahasrara, just as a closed-lid earthen pot thrown into the ocean fills with water and goes deep down upon removing the lid, the person too experiences the union with the Divine - the Yoga and enters into the realm of collective awareness touching the depths of divinity that lie within him.

In ancient times though, the awakening or jagruti of this energy was very difficult and one guru could give self-realization to only one disciple. The process was extremely rigid and involved strict purification of the mind and body through tough penances and practices under the instructions of the guru. From penances in the chills of the snow-capped Himalaya to extensive meditations in the deep forests of the Kishkindha, only and only, the most pure and dedicated ones could get their Self-Realization. As a result, among millions, only one or two hardly got the spiritual enlightenment. Bestowing the greatest gift of this Kali Yuga, this state of Yoga can be achieved easily through the spontaneous process of Kundalini Awakening through Sahaja Yoga, the process of en-masse realisation founded by Her Holiness Shri Mataji Nirmala Devi. 'Sahaja' means effortless, hence this union with the Divine, the 'Yoga', becomes extremely effortless. Through Sahaja Yoga, one becomes the 'Dvija'- the Sanskrit word for 'born twice', and we get our Resurrection as said by Jesus Christ. Just like when the egg hatches, the shell breaks and the chick comes out similarly upon Self Realization the shell of our Ego and the Super Ego falls off when the Kundalini pierces the Sahasrara and we become one with our true self- the Spirit.

This process of Self-Realisation occurs en-masse only and only with the divine grace of Her Holiness Shri Mataji Nirmala Devi who started Sahaja Yoga after opening the Primordial Sahasrara on 5 May, 1970. Fondly called as Shri Mataji, she worked out a method to give Self Realization to desiring seekers however small or large they would be in number which could be further passed on to others just like rows of lit lamps enlightening the unlit ones. Shri Mataji was sure that solely giving sermons & writing books was not going to help. There had to be a transformational change within oneself, to understand the great work of spirituality and God. There had to be a happening within oneself, and this had to be done "en-mass", and not individually. Even when She worked tirelessly day and night touring the whole world and giving realization to everyone beyond social, cultural and man-made boundaries, Shri Mataji never charged any money for Her work. As She says "this you must have known, because you cannot pay for Sahaj Yoga. It's an insult even to think of money. This is your own right, you are made for it."

When the Sahasrara opens and the light of the Spirit shines in our attention, no confusions or tensions remain and one enters into the Nirvichara Samadhi- thoughtless awareness state. As the light penetrates the being, all the darkness of ignorance goes away and one starts to experience the connection with the Divine expressed as subtle waves of cool breeze on the palms of our hands and on top of the head.

On enlightenment this body itself becomes a temple with the divine essences of all religions enlightened within us. Our vision changes and we start touching the essence of others; being going beyond their physical form. The heart gets filled with love for the entire humanity and a calm stillness soothes the inside. And automatically we start adopting all the qualities that lie within us.

*Description of Realised Souls by Saint Gyaneshwar,  
excerpts from Pasaydan*

**चला कल्पतरुंचे आरव, चेतनार्चितामणींचे गाव, बोलती जे अर्णव, पीयूषांचे ॥५॥**

*Those people whose uttering is like an ocean of elixir, because of whom this earth has become a garden of Kalpavriksha (A tree which can grant everything that can be thought of, wish fulfilling trees). Those folks are nothing but, towns of blessing gems (wish fulfilling pearls, the gems which can give solace from anxieties and grant anything that can be thought of) of consciousness.*

**चन्द्रमंजे अलांछन, मार्तण्ड जे तापहीन, ते सर्वाही सदा सज्जन, सोयरे होतु ॥६॥**

*Those who are, spotless even being beautifully lit (having good outlook and morality) as the Moon (pious); Calm, soothing and cold (egoless) even if as bright (enlightened with knowledge) as the Sun, are really eternal saintly people who are filled with love and compassion for all.*

This transformation is inner whose manifestation takes place in all spheres of life whether mental, physical or emotional. Through meditation, dynamism in the personality and a great depth develops within. The only thing we have to do is to desire, earnestly, for our own ascent. Unless and until the Mother Kundalini is not awakened within we can never understand our own Self. There can be discussions, discourses, book readings, construction of temples but if the light of the Spirit is missing from the heart itself, then all these things can never permeate our being and fall futile. A lamp which is not lit cannot spread the light. Only when we desire in our own freedom that this awakening can take place. At the Sahasrara, the final chakra, one becomes completely integrated and enjoys a state of balance and enters into complete union with the Divine Power. This is what is called as the essence of all life, religions, existence and creation. Our evolution has not stopped but what remains is the final leap of our evolutionary growth and a transformation from Homo sapiens to Homo spiritualis, only then can we know what we are and that whatever we had been seeking outside since times immemorial lies within our own being. Becoming the Spirit is the highest point of our evolution and only through Sahaja Yoga this actualization can be felt, experienced and imbibed in life. This is the absolute truth. It is time that in this Yuga we understand it, take our Self Realization and lead a life full of eternal joy and everlasting peace. If we are at peace within there will be peace all over the world. The answer to man's seeking has come. Let the entire humanity yearn for it.

*"You cannot know the meaning of your life unless you are connected to the power that created you."*

H.H Shri Mataji Nirmala Devi

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