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SUNDAY POST

HERE . NOW



A FACEOFF WITH PANDEMIC

P
3,4 COVER STORY



Popular for her feature 'Leslie Show' and motivational book 'Because I Am a Girl', Odisha-born Leslie Tripathy has so far done films in as many as 14 regional languages including Hindi. She is also a popular social media influencer. On non-working Sundays, she loves to visit old age homes and spend time with elderly persons.

Ace host

When I am not shooting films, I make sure to host my talk show 'Leslie Show' because it has made me popular overnight.

Foodie

Though I am a foodie and love eating healthy food, I don't know the ABCs of cooking. I am very lucky to be treated regularly by my friends who prepare amazing dishes.



Leslie with old-age home inmates

Fitness freak

I have been keeping up with a rigorous gym routine. But that does not mean I miss out on my yoga sessions. When I don't go for gyming, I practice yoga.

Prolific writer

I enjoy reading and writing books. I am a diehard fan of books authored by my dad Dr Sailendra Narayan Tripathy, a professor in English.

Gardener at heart

I am quite a green thumb. So, I love gardening and growing plants. On non-working Sundays, I take care of them.

Care for elderly

I love my grandparents like anything. I visit old age homes frequently to spend time with senior citizens when I miss my grandparents.



RASHMI REKHA DAS, OP

LET'S BE KIND

Sir, The cover story in the last edition of **Sunday POST** Voices for the Voiceless was thought provoking. Being an animal lover, I loved the write-up. I feel there are many who inflict atrocities on the animals intentionally and derive pleasure from causing harm to them. People too abuse animals to exhibit their 'superiority', though they are no way superior to them. Not only animals, they don't spare even their family members and relatives. Thus, cruelty towards animals should be taken seriously by the society as well as the law enforcement agencies. In recent years many cases of animal cruelty have been witnessed in India. Animal abuse can only be stopped if exemplary punishment is awarded to the offenders.

MEENAZ AFSAR ALI, JAGATSINGHPUR

MISSING LOCAL STORIES

Sir, I am a regular reader of **Sunday POST** but of late I have been missing local filmy stories in Tinsel Town page as such stuff add zing to the page. Recently, shooting of films have been resumed, so there is no reason why the readers shouldn't get to know about the development. As Odia films are not streaming on OTT platforms, fans don't get opportunities to watch them. Being a film buff, I would like to go through some local entertainment stuff in Sunday supplement. One thing I must say I liked reading the cover article To Sir With Love appeared soon after the demise of legendary actor Ajit Das. I would like to see more such articles in coming days.

SHAILABALA SAHOO, KOLKATA

LETTERS



A WORD FOR READERS

Sunday POST is serving a platter of delectable fare every week, or so we hope. We want readers to interact with us. Please send in your opinions, queries, comments and contributions to features.orissapost@gmail.com B-15, Industrial Estate, Rasulgarh, Bhubaneswar - 751010, Orissa. Phone (0674) 2549982, 2549948

A faceoff with pandemic

Expenditure of Covid treatment at a Hyderabad hospital is not less than ₹1 lakh a day on critical care which is nowhere near the affordable level of an average Indian

P S M RAO

I have got over the Corona disease, but not the shocks it created. Eight of our ten-member joint family were afflicted. And our misfortune: the youngest of our brothers succumbed to the pandemic and the rest are safe, like me. Achyuta Rao was dear, not only to all the family members and acquaintances but to many children, in the two Telugu speaking states, to protect whose rights he vowed to fight till his last breath and he kept his promise; no exaggeration! I am not detailing here on what he did as it falls outside the scope of this article.

Our instant fear, after testing positive, was not about COVID per se but about facing the dreaded disease in the background of our poor healthcare system.

THE HOSPITAL ORDEAL

Yes, our fears came true. When two of my brothers – including the one we lost – urgently needed hospitalisation, the actual trauma we experienced was much worse than what we

had anticipated. Admitting COVID patients to a hospital is not an easy task; the situation is not like: you call an emergency number and an ambulance appears at your doorsteps in good time and you get into a hospital where the medics take your full care and treat you with empathy. It needs a lot of effort to find a good hospital and enormous persuasion to get admitted into it; market forces principles of supply and demand strictly apply to health business and its profit maximisation approach becomes clearly visible when your need becomes compulsive like during COVID times.

Somehow, we could get both their admissions into two facilities of the same corporate hospital. But our ordeal did not end there. Things do not move fast enough, at the hospitals, to provide timely relief to the patients; procedures and financial matters take precedence over the patients' health condition. We were asked to pay money in advance, before admitting and the beginning of every procedure and medication at the hospital.

The hospitalisation charges for seven days' stay of my deceased brother was Rs. 10 lakhs. It would be higher by Rs.1,097.32 if the



hospital were not generous enough to give that much discount in the end! The three days' hospitalisation cost of the other brother was Rs.4.4 lakhs! Given the state of our healthcare system, the hospital conditions could not be but hostile to the people.

MY FACEOFF WITH CORONA

Before commenting on our healthcare system, let me detail my battle with Corona. I did not go to any hospital because of the fear of rejection there, 'no room for a corona patient' and the fear of inhospitable treatment at the hospitals. Fortunately, my ailment level was also not so dreadful as requiring inevitable hospitalisation although my family doctor on and off suggested its impending need.

My COVID infection from the get-go. It all began, during a midnight, with fever, chills and shaking, though for a brief spell. The temperature measured 102° F. The rapid test conducted the next day showed me as COVID 'positive'.

The temperature continued unabated, peaked to 104.4° on the fifth day and settled at 103° for the next two days and turned normal from the eighth day. My sore throat which started mildly on Day-2, worsened and peaked on Day -3 when swallowing anything was a hell. But the pain started receding on Day 4 and totally disappeared on Day 5.

The medicines my doctor prescribed were: 1. Azithromycin 500 2. Dolo -650 3. Levocet-M 4. Vitamin C 5. Zincovit 6. Fluvir 7. Fabiflu and Vit D3 60K

When the temperature was at its highest, 104.4, on the fifth day, the doctor gave me a course of Dexamethasone 6 mg/day. The first dose of this medicine caused some nausea but fortunately subsided with eating a clove. This was followed by a five-day course of Methylprednisolone – starting with a daily dose of 40mg and tapering it off to 8 mg on the fifth day. So, the medicines given can be classified to include, antiviral, antibiotic, antipyretic, antihistamine, steroids and some vitamins.



My diet included plenty of fruit, vegetables, curds and an egg a day and the other usual stuff. Consumed a lot of lemons, drank lukewarm water and regularly used steam inhalation during the first few days. Also, I kept ready with me a pulse oximeter and a thermometer to keep tracking my temperature and oxygen saturation levels. My oxygen saturation levels had been around 95 most of the time and never went below 90-92 making it compulsory to get admitted into a hospital.

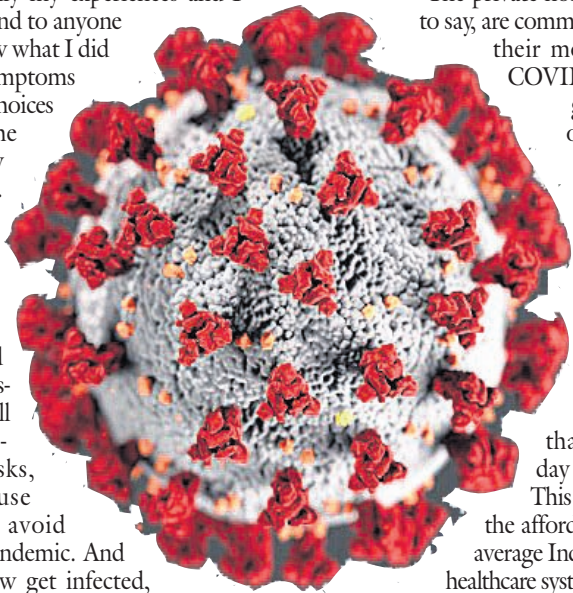
These are only my experiences and I don't recommend to anyone to exactly follow what I did because the symptoms and treatment choices need not be the same for every COVID affected. The best thing is to follow your doctor's advice. The essential things everyone should do are: keep physical (I hate to call it social) distancing, wear masks, wash hands, use sanitisers and avoid catching the pandemic. And if you somehow get infected, do not panic – that is very important. More important: don't stigmatize COVID disease but empathize with the infected and extend a helping hand. It is possible to help them without being infected in the process with necessary precautions like maintaining a safe physical distance from them. For instance, my daughter who lives close by used to leave the food at our doorsteps four times a day for almost two months for all the ten family members and our pharmacist used to drop the medicines there.

AILING HEALTHCARE

Reverting to our healthcare system, the government-run hospitals are not equipped to effectively deal with the pandemic; they do not evoke confidence among people. Not the ordinary people, but the senior government functionaries including the ministers, when afflicted, rush to what they consider the best private hospitals, not to the government hospitals where they have better access than the ordinary.

The private hospitals, needless to say, are commercial in nature; their motive is profit. COVID has turned a good business opportunity for them. As our own experience at Hyderabad shows, the expenditure for COVID treatment for hospital care is astronomical – not less than Rs 1 lakh a day on critical care. This is nowhere near the affordable level of an average Indian. Clearly, the healthcare system is not geared to people's needs.

The public spending on the health sector in India is abysmally low; it has been just a little over 1% of the GDP; much below the world's average of 6%. The allocation in the 2020-21 budget of Rs.69,000 crore, though a 10% hike over the previous year's, was just equal to 0.30% of the anticipated GDP of Rs.2,24,89,420. All the state governments put together spend another about 0.75% equivalent of the GDP. Thus, the total spending is much below 2.5 to 3% of the GDP, rec-

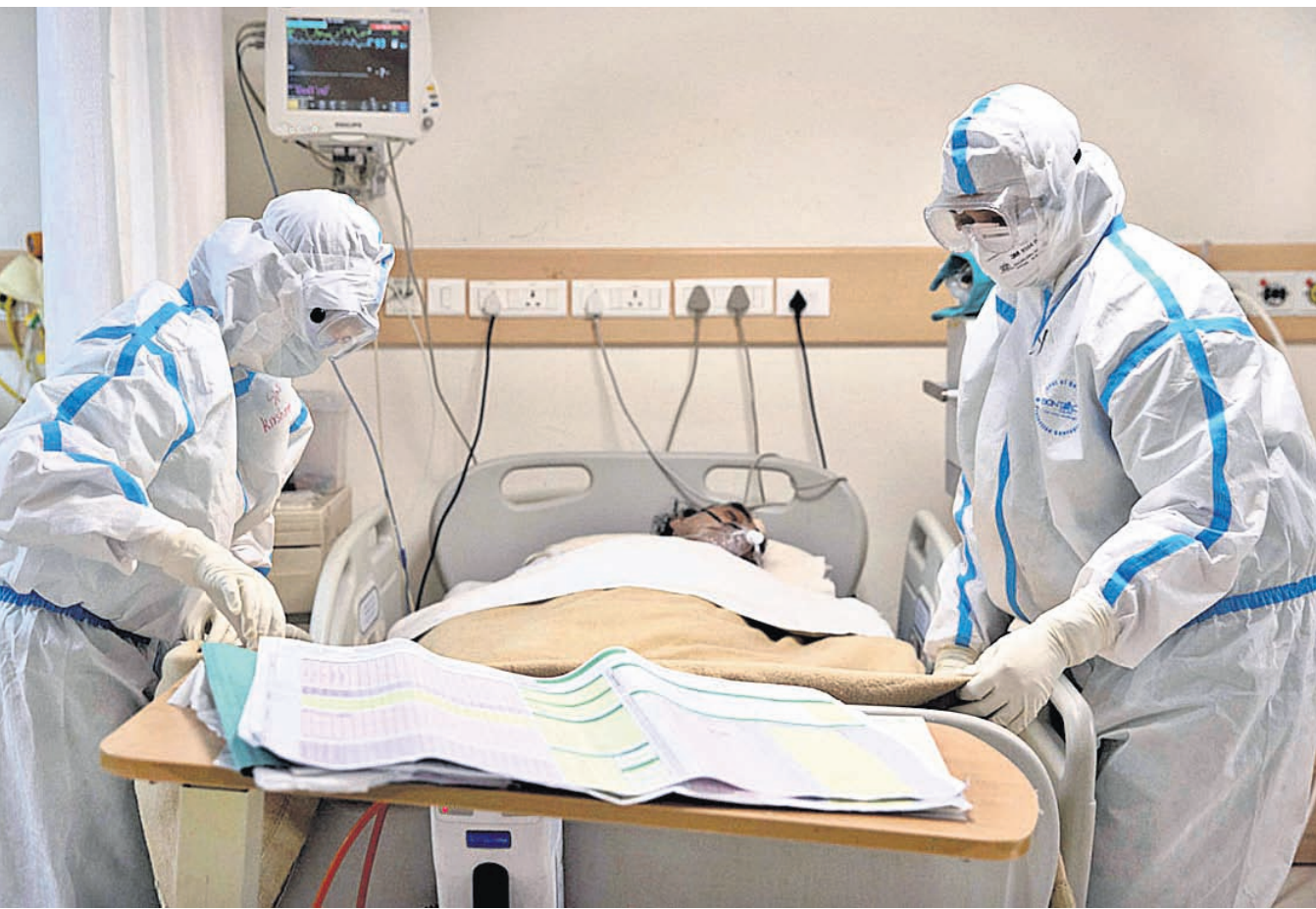


ommended by the expert committees like that of Dr Srinadha Reddy's and the Planning Commission's long back. Because of the governments' low spending, 72% of rural and 79% of urban spells of ailment are treated in the private sector as per the 71st round National Sample Survey. Despite the government's boasting of its measures, a high 86% of the rural population and 82% of the urban population are not covered under any government-supported health scheme. Overall, the health infrastructure is inadequate. For instance, there is only one allopathic government doctor for every 10,926 people in India against the WHO's recommended doctor-population ratio of 1:1000. There is a shortage of 6,00,000 doctors and 20,00,000 nurses in the country as per the report of the US-based Center for Disease Dynamics,

Economics Policy. The nexus between corporate hospitals, pharma companies and doctors has increased the risks and costs of healthcare to such an extent that millions of middle-class Indians descend into poverty when they fall sick; every year, more than 3.5 crore people fall below the poverty line due to illness. Then, the study of the Institute of Health Metrics and Evaluation (IHME), has found India to be ranked low, at 158 among 195 countries, in human capital; one notch below Sudan's 157. India's poor quality of education and high prevalence of certain diseases were the culprits, in halting its progress.

NEW POLICIES NO SOLACE!

Unfortunately, the so-called health sector reforms do not address the root cause for the malady – commercialisation of the sector. The recently launched Pradhan Mantri Jan Arogya Yojana-Ayushman Bharat (PMJAY-Ayushman Bharat), too, cannot be a substitute for universal healthcare. The peripheral changes to the system are not going to bring any succor to the country with over 1.3 billion population and with 70% of them without the capacity to meet the expenditure essential to life. Similarly, the recently launched National Digital Health Mission and the National Health ID, which is going to be a repository of health-related information of the people, is unlikely to bring any positive changes in the healthcare system. If at all, the information will help the medical insurance companies to design their tariff policies and to reduce their risk, which means increasing the premium costs for users. Hope the COVID wrought destruction and the resultant indignation of the people would now make the governments rethink and act to de-commercialise the health sector. Brining in a universal healthcare system free from commercial insurance interest is not the government's magnanimity but it is its duty since health protection is people's fundamental right under Article 21 as held by the Supreme Court. So, to act quickly is the government's duty and not to act amounts to its continued dereliction.



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Nostalgia chugs along

HAVING DUTIFULLY TRANSPORTED THOUSANDS OF PASSENGERS DAILY FOR OVER FIVE DECADES, THE ICONIC TRAIN HAS BEEN LEFT STRANDED FOR 200 DAYS, SINCE THE NATIONAL LOCKDOWN WAS ANNOUNCED MARCH 24.

DEBI MOHANTY

Nearly 37 years ago while travelling from Bhubaneswar to Bilaspur, former Indian Railways officer, G K Mohanty, was surprised to notice a young lady, Charlotte Von Schedvin - one of his co-passengers in the first class compartment- collecting, used Kulhads (earthen tea cups), lying on the coach and corridor. 'How can one throw such beautiful handmade objects?' she asked herself, silently.

She was accompanying her husband, Odisha-born Swedish artist, Pradyumna Kumar 'PK' Mahanandia, on their visit to the latter's brother, a senior railway officer, posted at Bilaspur.

Mahanandia's four-month long, adventure-filled bicycle ride from New Delhi to Gothenburg in 1977 to meet the love of his life, Von Schedvin, is considered a modern day epic of romance. Recently, he was appointed as an Advisor for Art and Culture to the Swedish government. "That gesture of Mrs. Mahanandia touched all of us in the coach. We were on board the Utkal Express, the only train on that route, then," reminisces, Mohanty.

Introduced in 1969, the 18477/78, Kalinga Utkal Express (commonly referred to as Utkal Express), incidentally, was the first train to connect Odisha with Delhi. It ran between Puri and New Delhi/Hazrat Nizamuddin, before being extended to Haridwar, in 2005. During its 2367 kilometer and forty-eight hour long haul, the train, merrily, whistles past 76 stations, large and small, across ten states.

However, after having dutifully transported thousands of passengers daily, for over five decades, the iconic train has been left stranded for 200 days, since the national lockdown was announced March 24. This month October 1, quietly, she turned 51.

The Covid 19 pandemic has severely im-

pacted the railways- the economic lifeline of the country.

Prior to the Utkal Express' debut, passengers from Odisha had to travel to Howrah and board a Delhi-bound train to reach the national capital. The exercise cost them more, and also, almost an extra day.

So, when Utkal Express started rolling, "There was tremendous excitement among the people, everyone was happy," remembers eminent writer and former general manager (South Eastern Railway) Satakadi Hota.

Today, even, in the presence of faster, 'classy' cousins- the Rajdhani and Duronto- the Utkal Express hasn't lost its charm. It continues to offer its loyal passengers a varied experience: incredible landscapes, history, valour, architecture and mythology. And thrill.

Recounting her experience, nomadic teacher, writer and an arranger of words, Jayshree Tripathi had once written:

"This brings back memories of the 1970s. Of train journeys on the Utkal Express, to Delhi from Sambalpur in Odisha.... The train weaved through the Chambal Valley and often took 30 hours on its serpentine route... In 1974, our train was held up by dacoits on one such journey. We were two students in a Ladies Coupe, Third Class / Three Tier and sat frozen for what seemed endless hours, before the train chugged

forward. One moment of sheer fright, as the dacoits stomped outside, a scream -"Arre, asli Mumtaz kaun hai?" information gleaned from the passenger lists pasted outside on the coaches, hysterical laughter and a few thumps on our door, as their footsteps faded. The first class carriages were robbed. We were lucky".

Luck aided her, once more, on the same stretch.

"Two years later," she narrated to Orissa POST, through email, "My two younger sisters were to join my college- Indraprastha College for Women, Delhi University. My parents and five sisters drove to Jharsuguda to catch the Utkal Express.

As fate decreed, the train screeched to a halt in the Chambal Valley...my heart palpitated, we all sat still. The coach doors were locked quickly by railway personnel.

Luckily for us, the dacoits got into the first class carriages and after a lot of commotion, rode away on their horses!"

Columnist and businessman, Shyam Agrawalla still cherishes his memories. "We called it the "Bharat Darshan" Express. I travelled on it to Tatanagar several times; post dinner, we used to board at Bhubaneswar. Though the distance was short, much to our convenience, it reached us the next morning. Utkal allowed us to sleep well," laughs Agrawalla.

However, hundreds of its passengers had a terrible time three years ago. In a tragic incident in 2017, fourteen coaches of the Haridwar bound train jumped the tracks in Khatauli- nearly 40 km from Muzaffarnagar (UP)- killing 23 people and injuring more than 150. It was the saddest day in her career.

Contrary to the general perception that it's easy to avail a reserved berth in it, railway authorities claim that like other express trains, Utkal's seat occupancy has always been high and 'sometimes more than 100 percent.'

"It's been a well patronised train," puts ex chief commercial manager (South East Central Railway, Bilaspur), Krupa Sagar Sahoo. According to him, apart from others, scores of poor people, including men and colorfully attired women belonging to the nomadic Banjara community in MP and Chhattisgarh travel by this train. Majority of them depend on it for a living. "They sell herbs, fried chameleons, tabiz, medicines for snake bites and enhancement of sexual prowess. But, they never beg," asserts Sahoo, a recipient of the Odisha Sahitya Akademi award.

Covid has derailed the lives of, even, the poor Banjaras. Indirectly, though.



A stationary Kalinga Utkal Express waiting for a signal



Disha wows Tiger with butterfly kick

Actress and fitness enthusiast Disha Patani shared a video performing the butterfly kick that has left her rumoured beau Tiger Shroff gushing.

In her new Instagram video, Disha pulls off the butterfly kick without any aid and flawlessly.

"Butterfly kick (butterfly and flower emoji)," she captioned the image.

"Clean," commented Tiger, with a fire and clap emoji.

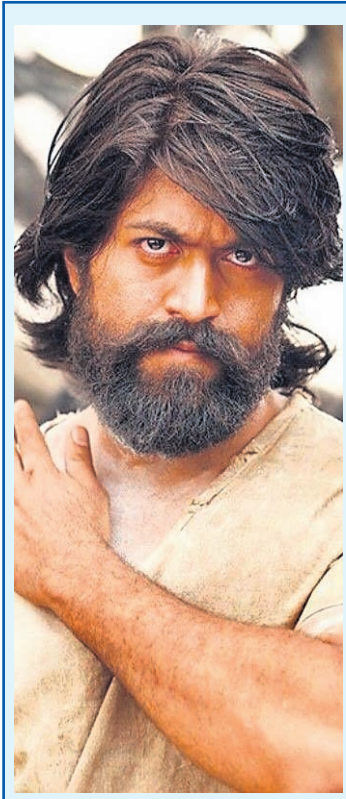
Tiger's mother Ayesha Shroff comment: "Wowwwwww deeeeshu."

Disha is currently busy shooting for the upcoming film *Raidhe*, which features superstar Salman Khan in the starring role, along with Randeep Hooda. The film is directed by Prabhudeva.

Salman recently shared his happiness on resuming shoot for the film after almost seven months.



Disha too has the starring role in *KTina*, produced by Ekta Kapoor. The film also features Akshay Oberoi and Sunny Singh. IANS



Yash resumes shoot for KGF 2

Kannada superstar Yash has started shooting for the sequel of *KGF*. Shooting for the much-hyped film had been halted due to the pandemic but with lockdown eased, the unit is back at work.

Yash, who will return as Rocky Bhai in the film, shared a photo on Instagram informing his fans about resuming shoot.

Yash shared a photo of himself and captioned it: "Waves can't be stopped but you can learn to sail..After a long break.. Rocky sets sail from today."

KGF 2 also features actor Sanjay Dutt as Adheera, the antagonist of the story. IANS

Katrina returns on set after a long break

Katrina Kaif has joined the bandwagon of celebs, who have resumed work after a long break due to the pandemic. The diva even took to social media to share her excitement on resuming work with a happy post.

Taking to Instagram, Katrina shared a picture wherein she can be seen posing for the lens while her team donned the PPE kit. While fans are excited to see their favourite star return on the sets, Katrina shared this picture using emoticons to express her feelings.

With more than 40 million followers on Instagram itself, Katrina has been keeping her fans on their toes with her unmissable posts. From sharing a glimpse of herself doing household work to motivating all with her workout posts, Katrina has been winning over the Internet with her social media posts.

On the professional front, Katrina will soon be seen in Rohit Shetty's cop drama *Sooryavanshi* along with Akshay Kumar. AGENCIES



KARTIK LOSES TT MATCH TO SISTER

Actor Kartik Aaryan recently shared a video in which he can be seen playing Table Tennis at his home. And guess what? He faced defeat at the hands of his sister, Kritika Tiwari.

"Kittu ki khushi mere live anmol hai... Isliye maine usse 'Jeetne Diya' #Sacrifice," Kartik captioned the video, which he posted on his Instagram account. Kartik and his sister are imparting sibling goals with their recent video.

Reacting to the clip, actor Tiger Shroff commented: "Insane."

On the film front, Kartik will next be seen in *Dostana 2* and *Bhool Bhulaiyaa 2*. During the lockdown, he entertained his fans and followers through his social media posts and his chat show *Koki Poochega*, wherein he interacted with Covid-19 warriors. IANS





Combating child porn menace

International Day of Girl Child

With obscene images and videos are just clicks away, children should be encouraged to inform their parents if they come across such content, says Ghasiram Panda, national manager of Ending Child Marriage programme, Action Aid.

RASHMI REKHA DAS, OP

According to the latest report of National Crime Records Bureau (NCRB), Odisha has registered the highest number of child pornography cases in the country in 2019 for the second consecutive year. While Odisha has witnessed 542 child pornography cases, Bihar stood a distant second with 164 cases. Growing misuse of Internet for circulating child pornography and other obscene material is a matter of concern. Without exaggeration, it can be said that children who have been sexually abused often face severe and long-term psychological consequences. On International Day of Girl Child, **Sunday POST** speaks to a few child rights activists to ascertain the reason behind the surge in such cases.

Namrata Chadha, a former member of the State Commission for Women and Juvenile Justice Board, says, "Using a child for sexual activity and recording the act is a heinous crime. It is surprising to learn that Odisha is recording highest number of child pornography cases in the country. Though Bihar stood second, the number of cases is much less than that of Odisha. Now-a-days, everyone has access to the Internet but most people do not know the consequences of committing cyber crime. The videos engaging children in sexual activities are increasing due to their demand. In the name of friendship or promising the victim to marry, an accused manages to make

such videos without victim's knowledge. But this is an organised crime as a racket is often involved in such activities. The accused make money by selling such content online. On the other hand, victims do not realise how they get exploited. This is high time the government framed strategies to curb the menace and booked the culprits under POCSO Act to award stringent punishments."



NAMRATA CHADHA



GHASIRAM PANDA



BENUDHARA SENAPATI

Ghasiram Panda, national manager of Ending Child Marriage programme, Action Aid, India, says, "We should see the positive side of the report which claims Odisha has registered highest number of child pornography cases. I believe it is because Odisha has not suppressed any cyber crime complaints and registered almost all the cases unlike other states. I feel more restrictions should be imposed on easy access to pornographic sites by the Internet users. There should be some regulations. For example, the viewers of porn sites should submit their personal details before watching the content. In adolescence, youngsters do not know what to watch and what not to. Parents should treat their young children as friends, not guardians so that they can discuss their issues comfortably. They should teach their wards about the adverse effect of watching online pornography. Obscene images and video clips are just a click away from smartphone users. Children

should inform their parents if they come across such content. In Odisha, parents find it difficult to talk to their children about sex. Children would stop taking interest in such videos once the parents start talking about the subject which is so far being treated as taboo."

He further adds: "Lack of stringent policies on rights to privacy, content regulation and pornography is a major obstacle in this regard. Raising awareness on child sexual abuse and to stop it is a collective responsibility."

Benudhara Senapati, director of Childline, says, "Bhubaneswar, home to a large number of engineering colleges, is set to become an IT hub in near future. Thousands of students get admissions into these institutions every year. When they stay away from their parents, they experiment with new things to battle homesickness. They get indulged in several types of cyber crime for recreational purposes. During lockdown cyber crime cases have been multiplied. Many youngsters became unemployed during the lockdown. They started making such



videos to earn easy money. Thirdly, girls under the age 18 are being trafficked

from rural areas of West Bengal to Odisha every year. They are brought to be used in the making of obscene videos. Most importantly, talking about sex is still considered a taboo in our state. While sex education in schools is yet to become a reality, parents feel uncomfortable to discuss the topic with their children. These are few reasons for which child pornography cases are rising in Odisha."



PHOTO CREDIT: KUMAR SHARAT