

**PANDEMIC:
MULTIDIMENSIONAL ISSUES**

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Editors

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Pandemic: Multidimensional Issues

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Sri Saikat Dutta*

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Message

I am pleased to know about the initiative taken by the Department of Commerce, Sree Chaitanya Mahavidyalaya in bringing out an edited volume on 'Pandemic: Multidimensional Issues' very soon.

The basic purpose of publishing such an edited volume is to promote the research aptitude and thought process amongst the teachers, scholars and students, and helps develop a habit of publishing scholarly articles. Such an effort on the part of the Department of Commerce of the college is indeed praise-worthy. I wish that the edited volume may satisfy the academic and scholarly objectives of the teachers, students and others of our college and of other institutions also. It will definitely help build up an image in future that may entice teachers, students and others to contribute papers.

Let this endeavour be a ceaseless academic journey towards attaining excellence and greatness.

Dated: Habra
June 2022

Dr. Subrata Chatterjee
Principal
Sree Chaitanya Mahavidyalaya.

Preface

This book provides important recent contributions from leading scholars to the literature of social science. The articles contained in the book exhibit insightful thoughts over pandemic related multidimensional issues such as, COVID-19 Pandemic and Socio-Economic Disruption, Sociology of Covid-19 Pandemic , Looking Back : Pandemic, Great Depression And World War, Should Public Health Care Be Considered A Right To Citizen In Post Pandemic Time, COVID-19 : Some Influencing Factors For Its Pandemic Nature, Covid 19 the Reflection of our Sins, Covid 19& History of Pandemic, Sociological and Environmental Changes in Covid 19 Pandemic Situation, Socio Economic Impact of Covid 19 in India, Impacts of COVID-19 Pandemic: A Study on Tourism Industry of India. Looking Back At The Great Mortality: Its Impression Left on Literature.

The first article by Dr. Dhruva Ranjan Dandapat outlines the socio-economic doldrums due to COVID-19 pandemic. The second contribution by Dr. Biswajit Ghosh suggests some major steps that need to be followed for some years to come aftermath covid pandemic. The third contribution by Dr. Suvendu Saha attempts to narrate the sequence of events of the past with an eye to compare and visualize our world post pandemic. The fourth contribution from Dr. Soumen Chakraborty emphasises on public health care services in post pandemic times. The fifth contribution by Dr. Raj Narayan Roy provides a comprehensive knowledge to the readers to

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increase awareness leading to create a strong barrier against the spread of pandemic COVID-19. Sri Abhisek Saha raises questions over Covid 19 that is the reflection of our sins. Smt Piyashi Banerjee focuses on history of pandemic in light of Covid 19. Sonali Roy Chowdhury Ghosh attempts to outline sociological and environmental changes in response to covid 19 pandemic situations. Dr. Sukumar Pal discusses on impacts of COVID-19 Pandemic on Tourism Industry of India. Dr. Manabendra Sekhar Bhadra tries to review socio economic impact of covid pandemic in india. Mr. Nimai Chandra Mondal looks back at the great mortality with its impression left on literature.

We would at first like to thank the Department of Commerce of Sree Chaitanya Mahavidyalaya for undertaking the venture of publishing an edited volume on Pandemic : Multidimensional Issues and choosing us as its editor. Our heartfelt thanks also go to the distinguished contributors, faculties of our department, faculties of other departments (especially Smt. Piyashi Banerjee), publication house and above all our Honourable Principal Dr. Subrata Chatterjee and IQAC Coordinator Dr. Pulakesh-Sen for their motivation, active support, help and co-operation in this regard. As the motto of the edited volume is to accumulate the ideas of eminent academicians on the multidimensional issues of pandemic .we would feel blessed if this edited volume will be helpful to the students and academicians and wide-ranging audience. Despite our best efforts, there may be errors and omissions we are offering our sincere apology for those errors. All types of suggestions for improvement or corrections will be entertained from our end with thanks.

Dated: Habra, June 2022.

Editors.

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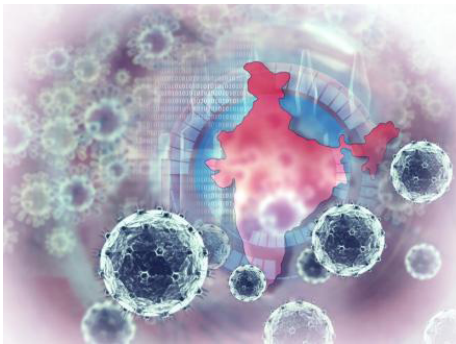
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COVID-19 Pandemic and Socio-Economic Disruption: An Overview

Dr. Dhruba Ranjan Dandapat
Professor, Department of Commerce
University of Calcutta

The Scenario Chinese health authorities reported to the country office of World Health Organisation (WHO) in China on 31 December 2019 about a cluster of viral pneumonia cases of unknown cause in *Wuhan* of the *Hubei*



Province and WHO declared the outbreak a Public Health Emergency of International Concern on 30 January 2020 when there were 7,818 cases confirmed globally, affecting 19 countries. Subsequently, WHO announced a name for the new corona virus disease as COVID-19 on 11 February 2020 and declared it as a pandemic on 11 March 2020 (<https://>

www.who.int). Within a very short period, more than 42.87 lakh cases of COVID-19 have been reported from 212 countries and territories, of which about 2.88 lakh have died and 15.45 lakh have recovered till May 12, 2020.

The pandemic has already resulted in severe global socio-economic disruption, as most of the countries across the world have to impose travel restrictions, lockdowns, workplace hazard controls, postponement or cancellation of sporting, religious, political and cultural events, closure of schools, universities, and colleges, etc., as a preventive measure in order to arrest the spread of the virus. India is also under the complete lockdown under three phases since midnight of March 23, 2020 till May 17, 2020 with some relaxation in essential activities like agriculture, small kirana type of shops, etc., since April 20, 2020.

Some Previous Pandemics

COVID-19 Pandemic is not the only pandemic affecting the lives of people. The world has faced many pandemics since time immemorial. Some of the pandemics that have affected people of this planet since second half of the nineteenth century are listed in Table-1.

Table 1: Pandemics during last 100 years

<i>Period</i>	<i>Event</i>	<i>Disease</i>	<i>Death Toll (Estimate)</i>	<i>Location</i>
1863–1875	Fourth cholera pandemic	Cholera	600,000	Middle East
1889–1890	1889–1890 flu pandemic	Influenza	1 million	Worldwide
1899–1923	Sixth cholera pandemic	Cholera	800,000+	Europe, Asia, Africa

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1915–1926	1915 Encephalitis lethargica pandemic	Encephalitis lethargica	1.5 million	Worldwide
1918–1920	Spanish flu (pandemic)	Influenza A virus subtype H1N1	17-100 million	Worldwide
1918–1922	Typhus	Typhus	2.5 million (estimated)	Russia
1957–1958	Asian flu	Influenza A virus subtype H2N2	1-4 million	Worldwide
1877–1977	Smallpox	Smallpox	500 million	Worldwide
1968–1970	Hong Kong flu	Influenza A virus subtype H3N2	1-4 million	Worldwide
1981–present (data as of 2018)	HIV/AIDS pandemic	HIV/AIDS	32 million+ (23.6–43.8 million)	Worldwide
2009–2010	2009 flu pandemic (informally called “swine flu”)	Pandemic H1N1/09 virus	151,700-575,400	Worldwide

Source: https://en.wikipedia.org/wiki/List_of_epidemics (compiled)

COVID-19 Pandemic: Current Status

More than 42.87 lakh people have been affected due to ongoing COVID-19 pandemic in 212 countries and territories throughout the world till May 12, 2020. Out of the total infected people, about 15.45 lakh have recovered and 2.88 lakh have lost their lives by this time. It may be observed from Table-2 that 75.96% of the total infected people, 74.4% of the total recovery and 82.63% of total death belong to only 12 countries out of total 212 countries and territories that have been affected. In spite of different protective measures adopted by the countries all over the world, the number of cases has been increasing on a continuous basis.

Table 2: Current Status of COVID-19 Pandemic

	Total Cases		Total Death		Total Recovered	
<i>World</i>	4,287,044		288,238		1,544,667	
USA	1,387,499	(32.36%)	81,937	(28.42%)	262,225	(16.97%)
Spain	269,520	(6.28%)	26,920	(9.34%)	180,470	(11.68%)
Russia	232,243	(5.42%)	2,116	(0.73%)	43,512	(2.82%)
UK	223,060	(5.20%)	32,065	(11.12%)	N/A	
Italy	219,814	(5.13%)	30,739	(10.66%)	106,587	(6.90%)
France	177,423	(4.14%)	26,643	(9.24%)	56,724	(3.67%)
Germany	172,626	(4.03%)	7,661	(2.66%)	147,200	(9.53%)
Brazil	170,021	(3.96%)	11,701	(4.06%)	67,384	(4.36%)
Turkey	139,771	(3.26%)	3,841	(1.33%)	95,780	(6.20%)
Iran	110,767	(2.58%)	6,733	(2.34%)	88,357	(5.72%)
China	82,919	(1.93%)	4,633	(1.93%)	78,171	(5.06%)
India	71,441	(1.67%)	2,310	(0.80%)	23,059	(1.49%)
Total		75.96%		82.63%		74.4%

Source: <https://www.worldometers.info/coronavirus/> (Retrieved on May 12, 2020, Compiled)

COVID-19 Pandemic: Socio-Economic Disruptions

Countries across the world have imposed restrictions on movement of people from one place to the other, closed down workplaces and educational institutions, cancelled sporting, religious, political and cultural events, etc., for maintaining social distancing in order to control the spread of the Virus. Countrywide Lockdown in India has been made effective since midnight of March 24, 2020 till April 14, 2020 in the first phase, April 15 to May 3 in the second phase and May 4 to May 17 in the third phase. However, in spite of maintaining lockdown in different countries including India for a considerable period, the number of COVID-19 infection

has been continuously increasing day by day. The situation has led to the *conflicts* between *protection of people from the infection of the Virus* and *saving majority of the people from depression and starvation due to closure of economic and other activities*.



The lockdown due to pandemic has led to disruption in industrial and commercial activities, suspension of all forms of transport system (rail, road, air

and water) causing supply chain breakdown and restricting people's movement including thousands of migrant workers, pilgrims, students, patients, etc., restraining them from coming back home, closure of educational institutions resulting in confinement of students in their homes, etc. Children are not being able to go outside their homes; students are not getting any opportunity to attend their educational institutions; manufacturing facilities and workers have been remaining idle; tourism centers are free from any tourists; transport operators including bus drivers, auto/rickshaw pullers, street vendors, hotel and restaurant owners, shopkeepers of non-essential items have become jobless. Most of the people have been facing problems due to home confinement for an indefinite period, lack of regular income for maintaining their livelihood and uncertain future.

The novel coronavirus pandemic, or COVID-19, is predicted to have an impact on the global economy. Where the global

real Gross Domestic Product (GDP) grew by 2.9 percent in 2019, it is forecasted that COVID-19 will cause the global real GDP growth to decrease by 0.5 percent in 2020 compared to the previous year, to 2.4 percent growth (<https://www.statista.com>). World trade is expected to fall by between 13% and 32% in 2020 as the COVID-19 pandemic disrupts normal economic activity and life around the world (https://www.wto.org/english/news_e/pres20_e/pr855_e.htm). So far as India is concerned, Confederation of Indian Industry (CII) have estimated that India's GDP for FY21 will be between 0.9% and 1.5%. (Kumar, Business Today).

Gloomy picture of lockdown effect on global employment due to the current pandemic may be observed from the findings that appear in the *ILO Monitor third edition: COVID-19 and the world of work*. It has been mentioned therein that out of about 3.3 billion workers globally, about two billion have jobs in the informal economy, representing the most vulnerable workers in the labour market and 1.6 billion workers of the informal economy “have suffered massive damage to their capacity to earn a living” as a result of the economic meltdown created by the COVID-19 pandemic. It has also been mentioned that due to lockdowns, or because they work in hard-hit sectors, these workers globally have seen a 60 per cent drop in income during the first month of the crisis, according to ILO estimates. This translates into a more than 80 per cent decline in Africa and the Americas, 70 per cent in Europe and Central Asia, and 21.6 per cent in Asia and the Pacific. According to ILO, workers in four sectors, representing about 37.5 per cent of global employment, that

have experienced the most “drastic” effects of the disease and falling production are: food and accommodation (144 million workers), retail and wholesale (482 million); business services and administration (157 million); and manufacturing (463 million) (<https://news.un.org>). So far as India is concerned, it has been estimated that 100 million and more Indian jobs will be at risk during and after the COVID19- lockdown stage. A survey on the 200 Indian CEOs conducted by CII, a leading industry association, shows that one-third of the CEOs expected job losses of 15-30 per cent in their respective sectors while another 47 per cent felt the figures might be slightly less than 15 per cent (<https://www.outlookindia.com>).

Stimulus Packages for Revival of the Economies

COVID-19 Pandemic has shattered the economies across the countries all over the world. Experts are of the opinion that the effects are more devastating than global meltdown of 2008-09, may be even more than that of Great Depression of 1930s. To overcome the crisis, Government of various countries have started unleashing monetary stimulus for economic recovery and restoring normalcy at the earliest possible time.

The US has committed to the largest rescue package by any country in pure dollar terms of USD 2.7 trillion which is equivalent to 13% of its GDP, while Japan has announced a package equivalent to 21.1 per cent of its GDP and it has outlined USD 1.1 trillion recovery package and plans for



further spending. Sweden has provided for a stimulus equal to 12 per cent of its GDP and Australia has announced the stimulus equivalent to 10.8 per cent of its GDP. Germany has announced a spending of around USD 815 billion, equal to 10.7 per cent of its GDP. (<https://www.thehindu.com>).

In India, the stimulus package, taken together with earlier announcements by the government during COVID crisis and decisions taken by RBI, is to the tune of Rs 20 lakh crore, which is equivalent to almost 10 per cent of India's GDP. The Rs 20 lakh crore package includes Rs 1.7 lakh crore package of free foodgrains to poor and cash to poor women and elderly, announced in March, as well as the Reserve Bank's liquidity measures and interest rate cuts. While the March stimulus was 0.8 per cent of GDP, RBI's cut in interest rates and RBI's cut in interest rates and liquidity boosting measures totaled to 3.2 per cent of the GDP (about Rs 6.5 lakh crore). (<https://economictimes.indiatimes.com>).

Concluding Notion

The whole world is under socio-economic doldrums due to COVID-19 pandemic. The situation has not yet improved in most of the countries as the large number of new cases of the virus is still being reported from almost all the countries including India. Moreover, second wave of infection has been found in some countries like China and Japan. Many are of the opinion that COVID -19 is going to stay over a long period of time. However, complete lockdown cannot be continued for an indefinite period as that may cause more death due to hunger than from the pandemic. So, lockdown should be gradually relaxed, as it is being done in India, so

that people may go back to their normal life. But, at the same time, people have to learn living with the virus maintaining health protocol to keep themselves safe.

Web References: https://en.wikipedia.org/wiki/List_of_epidemics; <https://www.worldometers.info/coronavirus/>; <https://www.statista.com/statistics/1102889/covid-19-forecasted-global-real-gdp-growth/>; Kumar, Chitranjan. 23 April 2020. "Coronavirus impact: CII pegs India's GDP growth between -0.9% to 1.5% for FY21". *Business Today*; <https://news.un.org/en/story/2020/04/1062792>; <https://www.outlookindia.com/magazine/story/business-news-100-million-and-more-indian-jobs-are-at-risk-after-covid-19-lockdown-is-your-job-safe/303094>, retrieved on 13.05.2020); https://www.thehindu.com/business/business_live-13-may-2020/article31571094.ece; <https://economictimes.indiatimes.com/news/economy/finance/latest-stimulus-package-among-largest-in-the-world/articleshow/75701976.cms?from=mdr>; <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen> (Relevant data retrieved during May 09 – May 14, 2020).

Sociology of Covid-19 Pandemic

Dr. Biswajit Ghosh

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By now we have become aware about the potential of Covid-19 to cause devastation including large scale death in human society. The World Health Organization has declared it a 'pandemic' because it has the potential to cause damage



globally. Notwithstanding early symptoms and warnings, some countries have failed to take proper steps on time resulting in disorder and damage in the economic, social and health sectors. Let me focus here into the question of why some countries have failed while some others have succeeded in reacting quickly. This is more as we cannot deny the possibility of a similar outbreak

in future. Let me focus first on the major question of why has Covid 19 become a pandemic.

Reasons

The first among these is our failure to take warnings issued by some sociologists since the late 1980s. Sociologists like Ulrich Beck and Anthony Giddens had informed us about the impending crisis and even pandemic of a 'risk society'. It was then argued that such 'external' and 'manufactured' risks have the potential to destabilise the whole society cutting across class, gender or race boundaries. We did not bother about these global risks. We thought that development would undo these risks.

The second reason is our limited vision and consequent delayed action. We failed to estimate the possible effect due to ignorance and lack of experience in handling such pandemic. The number of cases in the USA or Brazil has soared up sharply because their leaders underestimated the impact of Covid-19. In many countries of South Asia (India, Pakistan and Bangladesh in particular), political and religious leaders offered foolish arguments about the virus and created confusion in the public mind. As opposed to such unscientific arguments, countries which had some prior experience of epidemic like African Countries tackling Ebola or Hong Kong and China tackling SARs virus could impress upon their people to join the fight early. Among the states in India, Kerala managed better because they had experience of Nipah virus in 2018. Similarly, countries like Vietnam, Cuba, or Japan could begin their plan even before the virus could enter their country. In India, Sikkim did the same.

The third reason, which emanates for the second is faulty approach to tackle a pandemic. Handling a pandemic requires a different approach; it calls for quick planning and their fast execution. This has a strong link with the kind of autocratic leaders we are electing these days. These leaders do not listen to the advice of the scientists; rather they expect the scientists to listen to them. Mr. Donald Trump is the best example of such a leadership. The Indian leaders equally completely forgot the issue of migrant labourers and other stranded passengers when they declared lockdown on 24th March. Hence they had to allow such mobility in the last phase of lockdown. This should have done in the beginning and preferably before declaration of lockdown. Ironically, such a failure to decide about a correct strategy is also linked to the way modern democratic states function. Most of the modern states follow the approach of 'tension management' preferably with force at the last moment. Whenever there is any crisis, the administrators either form a committee and ask it to submit recommendations causing much delay in state action or immediately send police/military to stop the movement. This is a flip side of modern 'popular' democracies and they are equipped to tackle any pandemic quickly.

The fourth reason is poor health infrastructure in many countries. Decreasing expenditure on public health and simultaneous privatization of such essential facilities since economic liberalization can be noted in most countries of the world. Even after the declaration of pandemic, we could not create enough facilities for quarantine, testing, PPE, ventilators and hospital beds. The developing countries of

South Asia with huge population and high density, the logic of 'hard immunity' also has limitations as sufficient health/quarantine facilities can't be created for the affected persons.

The fifth reason is the mismatch between policy and social reality. Very few countries had clear-cut and definite policies to check the spread of the virus and they started reacting suddenly when the virus had already penetrated deep into the country. In India, for instance, lock down could not be effectively implemented as many people were stranded and were not transported before the lock down. By comparison, Vietnam, New Zealand, or South Africa had reacted very fast not only to check human mobility but also to tract infected persons by involving the people at large.

The sixth reason is the nature of global neoliberal capitalism. The International Division of Labour which has been an offshoot of neo-liberal capitalist model of development has led to dependency on China in particular. The opening up of the market and capital's search for cheap labour has led to China manufacturing 40 per cent of global products. Such dependency has also resulted in large scale mobility of human beings across borders. As coronavirus spreads through human contact, a society that is more incorporated/integrated in the chain of 'development' is affected more. Quick and large scale human mobility resulting from large scale expansion of the aviation industry since economic globalization has expedited the pandemic very quickly. In 2002, when SARs (human to human) virus erupted, the effect was restricted. But now in 2020, all parts of the world are affected.

Consequences

Covid-19 has led to severe economic loss and human casualty. Though there are positive outcomes like environmental



renovation, improved faith of science and reason, improved social relation within a limited familial circle, greater familiarity with new technology and the like, the negative outcomes outnumber

these. Let me now list down the major sociological consequences of the pandemic.

The first one is the exposition of hidden cracks and strains of a global society that claims to be 'modern' and 'developed'. Today we are witnessing a rise of sentiments related to race, caste, class, religion, gender and age in most parts of the world. All these are leading to heightened segregation and polarization.

The second consequence is the rise of severe exclusion and marginalization of a large number of poor farmers, workers, landless labourers, and trans-genders.

As a corollary, the current pandemic has caused the third consequence namely greater vulnerability to a large segment of our population. It has been argued that lock down protects the well off, but exposes the poor and marginalised to greater risks. Apart from the poor and unemployed including the informal sector workers, those patients (Cancer, Thalassemia, Kidney, heart, delivery, HIV and Elderly) who rely on hospital service on a daily basis stand exposed to the virus once they

go for any service. Severe mental stress to those losing jobs including those (children, old) facing isolation are also documented. Instances of unemployed youth committing suicide are also noticed these days.

The fourth consequence is the rise of what Michel Foucault has called Bio-Politics & Bio-Power. In a time when the scope of civil society activism is extremely less, modern state rulers are becoming autocratic to controlling our personal life. Apps are being devised to collect our personal information to be used later for manipulation including political misuse. This trend is dangerous for any democracy.

The fifth consequence is the use of a pandemic situation to spread mistrust and hate. Manipulation of information about certain sections of the Muslims in Delhi, for instance, only spreading the virus has led to suspicions about the state and its instruments. In fact, when the *Tablighi Jamaat* meeting was held in Delhi, a large number of Hindu devotees assembled at Tirupati (and many other places) to offer puja. But these incidences were intentionally ignored by those who wanted to put the blame on a particular community. Such 'blame game' is a part of the current political process to argue that the government did not succeed because of 'these' people only. The US President had equally put the blame on China and forgot his reasonability. Ironically, when this happens, people belonging to a community do not come forward for testing as the whole community would be branded as 'corona spreaders'. In the United States, such manipulation has opened up the ugliest face of racism. An environment of mistrust has

also led to targeting the migrant labourers, the transgenders and even those who have provided the much needed medical services (doctors and nurses) during the crisis period.

Finally, there has also been a rise in the instances of domestic violence committed by husbands including parental control over children. We should also recognise the rise of digital divide between the users and non-users of technology in recent times.

What needs to be done

It is clear to all of us by now that coronavirus is going to stay for a longer time until a vaccine/proper medicine is available and till then we shall have to live with it. Hence, the society at large has to accommodate itself with a new lifestyle and work habits so that we maintain minimum safety rules including physical distancing while in work or moving in public places. Ironically, this is not possible for a large segment of poor people living in slums, or working in the informal sector. Creation of employment opportunities for many including the migrant workers would also be a tough job for all governments facing a financial crisis. Obviously, we will witness not only an astonishing rise in the number of cases including deaths in coming months, there would also be social chaos amidst politics of 'blame game' and incidences of petty crimes. It is not easy for anyone to suggest clear cut remedies of these maladies and calamities. Amphan had added to our miseries in West Bengal. Hence, the suggestions listed below are partial and they need to be replaced by new stratagems as and when required.

I would suggest the following major steps that need to be followed for some years to come:

- Ban all public/mass gatherings
- Use state resources to create work opportunities
- Revive PDS and PSUs
- Create sufficient health infrastructure and quarantine facilities.
- In order to restrict human mobility, the government and private offices should allow its employees to work/teach/buy from home using modern technology.
- Develop partnership with NGOs/SHGs/ASHA Workers/Trade Unions/Local Bodies to identify and distribute job opportunities to marginalized people.
- Promote self-help and cooperation among neighbours so that many impending tasks can be managed by themselves.
- Believe in the ideology of humanity and get rid of politicians promoting divide and rule.

Looking Back : Pandemic, Great Depression And World War

Dr. Suwendu Saha

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As the COVID-19 pandemic spread all across the globe, comparisons between today's situation of lockdown, depression and political conflicts and the Spanish flu



pandemic of 1918, followed by the Great Depression and the political conflicts leading to the World War II, are proliferating. It was clear from various historical

events that the conflicts centred round the struggle for capturing the scarce resource base of the world. In this article, an attempt is made to narrate the sequence of events of the past with an eye to compare and visualize our world post pandemic. People believe that 'history repeats'.

Followed by the Cholera pandemic started in 1863, a series of similar eventualities sweep our planet one after another. In 1915, Encephalitis lethargica pandemic spread world-

wide, followed by the massive Spanish flu, taking millions of lives within a span of two years. Lasting from January 1918 to December 1920, it infected 500 million people – about a third of the world's population at that time. The death toll is estimated to have been anywhere from 17 million to 50 million or even more.

We may try to visualize the scenario during that time – people dying in mass, cities and towns getting deserted with no one to live, riches of wealthy families (all died) lay open with no one left even to plunder, all economic activities stopped like that of today, and a total vacuum prevail in the minds of people, all of them afraid and depressed. The difference of the situation of that time with that of today is that we are now doing the statistical analysis to control the spread of the disease with the help of technological infrastructure and wanting to think that we should not do the same old mistakes that may lead to our own destruction, though we cannot prevent us carry on doing them – the irony of faith basically centred round our struggle for existence to acquire, at any cost, the limited resource-leftovers post calamities, which lead to the out-break of wars and therefore further destructions. This is a vicious cycle which carry on, unavoidable, till a balance is reached between resource base and reduced population of the species including human beings. As Darwin summed up, 'those who can adopt to the changes will survive'. We are indeed the child of destiny controlled by the super-power, the Nature.

Looking back, followed by a series of pandemics, a worldwide economic crisis 'The Great Depression' started, which lasted from August 1929 to June 1938, almost 10 years. The system

of the gold standard, which linked other countries' currencies to the U.S. dollar, played a major role in spreading the downturn internationally. The economy started to shrink in



August 1929, months before the stock market crash in October of that year. It began growing again in 1938, but unemployment remained

higher than 10% until 1941. That's when the United States entered World War II.

In 1933, the US government initiated an economic revival package, President Franklin D. Roosevelt's 'New Deal', which created a series of social and government spending programs



to bring back the Americans to work, that briefly ended the Depression. The reforms put in place by New Deal, include, encouraging the

beginning of the labour movement, which fostered wage growth and sustained the purchasing power of millions of Americans, the establishment of Social Security and the federal regulations imposed on the financial industry.

But in 1936, Congress (US) decided it was more important to balance the budget, and began raising taxes. The Depression returned in 1937, sending unemployment into the double digits until 1941. The U.S. entry into World War II created

defence-related jobs. Since production capacity had declined during the Depression decade, new capacity had to be built. It really could be argued that the World War II, which ultimately lowered the unemployment and increased GNP through weapons production, really played a bigger role to end the Great Depression.

Several programs created through the New Deal did have a lasting positive impact on the U.S. economy, among them was the Social Security Act, which provided income for the elderly, disabled and children of poor families. The Glass-Steagall Act of 1933 established the Federal Deposit Insurance Corporation, which effectively insured the savings of Americans in the event of a bank failure, which was all too common at the time. In addition, the National Industrial Recovery Act of 1933 was enacted to foster “fair competition”



through the fixing of prices and wages and the establishment of production quotas, among other measures. The subsequent National Labor Relations Act of 1935 allowed for collective bargaining and essentially led to the development of the labor movement in the United States, which protected workers’ rights and wages. The modern labour movement (celebrated as the May Day) was born out of New Deal initiatives.

Such programs certainly helped end the Great Depression, but a big economic push, during the World War II, with its demands for massive war production, which created lots of jobs, ended the Depression. The American economy benefited from the new opportunity created during the enormous



destructive World War II. Americans were not the initiators of the War, but had to participate in the War after Pearl Harbour Attack. But their main participation was in the internal construction process of their economy, they tried hard to create the necessary infrastructure and capture the new-found opportunity that knocked at their doors (of producing the weapons of destruction and also useful industrial commodities). A

massive flow of world's wealth poured into their economy, they prospered in the process, and eventually became the political super-power after World War II.

Many people worry that the world could experience another

economic depression after the COVID-19 pandemic. A depression on the scale of 1929 may not happen exactly the way it did before. Many laws and government agencies were put in place. Moreover, the central banks around the world are much more aware of the importance of stimulating the economy with expansive monetary policy. Working together, monetary and fiscal policy can prevent another global depression. The main emphasis needed in this hour is to remain positive, to develop ourselves from within with the spirit 'let's work'. Americans did this before and they prospered. We must become self reliant, we must develop our infrastructure. We must be ready to take any opportunity that knocks at our door.

History repeats, no doubt, but taking lessons from history also helps.

Should Public Health Care Be Considered A Right To Citizen In Post Pandemic Time

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Liberalization, Privatisation and Globalization have become central themes of discourse in economic as well as in social spheres. While it is difficult to define these legalities in clear terms, their effect could be seen and felt all around us. The advocates of globalisation forces propagate this myth that “Globalisation is a fact of life and it is a natural phenomenon.”



They also go on to declare that “There is no Alternative to Globalisation.” Against these pronouncements of the globalising

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forces at the global level, there has been a trend to mobilize and organise those who want to counter the globalization trends and effects. [1]

Globally the unprecedented corona virus pandemic is demanding equally unprecedented and dedicated care from healthcare staff. That means with no previous knowledge to tackle the disease on such a large scale, the authorities are facing much more than a World War like situation.

Authorities are seeking expert consensus and issuing advisories to healthcare staff as well as to the public. Guidelines are being issued to staff working in hospitals designated for Covid patients as well as in Primary Health Centres (PHC). The structure created by the Central Health Ministry and State Health Ministry involves Tertiary Care Hospitals, District Health Office, District Hospitals or Medical Colleges, Community Health Centres at taluka level and PHCs.

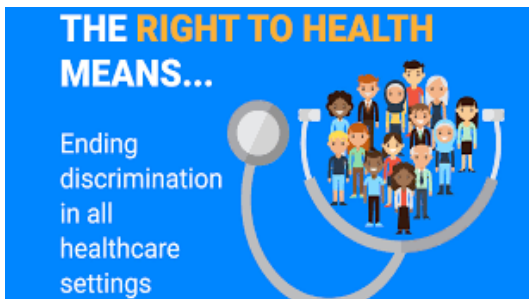
The PHCs are considered as first line care, as the name itself suggests, and each provides healthcare up to 30,000 people all over India. They include ASHA (Associated Social Health Activist) workers. ASHA workers generally are considered grass-root level workers and generally are from the same community. [2]

As the world health system is increasingly focussed on saving people from Covid-19, question arise about the extent to our health problems has been reduced and the implications for this for tens of millions of patients.

In this context it is significant that on March 30 the World Health Organization released special guidelines to help countries maintain essential health services during the Covid-19 Pandemic. In addition, there is pressing need for health system to maintain as far as possible the same level of care for maternity and childbirth. If not, maternal and infant mortality rates can go up.

All these facts and factors must get due consideration by various countries while planning to meet the wider health challenges in Covid-19 times or else costs for people could be very high. [3]

Universal Healthcare never quite got the attention it needed from India's Policy Planners. There were always other subsidies cooking and these had to be served first. This pushed healthcare investment out of the back burner and onto the kitchen floor. As a result, India's government health



spend is just 1% of its GDP, among the lowest in the world.

The main reason why it is always difficult to

run a campaign for Universal Health Care is because we fall sick singly and alone. When we are ill all we can think about is getting well. But when we are well, we don't give illness

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a thought. An epidemic changes all that for illness now no longer strikes randomly and uniquely.

Covid-19 as we have seen, has linked all masses together, the sick and the worried non-sick, like partisans in a movement. In this collective sight for life, corporate health tailored to suit individual capacity to pay, just doesn't work. ^[4]

Look at the world around us. Governments have armed themselves with extraordinary powers to deal with the pandemic. One of the visible changes is the way we have come to look at our governments. Political scientists, Policy makers and even the courts have acknowledged the streamlined government decision making is vital in order to respond to this global health threat.

The courts sometime “ring the bell ” to attract the attention of the government towards issues forgotten or overlooked. The Indian Judiciary has relaxed the vigour of the “locus standi” limitations and at the same time given an expansive meaning to constitutional freedoms which is remarkable. But these measures have the two consequences.

First, it has widened judicial reach beyond its traditional self-imposed boundaries. There have been moments of overreach which need to be credibility. Second, it has given rise to who frequently use the courts to push their own agenda. ^[5]

Table 1: Mortality Scenario of Selected States In 2011

STATES/ UT/ INDIA	UNDER 5 YEAR MORTALITY (PER 1000 BIRTHS]	MATERNAL MORTALITY RATIO (PER 100000 LIVE BIRTHS)
KERALA	13	81
TAMILNADU	25	97
MAHARASHTRA	28	N.A.
DELHI	32	N.A.
PUNJAB	38	192
WEST BENGAL	38	145
HIMACHAL PRADESH	38	N.A.
HARYANA	48	186
CHHATISGARH	57	N.A.
BIHAR	59	N.A.
RAJASTHAN	64	318
ODISHA	72	N.A.
UTTAR PRADESH	73	359
MADHYA PRADESH	77	N.A.
ASSAM	78	390
INDIA	55	212

Source : Statesman, 01 January 2014, P. 7

It needs to be carefully analyzed why the indicators of health sector performance different states. A careful analysis of such differences and their causes can provide some valuable clues for improving the performance of these states which have logged far behind.

Yet another aspect of regional imbalances in health achievements is the extent to which a huge rural-urban divide exists. It is well known that vast rural areas in India are very

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poorly covered by health services, and this is revealed in the low achievements of critical health indicators in some states (Table 2). In Odisha, for example, the under-5 mortality in urban areas is 43 while in rural areas this is as high as 76. Clearly much more emphasis has to be given to improving health services in rural areas.

Table 2: Under-5 Year Mortality Scenario (Per 1000 Births)

State	Rural	Urban
Rajasthan	70	38
Odisha	76	43
Uttar Pradesh	77	54
Madhya Pradesh	82	50
Assam	83	39

Source : The Statesman, 01 January 2014

Researchers on Poverty like Abhijit B Banerjee and Esther Duflo, in their book, ‘Poor Economics’ found that symptoms of depression are much more prevalent among the poor. Facing not just income risks but also the risk of death or disease makes people worry and worrying makes them stressed and depressed. Being stressed makes it harder for the poor to focus on their jobs, so they become less productive. They also between poverty and the level of cortisol (a hormone the body releases when under stress), which is an indicator of stress. ^[6]

The state of our healthcare system should not surprise us, Budget 2019 allocated a sum of Rs.93,035 crore for healthcare out of which only Rs.71,584 crore could be spent; which is

less than ½ percent of GDP, far below the optimum level of 6 percent of GDP. Even the flagship Ayushman Bharat Scheme suffered from neglect; as against a budgeted amount of Rs.6,400 crore only Rs.3,200 crore were spent, which comes to a mere Rs.64 per beneficiary. The Government has made a welcome commitment to raise public healthcare spending to 2.5 percent of GDP by 2025, but much more expeditious action is required. [7]

To sum up, we must learn to dance in harmony with our environment, rather than applying a hammer to every present and emergent problems. Not every problem is a nail nor the person we disagree with is an enemy.

The Pandemic has opened up an important conversation that eluded us in our blind pursuit of individualism, freedom, democracy and money. The old era is gone with the virus. Whether we like it or not, we will have to re-image and shape collectively what the post-corona virus economy and society will entail. This can no longer be built top-down, but through a dialogue where everyone recognizes that we are all facing common and existential fates.

The corona virus makes or breaks us as a community. That is the truce that we need before the dance. [8] We must be willing to get rid of life; we have planned, so as to have the life that is waiting for us. The old skin has to be shed before the new one can come. It is new beginning.

Footnotes:

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4. *Gupta Dipankar ; falling Sick Together ; The Times of India; April, 30, 2020, Kolkata, P.No. : 10*
5. *Salve Harish ; Corona and the Courts ; The Times of India ; Tuesday, April 21,2020 ; Kolkata; P.No. : 10*
6. *Mukhim Patricia ; Shackled by Poverty ; The Statesman; December 2017, Kolkata ; P.No. : 16*
7. *Saksena Devendra ; Annus horribilis ; The Statesman ; 11 April 2020, Kolkata ; P.No. : 06*
8. *Sheng Andrew ; Dancing around the covid hammer ; The Sunday Statesman, 26 April 2020 ; Kolkata ; P.No. : 07*



COVID-19 :

Some Influencing Factors For Its Pandemic Nature

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Introduction: A report of twenty nine patients having pneumonia symptom with unidentified etiology was submitted at WHO office, (Wuhan, China) on 31st December 2019. Later, the disease has named as COVID-19 and the causal organism as SARS-CoV-2. The within the five months of the first report, the disease has spread to the 213 countries and territories around the world. More than sixty two lakh people are infected and around four lakh people are expired due to this pandemic within that time period. It clears the high contagions nature of this pandemic COVID-19. In



spite of utmost effects throughout the world, no operative treatment or biomedical prevention against COVID-19 is available till date. Thus, at present prevention of the disease is the only means to protect human population from this disease. However, gradual increase of the asymptomatic patient has worsened the situation. Due to the non-availability of effective medical treatment, people compel to adopt various alternatives to dispose of this pandemic disease. Various efforts are being adopted to prevent this pandemic disease such as personal protection (e.g., hand washing, face covers), missions for stay-at-home, environmental cleaning, physical separation, educational establishment closings, and workplace restraints on the national, state, and local levels. Through this article, efforts are being made to provide a compressive knowledge to the readers which will help to increase awareness, leading to create a strong barrier against the spread of pandemic COVID-19.

Influencing factors

The important influencing factors responsible for the pandemic nature of the COVID-19 are as follows:

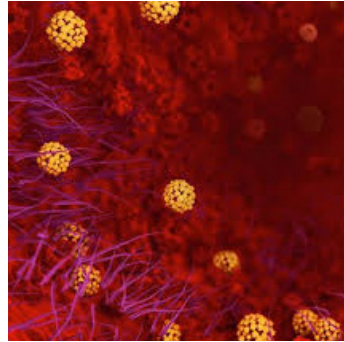


Virulence of virus: Virulence is the potentiality of a pathogen which determines the severity of the symptoms of an infectious disease within its targeted host. The virulence of a virus is basically dependent on the ability of viral genome for its establishment and replication within

the host cell, to escape from the host immune system, involves in the transmissibility and production of toxin within host cells leading to damage the host cell. The rate of mutation of a virus is many folds higher than that of the other microbes as their genome is simple and much exposed to the nature. The fast multiplication rate of virus makes their natural selection higher. These factors accelerate the evolution of varied strains with a virus population. Like other virus the virulence of this SARS-CoV-2 is also varies considerably.

Host defence: It is the potentiality of a host to protect itself from disease. Normally the innate and adaptive immune responses are operative against invading pathogens. Humans are generally and specifically immune to several viruses. The SARS-CoV-2 initially infects the upper respiratory tract of the host and host immune strength is the decisive factor for disease advancement. If the

host immune defence fails to compete with the virulence of the viruses then the disease is established. Upon establishing at the upper respiratory tract the successfully, the virus spread its infection to the lower respiratory tract.



Further progression of the

disease may worsen at a faster rate leading to lung fibrosis, shortness of breath and ultimately death. A protein of SARS-CoV-2 termed as *nsp3* is responsible for hindering the host innate immune response that promotes expression of

cytokine. Thus, the Immune-compromised individuals are in a highly vulnerable as their host defence already become weak.

Host health status: Health status of a person is one of the important factors for the incidence of COVID-19. Individuals with various ailments such as diabetes, high blood pressure, stroke, cardiac or kidney diseases, and people with weakened immune system face higher threats of COVID-19 infection happens to them. If people are challenged with COVID 19, after a recent viral infection, their defences are already down and that could result in increasingly poor prognosis for them from this virus. The low level of immune cells along with high level of cytokine in the body fluid is responsible for this. The high level of cytokine in the body fluid causes cytokine release syndrome (CRS). This syndrome is an acute systemic inflammatory syndrome manifested with fever and dysfunction of multiple organs. Sometime, viral infections accelerate the production of interleukin 6 (IL-6) from human immune cells. This elevated IL-6 may be linked with unwarranted immune responses like 'cytokine storm' causing tissue damage. The level of IL-6 is also increased due to some other diseases as in certain forms of cancers, in the cardiovascular disorders, infections, inflammatory and autoimmune diseases. If a patient suffering from other systematic health difficulties is affected by SARS-CoV-2, often leads to CRS, a major cause of casualties due to COVID-19 infection. For this reason, the people with underlying diseases are advised to 'stay safe'. If not, they may be unable to cope with the excess IL-6 levels upon infection, which can lead to CRS that may be fatal.

Host behaviour and contact: The virus SARS-CoV-2 is transmitted from one person to another through aerosol transmission which may be direct or indirect contact. The transmission of the virus is highly accelerated by host travel and other host behaviour leading to direct contact and the spread of COVID-19. The administrative authorities should implement effective steps after consultation with the concern experts in this regards. Governments, communities, citizens, media, and other key influencers have to play crucial roles including increased awareness among the people. The guideline of WHO includes restrict travel from affected areas, clinical or home isolations, strict personal sanitization and other advices and recommendations should be strictly followed to minimize the number of direct contacts and the threat of transmission of this pandemic disease.

Social distancing and community consciousness: It is one of the important non-pharmaceutical counter processes aimed to reduce the possibility for new infections through minimizing physical contact between individuals. WHO has advised the governments in all countries to give this social distancing 'top priority' in the absence of effective vaccine or chemotherapeutic agent to combat against the pandemic COVID-19. It is the responsibility of the public health authorities and policy makers to raise the community awareness concerning the mode(s) of transmission of the



virus. Awareness in social distancing processes, and their prompt, synchronized and widespread execution are measured to slow down the disperse of the virus.

Age of the host: From the reports of the various countries it is clear that the fatality rate of COVID-19 is more in older patients. Case-fatality statistical report in Italy and China reveals muchrelated for age groups 0–69 years, however, fatality rates are more in Italy among thoseof 70 years or above. Atolder ages,various health ailments such as coronary, lung or kidney diseases, diabetes,responsible for their low immunity levels makes them more vulnerable to infectious diseases. Resultant stress due to COVID-19 may causeheart attacks at the older people. In several countries, the elderly are more likely to be in nursing or superannuation home, or living with family in more crowded state, where risk of infection is high.

Governance efficiency and health management: Effective epidemic management of a country is heavily dependent on the country's governance efficiency and heath management capability.For the management and regulation of COVID-19,



several actions such like, travel restrictions and implementation of strict measures like rapid detection, prevention, and control, isolationofaffectedpersonsandtheir followup. Such management becomes very cumbersome in an over-crowded heavily infected population. The guidelines of WHO should be followed in this context as alternative non pharmaceutical processes to check the spread of pandemic COVID 19.

Airflow and ventilation: The risk of COVID-19 increases in a closed area with low airflow and ventilation. Like other respiratory pathogens, like flu, the transmission of SARS-CoV-2 is taking place through respiratory droplets from coughing and sneezing. In a confined close area the aerosol transmission may happen. The spread, in fact, is primarily limited to family members, healthcare persons, and other close contacts. But, the person like, aged individuals, people with respiratory ailments, diabetes and immune-compromised get exposed to the gathering in a closed confined space, such as a meeting in a small room, aeroplane, centralised air-conditioning, led to high risk of infection with COVID-19.

Personal hygiene practices: Personal hygiene practices are important in public health as well as in healthcare systems. Lessening personal contacts and hand sanitization are compulsory to restrict the transmission of SARS-CoV-2. Frequently thorough hand washing with plain soap and warm water kills the viruses. At least twenty second hands scrubbing are essential to prevent germs transfer to substances or transmission from person to person. Hand sanitizers containing at least 60% alcohol may be helpful. However, in case of dirty/greasy hand, the sanitizer is ineffective. Contaminated hands can transfer the virus when people rub their eyes, scratch their noses, or touch their mouths. Avoiding of face touching is a vital personal hygiene practice as the SARS-CoV-2 can enter into the body through the nose, mouth and eyes. Though, we all habituated to touch our face reflexively, but avoiding the touching our face declines the chance of infection.

Environmental temperature and humidity: Like other virus responsible for respiratory diseases (e.g., influenza virus), SARS-CoV-2 survives and remain active better in cold-dry weather. So, at this environmental condition the morbidity and mortality due to this virus are also high. The reasons behind such survivability may be linked to the reduced ultraviolet light, repress innate immunity due to low levels of vitamin D and melatonin at the cold weather. In cold weather people are indoor-habituated thus increase the opportunities to get infected and spread the virus among them. The creation of droplet nuclei and its spread is indispensable for transmission, but exhaled respiratory droplets settle and evaporate very rapidly at high humidity so it is hard to contribute to the virus spread. The phagocytic function of pulmonary alveolar macrophages weakened under cold stress. Cold air breathing can constrict bronchial tract, decline of lung function and increases in exacerbations for infected people increased vulnerability to lung infection. Moreover, the high sensitivity of SARS-CoV-2 makes it difficult to survive at elevated temperatures.

Respiratory diseases become more dangerous to us at lower humidity. Epithelial damage and/or reduction of mucociliary clearance due to breathing at dry air could make the host more vulnerable to the respiratory virus infection. Moreover, the pandemic influenza virus can spread efficiently under dry and cold environments. The survival rate of the SARS-CoV-2 increases markedly in accordance with decreasing of absolute humidity, which may be very similar to the influenza virus. Hence, low humidity at cold climate escalates the morbidity and mortality of COVID-19 patients.

Conclusion

The pandemic COVID-19 is spreading very fast around the world. This rapid spread is harshly influencing the human health and economy globally. Lack of operative medicine and/potential vaccines is the major hurdle to tackle the situation. In spite of the prolong lockdown expected result is out of hand. Ignorance of a majority of the people is the one of the difficulties for effective implementation of lockdown leading to the partial fruitful result. Scientists all over the world are trying their level best to search for an effective vaccine and/or chemotherapeutic agent to get rid of the pandemic COVID-19. However, we are quite in the dark about their success. Though, there are successes against many viral diseases, but there are also failures or delayed success in many cases. If vaccine and/or chemotherapeutic agent is available in the future, then there is no certainty that it will be equally effective for the human population globally. The capability of the virus to change their genetic makeup is very high. So, the available effective clinical treatment may not be able to control the disease later on. So, we should set out mind that we have to stay with COVID-19. Thus, we have to adapt to take effective precautionary measures against the COVID-19. For the effective implementation of precautionary measures, a compressive knowledge of the factors linked to this pandemic nature of COVID-19 is very much essential. Hope, the information's of this article will be supportive for that purpose.

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COVID 19 : The Reflection of Our Sins

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The acronym for VIRUS is Vital Information Resources Under Seize. But virus means a semi living body which comes to life when it enters into another organism, but shows no signs of life when it is outside the body of any living being. The Corona Virus is special due to its ability to spread infections at an alarmingly fast rate and due to non availability of medicines or vaccines to cure the disease. The world today is going through the attack of this virus. We are now experienceing a tough time, which we have never seen since the Second World War. In fact, now the situation is worse than the Second World War.

The big questions are: Why this thing happened? What is the way out? and Can this type of catastrophe repeat in future?

The earth can satisfy our need, but not our greed. The propulation of the earth has increased in an exponential way. The developed countries are using up the resources by

hurting the nature. A citizen of USA uses hundred times more resources than a citizen of Somalia. That is why the attack of the Corona Virus is more in USA and in Europe than in the other parts of the world. The COVID 19 has more grip on the obesity engulfed people of America and Europe.

There is a theory that the earth can meet the necessities of a specific number of people. If the number of people on earth exceeds that number, the earth will kill the excess people to maintain an equilibrium. We have seen this instance in the Old Testament of the Holy Bible, where the world was flooded and only Noah's Ark survived. In the Hindu mythology it is said that the world has four ages - Satya, Kreta, Dapar and Kali. According to calculation, we are in the end of Kali Yuga. The world will get destroyed and again be rebuilt at this time, and the Satya Yuga will again begin. Is this attack pre determined? If it is not, then why we have Durga Puja after one month of Mahalaya this year? Have we reached the end of the time?

Why the Amazon rainforest was burnt last year? This forest is the world's largest land biosphere and is considered as the lungs of the world. The only other place in the world to produce equal amount of oxygen is the Great Barrier Reef near Australia. As the mankind has behaved with Mother Nature, so as the Mother Nature has behaved with mankind by cursing them with Corona Virus. People cannot go against nature, because they are a part of it. If they harm nature, they are harming themselves.

The attack of the COVID 19 is only the tip of the iceberg. The main problem runs deeper. There is an old proverb that

“danger never comes alone”. We have never experienced this type of catastrophe before. No-one can say that there will be no more new virus attacks in the near future. Nobody knows how Mother Nature will behave with us in the future. Above all no-one knows how human beings will behave with fellow human beings in a food and water-crunch world. We have already experienced the shortage of water in the past summer months. The experts have predicted that “if there will be any Third World War, it will be for water”.

The solution to this problem is difficult, but possible. The immigration laws should be relaxed, so that people from densely populated regions can migrate to the scarcely populated regions. The people of the less developed countries should be properly educated and trained, so that they can become the human resource and be employed in the developed countries. As a result, the pressure on a specific zone of the earth can be reduced.

Another solution to this problem is to use only as much as we need and care for the planet. The rich should not buy the things that they do not need, even if they can afford. In this way the pressure on the production and on the resources will be reduced.

The third way to solve the problem is to plant as much trees as we can and to leave no place on the earth barren. In this way we can reverse the damage that we have done to the earth and nature can forgive us for our sins. We also have to save and preserve water, as water is life.

Let us unite and make the world a better place to live in.

Impacts of COVID-19 Pandemic: A Study on Tourism Industry of India

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Introduction : COVID-19 is an infectious disease with severe acute respiratory syndrome caused by SARS-CoV-2, popularly called coronavirus. World Health Organization (WHO) first learned of this new type of virus which originated in the Wuhan, Hubei Province, People's Republic of China, on 31 December 2019.

World Health Organization (WHO) declared COVID-19 is a pandemic on 11th March 2020, as the number of cases rose to 118,000 in more than 110 countries around the world. COVID-19 has led to massive loss of lives and livelihoods. As per United Nations, it is the worst global crisis after World War II. The worst affected countries include USA, Brazil, India, Russia and the UK (World Health Organization 2020). India has third highest confirmed COVID-19 cases in the world after the United States and Brazil.

WHO declared the COVID-19 outbreak as a global disaster. Novel coronavirus was the cause of a respiratory illness in a cluster of people suffering. The first case of COVID-19 in India was found in Kerala on 27th January 2020. On 3rd February 2020 the number of infected cases were only 3. In India, the first wave was begun in March 2020. By the starting of March, 22 new cases were reported, together with 14 infected members of an Italian Tourist group. Several people with travel history to the affected countries and meet up with the COVID positive people led to the sudden increase in the number of COVID patients in the country. In India, according to WHO, on 31st July 2020 total number of confirmed cases were recorded 16,38,870 and total number of deaths was 35,747. On October 2020, a new SARS-CoV-2 variant, Lineage B.1.617, was detected in the country.

India began its vaccination drive programmed on 16th January 2021. Unfortunately, by early April 2021 a major second wave of infections spread out all over the country with destructive consequences. On 9th April, India surpassed 1 million active cases, and by 12th April, India overtook Brazil as having the second most COVID-19 cases worldwide. On 31st July 2021, India reported that total number of confirmed cases were 3,42,85,612 and total deaths were 4,58,470 as on date. The total recovery from the diseases were 3,36,61,339 with a 98.18% recovery rate. As on 30th June 2022, total confirmed cases, recovered from the disease and the number of deaths were recorded at 4,34,52,164, 4,28,22,493 and 5,25,116 respectively according to Worldometer (www.worldometers.info).

Tourism is one of the world's largest service industries and generates manifold economic benefits and immense opportunities. Tourism has proved to be successful in generating national income, conserves cultural heritage, and acts as a bridge in international harmony and peace. Every country, big or small, rich or poor, wants its due share of the world trade and foreign exchange earnings only to maintain its balance of trade and improvement in balance of payments. In the said process the tourism industry has become a lucrative, well-organized and highly competitive. Besides, tourism has outpaced the growth of GDP, thereby highlighting its economic and social significance. Being a multisegmented industry, the hotel and restaurants, transportation services, tourist resorts, amusement parks, entertainment centres, sales outlets of curios, handicrafts, jewellery etc. provide services to both tourists and non-tourists. Therefore, the tourism must be utilized as a vehicle for economic development.

Tourism industry in India has emerged as an instrument of earning of income and employment generation, poverty alleviation and sustainable human development. It contributes 5.02% to the national GDP and 14.87% of the total employment in India as on 2019. Almost 75.85 million people directly and indirectly were working in the India's tourism industry as on 2019.

Governments around the world have implemented various containment measures, such as travel bans and lockdowns, to prevent the spread of the disease due to locational movement and personal contacts. These travel restrictions and associated disruptions have created a direct and huge impact on travel activities.

¹The coronavirus outbreak has paralysed the tourism business, leaving travellers scrambling to return home and devastating economies that are largely dependent on tourism. In March 2020, the Government of India imposed a country wide lockdown and banned international flights and Visas. It came out obvious that COVID-19 is going to have a serious impact on the country's economy and on the tourism sector

Indian Tourism Sector before and During COVID-19 period

Income Generation and Employment Opportunity

As per the Annual Reports, Ministry of Tourism, Government (Govt.) of India an account for 5.02% of India's GDP (in 2019) (Table-1 and Chart-1& 2). The tourism division produced 75.85million employments in the year of 2019. The cascading effect of the coronavirus has been found to cripple the Indian tourism and hospitality industry at a surprising pace. According to the Annual Reports, India is witnessing a severe drop in Contribution of Tourismshare in GDP from 5.02 % in 2019 to 1.06 % in 2021. In the same way Contribution of Tourism share in Employment was dropped from 14.87% in 2019 to 12.91% in 2021. In 2019 total Direct + Indirect jobs due to tourism was 75.85 million in the year 2019 but due to lockdown and other containment effects it reduced to 68.07 million in 2021.The Indian tourism and hospitality industry are gazing at a likely job loss of around 38 million, which is 70% of the total workforce due to the pandemic (Scroll, 2020).¹

¹De Utpal Kumar and Borah Bidyajyoti (2022). "Impact of COVID-19 Pandemic on Tourism in India", Journal of Tourism & Sports Management (JTSM) (ISSN: 2642-021X), January 2022, p.1140.

Table-1

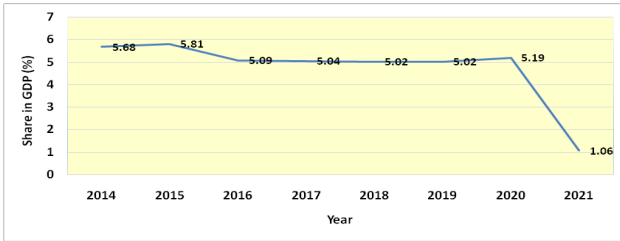
Contribution of Tourism in GDP and in Employment of the Country (%)

Contribution of Tourism in GDP (%)				Contribution of Tourism in Employment			
Year	Share in GDP (%)	Direct (%)	Indirect (%)	Share in Jobs (%)	Direct (%)	Indirect (%)	Direct + Indirect jobs due to tourism (in million)
2014	5.68	3.06	2.62	11.91	5.19	6.72	67.19
2015	5.81	3.14	2.67	12.14	5.30	6.84	69.56
2016	5.09	2.65	2.44	12.38	5.40	6.98	72.26
2017	5.04	2.62	2.42	12.20	5.32	6.88	75.71
2018	5.02	2.61	2.41	14.78	6.44	8.34	72.69
2019	5.02	2.61	2.41	14.87	6.48	8.39	75.85
2020	5.19	2.70	2.49	13.50	5.89	7.61	69.44
2021	1.06	0.55	0.51	12.91	5.63	7.28	68.07

Source: Annual Reports, Various issues, Ministry of Tourism, Government (Govt.) of India

Chart-1

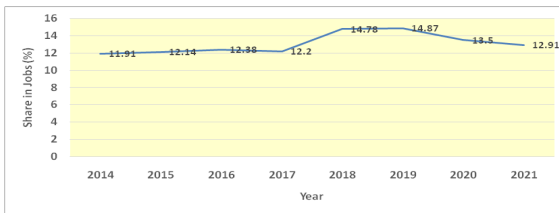
Contribution of Tourism in GDP (%)



Source : Extracted from Table 1

Chart-2

Contribution of Tourism in Employment (%)



Source : Extracted from Table 1

Inbound Tourism: Foreign Tourist Arrival in India

Table-2 clearly presents foreign tourist arrivals into India. The ‘quantum leap’ of foreign tourist arrivals in India has increased from 6.97 million in 2013 to 10.93 million in 2019 and this has registered a positive significant growth rate of 56.81%. The newly published figures by Ministry of Tourism, Government of India has also corroborated the similar concern as the Foreign Tourist Arrivals (FTA) has been found to be downcast by about 74.93% yearly 2020 in comparison to previous year i.e. 2019. In 2021, it is noticed

that FTAs in India only 1.52 million whereas, in 2019 it was 10.93 lakh. The situation is getting uglier as India has announced suspension of all tourist visas till April 15 in a bid to contain the spread of the virus. It is observed from Table-3-Month-wise number of Foreign Tourist Arrivals in India that from March 2020 to December 2020 shows negative growth if we compare with 2019.

Table-2

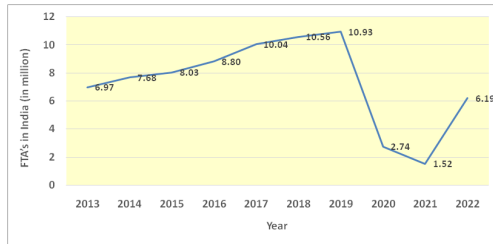
Inbound Tourism: Foreign Tourist Arrival in India

Year	FTA's in India (in million)	Percentage (%) change over the previous year
2013	6.97	-
2014	7.68	10.19
2015	8.03	4.56
2016	8.80	9.58
2017	10.04	14.09
2018	10.56	5.18
2019	10.93	3.50
2020	2.74	-74.93
2021	1.52	-44.53
2022	6.19	307.24

Source: India Tourism Statistics at a Glance, Ministry of Tourism, Government (Govt.) of India

Chart-3

Inbound Tourism: Foreign Tourist Arrival in India



Source : Extracted from Table 2

Table-3

Month-wise number of Foreign Tourist Arrivals in India, 2019, 2020 & 2021

Month	2019	2020	2021	Percentage Change	
				2021/20	2020/19
January	11,11,040	11,19,250	94,662	-91.50	0.74
February	10,90,516	10,18,440	1,10,312	-89.20	6.61
March	9,78,236	3,28,304	1,33,768	-59.30	-66.44
April	7,74,651	2,820	78,718	2691.42	-99.64
May	6,15,136	3,764	19,765	425.10	-99.39
June	7,26,446	8,590	36,070	319.90	-98.82
July	8,18,125	12,655	72,501	472.90	-98.45
August	8,00,837	19,761	92,728	369.20	-97.53
September	7,51,513	28,167	1,15,661	310.60	-96.25
October	9,45,017	41,494	1,91,415	361.30	-95.61
November	10,92,440	70,977	2,63,867	271.80	-93.50
December	12,26,398	90,544	3,17,647	250.80	-92.62
Total (Jan-June)	52,96,025	24,81,168	4,73,295	-80.92	-53.15
Total (Jan-Dec)	1,09,30,355	27,44,766	15,27,114	-44.36	-74.89

Domestic and Foreign Tourist Visits

Table-4 presents the statistics on domestic and foreign tourist visits to various States and Union Territories during the years 2013 to 2022. As may be seen from this Table, there has been a continuous increase in domestic tourist visits up to 2019. The foreign tourist visits too have been increasing over the years up to 2019. There has been a reduction in the number of domestic travellers as well as foreign tourists in 2020 and 2021 as people with business purpose or emergency requirements were only travelling. Due to Corona virus outbreak, the industry has seen a flurry of international and domestic cancellations.

Table-4

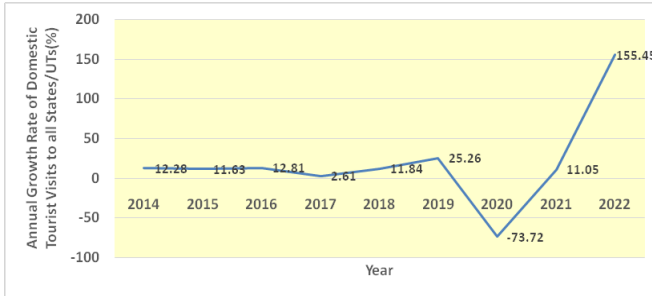
Number of Domestic & Foreign Tourist Visits to all States/UTs

Year	Tourist Visits (in Lakh)		Annual Growth Rate	
	Domestic	Foreign	Domestic	Foreign
2013	1142.53	19.95	-	-
2014	1282.80	22.33	12.28	11.94
2015	1431.97	23.33	11.63	4.44
2016	1615.39	24.71	12.81	6.95
2017	1657.55	26.89	2.61	8.79
2018	1853.78	28.87	11.84	7.38
2019	2321.98	31.41	25.26	8.80
2020	610.22	7.17	-73.72	-77.17
2021	677.63	1.05	11.05	-85.36
2022	1731.01	8.59	155.45	714.26

Source: India Tourism Statistics at a Glance, Ministry of Tourism, Government (Govt.) of India

Chart-4

Annual Growth Rate of Domestic Tourist Visits to all States/UTs



Source : Extracted from Table 4

Foreign Exchange Earnings from Tourism in India

Tourism is one of the important sectors in India for foreign exchange earnings (FEE). The FEE from tourism in India, in Indian Rupees terms and US \$ terms, during 2013-2022 are given in Table-5 and Chart-5. As per the yearly estimates it is revealed that, FEE from tourism in India in 2013 were Rs.1,07,563 crore and continuous increasing trend noticed up to 2019 and it reached to Rs. 2,16,467 crore on that year showing positive signs of growth. However, during 2020 alone, due to pandemic, the foreign exchange earnings declined to Rs. 50,136 crore only registering a massive decline of Rs. 1,66,331 crore in absolute figure. In terms of percentage change over the previous year it shows a negative growth of 76.84%. In 2021, in spite of 2nd wave of corona virus the FEE slightly increased in comparison to 2020 and it reached to Rs. 65,070 crore.

Table 5

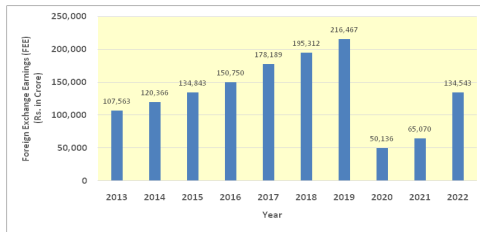
Foreign Exchange Earnings (FEE) from Tourism in India

Year	Foreign Exchange Earnings (FEE)		Foreign Exchange Earnings (FEE)	
	IN Rs. crore	% change over previous year	IN US\$ million	% change over previous year
2013	1,07,563	-	18,396	-
2014	1,20,366	11.90	19,699	7.08
2015	1,34,843	12.03	21,012	6.67
2016	1,50,750	11.80	22,428	6.74
2017	1,78,189	18.20	27,365	22.01
2018	1,95,312	9.61	28,565	4.40
2019	2,16,467	10.83	30,721	7.54
2020	50,136	-76.84	6,958	-77.35
2021	65,070	29.79	8,797	26.43
2022	1,34,543	106.77	16,926	92.41

Source: India Tourism Statistics at a Glance, Ministry of Tourism, Government (Govt.) of India

Chart-5

Foreign Exchange Earnings (FEE) From Tourism in India



Source : Extracted from Table 5

Indian Nationals Departures (INDs) from India

During the lockdown period, India suspended international flights over 80 countries and the domestic flights were operational with regulations. After a decision of reopening international flight operations, the government retreated again and all international flight operations have been suspended till 30th January 2022 with the apprehension of new variant Omicron. The Indian domestic travellers witnessed a significant decline to 7.29 million in 2020 in comparison to previous year which was 26.92 million (Table-6 and Chart-6).

Table 6

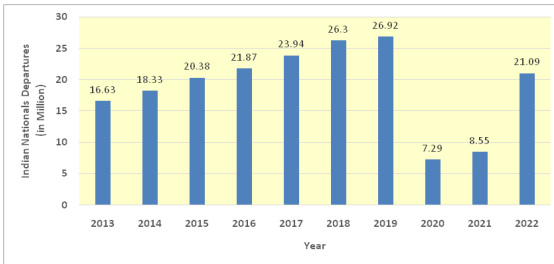
Indian Nationals Departures (INDs) from India

Year	No. of Indian Nationals Departures (in Million)	Percentage change over the previous year
2013	16.63	-
2014	18.33	10.22
2015	20.38	11.18
2016	21.87	7.31
2017	23.94	9.47
2018	26.30	9.86
2019	26.92	2.36
2020	7.29	-72.92
2021	8.55	17.28
2022	21.09	146.67

Source: India Tourism Statistics at a Glance, Ministry of Tourism, Government (Govt.) of India

Chart-6

Indian Nationals Departures (INDs) from India



Source : Extracted from Table 6

Challenges of tourism sector during post pandemic:

COVID-19 has adversely affected on the travel and tourism industry all over the world. Like all other countries in the world, the travel and tourism sector of India has also enormously affected by the wide-spread of COVID-19 and it may be remained for a longer period. During that period India imposed of all kinds of travel restrictions and almost complete lockdown to prevent the virus across the country. Both domestic and international tourists cancelled their bookings due to the pandemic, and simultaneously, hotel businesses and other business relating to tourism industry has been lost their revenue, and employees also lost their jobs.

The tourism sector of India is facing number of issues and challenges during this COVID-19 pandemic period. The following are the major challenges facing by tourism industry:

- 1. Panic and Unwillingness:** Wide spread of corona virus and enforcement of social distancing norms, panics has been created in the minds of peoples and they are

not ready to come out from their home. Another trend that has evolved that few peoples are choosing domestic travel over foreign travel because they feel safer at their own country.

2. **Social Distancing:** As Social distancing or Physical distancing was one of the ways to restrict the spread of the corona virus, therefore, it is a challenge for tourism industry to maintain social distancing at all the tourist places.
3. **Lack of arrival of Foreign Tourists:** Most of the countries banned their international travelling by cancellation of flights to overseas to control the spreading chain of corona virus. Therefore, Indian tourism sector got a smaller number of tourists as compared to earlier and no foreign exchange earnings also declined.
4. **Health, Hygiene and Sanitation:** Proper care and regular monitoring should be given for health, hygiene and sanitation so that no scope of spreading arises on hotel and travel partners. They should follow all guidelines of the Central Government and State Government relating to COVID-19.
5. **Business Hurdles and Revenue Loss:** During COVID-19, restrictions laid down by the government to control wide spread of corona virus. These restrictions seriously impacted on most tourists and tour operators to get adequate business. Peoples are not ready to go outside of their home and they are not willingness to take tour. Due to closure of tour destinations, monuments, heritage sites

and lack of arrival of foreign tourists the Indian tourism sector faced a huge revenue loss. Majority of registered and unregistered tour operators closed their operations in India, hence it effected much on profitability and productivity of the Indian tourism industry.

6. **Loss of Human Resource in hospitality industry:** Due to spread of corona virus, imposition of lockdown and no salary during COVID-19 nearly 5 lakh hotel staffs were gone back to their home town and hotel. An average of 50 million people was lost jobs throughout the globe.
7. **Popularity of domestic market may reduce:** Due to COVID-19 domestic market has been affected adversely to make market attractive tourism industry needs to develop their popularity again by investing in them and doing partnership with them.
8. **Re-building the tourism sector:** Rebuilding the tourism sector is major issue that needs to be solved for tourism sector and this rebuilding requires both financial support and cooperation from government and countrymen.

Thus, these challenges are needed to be addressed for better functioning of tourism industry.

Suggestions for restoring the tourism sector:

The following remedies are needed to be taken to restoring the Tourism Sector:

1. The Government of India and the State Governments should attract domestic tourists and open borders for foreign tourists.

2. Recovery of losses by promoting and reorientation of domestic tourists and gradually allow foreign tourists that stimulate faster recovery of losses.
3. Government at all levels must issue guidance in the new normal to tourists to change their travel behaviour along with health safety and hygienic precautions.
4. The Central Government and the concerned State Governments should develop the all kind of infrastructural facility to meet the safety guidelines of Corona Virus outbreaks.
5. Tourism related business players would rethink new business models and innovation and virtual techniques has to implement.
6. Government at all levels and also Private Tourist Company should propose some attractive tour packages such as some discount offers, combo plans (for boarding fare and sightseeing), provide all kind of hygiene and safety at optimum level, to adopt strong health and sanitation protocol, digital up-gradation also offers some fringe benefits to reboot their tourism industry.
7. Public and Private Partnership (PPP) is needed to collaborate with each other so that joint solutions can be taken for the benefit and revival of the tourism sector. Innovative plans are needed for both public and private sector.

8. The Ministry of Tourism, Govt. of India should promote domestic tourism across a variety of tourist destinations, including mountain tourism, cultural and religious tourism, wildlife tourism, adventure tourism, and heritage tourism which are the only option for Indian tourists who are unable to freely travel abroad for vacations.
9. The Ministry of Tourism, Govt. of India should provide financial assistance to State Governments/Union Territories/Central Agencies for the development of tourism-related infrastructure and facilities in the country to provide an enriching tourism experience to visitors.

Conclusion

The outbreak of COVID-19 is a novel pandemic and it has significant impact on the lifestyle of most of the people across the globe and creates an economic recession due to quarantines, travel restrictions, and social distancing. Tourism is one of the sectors that has been badly affected by the spread of this disease. In India, due to the rapid spread of the novel virus, a sizable number of people, who are directly and indirectly dependent on the tourism sector, have lost their jobs and again came into the vicious circle of poverty. India has a lot of potential to attract tourists from all over the world considering India's rich heritage and culture, unmatched natural beauty. To restore the tourism industry, comprehensive intermediate and long-term socio-economic development plans are required. Hence it can be safely inferred that tourism industry of India can be expected to

be regained its glory in near future and it will undoubtedly continue to grow towards a higher ranking in terms of the tourism economy and support million of jobs again.

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Socio Economic Impact of Covid Pandemic in India: A Review

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1. INTRODUCTION : We slept in one world and wake up in another. Suddenly, Disney as no more magic. Paris is no longer romantic, and in New York everyone sleeps and the Chinese wall is not a fortress anymore. Suddenly, hugs and kisses become weapons, and not visiting parents and grandparents becomes an act of love. Suddenly, we realized that power is not that valuable and money is not that powerful (Celeste Wrona, 2020).

A pneumonia of unknown cause detected in Wuhan, China was first reported to the World Health Organization (WHO) Country Office in China on 31 December 2019. WHO is working 24/7 to analyse data, provide advice, coordinate with partners, help countries prepare, increase supplies and manage expert networks. On 30 January 2020, the outbreak was declared a Public Health Emergency of International Concern. The international community has asked for US\$675 million to help protect states with weaker health systems as part

of its Strategic Preparedness and Response Plan. It is pertinent, here, to mention that in May 2020 Global Preparedness Monitoring Board (GPMB) was launched by WHO and the World Bank. The GPMB is an independent mechanism to monitor worldwide readiness to tackle outbreaks, pandemics, and other health emergencies. It focuses on strengthening public health capacities as a foundation for preparedness; monitoring progress of relevant research and development and of preparedness financing, both public and private; and generating risk analyses, including economic and social vulnerabilities, based on assessments from stakeholders and partners.(WHO CONTRIBUTION TO G20 2019 PRESIDENCY ON HEALTH-RELATED ISSUES, Version 12 Feb.2019,p.11,online)

2. SOCIAL IMPACT OF COVID PANDEMIC

On 11 February 2020, WHO announced a name for the new corona virus disease: COVID-19. It is spread all over the world through human contact. This virus shaped Bio-Chemical with thron ended, enters human body through eyes, nose and mouth. So, World Health Organization (WHO) is worried over the modes of transmission of virus Covid-19. This bio-chemical virus attached in our hands enters in to our mouth. So, we should wash our hands with soap every hour. This is a dangerous virus and has caused pandemic all over the world because no medicine discovered till now to contain corona virus. All over the world nearly 6,963,424 people died and above 700,959,918 affected (WHO, BBC News,worldometers.info). Doctors, Nurses, mid-wives, police and cleaning staff directly in contact with people at large are greatly affected

by the virus. We should maintain our personal hygiene and social distance and cover our face with masks hands with gloves compulsorily to save us from the virus infection. Sneezing, dry cough, high fever, body ache and finally breathing problems are symptoms of this disease. The persons who are suffering from high blood pressure, sugar are prone to be affected. The fatality rate of the virus is not so high if proper guidelines are followed. Doctors try to manage the fatality of the virus through hydroxine chloroquine. Paracetamol and other common medicines doctors apply to cure the patients affected by corona virus. It is tested through the throat saliva. Government decides to keep quarantine those persons who are returning from abroad or in contact with foreigners. A person who is affected be kept in isolation and treated by the doctors efficient with personal protection unit for this virus. To remove this virus governments of each country all over the world tightened containment measures as the pandemic worsened, including screening at ports of entry, quarantine for infected people, and closure of public places of gathering. It later introduced strict social distancing measures. Additional large scale public health and social measures (PHSM), including movement restrictions, closure of schools and businesses, geographical area quarantine, and international travel restrictions have been implemented by a number of countries. These are sometimes referred to as “lockdown” or “shutdown” measures which is extended from time to time according to urgency of the situation(Considerations in adjusting public health and social measures in the context of COVID-19 , Interim guidance 16 April 2020 ,World Health Organization, www.who.int). Daily movements have been

restricted to those deemed essential. Trade and transportation have been disrupted, and containment measures were inhibiting domestic activity, putting at risk the livelihoods of vulnerable households. Border closures and panic-buying led to a temporary spike in prices of some foodstuffs which abated after private wholesalers boosted supply at the government's request. The Government of India decided to lockdown all states for 21 days initially and extended further. Until specific and effective pharmaceutical interventions (e.g. therapies and vaccines) are available, countries may need to continue to loosen or reinstate measures throughout the pandemic.

2.1 Indian Perspective

It is noticeable that India like highly populated country of 135 core population has no other option than manage the pandemic situation through lockdown. People affected and died by the virus increasingly is a matter of grave concern today. It is threatening our life because medical facilities in our country are not good enough to manage the situation. It should be our realization that an individual be more careful about his/her health. Individual measures, including medical masks for symptomatic people, isolation and treatment of ill individuals, and hygiene measures (hand hygiene, respiratory etiquette) should sustain and should strictly follow government policies from time to time. It goes no saying that under the circumstances the Central/State governments should increase health budget allotment to fight against corona virus.

This lockdown situation teaches us many things. First of all, a pollution free clear environment where deep blue sky, and

clearer tree leaves, sound of different type birds, rain fall and above all a pleasant ambience is possible if there is scope for a pollution free environment. Every people should stay at home and do their household work, keep them quarantine and restrained. This would reduce transmission of the virus through human contact. Alternatively, lockdown raises question of conflict of interest between combating corona virus and socio economic development through productivity. Definitely priority is on containing virus to save human life who mobilizes socio economic development. Saving lives and protecting livelihoods is need of the hour. It teaches us to boost up immunity through physical exercise, consumption of traditional food avoiding fast food to fight against corona virus. Interestingly it would be noted that Indian traditional process of boosting up immunity by consuming traditional herbal products as well as practicing Yoga and other physical exercises can be reintroduced in the market where junk and fast foods with no food value dominated in pre pandemic situation. The commercial motives of the business houses and governments' relaxation over sale of beverage products etc could stand on the way to immunity boost up. Traditional Indian culture suggests for consumption of natural foods and living in natural environment that help boost up natural immunity. But, influx of western commercial culture in to Indian traditional classical culture with junk and fast foods and indoors games does not only disturb natural immunity build up for physical health but psychological growth gets a tremendous setback in the process of sustainable development. Herd immunity or social immunity by whatever way it is described can be supplemented considerably by natural

immunity. India like countries where poverty dominates encouragement of commercial motives at the cost of natural development may be a phenomenon. The Corona effect learns the lesson in that direction. Some of consequences and measures India witnessed during lockdown.

A large number of migrant or interstate workers in India stranded in different parts of the country due to sudden lockdown is a matter of grave concern to save them and their livelihood. Their distress could have been minimized if the workers had a chance of few days to return back home within India before the lockdown announcement. And as the corona virus was imported from outside India, lockdown could have been initially and essentially imposed upon the flights coming from abroad.

Some state governments (including Kerala uses tool for physical distancing of Umbrella along with masks distributed to villagers at subsidized rate) have taken unique containment measures.

Under open rationing system the government of India has, so far, announced income and food support to the vulnerable people who are allowed to get rice 7kg/5kg per head per month, wheat of 3kg per head per month.

Massive Open Online Courses (MOOCs) are rapidly gaining popularity not only amongst students but among faculty members also because it helps them in their professional development and also gives them flexibility to study as per their own convenience. Online courses serve as a bridge between the teachers and the learners and fill in the gap for

the off-site learners.

However, sudden closure of educational institutions in many parts of the world has brought certain urgency to adopt online teaching learning strategies, which are likely to continue even post-COVID-19. It is with all these factors in mind, the Ministry of Human Resource Development (MHRD), Government of India, has launched the Pandit Madan Mohan Malaviya National Mission on (PMMMNTT) programme through its Teaching Learning Centres, with a special emphasis on Education.

The covid pandemic has faced the challenge to restore empathetic value in school grooming and peers group and remove inequality and disproportionate impact on low skilled workers and resource sharing and sustaining social structure keeping far away bio power and bio politics and third world war of biological war in consequence.

3. ECONOMIC IMPACT OF COVID PANDEMIC

“Never in the history of the IMF have we witnessed the world economy coming to a standstill. We are now in recession. It is way worse than the global financial crisis.....We know that in a flight to safety, a lot of capital has left the emerging economies, the developing world. Nearly 90 billion dollars have flown out. This is way more than during the global financial crisis. And some countries are highly dependent on commodity exports. With prices collapsing, they're hit yet again. It is paramount for us to place these countries and especially the weakest among them in the center of our attention. In the same way the virus hits vulnerable people with medical preconditions

hardest, the economic crisis hits vulnerable economies the hardest..... **Emerging market and developing economies are particularly vulnerable** – and this is a point that I want to emphasize. Their health systems are already fragile and now they have been hit terribly, hard economically. **The IMF is giving those countries high priority**”. (April 3, Kristalina Georgieva, Managing Director of the IMF in a joint press conference with the WHO Director-General Tedros Adhanom Ghebreyesus).

The U.S. has seen a huge spike in unemployment as over 26 million people have claimed for State support because of losing their jobs. Experts often rue the absence of a good gauge of jobs in India, which is predominantly an unorganised-sector led economy (India’s unemployment rate rises to 27.11% amid COVID-19 crisis: CMIE,THE HINDU,PTI, MUMBAI:, MAY 05, 2020 19:16 IST,online).

The IMF is responding to the corona virus crisis with unprecedented speed and magnitude of financial assistance to help countries protect the lives and livelihoods of people, especially the most vulnerable. The Fund is at the center of the global financial safety net – and is deploying its entire lending capacity of USD 1 trillion at the service of its membership. In addition to providing policy advice and technical assistance, the Fund’s actions are focused on five tracks:

- **Emergency financing** – The IMF is responding to an unprecedented number of calls for emergency financing – from 102 countries so far. The Fund has doubled the access to its emergency facilities—the Rapid Credit Facility (RCF) and Rapid Financing Instrument (RFI) —

allowing it to meet the expected demand of **about \$100 billion** in financing. These facilities allow the Fund to provide emergency assistance without the need to have a full-fledged program in place. .

- **Grants for debt relief** – The IMF Executive Board recently approved immediate debt service relief to **25 countries** under the IMF’s revamped Catastrophe Containment and Relief Trust (CCRT) as part of the Fund’s response to help address the impact of the COVID-19 pandemic. This provides grants to the Fund’s poorest and most vulnerable members to cover their IMF debt obligations for an initial phase over the next six months and will help them channel more of their scarce financial resources towards vital emergency medical and other relief efforts. The Fund is working to almost **triple the CCRT** from about USD 500 million to **USD 1.4 billion to extend the duration of relief.**
- **Calls for bilateral debt relief** – The IMF Managing Director and the President of the World Bank recognized the heavy burden this crisis is having on Low Income Countries and, on March 25, called on bilateral creditors to suspend debt service payments from the poorest countries. This would serve as a powerful, fast-acting initiative that will do much to safeguard the lives and livelihoods of millions of the most vulnerable people. The G20 responded to this call on April 15 by suspending repayment of official bilateral credit from the poorest countries. The International Institute for Finance, too, responded to this call urging private-sector creditors to forgo debt payments until the end of the year without declaring borrowers in default.

- **Enhancing liquidity** – The Fund has also approved the establishment of a Short-term Liquidity Line (SLL) to further strengthen the global financial safety. The facility is a revolving and renewable backstop for member countries with very strong policies and fundamentals in need of short-term moderate balance of payments support.
- **Adjusting existing lending arrangements** – The Fund is also augmenting existing lending programs to accommodate urgent new needs arising from the corona virus, thereby enabling existing resources to be channeled for the necessary spending on medical supplies and equipment and for containment of the outbreak.

3.1 Indian Perspective

In India, the lockdown effect of more than 69 days from 25th March, 2020 onwards has got severe effect of inequality in part through its disproportionate impact on low skilled workers. The hand to mouth wage earners are in distress condition for a no work no pay environment that prevails throughout the lockdown period. The economic distress of such type of majority people in India appears to be a greater challenge in consonance with the challenge confronted with the outbreak of Covid-19 pandemic. It is at this stage a greater challenge also to trade off between economic, public health and social measures particularly for the developing countries as compared to that of the developed countries.

India has 86,110 active COVID-19 cases as of May 28, with 4,531 deaths attributed to the disease. Prime Minister Modi announced on March 24 that the entire country will go under lockdown, now extended for the third time to May 31. On

April 15, with a view to supporting economic activities, the government announced several relaxation measures in geographical areas designated as non-hotspot, with effect from April 20, 2020. On April 29, the government permitted inter-state movement of stranded people, including migrant workers, managed by the nodal authorities who are designated by the states. Some graded relaxations in economic activities have been allowed in geographic areas designated as orange and red zones on May 4 and domestic air travel restarted on May 25. On May 12, the PM announced a relief package of around 10 percent of GDP, including previously announced monetary and fiscal measures.

As part of fiscal measures Finance Minister Sitharaman on March 26 announced a stimulus package valued at approximately 0.8 percent of GDP. The key elements of the package are: in-kind (food; cooking gas) and cash transfers to lower-income households; insurance coverage for workers in the healthcare sector; and wage support to low-wage workers (in some cases for those still working, and in other cases by easing the criteria for receiving benefits in the event of job loss). Several measures to ease the tax compliance burden across a range of sectors have also been announced, including postponing some tax-filing and other compliance deadlines. Numerous state governments have also announced measures to support the health and wellbeing of lower-income households, primarily in the form of direct transfers (free food rations and cash transfers)—the magnitude of these measures varies by state, but on aggregate measures thus far amount to approximately 0.2 percent of India's GDP. During May 13-

17, the Finance Minister announced new measures targeting businesses (about 2.7 percent of GDP), expanding support for poor households, especially migrants and farmers (about 1.5 percent of GDP), targeted support for the agricultural sector (about 0.7 percent of GDP), and some expansion of existing programs providing work opportunities to low-wage laborers (about 0.2 percent of GDP). Key elements of the business-support package are various financial sector measures for micro, small, and medium-sized enterprises and non-bank financial companies; liquidity injection for electricity distribution companies; and a reduction in up-front tax deductions for workers. Additional support to migrants and farmers will mainly be in the form of providing concessional credit to farmers, as well as a credit facility for street vendors and an expansion of food provision for non-ration card holders (mainly migrants). The main measure for the agricultural sector is support for infrastructure development. The monetary and macro-financial measures adopted on March 27, the Reserve Bank of India (RBI) reduced the repo and reverse repo rates by 75 and 90 basis points (bps) to 4.4 and 4.0 percent, respectively, and announced liquidity measures to the tune of 3.7 trillion Rupees (1.8 percent of GDP) across three measures comprising Long Term Repo Operations (LTROs), a cash reserve ratio (CRR) cut of 100 bps, and an increase in marginal standing facility (MSF) to 3 percent of the Statutory Liquidity Ratio (SLR). Earlier in February, the CRR was exempted for all retail loans to ease funding costs. The RBI has provided relief to both borrowers and lenders, allowing companies a three-month moratorium on loan repayments and the Securities and Exchange Board

of India temporarily relaxed the norms related to debt default on rated instruments. At the same time, the implementation of the net stable funding ratio and the last stage of the phased-in implementation of the capital conservation buffers were delayed by six months. On April 1, the RBI created a facility to help with state government's short-term liquidity needs, and relaxed export repatriation limits. On April 3, the RBI revised trading hours for various markets to optimize thin resources and ensure safety of personnel. Earlier, the RBI introduced regulatory measures to promote credit flows to the retail sector and micro, small, and medium enterprises (MSMEs) and provided regulatory forbearance on asset classification of loans to MSMEs and real estate developers. CRR maintenance for all additional retail loans has been exempted, and the priority sector classification for bank loans to NBFCs has been extended for on-lending for FY 2020/21. During April 17-20, the RBI reduced the reverse repo by 25 bps to 3.75 percent, announced: (a) a TLTRO-2.0 for an initial amount of around 0.2 percent of GDP, in extension of the initial TLTRO program of around 0.4 percent of GDP (funds to be invested in investment grade bonds, commercial paper, and non-convertible debentures of NBFCs); (b) special refinance facilities of around 0.2 percent of GDP for rural banks, housing finance companies, and small and medium-sized enterprises; (c) a temporary reduction of the Liquidity Coverage Ratio (LCR) from 100 to 80 percent and restriction on banks from making dividend payouts to conserve capital; (d) a standstill on asset classifications during the three-month loan moratorium period with 10 percent provisioning requirement, and an extension of the time period for

resolution timeline of large accounts under default by 90 days. Furthermore, state's Ways and Means Advance (WMA) limits have been increased by 60 percent (compared with 30 percent earlier) and the limit for the central government's WMA for the remaining part of first half of the FY 2020/21 has been revised up from Rs1.2 to 2.0 trillion. The guideline to banks on loans to delayed commercial real estate projects was extended to NBFCs. On April 20, the Securities and Exchange Board of India (SEBI) reduced the required average market capitalization of public shareholding and minimum period of listing. The RBI asked financial institutions to assess the impact on their asset quality, liquidity, and other parameters due to spread of COVID-19 and take immediate contingency measures, including BCPs, to manage the risks following the impact assessment. On April 27, the RBI announced a special liquidity facility for mutual funds (SLF-MF) of Rs500 billion and a fixed-rate 90-day repo operation for banks exclusively for meeting the liquidity requirements of mutual funds, along with regulatory easing for liquidity support availed under the facility; and the SEBI reduced broker turnover fees and filing fees on offer documents for public issue, rights issue and buyback of shares by 50 percent. On April 30, the RBI extended the regulatory benefits under the SLF-MF scheme to all banks, irrespective of whether they avail funding from the RBI or deploy their own resources under the scheme. On May 13, the government announced measures targeting businesses: (i) a collateral-free lending program with 100 percent guarantee, (ii) subordinate debt for stressed MSMEs with partial guarantee, and (iii) partial credit guarantee scheme for public sector banks on borrowings of non-bank

financial companies, housing finance companies (HFCs), and micro finance institutions. The government also announced (i) a Fund of Funds for equity infusion in MSMEs, and (ii) a special purpose vehicle (SPV) to purchase short-term debt of the eligible non-bank financial companies and housing finance companies, fully guaranteed by the government and managed by a public sector bank. The RBI's policy measures since February 8 represent liquidity injection of around 4 percent of GDP. On May 22, the RBI eased policy rates by 40 basis points (repo to 4.0 percent and reverse repo to 3.35 percent), accompanied by further regulatory easing, which includes the extension of the loan moratorium and support for working capital financing by another three months (through end-August), the increase in the large exposure limit from 25 percent to 30 percent of bank capital, relaxation of some of the norms for state government financing, credit support to the exporters and importers and extension of the tenor of the small business refinancing facilities

On March 16, RBI announced a second FX swap (\$2 billion dollars, 6 months, auction-based) in addition to the previous one with equal volume and tenor. The limit for FPI investment in corporate bonds has been increased to 15 percent of outstanding stock for FY 2020/21. Restriction on non-resident investment in specified securities issued by the Central Government has been removed. Foreign direct investment policy has been adjusted requiring that an entity of a country that shares a land border with India can invest only after receiving the government approval. (www.imf.org).

4. CONCLUSION

Covid 19 has cascading effect on society and economy all over the world particularly in India. Socio economic structure of every country has faced tremendous challenges to sustain in normal order. As time is the best healer all the countries in the world are striving according to their capacity to recover as usual through mutual cooperation. There is no denying the fact that covid pandemic has caused huge losses all over the world. It remains controversial regarding WHO's role in Covid pandemic, however, a good lesson, the world at large, has had to learn that unity is strength under any circumstances.

In India, population is matter of grave concern not only for the economy but for public health and social measures as a whole in normal situation where population control policy initiatives as well as public health policy initiatives could be of least impact over population. As the worldwide pandemic Covid-19 spreads basically through human contact, when the developed countries suffer due to this to a great extent, India like countries, there is no denying the fact, would be the worst sufferer. The world wide cooperation, solidarity becomes need of the hour. The world as a whole should work together to win over the crisis. However, self awareness and hygiene is one of the strategies to contain corona virus at this juncture. So far as economic activities are concerned, the low skilled workers of the developing countries are the worst sufferer because they are digitally less efficient to continue economic activities without coming in contact with human beings. So unemployment and disproportionate sharing of resources between low skilled and high skilled workers appears to be

another challenge that should be addressed and assessed by the government progressively.

It is quite interesting that in India even when the vulnerable part of the society is getting worse ever for not earning money due to lockdown for more than one and half months and most of the shops remain closed some state governments agreed and allowed to reopen liquors shops to sell liquors at excessively high price to earn the exchequer in recession for lockdown due to Covid -19 pandemic and people of the vulnerable part of the society adding nothing to their savings jump to buy liquors for their satisfaction. The role of the governments here is noteworthy.

A lesson to learn from Covid-19 pandemic is that nothing could sustain at the cost of nature. At the same time human being takes the challenge to win over Covid 19 pandemic. Nature has her own law of sanitization that need to be realized and science and technology should work together in nature friendly manner for sustainability of life in future.

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Sociological And Environmental Changes in Covid 19 Pandemic Situation

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Abstract : The global impact of the Covid-19 pandemic has been significant, affecting lives and livelihoods across the world. Numerous countries have implemented unprecedented measures to bolster social safety nets, particularly for vulnerable populations such as low-income households, children, young people, women, low-skilled workers, part-time or temporary workers, and the self-employed.

In times of extreme public health emergencies like pandemics, the allocation of limited resources tends to prioritize prevention, containment, and treatment of the disease. Unfortunately, mental health concerns often take a backseat in such situations. Similar to previous pandemics, the Covid-19 pandemic has contributed to a surge in mental health issues

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on a global scale, garnering only limited attention.

The mental health crisis unfolding in the rural areas of India amid the pandemic is a prime example of this oversight. Regrettably, this crisis has received scant coverage in the media and has been largely absent from public discourse.

Keywords: Vulnerable, Reprioritized, Containment Battlefield, Environmental Crisis.

Introduction

The COVID-19 pandemic has had a profound impact on a global scale, and India has faced its challenges as well. The World Health Organization (WHO) declared it a pandemic due to its widespread nature. To curb the virus's transmission, it became imperative to enforce social distancing and restrict people from unnecessary movement, leading to a nationwide lockdown.

In response to the pandemic, the Indian government took decisive action, implementing a stringent lockdown in mid-March. By the last week of March, all internal and external borders were sealed, reflecting the seriousness of the situation. The majority of the population has supported these measures, demonstrating a united front against the pandemic. However, there are notable exceptions where a small percentage of individuals pose a challenge.

While around 95 percent of the population is cooperating with the government's efforts, a minority is undermining the measures taken to contain the pandemic. This non-

compliance poses a threat to the overall effectiveness of the system. It is essential to address these challenges to ensure the success of the collective efforts against the pandemic.

Additionally, pandemic restrictions have brought about positive changes in air and water quality, as well as a significant reduction in environmental noise by 75%. This improvement is attributed to a marked decrease in vehicle traffic, restricted social mobility, a decline in international travel, and temporary factory closures.

The COVID-19 pandemic has left its mark on the environment, resulting in temporary alterations to air pollution, greenhouse gas emissions, and water quality due to changes in human activity. The global health crisis prompted various national responses, including lockdowns and travel restrictions, leading to substantial disruptions in society, travel patterns, energy consumption, and economic activities, often termed the “anthropause.” Post-pandemic discussions have focused on the impact of these changes on the implementation of renewable energy transition and climate change mitigation.

Several developed nations have introduced “green recovery” economic stimulus packages to promote economic growth and facilitate the transition to renewable energy. Notably, the European Union’s seven-year €1 trillion budget proposal, including the €750 billion recovery plan called “Next Generation EU,” allocates 25% of EU spending for climate-friendly initiatives.

However, the reduction in human activity during the pandemic drew attention away from ongoing issues such as accelerated deforestation in the Amazon rainforest and

increased poaching in parts of Africa. The impediment to environmental policy efforts, coupled with economic slowdown, may have contributed to a slowdown in investment in green energy technologies. The pandemic also led to an increase in medical waste, as the production and use of personal protective equipment (PPE) contributed to plastic waste. Approximately 65 billion gloves and 129 billion face masks were used and disposed of every month in 2020, posing challenges to conventional waste management. The treatment process of this plastic waste resulted in greenhouse gas emissions ranging from 14 to 33.5 tons of CO₂ per ton of mask, with the largest share coming from production and transport.

This book identifies five factors that contribute to the collapse of complex societies. These are:

Need for Study

To mitigate the risk of socio-economic breakdown and implement continuous measures to control the spread of the coronavirus, it is essential to recognize and appreciate the dedication of various frontline workers, including doctors, nurses, medical staff, sanitation and health workers, and the police force. The collective effort against the virus necessitates a unified approach to instill a sense of nationality and humanity among the people of the country.

The impact of COVID-19 extends beyond society at large, affecting both rural and urban economies. Migrant workers, heavily reliant on daily earnings and lacking substantial

savings, have encountered significant challenges. The hardships faced by these workers, such as undertaking long journeys back to their villages, underscore the need for empathy and understanding of their struggles.

The concept of “Hostile Neighbors” emphasizes instances of hostility within communities, often arising from comparative behavior or attitudes in mundane situations like purchasing small grocery items, vegetables, petrol, and obtaining official permission for essential or emergency reasons. Unfortunately, this hostility extends even to the “Corona Warriors” — frontline workers like doctors, nurses, and police officers — who are at the forefront of battling the pandemic. Instances of eviction threats and ostracism against these heroes exemplify the undue fear and lack of support within society.

In lower-class or slum areas, similar mentalities prevail, with fights breaking out during the distribution of essential goods. The economic fallout has hit daily-wage workers, roadside vendors, and petty traders particularly hard, as unemployment and reduced income exacerbate their vulnerability. Immediate assistance is crucial to prevent irreversible impoverishment and address the urgent needs of those on the brink of starvation.

The responsibility for comprehensive support lies with the central and state governments. The Indian government, under the leadership of Prime Minister Narendra Modi, has implemented measures to minimize socio-economic risks and control the virus’s spread. PM Modi’s calls for a nationwide show of solidarity, including turning off lights and lighting

lamps, reflect the unity needed in these challenging times. His leadership has garnered praise globally, recognizing India's efforts to combat the virus.

In the fight against the virus, humanity must transcend borders, with a focus on guarding the border between the human world and the virus sphere. The bottom line is a collective responsibility to prevent the collapse of socio-economic well-being, emphasizing the importance of physical and mental health.

As individuals, it is crucial to act responsibly, supporting each other during these challenging times. Group support, such as team meetings using various communication platforms, can provide a structured and supportive environment for everyone. Referring to the Sanskrit shloka, it underscores the irreplaceable nature of a healthy body and a strong mind. In facing dangers, maintaining both physical and mental well-being is paramount.

Medical associations have sought government support for the safety and security of their members, highlighting the irony that those who save lives are now facing threats to their own lives. Examining the situation in lower-class or slum areas reveals a similar mentality, albeit with different challenges. For instance, during the distribution of rationed groceries or free food packets, people were observed fighting over limited resources, reflecting the heightened competition for essential goods and services.

The economic repercussions have been severe, particularly affecting daily-wage workers, roadside vendors, and petty

traders. The lack of cash in hand, coupled with the inability to continue regular jobs, has left many on the verge of starvation. The socio-economic system's weakening has put a large number of people at risk of irreversible impoverishment, demanding immediate concrete help in terms of both food and financial aid.

The current period necessitates social responsibility and adherence to duties as members of society. Elected governments, acting on behalf of society, must address threats promptly and sufficiently to eliminate the risk of socio-economic breakdown. The responsibility for providing help rests firmly with the central and state governments, emphasizing the need for targeted social, economic, and fiscal aid free of corruption.

The Indian government, led by Prime Minister Narendra Modi, has implemented numerous measures to minimize the risk of socio-economic breakdown and control the spread of the coronavirus. Prime Minister Modi's appeals for people to stay within the confines of their homes and his innovative approach to encourage solidarity, such as the symbolic turning off of lights, have garnered widespread support. The nation displayed unity and respect towards frontline workers in response to these appeals.

PM Modi's leadership during the crisis has received praise from various world leaders, including US President Donald Trump and UK PM Boris Johnson. The World Health Organization (WHO) also appreciated India's efforts to contain the coronavirus. PM Modi has made a comprehensive

effort to instill a sense of nationality and humanity among the people, urging affluent sections of civil society and voluntary organizations to contribute generously to ease the economic burden on weaker sections.

In the fight against viruses, humanity should prioritize guarding the border between the human world and the virus sphere. While borders between territories matter less, humanity must focus on preventing dangerous viruses from penetrating the border within each human being.

In conclusion, it is crucial for everyone to act responsibly, support each other, and prioritize both physical and mental health to prevent the collapse of socio-economic well-being. Group support, along with individual supervision, can provide a structured and supportive environment. The Sanskrit shloka emphasizes the irreplaceable nature of a healthy body and strong mind, urging everyone to keep this in mind in the face of challenges.

Conclusion

The implementation of measures such as social distancing and the closure of gathering places like parks, cafes, shrines, schools, and universities has brought about various social consequences. The extended periods of staying at home, particularly in societies with a patriarchal lifestyle, have intensified pressure on women to manage household tasks. The economic and psychological dimensions of COVID-19 are impacting family members, leading to concerns about an increase in domestic violence, including child abuse, spousal abuse, elder abuse, and disability abuse. The Secretary-General of the United Nations has expressed apprehension

about this issue.

The closure of schools and universities is depriving millions of children, teenagers, and young people of social and educational activities for an extended period, and compensating for this loss may prove challenging. Travel restrictions imposed by different countries have reduced social interactions in external areas, resulting in increased isolation for individuals. The pervasive effects of COVID-19 on all aspects of human life have contributed to higher divorce rates and reduced marriage rates in many countries. Fear of contracting or transmitting the disease has led to a decrease in marital relationships.

COVID-19 has also posed challenges to public transport, causing disruptions and damages. The pandemic has significantly affected people's lives globally, leading to severe consequences such as social anxiety, panic due to insecurity, economic recession, and intense psychological stress. Coordinated efforts are required to prevent and control these issues, and individuals are encouraged to follow the advice and suggestions of government officials and the World Health Organization in their daily plans. Despite previous studies on the psychological and social consequences of respiratory illnesses, few have focused on the current COVID-19 epidemic. This review aims to estimate the social consequences of COVID-19 and identify preventive measures to mitigate related problems.

In the lead-up to the COVID-19 crisis, the rapid increase in medical waste due to the widespread use of supplies like masks and gloves poses a significant challenge. Proper management

following the principles outlined by the World Health Organization (WHO) and the Basel Convention, including identification, segregation, collection, transportation, sterilization, and disposal, is crucial.

The Center for Research on Energy and CleanAir (CREA) has highlighted a strong link between air pollution and the COVID-19 pandemic. Thousands of people in Bangladesh already suffer from physical disabilities due to air pollution-related issues, making it imperative to identify and implement sustainable solutions. Weak anti-pollution systems in coal power projects, such as those in Bangladesh, require urgent attention.

The 'Air Pollution in Asia and the Pacific: Science-Based Solutions' report suggests 25 measures that, if implemented, will not only ensure clean air but also positively contribute to health, climate, socio-economic development, and sustainable development. These measures include clean cooking, control of industrial emissions, and the use of renewable sources in power generation, among others. By adopting these measures, significant reductions in ground-level weight levels can be achieved, resulting in a 45 percent reduction in losses in crops like corn, rice, soybeans, and wheat.

Besides the reduction in air pollution during lockdown, water and noise pollution have also seen significant decreases in various countries, including Bangladesh (e.g., Italy). The divisional city has experienced a noticeable decrease in noise pollution thanks to the prolonged lockdown, contributing to

an increased appreciation of the beauty of nature.

The lockdown announcement led to the government's encouragement of work from home, teleworking, or telecommuting. This shift has brought about drastic changes in work patterns and lifestyles, resulting in a substantial reduction in greenhouse gas emissions. An estimated 183,000 tons of carbon emissions have been reduced daily due to the closure of most transportation, power stations, and industries during the nationwide lockdown.

In efforts to maintain social distancing, various activities, including work, education, and diplomacy, have transitioned to technology-dependent platforms, creating a 'New Normal.' Analyzing how to successfully navigate this new normal is essential.

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Covid 19 and History of Pandemic

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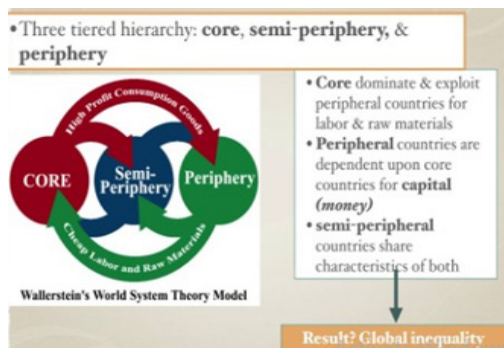
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Covid-19 marks the return of a very old and familiar-threat. Throughout human history, nothing has been more devastating than the viruses, bacteria & parasites that cause disease. Neither natural disasters like earthquakes and volcanoes nor war come close. There were billions of deaths recorded globally due to these pandemics (plague in 14th century “200 Million”, small pox in 20th century “300 Million”, influenza pandemic “50 to 100 Million”- numbers that surpass the death toll of World War One, which was being fought at the same time)¹. The 1918 flu virus infected one in every three people on the planet over the millennia, epidemics, in the particular, have been mass killers on a scale we can't begin to imagine today even in the time of the corona virus. Viruses have thus repeatedly controlled human history since ancient times.

Disease penetrated through trade, sometimes due to imperialist aggression and sometimes again due to the spread of capitalism. Immanuel Wallerstein saw the

development of the capitalist world economy as detrimental to a large proportion of the world's population. Wallerstein in his first volume on World-System theory argues that the modern world is distinguished from empires by its reliance on economic control of the world order by a dominating Capitalist Centre (Core) in systemic economic and political relation to peripheral and semi-peripheral world areas. Wallerstein traces the rise of the capitalist world - economy was essential to the resolution of feudal crisis. Europe (the west) used its advantages and gained control over most of the world economy and presided over the development and spread of industrialization and capitalist economy, indirectly resulting in unequal development. Through the process of divergence, a new globalizing relation between the core and periphery took shape. As Wallerstein himself noted, 'The trend in the core was towards variety and specialization, while the trend in the periphery toward monoculture.



Disease & Roman Empire

About half the population of the Roman Empire died as a result of epidemics. When the Roman Empire established commercial relations of Asia and Europe, germs of various

infectious diseases entered Rome through Roman merchants. The sewage system, the public bathing houses, and the diet of citizens in Imperial Rome all contributed to the spread of disease. Roman physician Galen said that, “This populous city, where daily ten thousand people can be discovered suffering from jaundice, and ten thousand from dropsy.”

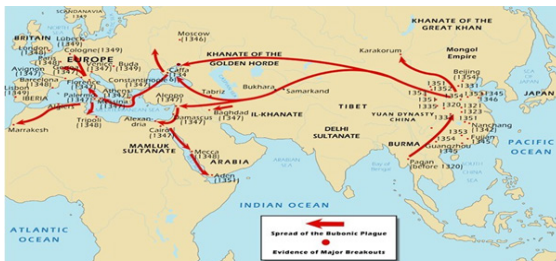


The first known pandemic in the Roman Empire was the Antonine Plague. Colin P Elliott said, the plague, generally believed to be smallpox, was possibly brought by soldiers returning from the campaign in Western Asia, leading to catastrophic results for the Roman populace, whom had likely never been exposed to the disease before. This plague played an important role in the fall of the Roman Empire.

Black Death

The Black Death, also known as the Plague, was a bubonic plague pandemic that occurred from 1346 to 1353 in Europe, Asia, and Africa. It is considered to be the most fatal pandemic recorded in human history with a death toll of around 200 million people. Some estimates suggest that it managed to kill as much as 60% of Europe’s population. There are three clinical types of plague - Bubonic plague, where the patient suffers from sudden onset high fever; Septicemic

plague, where the patient has overwhelming septicemia and gangrene of nose, ears, and extremities due to disseminated intravascular coagulation; and then the Pneumonic plague, which spreads through aerosols and causes haemoptysis and death. On average, the patients died in 7-10 days once the disease reached its peak. Black Death was the most fatal pandemic in human history. 75–200 million people died due to this pandemic in Europe from 1347 to 1351. The pandemic was reportedly first introduced to Europe during the siege of the Genoese trading port of Kaffa in Crimea by the Golden Horde army of Jani Beg in 1347. From Crimea, it was most likely carried by fleas living on the black rats that travelled on Genoese ships, spreading through the Mediterranean Basin and reaching North Africa, Western Asia, and the rest of Europe via Constantinople, Sicily, and the Italian Peninsula.



Black Death caused a pandemic situation in Europe, Asia, and Africa. Europe's agrarian feudal economy collapsed due to the Black Death. One-third of the people who died of the plague in Europe were mostly marginal people or serfs, on whose exploitation the feudal economy was built. The decrease in population, the labour supply problem arose. As a result this pandemic (Black Death) made changes in the socio-economic system of Europe.

Spanish Flu

The 1918–1920 flu pandemic, also known as the Great Influenza epidemic or by the common misnomer Spanish flu, was an exceptionally deadly global influenza pandemic caused by the H1N1 influenza A virus. This deadly influenza pandemic originated in Kansas and spread due to the movement of the troops. It demonstrated nurses' importance in healthcare while there were no antivirals or cure to be administered. An H1N1 influenza of avian origin caused the 1918 Spanish flu, and it had high mortality for young individuals, which was owing to their strong cytokine storm response to the virus. The pandemic broke out near the end of First World War and 17–50 or 100 million people died due to this pandemic. The mild disease was associated with upper respiratory tract symptoms like sore throat, cough, pharyngitis, fever, myalgia, and prostration. Epistaxis was also seen in both mild and severe cases. Severe illness was characterized by respiratory distress, cyanosis, and pulmonary edema.

Thus it can be seen from various example of history that human history is written not only by humans but also by viruses. Expanded trades between communities have increased interactions between humans and animals and facilitated the transmission of zoonotic pathogens. Thereafter, expanded cities, extended trade territories, increased travels as well as effects on ecosystems due to increased human population raised the emergence and spread of infectious diseases leading to higher risks for outbreaks, epidemics and even pandemics. Examples of significant historical pandemics like, the plague pandemic of the Byzantine Empire in the 6th century CE; the Black Death, which originated in China and

spread across Europe in the 14th century; and the influenza pandemic of 1918-19, which originated in the U.S. state of Kansas and spread to Europe, Asia, and islands in the South Pacific. These pandemic write a new history, because all these pandemics played an important role in the fall of empire or the transformation of socio-economic condition or spread of imperialism.

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Looking Back at The Great Mortality: Its Impression Left on Literature

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Abstract: On the backdrop of the Covid19 pandemic grappling our planet, this paper attempts to look back at another great European pandemic almost 700 years ago. This *magna pestilentia* or the Great Mortality which was termed as the 'Black Death' from the 17th century onwards, struck Europe, especially, England from mid fourteenth century in a series of waves over a period of two and a half century. The present paper focuses only on a few available literary sources which had registered this great crisis of civilization. The plague had large scale socio-economic effects, many of which are recorded in the introduction of the *Decameron*. Giovanni Boccaccio has shown in this text how the outbreak would completely alter the European social structure as well as the belief systems of many of those who survived it. Unlike Boccaccio, Petrarch in his *Epistola Metrica I* is characteristically interested in the impact of the Pestilence first

on his tight circle of friends, second on his own persona, using the plague as a kind of ‘pathetic fallacy’ for his own private disquiet about mortality. “God is deaf nowadays and will not hear us. And for our guilt he grinds good men to dust,” wrote the late 14th century English cleric, William Langland. *The Chronicle of Black Death* too includes a first-hand account of the medieval Plague, describing the changes in the everyday lives of people across the social scale. In *Litany in Time of Plague*, though Nashe takes a stoic attitude towards death, the fear of death does not leave him. Daniel Defoe’s *A Journal of the Plague Year* is an intriguing mixture of historical facts and ingenious fiction resulting in a powerful description of the debilitating effects of the Great Plague in London, 1665-66 on the population. One significant eyewitness account given by Pepys describes the impact of the Great Plague in London. The spirit of the medieval tragedy captured by the great writers and poets could be discernible in the creation of the 21st century writers like Jodi Picoult, Gary Shtyengart, Louise Erdrich, Ali Smith, Weike Wang, Sarah Moss or Arundhati Roy.

Keywords: Plague, Europe, literature, Covid-19 pandemic

OBJECTIVES:

- To re-evaluate the literature on the Great Plague on the backdrop of Covid19 pandemic.
- To assess how the plague had left its impact on the socio-economic life of Europe.
- To analyse how medieval people behaved in such a great crisis.

Introduction:

Human civilization has overcome many a crises from the pre-historic days but the crises caused by the invisible enemies are supposed to be the most dangerous ones. The survivors of the Covid19 pandemic are in a better position to understand this reality. On the backdrop of this situation, the present paper takes up some important literary works to re-evaluate and reassess human behaviour under such similar circumstances almost 700 years ago when about half of the population of Europe was reduced as the *magna pestilential or the great Mortality* ravaged across the Continent as well as England. Originating from the East or China primarily from among the rodent population, this great Pestilence or the great Mortality which was termed as the 'Black Death' from the 17th century onwards, advanced towards Europe through the Mongol empire via trade routes, striking Constantinople, Sicily and Marseilles. Swiftly spreading across the Italian Peninsula and the southern Europe, the plague moved north-west and arrived on the British Isles from the English province Gascony in France. By autumn, 1348, the plague had reached London and by summer 1349 it covered the entire country before dying down by December that year. The Great Pestilence struck Europe, especially, England in a series of waves over a period of two and a half century – 1348-49, 1361-62, 1563, 1593, 1625 and 1665 etc. Actually the plague was spread by flea infected rats, as well as infected individuals. The rats were the reservoir hosts of the *Yersinia Pestis* bacteria and the oriental rat flea was the primary vector transmitting the bacterium from rats to human. Having no intention of epidemiological study, this paper looks back at the medieval

plague epidemic through the prism of literature as nothing could be more living and real than literary presentation.

Wray, S.K. (2004) in his articles argues that Boccaccio's introduction to the *Decameron* can be read as a condemnation of doctors' advice to flee the sick, since to follow their advice for the preservation of one's own health would lead to the destruction of society. It is a call to compassion, which is precisely how Boccaccio begins the Proem ('To take pity on people in distress is a human quality...'), and an example of the influence of doctors' advice during the Black Death.

Hecko, B.(2021) opines that *Decameron* was not a reaction to the Black Death so much as an action that made use of the instability caused by the plague. Through a detailed analysis of the *Decameron*, this paper argues that Boccaccio attempted to create fundamental societal change by capitalizing on the opportunity provided by the Black Death. The *Decameron* attacks the lack of just action in society, connecting it to the divine punishment of the plague and the ensuing profound societal disruption.

Levenstein, J.(1996) argues that the plague Boccaccio describes in the introduction to the *Decameron* cannot be controlled by any human act. Municipal ordinances regulating the transport of refuse from the city and limiting the movements of the afflicted do not prevent the spread of the disease; devout prayer brings no improvement to the suffering city. Similarly, the erotic love depicted in the series of the Fourth day can in no way be governed by human will.

Rupp. K.(2021) contends that engaging with plague literature such as Giovanni Boccaccio's *Decameron* during the COVID-19 pandemic arguably enhances our understanding of medieval depictions of the plague. At the same time, medieval descriptions of the pestilence reflect on our current situation. Indeed, reading the *Decameron* during the outbreak of Covid-19 pandemic showed that the human experience of fear and loss in the face of a potentially lethal disease has not fundamentally changed in seven hundred centuries.

Angeletti, V.(2023)'s paper reflects on the role of narration in times of crisis. Drawing on studies on storytelling and bibliotherapy, it compares the *Decameron*, with two Decameron-based collections written during the first wave of the COVID-19 pandemic: The New York Times Magazine's *The Decameron Project: 29 Stories From the Pandemic* and *Nuovo Decameron*. The article argues that narration has two ways of relating to times of crisis: as an escape from reality and as a therapeutic means of overcoming trauma.

Mosli-Lynch, C., & O'Shaughnessy, N. (2022) contend that Pepys' *Diary* painted a very co-orientated response of society to the Plague. Accurate official statistics were available weekly, isolation was imposed and the government made provision for 'pest houses' to be set up. Pepys' own reactions, which progress from fear of contracting the disease to fear for his business interests mirror today's reaction to the 2020 Coronavirus Epidemic.

Sim, S. (2023) has discussed the belief system lying behind Defoe's prose fiction, which has its roots in non-conformist religion in 17th century England and the literary genre of spiritual autobiography. The notion of plague as an act of divine vengeance, demonstrating the precariousness of human existence, is seen to hang over the narrative.

Yousif, M.K. et al. (2021) primarily focuses on making a comparative study about the current epidemic (Covid19) with the epidemic (Bubonic Plague) that is mentioned in Daniel Defoe's novel, as fatal viruses. The study concludes that the Bubonic Plague and Covid19 are similar because they have the same effect on the people who are contemporary with them, but the plague is more dangerous health crisis.

***Decameron* by Giovanni Boccaccio:**

The plague had large scale socio-economic effects, many of which are recorded in the introduction of the *Decameron*. It was 1348. Plague struck Florence. People abandoned their friends and family, fled cities, and shut themselves off from the world. Funeral rites became perfunctory or stopped altogether, and work ceased being done. Men knew not what to do to survive. The society experienced an unprecedented upheaval. Faith in religion decreased, both because of the death of so many of the clergy and because of the failure of prayer to prevent sickness and death. The economy underwent abrupt and extreme inflation due to stoppage of production and trade. Because of high mortality among the poor, the pool of labourers declined sharply resulting in the rise in wages. Giovanni Boccaccio has shown in this text how the outbreak would completely alter the European social structure as well

as the belief systems of many of those who survived it.

Boccaccio has thus so clinically described the symptoms of the plague:

“It (Plague) did not assume the form it had in the East, where bleeding from the nose was a manifest sign of inevitable death, but rather showed its first signs in men and women alike by means of swellings either in the groin or under the armpits, some of which grew to the size of an ordinary apple and others to the size of an egg (more or less), and the people called them *gavoccioli* (buboes). And from the two parts of the body already mentioned, in very little time, the said deadly *gavoccioli* began to spread indiscriminately over every part of the body; then, after this, the symptoms of the illness changed to black or livid spots appearing on the arms and thighs, and on every part of the body – sometimes there were large ones and other times a number of little ones scattered all around.”

About the condition of medical assistance he writes: “Neither a doctor’s advice nor the strength of medicine could do anything to cure this illness; on the contrary, either the nature of the illness was such that it afforded no cure, or else the doctors were so ignorant that they did not recognize its cause and, as a result, could not prescribe the proper remedy (in fact, the number of doctors, other than the well-trained, was increased by a large number of men and women who had never had any medical training); at any rate, few of the sick were ever cured, and almost all died after the third day of the appearance of the previously described symptoms (some sooner, others later), and most of them died without fever or any other side effects.” (Boccaccio, G; translated by Mark

Musa & Peter, 1983)

Like the modern day authority of the cities as they did during the Covid-19 pandemic period the then administration of Florence took some important measures to prevent the Plague like cleaning of garbage, prohibiting entry of sick persons into the city or directives regarding hygienic behaviour. During the Covid 19 pandemic entry of flights from other countries were stopped or people coming from outside were kept in quarantine for 15 days or at least 7 days. Boccaccio observes, "... quantities of filth were removed from the city by officials charged with the task; the entry of any sick person into the city was prohibited; and many directives were issued concerning the maintenance of good health."

He has also elaborately described how this distemper spreads. It must be taken as his personal experience or collective belief as nothing was then scientifically proven. Boccaccio writes, "This pestilence was so powerful that it was transmitted to the healthy by contact with the sick, the way a fire close to dry or oily things will set them aflame. And the evil of the plague went even further: not only did talking to or being around the sick bring infection and a common death, but also touching the clothes of the sick or anything touched or used by them seemed to communicate this very disease to the person involved..."

Boccaccio has described here how people had reacted to this great crisis. In doing so he has divided people into three distinct groups. The first group of people were living in small secluded groups renouncing the luxury and excess of life. The second group was just the opposite of the first one, they were

singing, dancing, drinking and enjoying in whatever way they please. The third group adopted the middle path in between the two extremes.

Boccaccio observes, “There were some people who thought that living moderately and avoiding any excess might help a great deal in resisting this disease, and so they gathered in small groups and lived entirely apart from everyone else. They shut themselves up in those houses where there were no sick people and where one could live well by eating the most delicate of foods and drinking the finest of wines (doing so always in moderation)”

He has immaculately portrayed the debilitating condition of the city of Florence: People

“were falling sick everywhere...brother abandoned brother, uncle abandoned nephew, sister left brother, and very often wife abandoned husband, and – even worse, almost unbelievable – fathers and mothers neglected to tend and care for their children as if they were not their own.. Many ended their lives in the public streets, during the day or at night, while many others who died in their homes were discovered dead by their neighbors only by the smell of their decomposing bodies. The city was full of corpses...Moreover, the dead were honored with no tears or candles or funeral mourners; in fact, things had reached such a point that the people who died were cared for as we care for goats today...So many corpses would arrive in front of a church every day and at every hour that the amount of holy ground for burials was certainly insufficient for the ancient custom of giving each body its individual place; when all the graves were full, huge

trenches were dug in all of the cemeteries of the churches and into them the new arrivals were dumped by the hundreds; and they were packed in there with dirt, one on top of another, like a ship's cargo, until the trench was filled..." This picture of the medieval Florence has many things in common with our cities during the last Pandemic period.

***Epistola Metrica* 14: (*Ad Seipsum* – To Himself) by Petrarch:**

Boccaccio transcribed this letter written in Latin verse in the *Zibaldone Laurenziano*.

Unlike Boccaccio who emphasised the social consequences of the distemper resolutely omitting his own private sense of terror, Petrarch in his *Epistola Metrica* is characteristically interested in the impact of the Pestilence first on his tight circle of friends, second on his own persona, using the plague in other words, as a kind of 'pathetic fallacy' for his own private disquiet about mortality and the sway of the passions.

"O what has come over me? Where are the violent fates pushing me back to? I see passing by, in headlong flight, time which makes the world a fleeting place. I observe about me dying throngs of both young and old, and nowhere is there a refuge. No haven beckons in any part of the globe, nor can any hope of longed for salvation be seen. Wherever I turn my frightened eyes, their gaze is troubled by continual funerals: the churches groan encumbered with biers, and, without last respects, the corpses of the noble and the commoner lie in confusion alongside each other. The last hour of life comes to mind, and, obliged to recollect my misfortunes, I recall the

flocks of dear ones who have departed, and the conversations of friends, the sweet faces which suddenly vanished, and the hallowed ground now insufficient for repeated burials. This is what the people of Italy bemoan, weakened by so many deaths; this is what France laments, exhausted and stripped of inhabitants; the same goes for other peoples, under whatever skies they reside. Either it is the wrath of God, for certainly I would think that our misdeeds deserve it, or it is just the harsh assault of the stars in their perpetually changing conjunctions.”

***Piers Plowman* by Langland:** “God is deaf nowadays and will not hear us”

The pandemic ended up killing approximately half of Europe’s population, indiscriminate of people’s wealth, social standing, or religious piety. Survivors “were like persons distraught and almost without feeling,” writes Agnolo, despair echoed throughout Europe. “God is deaf nowadays and will not hear us. And for our guilt he grinds good men to dust,” wrote the late 14th century English cleric, William Langland, in his epic poem *Piers Plowman*. With so many dead and dying, patterns that had kept medieval society stable were replaced by hostility, confusion, greed, remorse, abuse—and, at times, genuine caring.

The Chronicle of Black Death:

The Chronicle of Black Death, written at the Cathedral priory of Rochester between 1314 and 1350, includes a first-hand account of the medieval Plague, describing the changes in the everyday lives of people across the social scale. This Chronicle

is historically and sociologically important. The picture of English society recorded here is supported by that of *Piers Plowman* and of *Decameron*. It describes:

“A great mortality... destroyed more than a third of the men, women and children. As a result, there was such a shortage of servants, craftsmen, and workmen, and of agricultural workers and labourers, that a great many lords and people, although well-endowed with goods and possessions, were yet without service and attendance. Alas, this mortality devoured such a multitude of both sexes that no one could be found to carry the bodies of the dead to burial, but men and women carried the bodies of their own little ones to church on their shoulders and threw them into mass graves, ...” The situation thus created put the labourers and the peasants in a bargaining position which resulted in the sharp rise in wages and the traditional hereditary class structure began to change. “As a result, churchmen, knights and other worthies have been forced to thresh their corn, plough the land and perform other unskilled task if they are to make their own.” (Shelfmark: Cotton MS Faustina B V)

Thus the chronicle clearly reveals that the Black Death turned the economy upside-down. Trade and manufacturing were highly affected as innumerable merchants and artisans died. On the other hand agriculture faced crisis too. Due to decreased number of labourers, their wages skyrocketed. Land lords were unable to cultivate their lands. As a result there was famine. With the peasants having increased power of negotiation the strict hereditary class divisions eroded.

***Litany in Time of Plague* by Thomas Nashe:**

In “Litany in Time of Plague,” Nashe at first takes a stoic attitude towards death, observing that “this world uncertain is” and that “life’s lustful joys” are “but toys.” He is almost matter of fact when he writes, “Beauty is but a flower/ Which wrinkles will devour.” Helen of Troy and Hector, the most beautiful of women and the most valiant of warriors, both end up as food for worms.

“Beauty is but a flower
Which wrinkles will devour;
Brightness falls from the air;
Queens have died young and fair;
Dust hath closed Helen’s eye.”

Strength stoops unto the grave,
Worms feed on Hector brave;”

The poem also offers us the Christian consolation: “Heaven is our heritage,/ Earth but a player’s stage.” Yet however consoling these sentiments, by ending each stanza with “I am sick, I must die” and then a prayer (litany) to God, we see that no amount of stoic reasoning or even Christian reassurance can make our terror vanish. All we can do is hand our lives over to a greater power.

***A Journal of the Plague Year* by Daniel Defoe:**

Daniel Defoe’s ‘A Journal of the Plague Year’ published in 1722 is an intriguing mixture of historical facts and ingenious fiction resulting in a powerful description of the

debilitating effects of the Great Plague in London, 1665-66 on the population. His previous experience as a reporter had led him to collect contemporary sources, including Bills of Mortality, the Orders of the Lord Mayor, and existing first-hand accounts. (Defoe, D. 29 May 2003)

Samuel Pepys' *Diary*:

The Plague reached London in June 1665 with Pepys writing: "... to my great trouble, hear that the plague is come into the City." Though there was no lockdown in place in London, as today, people did stay away from being in public. Pepys describing the shock of seeing once busy streets deserted, a feeling we can all relate to: "But, Lord! how sad a sight it is to see the streets empty of people, and very few upon the 'Change. Jealous of every door that one sees shut up, lest it should be the plague; and about us two shops in three, if not more, generally shut up." It was entered on 16 August, 1665.

The fear of being contacted which we all experienced during the Covid19 pandemic is quite perceptible in the following lines of Pepys: "Walked home; being forced thereto by one of my watermen falling sick yesterday, and it was God's great mercy I did not go by water with them yesterday, for he fell sick on Saturday night, and it is to be feared of the plague." (Matthews, W., & Latham, R. 1970).

Pepys writes on 4th September 1665, "I went away and walked to Greenwich, in my way seeing a coffin with a dead body therein, dead of the plague, lying in an open close belonging to Coome farme, which was carried out last night, and the parish have not appointed anybody to bury it; but only set a

watch there day and night, that nobody should go thither or come thence, which is a most cruel thing: this disease making us more cruel to one another than if we are dogs.”

Pepys also, believed temperature played an important role in the transmission of the Plague which is spread by fleas carrying the plague bacillus in their stomachs:

“The plague is increased again this week, notwithstanding there hath been a day or two great frosts; but we hope it is only the effects of the late close warm weather, and if the frosts continue the next week, may fall again.” 13th December, 1665.

The most heartening part of Pepys’s diary is seeing the resilience of people. After losing 25% of London’s population, things begin to go back to normal in the capital:

“To our great joy, the town fills apace, and shops begin to be open again. Pray God continue the plague’s decrease!” (Matthews, W., & Latham, R. 1970).

Discussion: The Plague literature of the medieval period has amply presented to us the evidence of socio-economic upheaval. It equally affected trade and agriculture, the main stay of medieval economy. So famine and poverty were the resultant of this human tragedy. The agrarian society was struck heavily. Traditional social hierarchy faced a stiff challenge from its lowest rung. Therefore, the Epidemic may be considered as an important factor of social mobility. On the other hand, due to death of so many common people and clergy the effectiveness of prayer and church was in question. The medieval church began to lose its dominance on the society

as is evident from Langland's line, "God is deaf nowadays and will not hear us." Through this all pervasive frustration a silver lining could be discerned. Erosion of traditional moral values was shocking to the poets and writers of the time. Frustration, fear, uncertainty and insecurity were unsurmountable. As is perceptible in Petrarch, fear psychosis – a terrible fear of death was looming large in the minds of the individuals. Pepys depression seeing the deserted streets of London was a common psychology during this period. The Black Death provided a scope for the medieval writers and poets to come out of its obsession with religious theme. Among the literary genres, drama was most affected by the Black Death as the theatre halls were closed down. The unending misery and mass behaviour in face of the invisible enemy as has been presented in the texts already discussed was in no way different from their modern counterparts, especially, from what we all have witnessed during the last great pandemic. Their personal and social experiences have been subverted into something universal. The spirit of the Covid19 pandemic has also been captured by our contemporary poets and novelists like Jodi Picoult's novel *Wish You Were Here*, Gary Shtyengart's *Our Country Friends*, Louise Erdrich's *The Sentence*, Ali Smith's *Companion Piece*, Weike Wang's *Joan is Okay*, Sarah Moss' *The Fell*, Arundhati Roy's non-fictional essay *The Pandemic is a Portal*, etc.

Conclusion:

As the generation of Covid-19 pandemic, we very well understand how people could have reacted to such an apocalyptic condition 700 years ago, when medical science was in a nascent stage. Socio-economic, psychic and moral

crisis faced by our modern generation were more real to the medieval society. The utter helplessness, moral degradation and the desultory debilitating scenario of the city of the 14th century Florence or the 17th century London could be identified by a 21st century citizen of New York city or London or Delhi. Somehow pandemic has appeared to be a great leveller- irrespective of one's nationality, faith, race or social standing or even time. On the other hand, literature, more specifically, the narration is a process of choral reconstruction that brings life back to the stage.

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