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Theme of this Bulletin: Nirbhau- Nirvair (No Fear - No Hate)

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Editor Dr. V.J.S. Vohra

Fear never builds the future, But FAITH and Creating HOPE in the World does



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Famous Shayar of Chandigarh



DS Bali 'Daman' Senior Advocate Mob.: 9878828666

मुश्ताक़ था-हूँ-रहूँगा रहमतों का तेरी मशकूर था - हूँ- रहूँगा नेहमतों का तेरी तेरा शैवा है तू थामे है गिरतों को शायक था-हूँ-रहूँगा मसाहलतों का तेरी न किया था गिला न करूंगा कभी ममनूं था-हूँ-रहूँगा शफकतों का तेरी भटकता रहा दर-बदर यूँ ही ' दामन ' तालिब था - हूँ- रहूँगा नवाज़िशों का तेरी

Positive impact leading to gift of dignified life

Click here to see video on YouTube - https://youtu.be/CKQzWqU3sg4



It was a significant and impactful event on 12th January 2024 when Dr. Nikita Krishnan, along with her parents PP Ashok Puri and R'Ann Sudha Puri, had an interaction with three patients at Nevedac Prosthetic Clinic in Zirakpur, Chandigarh. These patients were introduced by PP Dr. VJS Vohra and R'Ann Indu Vohra. Jaspreet Kaur was given above knee artificial leg. Raj Kishore and Sushil Kumar were given below elbow artificial arms.

These patients were fitted with artificial limbs, sponsored by generous gesture of PP Anil Puri of Rotary Twin Cities, Rotary International District 5020, USA. It is highly appreciable that such charitable initiatives and support from PP Anil Puri and his elder brother PP Ashok Puri significantly improves the lives of individuals who require prosthetic limbs.

Celebrating Lohri with Puja dancing with artificial leg Click here to see video on YouTube - https://youtu.be/dtMmoTzBBgM

This is about the philanthropic efforts for providing prosthetic limbs and the generous sponsorship by the owner of famous Sethi Dhaba of Zirakpur, Rtn Sonu Sethi of Rotary Club Derabassi, for Puja's above knee artificial leg at Nevedac Prosthetic Clinic in Zirakpur. Celebrating Lorhi with Puja is great inspiration, highlighting the importance of compassion for disability empowerment.



Click here to see video on YouTube

The commitment of philanthropists / Rotarians like Mr Anil Puri, Mr Ashok Puri and Mr Sonu Sethi towards community service, reflects the positive impact of collaboration and generosity to improve the lives of genuinely needy persons.

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Statutory Warning

Rehabilitation Council of India



भारतीय पुनर्यास परिषद् सामाजिक न्याय और अधिकारिता मंत्रालय. दिध्यांगजन सत्रकितकरण विभाग के अधीग एक साविधिक निकास REHABILITATION COUNCIL OF INDIA A Statutory Body under the Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjah)



STATUTORY WARNING

Practicing without RCI Registration In Govt./Non Govt. Organization and by any Private Practitioner is an Offence under section 13 (3) of RCI Act No. 34 of 1992

It has been observed by the Council that Children with Disabilities (Divyangjan) are being trained/ served by Quacks/Unqualified/Non-registered Personnel/Professionals.

If anyone found serving "Persons with Disabilities (Divyangjan)", without having RCI Certification, shall be prosecuted before the Court of Law under Section 13(3) of RCI Act, 1992 as under:

"Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both".

General Public is requested to report such instances to the Council along with documentary evidence by post/fax/email to enable the Council to take appropriate action such as filing of FIR against such persons.

"This Statutory Warning is issued in public interest".



B-22, Quisti institutional Area, New Delhi - 110 016 Tel: 011-2603-2406, 2653-2304, 2603-4267, 2653-2816 Fee: 011-2653-4291

Monthly e-bulletin, 'Impressions' is dedicated

to late Colonel DS Vohra, Founder of Ministry

of Defence Artificial Limb Centre, Pune and

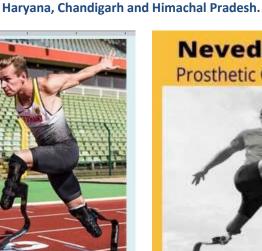
Founder of Nevedac Prosthetic Centre,

Chandigarh, father of Dr VJS Vohra, Founder & **CEO of Nevedac Prosthetic Clinic / Co-Founder** of Nevedac Prosthetic Centre and Hony Prosthetic Adviser to Governments Punjab,













Artificial Limbs & Orthotics Rehabilitation Council of India Certified Prosthetic Orthotic Professional Regd No. RCI / AA00001

Hony. Prosthetic Adviser: Governments of Punjab, Haryana, Chandigarh and Himachal Pradesh Reimbursement for Govt Employees

ARTIFICIAL LIMBS Orthotic Supports and Assistive devices

Contact Us + 91 9814006829, + 91 172 2623620 drvjsvohra@gmail.com www.nevedac.com

Clinic: SCO 50, 52 Royal Estate, Zirakpur Adjoining Oxford Street on Chandigarh - Ambala Expressway

Head Office: 1134, Sector 44-B, Chandigarh-160047









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Will Artificial Intelligence replace doctors?

Contributed by **Dr. VJS Vohra**

Artificial Intelligence (AI) is ability of the computer systems to copy human intelligence. AI systems use algorithms, data, and computation to learn and make decisions. It has the potential to revolutionize healthcare in numerous ways, offering benefits regarding improved diagnostics, treatment to enhance patient care and operational efficiency.

It is said that AI can analyze an individual's genetic, clinical, and lifestyle data to recommend personalized treatment plans, optimizing the treatment procedures.



Medical diagnosis and treatment often requires complex decision-making based on a combination of clinical knowledge, patient history, and sound understanding of individual cases. AI systems currently lack the holistic and intuitive reasoning that human doctors possess. The human touch, empathy, and effective communication are crucial components of patient care. Building a rapport with patients, understanding their emotions, and providing emotional support are aspects of healthcare that AI cannot replicate.

Medical and moral decision-making by doctors often involve ethical considerations and moral judgments that require a deep understanding of healthcare science. AI lacks the ability to make value-based judgments or consider the broader social context.

Doctors adapt to the new technology in medical science. They regularly encounter novel and unique cases that may not have clear precedents. Human doctors are capable of adapting their knowledge and skills to address new challenges, while AI systems may struggle in the absence of extensive training data.

Team work is very important aspect of treatment of patients. Healthcare involves collaboration among diverse healthcare professionals, including doctors, nurses, rehabilitation professionals, physiotherapists and specialists. Effective teamwork, communication, and coordination are essential for optimal patient care, and AI is currently limited in its ability to replace these aspects of human collaboration.

Shared decision-making for patient's unique preferences, values, and priorities influence their healthcare decisions. The relation between patients and doctors is a critical aspect of patient care and treatment. AI is not fully equipped to assess individual patient preferences.

AI is continuously evolving, but its role is seen as assisting the human expertise / doctors / healthcare professionals. It cannot replace the doctors but they need to remain updated regarding AI. It is not necessary to be an AI technology professional to apply AI as a valuable tool in healthcare.

Many applications of AI in medicine focus on improving diagnostic accuracy, automating routine tasks, and assisting healthcare professionals in decision-making. It has to be collaboration between AI systems and human doctors / healthcare professionals, resulting in a supportive tool to enhance the overall quality and efficiency of future healthcare systems.

The integration of AI in healthcare is subject to rigorous legal and regulatory frameworks, ensuring patient safety, maintaining confidentiality, addressing liability issues, statutory considerations and regulation.

Impressions is a monthly e-Bulletin, its theme being Nirbhau - Nirvair (No Fear - No Hate), to provide independent platform for sharing developments in Disability Empowerment - Artificial Limbs and Assistive Technology / Devices, Rotary Information of humanitarian service to advance goodwill and peace around the world, Healthcare matters, non-political and good news/topics - serious or humorous, about general interests on domestic and international fronts. The aim of this e-Bulletin is to encourage new ideas and original thinking with a positive approach.

Note: For advertisements in this bulletin please contact Dr VJS Vohra on Mobile / Whatsapp: +91 9814006829

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Special Children: Differentially Abled or Disabled

Everyone has seen beggar children on the roadside; did you know they have a 50% chance of having a disability of some type. Is disability a curse for children? The world is changing fast; and our level of knowledge is changing fast too. We are proud when our youth get medals in Para Olympics! Government mandates exists for education and reservation of jobs for the disabled in India. However, we have large parts of rural/ semi urban areas where the differently abled children, especially those with special needs are discriminated. being Before proceeding further, let us know more about a few terms.

Disability. This includes a physical impairment such as mobility, hearing, visual and language difficulties. It also includes developmental delays which affects a person's behavior, emotional expression and learning abilities.

Children with Special Needs (CWSN). These are children who have a disability or a combination of disabilities that makes learning or other activities difficult. CWSN include those who have mental retardation, which causes them to develop more slowly than other children. The disability may occur at birth, could be due to an injury, nutritional deficiency, exposure to toxins or an infection.

How common is disability in children. As per available data, over 240 million children worldwide have a disability. In India, the data on disability was collected and analysed at length for the period 2001 to 2011. The number of differently abled persons was 26.8 million of which 56% were males. 69% of the disabled lived in villages. There was a disproportionate increase of differently abled persons in 2011 as compared to 2001. 1.24% of the children below 6 years are differently abled. Those in 10 to 19 years age group constitute the biggest group at 46 lakhs. So, differently abled children and adolescents outnumber the adults.

The number of differently abled continue to increase, in 2015, this number was estimated to be 4% to 8% of the existing population. 10% of the children are born with or acquire at least one disability. 35% of these children had had no access to education. The latest figures suggest that the number of disabled children enrolled in schools has increased to around 85%.

Author

Maj General Krishan Chauhan Retired Army Medical Corps Former Additional Director, AMC

However, the dropout rate is very high, especially in girls.

Categories of Disabilities as per the Disability Act 2016. The Government of India passed an act in 2016 called, The Rights of Persons with Disability Act (RPwD) which categorises disabilities and CWSN into four main heads —

- 1. *Physical Disabilities*. This is a broad head subdivided as under:
- Locomotor disability pertains to mobility of the person. It may be due to birth defects (cerebral palsy, dwarfism and muscular dystrophy), injury (including burns), diseases and acid attacks
- Visual impairment and low vision.
- Hearing impairment and deafness.
- Speech and language disability.
- 2. Intellectual Disability.
- Specific learning disabilities.
- Autism Spectrum Disorder.
- 3. Mental behavior and illnesses.
- 4. Disability caused due to
- miscellaneous causes.
- Neurological disorders like Parkinsonism and Multiple Sclerosis.
- Certain Blood disorders.
- 5. Multiple disabilities

Discrimination against Differently Abled Children (DAC). India is a huge subcontinent. The traditions, culture and beliefs in the metro cities are different than the beliefs of people living in small towns. People in villages near cities and those in remote areas again think differently. Regional and religious beliefs play a role too.

Hence, there is a stigma resulting in discrimination against the disabled, in general. It depends on where the child is born and brought up. In general, it is more in rural areas and slums of cities, especially amongst the poor and uneducated communes. The DAC become victims of human rights abuse too. CWSN are the most abused and face all kinds of discriminations. Below listed are general attitudes/ behaviours of people which may vary from place to place.

- Denial of disability. This begins at home itself by one or more members of the family/ close relatives. The parents may deny disability or hide children with mental conditions. Even available appropriate treatment /corrective surgery is either not sought or refused. Child remains ill fed, under nourished. They may remain unvaccinated. They become chronically ill because of low immunity.
- **Superstitions** and physical restraints. For quacks and black magic preachers these children are a good business preposition. They reinforce the superstitions related to birth and upbringing of these children. Unnecessary rituals are held causing mental trauma as well as wastage of money. For busy mothers (labourers or other menial jobs), intellectually impaired children may be tied to a tree or a pillar. Others lock their differentially abled children especially girls to avoid hostile social interactions or fear of sexual abuse.
- Education. Parents do not take such children to school at the right age. Even if they are taken to a school, many administrators, even in cities refuse admission. Those enrolled have a very high dropout rate. None or low educational level means less chances of a regular job and self-sustenance.
- **Social discrimination**. Parents avoid taking out such children in social gatherings because of shame or fear of the future (marriage) of other children.
- **Property rights**. The DAC are denied property rights after death of their parents by some of the able siblings in an indirect manner. It is done in the guise of 'looking after' and 'care'.
- **Prospects of marriage**. Such children, especially those without a regular job face a bleak future in the marriage market. For those who are mentally impaired have no prospects of marriage. Such girls often become victims of sexual abuse.

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Alternate Dispute Resolution systems in India

Alternate Dispute Resolution (ADR) in India refers to the mechanisms and processes used to resolve legal disputes outside the traditional court ADR system. methods considered more informal, flexible, and often less time-consuming than litigation. Several forms of ADR are recognized and employed in India, with the most common ones being arbitration. mediation. and conciliation.

Arbitration and Conciliation Act, 1996 governs the arbitration process in India. It is based on the UNCITRAL Model Law and provides a comprehensive legal framework for arbitration proceedings. Through Arbitral Tribunals the parties can choose their arbitrators, and the tribunal's decision is binding and enforceable in court.

Under International Commercial Arbitration, the Act distinguishes between domestic and international commercial arbitration, providing specific provisions for the latter.

The Mediation and Conciliation Act, 1996 governs the mediation and conciliation processes in India. Various mediation centers have been established across the country to facilitate the mediation process. The parties can choose a mediator who assists them in reaching a mutually agreeable resolution.

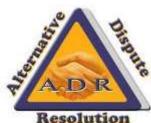
Similar to Mediation is Conciliation with the key difference being that the conciliator can suggest solutions to the dispute. Voluntary Process like mediation, conciliation is a voluntary process, and the parties retain control over the outcome.

National Legal Services Authority (NALSA) organizes Lok Adalats (People's Courts) for the resolution of disputes. Settlements in Lok Adalats focus on amicable settlement of disputes, and the decisions are

Contributed by



DS Bali Senior Advocate Punjab & Haryana High Court



deemed to be legally binding. Emerging Trend is that with advancements in technology, Online Dispute Resolution (ODR) is gaining popularity in India. It involves the use of online platforms to resolve disputes. ODR can offer a more efficient and cost-effective way of resolving disputes, particularly in the context of e-commerce and other online transactions.

Consumer Protection Act, 2019 provides for consumer dispute redressal forums at the district, state, and national levels. These forums aim to provide a speedy and cost-effective resolution of consumer disputes.



ADR mechanisms are encouraged in India, and the judiciary actively promotes their use to reduce the backlog of cases in traditional courts.

Parties can choose ADR methods voluntarily or as mandated by contracts or statutes. The effectiveness of ADR in India is continually evolving, and its success depends on factors such as awareness, acceptance, and the quality of ADR infrastructure and professionals.

Alternate Dispute Resolution (ADR) covers key ADR methods such as arbitration, mediation, conciliation, Online Dispute Adalats. Resolution (ODR), and Consumer Dispute Redressal Forums, along with the respective legislative frameworks governing them. The emphasis on the Arbitration and Conciliation Act, 1996, as well as the Mediation and Conciliation Act, 1996, reflects the importance of these legislations in shaping the ADR landscape. Additionally. Adalats, ODR, and Consumer Dispute Redressal Forums illustrates diverse range of ADR mechanisms available to the parties. Highlighting the voluntary nature of ADR processes and the role of parties in retaining control over the outcome, emphasizes the flexibility and consensual nature of these Furthermore. methods. recognition of the role of technology in ADR, particularly with the mention of ODR, reflects evolving nature of dispute resolution methods in the digital age.

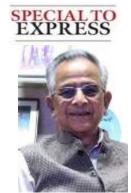
Above overview provides a valuable resource for understanding the ADR framework in India, and it appropriately acknowledges the ongoing evolution of ADR and the factors influencing its effectiveness.

Overall, it offers a well-structured and informative summary of the ADR landscape in the country.

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A chance meeting in Shatabdi

The birth of Mission Mithai
The Indian Express, 14 January 2024



RK SABOO Past President Rotary International

Sometimes Chance meetings can lead to major initiatives. It was one such encounter that led to the much-feted Mithai Mission of the Rotary Club. My better-half Usha was travelling to the national capital on board the Delhi-Chandigarh Shatabdi Express in 2016 when she met this young army officer. The man who wore a big smile struck a conversation with Usha. Intrigued, she inquired about the challenges faced by army personnel.

The officer shared the daily hazards, the dangers encountered at every step, and the big sacrifices routinely made by jawans and their families to safeguard the nation. It was from him that Usha learnt about the vagaries of Army life. She discovered that a jawan posted on the higher reaches such as the Siachen might receive just one or two buckets of water for personal needs, obtained by melting snow over kerosene. Also, the majority of his food was dehydrated and packed, a far cry from our delicious daily meals.

This encounter planted a seed in Usha's mind for a 'mithai' mission. With Diwali approaching we decided to send mithai boxes to the soldiers as a mark of our gratitude. In the first consignment, the Rotary Club of Chandigarh sent 4,500 boxes of sweets to soldiers stationed in areas like Leh/Siachen during Diwali. These boxes filled with non-perishable treats, were loaded onto army trucks at the Rotary House. The first consignment of 2,000 boxes was airborne, with Member of Parliament Kiron Kher flagging off the mission. Each box carried a heartfelt message, "Aap Hain Toh Hum Hain", symbolizing gratitude and solidarity. The response we received from the soldiers was equally heart-warming, "We are for you".

Since then, this compassionate initiative has grown, earning the Rotary Club of Chandigarh the Best Project Award in June 2017. Usha's vision is simple yet profound to extend our gratitude to those who give their all for our safety. As Diwali approaches, the focus remains on celebrating not just the festival but also expressing appreciation for the soldiers, who spend the occasion away from their families. "They give their lives for us, we should at least express our thanks to them during Diwali" says Usha.



This noble endeavor drew national attention in 2017 when actor Amitabh Bachchan thanked the Rotarians for celebrating Diwali beyond their families with the soldiers in the show 'Kaun Banega Crorepati'.

In 2018, 5,000 boxes from District 3080, covering Chandigarh, Punjab, Haryana, Himachal, Uttar Pradesh, and Uttarakhand, were sent to the soldiers.

A batch of 3,000 boxes was flagged off by then Governor VP Singh Badnore. The Rotary Club of Chandigarh, with over 1,700 boxes, played a pivotal role in this consignment.

For four consecutive years, Rotarians have rallied funds to send Diwali sweets for jawans, Notably, in 2020, 2,000 kgs of sweets were sent during Gurpurab amidst the challenges of the pandemic.

The year 2021 witnessed an overwhelming participation from Rotarians beyond Chandigarh, who sent 6,000 boxes. Punjab Governor Banwarilal Purohit flagged off the trucks from the Punjab Raj Bhavan.

In 2022, under Rotary District Governor VP Kalta, the tradition continued, and in November 2023, 6,000 boxes were flagged off by the Governor of Punjab and Administrator UT Chandigarh.

Looking ahead, the Rotary Club plans to extend their compassionate efforts to Naval bases at Kochi, Visakhapatnam, and Porbandar, recognizing the sacrifices made by those at sea Rotarians always unite to support our armed forces during various festivals.

These activities embody timeless values and unwavering integrity, serving as an expression of our deep admiration for the armed forces, and their families.

January 2024 - 7 -

Is Your Brain an Illusion?

Author



Dr Deepak Chopra MD, FACP, FRCP

When told about the ancient Indian concept of Maya, which holds that the world is an illusion, most people both East and West shrug off the notion. If they ponder Maya at all, they relegate it to metaphysics, which is just as easy to disregard. But a century after the quantum revolution in physics, Maya is more relevant than ever, because its meaning pertains to something as intimate to us as our brain.

The mystery of the human brain is easily summarized: How does a watery mass of organic chemicals manage to think? I think there is an answer, which is given in my new book, *Quantum Body*. For a very long time, the mystery got no further than a famous quip: "What is mind? No matter. What is matter, never mind." The quip refers to the impossibility of connecting the physical world with the non-physical domain of consciousness.

You are conscious, of which there is no doubt. Chemicals aren't conscious, which is equally undeniable. The gap between these two statements is unbridgeable — until you consider the quantum. In the earliest days of the quantum revolution around 1900, a number of the theory's greatest proponents traced consciousness to the quantum field. In a simple way, the quantum field provides the source for everything.

That it is the source of space, time, matter, and energy was posited then and holds true now. But "everything" must include the mind, and that was the rub. The mind isn't quantum. No amount of data, measurement, and experimentation at the quantum level — or anywhere else — can explain what an experience is. The color of a rose expressed in wavelengths of light has nothing to do with seeing it as red. The same is true of all five senses. Current research has traced smell, vision, and touch to quantum processes — your retina, for example, can register a single photon, the quantum particle associated with light. But photons are invisible. They become bright only through our perception.

To a neuroscientist, this fact solves the riddle of mind and brain. The brain allows us to see, and to perform every other mental process. Unfortunately, this is where Maya throws a monkey wrench into the machinery. There is no light in the brain, no brightness, no pictures, or anything but the firing of faint electrical charges and the exchange of ionized chemicals in the visual cortex. Take away the light, brightness, and images, and the experience of seeing is gone. It stands to reason that your brain doesn't see, and once this point is conceded, it is the opening edge of the wedge. If the brain doesn't see, then it doesn't possess any of the five senses. If that's true, then the brain has no experience — and yet you do.

Maya exposes the fallacy that the brain is the same as the mind. Neuroscience would adamantly deny this, because the entire basis of brain science for 99% of neuroscientists, is that brain = mind. We are living in the golden age of fMRI and other brain imaging that can view brain activity as it occurs. Imaging has become so sophisticated that patterns of neural activity will soon be precise enough, we are told, that they can be linked to individual thoughts.

That seems to support the assumption that brain = mind, but it doesn't. Imagine that a player piano, which plays music without a pianist, fell into the midst of a Stone Age tribe in New Guinea. They could be excused for believing that the piano understands music and is responsible for composing it (old-fashioned player pianos used paper rolls with inserted holes that triggered the instrument's mechanism; modern ones operate electronically).

For all of its sophistication, neuroscience falls for the same illusion. It believes that the brain, since it has the machinery corresponding to thoughts, feelings, sensations, and images, must be composing our experience. The difference from a Stone Age tribe in New Guinea is that the player piano can be understood by unraveling its mechanics — the brain can't.

But Maya and the quantum revolution have deeper ties. The elementary particles that constitute the first stage of creation aren't like ordinary physical "things." This was made clear by the great physicist Werner Heisenberg when he declared, "The atoms or elementary particles themselves are not real; they form a world of potentialities or possibilities rather than one of things or facts."

Here is the vital link between mind and matter: both originate as possibilities, not things or facts. The next thought you have and the next word you utter exist beforehand only as possibilities. Therefore, you think and speak at that level all the time. The same holds true for an experience. You experience everything in the "real" world with all of its sights, sounds, smells, textures, and tastes, but that is pure illusion.

Experience begins in no specific location because the quantum field has no location in time and space. Your senses are quantum once you understand where they originate, not in the illusory physical world. Therefore, your brain, being a ting, is also illusory. Maya and quantum mechanics agree on this point.

Very quickly modern physics moved away from a theory of mind and set its course for physical experimentation, like all the other sciences. But this decision doesn't invalidate Heisenberg's insight. But where does this insight actually get you? Medicine needs to address maladies of the brain that correspond to depression, anxiety, and psychosis, not to mention brain tumors and other physical disorders. It seems pointless to say that medicine is being fooled by an illusion.

The reason it matters was summarized by another great quantum pioneer, Erwin Schrödinger, who was a great student of Vedic philosophy and particularly of its main documents, known as the Upanishads. "The Upanishads are the most comprehensive philosophical treatise ever written by man. They are based on an ancient idea, as old as Indian thought itself, that the most profound reality is One and that this One is identical with our own Self."

In those words is the reason why the meeting up of Maya and the quantum field matters so much. It brings us close to understanding wholeness (the One) and seeing that wholeness is our basic nature. We are not body, mind, and spirit as if these are separate compartments. We do not have to achieve wholeness, because we are whole to begin with. The seamless joining of mind and brain is the answer, not the riddle. Once we start with wholeness as the most basic fact of existence, many old riddles are solved, and we can begin to live the mystery rather than be baffled by it.

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UN recognizes Epidemic Preparedness

Epidemic Preparedness was recognized by the United Nations on December 7, 2020. The outbreak of the Corona Virus revealed the shortcomings of the Healthcare System and the first-ever International Day of **Epidemic** Preparedness was solemnized to focus the need for epidemic preparedness and cooperation. There is an urgent need for powerful and cost-effective health systems that can reach those who are poor or in vulnerable situations. High quality education and healthcare procedures are the needs of the day to prevent the epidemics and pandemics at the local, national, regional and global scenarios. The day occupies significance as it can help to unite various countries and continents and take timely and decisive action against future hazards of epidemics.

Epidemic Preparedness aims to increase understanding about preventing and managing epidemics through education and collaboration. The day encourages countries and communities to put their heads together and emphasise the role of health workers. It presents a platform to honour the contributions of health-efficient professionals so as to strengthen global health systems. committed prevention partnership, preparedness for a healthier world so that the planet Earth remains a happier place to live. The day also highlights United Nations and WHO's crucial, pivotal and important roles and efforts for global coordination.

To combat epidemics and pandemics, there is a need to stock vaccines to ensure rapid inflow of vaccines and curb disease transmission and prevention of diseases. Mobile testing units reach distant and far off areas during outbreaks for timely diagnosis of diseases. Moreover, health diplomacy caters international collaboration to bring nations closer so as to control and manage global health threats. Community involvement also helps to create readiness and preparation to boost epidemic response.

The International Federation of Red



Dr. Jaswant Singh Puri Doctor of Letters (Honoris Causa) Social Activist, Punjab Rattan

Cross and the Red Crescent Societies (IFRC) appeals, for big and complex disasters and crises that affect a lot of people who need long term support to recover. It supports Red Cross and Red Crescent Societies through Disaster Response Emergency Fund (DREF). International Federation of Red Cross and Red Crescent Societies has launched the support to Zimbabwe to mitigate the effect of severe Cholera outbreak. John Roche, IFRC Head of Delegation Country Cluster for Zimbabwe and Malawi said: "Access to clean and portable water remains among the most urgent needs in the community. We are deeply concerned with the situation unfolding as before the rains cases have escalated." Alliance for Malaria Prevention (AMP) has revealed on 30 November, 2023 that three billion insecticide treated nets have been shipped to prevent malaria in the last more than ten years.

Globalisation has accelerated the rate of disease transmission. So, it is significant to spread information about vaccinations and other safety precautions. The UN seeks to popularize the One Health which encourages approach the integration of human, plant and animal health and the integration environmental sector and other relevant sectors. There is an urgent need to fight the scourge of misinformation and pseudoscience with science and fact-based information. A single country cannot fight epidemics and the world must come together for the health challenges. We need to adopt a broader understanding of epidemics and the deep connections between our health and that of our environment. It is true that diseases

transmigrate from animals to human beings. So diseases are linked to the destruction of wild habitats and other human activities. Thus the International Day of Epidemic Preparedness is the day when we should open our eyes for our interdependence with nature. How to live in harmony with nature can help us prevent future outbreak of epidemics. Inger Anderson. Executive Officer. UN Environment says: "We are intimately interconnected with nature, whether we like it or not. If we don't care of nature, we can't take care of ourselves."

The expansion of land use, unsustainable trade, production and consumption disrupt nature which increase contact between wildlife, livestock, pathogens and people. Cristina Romanelli, Programme Officer, Biodiversity, Climate Change and Health, WHO states: "We can invest in healthier, greener and more equitable world by strengthening our capacity for prevention, detection and response through a complex systems approach."

Dr. Ajit Puri's book on Dengue was released by then Hon'ble Governor of Punjab Shivraj Patil. Besides, his book on SARS (Severe Acute Respiratory Syndrome) is also valuable informative. His contribution to the realm of health science is really appreciating. The first copy of SARS was released by the then Deputy Prime Minister of India L.K. Advani, New Delhi. Journalist Jaswant Singh Puri was present on the occasion. We all should have the determination to prepare our societies to face the epidemics with a firm footing by strengthening international cooperation on health issues.

We need to adopt a broader understanding of epidemics and the deep connections between our health and that of our environment. There is a dire need to live in harmony with nature as it can help us prevent future disease disasters. The United Nations System, in particular the World Health Organisation plays a strong role in coordinating responses to epidemics in supporting national, regional and international efforts to prevent, mitigate and address the impacts of infectious diseases.