

## National Land Monetization Corp.

An asset which is idle and does not generate any returns or revenue must be converted into cash in what is simpler and common parlance, does monetization (of land) denote. We have in the country several such PSUs, which due to fast changing economic scenario, global market conditions, drastic changes and tastes in general consumers and preferences for alternatives or even certain policies in isolation or in combination on the verge of closure or having already been wound up but have enough land surplus and lying idle thus being non-performing. Why not to put such land to various utilities and make them beneficial in various ways is the idea behind putting them on sale and converting into cash. Like this, the Government can get enough liquid revenue while the process will result in private sector investment and buyers can put such land to multifarious utilities to boost local economies and become source for earning by more people. Hence, the process has an acceleration economic effect besides being a strategy of any Government to reduce the fiscal burden and to get revenues to meet ever growing public needs.

To streamline the process, a mechanism of setting up of National Land Monetisation Corporation with an authorised share capital of Rs.5,000 crore and paid up share capital of Rs.150 crore with intent to monetise the surplus land and buildings of such PSUs which are being sold off, is a decision taken in the right direction by the Government. Since there is a wide spread of such assets in the country, the Corporation can ably manage such monetization besides the process entailing time and professional factors. It may be recalled that the Vajpayee Government had realised the importance of disinvestment due to changing factors and even had upgraded the Department of Disinvestment to a full-fledged Ministry, however, in 2004 Manmohan Singh Government, in its first among few decisions, shut down the Ministry merging it with the Finance Ministry. Needless to add, innocently or knowingly, surplus land purchased for such PSUs when set up decades ago by the Government, are expectedly going to pay dividends, now.

## Re-verification of Ration Cards

While principally, there should take place at regular intervals, a proper verification of those ration cards which are issued under the Antyodaya Anna Yojna in Jammu and Kashmir, surprisingly such an exercise has not been undertaken for over a decade. We learn, under the usual process, new eligible beneficiaries have been included to take the benefits under the scheme, while it also is a fact that the possibility of hundreds of such Ration Cards may be in fake names or continued to be in favour of those whose socio-economic status may not be warranting now to have such a type of Ration Card.

Drawing benefits by persons not eligible including the fresh deserving ones to be included in the list can only be done through a well devised continuous process of proper verification. Better late than never, now directives having been issued to its field officers by the concerned department need to be implemented within the timeframe of 15 days. Process of verification, proper inquiries, encouraging transparency, benefits reaching the deserving targeted groups, sincere implementation of welfare schemes must all be made an inalienable constituent of the working culture. There are, however, over 2 lakh of such Ration Cards in the UT, as on date, getting 35 kilos of rice at just Rs3, a kilo plus wheat flour, sugar etc as also subsidized timber on monthly basis. Let only the deserving get it.

Harsha Kakar

On the 8th of March, the Indian Government was finally able to rescue its 700 trapped students from Sumy in Ukraine. An earlier attempt, a day before had stalled, as conditions were not conducive. The challenge for Delhi was to get Moscow and Kyiv to accept a ceasefire while hiring buses to move students with Ukrainian military escort under the aegis of the Red Cross to a safe location from where they could be transported out of the country. All this from a city facing an onslaught of rockets and gunfire, with shortages in food and water. Success was due to multiple calls between the Indian PM, Putin and his Ukrainian counterpart, Zelenskyy, followed by diplomatic parleys between countries. India once again successfully rescued its own.

This brought to end Operation Ganga, launched to bring back its trapped nationals from the warzone. The Government employed services of private airlines alongside air force transport aircraft to airlift its stranded students. To ensure seamless coordination the Government had moved four ministers, one to each neighbouring country. Very few nations rescued their trapped citizens from Ukraine.

This is not the first time that India has done so. When the COVID pandemic hit and countries went into lockdown, India launched Operation Vande Bharat, its largest rescue mission, to bring back its citizens, spread across the world. According to data available, over 18 Lakhs

flown back on Air India flights, 36 Lakhs on private airlines and 4000 sailed in naval ships. India's second largest rescue mission was in 1990 when it brought back 1.8 lakh stranded citizens post the Iraqi invasion of Kuwait. This took 59 days and involved over 500 flights.

In Operation Rahat India evacuated 5,600 citizens from the warzone in Yemen. Operation Devi Shakti was rescuing Indian citizens from Afghanistan with the Taliban takeover. The last batch of 110 Sikhs and Hindus returned from Afghanistan in a chartered flight in Dec 2021.

Historically, India has conducted almost 40 rescue missions. Most of them, especially from warzones, are never simple. They involve coordination with the nation where citizens are trapped, neighbouring countries where they could be temporarily located and finally utilizing means to lift them home. India employed its Gissar Military Aerodrome (GMA) located in Tajikistan to temporarily locate rescued citizens from Afghanistan prior to transporting them home. In the current scenario it needed support of neighbouring countries where Indians moved prior to being airlifted. It was to coordinate this that India deployed its ministers to these countries.

As a rule, Indian citizens located abroad, refuse to adhere to national warnings and evacuate in time. Once the situa-

# Medical treatment in India

Dr Satya Dev Gupta

Starting from the Ramayana period it is Sushane, the physician of King Ravana who treated Lakshmana, but obvious instances of some Hospital like the institution is obscure. (International Journal of Neurooncology November 2021) In the later period of Mahabharata and thereafter instances regarding the practice of medical science could be quoted as a profession. Yagyavalkya, a Hindu sage, along with other contributions "Yogas, Universal self and Atman" has established a seat of medicine which was later followed by Sushruta. (Science.blogspot.com) mentions that In Vedas, particularly Atharva-Veda which is deemed to be an encyclopedia of medicine, Lord Danvantri, the incarnation of Lord Vishnu, the immanent divine consciousness represents the divine healer in the tradition of Ayurveda Healing.

It is also quoted that archaeological evidence of Mohenjo-Daro and Harappa have proved that there were well-planned settlements of Harappa itself and special areas deduced to be hospital or treatment buildings. "Caraka or Charak Samhita" is an early Ayurvedic text of internal medicine and "Sushruta Samhita" 1000 to 600 BC known by the title "Father of Surgery", description of 300 surgical procedures and 120 surgical instruments and classifies human surgery into eight categories. All these could only be performed and possible when there were facilities of the ward or hospital-like culture.

Post- Mahabharata Era

S.A Tabish January 2000 (Historical Development of Healthcare in India) mentions, " In India, hospitals have existed from ancient times. Even in the 6th century BC, during the time of Buddha, there were several hospitals to look after the handicapped and the poor. The outstanding hospitals in India at that time were those built by King Ashoka (273-232 BC). Books written by Arabian and European travelers (around AD 600) reveal that the study of medicine in India was in its bloom. The zeal of the native Vaidyas for the investigation of the Indian flora slackened for want of encouragement. The invasion of foreigners in the 10th century AD brought with them their physicians called Hakims. The use of the Allopathic system of medicine commenced in the 16th century with the arrival of European missionaries. It was during British rule that there was progress in the construction of hospitals. Organized medical training was started in the 19th century."

Modern Hospitals in India

The introduction of the modern hospital in India was first done by the Portuguese in Goa as Royal Hospital in 1510 to 1515 where general medical training was also provided and later on upgraded to a Medical School for Medicine and Surgery in 1842. Although the Portuguese started the basis of modern medicine school impetus was brought by the French and British. The First Medical School was established in 1846 first in Cal-

cutta and then in Madras; followed by a network of district hospitals and dispensaries culminated in 1250 hospitals and dispensaries by the end of 1885. In British India, although Medicare growth was a slow pace by 1947 there were 7400 hospitals with 1 lakh 13 thousand beds, the ratio of hospital beds to country population was 0.24 beds/1000. The total number of available Doctor of Modern Medicine was only 47000, 7000 nurses in 19 medical schools and 28 medical colleges.

After independence primary healthcare was designed to render the services on maternal, child care, and family welfare in rural and urban areas, where specialized treatment centers were concentrated at the urban level.

\* India has a total of 43,486 private hospitals, 1.18 million beds, 59,264 ICUs, and 29,631 ventilators. On the other hand, there are 25,778 public hospitals, 713,986 beds, 35,700 ICUs, and 17,850 ventilators.03-Nov-2020

Other achievements are the control of communicable and dreadful diseases like Malaria, Smallpox, Tuberculosis, Leprosy, Aids, Polio, launching of the Goiter control program, implementation of the program of immunization and vaccination in Maternal and Child Health Systems. For uplifting the Tradition System of Medicine like Ayurveda, Unani, Sidha and Homeopathy lot of endeavor has been done and more is in pipeline. Ayuhman Bharat, Jan Oshdhi played a commendable role in upgrading the healthcare aspects of the downtrodden population in the unorganized sector. In organized sectors Employees' State Insurance which funds the consumer in both Public and Private hospitals. Many people get healthcare benefits from Health Insurance Companies, as in 2020, about 30 crore people are brought under an insurance plan (en.m.wikipedia.org).

Health-Care Sector

The Healthcare sector has become one of India's largest sectors, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

Indian healthcare delivery system is categorized into two major components Public and Private. The Government, i.e., public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of Primary Health Care Centres (PHCs) in rural areas. The Private Sector provides most secondary, tertiary, and quaternary care institutions with a major concentration in metros and tier I and tier-II cities.

Advantage India

India's competitive advantage lies in its Large Pool of Well-trained Medical Professionals. India is also cost-competitive compared to its peers in Asia and Western countries. The Cost of Surgery in India is About One Tenth of That in The US or

Western Europe. As of November 19, 2021, >115 crore COVID-19 vaccine doses have been administered across the country.

Health Care Market can increase three-fold to 8.6 trillion Rupee (US\$ 133.44 billion) by 2022. In Budget 2021, India's public expenditure on healthcare stood at 1.2% as a percentage of the GDP.

A growing middle-class, coupled with the rising burden of new diseases, are boosting the demand for health insurance coverage. With the increasing demand for affordable and quality healthcare, penetration of health insurance is poised to expand in the coming years. In FY (Financial Year) 2021, gross direct premium income underwritten by health insurance companies grew 13.3% YoY (Year over Year) to Rs. 58,572.46 crore (US\$ 7.9 billion). The health segment has a 29.5% share in the total gross written premiums earned in the country. Recent developments. Indian medical tourism market was valued at US\$ 2.89 billion (Rs.25000 crores). In 2020 and expected to reach US\$13.42 by 2026.

Health Tourism in India

According to India Tourism Statistics at a Glance 2020 report, ~697,300 foreign tourists came for medical treatment in India in FY19. India has been ranked 10th in the Medical Tourism Index (MTI), "depending upon these primary dimensions, including DESTINATION ATTRACTIVENESS, SAFETY, and QUALITY of CARE". for 2020-21 out of 46 destinations by the medical tourism Association.

India is a land full of opportunities for players in the medical devices industry. The country has also become one of the leading destinations for high-end diagnostic services with tremendous capital investment for advanced diagnostic facilities, thus catering to a greater proportion of the population. Besides, Indian medical service consumers have become more conscious of their healthcare upkeep.

The Indian healthcare sector is much diversified and is full of opportunities in every segment, which includes providers, payers, and medical technology. With the increase in the competition, businesses are looking to explore the latest dynamics and trends which will have a positive impact on their business. The hospital industry in India is forecast to increase to Rs. 8.6 trillion (US\$ 132.84 billion) by FY22 from Rs. 4 trillion (US\$ 61.79 billion) in FY17 at a CAGR (Compound Annual Growth Rate) of 16-17%.

The Government of India is planning to increase public health spending to 2.5% of the country's GDP by 2025. India's competitive advantage also lies in the increased success rate of Indian companies in getting Abbreviated New Drug Application (ANDA) approvals. India also offers vast opportunities in R&D (Research and Development) as well as medical tourism. To sum up, there are vast opportunities for investment in healthcare infrastructure in both urban and rural areas

Health Care in Jammu and Kashmir

According to "Greater Kashmir" 17th August 2021 (MukeetAkmali) the public health sector is overburdened in Jammu and Kashmir, the J&K's Healthcare Investment policy aims to boost investments in the private healthcare sector by wooing investors "In J&K, where the private sector is still in infancy and almost 80% of the healthcare facilities are being provided by the public sector, the overcrowding of the government health institutions has led to compromise in the quality of care. In government institutions, out of pocket expenditure is quite substantial as the patients must purchase medicines and other essential items from the market. This entails a huge burden on poor households", in comparison to the country as published by Statista Research Department May 20, 2021; an estimated 69 thousand public and private hospitals were recorded across India in 2019. Of these, 43 thousand were private sector hospitals, outnumbering the public sector. The state of Uttar Pradesh had the highest number of hospitals, that year. In the recent past, the Union Territory Government of Jammu and Kashmir introduced Ayushman Bharat free healthcare system for all the people.

On December 20, 2020; during the Covid-19 pandemic state of Jammu and Kashmir received an investment proposal of Rs 3325, in Healthcare and Medical Education, even hyped global investors submit was called. After the abrogation of Art 370, an impetus was brought for improvement in this sector. Of these investment proposals, Virinch Healthcare Pvt Ltd submitted a proposal of establishing a multi-specialty, 500 bedded hospitals with an investment of Rs 200 crore. The HP Kapital Ltd submitted a Rs 2200 crore proposal for High-tech Medical University with 350 bedded Hospital with 700 bedded students' accommodation, with the generation of 6000 jobs in both divisions of the Union territory of Jammu and Kashmir. Similarly, Apollo Hospital Enterprises Limited submitted a proposal of 200 to 250 bedded Super Specialty Hospital in Jammu with Rs 250 crore and employment opportunities for more than 1200 people. Areesha's Royal Hospital Private Limited has submitted a plan of Rs 450 crore for setting up 500 bedded referral Hospital with the training of Nurses and Paramedical staff with opportunities for jobs for more than 1000 youths. There are 7 Medical Colleges, prestigious SKIMS along with 2 AIIMS coming up. About 45 private hospitals and nursing homes are executing the healthcare services (per Director Health Services Kashmir, DHSK). These small institutions have been working for decades on the guidelines issued by the concerned authorities of the Government of Jammu and Kashmir. While after the abrogation of 370 there is a boom in the developmental projects of this Union territory, a fervent appeal can be made to the government for upgrading and uplifting these institutions.

(The author is President - Jammu Doctors Forum Ex HOD Anesthesia & ICU GMC Jammu)

## Village Defence Guard

# A commitment to Defend National Security

Ronik Sharma

The formation of a Village Defence Guard is a preventative step to safeguard national security in remote areas of Jammu and Kashmir with the support of locals. The active participation of local villagers in security matters will be extremely beneficial in curbing anti-terrorist activities and maintaining surveillance on all such issues relating to the security of local villages, borders, and counter-insurgency. With the creation and strengthening of village defence groups in hilly as well as plain areas, these village defence groups will keep an eye on trans-border movement and also alert security agencies as well as paramilitary forces against any untoward incidents. The Central Government has taken all necessary actions and provided all logistical support to security agencies and other forces in Jammu and Kashmir to combat active terrorism and ensure the safety and security of innocent peo-

ple. The Ministry of Home Affairs' recent order for the revised scheme and change of nomenclature from village defence groups to village defence guard, as well as various steps to strengthen more Village Defence Guard, has also broadened the scope of selfless volunteers for the protection of integrity and national security in the interest of the Nation. Now the members of the village defence group will be designated as village defence guards (VDG). Persons (V1 category) who lead/coordinate the village defence guard in more vulnerable areas will be paid Rs. 4500 per month, and other persons (V2 category) who are members of these village defence groups on a voluntary basis will be paid a uniform rate of Rs. 4000 per month. The Defence Guard will function under the direction of the SP/SSP of the concerned District. The Central Government adopted, in consultation with the Ministry of Home Affairs, the same strate-

gy as the village defence groups that were established earlier in 1995 because the terrorist activities and terrorism were at their peak in far-flung areas of Jammu and Kashmir where road connectivity was

ability of police and other paramilitary forces in the wee hours in far-flung areas. But now the situation has changed because the terrorists have adopted a different modus operandi to attack the innocent local popu-

them with all the support they require to curb all anti-national activities such as terrorism, as well as to monitor the activities of terrorists' over-ground workers who assist terrorists in carrying out large-scale attacks on locals and security forces. Minority protection in far-flung areas of Jammu and Kashmir is an important duty for security agencies as well as security personnel. In recent months, the number of targeted killings of innocent persons has escalated. More logistic assistance for village defence guards, such as enhanced gadgetary understanding, modern weapons training, equipment, and a multipronged strategy, is important to monitor all such security threat-related actions. In light of the current global situation, the Indian government should adopt an advanced mechanism in security situations to train all individuals who are interested in receiving weaponry training on a voluntary basis, as well as take all necessary steps to provide refresher courses to ex-

servicemen once or twice a year. They must be prepared to fight any perceived threat in the wake of an explosive circumstance. The terrorism in Jammu and Kashmir is assisted and abetted by Pakistan's ISI agency, with the cooperation of all active terrorist organisations funded by Pakistan, to disrupt the calm environment in J&K by killing and torturing the innocent populace, security and paramilitary personnel. The Village Defence Guard is now put to task for fighting infiltration, fortifying the counter-terrorism grid, and stepping up against forcible youth recruitment by overground workers to help terrorists and stone-pelting activities during Indian military, police operations and protection of important places like army depots, national highways, bridges, and other important locations. Decision taken by Ministry of Home Affairs in the present scenario is preemptive and in the fitness of things.

(The author is an Advocate)



very poor and, in case of any security-related problems innocent people were facing many difficulties during peak hours of terrorism. Many casualties occurred due to the non-avail-

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# Caring for our own

community in any country is close-knit and can be banked upon to support its nationals in transit. In the case of Ukraine, Indian residents in neighbouring countries willingly came forward to assist their stranded brethren while Operation Ganga airlifted them back to India.



ities broke, they demanded to be rescued. With a vast diaspora, India will always be expected to rescue its citizens trapped in trouble spots. A benefit is that the Indian

A news report also mentioned that the PM spoke to global spiritual gurus and Indian community leaders to request their assistance in caring for those transiting

from Ukraine. In response to the PM's call, Sri Sri Ravishankar stated, 'Art Of Living has been working for the past few days to help refugees who are moving from Ukraine to the Western part of Europe.' Similar assurances flowed from other spiritual organizations. As always, Sikh organizations were at the forefront providing food and shelter.

In Ukraine, while the US and Chinese Governments initially stated that they were not in a position to rescue their trapped citizens, the Indian Government did not hesitate. The US Government advisory read, 'The US Government will not be able to evacuate US citizens from Ukraine.' A rescue operation by a private organization in Florida could only airlift 23-24 American citizens. Similar helplessness was displayed by the British and German Governments. The Chinese envoy to Ukraine mentioned that current conditions were unsafe to evacuate citizens. Following India, China began rescue operations from neighbouring countries, however, has charged its citizens from Ukraine an equivalent of Rs 2.6 Lakhs each. The US had earlier left its citizens stranded in Afghanistan.

Operation Ganga though slow, moved unhindered. All this because nations located on Ukraine's periphery have positive ties with India. Such is standing of India that Pakistani students leaving Ukraine did

so displaying the Indian flag.

Indian foreign policy approach has been positive through the years building bilateral ties. India never interferes in matters which do not concern it. It also supports nations whenever needed. In the current Ukraine conflict India is neutral, while providing Ukraine with humanitarian aid. This positive diplomacy is being paid back when most needed. In every rescue missions, India received support from countries it approached. India has also never hesitated in lifting citizens of its allies and neighbours, adding to its image.

Further, Indian soft power, including Bollywood and its global spiritual and social organizations, have projected a positive picture of the country. A student temporarily located in Poland, with a local family, prior to being airlifted to India, was surprised, when to put her at ease and create a homely environment, the family played Indian music. They even offered to cook Indian cuisine.

A successfully conducted Operation Ganga indicates that it is not military or economic power which determines global acceptability but adherence to a rule based global order, supporting nations in need, non-interference and being neutral in conflicts, despite pressures from multiple directions. Though India is not a power to influence global events, yet it is recognized as a responsible nation which cares for its diaspora, unlike most developed nations. However, its citizens also need to respond to Government advisories rather than scream for assistance once the situation becomes dangerous.

(The author is Major General (Retd))