

# On defending genuine interests of the healthcare workers

*"You can't cross the sea merely by standing and staring at the water."*

– Rabindranath Tagore, Nobel Laureate in Literature 1913

Dear Editor,

Raina *et al.*<sup>[1]</sup> emphasise on India's need for long-term solutions to coronavirus disease-2019 (COVID-19) like pandemics and they draft a policy paper by Organized Medicine Academic Guild in April 2021 issue of the Journal. This policy document comprises of 16 domains wherein action should be taken so as to identify areas crucial to preventing (future) epidemics, protect against environmental hazards, respond to epidemics and ensure the quality and accessibility of health services.<sup>[1]</sup>

This policy document goes down to the level of community-wide response and up to primary healthcare practitioners in its content. However, we need to realize that when a pandemic strikes of such an infectious nature which we are facing currently, it's not the soldiers alone who face the brunt of the fight but also their family members. As presently we are witnessing various structured studies to make an attempt to measure the extent of affliction of healthcare workers,<sup>[2,3]</sup> we are simultaneously witnessing morbidity and mortality in their families as well.

Although the full impact of this assault will be assessed only in retrospect, we need to realize that not only our heroes but also their loved ones are unrecognized and unknown partners of the war. When the workers are on duty in isolation -wards designated specifically to serve COVID-19 patients, their family members too face anxiety, vulnerability, mental stress and uncertainty along with economic hardship. Therefore, this calculation also should be made while drafting such a policy paper.

Presently a significant proportion of essential workers are on -contract service in public sector. Hence, our ruling government should consider them for some sort of regular appointment with the help of whom we are putting up a brave and resilient front up against the scourge at this time. Some funds should be dedicated to fulfill their genuine interests and that should be audited for its utilization. In containment zones when the movement of masses is brought to a sudden halt, healthcare workers do – and have to – move for ensuring safety of others and they should be properly compensated by policy design.

Because of the remote location and logistical challenges, rural areas provide a unique perspective to us in the face of the emerging infection. Although in point number 7 of community-wide response, the authors suggest that capacity building of *Panchayati Raj Institution* may be a bridge to overcome manpower shortage under such extraordinary circumstances, we need to realize that there are differences in strength and quality of such Institutions across diverse geographies.<sup>[4]</sup>

Although some states provide a role model for such self-rule units, others hardly function in any meaningful way. When during a pandemic we cannot build any new institution due to exigency, we need to utilize the existing ones to their fullest extent. Hence, we have a lot to learn from different States and buy their best practices of performance so they actually work at the time of crisis.<sup>[5]</sup>

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There are no conflicts of interest.

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Letter to Editor

Disease prevention and social security in rural India.  
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We accessed all the webpages at the time of submitting this  
Letter to the Editor.

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