

# MAURITIUS TIMES

● “One moment of patience may ward off great disaster. One moment of impatience may ruin a whole life.” – Chinese Proverb

David D. White, Counsellor (Psychological) & Business Psychologist



**“When we see young people dying, we are compelled to embrace existential thinking. What happens if I die?”**

This changes the focus on time, on relationships and even with God”

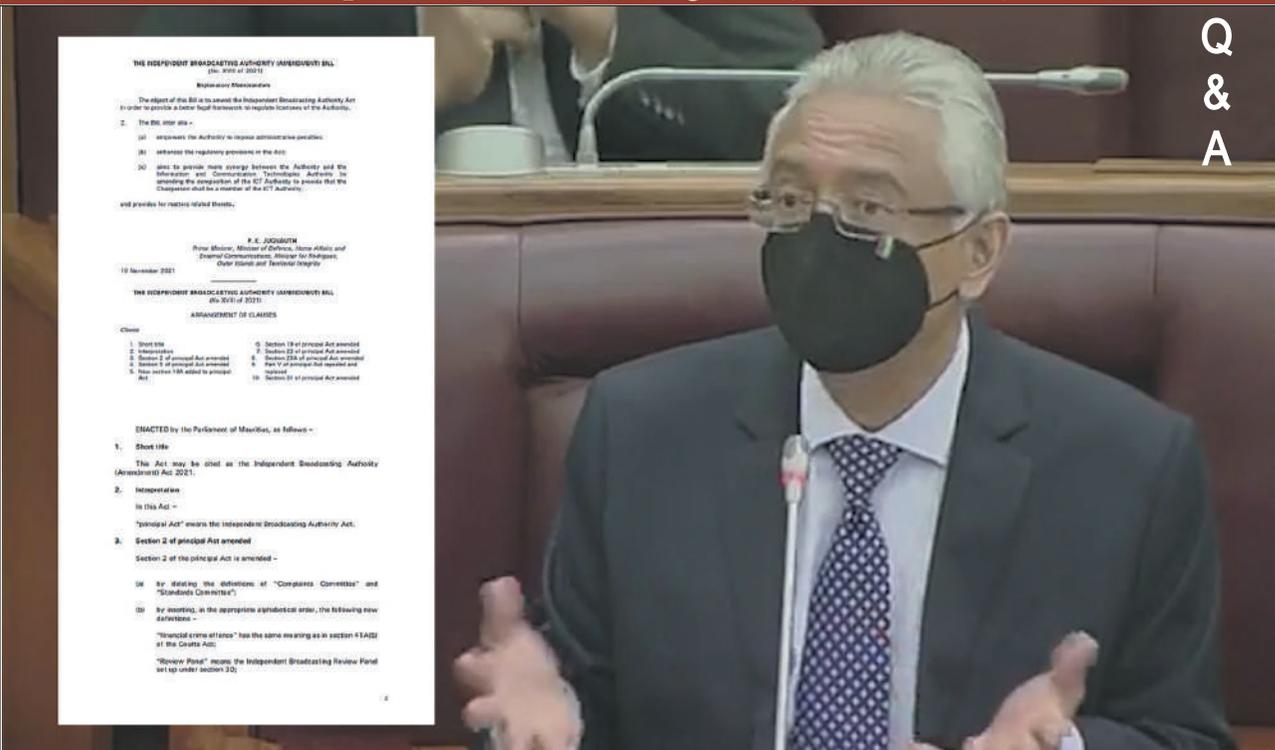
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## Omicron is the new Covid kid on the block

The world needs to learn to live with the virus. And governments must follow the science and don't distort it for political expediency

By Shabir A. Madhi, University of the Witwatersrand See Page 2

## The Independent Broadcasting Act (Amendment) Bill



Q & A

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# Muzzling Free Speech

When legislatures are unable or not allowed to hold governments to account, it usually falls upon the independent media and increasingly now social media to scrutinize governments' actions, campaign for transparency and accountability. Parliaments are central to making democratic politics function properly and in the public interest. However, they can and indeed in some countries are often bypassed during moments of crisis - as the current Covid-19 pandemic one - when governments have recourse to emergency procedures for public procurements. It appears to be the case even in established democracies in the Western world as much as it does in African and Asian societies.

Insofar the Mauritian context is concerned, challenges to parliamentary oversight have not come about since the onset of the pandemic. It has been seriously undermined since 2019 and even earlier, but there's a deeper and long-drawn situation of lack of accountability and transparency with regard to the actions taken (or not taken) by the government and its institutions, especially those with an investigative mandate in matters of crime and corruption and other shady deals that have tarnished the credibility of our institutions more than at any time before.

It is thanks to media activism (independent and non-State sponsored written press and broadcasters) as well as social media that a long series of irregularities and misdeeds have been flagged - the contractual agreements which conveniently come with a mandatory confidentiality clause -- from Liverpool Football Club to generous dishouts of public monies by the Central Bank through its MIC undertaking, the Safe City Project and the St Louis Redevelopment projects, the Emergency Procurements... and thanks also to activist lawyers the Kistnen Papers -- all of which have the potential to cause "annoyance" to whoever feels targeted. The earlier government attempt to curtail abuses on social media (though necessary when the honour, character, reputation or goodwill of any person has been maliciously and unjustly maligned) has been checkmated by the judgement of Justices D. Chan Kan Cheong and K.D. Gunesh-Balaghee in the matter Seegum J v The State of Mauritius, who

found Section 46(h)(ii) of the Information and Communication Technologies Act ("as it stood at the time of the commission of the present offences"), in relation to the offence of using an information and communication service for the purpose of causing annoyance, for which Vinod Seegum was prosecuted, as unconstitutional.

The latest government's initiative to amend the Independent Broadcasting Act has met with strong opposition from civil society and opposition parties across the political spectrum. The Bill's different provisions - from empowering the IBA to impose administrative penalties on private broadcasters, the obligations that a broadcaster will have to comply with before obtaining a licence, now brought down to a duration of one year from the earlier three years, thereby threatening the financial viability of a private broadcaster, the power entrusted to the IBA to consider the "past conduct" of the broadcaster before renewing its licence, the obligation to disclose information sources - all are clearly threats to free speech and to whichever private broadcaster which is considered a thorn in the side of the governing alliance.

Other unacceptable features include provisions to by-pass or make tenuous judiciary appeal for these administrative penalties through the powers conferred to an independent review authority which would be filled by political nominees. As for the proposed provision that the independent broadcaster or news media would have its license delivered and renewed on a yearly basis is to our knowledge unprecedented on financial or operational grounds, making access to funds and investment extremely dicey. The threats are so ominous as to raise constitutional issues on several fronts according to many independent jurists and one wonders whether the times facing the country and the hardships being endured were appropriate to consider such amendments on a priority basis. The previous attempt in 1984 by an MSM government to muzzle free press backfired against a united front of journalists. Is this a renewed attempt to demonstrate how the MSM feels about press and media freedoms, indeed about our democratic space, under the eyes of the international community and their chancelleries?

## The Conversation

# Omicron is the new Covid kid on the block

*The world needs to learn to live with the virus. And governments must follow the science and don't distort it for political expediency*

South Africa reacted with outrage to travel bans, first triggered by the UK, imposed on it in the wake of the news that its genomics surveillance team had detected a new variant of the SARS-CoV-2 virus. The Network for Genomics Surveillance in South Africa has been monitoring changes in SARS-CoV-2 since the pandemic first broke out.

The new variant - identified as B.1.1.529 has been declared a variant of concern by the World Health Organisation and assigned the name Omicron.

The mutations identified in Omicron provide theoretical concerns that the variant could be slightly more transmissible than the Delta variant and have reduced sensitivity to antibody activity induced by past infection or vaccines compared to how well the antibody neutralises ancestry virus.

As vaccines differ in the magnitude of neutralising antibody induced, the extent to which vaccines are compromised in preventing infections due to Omicron will likely differ, as was the case for the Beta variant.

However, as vaccines also induce a T-cell response against a diverse set of epitopes, which appears to be important for prevention of severe Covid, it is likely that they would still provide comparable protection against severe Covid due to Omicron compared with other variants.

The same was observed for the AstraZeneca vaccine. Despite not protecting against the mild-moderate Beta Covid in South Africa, it still showed high levels of protection (80% effective) against hospitalisation due to the Beta and Gamma variants in Canada.

In view of the new variant, there are a few steps that governments shouldn't be taking. And some they should be taking.

### What not to do

Firstly, don't indiscriminately impose further restrictions, except on indoor gatherings. It was unsuccessful in reducing infections over the past 3 waves in South Africa, considering 60%-80% people were infected by the



virus based on sero-surveys and modelling data. At best, the economically damaging restrictions only spread out the period of time over which the infections took place by about 2-3 weeks.

This is unsurprising in the South African context, where ability to adhere to the high levels of restrictions are impractical for the majority of the population and adherence is generally poor.

Secondly, don't have domestic (or international) travel bans. The virus will disseminate irrespective of this - as has been the case in the past. It's naive to believe that imposing travel bans on a handful of countries will stop the import of a variant. This virus will disperse across the globe unless you are an island nation that shuts off the rest of the world.

The absence of reporting of the variants from countries that have limited sequencing capacity does not infer absence of the variant. Furthermore, unless travel bans are imposed on all other nations that still allow travel with the "red-listed" countries, the variant will directly or indirectly still end up in countries imposing selective travel bans, albeit perhaps delaying it slightly.

In addition, by the time the ban has been imposed, the variant will likely have already been spread. This is already evident from cases of Omicron being reported from Belgium in a person with no links to contact with someone from Southern Africa, as well as cases in Israel, UK and Germany.

*Shabir A. Madhi, Dean Faculty of Health Sciences and Professor of Vaccinology at University of the Witwatersrand*

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## Mauritius Times

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# Coping with the heavy Covid hospital workload



Dr R Neerunjun Gopee

For some time now, shortly after the beginning of the surge in Covid cases that has resulted in a rush for medical treatment, the public hospital service has been overwhelmed by the largenumber of admissions. This has put pressure on the hospital staff, nurses and doctors in the first place because they have the direct responsibility of attending to the patients. But also, on other frontliners like domestic and other personnel such as in the laboratories, the blood bank -in short on all those manning supply chains, logistics, the multiple service requirements, and human resources that eventually converge on one objective: delivering care to the patient.

Because of the sheer volume of additional tasks that have to be carried out for every single patient, the already strained nurses and doctors have been facing tremendous pressure. As it is, there is a fixed number of fully qualified personnel, and they can only give so much time to individual patients. The reasons are evident: they have to work on shifts, they need enough rest and recuperation so as to be in an optimum state of bodily and mental health to perform their duties. They also have to be quarantined as per protocol. Besides, a number of them have fallen victims to Covid-19, leaving their colleagues in constant anxiety and fear of being similarly affected, with all that this means for their concerns about family and children if any – like any other citizen who is living through the same apprehensions.

It is no surprise therefore that the major complaint from both patients who have fortunately made it and from relatives of those admitted is the relative lack of attention and of communication on the part of nursing and medical personnel who are responsible for their treatment. We can look at what needs to be done for these inpatients in terms of: nursing care, medical treatment, and TLC or Tender Loving Care. As far back as over 40 years ago when I was training in the UK, not infrequently there would be a referral from a general practitioner reading: 'please admit for TLC.' These would be elderly or destitute people with co-morbidities, not necessarily of an urgent nature – but who had nobody to care for them.

Many complaints from relatives about their near and dear ones admitted in the Covid wards have been about the lack of TLC, besides the lacunae in the nursing and medical aspects. About the latter, there has been the issue of the unavailability of drugs and latterly of oxygen which seems to have been addressed as a matter of pri-



Pic -shethepeople.tv

ority. But in medicine, alas, everything is a priority!

Briefly, the nurses have to ensure that they have the adequate amounts of medicines (which they have to collect from the hospital pharmacy daily) and the other medical supplies such as syringes, IV sets, etc.; general ward supplies such as bedding, and maintaining cleanliness; dispensing medicines and other treatments (e.g. injections) prescribed by the doctors; observing and recording vitals such as temperature, blood pressure and other parameters on bedside monitors; personal care such as cleaning and bathing patients which become more onerous and complicated when they are bedridden or otherwise unable to do their minimum for themselves, etc.

Besides prescribing treatments, especially in ICU settings doctors have specific and highly sophisticated tasks to perform in terms of monitoring vital parameters with the help of complex apparatus, caring for intubated patients, keeping watch on IV lines so they do not get blocked and changing them as needed, recording findings so as to monitor evolution of the disease and many more acts. And a key measurement in serious Covid patients is 24/7 monitoring of oxygen levels.

On top of performing all these tasks, both categories are expected to deliver TLC, which even under normal circumstances there is little time left for.

The usual response of the authorities under such circumstances has been to recruit retired nurses and doctors. This is not the best option for several reasons. To start with such recruitment is not as rapidly done because it needs to go through the PSC; additionally, most of the retirees are not really keen on going back: they are looking forward to enjoy their retirement, and have enough means to do so what with children if any who are settled and on their own, and thus they have fewer responsibilities and their needs also are reduced.

One measure is to recruit from overseas, which has been announced: about 75 staff comprising specialised nurses and intensivists (doctors specially tried to work in ICUs) are being sought from India, the eternal giver and source of succour when we are in deep trouble!

However, there is one option which merits serious consideration to palliate the gap and which can be rapidly implemented – that is the induction of final year stu-

dent nurses and interns or doctors undergoing pre-registration training, especially those nearing its completion. When India was facing the acute surge of Covid and frontline personnel was a problem, Dr Devi Shetty, well-known Paediatric Cardiac Surgeon and Founder of Narayana Hrudalaya in Bangaluru had suggested the induction of final year medical students to help in looking after Covid inpatients. I do not know if his recommendation was taken up but it is certainly very plausible and feasible.

The student nurses could carry out several of the nursing tasks under the supervision of the qualified nurses in charge of the wards/ICU, who would be freed to perform their other duties. The pre-registration doctors who are young, energetic, IT savvy and eager to learn would be a tremendous asset in doing monitoring especially in ICU which is usually under the responsibility of a single anaesthetist who cannot be everywhere at the same time!

It must not be forgotten that as well as catering for Covid patients, hospitals have also to run all the other services as well, and they make up the bulk of the workload. Further, this posting in Covid wards represents not only a serendipitous opportunity for these two groups to hone their existing skills and learn new ones, but will also make them acquire hands-on experience in the management of acute cases. Besides, more likely than not, there are surely going to be questions on Covid in any future examination. There is therefore the additional advantage of quasi-effortless and live updating on all aspects of the disease simultaneously, which will help immensely in answering questions, in particular during orals if any.

Implementing this measure – of inducting senior nursing students and pre-reg doctors - can be done through a policy decision in consultation with the respective Nursing and Medical Councils, whose Acts make provision for contingency and emergency situations. But these nurses and doctors must be provided an incentive as motivation. Dr Devi Shetty had suggested that internships could be reduced by a certain period, say three months. Here, the nurses and doctors could be granted upfront a certain percentage of marks for their exit examinations, say 20% which I think is quite reasonable.

As for TLC, why not consider allowing relatives to be in attendance at specific time slots to perform some of the more delicate tasks that require respect of the patient's intimacy, such as bed bath and changing diapers, feeding, shaving, etc. They would do it with care and love, and give the comfort and moral support that the nursing and medical staff would love to give too, but are simply too overburdened with more technical tasks to be able to fulfil.

The relatives can be suitably briefed, and I am sure they would comply with whatever instructions are given as I can vouchsafe from my personal experience in the public service, though under different circumstances. But I know my fellow Mauritian parents and relatives of severely ill patients I have had to look after, and the solidarity of the nurses with them at such moments is amazing.

The result of such a policy decision can bring tremendous relief to nursing and medical staff, patients, and relatives.

Where there is a will, there is a way.

## The Independent Broadcasting Act (Amendment) Bill

# "The primary and uppermost object of the Bill is to stifle criticisms and impose a pre-censorship on private broadcasters"

**T**he proposed amendments to the IBA Act being rushed through the National Assembly have raised widespread alarm from all quarters which feel that the freedom of private radio stations, their guests and auditors, are being dealt a crippling blow. One particular media channel, whose IBA license renewal has been held up, seems targeted for government wrath. Lex delves into the legal and constitutional avenues for challenging those amendments and on related issues of judicial interest.

### LEX

**\* The object of the Independent Broadcasting Act (Amendment) Bill is to provide "a better legal framework to regulate licensees of the Authority", empower "the Authority to impose administrative penalties", and enhance "the regulatory provisions in the Act". What are the implications for private radios once the Bill is voted and why are they questionable?**

One should not be fooled by the objects of the Bill, as stated in the Explanatory Memorandum. The main object of the Bill is to control the private broadcasters especially those that are perceived to or would be critical of the government and its policies. The primary and uppermost object of the Bill is to stifle criticisms and impose a pre-censorship on private broadcasters.

**\* Why would a government be dispersing its energies at this critical time in the fight against the resurgence of the Covid pandemic and shift its focus to controlling how private radios operate and indeed threaten, as widely suspected, the continued existence of one particular radio with this amendment of the IBA?**

At a time when all resources and energy should be channelled towards efforts to combat the Covid-19 and its variants and save lives, all we see is a law that is blatantly going against the freedom of information as guaranteed by the Constitution. It should not be forgotten that many people were arrested and detained on the flimsy ground that they had breached laws and regulations relating to the use of social media. The moment a minister or any other member of the majority felt annoyed, he/she would rush to the police and the police would show exceptional zeal in arresting the alleged offender.

Now that Justices D. Chan Kan Cheong and K.D. Gunesh-Balaghee have ruled in the matter *Seegum J v The State of Mauritius* that Section 46(h)(ii) of the Information and Communication Technologies Act ("as it stood at the time of the commission of the present offences", that is in 2012), in relation to the offence of using an information and communication service for the purpose of causing annoyance, for which Vinod Seegum was prosecuted, "must be struck down as unconstitutional, being in breach of the principle of legality implied

under section 10(4) of the Constitution", the government is looking for other ways of stifling criticisms.

**\* The view has been expressed that the amended IBA, as proposed by the government, would not meet the test of constitutionality. What do you think?**

The European Court and the United Nations Human Rights Committee have ruled time and again that though freedom of information and expression is not an absolute right, nonetheless any derogations therefrom or restrictions should be such as not to destroy or reduce that right to a mere nothing.

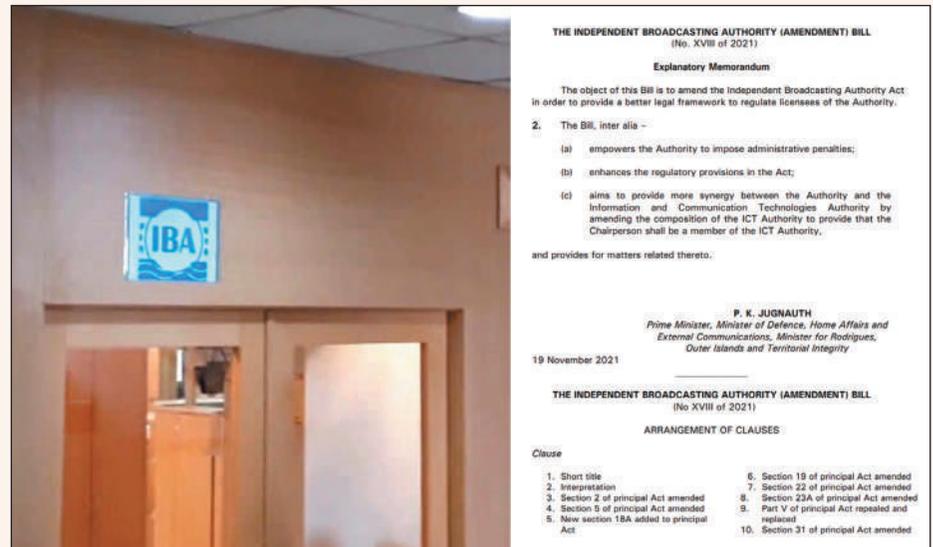
The law may not stand the test of constitutionality if the Courts find that the restrictions and conditions are not justifiable in a democratic society and are not proportionate to the mischief the government intends to combat.

After all, what is the mischief? Criticisms aired by private broadcasters against the government and ministers or state institutions? No broadcaster will, in his/her right mind, deliberately allow the broadcasting of materials that would offend morality, or promote terrorism or defame people, so the government can only hope to clip the wings of broadcasters only when criticisms are levelled against it on private broadcasters...

**\* The Opposition parties have said their intention to contest the constitutionality of the IBA (Amendment) Bill before the Supreme Court. Do they have the *locus standi* to do that?**

*Locus standi* is a key question in the challenge. The Supreme Court has taken a very conservative and restrictive view of *locus standi*. How will the Opposition parties justify their *locus standi* remains to be seen?

We do not have the concept of Public Interest Litigation (PIL) in Mauritius like in India. PIL refers to a litigation undertaken to secure public interest. It is not created by statute. It was introduced by eminent Indian Judge N. Bhagwati who is well known for his crusade in favour of human rights. In Indian law, public interest liti-



**“**What is the mischief? Criticisms aired by private broadcasters against the government and ministers or state institutions? No broadcaster will, in his/her right mind, deliberately allow the broadcasting of materials that would offend morality, or promote terrorism or defame people, so the government can only hope to clip the wings of broadcasters only when criticisms are levelled against it on private broadcasters...**”**

gation is for the protection of public interest. It is litigation introduced in a court of law, not by the aggrieved party, but by the court itself or by any other private party. It is not necessary, for the exercise of the court's jurisdiction, that the person who is the victim of the violation of his or her right should personally approach the court.

Public Interest Litigation is the power given to the public by courts through judicial activism

It remains doubtful whether Public Interest Litigation would be introduced through judicial activism in Mauritius? Though we have a written Constitution, like in India, we are still bogged down by the common law procedures that are obtained in England where there is no written Constitution and where the concept of Crown Prerogative moulds the law to a large extent.

**\* The action of government in this matter is said to be directed against Top FM whose licence will come up for renewal soon and which would have become a thorn in the side of the governing alliance. It's therefore going to be a case of abide-or-disappear, unless Top FM decides to contest the Bill, right?**

It is what lawyers call an *ad hominem* legislation, that is a legislation to target one particular organization or individual. One should not forget the number of times that Top FM has been taken to task by the IBA. It is to circumvent the court decisions that the IBA is being amended to make it more difficult if not impossible for Top FM to have its licence renewed.

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## Covid: Vaccine for Omicron might be ready in early 2022, says Moderna

American pharmaceutical firm Moderna, one of the biggest makers of vaccines against the coronavirus disease (Covid-19), said on Sunday that it could reformulate the vaccine against the Omicron variant of Covid-19 in early 2022.

"We should know about the ability of the current vaccine to provide protection in the next couple of weeks," Paul Burton, the chief medical officer of Moderna said during an appearance on a BBC show.

"If we have to make a brand new vaccine, I think that's going to be early 2022 before that's really going to be available in large quantities," Burton added.

His comments come as the vaccine maker mobilised hundreds of its staff last Thursday after the Omicron variant made global headlines.

Burton pointed out on Sunday that current vaccines should protect against the variant, adding that all unvaccinated people should take the jab, reports Harshit Sabarwal of Hindustan Times.

"If people are on the fence, and you haven't been vaccinated, get vaccinated," he said. This is a dangerous-looking virus, but I think we have many tools in our armamentarium now to fight it," Moderna's top executive said during his interaction with the BBC.

The Omicron variant, first detected in



A vial of Moderna vaccine stands on a table. Pic- Getty Images

southern Africa, has a higher number of mutations and has been spreading very quickly. The variant has prompted several countries to shut down their borders and renew Covid-19 restrictions.

Health experts in South Africa, including the doctor who first sounded the alarm about Omicron, have said that the symptoms linked to the variant have been mild till now.

However, the World Health Organization (WHO), has urged caution and said that the initial cases of the variant symptoms, adding, younger patients tend to have milder symptoms.

The WHO said that it will take days to several weeks to understand the level of severity of the variant. "There is currently no information to suggest that symptoms associated with omicron are different from those from other variants," the WHO added.

## 15 countries and spreading: Where has the Omicron variant been spotted

The Omicron variant of coronavirus is being feared upon due to its increased transmissibility and possible resistance to vaccines. Since being detected in southern Africa earlier this month, the cases of the new variant have been spotted in more than a dozen countries.

Africa has been facing a travel ban from a number of countries, an action that its government has called "knee-jerk and unjustified". The United States, the UK and many other nations have stopped their flights to that part of the world, reports Amit Chaturvedi of Hindustan Times.

Meanwhile, Canada reported its first case of Omicron on Sunday in two people. France's health ministry also said on Sunday that eight new Omicron cases have surfaced in the country.

France is facing the fifth wave of the coronavirus disease and recorded more than 31,000 cases on Sunday. Majority of them are in the intensive care units (ICUs) of hospitals.

Israel, Hong Kong and Belgium were among the countries where Omicron reached early on.

Here is the full list of countries where cases have been reported till now:

South Africa	Czech Republic
Botswana	Austria
Belgium	Denmark
Hong Kong	Australia
Israel	Italy
United Kingdom	Canada
The Netherlands	France
Germany	



International travellers wearing personal protective equipment (PPE) arrive at Melbourne's Tullamarine Airport, on November 29. (AFP Photo)

A South African doctor who was one of the first to suspect a different coronavirus strain said on Sunday that symptoms of Omicron were so far mild and could be treated at home.

Dr Angelique Coetzee, chair of South African Medical Association, said that unlike with Delta, so far patients have not reported loss of smell or taste and there has been no major drop in oxygen levels with the new variant.

The new variant has also thrown a spotlight on huge disparities in vaccination rates around the globe. Even as many developed countries are giving third-dose boosters, less than 7% of people in poorer countries have received their first COVID-19 shot, according to medical and human rights groups.

## Australia plans to unmask and tackle online trolls

Australian Prime Minister Scott Morrison on Sunday said his government will introduce legislation aimed at unmasking online trolls and holding social media companies accountable for identifying them. The government has termed the legislation a "world-leading" move to "better protect" Australians.

Morrison told reporters that anonymous accounts on social media have the capability to bully, harass and ruin lives without consequence and the reforms brought by the government will tackle the online trolls.

"We would not accept these faceless attacks in a school, at home, in the office, or on the street. And we must not stand for it online, on our devices and in our homes," Morrison said.

How the government is planning to unmask online



The Scott Morrison government has termed the legislation a "world-leading" move to "better protect" Australians. Pic- HT

trolls?

The legislation would require global social media giants to establish a "quick, simple and standardised" complaints system to ensure defamatory remarks are removed and trolls are identified with their consent, reports Kunal Gaurav of Hindustan Times.

It will introduce new court powers requiring social media giants to disclose identifying details of trolls, without their consent, to victims. The identification will enable the victims to lodge a defamation case.

The government said that the legislation will ensure Australians and Australian organisations with a social

media page are "not legally considered publishers and cannot be held liable for any defamatory comments posted on their page." This is in response to a case in which Australia's apex court ruled that Australians who maintain social media pages can be 'publishers' of defamatory comments made by others.

"Since the High Court's decision in the Voller case, it is clear that ordinary Australians are at risk of being held legally responsible for defamatory material posted by anonymous online trolls," the Australian attorney-general Michaelia Cash said.

"The reforms will make clear that, in defamation law, Australians who operate or maintain a social media page are not 'publishers' of comments made by others," she added.

\*Contd on page 6

### Appartement à louer - long terme



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## UN observes International Day of Solidarity with Palestinian People today, to hold special meeting

The United Nations observes November 29 as the International Day of Solidarity with Palestinian People to mark the adoption of the UN's resolution to partition Palestine into two states. The UN traditionally celebrates the day by undertaking its annual debate on the question of Palestine.

The day is being observed since 1978. "International Day of Solidarity with the Palestinian People is observed annually on or around 29 November, solemnly commemorating the adoption by the Assembly, on 29 November 1947, of resolution 181 (II), which provided for the partition of Palestine into two States. The observance is held at United Nations Headquarters, the United Nations Offices at Geneva and Vienna and elsewhere," the UN said.

The global body's secretary-general Antonio Guterres called upon the international community to reaffirm its commitment to the people of Palestine in building

their future, reports Hindustan Times.

"The situation in the Occupied Palestinian Territory remains a challenge to intl' peace & security," Guterres tweeted on Sunday. "On #PalestineDay, let's reaffirm commitment to the Palestinian people in their quest to achieve their rights & build a future of peace & dignity for both Palestinians & Israelis," he added.

To mark the occasion, the UN will be holding a special meeting that would be attended by the President of the UN General Assembly (UNGA), the President of the UN Security Council and the UN Chef de Cabinet who would address the programme on behalf of Guterres. The event will be held at 10am New York Time (8.30pm IST). Currently, Abdulla Shahid, who has served as the Maldivian foreign minister, is the President of the UNGA. The Palestinian mission to the UN has also confirmed that it would participate in the events organised on the day.



File photo shows Palestinian refugees in Lebanon attending a festival in South Lebanon, ahead of the International Day of Solidarity with the Palestinian People, Pic - Xinhua

## Israel worries Iran will get sanctions relief without capping nuclear projects



Israeli Prime Minister Naftali Bennett. Pic- AFP

Israel worries Iran will secure a windfall in sanctions relief in renewed nuclear negotiations with world powers but will not sufficiently roll back projects with bomb-making potential, Israeli Prime Minister Naftali Bennett said on Sunday.

Negotiators will convene in Vienna on Monday in a last-ditch effort to salvage a nuclear deal which the United States under then-President Donald Trump quit in 2018, reimposing sanctions on Iran. That led to breaches of the deal by Tehran, and dismayed the other powers involved.

Israel, which is not a party to the talks, opposed the original 2015 pact as too limited in scope and duration. Israeli leaders have long threatened military action against Iran if they deem diplomacy a dead end for denying it nuclear weaponry, reports Agencies.

The Islamic Republic says its nuclear ambitions are peaceful.

"Israel is very worried about the readiness to remove the sanctions and to allow a flow of billions (of dollars) to Iran in exchange for unsatisfactory restrictions in the nuclear realm," Bennett told his cabinet in televised remarks.

"This is the message that we are relaying in every manner, whether to the Americans or to the other countries negotiating with Iran."

Few expect a breakthrough in the talks as Iran's uranium enrichment activities have escalated in an apparent bid to gain leverage against the West. Six rounds of indirect talks were held between April and June.

The new round begins after a hiatus caused by the election of a new Iranian president, Ebrahim Raisi, a hardline cleric.

Diplomats say time is running low to resurrect the pact.

## WHO lists immediate actions as Omicron variant poses 'very high' overall risk

The World Health Organization (WHO) on Monday warned that the divergent design of the Omicron variant of coronavirus could fuel future surges with "severe consequences". In a technical briefing document for its member states, the UN health agency said that the likelihood of potential further spread of Omicron at the global level is high and the overall risk related to the new variant of concern has been assessed as "very high"

"Depending on these characteristics, there could be future surges of Covid-19, which could have severe consequences, depending on a number of factors including where surges may take place," the report said.

Currently, the local transmission of Omicron has been reported in South Africa and the variant has now been detected in four WHO regions: African; Eastern Mediterranean; European; and Western Pacific. The UN agency said that most of the cases outside Africa are travel-related, it expects local transmission in other countries as more information becomes available, reports Kunal Gaurav of Hindustan Times.

The WHO has suggested a number of priority actions for member states to curb the spread of the new virus variant, including enhanced surveillance and sequencing efforts and widespread use of Thermo Fisher Scientific Inc.'s PCR test to detect the variant.

**Here are some of the immediate actions for member states as suggested by WHO:**

- Apart from enhanced surveillance and sequencing efforts, the UN health agency has suggested field investigations and laboratory assessments to improve understanding of the characteristics of Omicron.



The World Health Organization (WHO) has suggested a number of priority actions for member states to curb the spread of Omicron. Pic - Reuters

- As S gene target failure (SGTF) from a widely used PCR test is indicated for Omicron, the SGTF can be used as the marker for this variant, which may lead to efficient detection of the variant of concern.
- Report initial cases/clusters associated with Omicron to WHO and report the proportion of Omicron among sequenced samples.
- Accelerate Covid-19 vaccination coverage as rapidly as possible.
- Use of risk-based approach to adjust international travel measures in a timely manner. The WHO has advised checking its forthcoming guidelines on international traffic in relation to the SARS-CoV-2 Omicron variant for additional information.

David D. White, Counsellor (Psychological) & Business Psychologist

# “When we see young people dying, we are compelled to embrace existential thinking. What happens if I die?”



“Doctors are trained to save lives. But in times of war when casualties and emergencies skyrocket and resources are lacking, doctors come to face the ultimate paradox of their profession. *Who can/should be saved and can't?* It becomes an ethical, moral and religious decision. Snap decisions must be made, and doctors should be guided by their conscience and humaneness...”

**\* What's your reading of how Mauritius is living through these pandemic times and coping with the coronavirus?**

The pandemic times started nearly two years ago. At first, amidst fear of the unknown, as a nation we behaved with a lot of 'ménagement'. This initial fear led us to care a lot for people in general, and for our immediate neighbours. We showed great humaneness and we acted as our brothers' keeper.

We have experienced a roller-coaster of unpleasant emotions starting with fear, shifting to a mix of fear and, with the emergence of vaccines, doubt also crept in; and as we witnessed the divide in the medical community worldwide and as we listened to conspiracy theories, we moved from fear and doubt to confusion. We eventually embraced some reassurance with vaccination and now we are dismayed as variants seem to be able to resist vaccines. We are back into fear, doubt and anger.

**D**avid E. D. White is a Pastor, Counsellor, Business Psychologist, Business Coach, and Trainer. As Learning and Development Strategist he combines astute strategic business skills with 25+ years track record in People Development. He holds advanced qualifications in Theology, Counselling and Business Psychology. He has studied in France, the US and completes a doctorate with the Acts Academy in Bangalore.

In this interview he shares his views on the responses to the Covid pandemic by the authorities, the frontliners and the population at large, noting the lack of consistency and the changed narratives as the situation evolved. However, he ends on a note of optimism, firmly convinced that faith and hope will generate the resilience we need to overcome.

There is a feeling of ambivalence about the situation and vis-à-vis the authorities. Each time a breakthrough is reached, we are back to square one. The learning curve is steep, tedious and the whole nation is stressed. Facing this new wave, many have understood the importance of strict observance of sanitary measures. To many others, it is business as usual acting carelessly and recklessly.

**\* The Covid-19 pandemic is coming in waves, and it's probable that the stress that most of us are experiencing may deepen. One may learn to cope with it, but are there any signs which indicate things may be getting out of hand and help is required?**

In spite of all actions taken to mitigate an outbreak of Covid contamination in the country, we have been unsuccessful for various reasons. Time is not for shame and blame. We all have a share of responsibility in the current predicament. In times of war, we do not shoot the generals.

We are at war against an invisible enemy and the number of casualties is growing from week to week. There is a pervasive bleak mood at large. Our forecast and calculations have been taken down. The medical people, frontliners, are on the verge of mental and emotional exhaustion. Burnout is palpable and getting help is paramount. We have never experienced such a health debacle and tragedy thus far.

We need leaders with compassion, comprehension and a spirit of conciliation.

**\* Frontliners are the ones who are bearing the brunt of the Covid burden during these difficult times; they are said to be both physically and emotionally drained. Would you have any suggestions, for them on how to face the situation?**

As a concerned citizen and onlooker, I can only react to what I hear and read. What we hear and read is appalling; we hear about the conditions in which people are dying; we read about the way in which their closest kin are treated by medical and other staff. The question we may ask is *Why are we losing our basic humaneness in such times?*

I have worked in emergency rooms at the Grady Memorial Hospital in Atlanta in the US, and when we had major tragedies like serial gun shootings or accidents, stress on medical staff was phenomenal, and in order to cope with the multiple pressures impacting them, they chose to suspend empathy to be able to perform re-

flexively.

It is far too easy to point fingers at the medical staff. They must be emotionally stretched to their extreme limits. Let's not forget that we are in times of war against an invisible enemy. They (the medical staff) are also losing members of their families, colleagues and friends: they also need care. How are we caring for them? Who is helping them debrief?

Many of them will soon suffer from post-traumatic stress disorder. Help is urgently required for our frontliners. Who will heal their wounds? Many of them are toying with shock, confusion, guilt, fear, anger, depression and we need to help them claim their pride and self-confidence back.

**\* It also seems that more people will have died this year, more than any time before due to the coronavirus, and doctors must surely be facing more than ever before the dilemma of deciding 'who can be saved' in light of limited resources available...**

Thus far, we have no indication whether this is the case currently. We are short of resources for sure and the ratio doctor and nurse to number of patients may be unsuitable.

Let's remember that doctors are trained to save lives. But in times of war when casualties and emergencies skyrocket and resources are lacking, doctors come to face the ultimate paradox of their profession. *Who can/should be saved and can't?* It becomes an ethical, moral and religious decision. Snap decisions must be made, and doctors should be guided by their conscience and humaneness.

In 'normal' conditions, many doctors have to make this decision on a regular basis with those who are terminally ill. The conditions allow other support systems to come in and take over. In a war situation, support systems do not exist, and decisions are unfortunately cold-blooded. Let's hope that everything is being done to spare patients from this callousness.

**\* Most of us do not get to see first-hand the state of distress of all those who have lost their close ones in recent weeks, so we do not know how they are really doing. But do you think the Mauritian generally has an inborn resilience?**

There is a legendary belief called the Mauritian resilience.

● Cont. on page 8

# 'Now with this new wave hitting us with so many casualties, there is a need for un 'sursaut national'...

a joint effort, something BIG at national level that can bring back the humaneness'

● Cont. from page 7

We have bounced back from setbacks at different times. However, it appears that it is the first time that, as a nation, we are experiencing such a tragedy affecting numerous families over such a long span of time. This is unprecedented and cannot even be even compared to the Wakashio event or to other tragedies we've had to face in recent history.

Covid is touching the life of every single Mauritian... just as it is impacting lives across the globe. There will not be any "magical wand" that can make things better. Last year we saw many people who had lost their jobs, reinventing themselves, setting up small businesses; these people have shown resilience in the sense that they intentionally embraced a collective energy to find solutions, to do something. This year, since the second lockdown, I'm observing a certain tiredness and disillusionment which have crept in, and people are now like worn out.

Now that this new wave is hitting us with so many casualties, there is a need for un 'sursaut national'... a joint effort, something BIG at national level that can bring back the humaneness. Resilience is fuelled by the energy of Hope. What can we do as a nation, that can bring back HOPE?

**\* Where do we draw that resilience from?**

Resilience comes from hardships. It's something we learn through life. We bounce back from setbacks and impediments. Think of our forebears who sprang back from the blights and afflictions of colonialism. Some people find Hope in their religious belief and Faith, others by a strong desire to fulfil the dream of someone they lost, some others from other sources and motivations. We look for it as it is a pulse for life.

Resilience is not taught. It is learnt. However, in our culture of hedonism and self-gratification, our current generations are conditioned to believe that life is a never-ending party. Utopia is craftily engineered through all kinds of mediums, and we weaken resilience in people as we train them on a daily basis to become complainers, whiners and victims of what, who and when. The excess of artificial needs for daily dopamine is enslaving the world and our nation.

**\* With so many falling victims to the disease, many people - not only the ones directly involved - may have started questioning their relationship with death and with the living as well - their relationships, time, challenges, and possibly even with God. Do you think this could be the case?**

Last week, I spent some time with someone who has recovered from the infection, and he had been quite

“Last week, I spent some time with someone who has recovered from the infection, and he had been quite severely attacked by the virus. Thanks to superior on time medical care, he recovered miraculously. He shared with me how his whole frame of mind changed when his oximeter reading dropped from 95 to 93. Yes, he saw death coming and all his priorities changed, his focus changed...”

severely attacked by the virus. Thanks to superior on time medical care, he recovered miraculously. He shared with me how his whole frame of mind changed when his oximeter reading dropped from 95 to 93. Yes, he saw death coming and all his priorities changed, his focus changed.

Before the advent of HIV, we had been thinking that there is a cure for every infection. We are talking more and more of prolonged longevity. Someone born at the end of the 20th century can survive the whole 21st century and pass away in the 22nd century. There are more than over 17% of centenarians per 100,000 inhabitants in many countries like France, Japan, the US and many other countries. We live longer due to some forms of improved lifestyle and medical care, and it takes a virus to bring us back to reality: We are mere mortals denying death as we believe that we are immortal.

Research tells us that we start to think seriously about death in our fifties and, as we age, we think often of death and of dying. Currently, we see young people passing

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away to the virus; we are compelled to embrace existential thinking. *What happens if I die?* This changes the focus on time, on relationships and even with God. *We ask: Where are you, Lord?*

**\* You are also a pastor of the Presbyterian Church, a man of religion. Have you had to counsel your parishioners about how to deal with the uncertainty and fear that have suddenly been thrust upon us by the pandemic? Do you have any experience to share about how -- besides the science -- faith can bring solace?**

I do not have parish responsibilities currently. I'm involved in pastoral education, i.e., in the practical training and development of our newly ordained ministers and ministers to be.

For more than three decades I have been involved and, more so lately, in grief care and counselling of individuals and families, parishioners as well as people from all faiths and walks of life. Counselling is not about advice giving. Its primary aim in grief counselling or therapy is to allow people unwind and release their deepest emotions, accept the ambivalence they are going through, accept their anger, their feelings of despair, name everything that gets through their mind and with which they grapple.

The biggest challenge is the anger people have at God and the unfinished business they may have with the deceased. The role of the pastor is not to justify anything, but to offer a presence and listening ears and be non-judgemental. Helping one to unleash and unpack is cathartic. People connect or reconnect with The Supreme as they free themselves from the pent-up emotions they withhold. Some see the suffering God even on their death bed.

The fear and uncertainty of this pandemic is propelling

us to experience more rapidly our finitude and boundedness. The pandemic has led us to experience the world as distressing, threatening and unsafe, fuelling our neuroticism. Faith on the other hand leads us to find stillness in the midst of agitation and in the words of the psalmist we are taught, "Be Still, and Know I am God".

Faith is the opposite of fear, and this faith needs to be proactive. Stillness is not exempting us from observing sanitary conditions. God works through Science and scientists. His Spirit is at work. All knowledge comes from God. When we selfishly make knowledge ours, we fail God and humankind. Stillness calls us to trust more in the One who controls History and who makes things new.

Faith does not override responsibility. Faith calls for responsibility, for compassion, for understanding, for Hope. Faith allows us to stand and sing, "We shall overcome!" We should allow God to search our hearts for when God searches the heart, God can see the "why" behind our thoughts and choices. Scripture tells us that God judges the intents of the hearts.

**\* The general perception as the pandemic rolled on towards the second half of this year is that the authorities have somewhere along the way faltered in handling events unfolding. The element of trust seems to have suffered a big blow? Do you share that perception and how can hindsight guide future action?**

Communication between the authorities and the population started well. As things became more uncertain and ambiguous with the evolution of the pandemic, the emergence of vaccines, etc., we have witnessed the superficiality of information and inability of communicating in times of major crisis.

● Cont. on page 9

# 'We live longer due to some forms of improved lifestyle and medical care, and it takes a virus to bring us back to reality'

● Cont. from page 8

Needless to say, the medical community worldwide is divided on many issues pertaining to the pandemic - and this has also led to a lot of confusion. This is the new Babel.

In times of crisis, one has to speak the language of the heart while stating facts. What we have been witnessing is an over emphasis on statistics resembling more spin doctoring than genuine communication even though the figures may have been factual. Truth is first and foremost facts, but truth has a meta dimension called emotion. People catch the vibes of anyone who communicates

“Research tells us that we start to think seriously about death in our fifties and, as we age, we think often of death and of dying. Currently, we see young people passing away to the virus; we are compelled to embrace existential thinking. *What happens if I die?* This changes the focus on time, on relationships and even with God. *We ask: Where are you, Lord?*”



because the electromagnetic field (EMF) of the heart is 5,000 times more powerful than the EMF of the brain.

People know when truth is stated or not -- whether in person, or behind a screen. There has been too much of wrapping of the stark truth and it is regrettable that people hardly trust the official figures and communiqués.

Additionally, in any pandemic what gets reported is the tip of the iceberg. The same occurred with HIV. The situation in many parts of the world was underreported because many cases went undetected. With Covid and the new variants, the transmission is different. Contamination is exponential. The silent killer is an invisible rodent.

It seems also that we have tried to be over reassuring, like authorising people not to wear masks in open spaces. Many have seen in this

the licence to throw off their masks and flout sanitary protocol. We have to be consistent in reminding people of behavioural requirements of self-protection.

People need to observe strict sanitary conditions and behave as their "brothers' keeper".

**\* The pandemic aside - it will run its course - are you optimistic about the future generally? Or do you foresee apocalyptic times ahead?**

Indeed, we shall experience some more rough times. Losing lives is tragic and losing them in such circumstances is cruel, to say the least. A new day will show itself and we have to be optimistic against all odds. We shall overcome!

The full text is available online.  
Please consult: [www.mauritiustimes.com](http://www.mauritiustimes.com)



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We are determined not to abandon this line of action, which is the cardinal principle of our *raison-d'être*. This is what has given *Mauritius Times* a unique standing in the local publishing world.

Our production circumstances have changed since last year with the onset of the Covid-19 lockdown, and we have had to move to the digital platform. We have since March 2020 freely circulated the paper via WhatsApp and by email, besides making it available on our website.

However, with print journalism in Mauritius and across the world struggling to keep afloat due to falling advertising revenues and the wide availability of free sources of information, it is crucially important for the *Mauritius Times* to still meet its cost of production for it to survive and prosper.

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# What the Omicron Variant means for the Covid-19 Pandemic



Adam Hamdy

Governments have reacted with uncharacteristic swiftness in response to the emergence of a new SARS-CoV-2 variant designated Omicron by the World Health Organization.

I've been writing about Covid-19 since February 2020 and have collaborated with scientists around the world on initiatives and papers published in numerous peer-reviewed journals.

For almost two years, some scientists and commentators (myself included) have argued that a vaccine only approach will not provide a long-term solution to the Covid-19 pandemic. Countries that have tried a vaccine only approach to managing the pandemic are seeing rising cases, more incidence of Long Covid, and increased all-cause mortality. Vaccines are a powerful tool, but waning immunity and viral mutation mean vaccine effectiveness will be under constant pressure. Countries that have implemented a multi-layered strategy are coping better with the public health and economic challenges of the pandemic.

In order to help better understand what Omicron means for the world, and Mauritius in particular, I asked my longtime collaborator Dr Deepti Gurdasani for her views. Dr Gurdasani is a trained physician who specialized in infectious diseases and later went on to become a clinical epidemiologist and public health researcher at Queen Mary University in London. She is an internationally recognized authority on Covid-19.

"The rapid growth of Omicron, where it has reached dominance within the Guateng region in two weeks, accompanied by a surge in transmission, and an increase in R is very concerning and suggests the variant currently has a substantial growth advantage," says Dr Gurdasani about the speed and strength of global response to the emergence of the variant. "We don't know the reasons for this yet, but early action is vitally important. Every single variant of concern has the chance to change the course of the entire pandemic, as we've seen with Delta, and can make control much harder, even in elimination zones. Time will tell what Omicron brings, but the potential threat is of grave concern."

Dr Gurdasani and I co-authored a paper with research immunologist Dr

Anthony Leonardi and virologist Dr Marc Desforges on the long-term risks of Covid-19, and we highlighted the vast mutational landscape available to SARS-CoV-2. At a time when some researchers were saying Delta was the fittest variant the virus had to offer, we cautioned it was only beginning its journey in humans. We should expect further evolution, and as part of that process, we should prepare for the virus to become more transmissible, develop greater immune escape, and increased ability to cause other long-term public health problems. We might get lucky and see the emergence of a milder variant, but we should not plan for such an eventuality.

When it comes to how to respond and balance public health measures against economic needs, Dr Gurdasani says, "I think Mauritius and other countries should look at long-term economic end points, rather than short-term, and it's very clear that protecting the economy is intricately linked to protection of public health and controlling the pandemic. Strong, multi-layered mitigations; high grade masks, ventilation, vaccination, boosting, and test, trace and supporting isolation have to be central, alongside border quarantines to contain the import of emerging new variants."

There is extensive scientific evidence that SARS-CoV-2 is an airborne virus, and the United States Centers for Disease Control and Prevention, Japan and South Korea all recognize that airborne is the primary mode of transmission. This might sound scary but once you acknowledge and understand airborne transmission, it is possible to control it, as Japan and South Korea have done using their multi-layered strategies.

Mauritius has a tremendous advantage when it comes to airborne precautions. Not only does the climate encourage an outdoors lifestyle, but many buildings here are naturally well ventilated. Regular air changes and the circulation of fresh air has been shown to be one of the most important measures to reduce the risk of transmission of SARS-CoV-2.

Where it isn't possible to ventilate premises, organisations should install HEPA filters, which have been proven to reduce viral transmission in a wide variety of settings, including schools and hospitals. These filters need not be costly, and Corsi-Rosenthal Boxes can be built at home, school or in offices for a few dollars each and are extremely effective. Instructions on how to build these devices can be found on the Internet or YouTube, and they make a great school project. In America, schools and colleges that have installed these devices have seen a reduction in on-site transmission.

As Dr Gurdasani highlights, numerous scientific studies demonstrate the benefits of high-quality masks. KN95/N95/FFP2 masks protect the wearer and decrease transmission from infected people, so they have a dual benefit. They are the masks of choice in countries that have successfully controlled the Delta variant. In order to



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keep society open and avoid costly lockdowns, governments need to move beyond general mask mandates and educate the general public on the importance of high quality, protective masks.

If Mauritius implements a national KN95/N95 mask mandate, exploits its natural advantages when it comes to ventilation, and installs filtration in places that cannot be easily ventilated, it should be able to greatly reduce transmission of Omicron and any other variants that emerge.

With a high reliance on tourism, Mauritius can ill afford the disruption of quarantine. Balancing economic needs against public health is extremely important, and there is an argument that if visitors are encouraged to wear N95 masks at all times, the risk of onward transmission would be very low even if they were infected. Education and enforcement would be critical to ensure visitors took their obligations seriously and understood that the privilege of visiting a beautiful ocean state comes with a responsibility to help protect the local community.

When visitors are dining out, restaurant and bar staff would be protected by wearing properly fitted N95 or above masks themselves. The same logic would apply to schools; a universal N95 mask mandate should make it possible for in-person schooling to resume safely given the protective qualities of such masks and the

natural ventilation advantages schools have in Mauritius.

"It's hard to know that the impact of Omicron will be," Dr Gurdasani says, "but we've seen new variants spread rapidly across the globe, leading to huge surges of infection and an increase in long-term ill health and mortality. This will likely continue as the virus continues to evolve, and new variants emerge. The only way to address this, in my view, is a coordinated strong global effort at progressive elimination. This means global equity in vaccines, with tech transfer agreements, domestic manufacturing, and use of non-pharmaceutical interventions in parallel to suppress the virus. As long as transmission continues, the virus will have new opportunities to evolve and we will always be reacting to this rather than proactively taking the initiative."

Dr Gurdasani, who spent the early part of her career as a medic in India before moving to the UK, continues: "Low- and middle-income countries in many ways are well-suited to the management of pandemics, given their experience with infectious disease containment. Now is the time to really put this to good use through strong public messaging on airborne measures – high grade masks and ventilation – as well as engagement to address vaccine hesitance, and rigorous infection surveillance. Decentralised and community-based efforts will be key to this."

Countries such as Mauritius should take a long-term view and expect the pandemic to continue for some time. There are opportunities for countries that maintain low infection rates to establish green travel corridors with other low/no infection zones to promote safe tourism. There are also opportunities to encourage long-term migration of high-net-worth individuals and remote workers who are seeking more freedom as a result of low infection rates and who will contribute to the local economy. The Mauritian Premium Visa is a great example of such innovative thinking, but if the pandemic continues, the process of obtaining long-term residency should be made easier for the categories of individuals the government would like to encourage.

In the short-term, if Mauritius wants a quick win that doesn't move too far from existing policies, making KN95/N95 masks freely available for everyone would be a step in the right direction, alongside a public information campaign educating people why the use of such high-grade masks is so important.

*Adam Hamdy is an author and was formerly a strategy consultant to the medical industry with expertise in pandemic response. He has been writing about the pandemic since February 2020 and has collaborated with scientists around the world on a number of public health initiatives and has co-authored peer-reviewed papers on Covid-19 in the Lancet and other scientific journals.*

*Dr Deepti Gurdasani trained and practised as a physician before becoming a clinical epidemiologist. She is senior lecturer in machine learning at Queen Mary University of London. She has numerous publications on Covid-19 and the pandemic in a variety of peer-reviewed journals and is considered a UK authority on the subject by scientific groups and media outlets around the world.*

From the Pages of History - MT 60 Years Ago

5<sup>th</sup> Year No 178

MAURITIUS TIMES

Saturday 4 January 1958

• Society does not in any age prevent a man from being what he can be. -- Thomas Carlyle

# A Hindu Wedding

By Naranjan S. Uppal

The band strikes up a tune. A crowd of several hundred people, gathered in front of a gaily-decorated house, jostles forward. From inside the house rises the melody of a chorus sung by women. A few minutes later emerges a young man, attired in a traditional manner. He wears tightly-fitting breeches and a buttoned-up flowing coat. For headgear he has a saffron-coloured turban, and in the right hand he carries a sword. His face is protected by a veil of gold lace.

He is the bridegroom. And a Hindu marriage party is getting under way.

For 300 million Hindus in India and abroad, a wedding is an event of great spiritual significance. Manu, the famous Hindu law-giver, decreed that "married life is as essential for human beings as air is for all living things." The Hindu holy scriptures, the Vedas, describe marriage as the "fulfilment of the will of Providence." Says one verse: "O Human beings, as all rivers and rivulets attain stability and permanent shape after flowing into the ocean, so do we mortals become stable after entering into wedlock."

Hindus believe that all marriages are made in Heaven and no one on earth can alter this predestined arrangement.

About a week before the wedding, the bridegroom's house is a carnival of merriment and gaiety. The womenfolk sing ceremonial songs to the beating of a small two-faced drum.

On the wedding evening, the bridegroom is made to look more handsome. His brother's wife puts black antimony powder on his eyelids, while a sister makes up his eyebrows and eyelashes with kohl. Then there is the ceremony of tying a veil over his face — considered necessary to protect the groom from the "evil eye".

Shortly afterwards the marriage procession begins, in which the bridegroom rides a golden-caparisoned horse — always a mare because it represents the power of pro-



creation. The mare must never be black, and a white one is preferred as this colour represents purity. As the groom begins to leave the house, his sisters pretend to hold back the mare by the reins until he has distributed presents to them.

Beside the bridegroom a small boy, usually a nephew or a younger brother, rides on the horse as a symbolic bodyguard. Leading the marriage procession is a band, or a flute troupe, playing romantic tunes. The procession winds its way through streets and bazaars to the bride's home.

In front of the house the marriage party is received with "respect and humility" by the bride's father and male relatives, while the priests hold aloft a tray of lighted candles and chant hymns, invoking God's blessings. This reception is the biggest event of the marriage celebrations. Trumpets blare and firecrackers raise a deafening din, while the bride's people shower flower petals and rosewater on the marriage party. Sometimes loudspeakers carry love songs and ceremonial music. As a good omen, the bride is shown this reception from a window so that "her husband should live till she is old." Before his arrival, she has been adorned with jewels and silks and asked to keep to her room. There

she sits surrounded by her friends in a merry mood. Her wedding presents are displayed in adjoining rooms.

The older men of the bride's family offer money and presents to their opposite numbers in the groom's family. Then the groom is taken into the house. At the entrance, the bride greets him with a garland, and he gives her one in return.

At the appointed hour before or after dinner the wedding rites begin, and they last from two to four hours. Around the holy fire sit the priest, the bride and bridegroom, and members of their families. The priest chants hymns and psalms and feeds the fire with ghee (purified butter) and rice. Occasionally the bride and bridegroom join him in these

offerings.

Four benedictional verses are recited while the bride and the bridegroom walk, separately, round the fire, in all seven times. Then both of them walk together seven steps round the fire. On the seventh step the marriage is legally complete. And the bridegroom ties the sacred thread in three knots round the bride's neck.

They take a vow to "live together in complete unison, as water from two different containers becomes united after mingling." The groom declares the bride to be the "owner of my heart" and undertakes to regard all other women as "my mothers, sisters or daughters". The bride in turn pledges to serve her husband and his family in "weal and woe, glory and disaster."

The next major event is "doli" when the bride is taken to the groom's house. There his mother, accompanied by other women, receives the couple at the gate with a "garwi", a small round bronze utensil containing water, in her hand. She swings it seven times round their heads and then drinks some of the water. The other ladies sing songs of joy and welcome.

Wedding customs vary somewhat in different parts of India. In several states, the bridal pair must play games — a ring or a golden bangle is thrown into a bucket full of milk-water and they each try to retrieve it first. In South India, the groom, after reaching the bride's house, puts on wooden sandals and an ascetic robe and pretends to go to Varanasi, a sacred Hindu city, in search of learning. He is met by the bride's brother who entreats him to give up this idea, as "I will offer my sister as a present." After some assumed hesitation, the offer is accepted.

Wedding songs are known for their feeling and joyfulness. Before the wedding, the womenfolk pray that the bride be full of beauty and virtue.

Welcoming the bride, the groom's sisters raise their own songs, such as this one:

*"Delicate is our sister-in-law and frolicsome our brother.*

*"Like legendary lovers do they look; what a wonderful couple they are!"*

Until about a decade ago, marriage among Hindus was arranged by the parents. But now the Western idea of courtship is spreading among the educated classes. Hindu society is changing and so are the wedding customs.



1956-2021



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# "The primary and uppermost object of the Bill is to stifle criticisms and impose a pre-censorship on private broadcasters"

● Cont. from page 5

\* Top FM will have *locus standi* to challenge the legislation.

Of course, Top FM will have a *locus standi* following a decision of the Authority not to renew its licence or other decision.

The law, as it stands, imposes a number of obligations that a broadcaster will have to comply with before obtaining a licence. With the amendment, a new condition comes up: the Authority will also have the power to consider the past conduct of the broadcaster before renewing its licence.

What conduct does the legislator have in mind? This is not clear. Any conduct will be a justification to refuse a licence the more so as the Authority is composed of political appointees as well.

\* On the other hand, there's the MBC, which is regulated by the MBC Act, and which collects a monthly fee from all CEB account holders. One may or may not be happy with the MBC's independence, but is it compulsory to pay MBC TV licence?

According to law, yes unfortunately. One day somebody must challenge that ill-advised decision in court.

Why should somebody pay for the licence when he is



“With the amendment, a new condition comes up: the Authority will also have the power to consider the past conduct of the broadcaster before renewing its licence. What conduct does the legislator have in mind? This is not clear. Any conduct will be a justification to refuse a licence the more so as the Authority is composed of political appointees as well...”

to be burdened by government propaganda day in and day out. The individual must have a choice in that matter.

\* Would any licence-paying member of the public

have the *locus standi* to contest the MBC's editorial line?

The Mauritius Broadcasting Corporation Act provides that anybody who feels aggrieved to have a right of reply. Section 19 of Act provides the following:

'19. Right of reply

(1) Any person who alleges that his honour, character, reputation or goodwill has been adversely affected by -

(a) any matter which has been broadcast by the Corporation, or

(b) any political broadcast during any election campaign, may, without prejudice to any right he may have under any other enactment, make a written application in the prescribed form to the Chairman for a right of reply within 5 days of the matter broadcast or within 48 hours of the political broadcast, as the case may be.

(2) Where the Board is satisfied that the honour, character, reputation or goodwill of the applicant has been adversely affected and the applicant has made his application in the form and within the period mentioned in subsection (1), it shall at the earliest available opportunity grant to the applicant a right of reply on such terms and conditions as it thinks fit.'

## Omicron is the new Covid kid on the block

● Cont. from page 2

All travel bans accomplished in countries with selective red-listed countries is delay the inevitable. More could possibly be accomplished by rigorous exit and entry screening programmes to identify potential cases and mandating vaccination.

Third, don't announce regulations that are not implementable or enforceable in the local context. And don't pretend that people adhere to them. This includes banning alcohol sales, whilst being unable to effectively police the black market.

Fourth, don't delay and create hurdles to boosting high risk individuals. The government should be targeting adults older than 65 with an additional dose of the Pfizer vaccine after they've had two shots. The same thing goes for other risk groups such as people with kidney transplants, or people with cancer and on chemotherapy, people with any other sort of underlying immuno-suppressive condition.

South Africa shouldn't be ignoring World Health Organisation's guidance which recommends booster doses of high-risk groups. It should de-prioritise, for the time being, vaccinating young children with a single dose.

Fifth, stop selling the herd immunity concept. It's not going to materialise and paradoxically undermines vaccine confidence. The first-generation vaccines are highly effective in protecting against severe Covid-19, but less predictable in protecting against

infection and mild Covid due to waning of antibody and ongoing mutations of the virus. Vaccination still reduces transmission modestly, which remains of great value, but is unlikely to lead to "herd-immunity" in our lifetimes.

Instead, we should be talking about how to adapt and learn to live with the virus.

There is also a list of things that should be considered in the wake of the Omicron variant, irrespective of whether it displaces the Delta variant (which remains unknown).

### What to do

Firstly, ensure health care facilities are prepared, not only on paper – but actually resourced with staff, personal protective equipment and oxygen, etc.

There are 2000 interns and community service doctors in South Africa waiting for their 2022 placement confirmation. We cannot once again be found wanting with under-prepared health facilities.

Provide booster doses of J&J or Pfizer to all adults who received a single dose J&J. It's needed to increase protection against severe Covid. A single dose of the J&J vaccine reduced hospitalisation due to Delta variant in South Africa by 62% in South African healthcare workers, whereas two doses of AZ and mRNA vaccines in general had greater than 80%-90% protection against severe disease from the Delta variant.

Studies confirm a two-dose schedule of the Johnson & Johnson vaccine is superior in protecting against hospitalisation than a sin-

gle dose. And if you want durability of protection, you need to boost, which can be done with another dose of Johnson & Johnson or a dose of mRNA vaccine.

The evidence is clear that the type of immune responses from a heterologous approach of AZ or JJ followed by a mRNA vaccines such as Pfizer/Biontech induces superior neutralising and cell mediated immune responses than two doses of the non-replicating vector vaccines.

Thirdly, implement vaccine passports for entry into any indoor space where others gather, including places of worship and public transport. Vaccination might be a choice currently, however, choices come with consequences. Even if vaccines only reduce transmission modestly, over and above the infections they prevent, a breakthrough case in a vaccinated individual poses less risk of transmission to others than infection in an unvaccinated and previously uninfected individual.

Fourth, continue efforts at reaching out to the unvaccinated and under-immunized. This should include the use of pop-up facilities where people are likely to gather and other targeted community outreach programs.

Fifth, immediately boost high risk groups older than 65 and others who have immuno-suppressive conditions. The primary goal of vaccination therefore needs to be on reducing severe disease and death. This requires targeted strategies on who to prioritise.

Sixth, encourage responsible behaviour to avoid re-imposing alcohol and other restrictions to punish all due to irresponsibility on part of a minority.

Seventh, monitor bed availability at regional level to help decide on regional action to avoid overwhelming of facilities. Higher levels of restrictions need to be tailored for when we expect overwhelming of health facilities. As hospitalisation usually lag behind community infection rates by 2-3 weeks, keeping an eye on case rates and hospitalization rates could predict which facilities in which regions may come under threat.

This would allow for a more focused approach to imposing restrictions to relieve anticipated pressure on health facilities 2-3 weeks before expected. This will not change the total number of hospitalisations. But it will spread it out over a longer period of time and make it more manageable.

Eighth, learn to live with the virus, and take a holistic view on the direct and indirect effects of the pandemic on livelihoods. The detrimental indirect economic, societal, educational, mental health and other health effects of a sledge-hammer approach to dealing with the ongoing pandemic threatens to outstrip the direct effect of Covid in South Africa.

Ninth, follow the science and don't distort it for political expediency.

Tenth, learn from mistakes of the past, and be bold in the next steps.

**Shabir A. Madhi, Dean Faculty of Health Sciences and Professor of Vaccinology at University of the Witwatersrand**

# How to Get your Organization Change Ready

-- Phil Lewis

If the decade that followed 2008 was defined by the credit crunch, the same will be true for coronavirus and the decade ahead. Make no mistake: this is not one big event followed by a return to normality (whatever "normality" is). Instead, many years of significant upheaval lay ahead, as consumers, companies, and countries wrestle with the long-term consequences of the pandemic.

Many businesses will need to evolve or die—indeed, the evidence for this is all around us. Away from certain industries (such as fast food and entertainment) that have been uniquely impacted by virtue of what they do, coronavirus has shone a harsh and unforgiving light on poor business models, poor business practices and poorly managed balance sheets. It has also accelerated certain trends—for example, the final (and historically inevitable) triumph of ecommerce over bricks and mortar retail.

Many leaders need to fundamentally and urgently help their organizations become more responsive, resilient and innovative. At heart, this means changing how their people work together.

How do you prepare your organization for change?

There are five steps. They are deceptively simple. Most organizations fail at change because they omit one or more of these steps, believing them to be less important than just "cracking on". Or they handle them badly, often because of muddled thinking or a desire to avoid discomfort.

In my practice we teach the world's leading organizations how to execute these steps brilliantly, and in doing so they are often surprised by the progress that they can make.

## Step 1: Set a vision for change

What does your business (or industry) look and feel like when you're on the other side of this? That's your vision for change.

It should be pegged to a clear timescale and set of metrics.

At times of upheaval, the temptation is to sacrifice vision at the altar of experimentalism ("we'll determine where we're



going by experimenting our way there"). But the purpose of the vision is to determine the destination, not the nature of the journey.

Fail to set a vision, and you have failed to define what you are trying to achieve. This is not a strong start.

## Step 2: Develop your change strategy

A strategy is a high-level plan to achieve a desired outcome. Good strategies can be written on a single page—they are simple but not simplistic.

Good strategy is also coherent: the actions defined reinforce and support one another. This will often require sales, marketing, operational, financial and people-related considerations to be integrated, then cascaded out.

The two most common errors are mistaking objectives and/or tactics for strategy, which leads to inefficient, ineffective plans.

## Step 3: Assess feasibility

Before embarking on change, it is vital to consider how ready your organization is for the process. Many change projects fail because leaders don't do this, and instead just steam ahead in the vague hope that energy or willpower will overcome whatever lies ahead.

Feasibility has two components. The

first is technical feasibility, of which the core question is "do we actually have the capabilities to do what we are asking of ourselves?" The second is cultural feasibility. It forces leaders to consider human dynamics: "are our ways of working going to help or hinder us from getting where we want to go?"

A good assessment is clear-eyed about organizational strengths and weaknesses, and practical in its focus. A useful tool to help you achieve this is the "pre-mortem." Detailed here, it can foster helpful discussion about preventative action as you move into execution.

## Step 4: Coach for conflict

In reality, conflict is inevitable, for the simple reason that the solutions an organization needs to address the problems it faces are rarely obvious. The basic choice you have is whether or not the conflict brings out the best in your people, or the worst.

Many people struggle with conflict. This is because of our innate desire for survival: we worry that we will "lose" and therefore end up cast out of the "tribe", or relegated within it. This suppresses often necessary debate, and drives inefficiency and error into change processes.

Start by acknowledging the fact that

conflict is going to occur during change. Discuss with your team how you want to handle it, individually and collectively. Make agreements on that basis and review them openly and periodically. Coach behaviour as required.

## Step 5: Communicate, communicate, communicate

A truth about work: in the absence of communication people will always believe the worst of the weirdest thing. Change requires clarity about context—and this is established by a process of reconnecting your people to vision and strategy, often daily. It is for this reason that we often say to leaders: the job of leading through change is the job of mind-numbing repetition.

A useful rule of thumb: at times of crisis, take the communication frequency that you default to, and double it.

These steps sound easy. They are not. In fact, many of them will stretch and test even experienced leaders in new and unfamiliar ways. Change is hard: people can be unpredictable, circumstances are ambiguous, and resources are often finite.

*Phil Lewis writes for Forbes about how businesses can thrive in a world of endless change.*

## Work Smarter Offer contrary points of view without irritating your colleagues

No one wants to be that contrarian — the one on the team who always has to slow things down and poke holes in the group's thinking. People can find that person annoying, but there's huge upside to voicing a dissonant point of view. To become a contrarian who your teammates will appreciate, start by learning when to speak out, and when not to. Not every idea needs to be challenged — but some certainly do. Look for received wisdom that

feels under-scrutinized or complex ideas that have been oversimplified. These are worth asking questions about. It helps to bring in outside perspectives when challenging the dominant perspective, so do your research and make well-informed suggestions based on a wide array of sources, conversations, and ideas. Remember you're not tearing down ideas — you're offering alternative ways of thinking. Finally, present your suggestions as experiments, not truths. This will allow people to more easily consider your perspective without getting defensive.

*This tip is adapted from "How to Be a Smart Contrarian," by Chengwei Liu - Harvard Business Review*

## Stay Motivated Through Uncertain Times

You've probably heard it before, and it's true: we're living with unprecedented levels of uncertainty. And not knowing what's coming next is tough on our brains and our motivation. How can you stay engaged when circumstances are constantly changing? Here are some strategies:

- Set expectations with realistic optimism. Believe that everything is going to work out fine, while accepting that getting there might not be easy. Research consistently shows that having positive expectations is essential for staying motivated in the face of setbacks.

- Adopt bigger-picture thinking. When we think about the larger meaning or purpose of our actions, we're more inspired to push forward. Take the time to remember why you're doing what you're doing in the first place.
- Embrace candour. Constantly and honestly communicate with others on your team to create new norms and habits that are appropriate for the moment. Seek out those everyday conversations about what's working and what isn't; they're essential to pushing you through uncertain times.

*This tip is adapted from "Our Brains Were Not Built for This Much Uncertainty," by Heidi Grant and Tal Goldhamer - Harvard Business Review*



## Coffee and tea drinking may be associated with reduced rates of stroke and dementia

Intake of 4-6 total cups daily was associated with lowest risks

Drinking coffee or tea may be associated with a lower risk of stroke and dementia, according to a study of healthy individuals aged 50-74, reports the journal 'PLOS Medicine'. Drinking coffee was also associated with a lower risk of post-stroke dementia.

Strokes are life-threatening events which cause 10 percent of deaths globally. Dementia is a general term for

symptoms related to decline in brain function.

Yuan Zhang and colleagues from Tianjin Medical University, Tianjin, China studied 365,682 participants from the UK Biobank, who were recruited between 2006 and 2010 and followed them until 2020. At the outset participants self-reported their coffee and tea intake. Over the study period, 5,079 participants developed dementia and 10,053 experienced at least one stroke.

People who drank **2-3 cups of coffee** or **3-5 cups of tea** per day, or a **combination of 4-6 cups of coffee and tea**

had the lowest incidence of stroke or dementia. Individuals who drank 2-3 cups of coffee and 2-3 cups of tea daily had a 32% lower risk of stroke and a 28% lower risk of dementia compared with those who drank neither coffee nor tea. Intake of coffee alone or in combination with tea was also associated with lower risk of post-stroke dementia.

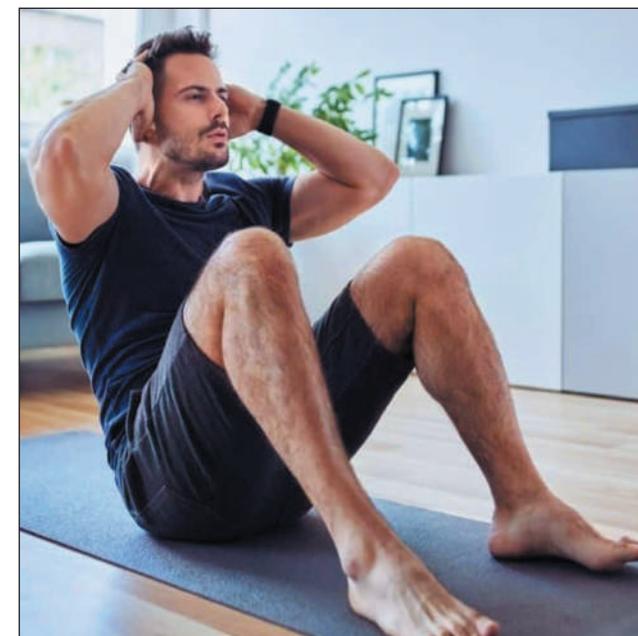
The authors write, "Our findings suggested that moderate consumption of coffee and tea separately or in combination were associated with lower risk of stroke and dementia."

## Exercise increases the body's own 'cannabis-like' substance which reduces chronic inflammation

Exercise increases the body's own cannabis-like substances, which in turn helps reduce inflammation and could potentially help treat certain conditions such as arthritis, cancer and heart disease.

In a new study, published in 'Gut Microbes', experts from the University of Nottingham found that exercise intervention in people with arthritis, did not just reduce their pain, but it also lowered the levels of inflammatory substances (called cytokines). It also increased levels of cannabis-like substances produced by their own bodies, called endocannabinoids. The increase in endocannabinoids was strongly linked to changes in the gut microbes and anti-inflammatory substances produced by gut microbes called SCFAS. In fact, at least one third of the anti-inflammatory effects of the gut microbiome was due to the increase in endocannabinoids.

Doctor Amrita Vijay, a Research Fellow in the School of Medicine and first author of the paper, said: "As interest in cannabidiol oil and other supplements increases, it is important to know that simple lifestyle interventions like exercise can modulate endocannabinoids."



## How do freezers work?

Everything you can touch and feel (like air, water, rocks and mice) is made of tiny balls called atoms. When atoms join up into small groups moving around together, they are called molecules. Atoms and molecules are too small to see without very powerful microscopes.

### Solids, liquids and gases

Most things come in three phases: solid, liquid or gas. Think of ice, water and steam. If a gas is not too hot, we can also call it vapour. (There are other phases too, but let's ignore them for today.)

In solids (like ice), atoms or molecules are tightly stuck together and can barely move. They are usually lined up in neat rows called crystals. In liquids (like water) atoms or molecules are loosely stuck close together, but can move around. In a gas (like steam), atoms or molecules are far apart and free to float away from each other.

Most gases, including air, are made of small molecules. Some gases (like the helium inside floating party balloons) are made of single atoms moving around on their own.

If I heat up a solid, the atoms or molecules start to bounce a little bit, but they still stay stuck in their neat rows. Now, if I add an extra burst of heat, the solid turns

into liquid. This means the atoms and molecules bounce around so hard they start to move around, breaking up those neat rows. Although the atoms can now flow around, they still stay very close together. This is what's happening if you put an ice block in a bowl and watch it slowly melt into water.

To turn a liquid into a gas (or vapour), the atoms and molecules must break away completely from their neighbours. This takes another extra burst of heat to give the atoms and molecules a kick to rip them away from their sticky neighbours and float away. (Scientists call this extra burst of heat latent heat.)

This is what happens when you put water into a kettle, turn on the heat, and watch the steam floating out of the spout.

These atoms or molecules carry that extra burst of heat away with them when they float away. This is why your face feels cooler if the wind turns your sweat into vapour and floats away from your face.

OK. Now let's try it backwards. If you take enough heat out of a vapour (like steam), it will turn back into a liquid (like water). Whenever this happens, the vapour brings the extra burst of heat back into the liquid.

Now, finally, I can explain how your



freezer works.

### How the freezer works... at last!

Hidden inside the walls of your freezer is a curly metal tube called a cooling pipe. It is full of a special liquid that evaporates easily.

The cooling pipe is connected to a pump that sucks in vapour from the cooling pipe. The sucking makes more liquid turn to vapour, and when that happens it takes some heat out of the freezer. Just like sweat floating away cools your face down, this vapour floating away makes the inside of the freezer cool down.

Next, the pump takes vapour from the cooling pipe and squeezes it into another curly pipe on the outside of the back of the fridge. When the pump squeezes the vapour, it pushes the molecules closer together so they start to stick together and turn into a liquid again.

When the gas turns back into a liquid, it

gives off the latent heat energy it took from the freezer. So the pipe on the back of the fridge gets warm, and the heat escapes into the air in your kitchen.

In other words, the pump moves heat from inside your freezer and lets it go into your kitchen, making the freezer colder and your kitchen warmer. If you feel the back and sides of your fridge, they should feel a bit warm. That's the heat that used to be inside your freezer!

After releasing its heat energy, the liquid leaks through a little skinny pipe back into the cooling pipe where it started. Then the sucking from the pump turns it into gas again, and the whole cycle repeats over and over. And that's what keeps your freezer cold.

**Stephen G Bosi**

Senior Lecturer in Physics, University of New England

## Living Better

# Is grit and resilience real? and how do you get it?

*You're never too old to find that inner grit. See a few tricks, as reported by Lambeth Hochwald of WebMD, to develop the ability to bounce back during even the worst of times*

**W**hile you may hear the words "grit" and "resilience" bandied about a lot, it turns out that both are personality traits that can be critically important in helping guide you through life, no matter your personal stressors.

And, while you can absolutely become resilient over time, your background plays a role, as it provides some of the key building blocks to bouncing back during even the worst of times.

"Some people become more resilient due to such life experience as loss, trauma, and stress," says Julie Sochacki, JD, a clinical associate professor of English at the University of Hartford, who began teaching her first-year students about resilience when her son was diagnosed with cancer. (He's now in remission.) "Those experiences give you opportunities to practise resilience skills. By contrast, if your life has been easy, you may never have practised those skills."

Besides a history of handling tough times, optimism and confidence are other traits associated with resilience.

"Resilient people tend to see the glass as half-full," says Ken Yeager, PhD, director of the Stress, Trauma and Resilience at Ohio State University Wexner Medical Center.



When you've got grit, you tend to pair your sunny outlook with a willingness to take calculated risks others probably wouldn't take.

"Resilient people don't fear failure," Yeager says. "And they don't see failing on a task as a reflection of their individual ability. Instead, they learn from the failure itself."

### Five ways to build resilience

The good news in all this: you're never too old to find that inner grit.

"The ability to bounce back even when times get tough can be learned and developed," says Natalie Bernstein, PsyD, a psychologist in Pittsburgh.

**Put things in perspective:** If you change your mindset, you can bounce back better, Natalie Bernstein, PsyD, a psychologist in Pittsburgh says. "Gaining perspective is one of the easiest ways to do this," she says. "So, instead of thinking you're having a bad day, for example, perhaps you're having a bad moment instead. To gain perspective,

pay attention, pause, and practise reframing these feelings."

**Rethink stressful situations:** To become more resilient, it's a great idea to try to see the bigger picture and consider whether you have a role in a particular situation, Bernstein says.

"It's possible that the honk you heard from a driver was to thank you for letting him or her into your lane and not because he or she was being impatient," she says. "Just like it's possible your partner or boss is having a bad day and that's why he or she snapped at you. By being clear about others' actions -- and realizing that they likely have nothing to do with you -- you'll cope better."

**Practise gratitude:** Research has shown that gratitude has the power to change attitudes.

"By focusing upon the many things that are going right in your life, you'll be better able to adjust to less-than-ideal situations," Bernstein says.

**Seek support:** Having a support system of family and/or friends that you can rely upon to have your back can be very helpful.

"Knowing you have people to stand by you in difficult times can help you feel stronger and better able to handle what life throws your way," Bernstein says.

Acknowledge your feelings before acting on them.

Ultimately, ignoring stressful feelings won't help you find your inner grit. "Instead, to get on the path to becoming more resilient, make sure to validate your feelings and give yourself some time to feel disappointment and fear," Bernstein says. "Once you've given yourself the space to do that, make a plan of how you want to respond or move forward. Even this small act on your part will go a long way to helping you build strength -- and grit."

## Healthy Living

# Going to bed between 10 and 11 may protect your heart

**W**hile plenty of uncontrollable factors like genetics can influence heart health, about 80% all cardiovascular disease cases are preventable through lifestyle. Steps like quitting smoking, regularly moving your body and loading up on high-fibre foods all can lower your risk of heart disease, reports Catherine Pearson of HuffPost. And new research published in the European Heart Journal – Digital Health suggests there's another simple but potentially powerful lifestyle tweak that can help: Going to bed at a certain time.

People who fall asleep between 10 pm and 11 pm have a lower risk of developing cardiovascular disease than people who fall asleep either before or after that time window.

"The body has a 24-hour internal clock, called circadian rhythm, that helps regulate physical and mental functioning," study author David Plans, head of research at the British health care technology company Huma, said in a statement.

### The power of circadian rhythms

Plans and his team analyzed data from more than 88,000 participants in the UK Biobank, a massive database of health



and lifestyle data available for research. Overall, the researchers found that people who fell asleep at midnight or later had a 25% higher risk of developing cardiovascular disease than those who fell asleep between 10 pm and 11 pm. Those who fell asleep between 11 pm and 11:59 pm had a 12% higher risk. And those who fell asleep before 10 pm had a 24% increased

risk.

The researchers did what they could to control for other factors known to increase a person's risk for heart disease, like smoking, high blood pressure and socioeconomic status. They found the bedtime and heart health link still stood.

While the new study cannot establish cause and effect, the researchers believe

their findings may have a lot to do with a person's natural circadian rhythms — the internal 24-hour sleep clock closely tied to the light and dark cycle of the sun. When that internal clock is disrupted by early or late bedtimes, it can negatively impact the heart, the researchers believe.

### Another argument for prioritizing sleep

While the researchers who conducted the new study cautioned that more work needs to be done to understand the potential connection between bedtimes and heart health, they believe their research reveals powerful clues.

Of course, people cannot necessarily control their bedtimes, especially those whose jobs require them to work late into the night or very early in the mornings.

But to the extent it's possible, sleep experts say you should be relatively consistent about when you go to sleep and when you wake up — and aim for a bedtime that means you can get at least seven to eight hours of sleep. Also, avoid large meals and caffeine before bed and try to create a quiet, dark sleep environment.



## God and Satan sharing corpses

**T**wo little boys stole a big bag of oranges from a neighbour and decided to go to a quiet place to share the lot equally.

One of them suggested the nearby cemetery.

As they were jumping over the gate to enter the cemetery, two oranges fell out of the big bag but they didn't bother to pick them up since they had enough in the bag.

A few minutes later, a drunkard on his way from a bar, passed near the cemetery gate and heard a voice saying: "One for me, one for you, one for me, one for you..."

He immediately sobered up and ran as fast as he could to a church nearby, and called for the priest.

"Father, please come with me. Come and witness God and Satan sharing corpses at the cemetery!"

They both ran back to the cemetery gate and the voice continued: "One for me, one for you, one for me, one for you..."

Suddenly, the voice stopped counting and said: "What about the two at the gate? Let's get them!"

You should see the marathon...

\*\*\*

**Melinda Gates is moving out, and her future is dark.**

Her new home does not have Windows.

\*\*\*

**How does a man show he's planning for the future?**

He buys two cases of beer instead of one.

\*\*\*

**In the future, Donald Trump passes away from a heart attack.**

He immediately goes to Hell, where the devil is waiting for him.

"I don't know what to do here," says the devil. "You're on my list, but I have no room for you. You definitely have to stay here, so I'll tell you what I'm going to do. I've got three folks here who weren't quite as bad as you. I'll let one of them go, but you have to take their place. I'll even let YOU decide who leaves."

Donald thought that sounded pretty good, so the devil opened the door to the first room.

In it was Barack Obama and a large pool of water. Barack kept diving in, and surfacing, empty handed. Over, and over he dived in and surfaced with nothing. Such was his fate in hell.

"No," Donald said. "I don't think so. I'm not a good swimmer and it would ruin my hair. I don't think I could do that all day long."

The devil led him to the door of the next room.

In it was Al Gore with a sledge-hammer and a room full of rocks.

All he did was swing that hammer, time after time after time.

"No, this is no good; I've got his problem with my shoulder. I would be in constant agony if all I could do was break rocks all day," commented Donald.

The devil opened a third door. Through it, Donald saw Bill Clinton, lying on the bed, his arms tied over his head and his legs restrained in a spread-eagle pose. Bent over him was Monica Lewinsky, doing what she does best.

Donald looked at this in shocked disbelief, and finally said, "Yeah man, I can handle this."

The devil smiled and said...

"OK, Monica, you're free to go."

\*\*\*

**At a meeting in a factory, a lecturer from the District Party Committee tells the workers about their bright future in the USSR.**

"See, comrades, after this five-year plan is completed, every family will have a separate apartment. After the next five-year plan is completed, every worker will have a car! And after one more five-year plan is completed, every family will own an airplane!"

From the audience, somebody asks, "What the hell one may need an airplane for?"

"Don't you see comrades? Let's say, there are shortages in potatoes supplies in your city. No problem! You take your own plane, fly to Moscow and buy potatoes!"

\*\*\*

**Past, Present, and Future walked into a bar, and it was simply tense.**

As they were drinking, it was clear it was becoming progressively tense.

By the time they'd walked out, it had become perfectly tense.

\*\*\*

**People these days recoil at the idea of brain transplants becoming possible in the near future.**

Just wait until we develop the technology. They'll change their minds.

\*\*\*

**My wife said we need to sit down and talk about our future, and I was like "Yeah gonna be awesome! Flying Cars, Colonies on Mars! Self-fixing robots it's gonna be amazing!"**

Not what she meant, am now single.

\*\*\*

**This was an actual conversation that took place between my wife and my 7-year-old son just now.**

My wife has been teaching my son to fold his own laundry but he complains about it every time. My wife, trying to convince my son, said to him: "If you pick up this habit, your future wife will love you very much."

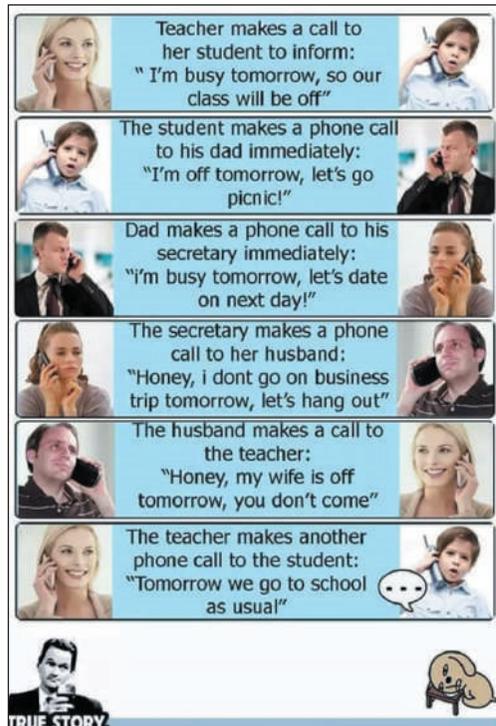
My son replied: "I don't want my future wife to love me very much. I want my future wife to help me fold my laundry."

I busted out laughing. But the end result is that now I have to fold my own laundry going forward.

\*\*\*

**I wrote relationship advice for my future self-couple years ago, since single people give the best advice.**

I still give great advice.



TRUE STORY

## That's Life

### My house was about to be locked...

... on the 29th of November 2018 just because I was not able to pay the rent.

I posted it on Facebook seeking for help, but all I got were 2 likes & zero comments. So I sent 250 messages to my contact list requesting for a loan of \$1500.

Sadly only 10 people replied. 6 out of the 10 claimed they couldn't help. Only 1 out of the 4 who said they could help actually gave me some money but the rest only gave me excuses and never picked my calls.

In the end, my door was locked.

I had nowhere to sleep. I walked in the dark seeking options and sadly a thief stole my empty purse with my identity card in it. He was badly hit by a fast-moving car as he was running away, so he died.

Fast forward... The next day, news quickly spread around that I had died. About 2,500 people posted on my wall how they knew me. How great I was!

A committee was formed by my 'loyal friends' who contributed \$18000 to feed guests at my funeral. My colleagues at work teamed up and brought another \$4500 for a coffin, tents and chairs. I was to be buried in a coffin worth \$1500 - the same amount I needed for rent.

Relatives also met. It was a rare occasion for them to meet, so they met and contributed an extra \$3000. Everyone wanted to volunteer in order to appear they were helping. They printed T-shirts with my image. Each T-Shirt costing \$2,50, so the T-shirt man made about \$25000 from my presumed death.

Everyone wanted to speak at my funeral.

There was drama all over from people who never knew how I survived. There was even rumour that I was murdered by my friends.

Speeches were made on how talented I was, even by those who never attended my events.

The few friends who supported me didn't even get the chance to speak during my funeral - although they knew the Truth. In fact, they were prime suspects for my 'death'.

You could imagine how the scene turned after I showed up alive!

Some thought I was a ghost.

**This is the irony of life; we love the dead more than the living.**

-- Author Unknown

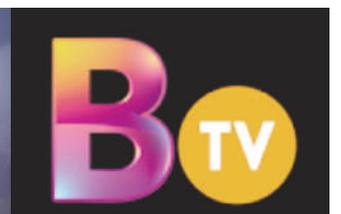
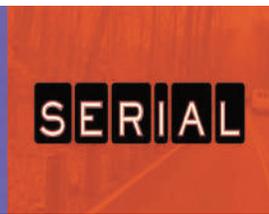
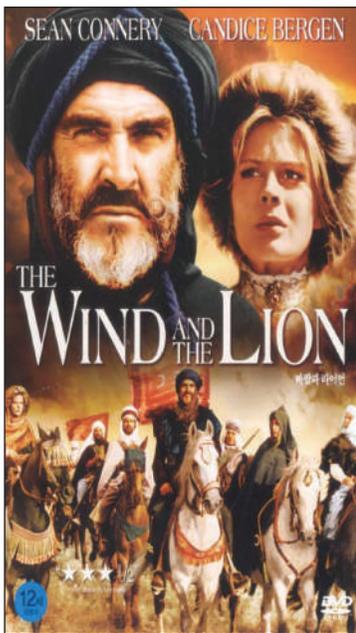
**A successful man is one who makes more money than his wife can spend.**

**A successful woman is one who recognises that her unpaid caring and nurturing work in the household merely subsidises the accumulation of capital**



**CINE 12**

Mardi 30 novembre - 21.10



	MBC 1	MBC 2	MBC 3	Cine 12	Bollywood TV
<b>mardi 30 novembre</b>	06.00 Local: Rodrig - Akoustic 09.30 Local: Zanfan Nou Zil 11.10 Tele: I Forgot I Loved You 12.00 Le Journal 12.25 Local: Les Grands Noms... 12.30 Tele: Le Prix Du Désir 12.55 Local: Come On Let's Dance 14.00 MBC Production 14.30 D.Anime: Robot Trains 14.41 D.Anime: Pet Alien 15.20 D.Anime: The Twisted... 15.38 D.Anime: Les Triples 15.45 D.Anime: Cosmic Quantum... 16.07 D.Anime: Kid Lucky 17.20 Mag: Human Nature 18.00 Live: Samachar 18.30 Serial: Jijaji Chhat Par Hain 18.55 Local: Charcha 19.30 Journal & La Meteo 20.15 Local: Priorite Sante 21.10 Film: The Hurt Locker	07.00 DDI Live 10.00 Serial: CID 10.45 Serial: Ye Vaada Raha 12.00 Film: Hera Pheri Star: Amitabh Bachchan, Saira Banu, Vinod Khanna, Sulakshana Pandit, Pinchoo Kapoor 15.00 Live: Samachar 15.20 Serial: Aamhi Doghi 15.43 Serial: Bava Maradallu 16.04 Serial: Sondha Bandham 16.27 Serial: Mera Maan Rakhna 16.48 Serial: Imtihaan 17.05 Kullfi Kumarr Bajewala 17.30 Telugu - Premabhishekam 18.00 Serial: Colourful Bone 18.30 DDI Magazine 19.30 Serial: Radha Krishna 20.04 Local: Programme In Tamil 20.30 Film: Amir Garib	06.00 Mag: Eco@Africa 06.54 Mag: Voa Connected 07.47 Doc: Tree Stories 09.00 Educa Prog: G5 11.30 Educa Prog: G8 15.37 Doc: Istanbul Quake 16.23 Mag: Eco@Africa 16.50 Mag: L'Art Et La Matiere 18.30 Mag: Healthy Living 19.00 Student Support Prog - G7 19.30 Mag: Made In Germany 20.02 Mag: Magnifique 20.30 Local Prod: News (English) 20.45 Mag: Happiness Is On The Plate 21.11 Mag: Close Up 21.37 Local: Klip Seleksion 22.19 Doc: Big Pharma 23.01 Doc: Concorde 23.44 Mag: Rev: The Global Auto... 00.10 Mag: Healthy Living	01.35 Film: Sniper Special OPS 03.36 Film: La Blessure D'une Femme... 05.00 Tele: Muneca Brava 05.47 Serial: Absentia 06.49 Film: Sniper Special 09.00 Serial: The Good Doctor 09.45 Tele: Teresa 10.35 Tele: I Forgot I Loved You 11.01 Serial: Night Shift 12.00 Film: La Blessure D'une... 13.30 Tele: Muneca Brava 14.17 Mag: Cinemag 14.45 Film: Sniper Special OPS 16.41 Serial: The Good Doctor 17.22 Serial: Absentia 18.05 Tele: Teresa 19.00 Tele: I Forgot I Loved You 20.05 Tele: Les Trois Visages D'ana 20.30 Serial: Mad Dogs 21.15 Film: The Wind And The Lion	07.38 Film: Padman Cast: Akshay Kumar, Lakshmikant Chauhan, Sonam Kapoor Ahuja... 11.30 / 19.27 - Radha Krishna 11.59 / 20.57 - Anupamaa 12.30 / 21.27 - Mere Sai 13.09 / 22.07 - Agniphera 13.30 / 22.37 - Yeh Teri Galiyan 14.00 / 23.07 - Bade Acche Lagte Hai 14.30 / 21.59 - Chhanchhan 14.53 / 22.25 - Sethji 15.25 Film: Auzaar Star: Sanjay Kapoor, Salman Khan, Shilpa Shetty 18.00 Live: Samachar 18.30 Kundali Bhagya 19.00 Serial: Ishaaron Ishaaron... 19.30 Bhakharwadi
<b>mercredi 1er decembre</b>	06.00 Local: Roddrig Sa 07.00 D.Anime: Robot Trains 09.30 Local: Zanfan Nou Zil 11.10 Tele: I Forgot I Loved You 12.00 Le Journal 12.25 Local: Autour Des Valeurs... 12.30 Tele: Le Prix Du Désir 12.55 Mag: Green Touch 13.09 Local: An Eta Delert 14.30 D.Anime: The Twisted... 14.44 D.Anime: Les Triples 15.20 D.Anime: Cosmic Quantum... 15.43 D.Anime: Kid Lucky 15.54 D.Anime: The Hive 16.32 Serial: Project MC 16.53 Mag: Human Nature 18.00 Live: Samachar 18.30 Serial: Jijaji Chhat Par Hain 18.55 Local: Ayush 19.30 Journal & La Meteo 20.30 MBC Production 21.25 Film: Thirteen Days	07.00 DDI Live 10.00 Pyar Ka Dard Meetha... 12.00 Film: Jhoothi Starring Rekha, Raj Babbar, Amol Palekar, Supriya Pathak 15.00 Live: Samachar 15.26 Aamhi Doghi 15.46 Bava Maradallu 16.07 Sondha Bandham 16.25 Mera Maan Rakhna 16.49 Serial: Imtihaan 17.10 Kullfi Kumarr Bajewala 17.31 Serial: Kulvadh 18.00 Serial: Colourful Bone 18.30 Local: DDI Magazine 19.00 Journal Kreol 19.30 Serial: Radha Krishna 20.06 Programme In Marathi 20.30 Film: Fast Challenger Chinese film 22.11 DDI Live	06.00 Mag: Rev: Global Auto... 06.26 Mag: Healthy Living 07.25 Mag: Made In Germany 07.51 Mag: Magnifique 09.00 Educa Prog: Grade 5 11.30 Educa Prog: Grade 8 14.03 Mag: Close Up 14.29 Local Prod: Klip Seleksion 15.54 Doc: Concorde 17.20 Mag: Check In 18.00 Mag: Motorweek 19.00 Student Support Prog... 19.30 Doc: Garden Party 20.30 Local: News (English) 20.45 Local: Business Connect 21.51 Mag: Focus On Europe 22.17 Doc: Soils At Their Limit 22.59 Doc: Treasures In The Sand 23.41 Doc: Congo 00.24 Mag: Motorweek 00.50 Mag: Vous Et Nous 01.43 Doc: Garden Party	01.44 Film: An Emma Fielding... 03.02 Serial: Night Shift 03.41 Film: The Wind And The Lion 05.35 Tele: Muneca Brava 06.17 Serial: Absentia 06.58 Film: An Emma Fielding Mystery 09.10 Serial: The Good Doctor 09.45 Tele: Teresa 10.35 Tele: I Forgot I Loved You 11.01 Serial: Night Shift 11.43 Film: The Wind And The Lion 13.38 Tele: Muneca Brava 14.46 Film: An Emma Fielding Mystery 16.40 Serial: The Good Doctor 17.20 Serial: Absentia 18.08 Tele: Teresa 19.00 Tele: I Forgot I Loved You 20.05 Tele: Les Trois Visages D'ana 20.30 Serial: Elementary 21.15 Film: Badland	07.00 Film: Auzaar Star: Sanjay Kapoor, Salman Khan, Shilpa Shetty 11.21 / 20.06 - Radha Krishna 11.51 / 20.26 - Anupamaa 12.23 / 20.02 - Mere Sai - Shrad.. 12.47 / 20.46 - Agniphera 13.29 / 21.09 - Yeh Teri Galiyan 14.03 / 21.50 - Bade Acche Lagte Hai 14.32 / 22.15 - Chhanchhan 14.47 / 21.46 - Yeh Hai Mohabbatein 15.25 Film: Ranvir, The Marshsal Starring: Rishy, Rati Agnihotri, Ramnita Chaudhry 18.00 Live: Samachar 18.30 Kundali Bhagya 19.00 Ishaaron Ishaaron... 19.30 Bhakharwadi 20.00 Serial: Siddhi Vinayak
<b>jeudi 2 decembre</b>	06.00 Local: Klip Seleksion 06.45 Local: Fee Main 07.15 D.Anime: Sissi, Jeune... 10.00 Local Prod: Elle - No 168 11.10 Tele: I Forgot I Loved You 12.00 Le Journal 12.30 Tele: Le Prix Du Désir 14.00 Local: Encounter 14.20 D.Anime: Robot Trains 15.20 D.Anime: Les Triples 15.32 D.Anime: Cosmic Quantum... 15.57 D.Anime: Kid Lucky 16.10 D.Anime: The Hive 17.11 Mag: Human Nature 18.00 Live: Samachar 18.30 Serial: Jijaji Chhat Par Hain 19.30 Le Journal 20.10 Local: Autour Des Valeurs Siven Nagapen 20.35 Film: Kabir Singh Stars: S.Kapoor, K. Advani...	07.00 DDI Live 08.00 Education Pro: Grade 3 10.10 Serial: Ye Vaada Raha 12.00 Film: Asli-Naqli 15.00 Live: Samachar 15.20 Serial: Aamhi Doghi 15.43 Serial: Bava Maradallu 16.04 Serial: Sondha Bandham 16.27 Serial: Mera Maan Rakhna 16.48 Serial: Imtihaan 17.05 Kullfi Kumarr Bajewala 17.30 Local: Amrit Vaani 18.00 Serial: Colourful Bone 18.30 Serial: Ghar Pahucha Da... 19.30 Serial: Radha Krishna 20.04 Local: Les Grandes Lignes 20.33 Local: Mots & Ecrits 21.01 Film: Danger One Star: Tom Everett, Scott James, Jurdi Angélica Celaya	06.00 Mag: Motorweek 06.26 Mag: Vous Et Nous 07.19 Mag: Garden Party 07.49 Doc: Tresors Oublies... 09.00 Educa Prog: Grade 5 11.30 Educa Prog: Grade 8 14.03 Mag: Business Africa 14.54 Doc: Soils At Their Limit 15.36 Doc: Treasures In The Sand 17.04 Mag: Motorweek 18.00 Mag: Eco India 19.00 Student Support Prog... 19.30 Mag: Tomorrow Today 20.30 Local: News (English) 20.45 Doc: Comme Une Envie... 21.36 Doc: Contest Of The Cathedrals 22.18 Doc: A Deadly Legacy 23.01 Mag: Eco India 23.26 Mag: Shift 23.39 Mag: Sur Mesure	00.31 Film: Badland 03.02 Film: Thirteen Days 05.32 Tele: Muneca Brava 06.15 Serial: Elementary 06.59 Film: Badland 09.00 Serial: The Good Doctor 09.45 Tele: Teresa 10.15 Tele: I Forgot I Loved You 10.39 Serial: Night Shift 11.20 Film: Thirteen Days 13.46 Tele: Muneca Brava 14.45 Film: Badland 16.42 Serial: The Good Doctor 17.22 Serial: Elementary 18.05 Tele: Teresa 19.00 Tele: I Forgot I Loved You 20.05 Tele: Les Trois Visages... 20.30 Serial: Elementary 21.15 Serial: The Bold Type 22.32 Tele: Muneca Brava 23.15 Serial: The good Doctor	07.00 Film: Ranvir, The Marshsal Starring: Rishy, Rati Agnihotri, Ramnita... 11.23 / 19.54 - Radha Krishna 11.53 / 20.11 - Anupamaa 12.27 / 20.32 - Mere Sai 12.59 / 21.09 - Agniphera 13.27 / 21.24 - Yeh Teri Galiyan 14.00 / 21.50 - Bade Acche Lagte Hai 14.30 / 22.15 - Chhanchhan 14.41 / 21.46 - Yeh Hai Mohabbatein 15.30 Film: Chhote Sarkar Starring: Govinda, Shilpa Shetty... 18.00 Samachar 18.30 Kundali Bhagya 18.59 Ishaaron Ishaaron Mein 19.29 Bhakharwadi

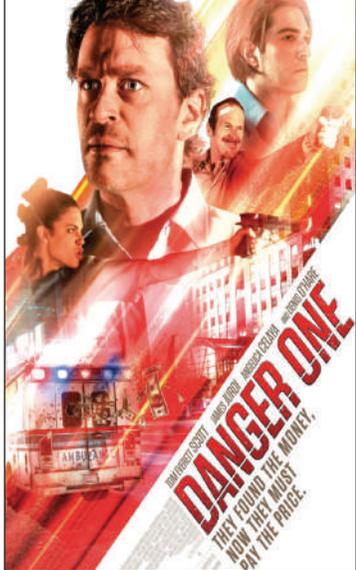
**MBC 1**

Mercredi 1er decembre - 21.15



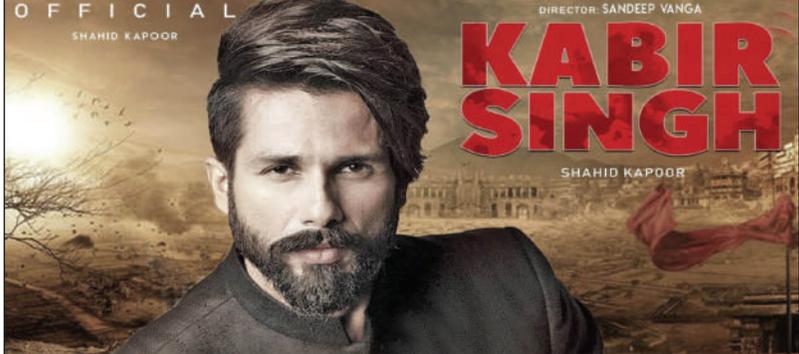
**MBC 2**

Jeudi 2 decembre - 21.15



**B TV** Mercredi 1er decembre - 15.30  
 Star: Rishy, Rati Agnihotri, Ramnita Chaudhry

**MBC 1** Jeudi 2 decembre - 20.30  
 Stars: Shahid Kapoor, Kiara Advani, Nikita Dutta



# Could oral antiviral pills be a game-changer for Covid-19?



**Patrick Jackson**  
Assistant Professor of  
Infectious Diseases,  
University of Virginia

Nearly two years into the pandemic, it has become starkly clear that we need better treatments for Covid-19 for people in the earlier stages of disease.

Two new antiviral drugs could soon be the first effective oral treatments for Covid-19 to help keep people out of the hospital. An advisory committee to the Food and Drug Administration plans to review the data supporting molnupiravir – a pill made by Merck and partner Ridgeback Therapeutics – on Nov. 30, 2021.

And in early November, Pfizer released preliminary results for its antiviral pill, Paxlovid, another potentially promising tool for Covid-19 treatment. On Nov. 16, Pfizer formally requested emergency use authorization of the oral pill from the FDA.

If these drugs get authorized in the coming weeks, they could be an important new treatment option for people with Covid-19, especially for those at high risk in the early stages of infection. The ability to treat Covid-19 with a pill rather than an injection or infusion means more people can be treated faster.

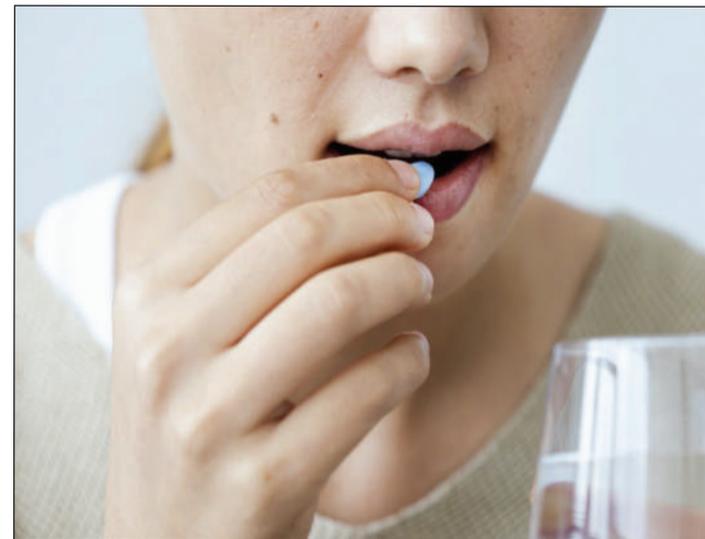
As an infectious diseases physician and scientist at the University of Virginia, I have helped care for hundreds of people with Covid-19. I've also helped conduct clinical trials to find new treatments. Molnupiravir and Paxlovid would fill a need that hasn't been met by other Covid-19 drugs, which are either difficult to administer or only suitable for patients in the hospital.

Here's a preview of why these new antiviral drugs are important, how they work and how they could be used.

## Filling a gap in treatment

Researchers have so far found just a few drugs that are effective for the treatment of Covid-19. Until now, only antiviral monoclonal antibodies could be used to treat patients who are not hospitalized. However, these antibody drugs – which work by blocking the virus from entering cells – have to be given in a monitored setting like a doctor's office.

And many patients who could benefit from monoclonal antibodies don't have access because administration sites aren't located nearby. They are also not affordable for many people outside the U.S. In the U.S.,



monoclonal antibodies are free to patients under emergency use authorization but could ultimately become far more expensive if and when they receive full approval by the FDA.

Early data suggests that both molnupiravir and Paxlovid are effective new drugs that patients can take at home to prevent complications of Covid-19 – which could be particularly beneficial for those at high risk of severe disease. Once authorized, these pills will allow patients to be treated earlier in the course of infection, at the point when antiviral drugs are more effective. By stopping the virus from growing in the body early on, the drugs can prevent the inflammation that causes severe Covid-19.

## How molnupiravir and Paxlovid work

Molnupiravir works by causing the virus to record inaccurate genetic information. SARS-CoV-2 stores its instructions for making new viruses in a strand of RNA. Inside the cell, the virus makes copies of the RNA and then continues to make duplicates of those copies. When a patient takes molnupiravir, the drug masquerades as one of the key molecules in RNA and gets incorporated into the strands that the virus produces. When an RNA strand containing molnupiravir gets copied in turn, the virus makes errors in the copy. Over multiple rounds of copying, molnupiravir forces more and more mistakes until the virus is no longer able to function – a phenomenon in virology called “error catastrophe.”

Paxlovid uses a different mechanism to prevent the virus from replicating. SARS-CoV-2 creates proteins that are needed to build new viruses as one long string, called a polyprotein. But the polyproteins have to be chopped into smaller parts by a viral enzyme called a protease in order to become active. Paxlovid blocks the virus's protease from doing this job, thereby preventing the virus from completing its life cycle.

## How Covid-19 pills would be used

There are currently two primary forms of treatment for Covid-19 in the U.S.: antiviral and anti-inflammatory medications. Antiviral drugs stop the virus from growing in the body and are given within the first few days of symptoms to prevent severe disease. Anti-inflammatory drugs moderate the immune

response and are used to help sicker patients who need oxygen.

Molnupiravir and Paxlovid were studied in separate clinical trials with similar designs. In both studies, the drugs were tested in outpatients with risk factors for severe Covid-19 who were at an early stage in their illness. Both studies also looked at how likely patients were to either die or be hospitalized. However, neither study has yet been peer-

reviewed.

Molnupiravir reduced the risk of death or hospitalization by about 50% in non-hospitalized adult patients with mild to moderate Covid-19 when treated within five days of symptom onset. Paxlovid reduced this risk by about 89% for patients treated within three days of symptoms and 85% for patients treated within five days. Importantly, no patients who took either drug died in the studies. Because the drugs were not studied head to head, it's difficult to say whether one will be better than the other in the real world. In early November, Britain became the first country to approve molnupiravir for use.

Molnupiravir did not help hospitalized patients recover faster from Covid-19. It is likely that Paxlovid would also not be useful at the point of hospitalization. Most patients who are in the hospital with Covid-19 are sick because of unregulated inflammation and not because the virus is still replicating in their bodies.

If and when these drugs get authorized in the U.S., they will probably be used for the same higher-risk patients who are eligible for monoclonal antibodies today. Monoclonal antibodies may still be used, though, for pregnant people, people on dialysis and some immune-compromised patients.

The U.S. has already purchased millions of doses of both molnupiravir and Paxlovid in anticipation of their authorization. However, the pills will only be useful if people also have access to cheap, fast and accurate Covid-19 tests, which are currently in short supply. If Covid-19 is diagnosed too late, patients will already be outside the window of time when antiviral drugs can be helpful.

Other antiviral drugs are in development, including an oral form of the first Covid-19 drug, remdesivir and long acting injectable monoclonal antibodies.

Researchers are also working on repurposing existing drugs to treat COVID. Inhaled steroids like budesonide and an antidepressant called fluvoxamine are particularly promising.

While it's exciting to see new treatments for Covid-19, prevention is still the best strategy. The Covid-19 vaccines continue to be the most effective tool for helping to end the pandemic.



Tree of Knowledge

Madisyn Taylor

## Worth The Time

It is when our lives are full and busy that we need our daily meditation to help centre us for the day.

Ironically, when we get busy, the first thing that tends to get cut back is our meditation practice. We have less time and a lot on our plates, so it makes sense that this happens, but in the end it doesn't really help us. Most of us know from experience that we function much better when we give ourselves time each day to sit in silence. And the more we have to do, the more we need that solitary, quiet time for the day ahead. As a result, while it may sound counterintuitive, it is during busy times that we most need to spend more time in meditation rather than less. By being quiet and listening to the universe, we will be given what we need to get through our day.

Expanding our morning meditation by just 10 minutes can make a big difference, as can the addition of short meditations into our daily schedule. The truth is, no matter how busy we are, unless we are in the midst of a crisis we always have five or 10 minutes to spare. The key is convincing ourselves that spending that time in meditation is the most fruitful choice. We could be getting our dishes done or heading into work earlier instead, so it's important that we come to value the importance of meditation in the context of all the other things competing for attention in our lives. All we have to do to discover whether it works to meditate more when we are busy is to try it.

We can start by creating more time in the morning, either by getting up earlier or by preparing breakfast the night before and using the extra time for meditation. We can also add short meditation breaks into our schedule, from five minutes before or after lunch to a meditation at night before we go to sleep. When we come from a place of centred calm, we are more effective in handling our busy schedules and more able to keep it all in perspective. If more time in meditation means less time feeling anxious, panicky, and overwhelmed, then it's certainly worth the extra time.