Dear THMC Members,

Your board is delighted to present the 2nd edition of our Newsletter - AlBanyan; Voice of THMC”. This initiative is in line with our Mission and Vision statement to keep our members engaged and the name “Banyan” reflects our rich legacy.

This issue has a section on impact of COVID on businesses. We plan to publish this periodically and hope you’ll find it informative. Your feedback and comments are always appreciated.

Warm Regards,
THMC Board

ABOUT THMC

MISSION

THMC aspires to build on the strong legacy of the Bhatia business community, and to become Bahrain’s leading entrepreneurial organisation.

VISION

To strengthen the Bhatia entrepreneurs in Bahrain by always learning & evolving to make a positive impact on the society whilst continuing to retain our traditional values.

HISTORY

THMC was created in the early 1940s to strengthen the community and provide a platform for businessmen to address challenges facing them.
A huge shout out to the Thathai Bhatia community based in Bahrain for raising substantial funds to contribute to the Bahrain Government’s ‘Feena Khair’ campaign.

The campaign, which is in aid of combating the corona virus, saw the THMC (Thattai Hindu Merchants Community), THC (Thattai Hindu Community) and BMM (Bhatia Mitra Mandal) combine forces to collect BD 11,178/-

Apart from the above, individual Bhatias have contributed upto BD60,000/- to this cause.

Collectively, over BD70,000/- has been donated in cash and kind by Bhatias in Bahrain to this cause.
Dear Friends,

**Thattai Bhatia History Book update**

Jai Shree Krishna! Hope this email finds you all in good health and good spirits.

We have had a great response to our request we sent out sometime back for photographs and a huge THANKS to all those who have taken the time out of their schedules to send us the photos; and Thank You - to THC, BMM, Bhatia Buzz, TBSF and to all our elders for their blessings and support.

Please keep the photos coming – we know it’s time consuming but we also know that you will enjoy the process as it takes you down memory lane!! We are attaching our earlier letter for those of you who may have missed out on reading it.

Most importantly, we are delighted to inform you that, historian Dr. Noman Ahmed from Pakistan has also confirmed his willingness to do research on Thatta and Karachi which will provide valuable information that will be an integral part of our history book.

Dr. Noman Ahmed is an architect and planner by profession, and has undertaken several self-motivated research studies and published several reports, monographs and papers on different topics about the development of Pakistan. Currently, he is working as the Chairman of the architecture and planning department at NED University of engineering and technology.

One other very important point that we would like to emphasize here: our Thattai Bhatia History Book Sub Committee has made great effort in ensuring that they reach out to all Thattai Bhatias across the board. It is possible that some names may be missed out due to lack of email ids or oversight...... please do come forward and share your names and emails if we’ve missed you out!! As we have always said, this is a community project & we need collaboration from each and every one.

Regards,

Jayant Bhatia
Hon. Treasurer THMC
Bhatia History Project - Sub Committee
Dear Members,

Jai Shree Krishna.

More than a year ago, THMC sent out a letter announcing the "Bhatia History Project" that the board has undertaken.

I would like to update you on the same. I am delighted that we have made tremendous progress on this project! Our Historian, Dr. Mangala interviewed about 50 or more of our community members in Bahrain, Dubai and Mumbai over the course of the year. A trip to Jaisalmer was also undertaken by her to get a closer look and feel for our place of origin. Currently, she is busy collating all the data she has obtained from various sources and is progressing well.

We are close to finalizing a historian in Pakistan who will research about Thatta & Karachi to provide us invaluable insight about our community prior to the partition. The Board has always emphasized that this is a collaborative project & we need contribution from every Bhatia member. Therefore, what we now need absolutely urgently from you all is old photographs, documents, etc. (as was mentioned in the earlier letter).

Please look deep into those closets and old albums - I am sure many of us will be able to contribute something that is relevant to that period.

To simplify this task, we are attaching an instruction sheet that will help in scanning and sending the photos/documents. Please, wherever possible, send us the description, name/s of the people in the photo and the year it was taken.

Please email all Photographs and Documents to thmchistory@gmail.com.

If there are any questions that you may have, you can reach out to me & the following:
Bharti Baloor: 39443055 | Mukesh Megchiani: 39644939 | Amit Karani: 39601789

We would like to expedite this process; to this end we need your cooperation and assistance. Kindly do send us your photos please & rest assured that names of all contributors will be acknowledged and mentioned in the book. Selection of photos will be made by the sub-committee based on space availability and relevance to our book. The decision of the sub-committee will be final.

We look forward to your positive response at the earliest.

Jayant Bhatia
Hon. Treasurer THMC
Bhatia History Project - Sub Committee
Instruction sheet

Step 1: Download TurboScan from App store

Step 2: Click on the camera icon on the bottom left

Step 3: Scan the image

Step 4: Make sure your image fits within the red frame

Step 5: Make sure the image is clear

Step 6: Email as JPEG to thmchistory@gmail.com
Dear Members

Further to our earlier correspondence, regarding the plans to meet with select Embassy officials (of various trading nations) to promote our Business community & to build stronger relations with them.

We are glad to inform you that we have already conducted our first meeting with the American Embassy. The meeting went very well. FYI, THMC members represent 64 USA companies & the Ambassador was hugely impressed with the brands we present & the diversity of the industries. We have been given a contact, who can help us regarding commercial matters. So, in-case if any need arises, please feel free to contact us to help connect you with the relevant person.

As a part of this ongoing exercise, we plan to meet main embassy officials of the following countries: India, UK, Japan, Germany, Italy & France. We will present them with the list of foreign companies the Bhatia Businesses represent.

We request you to send us the name of the Brands / Companies whose products or services you offer for Bahrain or other markets. Do mention their country of origin, industry along with their logo.

This will help us to showcase the strong trading link between their country establishments and our business houses. Please note this information will also be used in the upcoming member’s directory we are planning.

THMC board conducted a remote video call with H.E. the US ambassador Justin Siberell, emphasising the strong commercial relations between USA companies and THMC members. THMC members have long standing relations with US companies & represent nearly 67 US brands in the Kingdom of Bahrain. They discussed strategies to continuously increase the trade relations between the two countries, and briefed the Ambassador on the upcoming redevelopment project of the THMC Complex & the Krishna Temple.

THMC would like to thank the Ambassador & the @usembassybahrain for organizing the meeting.

Request you to send the required information ASAP to thmcbahrain@gmail.com.
Please contact Amit on 39601789 for further details.
Governments are keen to get employees back to work in order to limit the economic damage of covid-19. And some companies will also be eager to send employees out in search of clients. But a vaccine is unlikely to be ready for at least another 12 months. So the next business trip you make might be an endurance test. Imagine the public announcements that travellers will hear.

Welcome to the renamed Heathrow Waystation 5. We decided the word “terminal” might be a little off-putting to passengers in the current circumstances. Please check in your baggage so it can be disinfected: apologies to those whose suitcases are made out of genuine leather as there will probably be stains. But never mind, it will be a good excuse to go shopping when you get to your destination. After check-in, head straight to security for your nasal swab and temperature check. As everyone needs to stand six feet (two metres) apart, the queue currently snakes around the building. When you make it through security, head to duty-free where you can choose from our extensive selection of hand sanitisers. Hope you ate before you arrived because none of the restaurants is open. Travel safely. Ding dong.

Welcome aboard Acme Airlines flight 107 to New York. I am your pilot, Captain Richards. Social-distancing rules mean no co-pilot as there is not enough room in the cockpit for more than one person. But don’t worry; I brought a flask of coffee with me and I haven’t fallen asleep on a flight yet. If I don’t give you an update every 30 minutes, the cabin crew will hammer on the cockpit door.

We won’t be able to give you our normal in-flight food and beverage service but please enjoy the complimentary bottle of water, packets of salted nuts and crisps, and the empty seat next to you. Just a warning, though, to those of you who have chosen to sit by the window. Passengers must observe distancing rules so you won’t be allowed to squeeze past the person in the aisle seat if they fall asleep. In any case, only three people are allowed in the line for the restroom at any time. You may want to go easy on that water. If you need anything extra, the cabin crew will come and help you. Give them a few minutes as they need to don a hazmat suit first.

Ladies and gentlemen, you have arrived at jfk airport. We have good news and bad news. The good news is that passenger traffic is lower than normal. The bad news is that the line for immigration is still two hours long. And no, you can’t use your cell phone to catch up on calls while you are in the waiting area.

Morning all and welcome to the 2020 Risk Managers’ Conference. Or should that be the Risk Takers’ Conference? Ha ha. Rest assured this is a fully sanitised room. This year’s slogan: We Care About Your Health Because Your Employer Doesn’t. When it comes to questions, we won’t be passing round microphones, so please speak as loudly as possible. Panel sessions are difficult at the moment, so will be limited to two speakers at opposite ends of the stage.

We are afraid that a buffet lunch is unavailable so take a chance on one of the street-food carts outside the conference centre. Your choice will sort out the real risk managers from the also-rans. This wouldn’t be a conference without exhibition stands in the foyer. Our sponsors will be delighted to see you, but only from a safe distance, and wearing a mask. Finally, please familiarise yourself with the exits behind me, on the left and right. Obviously they are there in case of a fire but they could come in handy if someone has a coughing fit.

The public announcements could be worrying, at the least
Don’t Return To The Office Until You Read This

An eight-point plan for reopening.

You have a lot to think about at the moment if you run a company. One of the biggest questions is whether to have employees return to the office, assuming your area allows it. How do you let people do their jobs and keep them safe? We asked scientists, interior designers, public-health and building experts, and others for their thoughts on what to do right now—and what to think about for the future.

**What’s my priority?**

“You should be identifying the core workers that you need to be physically present,” says Joseph Allen, assistant professor of exposure assessment science at the Harvard School of Public Health. Everyone else stays home. He says companies should follow the decades-old approach to keeping workers safe from chemical and biological hazards called the hierarchy of controls. Step 1 is “elimination”—which in the case of Covid-19 reopenings means prohibiting anyone from a building who doesn’t need to be there.

**What’s the next step?**

“Substitution,” Allen says. Today, that translates to siloing critical workers so they’re easily quarantined if necessary. Step 3 is “engineering controls,” aka how we make a building safe. Air circulation is key. “Many buildings’ ventilation systems don’t meet basic standards,” says Ian Cull, president of environmental consultant Indoor Sciences Inc. Have your system evaluated by an indoor air-quality adviser—Google your city and “test and balance consultant.” You want the building to meet the standards of the American Society of Heating, Refrigerating, and Air-Conditioning Engineers.

**What space should I worry about most?**

The coffee break area. “You’d be safer eating lunch in the bathroom,” says Charles Gerba, a microbiologist and environmental scientist at the University of Arizona. “How many people use that coffee machine?” Encourage alternatives. Reimburse employees who bring coffee from home, or supply Jot, a just-add-hot-water coffee concentrate people can make at their desks with a personal electric kettle.

**How about areas I occupy with other tenants, like elevators?**

Shared spaces are problematic, says Michael Silver, chairman of Vestian LLC, a corporate real estate consulting and management company. “Most lobbies aren’t big enough for an elevator queue spaced 6 feet apart, and vertical transportation time to your office is affected,” he says. Now’s the time to renegotiate your lease; landlords are likely to pay for safety upgrades rather than try to find a new tenant in this economy. Articulate details such as building sanitation schedules and maximum lobby-to-office travel times. Gerba suggests minimizing elevator use if possible, because their fans don’t fully refresh air between rides. Encourage employees to use stairwells (one up, one down), stagger arrival times and days, and put footprint stickers where people should stand—while waiting for the elevator and in the elevator itself. Sheryl Schulze, who heads landlord services for architecture firm Gensler, says companies should hire a vertical transportation consultant, who can speak to speeding up cars; increasing airflow; installing touchless systems; and stacking cabs, which is when two occupy one bank.

**Should I even ask about the bathrooms?**

The novel coronavirus is found in human waste, which can be aerosolized when we flush toilets. Bathrooms are high-touch environments, but they’re also more ventilated than other spaces. For now, block off every other stall or sink. “It will not be as aesthetically pleasing as we would like, but that’s what needs to be done,” Schulze says. Install a touchless entry lock, digital counters that tally users and alert cleaning staff, and biodegradable hand-towel dispensers (blow-dryers launch germs into the air). More long-term, install floor-to-ceiling toilet partitions, touchless stall entries, toilets with sensors that lower lids before flushing, ventilation systems for each stall, and sinks with red and green lights to time 20 seconds of hand-washing.

**What about food?**

“Most businesses are washing their hands of any liability issues by discouraging food delivery,” says Ben Gillam, founder of U.K. design firm ThirdWay Interiors Ltd. Your habit of leaving the office to grab a salad or sandwich for lunch will be as aesthetically pleasing as we would like, but that’s what needs to be done,” Schulze says. For now, block off every other stall or sink. “It will not be as aesthetically pleasing as we would like, but that’s what needs to be done,” Schulze says. Install a touchless entry lock, digital counters that tally users and alert cleaning staff, and biodegradable hand-towel dispensers (blow-dryers launch germs into the air). More long-term, install floor-to-ceiling toilet partitions, touchless stall entries, toilets with sensors that lower lids before flushing, ventilation systems for each stall, and sinks with red and green lights to time 20 seconds of hand-washing.

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**I’m hearing about “deep cleans.” Do I need to do this?**

A month-old list from the U.S. Environmental Protection Agency details more than 400 pesticides approved to kill SARS-CoV-2. Many of the chemicals haven’t been meaningfully tested on human health. Cleaning companies are using them to keep employees safe—and lower businesses’ liability—but this is spiking exposure to such products. Ask cleaners what they’re using, especially for after-hours deep cleans, which can involve an electrostatic sprayer blanketing surfaces with disinfectant; when in doubt, opt for gentler products, and consider options like giving staffers disposable desk mats and alcohol wipes and asking them to clean their desks daily. In a study, Gerba found that hand sanitizer and disinfecting wipes dropped the amount of virus on surfaces and hands by 60% to 90%. Lastly, run your disinfection plan by an exposure scientist from a school of public health.

**Anything else?**

Sadly, you need to think about stuff like grouting. Karl Heitman, president and founder of Heitman Architects Inc., recommends oversize tiles, which reduce the number of hard-to-clean grout joints, and antimicrobial carpets and fabrics. He likes textiles and wall coverings from memosamples.com, which are commonly used in health-care settings; vinyl and rubber flooring from mohawkgroup.com; and antimicrobial coatings from Microban.
When Your Family Spreads Misinformation

In times of crisis, family group chats can become dangerous platforms for the spread of false claims.

One morning in April, I woke up to 77 alerts from my family WhatsApp group. Usually, that many messages mean only one of two things: Either it’s someone’s birthday or someone has posted a video of their child singing a classical Indian song. This time, though, my family was talking about the coronavirus. One relative had sent a chart ranking the virus as less lethal than a dozen other diseases, and implying that it wasn’t a global pandemic. Another had posted a video of a Gujarati-speaking man in scrubs telling people that a reliable, free coronavirus test involved holding one’s breath. “If you don’t cough after the first three seconds, you don’t have coronavirus,” he said. An aunt sent a message suggesting that everyone build immunity by drinking warm turmeric-infused water with ginger.

Psychologists have found that people are quicker to share unverified information with those closest to them, and they are more likely to believe fake news when it is sent by friends and family. These factors can turn family group chats into dangerous platforms for the spread of misinformation. Before the coronavirus commandeered our thoughts, careers, and freedom of movement, my family was just a scattered group of people popping in and out of one another’s lives. We rarely discussed politics or climate change, and the most intense arguments occurred when parents attempted to outdo one another with pictures of their children skiing in Tahoe or running a half marathon in Switzerland. Now coronavirus misinformation has poisoned the usually mundane feed, as it has many family conversations worldwide.

In times of crisis, people derive a sense of comfort from passing along information to their family members. During periods of high uncertainty, group discussion can give people the feeling that they have a sense of what’s going on. In an interview with Science magazine, the sociologist Emma Spiro said that this process helps assuage people’s anxieties, because it makes them feel as if they are making decisions “based on some communal group-level understanding of what is currently happening.” But when the purpose of a conversation is to comfort, people become much more likely to send information that appeals to them rather than information grounded in facts.

Compounding this problem is people’s increased tendency to believe misinformation when it comes from those with whom they have close ties, Callin O’Connor, an associate professor of philosophy at UC Irvine, told me. Many people assess information they’re receiving based on not just the quality of the information itself, but the degree to which they see themselves as socially and culturally similar to the person relaying it. “The closer you perceive yourself to [be to] someone ... the more you trust the information they’re sharing,” O’Connor said. “With families I would say, a lot of the time, that kind of closeness would be in place.” Family group chats are also likely to include people less familiar with social media and less used to filtering out the waves of misinformation on its platforms. My 80-year-old grandmother, for example, who lives in an Indian temple in Amish country, has an iPhone just for our weekly Google Hangouts. Once she’s asked everyone whether they’re okay, she hangs up on us mid-conversation. A 2019 study in Science Advances found that people from older generations tend to share misinformation nearly seven times more frequently than younger family members, even when factors such as education and partisan affiliation were taken into account. And although people might recognize that their relatives are spreading misinformation, their close bonds can make speaking out difficult. A 2019 study found that only 21 percent of people surveyed in the U.K. reported correcting others who shared false or inaccurate information. That number is likely to be even smaller in family group chats.

O’Connor told me, because it is inherently uncomfortable to disagree with those close to you—think of the way people dread having to deal with their argumentative uncles on Thanksgiving.

The coronavirus-misinformation spread in my family group chat is often influenced by elements of our shared South Asian Hindu culture, notably the broad acceptance of homeopathic remedies. Sharlyn Vareed, a lawyer from San Francisco, has had a similar experience. She told me that some of her family members have been sharing and resharing a grid of “coronavirus-protection foods to eat every day,” including aloe-vera juice, Indian gooseberry, and bitter gourds. She grew even more concerned when a cousin in the Bay Area sent a chart claiming that the Vedic flow would bring the coronavirus to an end on September 20.

Many Hindus fiercely believe in astrology—at birth, some of us receive personalized horoscopes, outlining our future based on birth time and location. When I tried to schedule a baby shower last year, its date changed at least a half-dozen times because my mom believed that the stars were not aligned correctly. According to Radhika Gajala, a media-and-communication professor at Bowling Green State University, sharing astrology and home remedies is a way of preserving a sense of culture. However, during a public-health crisis, an overreliance on these practices can have pernicious consequences. For me and some of my friends, one of the most troubling things about family group chats is watching our relatives share misinformation that demonizes groups of people. My old college friend Namita Dodeja told me that some of her family members were using social media to disseminate fake news that blamed Muslims for the spread of the coronavirus. The final straw for Vareed was when a relative sent her a doctored National Geographic article blaming anyone of Chinese origin for the transmission of the virus.

To squelch the spread of misinformation, family members will have to be proactive in flagging fake news in group chats, even if it leads to uncomfortable conversations with loved ones. Gajala told me that she has noticed many members of the younger generation taking on the necessary responsibility of pushing back against misinformation sent by older relatives.

Soon after I had muted the WhatsApp group with the never-ending notifications, one of my cousins sent a message to the family saying she had read somewhere that the Indian government was monitoring private chats for misinformation, and would punish the administrators if they found evidence of the same. It would be better, she wrote, if we went back to pre-coronavirus birthday reminders.

A few days later, I called her to find out whether any of that was true. “I don’t know, but it stopped the messages,” she said, laughing over FaceTime from her kitchen. It was only fitting that a piece of misinformation brought an end to the misinformation.
How the Coronavirus Could Take Over Your Body

(Before You Ever Feel It)

Y ou call a friend and arrange to meet for lunch. It’s unseasonably springlike, so you choose a place with outdoor seating, which seems like it should be safer. As usual, you take all reasonable precautions: You use hand sanitizer, sit a good distance from other customers, and try to avoid touching your face, though that last part is hard. A part of you suspects that this whole thing might be overblown.

What you don’t know is that ten days ago, your friend’s father was a guest of his business partner at the University Club, where he caught the novel coronavirus from the wife of a cryptocurrency specifier. Three days after that, he coughed into his hand while brushing his teeth, and the virus fell onto his toothbrush. The saliva of COVID-19 patients can harbor half a trillion virus particles per teaspoon, and a cough aerosolizes it into a diffuse mist. As your friend walked through the door he took a breath and 32,456 virus particles settled onto the lining of his mouth and throat.

Viruses have been multiplying inside his body ever since. And as he talks, the passage of his breath over the moist lining of his upper throat creates tiny droplets of virus-laden mucus that waft invisibly into the air over your table. Some settle on the as-yet-unexposed food on your plate, some drift onto your fingers, others are drawn in through your nose or settle into your throat. By the time you extend your hand to shake good-bye, your body is carrying 43,654 virus particles. By the time you’re done shaking hands, that number is up to 312,405.

One of the droplets gets drawn into the branching passages of your lungs and settles on the warm, wet surface, depositing virus particles into the mucus coating the tissue. Each particle is round and very small; if you magnified a human hair so that it was as wide as a football field, the virus particle would be four inches across.

The outer membrane of the virus consists of an oily layer embedded with jagged protein molecules called spike proteins. These stick out like the protrusions on a knobby ball. In the middle of the virus particle is a coiled strand of RNA, the virus’s genetic material.

As the virus drifts through the lung’s mucus, it bumps into one of the cells that line the surface. The cell is considerably smaller than the virus; on the football-field scale, it’s 26 feet across. A billion years of evolution have equipped it to resist attackers. But it also has a vulnerability — a backdoor. Protruding from its surface is a chunk of protein called angiotensin converting enzyme 2, or ACE2 receptor. Normally, this molecule plays a role in modulating hormone activity within the body. Today, it’s going to serve as an anchor for the coronavirus.

As the spike protein bumps up against the surface of the lung cell, its shape matches that of the ACE2 so closely that it sticks to it like adhesive. The membrane of the virus then fuses with the membrane of the cell, spilling the RNA contents into the interior of the lung cell.

The viral RNA gets busy. The cell has its own genetic material, DNA, that produces copies of itself in RNA form. These are continuously copied and sent into the main body of the cell, where they provide instructions for how to make the proteins that carry out all the functions of the cell. It’s like Santa’s workshop, where the elves, dutifully hammering out the toys on Santa’s instructions, are complexes of RNA and protein called ribosomes.

As soon as the viral RNA encounters a ribosome, that ribosome begins reading it and building viral proteins. These proteins then help the viral RNA to copy itself, and these copies then hijack more of the cell’s ribosomes. Other viral proteins block the cell from fighting back. Soon the cell’s normal business is completely overwhelmed by the demands of the viral RNA, as its energy and machinery are occupied with building the components of countless replica viruses. As they are churned out, these components are transferred to a kind of cellular conveyor belt toward the surface of the cell. The virus membrane and spike proteins wrap around RNA strands, and a new particle is ready. These collect in internal bubbles, called vesicles, that move to the surface, burst open, and release new virus particles into your body by the tens and hundreds of thousands.

Meanwhile, spike proteins that haven’t been incorporated into new viruses embed themselves directly into the host cell’s membrane so that it latches onto the surface of an adjacent cell, like a pirate ship lashing itself to a helpless merchantman. The two cells then fuse, and a whole host of viral RNA swarms over into the new host cell.

All up and down your lungs, throat, and mouth, the scene is repeated over and over as cell after cell is penetrated and hijacked. Assuming the virus behaves like its relative, SARS, each generation of infection takes about a day and can multiply the virus a millionfold. The replicated viruses spill out into the mucus, invade the bloodstream, and pour through the digestive system.

Like a retail chain gobbled up by private equity, stripped for parts, and left to die, your infected cells spew out virus particles until they burn themselves out and expire. As fragments of disintegrated cells spread through your bloodstream, your immune system finally senses that something is wrong. White blood cells detect the fragments of dead cells and release chemicals called cytokines that serve as an alarm signal, activating other parts of the immune system to swing into action. When responding immune cells identify a cell that has become infected, they attack and destroy it. Within your body, a microscopic Battle of the Somme is raging with your immune system leveling its Big Berthas on both the enemy trenches and its own troops.

As the carnage mounts, the body’s temperature rises and the infected area becomes inflamed. Two days later, sitting down to lunch, you realize that the place is as far from empty as it was. Fighting for breath, you order an Uber and head to the nearest emergency room. (You leave 376,345,090 virus particles smeared on various surfaces of the car and another 323,443,865 floating in aerosols in the air.) At the ER, you’re examined and sent to an isolation ward. As doctors wait for the results of a test for the coronavirus, they administer a CT scan of your lungs, which reveals tell-tale “ground-glass opacities,” fuzzy spots caused by fluid accumulating where the immune-system battle is the most intense. Not only have you got COVID-19, but it’s led to a kind of intense and dangerous pneumonia called acute-respiratory-distress syndrome, or ARDS.

With all the regular beds already occupied by the many COVID-19 sufferers, you’re given a cot in a room alongside five other patients. Doctors put you on an intravenous drip to supply your body with nutrients and fluids as well as antiviral medicine. Within a day of your arrival, your condition deteriorates. You throw up for several days and then start to hallucinate. Your heart rate slows to 50 before you even back into bed.

You tell yourself that it might just be the regular flu, and even if worse comes to worst, you’re young(-ish) and otherwise healthy. You’re not in the high-risk group. You’re right, of course, in a sense. For most people infected with the coronavirus, that’s as far as it goes. With bed rest, they get better. But for reasons scientists don’t understand, about 20 percent of people get severely ill. Despite your relative youth, you’re one of them.

After four days of raging fever and feeling sore all over, you realize that you’re sicker than you’ve ever been in your life. You’ve got a dry cough that shakes you so hard that your back hurts. Fighting for breath, you order an Uber and head to the nearest emergency room. (You leave 376,345,090 virus particles smeared on various surfaces of the car and another 323,443,865 floating in aerosols in the air.) At the ER, you’re examined and sent to an isolation ward. As doctors wait for the results of a test for the coronavirus, they administer a CT scan of your lungs, which reveals tell-tale “ground-glass opacities,” fuzzy spots caused by fluid accumulating where the immune-system battle is the most intense. Not only have you got COVID-19, but it’s led to a kind of intense and dangerous pneumonia called acute-respiratory-distress syndrome, or ARDS.

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When a patient in the next room dies, doctors take the ventilator he was using and put you on it. By the time the nurse threads the endotracheal tube down your throat, you’re only half-conscious of the sensation of it snaking deeper and deeper toward your lungs. You just lie there as she places tape over your mouth to keep the tube in place.

You’re crashing. Your immune system has flung itself into a “cytokine storm” — an overdose of such intensity that it is no longer fighting just the viral infection but the body’s own cells as well. White blood cells storm your lungs, destroying tissue. Fluid fills the tiny alveolar sacs that normally let the blood absorb oxygen. Effectively, you’re drowning, even with the ventilator pumping oxygen-enriched air into your lungs.

That’s not the worst of it. The intensity of the immune response is such that under its onslaught, organs throughout the body are shutting down, a process known as multiple-organ-dysfunction syndrome, or MODS. When your liver fails, it is unable to process toxins out of your blood, so your doctors rush to hook you up to a round-the-clock dialysis machine. Starved of oxygen, your brain cells begin to expire. You’re flitting on the edge between life and death. Now that you’ve slipped into MODS, your odds are 50-50 or worse. Owing to the fact that the pandemic has stretched the hospital’s resources past the breaking point, your outlook is even bleaker.

Lying on your cot, you half-hear as the doctors hook you up to an extracorporeal-membrane-oxygenation (ECMO) machine. This will take over the work of your heart and lungs and hopefully keep you alive until your body can find its way back to equilibrium.

And then, you are flooded with an overwhelming sense of calm.
5 Ways Covid-19 Will Change Work For The Better

The Covid-19 pandemic has thrown the world into turmoil, claiming lives, crushing livelihoods and wreaking economic havoc. Yet, despite the deep and widespread damage it has caused, the crisis has also brought about changes that will benefit business in the longer term.

In fact, in many ways, post-pandemic business will be better, stronger and more human than before.

**Businesses Will Be More Flexible**

The coronavirus crisis has been described as the world’s biggest work-from-home experiment, and by all accounts it has worked!

By forcing people to work from home, it has proved to employers – even the staunchest remote working opponents – that people can work away from the office and still be productive.

In the space of three months, businesses have put in place the systems and infrastructure to offer employees greater flexibility in terms of where they’re going to be working in the future. This will look different for different organizations. Some, such as Twitter, have offered staff the option of working from home permanently, but the most likely scenario is a hybrid model that will combine the benefits of both worlds – the culture and face-to-face collaboration of office life with the flexibility and quiet concentration afforded from working at home.

Employers are also set to benefit. If more people work remotely, they’ll need less office space and save on overheads. They will also gain a powerful staff attraction and retention tool. And because they now have the proper set-up, companies will be better prepared for a second coronavirus wave or a future crisis situation.

**Increased Agility And Innovation**

According to a report from BeTheBusiness, a business charity set up to drive productivity in the UK, small businesses have achieved three years of innovation in just three months. This is mostly being driven by companies turning to technology.

In order to survive, companies have had to think outside the box, either by looking at alternative revenue streams or adapting their existing proposition.

Restaurants have become takeaways, physical stores have become e-tailers, while hotels have become temporary accommodation for frontline workers. Recruiters, fitness instructors, event organizers, tutors and more have all successfully switched to providing their services online.

Businesses have proved their ability to make decisions and diversify at speed, paving the way for more agile innovation in the future.

**Better Run And More Resilient**

Businesses that learn from their pandemic experience will be better run, better able to withstand future black swan events.

After the financial crisis of 2007-08, Basel III reforms required banks to hold larger cash reserves as part of measures to improve their ability to handle shocks from financial stress.

The hope is that Covid-19 will encourage similar anti-risk behavior from companies themselves, making them cautious about taking too much money out of their business and encouraging them to have sufficient cash to cope with future disruption.

The result will be better managed businesses, better equipped to cope in downtimes and give their employees greater stability. So, if a crisis of this magnitude strikes again, the job losses won’t be quite so acute.

**Improved Compassion**

They say adversity brings out the best in people, and this has been evident during the pandemic. Companies have been donating food and other essentials to frontline workers and families in need while others have been giving up their time to help their neighbors and local communities.

Workplaces have also responded to the crisis with humanity. In my experience, people are more considerate towards one another, mindful that people are juggling different responsibilities alongside work, whether that is caring for young children, homeschooling or looking after elderly relatives.

There is a greater realization that employees are individuals who are wired in different ways. Leaders who get this and show compassion will be rewarded with more loyal and engaged employees.

Team spirit has also been given a boost – there is a feeling that we are all in this together – which has resulted in greater collaboration. This collaborative culture will help organizations become better problem solvers, steering them for the road to recovery.

**More Tuned In To Mental Wellbeing**

The pandemic has helped put the issue of mental health and wellbeing center stage. Businesses have seen that even the most outwardly resilient employees have struggled during the crisis, highlighting how mental health concerns can affect anyone.

As CIPD’s Director of Membership David D’Souza says, “There has never been a more legitimate time in most of our lifespans to ask people how they are doing and genuinely mean it, and for that not to feel like an intrusive question.”

This new openness is healthy and will help ensure that mental wellbeing rises up the agenda – no longer a nice-to-have but a fundamental part of businesses’ duty of care.

Some worry that business will go back to its old ways and that the changes accelerated by the pandemic will be forgotten. That is always a possibility, but smart organizations will harness the positives. Doing so will help them weather the tough economic times that lie ahead and be better, more people-focused employers in the long run. Leaders now should take time to reflect with their management teams on the lessons they have learned during the crisis and commit to the changes they will make as a result. This is an unprecedented opportunity to shake things up – make sure you take it!
New residency rules can be taxing for NRIs stuck in India amid lockdown

- While earlier an NRI who visited India would be considered a resident if they spent 182 days or more in the previous year in the country, but from this financial year i.e. 2020-21, the threshold period of stay in the previous year has been reduced to 120 days.
- This could mean that some of the NRIs still stuck in India may be considered as resident for tax purposes, thus facing issues of dual tax residence and citizenship.
- It’s been 41 days since the lockdown was announced in India and flight operations were suspended. Non-resident Indians (NRIs) who came to the country before the lockdown, don’t have any option to return till travel restriction are lifted. However, the number of days these NRIs stays in India decides their onus of income-tax compliance. Recent amendment introduced by the Finance Act 2020 related to the tax residency rules can be a concern for some NRIs.
- While earlier an NRI who visited India would be considered a resident if they spent 182 days or more in the previous year in the country, but from this financial year i.e. 2020-21, the threshold period of stay in the previous year has been reduced to 120 days. If the lockdown gets extended or international travel ban does not get lifted in India or in the country NRI wants to travel, in such a scenario some of them may qualify the criteria of being considered as resident for tax purposes, thus facing issues of dual tax residence and citizenship.
- However, experts say that the number of days an NRI stays in a financial year is not the only criteria to ascertain tax residency status. “Besides 120 days in a financial year, one should have stayed an aggregate of 365 days or more in the preceding four years. Also, the new rule of lower number of days is only applicable to those NRIs whose total income in India exceeds ₹15 lakh during a FY. For those NRIs having income below ₹15 lakh, rules remain the same as earlier,” said Archit Gupta, founder and CEO, ClearTax, a tax filing and investing portal. So given the additional criteria, very few NRIs will get impacted because of the new rules, even if the lockdown gets extend beyond 120 days in the current financial year.
- However, an NRI, whose taxable income exceeds ₹15 lakh and stays in India for 120 days or more in the previous year and had also stayed 365 days or more in the preceding four years, will be treated as a resident individual for income tax purposes. “Some people may face issues, besides requirement to file a tax return, residential status is also related to exemptions and tax rates,” said Amit Maheshwari, tax partner, AKM Global, a consulting firm. For instance, once an NRI becomes resident individual, interest from non-residential external (NRE) account, which is otherwise exempt from tax, becomes taxable and rate of capital gains tax on gains from unlisted shares increases to 20% (with indexation) in the case of long term compared with concessional rate of 10% (without indexation), explains Maheshwari.
- Most experts believe that new tax residency rules will not impact many, but still they think the government should come out with a clarification. “Till now, there is no specific exemption or relaxation by the government for such cases. However, considering the genuine hardship of taxpayers and also a recommendation made by the Organisation for Economic Co-operation and Development (OECD) to make appropriate exemptions or relaxations in threshold limits, the government may come up with some policy document, making necessary relaxations,” said Shailesh Kumar, director, Nangia Andersen Consulting - a business advisory firm. OECD has made the recommendation in light of the pandemic for the member countries.
- If the government doesn’t come up with a way out or relax the rules for this year, a few NRIs might have to file return if they qualify as resident under the new rules. But there is some relief, in such cases NRI will be treated as “Resident but Not Ordinarily Resident (RNOR),” and thus not required to pay tax in Indian on their foreign income (i.e., income accrued outside India).

FROM: CDC (USA)

The emerging scientific evidence on Coronavirus transmission:
1. Very low risk of transmission from surfaces.
2. Very low risk from outdoor activities.
3. Very HIGH risk from gatherings in enclosed spaces like offices, religious places, cinema halls, gyms or theatres.

These findings that have been emerging for a while need to be applied by people to manage the situation in the best possible manner. Time to reduce panic about surface transmission, and not be too eager to go back to office.

Q - Who is expected to catch CORONAVIRUS?
Q - What does it take to infect?

TO SUCCESSFULLY INFECTION A PERSON, THE VIRUS NEEDS A DOSE OF ~1000 VIRAL PARTICLES (VP)

The typical environmental spread of activities:
> Breathing ~20 mephalon
> Speaking~200 mephalon
> Cough~ 500 million x 2 (enough of these may remain in air for hours in a poorly ventilated environment)
> Sneeze~ 200 million x 2

FORMULA SUCCESSFUL INFECTION = (Exposure to Virus x Time)
STAY CONNECTED

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