

## Editorial



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### Inequality and Disease

দেখ ভালো জনে রইল ভাঙা ঘরে,  
মন্দ যে সে সিংহাসনে চড়ে।  
ও ভাই সোনার ফসল ফলায় যে তার  
দুই বেলা জোটেনা আহাৰ,.....  
হীরার খনির মজুর হয়ে কানাকড়ি নাই,.....  
(a good person live in a shattered home)  
(while the cruel one occupies the throne)  
(those who cultivate golden crops)  
(do not get meal twice a day)....  
(labour of Diamond mine deprived of money)...

— **Satyajit Roy**  
(*Hirak Rajar Deshe-1980*)

#### Evolution of Social Inequality :

Our early ancestors lived in small groups and worked actively to preserve social equality. However, as they created larger societies, inequality rose, Feudalism system evolved and Mankind started being divided into powerful and powerless fractions. Initially in human history, power was equivalent to muscle power only. But as a man talented creation of nature, started using his intellect, wisdom, manipulative power to dominate on each other. Thus, from pre-historic periods of time, socioeconomic inequality has evolved. 'Chanakya'- the Great Indian economist tried to reduce this inequality in the Ancient Indian society. King Ashoka in 3rd BC also tried to establish 'Socialized Monarchy'. Same tradition also continued in Gupta, Kushan dynasty. In Europe, Greece which is known as the birthplace of democracy and concept of socialism was touted for social inequality and sanctioned slavery. This became widened in next few thousand years and the tradition continued during Roman period. Slaves were considered as property. With the fall of Justinian Empire, Dark Age in Europe started. Human dignity and human rights were quashed by dynasties across world. But people did not react much, as they accepted it as their natural fate. Also fear from powerful administrators (Rajtantra), played a prohibiting role to react against feudalism. Slavery became rampant in Europe in medieval period.

“চিরকালই মানুষের সভ্যতায় একদল অখ্যাত লোক থাকে, তাদেরই সংখ্যা বেশি তারাই বাহন; তাদের মানুষ হবার সময় নেই; দেশের সম্পদের উচ্ছিন্নতা তারা পালিত। সব চেয়ে কম খেয়ে, কম পড়ে, কম শিখে, বাকি সকলের পরিচর্যা করে; সকলের চেয়ে বেশি তাদের পরিশ্রম, সকলের চেয়ে বেশি তাদের অসম্মান। কথায় কথায় তারা রোগে মরে, উপোসে মরে, উপরওয়ালাদের লাথি বাঁটা খেয়ে মরে-জীবনযাত্রার জন্য যত-কিছু সুযোগ সুবিধে সব-কিছুর থেকেই তারা বঞ্চিত। তারা সভ্যতার পিলসুজ, মাথায় প্রদীপ নিয়ে দাঁড়িয়ে থাকে - উপরের বাই আলো পায়, তাদের গা দিয়ে তেল গড়িয়ে পড়ে”।

There have always been one group of unseen people in society, their number is always greater, they are the carriers; they have no time to evolve as humans; they live off what their country throws away. They eat the least, they have the least to call their own, they learn less than all the others and they look after the rest; their labour is the greatest as is their misfortune. They die of disease at the slightest excuse, or of starvation and their mistreatment at the hands of those who are above them – they are deprived of every kind of comfort one needs in life. They are the stands upon which the lamp of civilization is placed, standing straight with the flame held above them – they ensure that everyone above receives light while they are covered in the drips of oil.’

— **Rabindranath Tagore**  
(*Letter from Russia*)

#### French Revolution :

First organized protest and reform happened in French Revolution, although it was preceded by many such smaller and unorganized revolts. Underlying cause of French Revolution was failure of Ancient Regime to respond to increasing social and economic inequality, high food prices, unemployment and population explosion.

### Industrial Revolution in Britain :

This time Industrial Evolution started from Great Britain. Economic activity – production, commerce, trading took the driving force in formulating social and political policies. Temptation of more and more profit made few people richer and few poorer. Usually labourers were deprived. The Industrial Revolution had a big impact on the inequality between people and countries, giving the new parameters of what is a rich or a poor country. To keep the factories, machines and workers in a good state the countries needed primary material so one of the industrialized countries, England had an idea, to extract these primary materials from the non-developed countries (colonies) and then other industrialized countries like Japan, the United States and Russia did the same strategy as England, they used the poor countries to their own benefit, and the imperialism began at this point: this was the practice extending the power of powerful countries in the poor ones, controlling the economy, production and politics, making the wealthy nations more wealthy and the poor nations poorer, creating more inequality between the social classes. So European countries engaged themselves in establishing colonies (Africa, Asia, Latin America) to procure raw material for their industries at lowest possible rates and to sell their products at highest possible rates.

### Protest and Revolution Against Oppression :

Much oppression was inflicted by the indigo planters on the farmers in India, which was a British colony at that time. It was supported by Zaminders of Bengal. In 1833, East India Company, the ruler at that time, made an act that gave more free hand to Planters. Revolt started against oppression – “*Nilbidroha*” Dinabandhu Mitra depicted the situation in his famous book ‘*Nildarpan*’. On the other side Africa was used as exporter of Slaves to industrial Countries. But “*Every action has its equal and opposite Reaction*”. In Europe Karl Marx and Engels came as savior of oppressed people. He stated “*Man is born free, and he is everywhere in chains*”.

**“When certain classes controlled the means of production, they used that power to exploit the labour for social inequality.”**

Just days before the outbreak of the revolutions of 1848, Marx and Engels wrote, “*The distinguishing feature of Communism is not the abolition of property generally, but the abolition of bourgeois property*”.

In the 20th century — particularly after the Russian Revolution of 1917 and the formation of the Soviet Union — social democracy and communism emerged as the two most dominant socialist movements throughout the world.

“তখনই ধরা পড়ত, দেশের ধন এত কিছু বেশি নয় যাতে সকলেরই ভাতকাপড় যথেষ্ট পরিমাণে জোটে। এখানে ভেদ নেই বলেই ধনের চেহারা গেছে ঘুচে, দৈন্যেরও কুশ্রীতা নেই, আছে অকিঞ্চনতা। দেশ - জোড়া এই অধন আর কোথাও দেখি নে বলেই প্রথমেই এই আমাদের খুব চোখে পড়ে। অন্য দেশে যাদের আমরা জনসাধারণ বলি, এখানে তারাই একমাত্র”।

— **Rabindranath Tagore**  
**in his voyage to Russia**

‘Even if the country’s entire wealth could be shared among everyone, it would not have been enough for everybody’s living. As there is no inequality in this the flash of wealth is absent..so is the ugliness of poverty..but demand still prevails. As nowhere in the entire world such equality exists, this gets noticed first in this country. Unlike other countries, the common man is the only class of people who exists in this country.’

— **Rabindranath Tagore**  
**(Letter from Russia)**

Colonial India experienced huge advancement in Trading, infrastructure, production, westernized education system compared to Moghul dynasty. But everything was aimed for increasing Profit of east India Company or British empire. India experienced Famines, epidemics, deaths, Poverty. At the same time, there was emergence of educated Middle class. One section was Torchbearer of British ideology, whereas other Section started raising voice against social and economic disparities . Such sentiment gave birth to Indian National Congress at 28<sup>th</sup> Dec 1885 , a milestone in Indian History. Indian leadership realized without political freedom such inequality can not be removed . India under leadership of Father of Nation M K Gandhi started fight for ‘*Purna Swaraj*’.

Nehru realized Independent India should be synonymous to healthy India. Hardly 10 percent people were under cover of modern treatment facility. Millions of people died during epidemics. British raj was engaged only to save their own army and officials. On the other hand, The British passed Epidemic act 1894, that was discriminatory and did not consider the Indian

sentiment and applied ruthlessly culminating several riots in different parts of India. So reform was a urgent need of the Country. Fortunately before leaving, British Government set up a commission headed by Sir Joseph Bhore, membered by Dr B C roy in 1943 whose recommendation made a foundation stone in Independent India.

***“No individual would fail to secure adequate care because of inability to pay.”***

**— Bhore Committee, 1943**

### **Inequality in Modern Terms :**

Social inequality refers to disparities in the distribution of economic assets and income as well as between the overall quality and luxury of each person’s existence within a society, while economic inequality is caused by the unequal accumulation of wealth.

According to the United Nations Human Development Report 2004, the gross domestic per capita (GDP) in countries with high, medium and low human development was 24,806, 4,269 and 1,184 PPP\$, respectively (PPP\$ = purchasing power parity measured in United States dollars). The wealthiest people in the world, which comprises, 1.8% of the global population, own 86.4% of the overall wealth.

### **Globalization and Social Inequality :**

***“Inequality is increasing in this wave of globalization”***

**— Nobel Laureate Eric Maskin**

Globalisation increases inequality of income and wealth. changes in the workforce and in earnings between different groups are consequence of globalisation. One paradox of globalisation is that it has reduced inequality between countries but increased it within nations. Higher demand leads to higher wages for high skilled workers, but can also mean lower wages for low skilled workers.

### **Effect of Poverty and Inequality :**

1. **Hunger** : Countries without the proper amount of food to survive.

2. **Mental state** : This is where people or the country as a whole are feeling powerless, ashamed, or humiliated. This is connected to the fact that they

must rely or ask other countries for help and are unable to survive on their own.

3. **Poor groundwork** : Lack of roads, clean water, transportation, etc. meaning that they do not have a stable foundation in order to provide these things.

4. **Education** : People do not have access to proper education or any education at all.

5. **Health** : Countries are unable to provide the proper health care that many people need in order to survive.

6. **Lack of income**: People within a poor country tend to put income aside and focus on their family, physical, and environmental assets.

### **Introduction: What is the 10/90 Gap ?**

In universe 90 percent weath enjoyed by 10 percent population. 90 percent global healthcare devoted for 10 percent people. 90 percent resource have been utilized for 10 percent diseases, those are diseases of developed country. – the so-called ‘**10/90 Gap**’. Virtually all diseases prevalent in low income countries particularly tropical countries are ‘neglected’ by physicians, government and also by the pharmaceutical industry which invests almost nothing in research and development (R&D) for these diseases. Patrick Trouiller, for example, has pointed out that of the 1,393 total new drugs approved between 1975 and 1999, only 1 per cent (13 drugs) were specifically indicated for a tropical disease.<sup>5</sup> Research conducted by the DND Working Group and the Harvard School of Public Health in 2001 revealed that of the 20 global pharmaceutical companies surveyed, only two had research projects underway for the ‘neglected’ diseases of Chagas and leishmaniasis.

### **Neglected Diseases :**

World community gave less attention towards finding effective cures and treatments for tropical infectious diseases such as leishmaniasis, lymphatic filariasis, Chagas’ disease, leprosy, Guinea worm, onchocerciasis and schistosomiasis. These so-called ‘neglected’ diseases predominantly affected poor populations in low income countries. According to the 2002 World Health Organisation’s (WHO) World Health Report, tropical diseases accounted for only 0.5 per cent of deaths in high-mortality poor countries, and only 0.3 per cent of deaths in low mortality poor countries. This figure may not be true in the sense most of the time these diseases are not reported , having lack of infrastructure to diagnose or lack of awareness among doctors who do not feel proud to be

a physician of neglected diseases. Also we teachers are reluctant to teach these diseases or feel glamorous on talking on non-communicable disease like Diabetes or Hypertension in Conferences or in lecture classes.

**Most Disease in Lower-income Countries is Caused by Poverty :**

A large proportion of illnesses in low-income countries are entirely avoidable or treatable with existing medicines or interventions. Most of the disease burden in low-income countries finds its roots in the consequences of poverty, such as poor nutrition, indoor air pollution and lack of access to proper sanitation and health education. The WHO estimates that diseases associated with poverty account for 45 per cent of the disease burden in the poorest countries. However, nearly all of these deaths are either treatable with existing medicines or preventable in the first place. Tuberculosis, malaria and HIV/AIDS, for example, together account for nearly 18 per cent of the disease burden in the poorest countries. Education can also play an important role in reducing the incidence of insect-borne diseases, for example by encouraging people to remove sources of stagnant water (insect breeding sites) from near their dwellings. Tuberculosis can be prevented by improving nutrition, and can be treated with DOTS therapy. Education is vital for the prevention of HIV/AIDS. Diarrhoeal diseases are caused by the poor sanitation inherent to the condition of poverty, yet are easily and cheaply treatable through oral rehydration therapy. However, diarrhoeal diseases still claim 1.8 million lives each year. Respiratory infections caused by burning biomass fuels in poorly ventilated areas also place a considerable health burden on poor people. According to the WHO, exposure to biomass smoke increases the risk of acute lower respiratory infections (ALRI) in childhood, particularly pneumonia. Globally, ALRI represent the single most important cause of death in children under 5 years and account for at least two million deaths annually in this age group. Malnutrition particularly affects people in poor countries. As a result of vitamin A deficiency, for example, 500,000 children become blind each year, despite the fact that such outcomes can be avoided by cheap, easy-to-administer food supplements.

Poverty-related diseases cause far higher levels of mortality in low-income than high-income countries. Most of these diseases and deaths can be prevented with pre-existing treatments and prevention programmes. It is estimated that 88 per cent of child diarrhoeas, 91per cent of malaria and up to 100 per

cent of childhood illness, such as measles and tetanus, can be prevented among children using existing treatments. This means that up to 3 million child lives could be saved each year if these medicines could be distributed effectively to all areas of need.

**Deaths caused by poverty-related diseases :**

% of deaths caused by/in	High mortality low-income countries	Low mortality low-income countries	High-income countries
Infectious and parasitic diseases	34.1	24.8	2.1
Respiratory infections	9.9	8.0	3.7
Perinatal and maternal conditions	8.4	6.8	0.4
Nutritional deficiencies	1.3	1.1	0.0
Tropical diseases	0.5	0.3	0.0
Total 'poverty-related' diseases	54.1	40.7	6.2

**Deaths caused by developed-country diseases :**

% of deaths caused by/in	High mortality developing countries	Low mortality developing countries	developed countries
Malignant neoplasms (cancers)	6.3	9.9	21.2
Diabetes	0.6	1.5	1.7
Neuropsychiatric disorders	1.3	1.4	2.9
Cardiovascular diseases	18.9	23.4	47.8
Respiratory diseases (asthma)	4.0	6.7	5.0
Digestive diseases	2.7	3.4	3.7
Total 'developed-countries' diseases	33.8	46.4	82.3

**Access is the Real Problem :**

Even if treatment exists there are challenges in access of preventive and curative medicines in third world countries. According to the WHO, an estimated 30 per cent of the world population lacks regular access to existing drugs, with this figure rising to over 50 per cent in the poorest parts of Africa and Asia.

The Impact of failure of this public health policy on profound in mortality. Only one-half (approximately) of sub-Saharan African children are vaccinated against childhood diseases, and in some areas that number is as low as 10%.

In British India People suffered from discrimination. Modern hospital and treatment facilities established to serve British people and to prevent spread from India to UK. Hardly 10 percent Indian people had access to modern Medicine.

**“In this unfortunate country we have never had public health services in the sense in which they are understood in the West. We have a few hospitals and dispensaries, hardly one for a taluka, considering the vastness of the population. We have no facilities for the curative and preventive side of disease. .... No country in the world is medically so badly served as India because the Government never considered the health of the people as its first and foremost concern and its national wealth, as much as it considers law and order and the police and the military to be.”**

— JIMA, April, 1946

The first Prime Minister of independent India Pandit Nehru realized the need for improved healthcare for the building of New India. Even before Independence in his report in 1928 public health was viewed as a constitutional right. He did not forget to put health as an important determinant in democratic India and role was clearly mentioned in Constitution placed in Indian Parliament By Dr B R Ambedkar. Article 39(E) of the Indian Constitution contains an important provision related to public health: Article 47 places a duty on the state to raise the nutrition levels and standard of living of people of India, consider public health as a primary right for worker's health, women, and children.

#### **Intellectual Property Rights :**

Much debate on this issue of access has centred around the claim that patents held by pharmaceutical companies are a significant contributor to the dire health outcomes experienced by people in the poorest parts of the world. This law was needed indeed to meet cost of research, but at the same way Poorer people was deprived from benefit of new generation medicine. Controversy on-going in distribution of COVID vaccine to poorer countries. Financers are reluctant to waive property right with call of WHO.

#### **Questionable Political Priorities :**

The governments of low- and middle-income countries often choose to spend their scarce resources on projects and priorities that do not coincide with the basic needs and demands of their populations. Many governments, for example, choose to spend more on their militaries than they do on healthcare.

#### **Wealth Creation as a Means to Improve Health :**

Medicines also fail to reach the poor because of

weak healthcare infrastructures, which are inherently the result of financial and human resource constraints.. Poverty often goes hand-in-hand with malnutrition, which again results in a host of debilitating but easily preventable diseases. Poor sanitation, a byproduct of poverty, results in a large number of deaths from diarrhoeal diseases. When poverty is reduced and eliminated, health outcomes improve. People in rich countries can expect to live longer and have better access to medical care. With greater wealth, scientists and innovators, both private and public, have better opportunities to conduct research into health and disease. With increased financial resources, more can be spent on education and to improve literacy, which in turn can promote the adoption of new technologies and ensure that these technologies are more widely diffused. Improvements in agricultural technology, for example, have led to increased food production per capita and lower food prices, even at a time when the global population has risen dramatically. When combined with more open markets and trade, these productivity increases have ensured that food has become more available to the poor. As new technologies are adopted more widely, economic growth accelerates. This in turn provides individuals and the state with the means to improve basic infrastructure, such as the provision of clean water, which in turn improves health. Health and wealth can also be mutually reinforcing: a healthier population is better able to engage in economic activities and thereby generate increased income, some of which can be spent on health. In Mymensingh (Bangladesh), for example, agricultural yields increased by 15 per cent after malaria was controlled, because farmers had more time and energy for cultivation. However, it is unlikely that good health will ever be sustained without long-term wealth creation that can pay for the ongoing improvements in water, sanitation, hospitals and medical research. Those who genuinely hope to improve the health of the world's poorest people should therefore look to wealth creation as the fundamental solution to global health problems.

***“There is empirical evidence that living in unequal societies with some people being much worse off, economically and socially, tends to produce deprivations in the absolute quality of life that people enjoy.”***

— Amartya Sen

As the gap between rich and poor increases society gradually become more and more unhealthier. In one

hand increase in Neglected diseases other hand unusual labish life of a section of society lead to increase in lifestyle associated diseases. If fire sets in ground floor, you can not stay safe in upper floor.

#### India's Vision on Socialism and Healthcare :

In the 1930s, when the British ruled the country, Jawaharlal Nehru described India's situation as follows: **"A servile state, with its splendid strength caged up, hardly daring to breathe freely, governed by strangers from afar; her people poor beyond compare; shortlived and incapable of resisting disease and epidemic; illiteracy rampant; vast areas devoid of all sanitary or medical provision; unemployment on a prodigious scale, both among the middle classes and the masses."** On being sworn in as the first Prime Minister of independent India in 1947, Nehru called for **"the ending of poverty and ignorance and disease and inequality of opportunity."** Mahatma Gandhi had always insisted that India would become truly independent only when the poorest of its people would be free from human suffering. As policy Democratic Govt adopted five year plan . Initial two plan was intended towards agriculture and industrial development. As healthcare policy Govt accepted Bhore committee report and given due stress on Public health Programme to eliminate preventable diseases . Importance was also in setting up Health units /hospitals across India and universal access of healthcare free of cost .

India had poverty, poor health infrastructure legacy of 200 yrs British Raj, suffered setback from partition , population migration, famine . But Indian Leadership was kin to alleviate poverty with sincerity and sympathy.

Nehru was excited with release of **Satyajit Ray's Pather Panchali in 1955** and its compassionate portrayal of countryside poverty in India. When Nehru was moved by the film and ensured that Pather Panchali was entered in the Cannes Films festival, 1956, many critics began to denounce Ray's debut film for selling Indian poverty abroad, it was Nehru who declared that **'if a filmmaker shows poverty with such empathy, I am all for it'**.

In seventies Prime Minister Indira Gandhi realized Poverty elimination is greatest challenge in Independent India. Wheather it is disease, pollution or population overgrowth core issue is poverty . Indira Gandhi stated at Stockholm at the launch of the NCEPC (National Committee for Environmental Planning and Coordination).

**"Among all pollutants Poverty is Greatest Polluter"**

— Mrs Indira Gandhi

India having strong belief in social justice and equality gave due importance in alleviating poverty. Removal of Jamindari system, land reform, Panchayati Raj (empowerment of rural people in rural development through Democracy), midday meal programme, public distribution system, Food sequirity bill, Kanyasree etc were aiming for restructuring social discrepencies . Ambitious India adopted plan for Universal Health Coverage by 2020.

In reality after more than seven decades of Independence, health expenditure lags far below expectation, still people are dying of starvation, more than 1000 deaths/day due to preventable diseases like Diarrhoea and Tuberculosis , a vicious cycle of poverty and ill health. Question is where lies the mistake ? Mistake in thought process of Policy makers or in Implementation ?

**"Only Swasth Bharat can be a Samriddha Bharat. India cannot realize its demographic dividend without its citizens being healthy,"** said Mr Arun Jaitley, the Union Finance Minister while announcing the budget for 2018-19.

In 2020 need a great introspection from all stakeholders starting from Politicians, buracrates , Physicians, Medical Organizations why universal health coverage still a Gold stone bowl.

#### Inequality in Distribution of Health Care Provider :

The health care system in India is universal. That being said, there is great discrepancy in the quality and coverage of medical treatment in India. Healthcare between states and rural and urban areas can be vastly different. Rural areas often suffer from physician shortages, and disparities between states mean that residents of the poorest states,, often have less access to adequate healthcare than residents of relatively more affluent states. Till now rural people in many parts of India dependent on Quacks , magics and on unskilled 'die ma' for delivery. There is reluctancy on our part to provide services at Rural areas or failure on part of Government to provide minimum basic infrastructures and working environment for doctors in rural areas. India has only 0.7 physicians per 1000 persons and 1.8 nurses/ midwives per 1000 persons against the recommended norms of 1:1000 and 4:1000, respectively. Furthermore,

the distribution of health resources is rather skewed with a shortage of doctors, especially specialists in rural areas despite several governmental measures to retain doctors in rural settings. The unmet need of qualified health personnel is covered by unlicensed practitioners devoid of any medical qualifications. So inequality in distribution of health care provided made rural and poorer people more vulnerable.

#### **Possible Inequities in Covid 19 Vaccine Distribution :**

Economic impact of the coronavirus likely to be devastating. There will be cut in development budget , more seriously in Poorer Countries, likely to push another half a billion people into poverty and exacerbate the global divide.

Poor countries fall behind race to ensure COVID 19 vaccine for their population. Rich countries are rapidly claiming the world's lion's share of future doses of COVID-19 vaccine, creating deep inequalities in global distribution.

Richard Mihigo of the World Health Organization said it's time "to make a strong appeal" for equitable access, calling it a "real problem" as some countries have ordered far more doses than needed. Intellectual Property right of some of the Pharmaceuticals may be a problem in access in cheaper cost by Poorer countries.

Despite an international agreement to allocate the vaccine equitably around the world, billions of people in poor and middle-income countries might not be immunized until 2023 or even 2024, researchers at Duke University predict. Again Challenge in poorer countries are Vaccine storage and distribution, having lack of infrastructure.

Saudi Finance Minister Mohammed al-Jadaan emphasised in meeting of G20 nations that **"if we leave any country behind, we will be behind"**.

French President Emmanuel Macron called on G20 leaders to **"go further and faster in supporting poorer nations by donating doses, forging industrial partnerships and even sharing intellectual property"**

But **"An ambitious effort to create a global system of vaccine equity is being undermined is a handful of countries — including those who made a commitment to equality secure as many doses as they possibly can,"**

— **Elina Urli Hodges, MSPH**

#### **Dream for a New Horizon :**

**“ধনের ধর্ম অসাম্য”**  
(Wealth Create Inequality)

— **Rabindranath Tagore**

From the birth of civilization there is ongoing struggle between have and have not. Smaller, powerful section enjoyed more , oppressed larger society . Inequal distribution made the society uglier. 'Hirak Rajar Deshe' a great movie by great filmmaker Satyajit Roy was a satire against feudalism. Representative of Feudalism King Hirak raj had belief

এরা যতো বেশি পড়ে, ততো বেশি জানে, ততো কম মানো।  
**(The more they study, the more they know, the lesser they follow orders).**

অনাহারে নাই খেদ, বেশি খেলে বাড়ে মেদ।  
**(No harm in eating less, more food only increases flesh).**

ভরপেট নাও খাই, রাজ কর দেওয়া চাই।  
**(Even if you don't eat food, you must pay tax)**

But at end 'Ray' a strong believer of socialism dreamed end of feudalism by revolt of farmers and laborers.

“দড়ি ধরে মারো টান/রাজা হবে খান খান”  
“(Pull with string / king will be demolished)”

But this dream should not be restricted in Movie or in literature.

More than 70 years have passed since independence, still the virus is alive in our society.

**“How long shall we continue to live this life of contradictions? How long shall we continue to deny equality in our social and economic life? .....We must remove this contradiction at the earliest possible moment or else those who suffer from inequality will blow up the structure of political democracy”**

— Dr B R Ahmedkar

We have a long walk to kill the '**dreaded virus of Mankind – Social inequality. Waiting for sunrise, waiting for discovery of Social Vaccine.**'

“চলে যাব - তবু আজ যতক্ষণ দেহে আছে প্রাণ  
প্রাণপণে পৃথিবীর সরাব জঞ্জাল  
এ বিশ্বকে এ-শিশুর বাসযোগ্য করে যাব আমি-  
নবজাতকের কাছে এ আমার দৃঢ় অঙ্গীকার।”

**“till I am alive  
remove garbage from world  
will make this world comfortable to a child  
Promise to a new born”**

— Poet Sukanta Bhattacharya

