



## CALL FOR ABSTRACTS

### NATIONAL VIRTUAL CONFERENCE ON CULTURE, EMOTIONS AND HUMAN CRISIS WITH REFERENCE TO COVID-19

Department of Tribal Studies, School for the Study of Culture  
Central University of Jharkhand, Ranchi (Jharkhand, India)

#### Concept Note

The world is facing a biggest challenge of tackling the pandemic caused by coronavirus Covid-19 and the impact is beyond our imagination and contemplation as it has resulted in indefinable as well as indescribable human and humanitarian crises. The magnitude of the problem and its catastrophic and multidimensional consequences have engulfed every aspect of the social, cultural and spiritual life of people, and moreover it has altered and shattered the way we perceive the world and upended the human perception of nature and its components. But strangely, the assessment on the number of countries affected and the devastation it has made on human suffering, the pandemic disease must be seen beyond the health crisis, as it is experienced that it has damaged the economy and disturbed the human emotion and social stability. Again, the outbreak has demystified various speculations and assumptions on the social and economic ground that it might have an onslaught impact on the already marginalized and socially vulnerable groups among the populations, but this assumed disproportionate impact, as per the pieces of evidence available, has been downplayed in the sense that the virus has not spared any social groups thus to emerge as a social crisis. By and large, this coronavirus disease has attacked societies at their core, and it has, in a significant way, exposed the weak foundations of many of our established dominant discourses on the development, agency of health, availability, accessibility to and affordability of health facilities and that of governance.

When the first case of coronavirus infection was reported officially in the Wuhan city of China in the month of December 2019 and subsequently it was named SARS-CoV-2, it was retrospectively investigated and identified the human cases with symptoms by Chinese authorities. A lot of narratives (“theories”) were surfaced to argue that the SARS-Cov-2 had been a laboratory construct, and some of them linked with an ecological origin in bat populations, or other animal species were also related assuming any intermediate animal host or zoonotic source of domesticated and wilds animal species. There were also counter-narratives that were based on the genomic features of SARS-Covid-2 to disprove the hypothesis of laboratory construct. World Health Organization (WHO) prescribed a list of the following strategic objectives in response to the Covid-19: Interrupting human-to-human transmission – by reducing secondary infections - by preventing transmission amplification events including international spread; Identification, isolation and caring of the early-stage infected; identification and reduction of transmission from animal source; addressing issues

pertaining to clinical severity, transmission and infection, treatment options, acceleration of diagnostics/therapeutics and vaccines; Communicating critical risks and event information to all; Countering misinformation; and Minimizing social and economic impact through multisectoral partnerships.

For the preparedness and response, WHO came out with a vast amount of literature with reference to Covid-19: technical guidance documents – interim guidance for laboratory diagnosis – use of masks during home care and in health care – clinical management – infection prevention – control in health care settings – preventing measures on international travel – regular advice for the Member States – worked with researchers and other experts to coordinate global on surveillance, epidemiology, mathematical modelling, diagnostics and virology, clinical care and treatment, infection, prevention and control and risk communication – disease commodity package having a list of biomedical equipment, medicines and supplies for treatment – activation of R&D blue print related to diagnostics, vaccines, and therapeutics – online courses for improving health emergencies – guidance on early investigations – protocols – classification of diseases - protection measures for everyone – regular updates (on post-covid-19, a multisystem inflammatory syndrome associated with Covid-19, immunization, and adverse reaction to vaccines). Interestingly and importantly, WHO came with a list of case definitions: a suspect case – probable case – confirmed case (technical guidance) – definition of contact – Covid-19 death (A 14-page document on International guidelines for certification and classification (coding) of Covid-19 as the cause of death). The statements uttered by the Secretary-General of the United Nations spoke during the launch of a COVID-19 Global Humanitarian Response Plan on 23 March 2020 that “[w]e must come to the aid of the ultra-vulnerable – millions upon millions of people who are least able to protect themselves. This is a matter of basic human solidarity. It is also crucial for combating the virus. This is the moment to step-up for the vulnerable”; and “[o]lder persons, persons with chronic illness and persons with disabilities face particular, disproportionate risks, and require an all-out effort to save their lives and protect their future” reflected our perception and estimation of the pandemic.

In the chronology of the prevailing pandemic, two dates are – the first, 30 January 2020 WHO declared the Covid-19 outbreak as public health emergency of international concern under the international Health Regulations-2005; and the second, 11 March 2020 WHO declared the outbreak as a pandemic – important that changed the entire scenario at the global level. These dates were the guiding feature for countries to take preventive measures of the pandemic in the form of announcement of lockdown and restrictions on the people’s movements and other standard procedures. Almost twenty months have passed after the announcement of the pandemic and we are now well informed of the developments – lakh and lakh of people were on exodus/reverse migration, xenophobia due to returning of migrant workers, thousands of people stranded in faraway places, loss of employment opportunities, loss of economy, loss of human lives, suffering from comorbidities, bodies dumbed, no rites performed, scarcity of medicines and medical facilities, uncertainties over vaccines,

starvation, short-term & long-term impact on poverty, domestic violence, job insecurity, failure of some agencies and government of machineries, loss of education, police brutalities, overwhelmed with rumours and misinformation, the emergence of new authorities and agencies, disruption in the supply chain, the spread of infection from urban to rural, social stigma, non-equity of resources, discrimination, weariness of stay-at-home measures, indigenous and tribal communities and other socially vulnerable groups affected more, loss of artists and cultural bearers, loss of traditional art forms, loss of employment and livelihood for traditional and creative artists, etc. Although the pandemic is yet to be over, the post-pandemic anxiety and fear have started engulfing people in terms of financial burdens, loss of employment, post-Covid-19 complexities, etc. It is now time to remember the caution was given by WHO Director-General Dr. Tedros on 22 April 2020 that “Make no mistake: we have a long way to go. This virus will be with us for a long time. ... “[t]he world cannot go back to the way things were. There must be a “new normal” – a world that is healthier, safer and better prepared.”

Yes, this story is not an exhaustive account of the pandemic, but it connotatively means that we have initiated an international academic platform to address various issues pertaining to the pandemic purely from interdisciplinary perspectives. At every level of the pandemic, the cultural elements have been part of the discussion worldwide, starting from personal hygienic practices, attitude towards social distancing, aversion on modern medicines, use of herbal medicines, beliefs associated with the diseases, superstitious activities, personal and cultural sentiments, gender issues, social hierarchy, communal orientations, views on deaths, etc. This platform provides opportunities for addressing local issues and the global relevance on the one hand and for referring to the issues beyond the national borders to correlate their applicability for the local scenario on the other hand. The theme of the conference itself is indicative that it deals with the human crisis from a broader perspective, and thus the scholars are requested to enjoy their academic freedom and height of conceptual relatedness.

(Courtesy: Input is based on the official websites of WHO)

### **SUB-THEMES OF THE CONFERENCE**

Epistemology of disease - historical perspective - epidemic, pandemic, disaster and human society (including historical instances), - Conspiracy theory - Communal orientation - creation of myths on disease and myth busters - the historical deification of disease - cognitive perspective on disease and treatment of disease, contradictory stories - conceptualization and visualization of SARS-Covid-2 - Graphical presentation of casualties - comparative scale - the role of media - the role of social media - review of available literature for general access - different narratives - unanswerable questions - government agencies - non-government agencies - marginalized communities - social institutions - disease and worldview - education - migration–tribal communities – other marginalized communities - ethical issues - folklore of disease - socio-cultural life and disease - use of cultural forms and awareness forms - government initiatives - preventive measures - culture and vaccination -

traditional knowledge systems - the notion of death and the pandemic - dehumanization and pandemic - role of governmental and non-governmental agencies - disease and religion - rumours and social media - metaphorical expressions of disease - memes and jokes related to pandemic and other activities - disease and sustainability - etc.

**SUBMISSION GUIDELINES:**

**ABSTRACTS:** Abstracts must be written in English 250 -350 words (max.) with clear title.

**PRESENTERS:** Full name of the scholar(s), Designation, Department, Affiliated Institution with address, Address for correspondence, contact numbers and email.

**FULL PAPERS:** 6000-8000 (min.) words with MLA format.

**REGISTRATION FEE:** Nil.

**PUBLICATION OF ARTICLES:** Selected / Standard articles will be published by a leading national publisher.

**PUBLICATION FEE:** A nominal fee will be charged by the publisher.

**IMPORTANT DATES**

<b>Receiving abstracts</b>	<b>: 25 DECEMBER, 2021</b>
<b>Notification of acceptance of abstracts</b>	<b>: 31 DECEMBER, 2021</b>
<b>Full paper submission</b>	<b>: 28 FEBRUARY 2022</b>
<b>Event date</b>	<b>: 23-25 MARCH 2022</b>

**SEND YOUR ENTRIES (ALSO QUERIES) AT** : **dts.conference2022@yahoo.com**

**CONTACT FOR MORE DETAILS:**

**COORDINATORS:**

**Dr. Sucheta Sen Chaudhuri (Assoc. Prof. & Head, DTS) (+91 97987726925)**  
**Dr. M. Ramakrishnan (Asst. Prof. DTS) (+91 9199140340 / 9444868577)**

**CO-COORDINATORS**

**Dr. Rabindranath Sarma (Assoc. Prof. DTS) (+91 7549198583)**  
**Dr. Rajanikant Pandey (Asst. Prof. DTS) (+91 9971923318)**  
**Dr. T. Neishoning Koireng (Asst. Prof. DTS) (+91 6203328336)**  
**Dr. Tulsi Das Majhi (Asst. Prof. DTS) (+91 8294867644)**  
**Dr. Seema Mamta Minz (Asst. Prof. DTS) (+91 8521082123)**  
**Mr. Sudhanshu Shekhar (Asst. Prof. DTS) (+91 9801044682)**

**CONFERENCE PATRON**

**- CENTRAL UNIVERSITY OF JHARKHAND**

**The Head**  
**Department of Tribal Studies**  
**Dean, School for the Study of Culture**  
**Central University of Jharkhand, Cheri-Manatu**  
**Ranchi – 835222**

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