

PM-Viksit Bharat Rozgar Yojana

The recent announcement of the PM Viksit Bharat Rozgar Yojana (PM-VBRY), which comes into effect from 1st August 2025, signals a strategic and determined push by the Government of India to transform the employment landscape of the nation. With an ambitious outlay of Rs 99,446 crore, this Employment Linked Incentive (ELI) scheme underscores the government's focus on inclusive, sustainable, and future-ready job creation.

At its core, PM-VBRY is about empowering the Indian workforce and incentivizing employers to expand job opportunities. The aim is to generate over 3.5 crore new jobs in a two-year period, with a special focus on onboarding 1.92 crore first-time workers into the formal economy. It is a decisive move to accelerate Viksit Bharat, the vision of a developed India.

The scheme is divided into two parts, addressing the needs of both employees and employers. Part A focuses on first-time employees-young professionals entering the formal sector for the first time. These workers, earning up to Rs 1 lakh per month and registered under EPFO, will receive direct financial support in the form of EPF wage incentives up to Rs 15,000, disbursed in two installments. Importantly, these benefits are not just short-term. A portion of the funds will be parked in savings instruments, instilling a culture of financial prudence among new workers, while also being linked to a financial literacy programme, thus fostering long-term economic resilience.

Part B supports employers-particularly in the manufacturing sector, which is central to India's industrial ambitions. Employers hiring new staff on a sustained basis will receive incentives up to Rs 3,000 per employee per month for two years, with an extended support of four years for manufacturing. This not only reduces the financial burden of onboarding new talent but also promotes job stability and formal employment.

Politics Over Pandits: NC-Congress Duplicity Continues Unabated

■ GL RAINA

The political exploitation of the Kashmiri Pandit community has long been a tragic subplot in the broader Kashmir narrative. From hollow gestures of inclusivity to outright marginalisation, political parties-particularly the National Conference (NC) and the Congress-have systematically used the community as a prop to bolster their secular credentials while doing little to address their historical suffering or systemic exclusion.

The National Conference, born out of the transformation of the Muslim Conference, strategically used Kashmiri Pandits to portray a secular image in the post-1947 era. However, the same party was quick to brand the community as "fifth columnists" the moment they questioned its duplicity-especially the contradictions between its constitutional commitments and ground-level communal politics. The Congress Party, meanwhile, wielded the community's plight as a political tool-using it to attack opponents but never to uplift the victims.

Both parties held uninterrupted power in Jammu and Kashmir for decades post-independence. It was during their rule that the Pandits faced incremental isolation, systematic exclusion, and eventual ethnic cleansing in 1989. And instead of accepting responsibility for their acts of omission and commission, both NC and Congress resorted to scapegoating-crafting what came to be known as the "Jagnohan Theory," blaming the exodus on the then Governor to deflect from their own failures.

Post-Exodus Silence and Shadow Play

Even after the forced displacement of the Pandits, the NC-Congress alliance continued

to dominate the Kashmir discourse, ensuring that the real story of the genocide and displacement remained suppressed. Whenever Kashmiri Pandits independently attempted to expose the communal and criminal underpinnings of the separatist movement, these parties sprang into action to undermine and delegitimise those efforts.

The extent of this political callousness is visible in critical moments of governance. Consider two telling instances:

1. The 1996 J&K Legislative Assembly Condolence Resolution:

After nearly a decade of political void post-1987 (arguably the most controversial elections after 1951), the J&K Assembly reconvened. In its inaugural sitting, it passed a condolence resolution, paying tribute to national and regional figures who had passed away in the intervening years. Shockingly, despite the documented assassinations of hundreds of Kashmiri Pandits-academicians, doctors, journalists, bureaucrats, and public intellectuals-not a single name from the community found mention. This glaring omission was not an oversight; it was a statement.

2. The 2008 UPA Government's Working Groups:

Formed to recommend confidence-building measures in Kashmir, these groups, headed by former Vice President Hamid Ansari, clubbed the plight of Kashmiri Pandits with orphans of slain militants-suggesting welfare measures for both "as a goodwill gesture." Equating genocide victims with families of terrorists is not just insulting; it's morally indefensible.

Moreover, key recommendations-such as the establishment of a State Minority Commission and empowering the State Human Rights Commission with its own investigative wing-

were never implemented, exposing the insincerity behind the rhetoric.

Tokenism Masquerading as Concern

The Congress has since mastered the art of tokenism. A case in point: the party's 2023 Karnataka Assembly election manifesto, which promised Rs 15 crore to set up a "Kashmiri Culture Centre." It also pledged a one-time grant of Rs 25 crore and an annual Rs 1 crore allocation via the Department of Kannada Culture. As of today, not a single rupee has materialised. The announcement was, like many before it, a headline without substance.

Fast forward to 2024, and the same political ecosystem is now scrambling to claim credit for a Private Member's Bill on Kashmiri Pandits.

The Private Member's Bill: Hope with Caveats

Senior Congress MP and Kashmiri Pandit, Shri Vivek Bankha, tabled the Kashmiri Pandits (Recourse, Restitution, Rehabilitation and Resettlement) Bill in 2022, which lapsed with the end of his Rajya Sabha term. He reintroduced it in February 2024. The President of India has now granted the constitutional recommendation required under Article 117(3) for financial bills, allowing the Bill to be considered in Parliament.

While this is a meaningful procedural step, one must remain realistic: only 14 private member bills have ever become law in independent India, with the last one passed in 1970. Passage of this Bill will require extraordinary political will, cross-party consensus, and sustained public advocacy.

Let it be clear-this is an individual initiative, not a party position. The Congress has yet to formally back the Bill. Organisations like

GKPD (Global Kashmiri Pandit Diaspora) and individual community members played a pivotal role in pushing this initiative forward, not the Congress party machinery.

Where Does the BJP Stand?

In contrast, the BJP-led government has implemented many components of what this Bill proposes-especially in areas of financial support, documentation of atrocities, and institutional recognition. However, the most vital aspect-physical rehabilitation-remains incomplete.

In 2015-16, the Union Government initiated plans for townships to rehabilitate displaced Pandits. But these efforts were sabotaged by Kashmir-centric parties, including the NC and Congress, who outrageously dubbed the resettlement plan as a "Mossad-style" conspiracy. These parties continue to demand "scattered resettlement," a model that has been unanimously rejected by the Pandit community for being insecure, unrealistic, and disrespectful.

Conclusion: The Duplicity Persists

Until the NC and Congress introspect on their historical role and current duplicity, their outreach towards the Pandit community will continue to ring hollow. Today's optics-driven gestures cannot erase decades of betrayal, indifference, and silent complicity in the community's suffering.

The path to justice for Kashmiri Pandits demands more than Bills and manifestos. It requires political courage, historical honesty, and above all, an unambiguous moral stance. Until that happens, the Pandit community remains right to be skeptical-and vigilant.

(The writer is a former Member of the Legislative Council of Jammu Kashmir)

BREAST CANCER

Beyond the Numbers: The Resilient Light in India's Cancer Journey

■ ASFA GHAZALI

The news hits like a physical blow, stealing the breath from lungs and painting the world in shades of grey. A breast cancer diagnosis isn't merely an event; it's the beginning of a profound personal battle, testing resilience and reshaping lives forever. Yet, even in this shadow, a resilient light begins to flicker within countless individuals across India. It's a testament not just to the tenacity of the human spirit, but to the remarkable strides being made each day in treatment, detection and the growing network of support. This article journeys beyond the initial fear, exploring the landscape of hope that emerges when courage meets innovation in the fight against breast cancer.

The Shadow and the numbers: Breast cancer's unfolding story in India

A. A global tide reaching Indian shores

Breast cancer is not merely a disease; it is a global tide, surging across the nations, and now alarmingly, reaching critical levels on India's shores. Worldwide it stands as the most frequently diagnosed cancer, affecting millions annually. But in India, the burden carries a unique weight, surpassing all other cancers to become the most prevalent among women. The sheer scale is staggering: one in every four minutes, an Indian woman is diagnosed, and tragically, one life is lost every eight minutes. It is not just a national concern; it's a stark reflection of evolving lifestyle and health care realities setting the stage for a fight where awareness and early action are paramount.

B Jammu Kashmir: A microcosm of the crisis

Within India's border struggle, the beautiful valleys and mountains of Jammu and Kashmir revel a particularly worrying trend. Far from being isolated, J&K stands as a compelling microcosm of the national crisis, with cancer causes rising significantly, including a notable surge in breast cancer diagnoses. Hospital data and experts observations highlight breast cancer as the most common cancer among women in Kashmir, demanding urgent attention and targeted strategies. Over past five years (2019-2023), 2,024 women in J&K tragically lost their lives to breast cancer; a number that reflects a steady and concerning increase in mortality year-on-year. This rising toll underscores a complex interplay of lifestyle shifts, environmental factors, and unique regional challenges that fuel the diseases progression.

Understanding breast cancer: The bodies battleground

Building on the statistics that highlight its prevalence and impact across India, particularly in regions like Jammu & Kashmir, it's crucial to grasp the fundamental nature of breast cancer. At its essence, breast cancer is a disease where the cells within the breast begin to grow and divide uncontrollably. This abnormal growth, often starting in the milk ducts (the tubes that carry milk to the nipple) or the lobules (the glands that produce milk), can form a mass or tumor. What distinguishes these cells as cancerous is their failure to adhere to the body's normal life cycle; they do not die when they should, leading to an excess of cells that can invade and potentially destroy healthy surrounding tissue. The danger escalates when these cancerous cells breach their original site, infiltrating nearby breast tissue, spreading to regional lymph nodes under the arm, and

potentially metastasizing to distant organs like the bones, lungs, liver, or brain. This capacity for unchecked growth and spread underscores precisely why early detection and intervention are paramount in improving outcomes.

A. Types of breast cancer: A diverse challenge

Breast cancer isn't a single monolithic disease; it manifests in various forms, each with its unique characteristics and implications for diagnosis and treatment. Invasive Ductal Carcinoma: The most common type, IDC begins in the milk ducts and then invades the surrounding healthy breast tissue. It accounts for the vast majority (70-80%) of all invasive breast cancers.

Invasive Lobular Carcinoma: Starting in the milk-producing glands (lobules), ILC also spreads into nearby breast tissue. It is the second most common type (around 10-15% of cases) and can sometimes be harder to detect via imaging like mammograms.

Ductal Carcinoma: Considered a non-invasive or "pre-invasive" form, DCIS involves abnormal cells confined within the milk ducts without spreading outside. While not immediately life-threatening, DCIS requires treatment as it carries a risk of potentially becoming invasive. It's often referred to as Stage 0 breast cancer.

Triple Negative Breast Cancer: This aggressive subtype is defined by the absence of estrogen receptors (ER), progesterone receptors (PR), and the HER2 protein over expression. Lacking these targets, it doesn't respond to standard hormone therapies or HER2-targeted treatments, posing unique challenges and often requiring chemotherapy. It accounts for about 10-15% of all breast cancers.

Inflammatory Breast Cancer: A rare but highly aggressive form, IBC often doesn't present with a distinct lump. Instead, cancer cells block lymph vessels in the skin, causing the breast to appear red, swollen, warm, and have a pitted texture resembling an orange peel. Its rapid progression demands immediate medical attention.

Other Less Common Types: Rarer forms like Paget's disease of the breast (affecting the nipple), Angiosarcoma, and Phyllodes Tumors also exist, each with specific characteristics.

Risk factors: Unraveling the blueprint of susceptibility

While the exact cause of any individual breast cancer diagnosis remains elusive, a complex interplay of various factors can increase a woman's (and rarely, a man's) likelihood of developing the disease. Understanding these risk factors is crucial, not only for assessing personal vulnerability but also for identifying areas where proactive measures can potentially reduce risk. These factors broadly fall into two categories: those that are largely beyond our control and those influenced by lifestyle and choices.

A. Non-modifiable risk factors: The factors beyond our control

These inherent aspects of an individual's biology or history cannot be altered but are known to elevate breast cancer risk.

Gender and Age: Simply being female is the most significant risk factor; women are about 100 times more likely to develop breast cancer than men. Risk also significantly increases with age, particularly after 50. In India, however, alarming trends show a rising incidence in younger age groups compared to Western nations.

Genetic Mutations: Inherited changes in specific genes, most notably BRCA1 and BRCA2, drastically increase the risk of breast cancer (and other cancers like ovarian cancer). These account for 5-10% of all breast cancers, and genetic testing can identify these mutations in high-risk individuals or families.

Family History: Having one or more close blood relatives (especially first-degree such as mother, sister, or daughter) diagnosed with breast cancer, particularly at a young age, elevates personal risk. This suggests a potential genetic predisposition or shared environmental exposures within families.

Reproductive History: Factors related to a woman's reproductive life influence risk. Beginning menstruation early (before age 12) and experiencing menopause late (after age 55) exposes breast tissue to hormones for a longer duration. Similarly, having a first full-term pregnancy after age 30 or never having carried a pregnancy to term are associated with a slightly increased risk. Conversely, breastfeeding, especially for prolonged periods, has been shown to reduce breast cancer risk.

Breast Density: Women with dense breast tissue (characterized by less fatty and more glandular and fibrous tissue) face a higher risk of breast cancer. This density can also make cancerous lumps harder to detect on mammograms.

Personal History of Breast Cancer or Certain Breast Conditions: A woman who has had breast cancer in one breast faces an increased risk of developing it in the other breast or a recurrence in the same breast. Additionally, certain benign (non-cancerous) breast conditions, such as atypical hyperplasia or lobular carcinoma in situ (LCIS), are known to increase future breast cancer risk.

Radiation Exposure: Previous therapeutic radiation to the chest, particularly received at a young age (e.g., for Hodgkin lymphoma), is a documented risk factor for developing breast cancer later in life.

B. Modifiable risk factors: Empowering healthier choices

These are lifestyle and environmental factors that individuals can potentially change to lower their risk of breast cancer, offering avenues for prevention and risk reduction.

Obesity and Weight Management: Being overweight or obese, especially after menopause, is a clear risk factor for breast cancer. This link is partly due to higher estrogen levels produced by fat tissue. Maintaining a healthy weight through a balanced diet and regular physical activity is a crucial preventive measure.

Alcohol Consumption: Consuming alcohol, even in moderation, is linked to an increased risk of breast cancer. The risk rises proportionally with the amount of alcohol consumed. Limiting or avoiding alcohol entirely can help reduce this risk. This is particularly relevant as alcohol consumption trends show a rise among younger women in India.

Physical Activity: A sedentary lifestyle and lack of regular physical activity are associated with a higher risk of breast cancer. Engaging in consistent, moderate-intensity exercise, such as brisk walking, for at least 150 minutes per week (or 75 minutes of vigorous intensity), can help manage weight and potentially lower risk.

Dietary Choices: While not as definitive as the links with weight or alcohol, a diet rich in fruits, vegetables, whole grains,

and lean protein, while limiting processed foods and saturated fats, may contribute to overall health and potentially lower cancer risk. The influence of "Westernized" dietary habits observed in India is a point of concern.

Hormone Therapy Postmenopausal: The use of combined hormone replacement therapy (HRT) containing both estrogen and progesterin, taken during menopause for extended periods, has been shown to increase breast cancer risk. Discussing the risks and benefits with a healthcare provider is essential for women considering HRT.

Smoking: Growing evidence suggests a link between smoking, both active and potentially passive (secondhand smoke exposure), and an increased risk of breast cancer, particularly in premenopausal women and those who begin smoking at a young age.

Environmental Factors and Lifestyle: Beyond the major modifiable factors, the increasing exposure to certain environmental pollutants, radiation, and sedentary behaviors driven by modern lifestyles are also under investigation as potential contributors to the rising breast cancer incidence, as noted in the J&K context.

C. The complex interplay: Understanding personalized risk

It is vital to recognize that breast cancer risk is rarely determined by a single factor; it arises from a complex and unique interplay of many elements. Possessing one or even several risk factors does not guarantee a diagnosis, and conversely, many women who develop breast cancer have no identifiable risk factors. Individuals with a high-risk profile, such as those with a strong family history or identified genetic mutations, should engage in open discussions with their healthcare providers to understand their personalized risk assessment and explore potential risk reduction strategies, including intensified screening schedules or preventive medications. Knowledge and informed dialogue remain powerful tools in navigating this complex landscape.

Innovation in the fight: breakthrough breast cancer treatment

The field of breast cancer treatment is experiencing rapid advancements, offering new hope and improved outcomes for patients. Personalized medicine and targeted therapies Genomic profiling allows for tailored treatment based on an individual's tumor characteristics by identifying genetic mutations driving tumor growth. Targeted therapies specifically attack cancer cells, minimizing harm to healthy tissue and reducing side effects compared to traditional treatments. Examples include HER2-targeted therapies like trastuzumab (Herceptin) and antibody-drug conjugates (ADCs) that deliver chemotherapy directly to cancer cells.

Immunotherapy

Immunotherapy harnesses the body's immune system to recognize and destroy cancer cells. Checkpoint inhibitors, such as pembrolizumab (Keytruda), block proteins that prevent the immune system from attacking cancer cells. Immunotherapy has shown promise, particularly in treating triple-negative breast cancer (TNBC), a more aggressive type with limited treatment options. Advancements in surgical techniques Minimally invasive surgeries like laparoscopic and robot-assisted procedures lead to reduced pain, scarring, and faster recovery times. Oncoplastic surgeries

combine cancer removal with plastic surgery techniques to preserve or reconstruct the breast's natural appearance. Sentinel lymph node biopsy reduces the need for extensive lymph node removal, minimizing complications while accurately assessing cancer spread. Enhanced diagnostic tools Advanced imaging techniques such as digital mammograms and 3D imaging improve early detection by providing clearer and more detailed images, particularly in dense breast tissue. Liquid biopsy and circulating tumor DNA (ctDNA) analysis offer non-invasive methods to monitor genetic mutations and treatment response through a blood sample. Artificial intelligence (AI) assists radiologists in reading mammograms and analyzing images, potentially improving accuracy and reducing missed diagnoses. Emerging treatments and clinical trials PARP inhibitors target DNA repair pathways in cancers with BRCA mutations, potentially making cancer cells more vulnerable. CDK4/6 inhibitors disrupt the cell cycle, preventing the growth of hormone receptor-positive breast cancer cells. CAR T-cell therapy, which genetically modifies a patient's T cells to target cancer cells, is currently being investigated in clinical trials for breast cancer. Clinical trials are crucial in developing and testing new drugs and combination therapies, accelerating the fight against breast cancer. Challenges and future directions Despite these advancements, challenges remain in ensuring equitable access to these innovations and addressing health disparities. The long-term safety and efficacy of some newer treatments are still being evaluated. Further research and clinical trials are necessary to refine treatment options, overcome drug resistance, and improve outcomes for all breast cancer patients. Researchers are exploring personalized cancer vaccines that train the immune system to target specific tumors. The use of AI in risk assessment and predicting treatment response is being further investigated. The future of breast cancer treatment lies in leveraging these innovations, conducting ongoing research, and prioritizing personalized patient care to ultimately improve survival rates and enhance the quality of life for those affected by this disease.

The "What Now!!" Survival Guide: Navigating the Everyday with a Side of Sass

So, you've heard the news, digested the initial shock (or are still working on it), and now you're faced with the grand question: "What now!!" It's not just about the big treatments and the medical jargon; it's about the everyday stuff. Like, how do you find comfort in your own clothes when your body feels different? Or what do you say when someone asks if you're "fighting the good fight" for the tenth time that day? This isn't your average medical textbook; this is your unofficial, slightly cheeky, and thoroughly practical guide to navigating the unexpected shifts and changes of life with breast cancer. We're talking about the real-life hacks, the moments of unexpected joy, and the sheer grit it takes to maintain your sense of self when your body feels like it's staging a rebellion.

Expect to find insights on:

The Great Hair Odyssey: From the initial shock of shedding to the brave new world of wigs, scarves, and embracing the bald-and-beautiful look. We'll share tips for finding your new crowning glory, or simply rocking the one you've got (or

don't!).

Treatment Day Comfort & Confidence: How to dress for infusions, what to pack in your "chemo bag," and finding outfits that prioritize comfort without sacrificing your personal style. Think fashion that fights back, on a soft fabric at a time.

Dining with a Difference: Navigating the wild world of altered taste buds, mysterious cravings, and the quest for food that actually tastes good when nothing else does. Because sometimes, only a very specific pickle will do.

The Art of the Polite Dodge: Learning to gracefully (or not-so-gracefully) handle well-meaning but often clueless questions from friends, family, and strangers. Because "How are you really?" deserves an honest, yet sometimes brief, answer.

Energy Management, Sass Style: When fatigue hits like a ton of bricks, how do you manage your energy, say "no" without guilt, and prioritize what truly matters? It's about finding your new rhythm, even if that rhythm involves a lot more naps.

Reclaiming Your Body, On Your Terms: Tips for self-care, navigating personal changes, and rediscovering confidence when your body feels like unfamiliar territory. It's about embracing your journey and celebrating every small victory. This column is about facing the daily grind with a grin, finding your strength in unexpected places, and proving that even when life throws its toughest challenges, you can still meet them-and maybe even tackle them with a little extra oomph.

More Than Just a Ribbon: Our Collective Roar for Resilience

We've journeyed through the stark numbers and whispered stories of breast cancer in India, explored the body's intricate battleground, and even discovered our own "sass" in the everyday survival guide. We witnessed how an unscripted star like Hina Khan bravely shares her reality, proving that courage isn't just for the cameras. Now, as we draw this narrative to a close, it becomes powerfully clear: breast cancer awareness is more than just a ribbon. While the pink ribbon remains a vital symbol of hope and solidarity, the true strength lies in the real lives it represents. It's in the quiet resilience of every patient navigating treatment, the collective support of families and friends, and the bold voices advocating for change. It's about turning personal battles into a collective roar for resilience-a resounding declaration that this disease will not define us. Across India, this roar is growing louder. It's heard in the calls for early detection, the unwavering dedication of healthcare professionals, and the increasing openness with which stories are shared, breaking down stigma and building bridges of understanding. Every check-up, every supportive hand, every moment of shared laughter, and every act of advocacy fuels this powerful movement forward. So, let the ribbon be a visual reminder, yes. But let's also remember the vibrant, tenacious spirit it represents. Let's champion early screening, offer genuine empathy, and celebrate the incredible human capacity to face adversity with strength, humor, and an unyielding will to thrive. Because when we look beyond the ribbon, we see an entire nation's unwavering commitment to life, courage, and a future where every voice contributes to this powerful, collective roar.

(The writer is a class 10th student at AL-Sarwat Convent Anantnag and Aakash Raajbagh)