

# **The Resurgent India**

**A Monthly National Review**

March 2020



***“Let us all work for the Greatness of India.”***

*– The Mother*

Year 10

Issue 12

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# THE RESURGENT INDIA

A Monthly National Review

March 2020



## SUCCESSFUL FUTURE

(Full of Promise and Joyful Surprises)

*Botanical name: Gaillardia Pulchella*

*Common name: Indian blanket, Blanket flower, Fire-wheels*

Year 10

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## **A Declaration**

We do not fight against any creed, any religion.

We do not fight against any form of government.

We do not fight against any social class.

We do not fight against any nation or civilisation.

We are fighting division, unconsciousness, ignorance, inertia and falsehood.

We are endeavouring to establish upon earth union, knowledge, consciousness, Truth, and we fight whatever opposes the advent of this new creation of Light, Peace, Truth and Love.

— The Mother

(Collected works of the Mother, Vol. 13, pp. 124-25)

# COVID19 CORONAVIRUS: WHERE INDIA FAILED

***“Nine-tenths of the danger in an illness comes from fear. Fear can give you the apparent symptoms of an illness; and it can give you the illness too, – its effects can go so far as that.”***

– The Mother (CWM 3, 2003, p. 90).

The global – and Indian – overreaction to COVID19 coronavirus is a classic case of collective fear which has been more contagious than the virus itself. The scale and intensity of governmental responses around the world have been completely disproportionate to the nature of the virus. This is more so in the Indian case, where the effects of the virus have been much less lethal as compared to other countries, yet the public mobilization around fear and the emergency measures instituted on the recommendation of international scientific advisories have been drastic, ill-thought and crippling for the country.

The case of COVID19 shows not only the shaky ground and stumblings upon which physical Science has based its dynamics and assumptions, but also how the present system of outer material organization – the modern state system with its dominant emphasis on Parliamentary democracy – creates perverse processes and incentives to follow the least logical and the least intuitive solution to specific problems of life. Nothing demonstrates this better than India’s handling of the COVID19 crisis. India’s case shows how a relatively mild disease can be turned into a national crisis.

## COVID19 CORONAVIRUS: ITS ORIGIN AND SPREAD

COVID19 is a category of coronaviruses – a family of viruses that can afflict both animals and humans and cause respiratory

illnesses – akin to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). It is also called SARS-CoV-2. It mainly causes damage to the lungs and breathing problems, amongst other triggers. A coronavirus is made up of three elements – spike proteins that bind the virus to a living cell, Ribonucleic acid (RNA) strands that helps the virus replicate in a cell, and, fatty envelope that holds all the components together. RNA strands help determine the behaviour of the virus and constitute about 26,000 to 32,000 bases in the coronavirus (Roy, 2020).

COVID19 coronavirus was first reported from Wuhan (in Hubei province) in China in December 2019. It has been transmitted from an animal source, and first emerged from an animal market in Wuhan.

**COVID19 general symptoms:**

According to WHO, the symptoms of COVID19 include “fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually” (WHO, 2020).

This disease is much weaker than any of the other coronaviruses and even weaker than typical pneumonia. It has usually proven to be fatal – like any other disease – to people with existing serious health conditions. Its ‘incubation period’ – the time between catching the disease and beginning to show symptoms – is between 1 to 14 days, most commonly 5 days (WHO, 2020).

According to WHO, “Some people become infected but don’t develop any symptoms and don’t feel unwell. **Most people (about 80%) recover from the disease without needing special treatment.** Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty in breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness” (WHO, 2020). In the case of people who do not show any symptoms of the disease – asymptomatic patients – governments have raised the alarm of possible silent transmission of the virus from them to other more vulnerable people.

Till date, scientists across the world have not been successful in developing a vaccine or a treatment for this virus. Scientists have been conducting genetic sequencing of coronavirus isolates from patients’ samples in order to determine more about the strain of the virus in different geographical locations and how fast it mutates. This is important in developing vaccines for the virus. Some coronaviruses – like flu – mutate very fast and, therefore, it is difficult to develop a vaccine for them, since the vaccine becomes defunct once it mutates. COVID19, in contrast to other coronaviruses, appears to mutate more randomly.

According to initial findings by Chinese scientists, there are two type of COVID19 mutations – L-type and S-type, and at least 8 to 18 other potential coronavirus strains around the globe (Ramesh & Basu, 2020). The mutations of the COVID19 is making it complicated to develop a vaccine or a treatment for it.

Currently, experimental trials are being conducted into **three classes** of drugs viz. anti-virals, anti-inflammatories and anti-bodies, besides supercomputer simulations and testing existing vaccines.



**Anti-virals** include drugs such as **chloroquine** and **hydroxychloroquine** and are used in treatments for **malaria, rheumatoid arthritis and lupus**. India is the world's largest exporter of generic drugs. India is also the only exporter of chloroquine and its active ingredients. Other countries like Europe and US are largely dependent on India and China for drugs export.

The drugs saw a wide surge in global demand after US President, Donald Trump, publicly announced that they might be potentially effective in dealing with coronavirus. India has been in the international spotlight for restricting the export of key anti-viral drugs – and their Active Pharmaceutical Ingredients (APIs) – in order to make them available to its own population when needed. These restrictions have now been partially lifted, after requests from US, Brazil and other countries.<sup>1</sup>

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<sup>1</sup> There was a brief controversy, entirely manufactured by media, over this issue. Recently, after India had completely banned the exports of hydroxychloroquine, Trump and Bolsonaro spoke to Modi and it was agreed that the ban would be lifted. Trump also confirmed as much in a public statement. But two days later, in a press conference, a reporter asked Trump whether US would have 'retaliated' if India had not lifted restrictions. It was in response to this question that Trump answered that US would have indeed considered 'retaliation' in such a case. This fueled controversy in India, with opposition and media taking the opportunity to allege that Modi lifted the ban under US pressure and that he should not have done so.

Despite the fact that the ban was lifted much before this statement was made, the media continued to peddle misinformation. Trump may have been briefed about the public controversy in India. For, most recently, he took the opportunity on at least two occasions to thank and praise India effusively for lifting the ban. The latest Trump statements will mercifully put this insignificant and needless manufactured controversy to rest, but nothing can be put past the sensational Indian media.

Anti-virals also include ***anti-HIV drug combination, Kaletra***, which has been prescribed by China as well, and ***anti-flu drugs like favipiravir***. Experiments have also been conducted with ***remdesivir – an anti-viral used in Ebola*** – as it has been shown to work against other coronaviruses, with scientists betting big on this drug. Israel is currently conducting trials on it.

Scientists are also testing ***anti-inflammatory drugs***, which can treat the lungs when the immune system is overwhelmed, such as ***Kevzara and Actemra***. Finally, ***anti-body*** based treatments are being developed from those who have already recovered from COVID19 or being developed in laboratories, to administer to critically ill patients or as a temporary prophylactic to healthcare workers.

***However, all these drugs have serious side-effects on health.*** After Trump promoted chloroquine and hydroxychloroquine, many took these drugs in large doses and died or were hospitalized. Other drugs lead to serious side-effects for the immune system, liver damage and birth defects. They are still being tested and nothing precise or universally applicable has been found as of now. Different countries have shown different results, with these drugs being effective in countries like France and South Korea and not in China.

In addition to testing of these drugs, the BCG vaccine<sup>2</sup> used for Tuberculosis treatment is also beginning to be tested to provide potential immunity against COVID19. Its trials are being conducted on older people and health workers in Netherlands, Australia, UK and Germany. India – which has Serum Institute of India, the world's largest vaccine manufacturer and developer of

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<sup>2</sup> With an efficiency rate of around 60% and vaccination protection lasting for just 15 years.

a new form of the BCG vaccine – is also ready to conduct similar trials. The new form of BCG vaccine is VMP1002, as the earlier one is proving ineffective against lung TB, the most widely prevalent form of TB in India. The new BCG vaccine will be tested against COVID19 too, as it is a respiratory disease (Ramesh, 2020).

## THE STATUS OF COVID<sub>19</sub> IN INDIA

***“Each and every ailment, each and every illness is a falsehood.”*** – The Mother (CWM 11, 2002, p. 272).

This is best revealed in India’s case. India reported its first case of COVID19 on January 30<sup>th</sup> 2020 from Kerala. The patient was a student who had returned from Wuhan, China. Between January 30<sup>th</sup> and February 3<sup>rd</sup>, three more cases were confirmed from Kerala, all traceable to China. After these cases and their recovery and stabilization, no new cases were detected for almost a month. During that time, India placed partial travel restrictions and screenings on travelers from China, Italy, Iran and South Korea. At the same time, India began to evacuate its nationals stuck in virus-hit countries. In many cases, these returnees – through the month of February and early March – were not robustly screened or quarantined. Travel advisories were relaxed and quarantine was also optional. The entry of a group of Italian tourists and other foreigners in India led to a gradual transmission of the virus.

Cases in India began to rise from early March onwards, first slowly and then more rapidly. Presently, COVID19 cases in India are doubling every 5 days, with a Compound Daily Growth Rate (CGDR) of 13.42%<sup>3</sup> (Ravi & Kapoor, 2020). India took the first drastic step when PM Modi gave a speech on March 19<sup>th</sup>

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<sup>3</sup> In US, the CDGR is 18.2%. In Italy, South Korea and Japan, it is 17.6%, 12.6% and 11.4% respectively (Ravi & Kapoor, 2020).

announcing that the whole country would observe a voluntary 'Janata curfew' on March 22<sup>nd</sup>.

The curfew was largely followed by the people all over the country. Except for some pockets, in UP and Delhi's Shaheen Bagh, where handful of Muslims conducted anti-CAA protests to defy the PM, the rest of the country remained in their homes. The curfew was meant as a trial for further strict lockdown measures to be undertaken in the coming days.

India imposed a complete nation-wide 21-day lockdown from midnight March 24<sup>th</sup>, after PM Modi announced the same in his address that evening at 8 PM. There was barely a gap of 4 hours between the PM's fear-inducing address and the imposition of the lockdown, leading to widespread panic among the people.

What stood out was PM Modi's most illconceived and unwarranted statement saying. "As per health experts, a period of at least 21 days is extremely critical to break the infection chain of coronavirus. If the situation is not handled in these 21 days, the country and your family could go back 21 years...Stay inside your home, stay inside your home, and do just one thing – stay inside your home." This speech opened the channels which were then used by the media to progressively transmit fear to the general public. As a result, the psychological suffering inflicted and the immense damage to the health of national psyche has been greater than anything that any virus or epidemic can ever inflict in its normal course. The current trajectory of COVID19 in India – taking account of India's vast population of 1.3 billion people and the low death rate – suggest that the government over reacted and out of unfounded fears. There are a number of reasons behind this view of the problem of the COVID19 spread.

- First, in India, so far, early reports suggested that India might have a weaker strain of COVID19. Genome sequencing of limited samples has shown that the Indian strain may be broadly similar to the one in China. This has led scientists to suggest that the strain of COVID19 in India is not as virulent as the one prevalent in US, Italy and Spain. However, wider sequencing is still awaited.

- Second, till date, there is no community transmission in India. The lockdown decision was taken despite the fact that India was still officially in ‘local transmission’<sup>4</sup> stage and the cases/casualties were very much under control, and the cases started building up only after first week of March. To have gone into national isolation before that would border on irrationality. Yet, the kind of universal ‘educated’ thinking that has worked to manufacture the fear around this virus continues to think that even the draconian 21-day Indian lockdown is too little, too late.

- Third, the rise in the transmission of virus had been second-slowest in India, after Japan – at least until the ‘super-spreader’ Tablighi Jamaat cases<sup>5</sup> linked to Muslim congregation at Nizamuddin in Delhi which not only reduced the time-period

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<sup>4</sup> ‘Local transmission’ refers to that stage of COVID19 outbreak when the virus is not so widespread viz. it is possible to trace the human sources from which the virus gets transmitted from one person to another. This stage is crossed when a country or a region enters ‘community transmission’ stage viz. a stage when the virus has spread among the people or the community such that it is no longer possible to do contact tracing or to find out who got the virus from whom. This has happened in Italy, US etc. India, according to official government and Indian Council of Medical Research (ICMR) stand, is still in the local transmission stage.

<sup>5</sup> The Tablighi Jamaat event held in Nizamuddin has caused immense controversy in India. It has evoked public outrage since it is

of spread, but also contributed to nearly 60% of new COVID19 cases and 30% of all-India cases (India Today, 2020). Despite this, compared to our population, even this event's transmission is very limited. While the transmission has increased, the number of casualties and fatality rate continues to be low.

**Table: Countries with number of confirmed coronavirus cases more than India (as of April 8<sup>th</sup>, 2020, 07.39 A.M):**

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linked to rise in new cases in India and also forms a substantial part of total cases. However, this public outrage soon naturally turned into anti-Muslim mobilization among Hindus across the country. In UP and other states, there have been reports of Hindus refusing to allow Muslims to enter their colonies, refusing to buy from them etc. This has disturbed the secular lobby which has been trying its best to establish that Jamaat does not represent all Muslims, despite having such a massive following. Some sections of this lobby have even said that Jamaat is being misrepresented by media.

It has also emerged that Jamaat is a powerful organization, with contacts across the political spectrum. Past reports show that it has been banned across many countries, is linked to terrorists and has even been accused by spy agencies of UK and US for funding terrorism. In India itself, Jamaat has lot of heft. In the last few days, a curious trend has been seen. Anyone criticizing the Jamaat is being arrested or checked by the police, across both BJP and non-BJP ruled states. The media has also been under pressure to rescind its negative coverage of Jamaat. If the media wants to report that a particular infection is linked to Jamaat, then the police (even in UP) is not allowing the media to name Jamaat.

The fact that BJP sent the country's NSA to plead with the Jamaat to vacate the mosque premises, has outraged the people as this is seen as appeasement and fear. Jamaat has publicly blamed Kejriwal for failing to act, asserting that they had sent repeated requests to Delhi government to arrange to vacate them, but there was no response. Kejriwal has also come into limelight; for his inaction is being linked to his past record of appeasing the Delhi Imams of various mosques by raising their perks and salaries.

<b>Country</b>	<b>No. of Confirmed Cases</b>	<b>Deaths</b>	<b>Death rate (per confirmed cases) (%)</b>
U S	398,185	12,844	3.22
Spain	141,942	14,045	9.89
Italy	135,586	17,127	12.6
France	110,070	10,343	9.39
Germany	107,663	2016	1.8
China	82,718	3337	4.03
Iran	62,589	3872	6.18
U K	55,949	6171	11
Turkey	34,109	725	2.1
Switzerland	22,253	821	3.6
Belgium	22,194	2035	9.16
Netherlands	19,709	2108	10.6
Canada	17,897	377	2.1
Brazil	14,034	686	4.88
Austria	12,639	243	1.9
Portugal	12,442	345	2.77
South Korea	10,331	192	1.85
Israel	9248	65	0.7
Sweden	7693	591	7.68
Russia	7497	58	0.77
Norway	6086	89	1.4
Australia	5895	45	0.7
Ireland	5709	210	3.6
India	5311	150	2.82

Source: John Hopkins University Center for Systems Science and Engineering (CSSE).

At least 24 countries have more confirmed coronavirus cases than India, with many having a greater death rate also, yet the majority have imposed a much less stringent lockdown.

- Fourth, India also has another advantage, like Germany. Majority of Indian cases of COVID19 – 47% or nearly 50% – belong to people who fall in the working age population of below 40 years. These cases are less likely to die of COVID19. Only 19% cases are 60 years of age and above. More than 63% deaths due to COVID19 in India are among those belonging to age above 60 years. 30% deaths are among those who fall in age bracket of 40-60 years. ***Only 7% deaths are among those whose age is below 40 years – the category to which majority of cases belong, in India.*** This explains why the death rate in India has not skyrocketed like in Italy or Spain. Also, 76% of COVID19 patients in India are male. Unlike Italy, it did not strike the old population. Therefore, the chances of too many deaths is much less and recoveries can be faster. ***Indian government has not recognized and is not taking advantage of this demographic fact.***

- Fifth, in a country where even the broken and creaky public healthcare system has not been even slightly strained by COVID19 cases, the lockdown or its further continuance defies all logic. ***Neither has it been proven that a lockdown is a solution to COVID19 – at some point of time, when the lockdown is lifted, the people will have to face the virus.*** A lockdown can only be a temporary way of putting off the inevitable, with disastrous side-effects which fast tend to become far more damaging than what any such diseases could ever be.

***Is the government willing to keep India under a lockdown till a vaccine or a treatment is developed – an impossible thought.*** Rather, partial restrictions in hot-zones of the virus spread or among certain population groups (those already



infected, the elderly, the ill etc.) could be instituted and monitored as other countries have done, even as the rest of the country is allowed to resume normal life.

- Sixth, according to estimates, as of March 31<sup>st</sup>, standardizing the number of infected cases by population, ***India's cases were easily 500 to 2000 times lower than those of other countries, especially Europe, with the number of cases of COVID19 per million of the population being only just 1.66 in India, as compared to 1906 in Italy and 2358 in Spain*** (Devadasan, 2020).

**Table: COVID19 coronavirus cases per million of the population (as of April 3<sup>rd</sup>, 2020):**

Country	Total cases per million
Russia	24.3
United States	742
Canada	299
Mexico	10.6
Brazil	37.2
China	57.2
France	905.4
Germany	877.5
Greece	145.2
Iceland	3865.2
India	1.66
Indonesia	6.5
Iran	600.8

Israel	722.3
Italy	1906
Japan	20.6
Pakistan	10.3
Saudi Arabia	54.1
Singapore	179.3
South Korea	196.2
Spain	2357.7
Sweden	541.2
Taiwan	14.2
World	128.3

**Source:** Roser et al.(2020)

The data above shows that the number of infectious cases per million of the population of the world is just 128.3 and in India it is amongst the lowest at 1.66 – the one eightieth of the world average.

- Seventh, there are, comparatively, much more lethal diseases that have killed a lot more people in India and world-wide. ***Tuberculosis is amongst the most lethal diseases world-wide, killing 1.5 million people world-wide in 2018 and 220,000 people in India, with 27% of tuberculosis cases in India being drug resistant (Singh, 2020). Besides, around 20,000 people die in India everyday – 5000 due to heart diseases and 2000 due to strokes, among other things (Singh, 2020).***

***Under such conditions, to prioritize the COVID19 out of all proportions defies all logic, especially as it is not affecting India significantly in terms of death rate or number of cases. Such***

***an approach would also compromise the public health system's responsiveness to other diseases, if the system is deliberately restricted to COVID19 cases and made inaccessible due to lockdown.*** This can only imply that the governments' irrational attitude is motivated by political calculation and populist measures.

**Table: Comparing COVID19 to other diseases/pandemics:**

Disease/Pandemic	Death rate	Global deaths	Global cases
1918 influenza	2%	50 million	500 million
Seasonal flu	0.1%	291,000 to 646,000 (annually)	1 billion (annually)
2002-04 SARS (Severe Acute Respiratory Syndrome)	15%	774	8,098
2009 H1N1 flu	0.02%	2,84,000 (approximately)	24% of global population – around 1.8 billion
2014-16 Ebola	50%	11,325	28,652
COVID19 (till date)	5.5%	74,856	1,350,523

Source: Ries (2020); Coronavirus Resource Center (2020)

The reasons listed above – especially the mild manner in which COVID19 is affecting India and the possible damages when it is blown out of proportion – should have provided sufficient ground to the government to adopt a more balanced, practical and calibrated approach, rather than taking an ill-thought and

hasty decision. On the day when the PM announced the lockdown viz. March 24<sup>th</sup>, India had only 500 confirmed cases and 10 deaths. ***The world's harshest and most ill-thought lockdown was announced along with a psychology of fear which led to the cultivation of a wide-spread fear among the masses. The fear was triggered mainly by the PM's March 24<sup>th</sup> speech.***

## THE POLITICIZING OF THE MIGRANT CRISIS

By the sudden announcement of the lockdown on the 24<sup>th</sup> March, many migrant people were thrown into a state of panic about reaching their homes. Many people were stuck in different parts of the country due to the short notice of the lockdown commencement period. Daily wage migrant workers started an unprecedented exodus 2 days after the lockdown from India's major cities back to their villages, as they suddenly found themselves unemployed. The government had no provision planned for buses or special trains to take them home. These came much later, after the damage was done. Lakhs of migrants had started the journey back home, walking up to hundreds of kilometers between states, on foot.

In Delhi, the mass exodus of migrants towards the Delhi-UP border was particularly massive in scale, with the movement of workers running into lakhs of people over a period of 2 to 3 days. Kerala was yet another epicenter of migrant crisis, where thousands of workers congregated on streets and demanded to be sent back home. Other cities too saw migrants attempting to travel, but to a lesser degree.

It was only through very belated measures that the government banned all inter-state movement so as to prevent the migrants from leaving and also issued orders that no landlord could evict the migrants. Yet these bureaucratic orders have

hardly sufficed or been enforced. The government ought to realize that diktats asking landlords to forego rent or businesses to pay salaries to employees, even as the whole economy remains shut, are not only irrational, but also disastrous at least in some cases.

In Delhi, some news portals had initially reported that water and electricity connections of the migrants were cut-off by the Delhi government, so that they were forced to leave. At least two news portals – Amar Ujala and News18 – had reported this, but later retracted/deleted the news, likely due to political outrage from the Aam Aadmi Party (AAP). Yogi Adityanath himself accused the Delhi government. Videos are available of late-night announcements among migrant settlements (by AAP workers), spreading misinformation that UP government buses are waiting for them at the border to take them home.

Further, Delhi Transport Corporation (DTC) buses dropped these migrants at the border, further clogging it and abetting the crisis. Some leaders of AAP made false statements saying that the UP police was beating people at the border. Once these statements were proven to be fake, they were hastily retracted. Even as the Delhi government undertook these machinations, Kejriwal's first statement asking migrants not to leave and assuring them of basic supplies came once nearly all the migrants at the border had already left.

UP government's handling of the incoming migrants was certainly commendable and once they were inside UP, everything went smoothly, including the process of testing and quarantining them. But the Delhi government's devious role raised many questions. It became apparent that Kejriwal had expected the migrant crisis to go out of control, so that the centre and UP would be in trouble.

In Kerala, something similar happened, albeit without any complicity from the state government. Here, thousands of migrants gathered in Kottayam, within 2-3 days of the lockdown, to protest against the government and asked it to give them food and send them back to their homes. Later, a Kerala Police probe established that detailed planning by Islamic fundamentalist organizations was behind this ‘sudden’ protest. Muslim migrants from West Bengal were also arrested in this connection (Swamy, 2020). Another similar protest was being planned in Kerala’s Allapuzha district on the call of an Islamic outfit, Welfare Party of India, which had asked people to gather in large numbers, but was prevented as the police arrested its president (Swamy, 2020).

## **THE BUILDING-UP OF THE POLITICAL PRESSURES THAT LED TO THE LOCKDOWN**

Having broadly seen why a lockdown was not needed, we will come to the question of the initial political pressures that led to the lockdown. The myth that India’s insufficient testing had hidden millions of cases responsible for silent transmission which would eventually overwhelm the health system and lead to a pile up of dead bodies, had been used by every detractor of government’s initial calm approach. This spreading of the panic was enough to compel the government to unthinkingly take such a drastic measure.

**India’s testing rate is about 0.07 per thousand people (as of April 6<sup>th</sup>).**

<b>Country</b>	<b>COVID19 tests per thousand people</b>
United States	5.76
South Korea	9.06

Taiwan	1.56
Japan	0.37
India	0.07
Germany	15.97
Italy	12.21
Pakistan	0.19

Source: Our World in Data (2020)

But, besides India, even Japan has had a record of testing few cases, confining testing to only those who show severe symptoms. In itself, the idea that more testing is a holy grail for dealing with this virus is an absurd proposition, as it is a myth that more testing can necessarily be more effective.

Even common epidemiological literature has established that widespread testing is needed as long as the agent of virus is unknown. Since the agent/source of virus, in this case, is well-known, it is no longer needed to test newer cases showing symptoms. Since this virus has just basic symptoms of cold, cough and fever, the treatment for both, confirmed and probable cases would be the same. Therefore, it would be a waste of resources to do unlimited testing, which should be limited to the most severe cases only.

It is also a myth that India is underreporting the numbers; for, if there are so many untested, COVID19 patients then, given the collective panic, they would have overwhelmed the hospitals by now, but this is not happening. ***This can only mean that these people either do not have the virus despite the fast transmission rate of the virus, or, that the virus is so mild and harmless that people do not even realize that they have it.***

The wild conspiracies and allegations that India has been hiding the number of cases are completely unfounded, as even in states – Maharashtra and Kerala – that are testing more, the situation is well under control. It will not be possible to hide such a massive number of cases in a country like India, where the media is persistently waiting to catch the government on the wrong foot.

Indian media has been interviewing ‘experts’, such as the infamous Dr. Laxminarayanan, with a dubious record,<sup>6</sup> working for western NGOs and based out of India, to come up with incredible allegations that more than 200-300 million would already have been infected by this virus without any knowledge of it, as early as first week of March.

There was also a prediction by these so-called experts that 2.5 million people will die in India due to this virus, since India is a ‘poor country’ and does not have the public health infrastructure to deal with the “epidemic”. ***The Indian media outlets gave full platform to these unfounded, irrational and unscientific allegations – much before the lockdown – designed to deliberately spread panic and fear within the government, the Indian health system and the people, and to anyhow tarnish India’s image even if through wild imaginary future projections.***

Famous western economists even went to the extent of derisively re-invoking memories of the British-era plague disaster

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<sup>6</sup> The Indian-origin ‘expert’ in question, Dr. Raman Laxminarayanan, was not even a certified doctor, but an economist (PhD) working with a US-based NGO and giving lectures at Princeton University. His record showed that few years back he was living in India and working with the Public Health Foundation of India (PHFI), another NGO. His contract was not renewed due to various allegations and controversies on intellectual property theft against him by the PHFI.



in India which wiped out millions, predicting that India will not be able to control the virus and see a repeat of such a scenario, since it does not have health infrastructure to cater to a rapid spread among 1.3 billion people. If these doomsday scenarios were meant to create an illusion so that the Indian government and people give in to fear – they have succeeded.

These so-called experts, while appearing in the Indian media, were the first ones to suggest that a total lockdown was the only way for an ill-equipped country like India to deal with the outbreak, lest things get out of control. India also acted under pressure from WHO – which has been advising a 21-day lockdown period to countries.

They induced systemic panic by stating that India had to do its further planning keeping the worst-case scenario in mind, reinforcing it through blaring media outlets and public panic. Media – both Indian and western – played its part by further hyping up doomsday scenarios for the country, all based on so-called expert knowledge.

Indian politicians were never far behind. Congress leader, Rahul Gandhi, did not miss out even a single day to allege that he had been petitioning the government to act against coronavirus since February 12<sup>th</sup>, even going so far as to allege that the government deliberately delayed the procurement of personal protective equipment (PPE) for protecting the health-care workers since January. Some other Congress leaders and opposition politicians and the media gave full play to these conspiracy allegations against the government.

When all these machinations and conspiracy theories continued to fall flat and, to the disappointment of many, ***dead bodies did not pile up in India*** and neither did the health system

get overwhelmed by a barrage of infected patients, the naysayers still attempted to continue their agenda. Fake or ill-motivated, overnight social media profiles of so-called young doctors were created in order to discredit the government by alleging that these doctors were working without safety equipment. These profiles and their allegations were so fake that they were immediately seen through and deleted overnight, with allegations also going around that there might have been the hand of India's opposition behind this, as Rahul Gandhi specifically empathized with these fake profiles.

In this way, a demand for a lockdown was deliberately, forcibly fed into the system through the days preceding the 'Janata curfew' on 22<sup>nd</sup> March. The government had finally given in to this overwhelming irrationality and political pressure masquerading as expert advisories, while simultaneously mocking India.

Since, in countries like China, there had already been more than 3000 deaths and in countries like Italy and Spain, the number of deaths had started running into thousands, the government felt that if the death toll followed a similar trajectory in India then it would be ten times worse with such a large population. This was based on pure panic, ill-thought and akin to giving in to random defaming lectures by western NGOs. But not a single person was willing to say otherwise or provide an alternative, calm point of view. If the government had gone by actual science and data, it would have been more than evident that a phenomenon akin to Europe can never play out in India.

Many of these experts, such as Dr. Laxminarayanan, are not just giving free, panic-inducing advice, but are doing so with a purpose as they are also into the commercial business of manufacturing medical devices and tools, diagnostic kits and

health consultancy services. ***One of the reasons why such people would dramatically inflate the number of projected infections and casualties is so that, in a fit of panic, governments (especially ill-equipped ones) would procure health kits and devices from these health middlemen.***

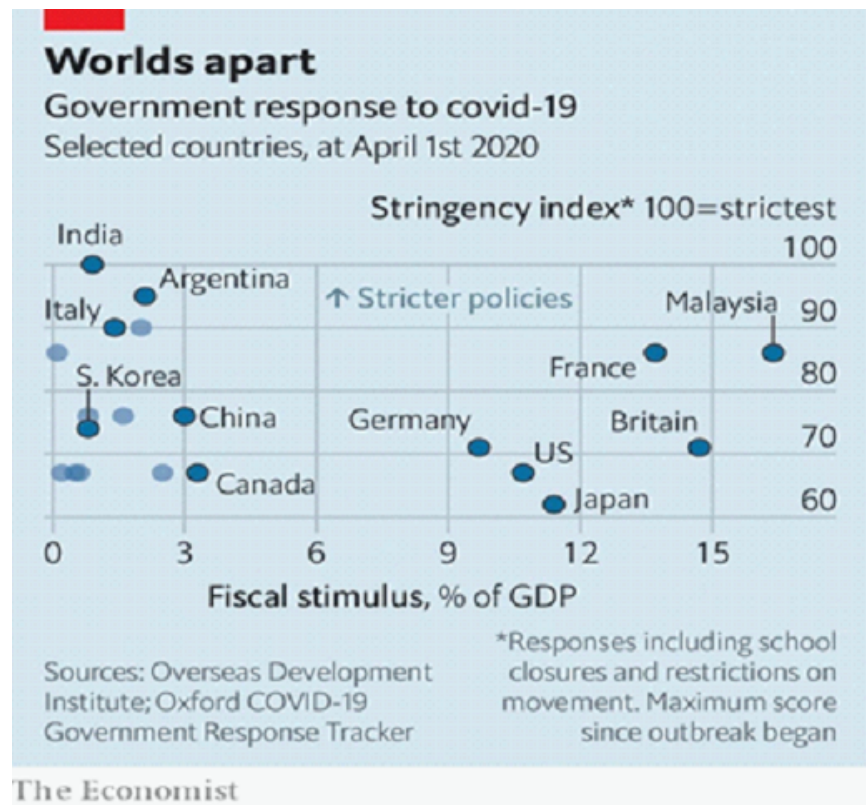
***Many of these kits, equipped with technology, can be used remotely. These mythical numbers, designed to take India hostage in a fit of panic, would be to put pressure on government to allow private testing facilities, which can eventually charge massive amounts for each test, as is happening in developed countries. There would be no better time to create a nation-wide panic and then feed on it for profits. This is the typical utilitarian mentality of first creating, magnifying and exaggerating the problem, and then selling solutions to it, to further one's commercial interests. And what better opportunity than a developing country with the world's second largest population?***

Unfortunately, for these profiteers, while India may have imposed a lockdown in a fit of panic, it has allowed very restrictive private testing, and has, moreover, made public testing entirely free of cost.

## **COMPARING INDIA'S LOCKDOWN AND OTHER COUNTRY RESPONSES/STRATEGIES FOR COVID19**

There is little doubt that COVID19 has triggered immense world-wide panic among the common people. However, India has panicked a lot more than other countries. In other countries, governments have dealt practically with the outbreak. In India, panic and the need for positive international optics and plaudits dictated the response, resulting in the most disproportionate and disastrous response.

The purpose behind introducing a nation-wide lockdown was to forcefully ensure compliance with ‘social distancing’ – staying away from each other – which is seen, worldwide, as the only way to prevent the spread of the virus. India has taken the toughest measures in the entire world.



This is where the difference lies between the Indian response to COVID19 and the rest of the countries (including China, Italy and US – the worst hit ones) response to it. ***Where all countries have treated lockdowns as a last resort and that too to be partially implemented or with its effects minimized to the largest possible extent, India has taken a dramatically opposite***

***view, having preferred the wholesale lockdown to any other option.***

As industrialist, Aditya Bajaj, has commented, ***“When 99.9% of the most vulnerable are above 65, I see no logic in this sweeping lockdown in a country in which 94% are below 65. We should have kept the seniors home, closed public spaces, and allowed the rest of us to keep life moving forward”*** (Gupta, 2020).

***Even though it is not proven that isolating people, dispersing crowds and instituting a lockdown is an effective way to deal with this outbreak, the Indian government, yet, has ended up instituting a self-destructive, suicidal nation-wide curfew. Not even China had instituted an irrational nation-wide lockdown, at the peak of its virus spread. And neither did Italy, nor Spain or US did so, despite having the world’s largest number of cases and deaths due to this virus. Trump still refuses to give into it. Brazil’s Jair Bolsanaro too has clearly stated that he refuses to give in to the paraphernalia around this virus. Neighbouring countries like Pakistan, Bangladesh and Sri Lanka have gone about taking measures much more rationally than India.***

India tried to ape China in dealing with the crisis by introducing a strict lockdown, but failed. For China had locked down only Hubei province and partial pockets in some other provinces rather than the whole country. India also tried to ape China in another respect viz. India and China went in for a full-scale, immediate lockdown – China in some provinces and India all over the country – as soon as they announced it, while European countries curtailed various activities gradually, with some people being allowed to go for work till a very later date.

Other countries like Italy and Spain and UK were reluctant to introduce lockdowns. They have done so now, but only after a very high death toll, and even then they have done so flexibly and are not treating their citizens like criminals. ***Italy enforced a lockdown after the death toll crossed to 800, Spain did so after 200 deaths, UK did so after 335 deaths and France imposed one after 175 deaths*** (Shukla, 2020). Their lockdown has acquired greater stringency over the weeks, but still doesn't come close to India.

### CHINA'S RESPONSE:

China had introduced a lockdown in Wuhan and in the entire Hubei province after the death toll touched 30, on January 23<sup>rd</sup>. It also locked down 11 other cities surrounding Wuhan. Various travel restrictions were also imposed throughout the country. In about 2 months, China succeeded in bringing the number of daily new infections to single digits and has now relaxed the lockdown in Hubei, while Wuhan continues to be partially restricted.

Notably, China did not only rely on these partial, stringent lockdowns, but also undertook other steps to make them more effective. It augmented its public health infrastructure really fast and even built new hospitals within days. It also meticulously engaged in micro-planning by designating separate zones for COVID19 patients within each hospital. China also moved non-coronavirus medical care online or postponed it altogether, so that the public health system could respond exclusively to this disease.

China also carried out large-scale contact tracing very efficiently, since it already had a massive and effective surveillance system in place. There were emergency centers all

across the country, which had huge screens that tracked the spread of disease across geographical clusters. Officials working to trace and those on field constantly coordinated to ensure that transmission chains were broken.

China also stood out for its efficiency in ensuring smooth food supplies to every quarantined household, by ensuring that online food delivery services are not hampered. In contrast to Indian and European cities where lockdown announcements led to panic-buying, this did not happen in China. There was lot of solidarity among Chinese workers to switch their jobs and engage in some other urgent work at hand, like food deliveries. This flexibility has been missing from citizens of other countries. Indeed, in contrast to citizens of other countries, where every individual rushed to secure their own selves, in China, notably, citizens cooperated with the government at the individual level also.

### **JAPAN'S CASE:**

Japan's case presents an unfathomable paradox to most people who have been panicking by this virus. At just 3654 cases and 85 deaths, as of April 6<sup>th</sup>, Japan has had a firm handle over the virus, with a death rate of 2.3%. It merits a detailed examination. It had been too easily assumed that Japan would be the next epicenter of this virus, after China. Indeed, many health 'experts' are suggesting that the explosion will certainly happen in Japan in the coming time and that there is 'silent transmission' happening – similar to the insinuations made for India in early March. Till now, these have proven to be wrong.

Japan has the highest percentage of elderly people in the world, who are more likely to become vulnerable to becoming casualties of this virus – as has been the case in Italy and Spain.

Yet, this has not happened, despite the fact that Japan has neither executed any lockdown, nor issued sweeping ‘social distancing’ measures except for a warning to avoid large/crowded gatherings and neither has it been testing vigorously (like South Korea, Germany and others).

It was only on April 7<sup>th</sup> that Japan declared a month-long state of ‘emergency’ in Tokyo and 6 other prefectures most severely affected by COVID19, and here too – keeping the economy in mind – Japan refused to declare a lockdown, clarifying that the government refuses to lockdown cities like it has been done abroad. Alongside this, Japan also announced an economic package amounting to around 20% of the country’s GDP, in order to soften the blow of the partial emergency.

With an estimated population of 126 million, Japan has tested only 16,484 people as of March 25<sup>th</sup> – amongst the lowest number of people tested compared to other countries (Marks, 2020). Japan has a very strict COVID19 testing criteria. One can undergo a test only if the fever is above 99.5 °F for more than four days, unless the patients are elderly, have underlying health conditions or are connected to a confirmed COVID19 patient. Even some people who somewhat meet the criteria have been denied tests. Unlike other countries – such as South Korea and Germany, which have undertaken lakhs of tests – Japan has refused to go on an indiscriminate testing spree, which may further public panic.

Shinzo Abe’s government has openly refused to heed the WHO’s ‘recommendation’ of ‘test, test and test’, with the Japanese government officials arguing that they do not need to utilize their full testing capacity as of now. This has led to Abe facing lot of flak from ‘experts’ and leading to wild allegations



that Japan is underreporting its COVID19 cases – as if it would have been possible to hide a huge number of cases/casualties. It had also been alleged that Japan tried to hide the number of cases as it was ambitious about hosting the Olympics this July, which has now been called off. But the country has stood firm against all internal – even opposition is criticizing Abe – and external pressures.

Whereas other world leaders, from Modi to Trump to Boris Johnson and Angela Merkel, have been visible in taking a lead in appearing pro-active in dealing with the virus, the Japanese PM has hardly been visible or even issued any statements.

It would almost seem as if Japan has completely dismissed the importance or the overtly dramatic form given to the COVID19 coronavirus which is sending the whole world into a panic. At a time, when most of the European and Asian countries were tense and in varying stages of national lockdowns – except China – the Japanese people were coming out in flocks to enjoy the traditional annual cherry blossom season in the country, presenting a drastic contrast between Japan and the world.

Despite ‘expert’ criticism, and in the light of the disaster of a lockdown in India, the Japanese response appears to be the calmest, so far. Japan had only banned overseas incoming flights and air travel, and, closed schools in March and even they have been ordered to be opened in April, with the government dismissing ‘expert advice’ against this step. Even here, Japan, in early February, had not banned travelers from all over China, but only from Hubei province. After a month, Japan restricted flights from South Korea, Iran and Italy and sent travelers from South Korea and China to a two-week quarantine as soon as they landed in Japan.

The reason the infection did not spread in Japan was because the country had been exceptionally efficient in immediately tracing infected individuals – over 80% infected cases had not passed on the infection to anyone, as per government briefing on March 9<sup>th</sup>. Japan also has a strong and inexpensive national healthcare system, with more than 4 times the number of hospital beds per 1000 people, compared to the US.

Japan has been shielded from this virus because of their natural cultural social distancing habits, with Japanese culture not encouraging hand-shake, kisses or hugs and has greater emphasis on sanitation and personal cleanliness and wearing masks in public places. Equally importantly, the spread was contained early-on also because Japan acted earlier to prevent community transmission. ‘Infection clusters’ began to be identified and isolated from early February, at the discretion of local governments.

## **GERMANY:**

Germany presents yet another unique case. It has amongst the highest cases of infections in the world, at more than 100,132 cases and increasing, yet the number of deaths has been just 1584, as of April 6<sup>th</sup>. The death rate is 1.6%, in a marked contrast from other European countries. There is a combination of factors that worked for Germany:

First, the average age of those who caught the virus was much younger than other hard-hit European countries, thereby making recoveries easier. The average age of those contracting the virus in Germany remains low at 49 years, compared to 62.5 years in France and 62 years in Italy (Bennhold, 2020).

Second, in a marked contrast to Japan and India and ahead

of most other Western countries as well, Germany has been testing a lot more people – nearly 350,000 COVID19 tests per week (Bennhold, 2020). Much like South Korea, anyone with even the slightest suspected symptoms is being tested and isolated and their contacts traced. This has been done with alacrity and efficiency.

The country has been so calm and efficient in its approach that it is planned that by the end of April, the country will have conducted random sample tests of 100,000 people across the country every week to see where the herd immunity is building up (Bennhold, 2020). Due to superior and excellent public health infrastructure, Germany could undertake all this without any panic in the face of the rising number of infections.

Third, Germany's excellence in public health facilities and low cost tests – in contrast to the expensive diagnostic procedures of US and UK – have given it a lot of space to isolate and treat people, without worrying about running short of intensive care units, hospital beds, and other facilities and services. Indeed, a German hospital first developed a COVID19 test in January itself when the country had recorded no cases, so that when the first case was reported in February, all hospitals sprang into action.

Some hospitals in Germany have been able to increase their infrastructural facilities to such an extent that now they are accepting citizens from other countries, like Italy and Spain, as well.

Fourth, in Germany, in contrast to the other European countries, the government is more trusted by the public, which is willing to adhere to social distancing guidelines. Angela Merkel's calm communications with the country and imposition

of strict social distancing guidelines have been welcomed by all, with little political opposition from any quarters. Merkel's popularity ratings have also soared and her leadership reinforced.

## **UNITED STATES**

The United States has the highest number of COVID19 cases in the world, at 366,614 cases and 10,923 deaths, while Brazil has 12,161 cases and 566 deaths, as of April 6<sup>th</sup>. Both the countries have had the most laidback approach to the virus, more so than Sweden and Japan. Opposition and media in both countries have been consistently trying to fear-monger, but the governments have refused to shut their economies due to the virus.

In the US, while the Democratic Party states like New York, California, Washington and Connecticut, are enforcing lockdowns, Republican Party states like Texas, Florida, Ohio and Maryland continue to be much more relaxed. The US President himself has not taken the outbreak so seriously. Trump is certain that he does not want the economy to be hampered due to the virus outbreak.

## **SOUTH KOREA:**

At 10,284 infections, South Korea has just had 186 deaths due to COVID19 as of April 7<sup>th</sup>, making it amongst the most successful countries in dealing with the outbreak. South Korea has stood out for dealing with this outbreak without imposing any draconian measures – like a lockdown – which could cost its people, even as it managed to contain the virus. Germany, Singapore and Taiwan took the cue from South Korea.

South Korea had, in February, become the biggest hub of the virus outbreak after China, but was able to effectively control

it without too many casualties. South Korea's strategy has centered around aggressive testing, isolation and contact tracing of people to break the chain of transmission of COVID19. Those who violate the self-quarantine rules could face a fine up to 8100 USD and a 1-year prison term. This was certainly a better option to break transmission – albeit requiring greater efficiency and work – than imposing a lockdown.

In South Korea's case, the efficient way of testing and success in isolating people could prevent the need to impose shutdowns anywhere in the country. Only COVID19 positive patients were isolated, while the rest of the country went about its work. Risk categorization of people was done and different modes of treatment and isolation were set for different categories of people, thereby helping to optimize resources.

The country also deployed technology to monitor the movement of patients and trace their contacts. Smartphone data, credit card records and travel histories were used for contact-tracing, while live GPS mapping was used to trace every movement of the quarantined person. An application for alerting people about whether they are entering a zone with high number of infections was also developed, along with alerting them about whether they are coming in touch with a potentially infected person.

To make all this successful, the government heavily relied on micro-managed mass surveillance by accessing personal information, spanning data on phone, banks, medical records, video cameras etc. India is now moving towards these measures, after it plans to ease or lift the lockdown. South Korea has intrusive privacy laws as well as a national registration system for identifying each person – in the name of public health emergencies – which make it easier for government to access

private information without obtaining legal sanction.

Most importantly, the government did not need to impose any lockdown, as the pervasive global fear-mongering around this virus had already affected the people's minds, enabling them to become cautious of their own accord. As a result, in some places, cinemas, shops, restaurants etc. suffered business losses, not because of government intervention, but because people themselves opted to stay in isolation. In many places, churches shut down on their own accord, posting their sermons online instead.

## FUTURE OF INDIA'S LOCKDOWN

The lockdown may or may not be withdrawn on April 14<sup>th</sup>, but the damage it has done to the country's psychology is immense, which is unlikely to be restored easily. It has induced fear among the people – not just fear, but steeped an entire nation into an abhorrent cowardice, in stunning comparison to the dignified and calm way in which other people, such as the Chinese, Japanese, Koreans, and the Americans have dealt with it.

As the Mother had said, ***"From the ordinary point of view, in most cases, it is usually fear – fear, which may be mental fear, vital fear, but which is almost always physical fear, a fear in the cells – is fear which opens the door to all contagion...It is usually this kind of fear that opens the door to illnesses. And I am not speaking of the first two types of fear which, as I said, any human being who wants to be human in the noblest sense of the word, must overcome, for that is cowardice. But physical fear is more difficult to overcome; without it even the most violent attacks could be repelled...There is the whole range, from someone who can go through the worst contagion and epidemics without ever catching anything to one who falls ill***

***at the slightest chance...But when one can eliminate fear, one is almost in safety. For example, epidemics, or so-called epidemics, like those which are raging at present – ninety-nine times out of a hundred they come from fear: a fear, then, which even becomes a mental fear in its most sordid form, promoted by newspaper articles, useless talk and so on” (CWM 9, 2003, pp. 122-123).***

Fear and the latent psychological condition is the driving force of most of these epidemics, of which the present COVID19 is a relatively less lethal one. And this is what makes the Indian response – a country which is a powerhouse of spirituality – most disappointing.

What the government fails to grasp – as other countries have done – is that this is a viral infection, and, so naturally the number of cases will transmit and multiply. But, much like we do not react to transmission of an ordinary cold or fever or even pneumonia, the government similarity doesn't have to react to this either.

Yet, as the lockdown exit is nearing, Chief Ministers of more and more states – both BJP and non-BJP – are coming forward to assert that they will continue to impose a lockdown and keep inter-state borders closed, regardless of the lifting of the nation-wide lockdown. Odisha and Punjab have been the first states to already extend the lockdown.

There are reports suggesting that the central government is looking for ways to restart production activities, as it has been warned that the virus is anyways spreading and if basic economic activity is not re-started now, then it will be too late. But the government apparently wants to restart production as well as continue social distancing. These decisions are still in the planning

stage. The centre is under considerable pressure from the states and ICMR health ‘experts’ to continue the lockdown.

Countries around the world have also ***not compromised with their national interests*** in their efforts to control the virus. Despite the virus outbreak, many countries have taken a firm position on not letting it affect their ongoing national projects or even affecting their economies. India’s persistent lockdowns show that it may be the only exception. China – the original epicenter of the virus, and with an official death count of 3280 due to COVID19 – has not only resumed its economic operations, but had also not stopped its key projects even at the peak of the coronavirus outbreak. China’s space launches, for instance, have continued unhindered, with the country launching various types of satellites in January, February and twice in March (Khaliq, 2020).

## A LONG WAY TO GO

The Indian response to the virus outbreak shows that India has a long way to go. The overall crux of India’s response to COVID19 makes it apparent – from the behavior of the centre and the BJP and non-BJP ruled states – that utter selfishness and compulsions of electoral politics, through the language of fear, have dominated the decision-making.

The Modi government seems to have cared more for the impression it makes on domestic constituencies and the laurels it receives from the West and Western institutions like WHO, rather than on the work at hand. ***In this crisis, even the Western nations have shown more reliance on inner sense and intuition than India has.*** That the whole country has been brought to its knees by the fear of a little virus is, perhaps, one of the lowest



points in Indian collective psychology. While this virus has a low mortality rate, but even if it were serious, it would not have done to give in to such fears under any circumstance. Not only is fear one of the most abhorred sins, but it may also become a further cause of the disease.

Instead of fearing the virus, we should be recoiling from the prospect of watching our country – which has faced so much in its civilizational history and is destined to lead the world – dance to the tunes of paraphernalia created by the modern western institutions and psychology and give into the collective panic that ill-suits any civilised society.

### **THE CENTRAL ISSUE – A DEEPER PERSPECTIVE ON THE WHOLE SCENARIO**

***“Fear is always a very bad adviser.”*** (CWM 14: 240)

The anxiety and fears about the course of this petty virus has so occupied the hearts and minds of people that, at present, no space is left for anything else in the national psyche which has reached such unprecedented levels of morbidity that it must be sickening to anyone with even slightly refined sensibilities. Hundreds of millions have been frightened out of their wits and out of these millions must have fallen prey to various physical and psychological maladies from which they might have been spared otherwise.

The central issue that has been running through all the write-up above but which was never brought out explicitly during the detailed enumeration of all the relevant facts and related data and the discussion of the underlying issues is not whether our governments’ estimate of the magnitude of the possible threat of the virus was correct or not, not even whether their

response to it was too much or too little or calibrated and executed efficiently or not. It has to be pointed out that the consideration of all the above – which has occupied almost all the space so far – is tantamount to no more than throwing a dim sidelight on the whole issue. The deeper and central issue here is approached only through a consideration of the true feelings and real motivation behind our acts – the condition of the national psyche or soul from which these acts sprang to meet this little material problem or difficulty facing the nation. On this count, apparently, we have failed utterly and really most miserably. A country claiming to be and priding herself on being the repository and guardian of the most precious treasures of the spirit for the human race has shown itself – at least at the present hour – as not at all worthy of making such a claim. The country has exposed itself as being utterly spineless in the face of a small material difficulty or danger with everyone joining in the chorus and this cowardly spectacle with no dissenting voice to speak of. The pragmatic sense and values of the modern Westernized Indian intellect seems to rule the roost and has occupied the hearts and minds of people at large – at least of those educated and well to do who alone seem to count at each decision making level. What has happened to our ancient spirit of valour and greatness in every field? Is it all lost? We here quote the following inspiring and soul-stirring words of Sri Aurobindo to remind all our dear brothers and sisters in the country that “The spirit of ancient India was aristocratic; its thought & life moulded in the cast of a high & proud nobility, an extreme & lofty strenuousness. The very best in thought, the very best in action, the very best in character, the very best in literature & art, the very best in religion and all the world well lost if only this very best might be attained, such was the spirit of ancient India. The Brahmin who devoted himself to poverty

& crushed down every desire in the wholehearted pursuit of knowledge & religious self-discipline; the Kshatriya who, hurling his life joyously into the shock of chivalrous battle, held life, wife, children, possessions, ease, happiness as mere dust in the balance compared with honour & the Kshatriya dharma, the preservation of self-respect, the protection of the weak, the noble fulfilment of princely duty; the Vaishya, who toiling all his life to amass riches, poured them out as soon as amassed in self-forgetting philanthropy holding himself the mere steward & not the possessor of his wealth; the Shudra who gave himself up loyally to humble service, faithfully devoting his life to his dharma, however low, in preference to self-advancement & ambition; these were the social ideals of the age.

The imagination of the Indian tended as has been well said to the grand & enormous in thought and morals. The great formative images of legend & literature to the likeness with which his childhood was encouraged to develop & which his manhood most cherished were of an extreme & lofty type. He saw Harischundra give up all that life held precious & dear rather than that his lips should utter a lie or his plighted word be broken. He saw Prahlada buried under mountains, whelmed in the seas, tortured by the poison of a thousand venomous serpents, yet calmly true to his faith. He saw Buddha give up his royal state, wealth, luxury, wife, child & parents so that mankind might be saved. He saw Shivi hew the flesh from his own limbs to save one small dove from the pursuing falcon; Karna tear his own body with a smile for the joy of making a gift; Duryodhan refuse to yield one inch of earth without noble resistance & warlike struggle. He saw Sita face exile, hardship, privation & danger in the eagerness of wifely love & duty, Savitri rescue by her devotion her husband back from the visible grip of death. These were the classical Indian types. These were the ideals into the mould of

which the minds of men & women were trained to grow. The sense-conquering thought of the philosopher, the magnificent achievements of the hero, the stupendous renunciations of the Sannyasin, [the] unbounded liberality of the man of wealth, everything was exaggeration, extreme, filled with an epic inspiration, a world-defying enthusiasm.” (CWSA 7: 1095-97)

Under the all-pervasive reign of the Western gospel of scientific materialism and its outlook on life and things we have gotten so covered up in our heart, mind and soul that we seem to have lost hold of or at least are at a point where we face the risk of losing hold on something that has kept us alive and safe through all the past upheavals and still keeps us going. In spite of Sri Modi and his party and their avowed love for India and its spiritual tradition we are at a point where we face the prospect of losing our great spiritual traditions. And what will be the result if such a thing came to pass? We have an eloquent answer in the inspiring words of Yogi Sri Krishnaprem. “When the traditions of a nation die then that nation is dead and even if it persists as a great Power in the world, yet it is nothing but an aggregate of meaningless individuals determinedly pursuing their contemptible aims... History is a symbol, and what that symbol signifies is something infinitely more precious than a mere peddling adherence to a sequence of so-called “facts.” There is only one root fact anywhere, and that is the Eternal One. Whatever helps to reveal Him is a fact, and whatever to hide Him is a lie even if all the fools in the world affirm it.” (Sri D. K. Roy: Yogi Sri Krishnaprem, 1975 – P. 134)

In our view, with the coming of Sri Narendra Modi as the PM, the national soul has found a powerful voice and expression in the affairs of the nation. His various acts during the past six years seem to have been inspired by the national soul which

has enabled him to show an unflinching courage and strength in the face of all the difficulties – both within and without – and the malicious propaganda and opposition by forces opposed to national rejuvenation, awakening and affirmation. He has been, by and large, free from the vice associated with the pursuit of the narrow forms of personal interest – family, money, power and position – and has, in our view, always been able to put national interest – as he perceives it – ahead of everything else. In his present handling of this little problem before us, his approach – considered most courageous, fitting and wise by almost all shades of opinion in the country – seems to us to have been of a quality just the opposite of the common perception. In our view, his utterances on the issue betray a lack of any depth or courage or any appreciation of the deeper truths behind the surface appearances. Given Sri Modi's special position as an immensely popular head of a country with a rich spiritual culture it is really a very disturbing and worrisome prospect for anyone who cares for spirituality and its future in this country.

We conclude the discussion of the above issues and provide a perspective to the present spectacle of the bankruptcy of the national psyche by quoting the following inspiring and enlightening words of Sri Aurobindo and the Mother on Fear and Illness.

Fear and Illness: Some Inspiring Words of Sri Aurobindo and the Mother:–

**(1) “The sovereignty of mind has made humanity the slave of doctors and their remedies. And the result is that illnesses are increasing in number and seriousness” (CWM 10, 2001, p. 324).**

\* \* \*

(2) “There are in the physical atmosphere, the earth-atmosphere, numerous small entities which you do not see, for your sight is too limited, but which move about in your atmosphere... And then if there is a group of such small entities, they may clash with one another, because among themselves they do not have a very peaceful life: clashing with one another, fighting, destroying, demolishing each other. And that is the origin of microbes. They are forces of disintegration. But they continue to be alive even in their divided forms and this is the origin of germs and microbes. Therefore most microbes have behind them a bad will and that is what makes them so dangerous...The microbe is a very material expression of something living in a subtle physical world and that is why these very microbes that are always around you, within you, for years together do not make you ill and then suddenly they make you fall ill.” (CWM 5, 2003, p. 179).

\* \* \*

(3) “There is a general suggestion in the air about catching dengue or influenza. It is this suggestion that is enabling the adverse forces to bring about symptoms of this kind and spread the complaints; if one rejects both the suggestions and the symptoms, then these things will not materialise” (CWSA 31, 2014, p. 557).

\* \* \*

(4) “In every case, it is the Force that cures. Medicines have little effect; it is the faith in medicines that cures. Get treated by the doctor whom you trust and take only the medicines that inspire trust in you. The body only has

**trust in material methods and that is why you have to give it medicines — but medicines have an effect only if the Force acts through them. Allopaths ordinarily cure one thing, only to the detriment of another. Ayurvedic doctors do not usually have this drawback. That is why I recommend them.” (CWM 15, 2004, p. 158).**

\* \* \*

(5) “...fear is an impurity, one of the greatest impurities, one of those which come most directly from the anti-divine forces which want to destroy the divine action on earth; and the first duty of those who really want to do yoga is to eliminate from their consciousness, with all the might, all the sincerity, all the endurance of which they are capable, even the shadow of a fear. To walk on the path, one must be dauntless, and never indulge in that petty, small, feeble, nasty shrinking back upon oneself, which is fear.” (CWM 8: 260)

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(6) “Fear is an invention of the hostile forces who have created it as the best means of dominating living beings, animals and men.

Those who are pure — that is to say, exclusively under the Divine influence—have no fear.” (CWM 16: 329)

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(7) “...Fear is always a feeling to be rejected, because what you fear is just the thing that is likely to come to you: fear attracts the object of fear.” (CWSA 31: 279)

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(8) “Yes, fear creates imaginary terrors — even if there is

real danger, fear does not help; it clouds the intelligence, takes away presence of mind and prevents one seeing the right thing to do.” (CWSA 31: 278)

\* \* \*

(9) “They [the forces of illness] first weaken or break through the nervous envelope, the aura. If that is strong and whole, a thousand million germs will not be able to do anything to you. The envelope pierced, they attack the subconscious mind in the body, sometimes also the vital mind or mind proper – prepare the illness by fear or thought of illness. The doctors themselves said that in influenza or cholera in the Far East 90 per cent got ill through fear. Nothing to take away the resistance like fear. But still the subconscious is the main thing.

If the contrary Force is strong in the body, one can move in the midst of plague and cholera and never get contaminated. Plague too, rats dying all around, people passing into Hades. I have seen that myself in Baroda.” (CWSA 31: 569)

\* \* \*

(10) “Can one get ill through fear? Yes. I knew someone who was so full of fear that he got cholera! There was cholera in the next house and he got so frightened that he caught the illness and without any other reason, there was no other reason for his catching it: it was through sheer fright. And it is a very common thing; in an epidemic, it is so in the majority of cases. It is through fear that the door is opened and you catch the illness. Those who have no fear can go about freely and generally they catch nothing. But still as I have said there, you may have no fear in the mind, you may have no fear even in the vital, but who has no fear in the body?... Very few.



A strict discipline is needed to cure the body of fear. The cells themselves tremble. It is only by discipline, by yoga that one can overcome this fear. But it is a fact that one can catch anything through fear, even invite an accident. And, you see, from a certain point of view everything is contagious. I knew a person who got a wound through the kind of fear that he felt seeing someone else's wound. He really got it." (CWM 5: 166-67)

\* \* \*

(11) "399. Man was once naturally healthy and could revert to that primal condition if he were suffered; but Medical Science pursues our body with an innumerable pack of drugs and assails the imagination with ravening hordes of microbes.

400. I would rather die and have done with it than spend life in defending myself against a phantasmal siege of microbes. If that is to be barbarous [and] unenlightened, I embrace gladly my Cimmerian darkness." (CWSA 12: 476)

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## **The future of the earth**

“The future of the earth depends on a change of consciousness.

The only hope for the future is in a change of man’s consciousness and the change is bound to come.

But it is left to men to decide if they will collaborate for this change or if it will have to be enforced upon them by the power of crashing circumstances.

So, wake up and collaborate!

Blessings.”

– The Mother

(Complete Works of the Mother, Vol. 15, p. 66)