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Grief, Rage, Hope and now to A Place of Kindness

By: Harsh Mander

We must grieve for the millions who died in 2021 from Covid-19; we must also feel rage that the State was not responsive to their suffering. Groups of citizens stepped in to care for each other; that gives us hope we can move to a new place of kindness.

It seems that the ravages of India's dystopic summer of 2021 have been forgotten already. The funeral pyres burning through nights and days, even on city pavements; the shallow mass graves; and the corpses floating in rivers — all seem to have been pushed into the recesses of fading history.

Once again, people crowd together for festivals and in market places. Once again, our leaders prepare gustily for elections in states. Once again, the ruling establishment stokes hatred and prejudice against Indian Muslim citizens, the tested weapon for electoral triumph.

But we must not forget. If we are to rebuild a world in which we are able to fight the next great disaster – and disasters there will be – with more fairness and kindness, we must not forget.

Living with the virus

The counsel of scientists is sobering: the world may perhaps *never* defeat the virus into extinction. China, Israel and Singapore had in the past touted like India a zero-Covid-19 strategy. But both scientists and leaders in many countries today admit that this is a war that no country is likely to win. K. Srinath Reddy, President, Public Health Foundation of India [says](#) that many countries are confronting that sombre truth that well into the foreseeable future humankind will have to live with the virus.

|| The question then looms uneasily over all of us: how do we move in a world when the epidemic ends but the virus remains part of our lives?

If we cannot eliminate the virus from the planet, humankind needs to rapidly learn how to live as safely as possible with the virus without periodically and permanently damaging the economy and livelihoods, the education of children, travel, celebrations, mass entertainment, and everyday social interactions with friends, family, and co-workers. Leading Indian scientists, like WHO's chief scientist Soumya Swaminathan and Vikram Patel believed that by the autumn of 2021, the virus had shifted in India from stirring an epidemic to [becoming endemic](#). The virus will continue long into the foreseeable future to occupy our world, infecting some, killing some. (Now, in December, we have the new Omicron variant of the virus, which brings new uncertainty to our lives.)

The world will never be the same after this, the greatest health and humanitarian crisis of a century. The question then looms uneasily over all of us: how do we move in a world when the epidemic ends but the virus remains part of our lives? How should we craft our lives in this new world, on the other side of the pandemic?

As Patel asks, can we countenance continuously being “trapped in a seemingly never-ending cycle of lockdowns, uncertainty, vaccination drives, restrictions on travel and in-person interactions, the evisceration of occupations that require in-person interactions, the loss of learning for children shut out of schools, wearing masks in indoor spaces [...] not to mention the shattering of the [most vulnerable livelihoods](#)?” And if we resolve to abjure these ways of protection, are we fated to just live with successive waves of the epidemic sickening and killing many people each time?

There has to be another, more hopeful path for the years that lie ahead that we must find. Patel pulls back from this grim prognosis of the future, suggesting that we must all learn to cohabit with the virus with no restrictions to travel, work, or mingling. We must learn to pursue normal living, but remain mindful of the altered reality that some of us will continue to fall ill and a small fraction will die. The numbers who will die can be restricted by far greater investments in public health, particularly at the primary level. We must also prioritise public resources for regular booster vaccines for the vulnerable, such as the elderly, persons with disability, and people with co-morbidities.

The need to grieve

Before we gear ourselves for a difficult present and for rebuilding a better future, there is something else that we must do first. It is to grieve.

As I write this, it has been a year since my father died. It is only now that I sometimes sit in solitude and tear up, remembering him – his gentle ways, his dignity, his kindness, a whole way of life of grace and integrity that went away from our lives with him. I have still not been able to gather in one room even a few of the multitude of friends and relatives that his life had touched, people who knew and most loved him.

Therefore first, before anything else, we must allow ourselves the spaces in our lives to grieve. The tumult of sickness and death that swept all of us into a frenzy of dread, trepidation, uncertainty, and helpless — often doomed — efforts to save those who were still with us. All of this did not permit us even to suffer, to nurture memories, to grapple with regrets, to plan life anew in a world emptied of many we loved so dearly. So many of us lost people we love, who took their last breath among strangers, in the cold loneliness of a hospital ward (if they were lucky), or choking for oxygen outside hospitals that had no space, or untreated in their homes.

So many of us could not even see the faces of loved ones on their last journey. It was strangers who lit their funeral pyres, sometimes in parks or city pavements, or piled their bodies into shallow mass graves before shovelling earth on them. Some only glimpsed their loved ones in the smoke of the cremation grounds, some were denied even this. And some families were so tormented by the spiralling prices of firewood to immolate the bodies of those they loved and for priests to utter the last prayers, that the bodies were just left to float in the cold waters of rivers.

Grief: because India stands among the hardest hit countries in the world. Scientists place India's Covid-19 death toll at something between 3 million and 5 million. *The Economist* reported in December a conservative estimate that up to [16 million more people died](#) during the pandemic worldwide than what we would reasonably expect in normal times. For India, *The Economist's* estimates are the excess deaths were anywhere between 1.8 million to 7.6 million (The official death toll from Covid-19, by mid-December, was 477,000.) Grief, because with Covid-19, India was ravaged by its [greatest mortality crisis since Independence](#).

It is only when we mourn that, through our grief, individual and collective, we acknowledge, value and humanise each of the thousands of known deaths (and the many more thousands of unknown ones).

Anna Kurian, a professor at the University of Hyderabad, [asks](#) poignantly if the lives lost especially in the second wave are “grievable”, worthy of remembering, of mourning? She quotes Judith Butler, who after 9/11, wrote in *Precarious Life: The Powers of Mourning and Violence* of how an obituary marks out a life that is grievable:

“If there were to be an obituary, there would have had to have been a life, *a life worth noting, a life worth valuing and preserving*, a life that qualifies for recognition [. . .] if a life is not grievable, it is not quite a life; it does not qualify as a life and is not worth a note” [emphasis added]. If we do not grieve, Kurian asks, is it then that the life of the ordinary person in India is not grievable? Is it that in life at least an ordinary person has the value of a vote, but after she dies, she does not qualify even for recognition?

More and more of us, Kurian says, have become non-grievable lives. The average Muslim, the Dalit, and women have for long lived negated lives. She could have added many to this list of the non-grievable: the Adivasi, the disabled person, the casual worker, the aged, the homeless, the sexual minority. But the pandemic, especially in its second wave, swelled, Kurian writes, “the pool of those who can be seen as dispensable, those whose life was not ‘worth noting, a life worth valuing and preserving’”. These included for the first time even people of influence — retired diplomats, journalists, doctors — all were swept by the tidal wave into the ranks of the non-grievable lives.

But we *must* grieve, individually and collectively, to underline that every live lost was indeed, emphatically, of value. Do not let anyone take this away from us.

It is only when we mourn that, through our grief, individual and collective, [we acknowledge, value and humanise each of the thousands of known deaths](#) (and the many more thousands of unknown ones) during the second Covid-19 surge. We cannot allow the state to plunge us into a constructed amnesia about non-grievable lives. To grieve is first to affirm the equal humanity of the dead.

If we do not mourn, we do not grieve, [Kurian writes](#), “we partially eliminate also the possibility of blame and the possibility of public opinion coming together cohesively, making for change and the possible pulling down of the oppressive structures which made those memorials necessary”. Therefore, to grieve is also to ask what Kurian describes as “difficult questions” — How did this happen? Why

couldn't medical facilities couldn't cope? Why or how did the system fail?

Rage

This means that along with grief, indeed *because* of our grief, we must also give ourselves spaces for rage.

Rage for literally millions of grievable lives, lives that could have been saved had we a government that cared.

Rage for the corpses that floated in rivers, burnt through nights and days on street corners, or were buried in anonymous mass shallow graves. Rage for the people who died deaths inside hospitals away from everyone they had loved, or choking outside hospitals, rage because there were just not enough hospital beds, oxygen, doctors, nurses, medicines. Rage for a government that did not plan for oxygen, new hospital infrastructure, vaccinations, medicines, ambulances, hearses. Rage for a public health system built primarily on private profit, that failed people when they needed it most. Rage for people who profited from human suffering, making super-profits from vaccines, medicines, hospital beds and ambulances that could have saved lives, and firewood and hearses that could have offered solace and dignity after death.

|| Rage because the government abandoned its people at a moment when they most needed it.

Rage for what we have become as a people.

Rage because Prime Minister Narendra Modi has [never once accepted responsibility](#) for the disaster of the second wave, for the millions of lives lost criminally because he wantonly ignored the counsel of science. His government allowed, encouraged and even organised super-spreading political and religious gatherings of millions; his government did not ramp up the availability of hospital beds; did not produce or buy sufficient stocks of vaccines; did not plan for sufficient availability of medical oxygen and essential medicines.

Rage against leaders who displayed a pathological lack of public compassion.

Rage because the government abandoned its people at a moment when they most needed it.

Generosity and hope

I write this frequently overcome, even overwhelmed with grief, and with rage. But I also write this with hope.

Even as the state abandoned the people during what was probably the gravest humanitarian crisis to savage the country in 75 years since freedom, ordinary people across the length and breadth of this ancient land rose in kindness and solidarity, to help others in distress. Many organised oxygen supplies, others cooked meals, some ran errands for older and sick people confined to their homes, and yet others ferreted corpses or performed the last rites for strangers whose families could not leave their homes because they too were infected or because they had no money left.

One of these was [Vidit Singh Bhadauria](#), a class 12 student in Kanpur. Even the day immediately after he lost his father to the Covid-19 virus, Vidit was on the phone, sometimes fighting back his tears, helping people find oxygen cylinders or refills in his city. “Every day I get over 300-400 calls and I try to help each and every one”, he said. He succeeded in assisting 60-80 people in Kanpur each day of the pandemic.



A relative looks on at the cremation of the Covid19 victim's body at Nigambodh ghat crematorium in New Delhi (April 20) | Alamy stock photo

Sikh gurudwaras, beginning with those in the national capital, took leadership in kindness. The proudest legacy of the Sikhs through generations is the langar, which is not just a food charity, to which every household in the community contributes whatever it can - food, or money, or labour - to ensure that no one sleeps hungry. What is essential to this solidarity food provisioning is the moral imperative that people who are hungry must be treated with dignity, like honoured guests. Even during the first wave of the lockdown, Sikhs indefatigably organized millions of meals for the city poor who had been thrust overnight into hunger, including in Delhi for people who had been ravaged by the fires of communal violence just a month earlier.

During the second wave, they realised that people were dying because they were denied something even more compellingly and urgently life-saving than food, and this was oxygen *to breathe*. They decided therefore to establish what they called an oxygen langar. Initially, gurudwaras organized hundreds of oxygen cylinders. For those whose loved ones could not find oxygen-linked hospital beds, the gurudwaras supplied oxygen. Some patients were brought gasping for breath in cars, some in auto-rickshaws, some in cycle-rickshaws, and for each of the patients struggling to breathe, volunteers would connect them to oxygen supplies, tirelessly doing all they could to keep them alive for the interlude until their families could organize for them hospital beds. For patients who were being cared for at their homes, some gurudwaras made arrangements to supply and refill their cylinders in their homes. In time, when they found that people sometimes died despite the emergency oxygen, because there were no hospital beds available for hours and sometimes days at end, some gurudwaras created community-based hospitals with beds, oxygen, and trained health staff.

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Inspired by them, news came in of many similar efforts, for instance, by Muslim volunteers in Mumbai. Several mosques in the metropolis organized free oxygen cylinders for Covid-19 patients who were being treated in their homes because hospital beds were unavailable. Oxygen was “provided for free to people, irrespective of religion, caste or creed. This is our united fight against the pandemic, and we thought of doing our bit to help the needy,” said Arshad Siddiqui, chairman, Red Crescent Society of India. [The NGO Red Crescent Society supplied more than 1,000 oxygen cylinders.](#)

The life of Gaurav Rai, 52 years old, changed course completely one day. Less than a year earlier, before the pandemic, his vocal cords had been damaged. Depressed, he had walked to the Ganga, thinking of taking his life. Fortunately, he turned back to give life another chance. During the first wave, he found himself slouched under a staircase of Patna Medical College Hospital, puffing for breath. But there was no hospital bed for him not even oxygen. He was convinced that he was going to die. But his life was ultimately spared once again: his wife managed to buy an oxygen cylinder from the black market.

Once recovered, [Rai found a purpose to live](#); he resolved to ensure that he would aid as many patients who needed oxygen like he had as he could. His wife and he invested all their savings to create initially a small oxygen bank of 10 cylinders in the basement of their Patna apartment. Word of his mission spread through the social media, and contributions poured in, helping the bank expand to 200 oxygen cylinders. Rai, now popularly known as the oxygen man, would rise every morning at 5 am, respond to calls for oxygen, set out in his small Wagon R car, and tirelessly save as many lives as he can. He did not take a single day's rest through the second wave, and saved at least 950 lives with the oxygen cylinders that he would install in their homes, never charging money.

He was not alone. Janardhanan, [a disabled beedi worker](#), from Kannur district in Kerala, was so distressed by the suffering he witnessed around him that he chose to donate all of his life savings, adding up to Rs 2 lakh, to Kerala's Chief Minister's Distress Relief Fund. He was left with just Rs 850, but he was content. [Krishiv KL Tekchandani](#), a 19-year-old golfer, who had been playing at tournaments since he was seven, donated all his prize money accumulated over these years to fund the vaccination drive at his local golf club in Mumbai.

One Kiran Verma posted on Twitter that he would be happy to transport people free in his car who needed to travel for treatment or food, and promised that he would do so “with a smiling face”! Gopi, an e-rickshaw driver in Lucknow, aided those in quarantine with supplies like milk, vegetables and newspapers, even medicines and medical reports from hospitals. Raja and Shakeel ran a cycle shop in Lucknow; they were inspired to do the same. They even helped people draw money from their banks. In Kolkata, mountaineer Satyarup Siddhanta and model Madhabilata Mitra were part of a [network of 400 people](#), including many doctors who offered treatment and advice; they also ran a free ambulance. Many groups from around the country ran free quarantine centres for those who did not have homes in which they could be isolated. My colleagues who work with homeless people tied up with the Archbishop of Delhi and the Green Crescent in Darya Ganj to create two fifty-bedded facilities for covid care of the poorest in the city.

Saddam Qurashi and Danish Siddiqui are two trained firemen employed by the municipal corporation in Bhopal. When the pandemic began, the corporation requisitioned their services as ambulance drivers. In the course of their work, they often encountered families which were too frightened to even touch the bodies of their loved ones who had died from Covid-19. The two men took upon themselves the task of giving these bodies a dignified burial, and cremated nearly 60 bodies of Hindus who had succumbed to the dreaded virus with Hindu rites. "*Dharm se upar insanīyat aur desh hai*, (Humanity and one's country are higher than religion)" [they declared](#).

It is because of people like these that amidst the deluge of grief and rage, I always, always surfaced to find hope.

To a place of kindness

If we are indeed able to join hands to beat a new pathway for our collective futures, built with the elements of our grief, our rage *and* our hope, where, on the other side of the pandemic, will this lead us to?

My greatest yearning is that first of all – indeed most of all – this place we reach must be a place of kindness. A place founded on a new social contract that is built with all the elements of fraternity. Of the recognition of our shared sisterhood and brotherhood, beyond all barriers of religion, class, race, caste and gender. Of being mindful of our belonging to and with each other, of caring for each other, of feeling the pain and injustice of the other as though it is our own.

|| In this place of kindness, if a pandemic like Covid-19 were to hit us once again, there would be so many things we would do differently.

Only such a place of kindness would be equal, just and free. This would be a place in which people of privilege would reject and fight any policy that offered them protection, safety and opportunities to advance their lives, but blocked these to others. It would reject arrangements of work in which nine out of ten workers are informal, unprotected by labour rights. In which just one of these 10 workers would be sheltered against catastrophes with job security, legal rights to decent and safe conditions of work, and social security, while the remaining nine workers could be buffeted even in normal times to seek any kind of work on any terms in any corner of the country, and in disasters to overnight be thrown into joblessness, hunger and penury. It would reject arrangements for healthcare in which one section of the population would be able to access hospital services that match the most expensive in the world, and the other large majority would have to depend on broken public hospitals starved of personnel, equipment public funds. It would rebuff a country in which eight out of ten doctors, including many educated with taxpayers' money, choose to work for the for-profit private health system, whereas only two are employed in public health. It would resist responses to disasters in which governments

exert to preserve private profit over the public good. It would reject policies that allow India's richest man to add **Rs. 900 million** to his wealth every hour ever since the pandemic began, while the working poor grappled with mass hunger and joblessness, millions of the precarious middle classes were pushed into poverty, and even larger numbers of poor people were pushed far deeper into a stubborn impoverishment that would be harder to escape. It would disallow substituting classroom education with online instruction knowing that this strategy excludes the majority of children from any kind of learning. It would discard designs of cities in which half to two-thirds of the populations are forced to crowd into poorly ventilated unsanitary shanties, deprived of the clean air and water that is critical for human health. It would fight the demonising of any community for the spread of a virus to hide the culpability of state ineptitude and hubris.

In this place of kindness, if a pandemic like Covid-19 were to hit us once again, there would be so many things we would do differently. We would never impose lockdowns except as a last resort, and when we did fall back on this recourse, these would be local, targeted and planned carefully and sensitively for ensuring that the most disadvantaged of people could cope and survive. All workers who were outside the formal economy would be assured the equivalent of at least minimum wages for as long as the lockdown and its downstream impacts lasted, and free food rations for every household. We would protect small and medium businesses with grants and by waiving their loans. There would be arrangements to reach cooked meals, provisions and medicines to older people, persons with disability, and people in isolation and quarantine. We would empty jails of all people with less serious crimes and all political prisoners. Schools would be the last to shut and the first to open, and as far as possible students would learn in the safety of open spaces and be nourished by school meals all through the calamity.

For health care, no essential public health services would be closed to redeploy beds and personnel to Covid care. Instead, for the period of the pandemic, private health services would be nationalized, and every trained health hand and every hospital bed would be deployed not for private profit but for joining in the national enterprise of fighting the pandemic equitably. New hospital beds would be created for covid care, quarantine and isolation, in large campuses like stadiums, universities and shrines, and health personnel deployed in sufficient numbers from the national pool of both public and private doctors, nurses and technicians. Testing would be free and widespread, and data related to infection, illness and death open and shared in real-time. Major hospitals would be supported to establish captive units to produce medical oxygen in sufficient amounts without the challenges of cross-country transportation. Patents would be suspended and there would be compulsory licensing to ensure that enough quantities of free vaccines and essential medicines at reasonable prices would be made available for all.

We must face the future with courage, equanimity, faith in science, and solidarity beyond national boundaries, class, wealth, gender, race and caste. And together build a world that is kinder, more equal and more just, and therefore far better equipped to prevent and confront a global health and humanitarian crisis the next time.

|| The pandemic revealed so much of where humankind had lost its way. We must create pathways to find and claim our best selves.

Once the pandemic passes, we would in this place of kindness take steps to ensure that the next time a disaster hit us, we would be ready to face it in ways that would protect always and with dignity and equity the “last person” in society. This would require many fundamental changes. First among these would be by deploying a legal regime of universal social rights – to health care, equal education, pensions, work and decent housing for all people. This would require the creation of an entire public superstructure for each of these services, one designed to work for the public good and not private profit. Every person would, for instance, be assured of free treatment in a public health system that is strengthened most at the primary levels. Pensions would be universal for all older people, single women and persons with disability, fixed at half the statutory minimum wage. Farmers' incomes would be protected. An urban employment guarantee program would be introduced, even as the rural work guarantee would be enhanced. The government would invest in affordable social housing for every person in the city. To make all of this possible, the super-rich would be taxed a great deal more, with wealth and inheritance taxes. And for workers, labour rights to decent wages, safe working conditions, job security, maternity entitlements and the right to organize themselves, would be secured.

This and much, much more would mark out our place of kindness, crafted from our journeys of grief, rage and hope.

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