

3. COVID-19: A Re-start Button

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Today, the COVID-19 unleashing havoc everywhere, embracing all-rich and poor, powerful and weak- has made a shamble of the world all around us. Though it strikes a note of apparent pessimism, it holds key to a much better world ahead; for if winter comes can Spring be far behind. The situation has pressed a re-start button by cautioning us the wrong path we treaded upon, but providing a chance to learn from our mistakes of the past and reshape our future. Obviously, the onus is on us. It matters how much we learn from our mistakes and how much we want to change.

Unfortunately, the 'we' is not a homogenous representation; it is so differentiated ideologically that a unanimous consent even at the apex of a crisis is very difficult to arrive at for survival. It is like so as the adage many minds many opinions governs us and our behaviour pattern. Of course, a tension is likely to brew a situation of pull and push between old habits and new demands, among various schools of thought; but ultimately what com out would be a different world system in handling previous weakness and addressing emerging demands. The efforts are on at least among the academics and other intellectuals. Many issues of pre-COVID-19 life ways have been interrogated.

The logic is simple when we say that the post –COVID-19 world will be different and in many ways. We know that war time inventions, particularly in the field of technology influences, post war life of a county or the world by contributing to various industries. In the same line of thinking it is argued that arrangements made, weakness experienced and strength

identified during the COVID-19 pandemic will influence and determine what the post-COVID world has to be. For example, experience of online education, like google class room, as an alternative to class room interaction during lockdown, would very likely to influence the future educational technology in teaching learning process. A crisis essentially is harbinger of the future change, a departure from the past in several areas.

It is a well known fact that international development discourse which has shaped development perspectives of a number of countries including India suffers from several ailments. The discourse expresses through distinct, but inter-related concepts such as market driven capitalistic mode of production, financial globalisation, consumerist economy, etc. and has already come under scathing attack. The present crisis has given strength to rethinking for an alternative. It is not out of context to state that present form of globalisation primarily refers to globalisation of finance along with labour and other resource mobilisation, goods and services, technology, and of the sort. The globalisation has proved to be an utter failure on the face of COVID-19 and other pandemics and diseases, usually accomplices of globalisation, in the sense that it could not anticipate, prepare and fight against them the moment they attacked the humanity. Before effective remedies are found they do their jobs, killing human beings and diverting the resource gained from participation in the process of globalisation to fight against its inevitable accomplices of different times and forms.

Previous to COVID-19, the model of development is held responsible for climate change, and an inverse relationship exists between environment quality and economic progress. The advocates of this antithesis have been, as has been mentioned earlier, severe critics of the model quite for a long time. Present COVID-19 along with frequent floods, cyclones, tsunami, etc. has added immense strength to their arguments. Moreover, COVID-19 has exposed weakness of our policies, model of centralised development, growth oriented economy, our attitude; our weakness and strength; and is apparently all set to define inter community relations which snarl ugly teeth, and to interface between community and

national priorities. Perhaps God has pressed a re-start button and we are simply to follow indications for a better post-COVID-19 world.

What should be inputs in this regard? Obviously, the exposures-weakness and strength- we have made at mental and material levels would be the coroner stone. When death is imminent in the form of COVID-19, if uncared for; our slavery to temptations and habits (desire for drinks, fish and meat, loitering, etc. - the uncontrolled mind) weigh on us so much so that we forget the danger standing in front of us. This is one dimension of the entire enterprise of issues to be taken into consideration while envisioning the post-COVID-19 period in India. Another crucial dimension is what COVID-19 has to say. In other words, what is it that we learn from the visible pattern of corona infection and measures adopted to defeat it in general and in our country in particular?

Social distancing is the only effective measure at this point to control the spread of novel corona virus – COVID-19. The social distancing requires, among many things, that those who are at a place must stay there only. This simple statement has a far-reaching implication. A number of people from states like Bihar, Odisha, West Bengal, etc. have migrated to Mumbai, Surat, Hyderabad, Chennai, Delhi, Kolkata, Bangluru and to other urban and industrial centres places for work. These workers are in problem and also a problem for the State to ensure social distancing due to poverty, COVID-19-caused unemployment and many others constraints. These people migrated to other states as their states could not provide meaningful employment. The idea is in currency that the States should be developed. But what should be the model? The model we have adopted in our country after Independence has been utterly failed to ensure growth with social justice and to regional disparity. Of course during Independence there was an alternative model- the Gandhian approach to national development. Does it hold any promise as an alternative to our present model in present time? Does Dr. A.P.J.Abdula Kalam's urban facilities in rural areas is suitable strategy against problems like this? Is there any logic to consider decentralised production centres in a hierarchical order below centralised centres of the state and nation to meet global

economic relations? It is a crucial point that needs to be pondered over seriously and objectively.

Across the globe, corona virus COVID-19 is affecting more than 200 countries and territories. Among these countries more than 80,000 people have been affected in the US (792,913), Italy (181,228), Spain (200,210), France (155,380), Germany (147,065), United Kingdom (124, 743), China (82,758), Turkey (90,000) and Iran (83,505) by 21st April, 2020. During this period recorded in these countries are 42,517; 23,660; 20,453; 19,718; 4,642; 16,509; 4,632; 2,140 and 5,209 deaths respectively. Only 04.3 % of affected countries constitutes 75.4 per cent of the total of 2,481,866 affected persons of the world; and 81.82 per cent death of global death of 170455 during the same period. The number is increasing every moment. Other countries may cross the number beyond 82,000. However, this gives a global trend. In India worst affected states are Maharashtra (4203), Delhi (2003), Tamil Nadu (1477), Rajasthan (1478), Madhya Pradesh (1485), Gujarat (1851) and Uttar Pradesh (1176) registering more than 1000 cases. In these 7 states (19.4 per cent of 36 States and Union Territories) affected persons of the country constitute 73.3 per cent of the total of 18,658 persons by 21st April, 2020. The death in these 7 states recorded 223, 45, 15, 14, 74, 67 and 17 respectively constitutes 78.3 percent of total 559 deaths. The figures are however, suggestive of the trend.

Out of 170 hotspots districts almost all have developed urban and industrial centres. This is evident from the following information available in Government of India website: **Andhra Pradesh:** Kurnool, Guntur, Spsr Nellore, Prakasam, Krishna, Y.S.R., West Godavari, Chittoor, Vishakhapatnam, East Godavari, Anantapur; **Bihar:** Siwan; **Chandigarh:** Chandigarh; **Chhattisgarh:** Korba; **Delhi:** South, South East, Shahdara, West, North, Central, New Delhi, East, South West; **Gujarat:** Ahmadabad, Vadodara, Surat, Bhavnagar, Rajkot; **Haryana:** Nuh, Gurugram, Palwal, Faridabad; **Jammu & Kashmir:** Srinagar, Bandlpora, Baramulla, Jammu, Udhampur, Kupwara; **Karnataka:** Bengaluru Urban, Mysuru, Belagavi; **Kerala:** Kasaragod, Kannur, Ernakulam, Malappuram, Thiruvananthpuram, Pathanamthitta; **Madhya Pradesh:** Indore, Bhopal, Khargone, Ujjain, Hoshangabad; **Maharashtra:** Mumbai, Pune, Thane, Nagpur, Sangli, Ahmednagar,

Yavatmal, Aurangabad, Buldhana, Mumbai Suburban, Nashik; **Rajasthan:** Jaipur, Tonk, Jodhpur, Banswara, Kota, Jhunjhunu, Jaisalmer, Bhilwara, Bikaner, Jhalawar, Bharatpur; **Tamil Nadu:** Chennai, Tiruchirappali, Coimbatore, Tirunelveli, Erode, Vellore, Dindigul, Villupuram, Tirupur, Theni, Namakkal, Chengalpattu, Madurai, Tuticorin, Karur, viruhnagar, Kanniyakumari, Cuddalore, Thiruvarur, Salem, Nagapattinam; **Odisha:** Khordha; **Punjab:** S.A.S Nagar, Shahid Bhagat Singh Nagar, Jalandhar, Pathankot, Mohali; **Telangana:** Hyderabad, Nizamabad, Warangal Urban, Ranga Reddy, JogulambaGadwal, Medchal Malkagiri, Karimnagar, Nirmal; **Uttar Pradesh:** Agra, Gautam Budhha Nagar, Meerut, Lucknow, Ghaziabad, Saharanpur, Shamli, Firozabad, Moradabad; **Uttarakhand:** Dehradun; and **West Bengal:** Kolkata, Howrah, Medinipur East, 24 Paraganas North.

The least affected states and union territories, where less than 40 cases have been registered are Arunachal Pradesh (1), Assam (35), Chandigarh, (26), Goa (7), Himachal Pradesh, (39), Jharkhand (42), Ladakh (18), Manipur (2), Meghalaya (11), Mizoram (1), Puducherry (7), Tripura (2), Andaman and Nicobar Islands (15) which constitutes 36.1 per cent of States and Union Territories and 1.1 per cent of total affected persons. In Northeast only 52 cases have been registered, one case of Nagaland having been transferred to Assam. In Arunachal Pradesh only one case was registered, which is a Non-Arunachalee and is now cured. Sikkim has not registered any case. In Andaman and Nicobar Islands all the cases belong to non-natives. In Maharashtra, the high incidence is in urban areas like Mumbai, Indore, Pune, etc. In Mumbai 2724 cases have been registered, constituting 64.8 per cent. The number of cases in small States and Union Territories like Ladakh, Goa, Chandigarh, Himachal Pradesh though are influenced by their less size of population, the affected person in most case are urbanites. In Meghalaya, though it is a tribal State its comparative high incidence is due to Shillong- the State capital. It is to be further mentioned that Manipur and Goa recorded hundred percent cure and in Meghalay, Odisha, Assam and Himachal Pradesh only one case of death in each is registered. The point is that urban centres are worst affected and it is evident when tribal states and rural dominated states are least affected and show higher recovery. Low cases of Assam and Jharkhand are attributed to their tribal and rural nature.

The pattern (percentage of infected persons to total) shows that developed areas are worst affected in the country and across the countries of the globe. Easy targets of novel corona virus COVID-19 are those people who have low immunity including senior citizens. The cases have been under control in states in which people have displayed high degree of *rational community sense*, not, what Salman Khan tells, *CovIdiots* with regard to observing social distancing. The community sense in tribal areas is high. In Arunachal Pradesh, when on suspected individual having case history of travel eluded Government machinery, the Gaon Burhas affected his quarantine in Aalo. Rational community sense in fact is an asset built upon the sense of responsibility towards community- fellow beings and self. It is observed that there is a positive correlation between less number of corona virus registered cases and high degree of social distancing, i.e. public consciousness.

In addition to social distancing a crucial point that needs attention is immunity. People with high immunity have the chance of being less infected; and if infected greater chance of recovery. That is why old persons, whose immunity is in decline, have been asked to be very cautious. When the question of immunity comes, it has direct link with food habit, the food that is compatible with body elements. As the body is a composition of natural elements- which Hindus believe to be Earth, Air, Fire, Ether and Water; it is but natural to argue that the body is compatible with natural diets. In other words, the immunity is directly linked with natural diet intake and adversely with pizza culture and synthetic and inorganic food.

It is not difficult to find in rural and tribal areas how much food basket consists of natural vegetables- less synthetic and more organic items. Still people depend on rivers for fish, seasonal wild fruits and leaves, domestic cattle and poultry as compared to people of metropolis. Arguably, the more a person is nearer to nature with regard to food items more is his/her immunity. Not surprisingly, diet basket of athletes, sports persons, etc. includes more natural food items, not junk food or synthetic bio stimulated fruits or oxytocin hormone injected vegetables. That body is tuned with naturally available diets is well established empirically. When Andaman tribes were initiated to their non-traditional food they suffered

from dysentery and other diseases. M.V. Portman has mentioned it in the context of Andaman Home which was established to civilise the natives. In early phase of development in Arunachal Pradesh, people of remote villages also suffered from dysentery and diarrhoea when introduced to rice in place of yam, tapioca maize and millets- their staple traditional food.

Since the body is made up of natural elements, the Nature maintains a regular pattern in supplying fruits and vegetables to meet the requirements body at different times. In summer, the rate of dehydration is high and the body requires more water intake. The Nature provides fruits like mango, jackfruit; vegetables like water melon which have high water content. In winter, the body lacks vitamin C resulting in cracks in foot, lips, etc; dry skins; oral thrush and others of the sort. Citrus fruits contain vitamin C and the Nature makes provision of such fruits like orange, hog plum (*ambada* in Odia, scientific name *Ziziphus jujube*, commonly and called *jujube*), pineapple, tamarind and vegetables like tomato. Citrus fruits and vegetables contain a host of vitamin C and plant compound that boost up immunity and help in fighting cancer, for cancer is an immune deficiency syndrome.

Onset of monsoon is usually associated with stomach disorder leading to dysentery, diarrhoea etc. Fruits with astringent flavour are useful to treat stomach disorder. It is not a surprise that the Nature provides *jamun* – Indian blue berry (scientific name- *Syzygium cumini*) at the onset of monsoon. A rural person very well knows that *jamun* is beneficial to abdominal diseases such as loss of appetite, abdominal pain, dysentery and irritable bowel syndrome. The fruit is available during June-July.

Whatever the Nature provides during a season- such as fruits, vegetables, shoots and leaves, etc. is required to replenish inadequacies caused in that season. Even it makes fruits and vegetables available in advance. Though diseases and metabolic changes normally relate to changes in the nature, they may occur at any time when our habit does not corroborate to Natural prescriptions of life. The nature has also taken care of such exigencies. It is not



surprise to find some fruits those can be preserved to meet such exigencies. Moreover, some fruits, leaves, etc, are available almost all the year round.

In this context it is useful to make mention of the fruit *bor thekera*, mangosteen in English, (scientific name- *garcinia pendunculata*), *tikur/tikul* in Bengali/Hindi, which has multipurpose use among the Assamese. The fruit is acidic and has the quality of regulating metabolic order. It helps eliminate extremely damaging toxins accumulated over the years, destroy harmful parasites in digestive tract and helps get rid gas and bloating. It has another variety, *garcinia mangostana*, which is also used for the same purpose. People invariably use it to correct any type of stomach disorder. This fruit is available from mid-April for a period two months. It can be preserved and used as vegetable and medicine.

In fact rural and tribal people consume fruits and leafy vegetables, produced or available in a particular ecological setting as medicine and spices. The body immunity is tuned with the nature in that way. The more one is distanced from the nature, more is the possibility of suffering from immune deficiency syndrome and greater is the vulnerability risk to any new disease which is inevitable in the development process. It is already recognised that inorganic food is harmful to health. Obviously, this issue offers a challenge, but holds possibilities for better health, opportunity of conserving the Nature, rural employment and several related benefits in the post-COVID-19 India.