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Academic Social Responsibility in Crisis: Bengal's Response to the 1890s Plague and Covid-19 Pandemic

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The relay of knowledge from academic circles to the masses is vital in ensuring public wellbeing and environmental conservation especially in the event of any crisis such as an epidemic or health emergency. In such a situation, it is incumbent upon the academicians to take the responsibility of giving the right information to the public at the right time, so as to mitigate panic and also combat wrong information. This paper offers a comparison between the plague epidemic (1890s) in India and the Covid-19 pandemic in India (2020 – 2021),

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focusing on West Bengal. It looks at the preventive measures taken by the government, and the rumors that were in circulation during these periods, with similarities and differences aimed at their nature and impact. The study also looks for evidence on whether poor information dissemination is conducive to spreading of rumors and examines initiatives taken during both epidemics as examples of Academic Social Responsibility (ASR).

Rabindranath Tagore's effort to bridge the gap between the literate elite and the rural masses by establishing Sriniketan in proximity to Santiniketan—envisioned as a hub for education-based socio-cultural rebuilding in a natural, rural environment—can be considered one of the very first and most powerful examples of Academic Social Responsibility, long before the term itself was even coined. Borrowing conceptual motivation from such nascent movements, the ensuing research explores and critically examines early evidence of Academic Social Responsibility during

crisis situations, primarily relating to the plague epidemic in the nineteenth century. In the same way, the paper looks at ASR initiatives taken throughout the Covid-19 pandemic to illustrate how academics contribute to raising public awareness, offering support, and combating misinformation. With a focus on such examples, this study highlights the importance of intellectual exchange and knowledge sharing to address societal challenges, especially during times of crisis.

1890s Plague epidemic and the Impact of Information Deficit:

In the closing decades of the 19th-century, India was ravaged by plague epidemics in different parts of the country, and a serious health emergency was instituted. The British rulers were surprised and confused on how to handle the calamity. The kind of death toll that was being experienced was unheard of before and this led to a kind of state of panic among the general masses and

their colonial masters who were equally panic stricken trying to reduce the level of contamination since no remedy was available and scientific empirical research on such a cure were still in progress. According to David Arnold, the International Sanitary Conference held at Venice in 1897 led to a great jeopardy of goods being imported from India because the magnitude of the epidemic was known worldwide. This direct threat was commerce to Britain. In addition to that, the British administration was already growing uneasy due to the growing nationalist sentiment in India and the increasingly troublesome cities in India where there were many social tensions owing to large populations, poverty, and disease. The administration saw the ignorance and hostility of the Indians as hindrances to progress. In response to these challenges, the British government passed the Epidemic Diseases Act in 1897, which was supposed to allay fears among foreign countries and save India from economic and epidemic doom. This legislation was direct outcome of the British

need to control the plague epidemic, deal with the aftermath and bring a semblance of stability to the region. (Arnold, ''Disease Rumor and Panic'' 116)

The dominant tensions related to the plague epidemic in India were created mostly by the British colonial administrators who saw an immediate intervention imperative using knowledge of the devastating effects that the Black Death had in eighteenth century England. The British administration in India, though there was scant epidemiological knowledge of plague then, decided to take stringent public health measures to reduce its transmission. According to Arabinda Samanta, the colonial masters did not find it necessary even to educate the local people let alone involve them in the decision-making process, indicating a huge epistemic gap between the colonial masters and the subjects. (Samanta 110) The actions the British took had a stated objective of disease control, but a more critical look can reveal another objective of mass control, whom the rulers viewed as illiterate and

ignorant. Lack of transparency and participation in their implementation created a situation of mistrust, fear, and abhorrence among Indians against British administration. However, it is important to remember that the central motivation behind such health intervention was a severe epidemic avoidance objective and also to ensure sustainability. In this context, it would be opportune to revisit some of the preventive health measures specified in the 1897 Act and evaluate the social obligations of the colonial masters about their subjects.

According to R. Nathan's *'Plague in India'* (vol. 2), some of the key regulations issued by the British to prevent the plague epidemic in India include:(196 – 210)

- A Health Officer shall have the authority to enter and inspect any dwelling, upon reasonable suspicion of infection, with prior notice. The Officer may conduct cleaning measures as may appear to him necessary to prevent further transmission of disease.

- In case of failure to comply with a requisition to abate a suspected infected dwelling, the Chairman may summarily eject all occupants or reduce the number of occupants in such a manner and to such an extent as may appear to him necessary.
- If any hut or shed is, in the opinion of the Health Officer, injurious to health, and likely to spread disease, then the Chairman, after giving notice, may cause it to be destroyed; and the building and materials thereof shall be pulled down and destroyed by burning, or otherwise.
- The Chairman shall, on recommendation of the Health Officer, select a site upon which a hospital may be constructed or where an already existing building can be converted to isolate plague patients.
- If the Plague Authority deems a house visit warranted, personnel will proceed to such a

location. If there are obstacles or the occupants refuse to cooperate, then the Authority may:

- Force entry into the premises, and

- Detain and provide medical exam to anyone suspected of carrying plague.

- The Plague Authority may require that an inquiry be held in each case into the cause of death, and unless satisfied otherwise shall treat such a case as one of plague.
- The medical officer can prohibit a building from being used as a dwelling if it is either occupied by a sufferer from plague or is insanitary and unfit for human habitation. The owner or occupier cannot use the building until the competent authority gives an order allowing them to. The officer may, if necessary, remove occupants by force.
- Special burial grounds and cremation grounds for plague patients may be selected and set apart by

> the Chairman, and it shall not be lawful to burn or inter the body of a plague patient elsewhere.

A close scrutiny of these regulations reveals that the government conferred on Health Officers visiting homes during plague unbridled authority. The constant use of the phrase "as it may appear to him necessary" effectively gave inspectors powers to make investigations as they saw fit. This principle of discretion is striking in that it allowed Health Officers to do pretty much as their judgment dictated without being held liable by binding regulations or any external control. Furthermore, according to Nathan, the regulations had provisions for the protection of all people acting under the Act, which reads that "No suit or legal proceeding shall lie against any person for anything done or in good faith intended to be done under this Act" (Nathan 138). This clause served to protect Health Officers from civil liability and gave them the freedom to do their work with little sense of responsibility. Taken together, such absolute authority plus legal immunity created a

situation where Health Officers could go on to apply extreme measures with minimal restriction

The knowledge system related to the disease was then limited to the ruling elite, who knew about the decimating role of the Black Death in eighteenth-century England and the severe plague outbreak in Hong Kong in 1894 (Arnold, ‘‘Disease Rumor and Panic’’ 116). Moreover, they knew that the international community did not want to import goods from India, as mentioned above. However, knowing all these things, the colonial administration did not find it necessary to spread knowledge about the disease, its treatment, or its prevention among the general public. Instead, the regime adopted tough regulations for the public, which reflects the top-down modality of crisis management. The question also arises about the ‘social responsibilities’ of the government during the plague. The non-inclusive and non-transparent attitude of the administration increased the gap between the authorities and the Indian public, creating a situation where misinformation and rumors

could spread. Critical analysis of these rumors highlights the negative consequences of limited access to knowledge, especially during crises. The government lost an opportunity to develop a knowledgeable and more compliant response among the people by not engaging in an informed knowledge exchange with the general public. This case points to the importance of inclusion and transparency in communication during crisis management. The rumors were:

- The intention of the government was to interfere with and destroy caste and religious observances, with the ultimate design of forcing Christianity on the 'natives' of India. (Samanta 130)
- The Viceroy has met a yogi in some remote part of the Himalayas and promised he would sacrifice two lakhs of human lives to the goddess Kali, the Mother, to save the British Empire in India. (Samanta 130)

- Three days of quarantine would be enforced, and no one would be allowed to leave Calcutta forth with.
- The plague workers and the European soldiers would visit every house to examine men and women and inflicted persons would be immediately removed to hospital.
- The Viceroy will visit Calcutta on May 15, 1898, when men and women would be inoculated forcibly. The soldiers would be called out soon and inoculation enforced compulsorily with plague serum made of cow-blood. (Samanta 131)
- A patient infected with plague was forced to take poison in the plague hospital in Manicktolla, Calcutta, was forced to take poison in the guise of medicine, which brought instantaneous death. People regarded plague hospitals as 'The temple of Yama', the house of horrors, the place of killing the sinners. 'He has gone to Manicktolla'

became a euphemism for 'He has gone to his resting place.' (Samanta 136)

- The authorities were trying to poison the poor in order to be rid of their ever-growing numbers. (Arnold, ''Disease Rumor and Panic'' 116)
- The authorities were trying to break their caste by giving them forbidden food or through the 'defiling' touch of the foreigners. (Arnold, ''Disease Rumor and Panic'' 116)
- They were being taken to hospitals in order to kill them and cut up their bodies. (a reference to the loathed practice of medical dissection) (Arnold, ''Disease Rumor and Panic'' 116)
- Indians were being captured and taken to hospital in order to extract a body fluid used to protect the lives of Europeans. (Arnold, ''Disease Rumor and Panic'' 116)
- The ambulance vans were constructed in such a fashion and its interior smeared with such deadly poison that even the healthy were converted to

> corpses. People dreaded the ambulance vans more than death. (Samanta 136)

The widespread anti-British feeling is reflected in the rumors surrounding the plague outbreak. The lack of information about the disease and the preventive measures taken ensured that people confused their ignorance with something more sinister. This event demonstrates the outcome of keeping knowledge within a select group of individuals and not sharing that knowledge in the service of humanity, especially when faced with disaster. The rules that provided inspectors with the "force" needed to break into homes further escalated the situation and caused panic and apprehension among those in general life. The confrontation thus created is delineated in Rabindranath Tagore's 1916 novel Chaturanga, as he describes the panic and fear that plagued Calcutta during the plague outbreak. According to Tagore, “People were panic-stricken and extremely anxious, not so much for the dread of the disease, but more for the coercions and

persecutions that were inflicted upon them by the peons and orderlies who went with their official badges on."

Dr Radhagobinda Kar and the Early examples of Academic Social Responsibility:

Before the nineteenth century, Western and European populations living in India knew very little about what Indian diseases were and how to treat them. Western medical practices had been limited to a few European enclaves and ports within India. Since seaport arrivals came by water, the first western medicine was applied in port health checks for incoming travellers. They gradually gained acceptance over time among English-speaking Indians. However, the growth of Western medicine in India was not unopposed; it was constantly interacting with indigenous systems of medicine. Indian physicians, particularly Ayurveda-trained physicians, opposed the slow but visible growth in influence of Western medicine. A historical examination suggests

that Western medicine took almost one hundred years (1800–1914) to establish itself in India. Its greatest peak occurred during the late nineteenth century plague epidemic (Arnold, Colonizing the Body 14).

A look into the plague years in India shows that the rapid virulence of the disease, unprecedented for the Indian context, was responsible for significant mortality and inadequacy of preparation. Physicians had no consensus as to treatment. Although many medical practitioners recommended W. M. Haffkine's inoculation method, it is not feasible to state with certainty that this was a very successful therapy. The editor of the Bengali journal *Swasthya* believed in 1305 BS(CE 1898) that so far, no treatment for the malady had yet been determined and that physicians recommending remedies were simply shamming efficacy and hoodwinking patients. In addition, the use of the inoculation process instilled fear within the minds of the general Indian public; as Arabinda Samanta cites The Plague Commissioner James A. Lowson in 1897, "the

pain and discomfort of the inoculation were so extreme that unless the procedure could be applied to an entire community simultaneously, the experience of inoculating a few individuals typically led the majority to avoid any vaccination" (Samanta 123). Poorer communities could not afford the benefits of Western medicine, leading to a wider ecology of dislocation.

It is in this prevailing confusion over the plague epidemic that Dr.Radhagobinda Kar, a popular Western medicine practitioner, emerges as a key actor. He realized that his fellow countrymen were being deprived of all essential information related to the nature and treatment of the disease, since discussions and controversies were mostly restricted to European doctors and those with access to the prevailing knowledge system. Dr. Kar realized the vast gap between those who knew and those who did not know, with the latter continuing to fall victim to the disease in droves, while the former remained safe. He highlighted the importance of spreading necessary information among the common

people of this country who did not have any access to it. In response, Dr. Kar embarked on the project of paraphrasing the accumulated plague knowledge in simple Bengali, which helped spread vital information to the common people.

In 1898, Dr. Kar published a concise treatise, *'Plague,'* comprising of 100 pages in which he explained the 'definition, short history, causation, symptoms, classification, prognosis, morbid anatomy, and treatment' of the disease in lucid language. His main intention was to inform the lay public about the facts of the epidemic, including the regulations issued by the government under the Epidemic Diseases Act, 1897.

In the preface, Dr. Kar acknowledged the government's 'benevolent' intentions and aimed to mitigate the rumors and panic generated by the strict preventive measures. He extracted relevant regulations from the 'Government Gazette, dated 10th February, 1897' and the 'Calcutta Gazette Extraordinary dated 30th

April, 1898,' which he deemed essential for public knowledge.

Furthermore, Dr. Kar included practical chapters like 'Hints to Householders,' which provided necessary directions to householders to prevent infection. Some of these directions are as follows:

> 'The contagious germs of plague are known to proliferate in dark and damp environments. It is essential, therefore, to ensure that houses are adequately illuminated by sunlight. In the interest of maintaining a hygienic environment, trash must not be allowed to collect within the house and wastewater must be routed into the drainage system.'
>
> 'Observations in Bombay and other infected localities have shown that those who sleep out of doors seldom or never take the infection, while their fellows who sleep indoors in ill-ventilated rooms crowded with occupants are often

attacked. A means of preventing invasion of the house, therefore, is to arrange for free circulation of air within it by night, the doors and windows being left open to admit it freely.'

'It usually gains entry through open wounds or abrasions on the body. All wounds, therefore, should be immediately and thoroughly cleansed with carbolic acid or other antiseptic solutions to prevent infection, followed by the application of some ointment that keeps the wound dry.'

'It is also important to wear protective footwear when nursing plague-infected patients, afterward cleaning oneself with phenol or carbolic acid to avoid any possible contagion.'

'Lavatories and damp areas should be regularly cleaned and disinfected with chloride of lime. The drainage system should also be maintained and cleaned regularly. Notably, there is no

established direct link between plague transmission and drainage systems.' (74-75)

Dr. Kar gave a detailed account of the research and inoculation procedure of Dr. W.M. Haffkine. He even quoted an interview with Dr.Haffkine, who claimed that his inoculation program was highly successful in India. According to Dr. Kar, Dr.Haffkine said that during an 1897 inoculation program, 2100 people were inoculated, while 6000 people were not inoculated. At the end of the epidemic, it was found that 1400 of the uninoculated persons died due to the disease, but only 36 people who had been inoculated died (89).

Dr. Kar referred to numerous observations made by Dr.Haffkine in support of the efficiency of the inoculation process, presumably to allay skepticism and instil faith in Dr.Haffkine's work since there was so much controversy over the plague treatments. Continuing, Dr. Kar also mentioned the supportive

testimony of Dr. Harvey, who recognized the value of Dr.Haffkine's process indeed (101).

Through his works, Dr. Kar attempted to spread the knowledge of plague among the general public, which is Academic Social Responsibility. Sharing one's knowledge means fulfilling one's responsibility towards society for being in a privileged position of knowing and thereby trying to bridge the gap between the aware and the unaware. Dr. Kar's treatise, *'Plague,'* may be considered one of the early examples of Academic Social Responsibility that reflected his commitment to increasing awareness among the general public for its better well-being through the sharing of information on critical issues.

Sister Nivedita and the Early examples of Academic Social Responsibility:

Sister Nivedita of the Ramakrishna Mission took cognizance of the plague situation in Calcutta and

proactively initiated measures to address the crisis. She appealed to the editors of The Indian Mirror and The Statesman, urging the educated class of society to emerge from their safe enclaves and contribute to relief efforts. Recognizing the importance of disseminating information during this crisis, she sought to bridge the knowledge gap between the enlightened section, who possessed essential knowledge about the epidemic, and the larger, uninformed segment of society, who were helplessly succumbing to the disease. Sister Nivedita's effort is an early manifestation of 'Academic Social Responsibility' in which she utilised her position and knowledge to galvanise action and raise awareness about the epidemic. As such, she demonstrated an ethos of translating academic knowledge into practical action, by which the needs of the most marginalized and vulnerable peoples could be met. Her initiative underlines the importance of knowledge dissemination and community engagement in times of crisis, as it denotes the critical

role that intellectuals and institutions can play in fostering social change and assuaging human suffering.

In a letter to the editor of The Indian Mirror, dated March 1899, Sister Nivedita gave a heart-rending account of what she had witnessed in the slums of North Calcutta and pleaded for intervention on the part of the educated class. According to her assessment, the poorer class of families that lived in *bustees* were ready to receive the help of educated persons, especially those recommended by doctors, who showed tenderness as well as clear-headedness. As she wrote, "The poorer class of families, living in *bustees*, are only too thankful to resign the care of a patient into the hands of an educated person whom the doctor recommends, and who is evidently tender and clear-headed at the same time" (211). While the Health Officers had been using suspicious ways of inspecting the infected houses and washing them with disinfectants, Sister Nivedita believed in the application of a friendly and gentle approach to conquer the disease. She asserted the use of

proper and adequate cleanliness, a dire need in slum areas, and called upon educated people "can disseminate exact and scrupulous notions of cleanliness" and "try to point out to less educated neighbours the need of detailed and anxious cleansing of various parts of the house with water, mixed with disinfectants" (212). Not only did Sister Nivedita raise this call for cleanliness, but she also suggested practical and cheap measures that could be applied by the poorer section. She pointed to the effectiveness of Perchloride of mercury as a disinfectant useful and "ridiculously cheap," whose "solution may be used in all places needing flushing." Further, she emphasized that houses, roads, lanes, yards, walls, and roofs must be thoroughly cleansed and filth disposed of by burning old rags and decaying matter. In this respect, Sister Nivedita highlighted the social role of the educated class by urging them to explain these measures to the people in a kindly and inoffensive manner and guiding them in carrying out these instructions without patronage. As she wrote, "It would

surely be possible for all of us, in a kindly and inoffensive way, to explain these things to the people about us, and to help them, without patronage, to carry out our instructions" (212). This appeal epitomizes her devotion to spreading awareness and enabling practical action in the face of the plague epidemic, thus demonstrating what is called academic social responsibility.

Sister Nivedita further commented that the Ramakrishna Mission was making leaflets in Bengali, containing simple instructions on cleanliness and the use of disinfectants, for distribution among the public. She stressed that accurate information should be shared: this time of epidemic was a crisis period, demanding "to make true ideas on this point common property" (213).

Her letter to the editor of The Statesman, dated April 1899, outlines positive results that have accrued from applying knowledge of the elite enclaves for the benefit of society. In it, she emphasized the sordid

conditions of the poor drainage system in Calcutta's slums and the sanitary imperatives needed in these areas. Nivedita gave a detailed account of the number of huts, little bye-lanes, length of drainage in these slums, showing the results of her effort at galvanizing the educated class into assisting the poor and uninformed. Unlike the British preventive measures, which had generated massive protests, mass exodus, and rumors, Nivedita's friendly efforts produced positive results. She wrote,"We are succeeding beyond expectation. The need was even greater than we had imagined; the people – once assured that we are private persons working from disinterested motives, -- begged our helping with interior cleansing and have listened gladly to our advice about sanitation and disinfectants. They have allowed and even invited us to enter their houses and have not been afraid to show us their terrible poverty. There are something like a couple of miles of drain and lane, three days ago unutterably filthy, where today an Englishwoman can walk without annoyance" (215).

Nivedita's work is a good example of how much can be achieved in the area of public health through community-based initiatives and knowledge sharing, and how collective action may transcend social cleavages for positive change.

On 22nd April 1899, Sister Nivedita gave a lecture at the Classic Theatre in Beadon Street for which Swami Vivekananda was the president. A large gathering of university students, Europeans, and professors at different colleges listened to the lecture in which stress was laid upon the urgency of providing knowledge to the bigger public and, therefore, the social responsibility of the educated class. Nivedita spoke of her experience about the slums in North Calcutta where educated people had unitedly come forward to help the slum people during the epidemic. Though the progress in this regard was satisfactory, "the main work yet remains to be done". "We want this one thing, the education of the people by practical example. Let us with our own hands perform the necessary service" (219).

Nivedita's lecture epitomized the spirit of Academic Social Responsibility, as it motivated a large number of students to sign up as volunteers for her proposed work (220). The stress on pragmatic implementation, community involvement, and sharing of knowledge appealed to the target audience and thus elicited a concrete response from the educated class.

Covid-19 and Academic Social Responsibility:

More than a hundred years after the plague, India faced another health disaster in Covid-19, which was unique and different from other epidemics as it was an intercontinental pandemic that had already infected nations worldwide. Contrary to the plague epidemic in India during the 1890s, the Government of India, during the Covid-19 pandemic (2020-2021), issued preventive measures that are non-coercive and widely disseminated to the public. The government made conscious efforts in making necessary awareness and information about the

disease, its treatment, and prevention available to the general public. This was done with the aim of making sure that knowledge is not confined in specialized enclaves. However, as observed throughout history, health emergencies often generate rumors. Misinformation in the case of the plague was said to be mainly due to poor information dissemination in the Indian masses.

A close look at the government measures and rumors during the Covid-19 pandemic in India reveals a notable absence of pervasive anti-government sentiment underlying the rumors.

Preventive Measures taken by the Government of India during Covid-19 Pandemic:

Order and Guidelines issued by the Ministry of Home Affairs, Government of India, Dated – 15. 04. 2020 & 23. 03. 2021 -

- Wearing face cover is compulsory in public places. In workplaces and during transport. MHA order and guidelines, (MHA, 23. 03. 2021, page 5)
- Individuals must maintain a minimum distance of 6 feet in public places. Shops will ensure physical distancing among customers. (MHA, 23. 03. 2021, page 5)
- Spitting in public places will be punishable with fine, as may be prescribed by the State/UT local authority in accordance with its laws, rules or regulations. (MHA, 23. 03. 2021, page 5)
- No organization/manager of public places shall allow gathering of more than 5 persons. (MHA, 15. 04. 2020, page 9)
- All persons who have been directed by the health care personnel to remain at home/ institutional quarantine for a period as

decided by the local health authorities. (MHA, 15. 04. 2020, page 7)

- Persons violating quarantine will be liable to legal action. (MHA, 15. 04. 2020, page 7)
- As far as possible, the practice of WfH (Work from Home) should be followed. (MHA, 23. 03. 2021, page 5)
- Whoever makes and circulates a false alarm or warning as to disaster or its severity or magnitude, leading into panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine. (Section 54, Disaster Management Act, 2005)

Rumours during Covid-19:

As noted by Rubal Kanozia*et al* the rumors were:

- Many messages on social media talked about the impending scarcity of essential commodities and the possible disruptions of demand and supply

chains of the market prompting people to resort to panic buying and hoarding of ration and consumer goods all over thecountry.

- A video of a Muslim man spitting on policeofficers to escape quarantine and another ofMuslim community members throwing stones onpolice also went viral. Video messages showing Muslim restaurant owners spitting on food, mosquemembers licking utensils and a Muslimvendor spitting on fruits and vegetables to allegedly infect people with the virus took peopleoff guard.
- The viral messageswent on to explain the 'scientific' basis for clappingat 5 p.m. (the time given by the PM in hisspeech), claiming how some astrological phenomenaat the time combined with sound energy generatedthrough utensils and claps will kill the virus, just liketemple bells were used to purify environment in ancient days.

- The Indian poultrymarket suffered a loss of over 21.68 million US dollars(`1.6 billion) a day due to fake news linkingthe spread of COVID-19 to chickens. Farmers have been forced to destroy poultryproducts, kill or dump chickens, as a result of theregular dissemination of fake messages linking thespread of virus to eating of chicken or any type of meat.
- From March 19 till May 2, over 300 deaths in India occurred due to the pandemic lockdown, including 80 suicide cases where people killed themselves due to the fear of being tested COVID-19 positive, loneliness or depression and losing jobs. (p. 58 – 60)
- One of the most bizarre pseudoscientific cures included drinking cow's urine and in one such incident, a cow urine party was also organized in New Delhi to prevent and cure the virus (The Hindu, 03. 12. 2021).

The nature of rumors that were disseminated during the Covid-19 pandemic was very different from the rumors spread during the plague epidemic, reflecting a marked shift in government approaches to crisis management. The measures taken by the Government of India in preventing the spread of Covid-19 indicate much greater awareness of the role of knowledge dissemination than in the case of the British government's response to the plague epidemic of the 1890s. The effort by Dr. R.G. Kar and Sister Nivedita in the plague epidemic is illustrative of the potential role of awareness and knowledge sharing in managing health crises. The measures taken by the Government of India during Covid-19 reflect a similar awareness, underlining the imperative of timely and accurate dissemination of information.

The Covid-19 pandemic has brought into sharp focus the problem of an "Infodemic" (coined by the director general of the WHO, T. A. Ghebreyesus): the accumulated volume of information makes it difficult to

separate fact from fiction. This is generally attributed to widespread use of social media. The rumors circulating during this time also give insight into the psychological factors emanating from joblessness and economic uncertainty; indeed, suicide cases were reported.

In this context, the role of academics and people from the academic sphere is important in promoting awareness, giving medical and educational support, and countering misinformation. The subsequent examples of ASR initiatives underline what collaboration can achieve in responding to health emergencies and providing food, medicinal assistance, and education to marginalized groups; awareness about the pandemic and associated rumors also form a part:

Jadavpur Commune:

The effort put in by the Jadavpur Commune during the COVID-19 pandemic therefore stands out as a pertinent example of how ASR works. Academic Social Responsibility refers to the ethical obligation of universities and their members-students, scholars, faculty, and alumni-to extend their knowledge, resources, and institutional capacities beyond the classroom and actively respond to societal needs. In moments of crisis, ASR demands that the academic communities translate intellectual capital into meaningful social action.

In response to the national lockdown announced in March 2020, a collective effort of students, research scholars, and alumni from Jadavpur University, Kolkata, came forward with a grassroots endeavor called the Jadavpur Commune to assist the communities that suffered most due to the pandemic. The Commune knew that health workers and delivery personnel did not have the option to stay indoors, hence they made sure that effective hand sanitizers and face masks were distributed

among these workers. When even the market was selling substandard and ineffective products, the group became responsible for arranging quality sanitization materials, in keeping with a research-based and ethical approach emanating from the academic community at large.

As the initiative picked up steam, the Commune expanded its scope through coordinated outreach on social media platforms, particularly Facebook. This digital engagement facilitated transparency, community participation, and sustained funding—hallmarks of responsible academic intervention. Going beyond immediate health needs, the Commune started a daily free food program across multiple locations in Kolkata, including Jadavpur Station Road, Gariahat under the bridge, and the Charu Market area. Employing a cook who had lost his livelihood due to the lockdown, the initiative helped assuage hunger and unemployment, as it served 350–400 people daily. University staff, workers, and volunteers collaborated to organize transportation

and distribution, illustrating the collective social commitment of the academic ecosystem.

Further entrenching its ASR orientation, the Jadavpur Commune began addressing the educational crisis that children in slums faced. With schools closed and digital access out of the question, slum children were effectively cut off from learning. Since April 2020, university students have volunteered to provide free education through interactive and context-sensitive learning methods, using pictures, music, and later structured lesson plans. The learning centers established are **PritilatarPaathshala**, **Bhagat Singh er Paathshala**, and **Ashu TimirerPaathshala**. The last one still continues to work beyond the peak of the pandemic.

This sustained engagement by the Commune, in collaboration with left-wing organizations and grassroots networks, reflects how academic spaces can serve as sites of social solidarity rather than isolated knowledge production centers. Bringing together intellectual

awareness, ethical responsibility, organization skills, and community participation, the Jadavpur Commune embodies how ASR can be meaningfully performed during moments of social crisis. In other words, Jadavpur Commune shows that ASR is not just an ideal but a praxis wherein academic communities mobilize privilege, skill, and resources for social justice, equity, and collective benefit.

Chetna:

Chetna is a strong example of 'Academic Social Responsibility' (ASR) in action. It shows how academic communities can use their knowledge and skills beyond the classroom to support society during crises. This initiative started in Kolkata during the COVID-19 pandemic, responding to increasing mental health challenges caused by prolonged uncertainty, isolation, and loss. A core team of nearly 30 student volunteers from various academic backgrounds focused initially on

helping Kolkata residents through structured mental health interventions.

As the pandemic worsened and its psychological effects spread, students and scholars from across West Bengal recognized the importance of this effort and joined in. This collaboration allowed Chetna to significantly broaden its reach, reflecting the essence of ASR—where scholars and learners feel responsible for applying academic knowledge to promote social well-being. The initiative conducted around 50 to 60 online sessions that tackled critical mental health issues like gender-based violence, grief and loss, and depression due to quarantine. Each session drew 200 to 250 participants, creating a safe, informative space for dialogue, reflection, and mutual support.

A key contribution under Chetna's ASR-focused approach was the **Psychological First Aid** course. This online program featured respected psychologists who shared professional insights and practical strategies to

cope with mental health challenges related to the pandemic. By making psychological expertise accessible to the public, the program reinforced the idea of academia as a socially responsive institution.

Additionally, Chetna's **Buddy Program** organized webinars that centered on mental health issues stemming from COVID-19, with 70 to 80 participants in each session. These interactions built a sense of community, empathy, and shared resilience—values that are central to Academic Social Responsibility.

Through awareness-building, education, and emotional support, Chetna showed how academic initiatives can respond ethically and proactively to societal needs. Its ongoing efforts during the pandemic illustrate that ASR is not just a theoretical idea, but a practical approach. It prioritizes mental health, inclusivity, and social care during crises, setting a valuable example for future academic-led social

initiatives. (Sourav Sarkar, personal communication, November 24, 2025)

Red Volunteers:

Red Volunteers demonstrates the application of 'Academic Social Responsibility' (ASR) in the sense that it showcases how the academia can utilize their knowledge, abilities, and value systems in a collective bid to fulfill the pressing needs of society. The left-leaning social organization was formed on April 22, 2021, in Kolkata in light of the second wave of the Covid-19 pandemic that had left the entire world in shambles, particularly in terms of the shortage of oxygen and medical facilities.

Red Volunteers were formed with a membership of 83 people consisting mostly of young members who were initially just students; however, they were able to translate academic knowledge into action. Following the mission and objectives of ASR, Red Volunteers reached

out to society by engaging in activities such as conducting door-to-door RT-PCR tests and also expanded their services to different districts in West Bengal in a planned and team-oriented manner as one would learn in academic institutions such as planning and problem-solving skills.

Each unit of the district had four to five specialized teams functioning underneath them. There was a team for providing oxygen, another for the delivery of food, groceries, and medication to people who could not leave their homes, a third for updating them on the status of hospital beds as well as nursing homes on a constant basis, and then a final team for overseeing patients with low oxygen saturation who had contracted the COVID-19 virus.

Apart from providing medical aid in an emergency situation, the Red Volunteers were also committed to the general social responsibility implied in Academic Social Responsibility by focusing on

development needs in disadvantaged and remote areas with inadequate infrastructure. The Red Canteens and Red Kitchens offered economical meals, while Red Ambulance services provided fast patient transfer. These activities demonstrate the potential of academically driven social engagement in promoting development and social justice.

Red Volunteers, as a whole, provides a shining example of Academic Social Responsibility that students and academically engaged young people made use of intellectual capabilities and collective action in order to tackle the crises that the world was facing and prove once again that academia is a strong force that drives social change.

Verified Oxygen Leads of Bengal:

A Facebook page was formed on 28th April 2021 with the aim of spreading correct and verified information about the availability of oxygen during the second wave

of the COVID-19 pandemic, which had a devastating effect in India. It was a point when the shortage of oxygen was at its peak, and people were having difficulties accessing verified sources when this intervention program took place, largely conducted by students.

Modelled on the cornerstones of 'Academic Social Responsibility' (ASR), the page demonstrated the ability of the academic community to go beyond the boundaries of the classroom and contribute towards meeting the pressing needs of the community at large. Based on verification and updated on a timely schedule of three hours for each posting on oxygen suppliers and availability and contact details to prevent the spread of inaccurate information, the posting started on a small scale by students of Kolkata but soon spread throughout the state of West Bengal.

This project is an exemplary model of Academic Social Responsibility, disseminating how current and

future students, as part of academias, can apply their learning abilities, thinking, technical literacy, and sense of responsibility towards creating social change through these very tools. Also, this project is an exemplary model explaining how academia can play an exemplary role in creating socialization and forming social resilience during a major crisis by acting proactively towards such crises and acting in the welfare of society.

The amount of work done by academicians and other individuals during both epidemics, indicative of Academic Social Responsibility, shows the importance of collaboration in raising public awareness and working for marginalized segments. Examples like these point out that academics do have a responsibility to take on the role of sharing knowledge and encouraging intellectual exchange, particularly when crises are unfolding. Finally, this research stresses the need for academics to engage with society, inspire critical thinking, and wise decision-making, aiming at benefitting the environment and humankind. This will be possible if we recognize

that ASR can provide a bridge toward an informed, empathetic, and resilient society, much better prepared to deal with future challenges.

Works Cited:

Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. University of California Press, 1993.

---. "Disease, Rumor and Panic." *Empires of Panic: Epidemics and Colonial Anxieties*, edited by Robert Peckham, Hong Kong University Press, 2015.

Ashu Timirer Paathshala. *Facebook*, https://www.facebook.com/.

Hall, Budd L., and Rajesh Tandon, editors. *Socially Responsible Higher Education: International Perspectives on Knowledge Democracy*. Brill/Sense, 2021.

Jadavpur Commune. *Facebook*, https://www.facebook.com/JadavpurCommune.

Kar, R. G. *The Plague*. Calcutta, 1898.

Kanoia, Rubai, et al. "Infodemic during the Covid-19 Lockdown in India." *Media Asia*, vol. 48, no. 1, 2021.

Ministry of Home Affairs, Government of India. *Orders and Guidelines*. 15 Apr. 2020 and 23 Mar. 2021.

Nathan, R. *The Plague in India*. Vol. 2, Government Central Printing Office, 1898.

Pritilatar Paathshala. *Facebook*, https://www.facebook.com/.

"Red Volunteers." *Wikipedia*, https://en.wikipedia.org/wiki/Red_Volunteers.

Ryu, Keikoh. *Developing University Social Responsibility: A Business Ethics Approach to Information Disclosure in Japan*. Springer, 2021.

Samanta, Arabinda. *Living with Epidemics in Colonial Bengal (1818–1945)*. Routledge, 2018.

Sister Nivedita's Lectures and Writings: Hitherto Unpublished Collection of Lectures and Writings of Sister Nivedita on Education, Hindu Life, Thought and So On. Vol. 5, Sister Nivedita Girls' School, 1955.

"Swasthya." *Shraban*, July–Aug. 1898 (BS 1305).

Tagore, Rabindranath. *Broken Ties and Other Stories*. Macmillan and Co., 1925, pp. 10–12.

Tauginienė, Loreta, and Raminta Pučėtaitė, editors. *Managing Social Responsibility in Universities: Organisational Responses to Sustainability*. Palgrave Macmillan, 2021.

The Hindu. "Coronavirus Group Hosts Cow Urine Party, Says COVID-19 Due to Meat Eaters." 3 Dec. 2021,

https://www.thehindu.com/news/national/coronavirus-group-hosts-cow-urine-party-says-covid-19-due-to-meat-eaters/article61962856.ece.

"Verified Oxygen Leads of Bengal." *Facebook*, https://www.facebook.com/.