

# UC San Diego

## UC San Diego Electronic Theses and Dissertations

### Title

Serving Others: Individual and Societal Transformation through Seva in a Sikh Community

### Permalink

<https://escholarship.org/uc/item/8kk7c2mq>

### Author

Nippoldt, Lauren Jean

### Publication Date

2022

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA SAN DIEGO

Serving Others:  
Individual and Societal Transformation through Seva in a Sikh Community

A Dissertation submitted in partial satisfaction of the requirements  
for the degree Doctor of Philosophy

in

Anthropology

by

Lauren J. Nippoldt

Committee in charge:

Professor Suzanne Brenner, Chair  
Professor Steven Parish, Co-Chair  
Professor Radhika Chopra  
Professor Richard Madsen  
Professor Saiba Varma

2022

Copyright

Lauren J. Nippoldt, 2022

All rights reserved.

The Dissertation of Lauren J. Nippoldt is approved, and it is acceptable in quality and form for publication on microfilm and electronically.

University of California San Diego

2022

## DEDICATION

*To my parents and family*

## TABLE OF CONTENTS

|  |      |
|--|------|
| DISSERTATION APPROVAL PAGE .....   | iii  |
| DEDICATION .....   | iv   |
| TABLE OF CONTENTS .....  | v    |
| GLOSSARY .....   | vi   |
| ACKNOWLEDGEMENTS .....   | viii |
| VITA.....  | x    |
| ABSTRACT OF THE DISSERTATION.....  | xii  |
| INTRODUCTION .....   | 1    |
| CHAPTER ONE: A CHANGED COMMUNITY, A CHANGED SEVA .....                                       | 28   |
| CHAPTER TWO: THE DELHI CARESCAPES AND FILLING A GAP IN CARE.....                             | 64   |
| CHAPTER THREE: “NO ONE GOES EMPTY HANDED”: THE GOODNESS OF SEVA .....                        | 94   |
| CHAPTER FOUR: WORTHY OF CARE: HEALING WOUNDS AND RESTORING DIGNITY                           | 131  |
| IINTERLUDE: “WE CANNOT REFUSE.....   | 159  |
| CHAPTER FIVE: GIVING DIGNITY AND RESPECT: REGULATING SEVA AND THE<br>QUALITY OF LANGAR ..... | 168  |
| CONCLUSION.....  | 200  |
| REFERENCES .....   | 221  |

## GLOSSARY

- Ahankara – pride or arrogance  
Amritdhari—individuals who have gone through the Amrit initiation ceremony and must follow the Sikh code of conduct, including wearing the five Ks  
Ashram—a place of spiritual dwelling or monastery. In the case of Sarbat Da Bhala it is a home for the destitute and ill  
Dasvand—a donation of a tenth of one's earnings  
Davai-- medicine  
Deg Tegh Fateh—a Sikh motto meaning victory to charity and arms, often represented by a sword and kettle  
Dera—dwelling of a saint or religious leader  
Dharam—Duty  
Gurmukh—a person turned towards their Guru and the divine word  
Gurpurab- a Sikh tradition celebrating the anniversary of a Guru's birth  
Gurdwara— Sikh house of worship  
Hukam—divine will  
Haumai – pride, arrogance, ego  
Joda Ghar—a place where shoes are kept within Gurdwaras  
Kaccha/Kachera—cotton underwear and one of the five k's  
Kadhi—a thick gravy-based dish made of chickpea flour and yogurt  
Kam – lust  
Kanga—a wooden comb and one of the five K's  
Karma—a spiritual principle of cause and effect  
Kar seva—cleaning or doing construction of Gurdwaras or community areas  
Kara—a steel bracelet and one of the five K's  
Kesh—uncut hair and one of the five K's  
Keshdhari—a term used to describe a Sikh that does not trim or remove their hair (kesh)  
Kirpan—a steel sword and one of the five K's  
Krodh – anger  
Langar—Sikh practice of a communal kitchen and free meal, a predominant form of seva  
Lobh – greed  
Manmukh—a person turned towards oneself  
Maya—delusions, encompasses anything that pulls a person away from their devotion to God  
Moh—attachment  
Mukti (Punjabi)/ Moksha (Hindi)—a stage of liberation from the cycle of birth and death  
Paath/Path—recitation of the Sikh holy book  
Paathis— also called Granthi, a person who is a ceremonial reader of the Guru Granth Sahib in a Gurdwara  
Panth—Literally meaning path, but also means community or faith.  
Patti – bandages  
Prasad— a religious offering that people receive upon worshipping  
Sach-khand—the stage of truth wherein a person achieves mukti  
Sahajdhari—literally meaning slow adopter, it is a person who follows Sikhi but is not an initiated or Amritdhari Sikh

Sangat— the community or fellowship with whom you join together, often in the presence of the  
Guru Granth Sahib  
Sarbat Da Bhala—a Punjabi phrase meaning welfare for all or peace and prosperity for all  
Sarovar—a manmade pond of holy water  
Seva/sewa—selfless service  
Sevadar/sevadar—a person who practices seva, literally a seva-supporter  
Simran—remembrance of and meditating on the name of God or Waheguru.  
Veerji—elder brother, used to show respect to a man similar in age or older than you.  
Waheguru—word used to refer to God in the Sikh faith



## ACKNOWLEDGEMENTS

This dissertation is the culmination of the support and participation of many to whom I would like to express my deepest gratitude. To my chairs, Professors Suzanne Brenner and Steven Parish—thank you for your many years of guidance, reminders to stay close to the ethnography and experience, and helping me balance the particulars with the big picture. I would like to acknowledge and thank my faculty committee: Professors Saiba Varma, Radhika Chopra, and Richard Madsen for their support, guidance, and enthusiasm throughout my research journey. I also want to thank Kamala Visweswaran, Cynthia Mahmood, and Tom Csordas who supported me through my advancement to candidacy exams.

This research was generously funded by the Fulbright-Nehru Fellowship, as well as various sources of support from UCSD, including the F.G. Baily Fellowship, the David K. Jordan Fellowship, and the International Institute Fellowship. I would also like to express my gratitude for preliminary research funding and language training funding from the Global Religion Research Initiative and Templeton Religion Trust, the Society for Psychological Anthropology/Robert Lemelson Foundation Fellowship, and the Foreign Language and Area Studies Fellowship. In that vein, my Hindi teachers at Zabaan and at AIIS in Jaipur helped me develop my capacity as a Hindi-speaker so that I could conduct this research. Without their patience, dedication, and encouragement, it would not have been possible.

I would like to thank my colleagues and friends at UC San Diego for their fellowship and support over the years. Conducting research and writing is challenging, and thus it was enjoyable, inspired, and fruitful to work on this project when it was so uplifted by a supportive community.

I owe many thanks to my parents, family, and friends for their unwavering support, motivation, and for keeping me true to myself throughout the ups and downs over the years. A special thank you to Daniel Driscoll, my best reader and companion, who kept me company and encouraged my growth every step of the way. I will forever cherish our days of writing side-by-side, amidst the quarantine, in our beautiful coast apartment.

Finally, I am and will be forever grateful to all the people who gave their time and energy to participate in my research. The sevadars of Sarbat Da Bhala, in particular, gave so much to this research and to me personally over the years. You made me a better person. Thank you for your seva—you inspire others and help make our world a more loving and caring place.

## VITA

- 2013 Bachelor of Arts, Washington University in Saint Louis
- 2017 Master of Arts, University of California San Diego
- 2015-2020 Teaching Assistant, University of California San Diego
- 2021 Instructor of Record, University of California San Diego
- 2020-2022 Graduate Writing Consultant, University of California San Diego
- 2022 Doctor of Philosophy, University of California San Diego

## HONORS AND AWARDS

- 2021 Summer Graduate Teaching Scholars Fellowship, University of California San Diego
- 2018-2021 David K. Jordan Fellowship, Department of Anthropology, University of California San Diego
- 2019-2020 Fulbright-Nehru Student Research Fellowship
- 2019-2020 Critical Language Enhancement Award
- 2019-2020 International Institute Fellow, University of California San Diego
- 2019-2020 F.G. Bailey Fellowship, University of California San Diego
- 2019 George Haydu Prize for the Anthropological Study of the Interaction of Culture Behavior and Human Values, University of California San Diego
- 2018-2019 Project Launch Grant, Global Religion Research Initiative, Templeton Religion Trust
- 2017-2019 Teresan Scholarship, College of St. Teresa Alumni Association
- 2018 Foreign Language and Area Studies Fellowship, University of California Berkeley

- 2018            Ajeet Singh Matharu Memorial Prize
  
- 2017            Society for Psychological Anthropology/Robert Lemelson Foundation  
Fellowship
  
- 2017            Travel Grant, Graduate Student Association, University of California San  
Diego
  
- 2016-2017     M.E. Spiro Fellowship, Department of Anthropology, University of  
California San Diego
  
- 2016-2017     Global Health Institute Student Field Experience Travel Grant, University  
of California San Diego
  
- 2016            Foreign Language and Area Studies Fellowship, University of Wisconsin  
Madison
  
- 2013            Phi Beta Kappa

FIELD OF STUDY

Major Field: Anthropology  
                  Psychological and Medical Anthropology

ABSTRACT OF THE DISSERTATION

Serving Others:  
Individual and Societal Transformation through Seva in a Sikh Community

by

Lauren J. Nippoldt

Doctor of Philosophy in Anthropology

University of California San Diego, 2022

Professor Suzanne Brenner, Chair  
Professor Steven Parish, Co-Chair

Drawing on 19 months of ethnographic research among Sikh communities in Delhi, India, this dissertation explores the contemporary practice of Sikh seva. In a context marked by histories of ethnoreligious violence, rising Hindu nationalism, and widespread inequality, some Sikhs draw upon seva to navigate and grapple with their own precarious citizenship, others' suffering, and

their aspirations for a good life. I argue that seva, as an act of care, is transformative and provides a strategy for survival and a way to live ethically. I utilize an on-the-ground approach to understand how communities draw upon religious care to foster ethical ways of being, heal after collective trauma, and survive precarious political contexts. This dissertation furthers understandings of the ways in which religious care can create societal good in light of societal problems, and how these practices can contribute to survival and the potential for wellbeing and flourishing. This research is relevant not only for understanding how Sikh communities can live ethically in majority Hindu India, but it provides insights applicable to other multicultural societies in our world.

## INTRODUCTION

The goal of my dissertation is to examine how Sikh *seva*, self-less service, as an act of religious-based care is transformative and creates possibilities for individuals and communities to define, regulate, and enact goodness as a means to live ethically. My dissertation explores the ways in which Sikh communities in Delhi, as religious minorities, draw upon the practice of *seva* as a strategy of survival and as a means to build bridges across community boundaries.

As a religious minority group, Sikhs have a precarious history in India and the diaspora. The Sikh community carries with it collective trauma due to the violence experienced during the partition of India in 1947, the 1984 anti-Sikh riots in Delhi and across north India, and other events of targeted violence<sup>1</sup> (Ahluwalia and Alimchandani 2013; Axel 2001; V. Das 1995; 2007; C. K. Mahmood 1996; Saul 2014). Sikhs became “the minority problem” for the Indian state due to the perceived threat of the Khalistan separatist movement (Appadurai 2006; van der Veer 2002; Hansen 1999; 2001; C. K. Mahmood 1996; Axel 2001). Emerging in the 1970’s, the Khalistan movement is a Sikh separatist movement aiming to create a Sikh homeland by establishing a sovereign state in the region of Punjab. In 1984, the Indian state responded violently to the threat of this Sikh separatist movement with military invasions of the Sikh faith’s most sacred site and four days of an anti-Sikh pogrom in Delhi. This violence and marginalization led to substantial loss in both human life and property, as well as much suffering, trauma, and precarity for the Sikh community (Axel 2001; V. Das 1995; C. K. Mahmood 1996; Tatla 2006; Chopra 2010).

Against this backdrop, I explore how some Sikhs in Delhi grapple with moral experiences that arise out of social change and conflict and how they, nevertheless, strive for a good life by drawing upon a religious care practice and transforming and reimagining themselves in relation to

---

<sup>1</sup> Chapter 1 provides a detailed history of the Sikh community.

the state through the practice of seva (Somasundaram 1998; Taneja 2017; Varshney 2002). Religious beliefs and practices like seva can play significant roles in individual and community recovery, wellbeing, and healing, particularly after experiencing trauma or in post-conflict communities (Csordas 2002; Derges 2013; Somasundaram 1998; Hardison-Moody 2016). Everyday civic engagement between communities, such as informal practices of seva, may be important starting points for fostering and maintaining peace and cooperation in post-conflict contexts (Bräuchler and Naucke 2017; Ring 2006; Varshney 2002). In my ethnographic account, I uncover how seva acts as a site of goodness, resistance, and survival for sevadars, the practitioners of seva, and the receivers of seva, as well. Seva, as a care practice, fosters transformations on personal, interpersonal, and community levels. Through the transformations it engenders, it offers multiple possibilities for survival, making good, and ethically navigating our uncertain world.

In this introduction, I first review the current field of the anthropology of care as it relates to seva. Second, I provide background on South Asian religious traditions and conceptions of service, care, and giving more widely in the region. Third, I outline seva within the Sikh tradition and how it fits within the Sikh worldview. Fourth, I describe my field site, the community with whom I conducted research, and the methodological approach to my research. Finally, I provide an outline of the chapters that follow in this dissertation.

### **Seva within an Anthropology of Care**

I see this as an ethnography of seva that fits within a new and revitalized anthropology of care, which speaks to larger debates and discussions within the anthropologies of ethics, morality, medicine, and the good. Studying practices of care allows us to understand more abstract concepts



such as goodness or ethics, and care is one way to evaluate how people try to make good in social relationships (Robbins 2013). There is a longer tradition in anthropology of attending to moral experience in everyday life and the moral aspects of community life (Pandian and Ali 2010; Csordas 2013; 2014; Fassin and Léze 2014; Parish 1994; Robbins 2013; Laidlaw 2002; Mattingly 2014; Ring 2006; B. Singh 2011; Lambek 2010). Practices of care are the product of everyday ethics and of moral experiences that arise in the culturally organized developmental processes of the life span (Chapin 2014; Levy 1973).

The four-field nature of anthropology has led to greater understanding of the role that care and the capacity for empathy played in the evolution and survival of human societies (de Waal 2009; Fuentes, Wyczalkowski, and MacKinnon 2010; Henrich 2015). At a fundamental level, care is necessary for supporting human life. Many other societal goods are not as necessary for life and human existence, or not as necessary in the same vital way. As mammals, humans *require* care for the survival of our species (de Waal 2009). Beyond survival, care can also improve wellbeing and support flourishing (Mathews and Izquierdo 2008). Care is advantageous for individuals and communities alike. The creation of social bonds through caring, especially among non-kin, relies upon culture to foster opportunities, practices, and moral experiences that encourage these behaviors. Care can create and strengthen social bonds, build more cohesive communities, and has the potential to elicit feelings of wellbeing, transform ethical personhood, and create a sense of purpose or motivation (Cohen 1998; de Waal 2009; Dingler 2015, 201; Fuentes, Wyczalkowski, and MacKinnon 2010; Henrich 2015; Kowalski 2016; Lamb 2000; Malkki 2015; Snell-Rood 2015b; Tronto 1989; Yarris 2017; Held 2006; Ruddick 1989; Tronto 1993). Care offers possibilities for new ways of being in the world.

I utilize a feminist theory of care and care ethics as a framework for understanding seva. A theory of care puts social relations, needs, and the tensions that are present in relationships at the forefront of human action and ethical evaluation. Furthermore, a feminist ethics of care acknowledges dynamics of power and illuminates the interdependence of humans and their world. Finally, a theory of care can remove the presumed boundary between morality and politics, allowing an understanding of how the ethical and political are intertwined in everyday life (Tronto 1993).

In the early years of anthropology, some wives of eminent anthropologists wrote and paid attention to care, interdependence, and more feminized, everyday ethical practices (Visweswaran 1994; Wolf 1968). However, these were not deemed important areas of scholarly inquiry at the time. It was not until the 1970s and 1980s that the sub-discipline of feminist anthropology became more formalized and valued within the field (Rosaldo 1974). In the related fields of psychology and philosophy, a feminist ethics of care first formally emerged through Carol Gilligan's critique of Lawrence Kohlberg's justice-based view of morality which valued independence and a "morality of rights" (Gilligan 1993). Gilligan proposed taking into consideration a "morality of responsibility" that values our interdependence. Building on Gilligan's and others' legacy, Joan Tronto, a political scientist and scholar of care, defines care as

Activities we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web (Tronto 2001, 61).

This practice of repairing the world so as to live in it as best as possible is part of an ethical practice, restoring ethics, as Tronto does in speaking of care, to its original meaning of "knowledge about how to live a good life" (Tronto 2001, 61). Her description of care includes four phases: 1) an awareness and attention to the need for care, 2) the act of taking responsibility to meet this need,

3) the material meeting or performance of the caring need, and finally, 4) the response of the recipient of care (Tronto 2001).

Care is a central part of human life. It is an embodied experience, and it is relational. It is ethical because it tries to make the world and living in it better, and it is political because the ability to provide and receive care is intertwined with inequality and power. A feminist ethic of care focuses on “attentiveness, trust, responsiveness to need, narrative nuance, and cultivating caring relations” (Held 2006, 15). It makes clear that we *are* interdependent, and thus in order to fulfill our own and others’ needs, we must find ways of caring for others and ourselves in order to survive and live well. An ethics of care focuses on both relationships and the social practices and values that sustain these social relations. This aspect of care helps resolve the tension with differing theories of individual versus dividual selves in anthropology and studies of South Asia (Mookherjee 2013; Marriott 1976b), and it provides an alternative to Foucauldian ethics of self-fashioning (Dave 2012; Pandian 2010; Pandian and Ali 2010; V. Das 2007; Laidlaw 2002; S. Mahmood 2011) which focuses on the individual and does not explicitly account for the importance of relationships to ethics.

As a valued human practice, care is defined and enacted differently across cultures, but it always shares the feature that it tries to make a world that allows others to live in it better (Held 2006). As an object of anthropological inquiry, care has recently gained more significant attention (Buch 2015; Garcia 2010; Pinto 2014; Yarris 2017; Varma 2020; Livingston 2012). However, anthropology has not come to a consensus on how care should be used. Elana Buch writes that “care remains a shifting and unstable concept—alternately referring to everyday practices, engagements with biomedicine, biopolitics, affective states, forms of moral experience and obligation, structures of exploitation, and the relationship between these various things” (Buch

2015, 279). Care can be both a “mental disposition of concern” (caring about) as well as a practical action (caring for) that can be a consequence of that concern (Tronto 2001, 61; see also Buch 2015). I utilize Tronto’s definition of care, which focuses on care as ultimately leading to some sort of action, as a productive theoretical tool for understanding seva. Both care and seva are always oriented towards another, and Sikh seva aims to repair or maintain the world, for example by aiding in healing a wound, providing possibly the only meal that day to a hungry and impoverished migrant worker, or cleaning and disposing of garbage in the environment, all of which lead to persons trying to live in the world better.

However, care is not without conflict. We live in a world where there is more need for care than can be met, and some of those with the means to care for others actively withhold care from those in need. Decisions about who is deserving and who provides the resources can lead to conflict and power struggles (Tronto 1993). On the ground level, persons who care for others are not without needs themselves, and the necessity to balance their needs with the needs of others is an unavoidable conflict and can become an ethical dilemma. Sevadars must grapple with their own needs for survival, including safety and familial obligations, which can at times challenge their commitment to seva. Additionally, care is often devalued, underpaid, and disproportionately performed by those who are often marginalized or relatively powerless in society, supporting the elite to stay in positions of power (Held 2006; Tronto 1989; Parreñas and Boris 2010; Tronto 1993).

Practices of caring are also frequently framed, both by scholars and practitioners, as apolitical ventures (Redfield 2012; 2011; M. I. Ticktin 2011; Berman 2018; Bornstein 2012; Malkki 2015; Mittermaier 2014; Muehlebach 2012; Fassin 2012a). Anthropologists of care, however, show how this apolitical positioning actually carries with it political implications and

consequences, and these practices can recreate, reinforce, or refuse forms of violence, hierarchy, and power that are already present (Tronto 1993; Muehlebach 2012; M. I. Ticktin 2011; Fassin 2012a; Beckerlegge 2008; Bornstein 2012; Malkki 2015; Stevenson 2014; Bhattacharjee 2019; Gupta 2012; Pinto 2014; Varma 2016; Mittermaier 2014). Care is often understood as biopolitics, which the anthropologies of humanitarianism and biomedicine often theorize as oppressive, violent, and coercive (Bornstein 2012; Malkki 2015; Comaroff 1993; Erickson 2003; Fassin 2012b; Pinto 2014; Garcia 2010). Amira Mittermaier, in discussing the traditions of giving at a Sufi *khidma*, a space of service, against the backdrop of the Egyptian protests in 2011, argues that some seemingly apolitical everyday care practices actually have more political potential within them (2014). This invites us to think more about the “political potentials of seemingly apolitical spaces and practices” such as religious-based practices of care (Mittermaier 2014, 56).

Joan Tronto argues that care should be a part of our understanding of politics, and care should become a central focus of political life and improving social welfare. Placing care within the realm of the political challenges assumptions about human nature, including the false dichotomy of care and justice, the binary of autonomy and dependence, and the valuing of a perceived superiority of “rationality” (Tronto 1993). Care allows us to start from the point of view that humans are interdependent, and it allows us to see how human activity shapes what we understand to be rational. When people perform care appropriately, “they are marked as moral persons correctly embedded in an ordered social world. Through engaging in exchanges requiring physical labor, intimate contact, and submission to the desires of others, people become familial selves” (Kowalski 2016, 67; see also Trawick 1992; Wadley 2010). Care impacts the crafting of moral persons and changes how they relate to others as embodied, relational persons, allowing for new possibilities of existence. If care were a guiding political principle, it could allow for

transformative changes in social welfare, equity, peace, and societal wellbeing (Ruddick 1989; Held 2006; Tronto 1993; The Care Collective et al. 2020). Care is a transformative action that changes relationships and improves persons' abilities to live in the world. As such, it allows people to understand and recognize themselves, their needs, and their own situations in relationship to others because they are more attentive to the needs of others.

In addition to placing relationships at the center, a theory of care accounts for hierarchies of power and political action. Recognizing hierarchies is helpful for framing the inequalities and asymmetries of power that may exist within exchanges of care, including seva. The different dimensions of care can be divided among the powerful and the less powerful: "caring about, and taking care of, are the duties of the powerful. Care-giving and care-receiving are left to the less powerful" (Tronto 1993, 114). Care is used by those in power to demonstrate and maintain their power, but care can also be a "power of the weak" because care-givers provide essential support for life. In my research, seva is predominantly a working- or middle-class activity, but financial support for seva is often supported by upper-class families. People with all different abilities and capacities are told that they have something they can contribute to seva. If a person is wealthy but has little free time or does not want to give of their physical labor, they can give money, whereas someone who is not as wealthy may only be able to provide their time and physical labor. Furthermore, behind the choice of to whom to give, and the reason affiliations are so important, is the process of creating and understanding the worthiness of the recipient of care (Bornstein 2009). People are often ethically motivated to care for those with whom they are already affiliated. This is due in part to underlying cultural ideologies that place the self as inherently connected to related others (Malkki 2015; Varma 2012; Muehlebach 2012; Maes and Kalofonos 2013; Pinto 2004; Stevenson 2014; Deeb 2011). Moral experience is about being in the world with others (Parish

2014; Zigon and Throop 2014; Csordas 2014), and therefore, we as humans already attend to and care for relations with others during moral experiences.

Building off of this theoretical foundation of care, it is important to understand how local conceptions of care are defined, cultivated, and practiced (Robbins 2004; Laidlaw 1995; Abu-Lughod 1988; Parish 1994). A recent edited volume on ethical life in South Asia suggests that we move beyond a focus on analyses of religious text or scripture, and instead, we focus on understandings of three aspects of ethical practice: the embodied; the performed traditions and historical contexts in which they are lived in everyday life; and their impact on collective life (Pandian and Ali 2010). Furthermore, ethical and political motives and consequences dovetail through the power dynamics of care. This dissertation offers ethnographic accounts of local, contemporary practices of care that support challenges to existing scholarship's distinction between ethics and politics in quotidian life (Mittermaier 2014; Puig de la Bellacasa 2017; Tronto 1993). Within this dissertation, I illustrate that care cannot be dichotomized as good/bad, harmful/benevolent, but these ethical aspects of care must always be understood in relation to and inclusive of each other. Finally, my attention to caregiver motivations, intentions, and experiences contributes an understanding of why some Sikhs draw upon religious practices of service to cope with problems, how seva can be a transformative and ethical experience in the context of contemporary urban India, and how sevadars persist despite oppositions to their commitment to seva. These understandings contribute to knowledge of how experiences of caring prompt transformations that enable individuals to manage and overcome both ordinary and extraordinary struggles. Before describing seva as an act of care within the Sikh tradition, I first offer descriptions of practices of gifting, service, and care within other South Asian religious traditions.

## South Asian Religious Traditions and Conceptions of Service, Care, and Giving

The concept of *seva* has a long history in South Asia of describing acts of service or care for others. Historically, *seva* is a key virtue in many South Asian religious traditions (Jacobsen 2016) and is also used in India to discuss service or care beyond religion, for example as service to one's family or the nation (Cohen 1998; Kowalski 2016; Watt 2005). Closely connected to the concept of *seva* in Sanskrit traditions are the concepts of “*dāna* (gift giving), *karunā* (compassion), and *preman* (kindness)” (Jacobsen 2016, 1). *Daan*, alternatively written as *dāna* or *daana*, is an act of charity, generosity, or giving alms in South Asian traditions. *Seva* and *daan* are the two main forms of generosity in Hinduism and other South Asian traditions, but they have different goals. *Daan* was developed to be an “expression of obligation,” whereas *seva* was meant to be an “expression of devotional love” or “devotional service,” historically directed to a deity or guru, and in contemporary forms, it can also be in service “for the welfare of others” (Jacobsen 2016). In Bhakti movements of Hinduism, *seva* can also be understood as a means by which individuals can experience the love of God.

In South Asian religious traditions, *seva* often describes “menial, demeaning or polluting acts of service” (Srivatsan 2006, 427), meant to be a humbling and ego-less experience in a society in which most labor is divided by caste and class. Due to the humbling nature of *seva*, most South Asian religious traditions endorse its practice as a way for individuals to demonstrate religious devotion and to achieve peace, enlightenment, or wellbeing. Participating in *seva* is seen as “helpful for transcending selfishness and egocentricity and therefore for the destruction of ignorance” (Jacobsen 2016, 2). Furthermore, “the goal of both *seva* and renunciation is the realization of a state beyond self-centeredness” (Jacobsen 2016, 5) which is believed to create virtue in a person performing it. Both the Bhakti traditions of Hinduism, based in a practice of



deep personal devotion to and love for the divine, and the mystic Sufi tradition of Islam influenced Guru Nanak, the first of the ten Sikh Gurus and the founder of the Sikh tradition, and his conception of seva in the Sikh tradition. Bhakti and Sufi traditions of seva focus again on serving humanity and other human beings as a way to serve the divine or one's living spiritual master (see Copeman 2009 for contemporary Guru-Bhakti traditions). This is in contrast to more royal forms of giving from rulers to Brahmin priests (Fuller 1992; Heim 2004).

One area of comparison between different traditions of religious service is how they define worthy recipients. Across South Asian religious traditions, there are general typologies of appropriate recipients, including giving to religious specialists, the poor or disadvantaged, to Gods, and to pilgrims or travelers (Bornstein 2012; Kayikci 2020; Bornstein and Redfield 2011; Heim 2004; Deeb 2011; Laidlaw 1995). Gifts must be given to appropriate recipients, often presenting tension between those deemed worthy and those seen as needy. In the texts of the South Asian traditions of Hinduism, Buddhism, and Jainism, the worthiness of the recipient of *daan* will impact the merit of the giver, thus the recipient should be someone of high moral virtue or purity (Heim 2004; Swenson 2020; Bornstein and Redfield 2011). In these contexts, Brahmin priests, monks, or ascetics are theoretically deemed the most virtuous because they have dedicated their lives to religious pursuit. Historically, this giving “up” to recipients deemed as worthy was seen as a sign of respect which produced merit for the giver, whereas giving to recipients seen as unworthy, giving that was driven by feelings of pity or compassion, would produce no merit and was seen as an act of giving “down” (Swenson 2020). This conception of worthiness follows the idea of karma, wherein a person who is disadvantaged is thought to have earned their lot in life through misdeeds in a previous life (Heim 2004). However, ethnographic depictions of religious giving often run contrary to the scriptural accounts of giving. In ethnographic accounts from South Asia, the giver

is often seen as superior while the receiver is viewed as lower status, dependent, and inferior (Parry 1986; Raheja 1988; Heim 2004). In my dissertation, I provide a novel ethnographic depiction of contemporary Sikh seva and decipher how givers and receivers relate to each other and whether the practice of seva, in comparison with solely written accounts of the ideal practice, embody the Sikh ideology of equality.

In the traditional Maussian theory of the gift, receiving a gift creates obligation and a need for reciprocity. It is a moral exchange. However, the so-called “poison of the gift” (Raheja 1988) is part of a greater cultural understanding of “social contact and interdependence as morally entangling” in everyday life in South Asia which challenges the Maussian theory (Laidlaw 2000, 631; see also Parry 1986). Ethnographies of care and giving in South Asia highlight that *daan* and other forms of the gift illuminate a distancing of the self from the gift through anonymity, and yet other forms of everyday helping and care are often modeled upon kinship relations (Bornstein 2012; Trawick 1992; Lamb 2000; Kowalski 2016). For example, Laidlaw explores how Jains understand *daan* as something that can bring misfortune to recipients from the donors, since, through the medium of food or money, it carries the donor’s sins and impurities with it (2000). Giving *daan* is a good deed, so lay families take part in the activity in order to pursue spiritual purification and cultivate virtuous selves. In this case, however, *daan*, if performed correctly, can become a free gift that is without moral obligation (Laidlaw 2000).

Contemporary practices of humanitarian work and philanthropy in New Delhi are often imbued with the religious conception of *daan* and with aspects of familial care in India (Bornstein 2012). Moral hierarchies of gifting exist within the public discourses in India around charity and volunteering, where time and giving of one’s body often appear at the top and monetary donation at the bottom (Copeman 2009; Bornstein 2012). The practice of organized volunteering is

relatively new to India, but as many scholars have argued, volunteering is often practiced because of the potential it has for personal transformation for the volunteer (Bornstein 2012; Malkki 2015; Sundar 2017). For some volunteers that Erica Bornstein interviewed in Delhi, giving of time felt better because they could not receive anything in return and they knew where their effort was directly going (Bornstein 2012).

Beyond religious use, the concept of *seva* in South Asia is used to describe familial care (Cohen 1998; Lamb 2000; Kowalski 2016; Banerjee 2020; Trawick 1992; Wadley 2010) and has been taken up as an ideology to motivate social movements (Watt 2005; Jacobsen 2016; Raju 2000). Julia Kowalski, writing about family counseling in Jaipur, uses the concept of *seva* to understand how families in Jaipur, India “best [organized] interdependent reciprocal relations within hierarchical relationships in the home and beyond” (Kowalski 2016, 64). In this context, she defines *seva* as “actions that order the interdependent ties that connect family members, whether in the course of a single interaction, such as preparing a meal, or over a lifetime” (Kowalski 2016, 64). Within familial *seva*, power is always transitory between family members, and *seva* is often viewed as a duty that is imperfect (Banerjee 2020; Cohen 1998; Lamb 2000).

In the 20<sup>th</sup> century, *seva* became “increasingly interpreted as philanthropic work and public service” which was reflected popularly in Gandhi’s and Vivekananda’s teachings (Jacobsen 2016, 4); *seva* was transformed into a religious imperative and an ideal for the concept of an Indian nation (Jacobsen 2016, 4–5). Gandhi’s philosophy and Sikh ethics share a lot in common, specifically the importance of selfless service as a way to learn truth and achieve self-realization (Raju 2000). Gandhi’s use of *sarvodaya*, a Sanskrit term meaning “welfare of all” or “progress of all,” is quite similar to the Punjabi concept of *sarbat da bhala*<sup>2</sup>. Both ideas are meant to lead to

---

<sup>2</sup> A phrase meaning welfare for all or peace and prosperity for all.

communal unity and social reform. The idea of seva was also used within women's movements in India<sup>3</sup>, as a guiding ideology to help and empower women in need (Agnes 1994; Agnihotri and Mazumdar 1995; Rose 1992; Kapoor 2007). In both Gandhi's and various women's movements' use of the term of seva, it is a guiding ideology and practice to fulfill political means, such as independence, social reform, and empowerment. Furthermore, seva is also used by the rightwing Hindu nationalist group Sangh Parivar and Rashtriya Swayamsevak Sangh (RSS) in their social service organizations, one of which is Seva Bharathi<sup>4</sup>. Seva, for those who are a part of the Hindu nationalist movement, is about increasing Hinduization and serving the Hindu nation.

Within the anthropology of religion and studies of religious service and giving, the Sikh tradition is quite understudied, even though it is the fifth largest religion in the world. In this dissertation, I address the praxis of seva in everyday life with ethnographic documentation and analysis of the Sikh tradition of service, contributing to ethnographic and historical studies of Sikhs and of South Asian traditions of service and charity as cultural models for ethical living (Axel

---

<sup>3</sup> For example, women's organizations provided key voluntary interventions to help women, especially widows, following the anti-Sikh riots in Delhi and during other events of communal violence (Agnes 1994; Agnihotri and Mazumdar 1995). The Self Employed Women's Association, known as SEWA, is a trade union and organization of poor, self-employed women workers that began in Ahmedabad and now is across India. The organization's philosophy draws upon Gandhi's philosophy of seva, nonviolence, women's importance in work, self-sufficiency, and social change (Rose 1992; Kapoor 2007). SEWA is committed to women's empowerment, workers' rights, and utilizing nonviolence as a method of demonstration.

<sup>4</sup> Seva Bharathi is the welfare service affiliate of the RSS/Sangh Parivar, and the organization is known to provide health, education, and economic development services in urban slum communities across India. The RSS is able to establish political credibility and support in civil society with the urban poor by providing to the needs of the poor through seva (Chidambaram 2012). This has been especially the case after the economic liberalization in India in 1991, which has led to greater economic vulnerability among the poor who are neglected by the government. However, a recent report on the funding of Seva Bharathi and the Sangh Parivar's US-based charitable affiliate, the Indian Development and Relief Fund (IDRF), has shown that both philanthropic organizations are clearly linked to the RSS and both have funded Hindutva operations in India ("The Foreign Exchange of Hate: IDRF and the American Funding of Hindutva" 2002). The report shows that funding has gone to religious conversion programs in poor and remote rural and tribal areas of India, as well as to large scale violence against Christian and Muslim minorities. When funding went to relief efforts, such as those for earthquake or flood relief, the documentation showed that relief efforts were targeted at Hindus, rather than other groups also affected by these natural disasters.

2001; Bornstein 2012; V. Das 1995; 2007, 20; Dusenbery and Tatla 2009; Laidlaw 1995; C. K. Mahmood 1996; Srivatsan 2006; Watt 2005).

### **Seva and the Sikh Tradition**

In the Sikh tradition, *seva* is practiced both as a “performance of service to others and as worship and homage through the act of love” (Jacobsen 2016, 3). Drawing inspiration from both Sufi and Bhakti traditions, *seva* is an act of serving God through serving others (Murphy 2004; Nesbitt 2007). *Seva* is one of two essential aspects of daily life for practicing Sikhs. The other, *simran*, is the practice of devotion and remembrance through singing and meditating on the name of God, or Waheguru<sup>5</sup>. *Seva* is both an act of service to others, to the Gurus, and to God and is an act of worship and devotion. *Seva* is regularly performed within the space of the Gurdwara (Sikh house of worship), but contemporary practices also extend beyond these confines, and nowadays, *seva* is often practiced as social work serving anyone regardless of community affiliation (McLeod 2000; Dusenbery and Tatla 2009; Jacobsen 2016). Common practices of *seva* among the Sikh community include cooking and distribution of free food (*langar*), free medical clinics or dispensaries (*patti seva*), cleaning gurdwaras or community areas (*kar seva*), and other acts of voluntary service. Practices similar to *langar* have been traced back to practices occurring in Sufis’ rest houses several centuries before the Sikh Gurus where food was provided to travelers (Nesbitt 2016).

*Seva* is important to the Sikh community because it is a practice that encompasses the four fundamental principles of the Sikh social ethics (A. Singh 1970). The four principle Sikh social ethics are based in terms of social relations and include: social equality, universal brotherhood,

---

<sup>5</sup> Waheguru is the term most Sikhs use to refer to a supreme being, creator, or God. My research participants use the terms Waheguru and God interchangeably, and thus I do, as well.

seeking good of all (altruism), and social service (seva) (A. Singh 1970). Avtar Singh writes that the latter two principles are practical measures that build off the first principle of social equality, and those practical measures help one to realize the second principle of universal brotherhood. Spiritual realization and liberation are not dictated by caste, but one can attain realization and liberation through the practical action and belief in these four principles. Furthermore, the Sikh rejection of caste and class distinctions is enforced through the practice of seva because it challenges caste and class norms of divisions of labor and expected social interaction. The institution of langar, or the community kitchen, is one such practice of seva that serves to socially integrate people from all social classes and castes through a common meal. Langar and *prasad*<sup>6</sup> are given out through a redistribution of collected goods and resources, so it is not just a unidimensional giving to the poor from the wealthy, but rather a system of mutual help that rejects taboos about untouchability and pollution.

In the Sikh tradition, seva can include providing resources, spiritual help through the reading of scriptures, or physical aid. In the performance of seva, there must be no expectation for reward and it must be performed in the spirit of non-attachment (N. Singh 1990). Opportunities to help and serve others are understood as opportunities from God to fulfill these ethical principles. A life of service and labor is understood as superior to a life lived through meditation and intellectual rigor, and this in turn has shaped the basis of social action and behavior in the Sikh community. Thus, the Sikh worldview orients itself around seva which has “functioned in the Sikh moral tradition as the embodiment of the twin principles of love and justice” (N. Singh 1990, 321). While practices of seva are diverse, seva is always oriented towards another—Waheguru,

---

<sup>6</sup> *Prasad* is a religious offering that people receive upon worshipping. It is usually a food item that has been donated to be shared with the guru (for Sikhs) or deities (in Hinduism) and then is redistributed to worshipers. The concept of *prasad* is discussed further in Chapter 5.

the Gurus, Saints, *sangat*<sup>7</sup>, one's family, non-kin others, and other living things. Serving the Guru is service to humanity, and vice versa, since there is an underlying idea that we are all part of a universal humankind. Sikhs are encouraged to pray for and seek good for all, encompassed in the idea of *sarbat da bhala*, in order to work towards this realization of a universal humanity. Seva allows Sikhs to create a relationship with both their fellow human beings and their environment, and in the process, learn “of the common character of humankind, of the obligation of sharing responsibility, of the need for mutual communication, [and] of the bonds that exist between [a person and the creator]” (N. Singh 1990, 321). In the actions and transactions of seva, people are always encountering and orienting towards others in embodied ways.

The divine is a part of the everyday world, and the everyday is divine within the Sikh worldview, which aims to “see the particular in the universal and the universal in the particular” (N.-G. K. Singh 1995). The Sikh worldview diverges from other Indian religious traditions that are rooted in a dharmic worldview and caste-based obligations. Sikh ethics are rooted in everyday actions and practices, often summed up by the phrase “*kirat karni, vand chhakna, and te nam japna*” or work for one's keep, share with others, and practice the repetition of the divine name (N.-G. K. Singh, Palmer, and O'Brien 2009; Nesbitt 2016). Unlike ascetic ethics of other South Asian religious traditions, Sikhs should not retreat into solitude nor distance themselves from worldly and community life. Rather, they should live within their world and among their family and community. Being rooted in everyday actions and practices, orthopraxy takes priority over orthodoxy in Sikh ethics. However, there is not an emphasis on rituals or performing certain practices, based on astrology for example, like those in some other South Asian traditions. The Sikh Gurus stressed the importance of responsible social engagement found through a balance of

---

<sup>7</sup> Sangat is the community or fellowship with whom you join together, often in the presence of the Guru Granth Sahib. Chapter 4 discusses the concept of sangat in greater detail.

moderate living and disciplined worldliness, rather than living in one of the two extremes of renunciation and worldliness.

Truthful living or truthful conduct is central to Guru Nanak's, the first Sikh, message about ethical living. Seva, along with self-respect, taking one's rightful share, and the spoken word are primary virtues that help a person work towards liberation. Core to these virtues are the promotion of socially responsible living and the betterment of individual lives. Singh et al. write,

The Sikh spiritual journey is one of love for fellow beings, the experience of life in the world, and an insight into beauty. It is not a journey away from the world. Rather it is grounded in life on earth. It is on earth that Sikhs work to develop their moral, intellectual, artistic, and spiritual capacities and to catch a glimpse of the Ultimate Reality. The higher they ascend, the more deeply they feel that they experience life here and now. (N.-G. K. Singh, Palmer, and O'Brien 2009, 73)

According to Guru Nanak, there are five stages of spiritual progression, beginning with *dharam* or duty, which often manifests in everyday practices. The peak of this spiritual progression is *sach-khand* or the stage of truth wherein a person achieves *mukti* (or *moksha* in Hindi) which is a stage of liberation from the cycle of birth and death. In Sikhi, *mukti* can be achieved before death, and it is often imagined as a soul's union with God or their Guru. Guru Nanak accepted karmic law, which runs through many other South Asian religious traditions. However, he also emphasized that "human effort must be blessed by the grace of God and Guru. God's grace can transcend karma, and mindfulness of divine grace is a way of weakening ego" (Nesbitt 2016, 26). Divine will, or the concept of *hukam*, is a cornerstone of the Sikh worldview. According to Guru Nanak's writings, it is through *hukam* that everything exists and everyone should submit to this divine will. All of life and action depends on *hukam*, and one's goal should be to act in ways that will bring them closer to being in harmony with divine command and become an agent of divine will (P. Singh 2014). Guru Nanak wrote "with your own hands carve out your destiny" (P. Singh 2014). A person can submit to the divine order through their practices and actions.



From a Sikh worldview, all human suffering is caused by *haumai*, also known as pride, arrogance, and the ego. An existence rooted in the ego is defined through “competition, ill-will, malice, and craving for power,” filled with ego, a person exists only for themselves (N.-G. K. Singh 1995, 10). In Sikh theology, a person can be oriented in one of two directions, either inwards towards themselves, known as *man*, or towards their Guru. A *manmukh* is a person turned towards oneself and will be plagued by *haumai*, whereas a *Gurmukh* is turned towards their Guru and the divine word. There are five weaknesses, evils, or vices which come from *haumai* and to which those turned towards themselves, the *manmukh*, are susceptible. They include *kam* (lust), *krodh* (anger), *lobh* (greed), *moh* (attachment), and *ahankara* (pride or arrogance). The more a person submits to these five things, the more enmeshed a person becomes in delusion, wrong priorities, and valuing the material over the spiritual, all of which are encompassed in the concept of *maya* (Nesbitt 2016; N.-G. K. Singh 2019). As scholar Nikky-Guninder Kaur Singh writes, these five weaknesses “rob individuals of the underlying unity of humanity, and brutally destroy social relations and cosmic wholeness. Obsessed with pride and arrogance, the individual is divided from the One Reality” (N.-G. K. Singh 2019, 130). *Haumai* and the path of the *manmukh* can be overcome through a set of practices and actions, including through the practice of *seva*. Love is a supreme virtue in Sikhi, for it is love that “dissolves the individual ego and opens people to experiencing the other” (N.-G. K. Singh, Palmer, and O’Brien 2009, 70; see also Murphy 2004). The institutions of *seva*, *langar*, and *sangat* are all practices that support this virtue of love, and they support the Sikh spiritual journey based in love for fellow beings. *Seva*, *sangat*, and *langar* together have the potential to foster “the values of equality, fellowship, and humility, and [affirming] a new and dynamic sense of ‘family’” (N.-G. K. Singh 1995, 23). In contemporary Sikhi, *seva* can be an everyday practice of being in the world and serving others. Given the four

ethical social principles of Sikhi, the practice of seva is an outward behavior that helps a person cultivate an inward understanding of universal humanity and social equality.

### **Community of Practice and Methodology**

My dissertation utilizes a recent approach by some anthropologists of care to focus on the perspectives of practitioners of care (Brodwin 2012; Varma 2012; Malkki 2015), rather than solely receivers, in order to understand what motivates people to care and to understand what it is like to care for others. I worked primarily with a community of Sikh sevadars, volunteers or practitioners of seva, whom I refer to as Sarbat Da Bhala<sup>8</sup>. Sarbat Da Bhala began with a man now referred to as Pita Ji, and since his passing in 2010, his sons and family have taken over as leaders of the operation. Before starting what would become Sarbat Da Bhala, Pita Ji was an architectural draftsman at a university in Delhi, and he often did seva at the many famous Gurdwaras in Delhi.

Sarbat Da Bhala distributes free food (langar), holds free medical and dental clinics, cleans community areas, provides shelter to the destitute at their Ashram, feeds stray animals, farms, raises and cares for abandoned dairy cattle, and engages in other voluntary social work across Delhi. They have an Ashram that houses ill and destitute individuals and a *dera*, a sanctuary of a spiritual leader, where free food is cooked. Since 2015, they have been farming various grains that they use for cooking langar. Overall, Sarbat Da Bhala serves, on average, more than 3500 people daily. This group of sevadars is diverse, with individuals of different ages and backgrounds, but most members are Sikh. They are not part of the organized Gurdwara system, but rather are a community of over 400 people brought together through their organized practice of seva. The

---

<sup>8</sup> This project has approval from the UCSD Institutional Review Board, and I use a pseudonym for the community and all participants.

populations they serve are also diverse in terms of ethnicity and religious community, but the majority are men who are migrant workers from other parts of India who belong to lower socioeconomic classes and castes.

I first met Sarbat Da Bhala in the summer of 2016 during an exploratory research trip to Delhi, India. I was interested in connecting with people who did volunteer or social work, and a local friend told me about Sarbat Da Bhala. This friend's family had been connected to the group since its early days, and he gave me the phone number of one of the leaders of the group, Mintu Veerji. I called Mintu Veerji and explained a little about myself and my interests. He invited me to join them for morning seva at Chandni Chowk, so the next day, I woke up and made my way to Sis Ganj Gurdwara, where he told me to meet them. Once arriving, I linked up with another sevadar who led me to the daily roadside medical clinic. He instructed me on how to start doing the bandaging work, and I was thrown into seva instantly. As I began to wrap bandages, there was something that felt very familiar about doing seva and being with Sarbat Da Bhala. Perhaps it was my experiences growing up around medicine, including my many years of volunteering at a local hospital in Minnesota. Over time, I recognized I connected with the ease that sevadars brought to seva; it was their vocation and it wasn't something for which they needed special recognition. There was a visible need in front of them, and they did their part to help alleviate it. After my initial encounters with Sarbat Da Bhala, I again spoke with Mintu Veerji to see if it was okay with him that I begin studying seva within their community, to which he agreed. During that initial visit, I met up with a couple of the sevadars and learned more about their experiences and the other seva that Sarbat Da Bhala conducts. Over the next three years, I returned each summer and continued to conduct research with Sarbat Da Bhala, building relationships with other sevadars through their expansive network and learning more about the types of seva they performed.

From March 2019-March 2020, I spent a full consecutive twelve months conducting ethnographic research with Sarbat Da Bhala. I also conducted seva at Gurdwaras and with other seva organizations across Delhi as a mode of comparison. In general, participants were selected through snowball sampling and purposive sampling (Bernard 2011; Lofland et al. 2006). This allowed me to be introduced to potential participants through current participants' social networks within the community. I was familiar with many of the sevadars but developed closer relationships with a smaller number of sevadars through more frequent meetings and through formal, person-centered interviews (Levy and Hollan 1998).

One of my research participants who also became a very good friend, Kanchan, accompanied me to some interviews, acting as a translator when needed due to the multilingual nature of the Sarbat Da Bhala sevadars, many of whom spoke some combination of Hindi, Punjabi, and English. Kanchan is similar in age to me and helped situate me as a daughter-like-figure to many of the sevadars, since that was also how she was seen. She is also the granddaughter of Pita Ji, so she occupied a certain status in the community which impacted how I was viewed by other sevadars. On the one hand, people gave me more respect because of my affiliation with her and therefore her family, while on the other hand, it is likely that people sometimes may have withheld certain viewpoints that may have been more critical of Pita Ji or current leadership of Sarbat Da Bhala. Keeping all that in mind, it is hard to imagine this research without Kanchan being a part of it. I am indebted to her for her support, guidance, patience, and friendship over the years.

After returning from my fieldwork, I heard a presentation by anthropologist Rebecca Lester where she explored the idea of doing “good-enough ethnography.” She wrote,

To summarize, good-enough ethnography requires asking yourself the following questions:

1. Have you shown up as a full person and put something at risk?
2. Have you welcomed your collaborators as whole people?

3. Have you been absolutely transparent about your positionality?
4. Are you committed to the fundamental premise that most people, in most situations, are doing the best they can with what they have, know, and believe? Can you hold onto this even when (especially when) you disagree with them?
5. Have you fully explored avenues of useful intervention and actively pursued them? Have you put yourself in service of something beyond your own work and your own self-promotion? (Lester 2021)

I share this framework as a means to reflect on my own ethnographic methods, as well as an invitation for us to think more about how ethnography has the opportunity to be a caring research practice. I believe I tried to the best of my ability to ask these questions of myself while engaging in my fieldwork. While I'm sure I have fallen short in ways I am not even aware of, I am committed to doing good-enough ethnography and continuing to care for my research community.

I possess a variety of structural and personal privileges that impact my own perspective, how I exist in the world, and how I interact with sevadars, their families, and seva recipients. One of the ways this was most noticeable was that sevadars often felt the need to protect me when I was at seva, especially at the Chandni Chowk and Pushta sites in North Delhi since these were more crowded and had many more seva recipients. This was in part due to my being a younger, white woman. In reflecting on why they would repeatedly tell me to “stay close to the center” or “not go too far off on my own,” I realized that they might have been concerned that something would happen to me and, in turn, they would be blamed for it. On the other hand, I found that my interest in their seva alongside my positionality as an outsider made them feel seen by a larger audience and appreciated for their seva.

My experiences with volunteering and service in the past, including volunteering at a local hospital in Minnesota, work experience within the non-profit sector in both the US and India, and my family's involvement in medicine and interfaith volunteer work, helped me connect with sevadars and was common ground between us. We shared certain common values that permeated

certain cultural and national differences. I think this helped them trust me, and over time they shared that they did not see me as a researcher but more as a fellow sevadar. I also felt that my own upbringing and experiences helped me to feel an affinity towards the sevadars. I felt connected to them and admired their values and efforts.

Since one of my main research questions was about sevadars' experiences with seva, it is only fair that they were interested in *my* experiences with seva. On numerous occasions, they asked me how I have changed from seva and how my life has improved. They wanted me to write about my experiences with seva, not only their own. While I am a “character” in this ethnography, I focus on the sevadars' experiences and stories. What I do want to share, though, is that the community of sevadars offered me care, community, and belonging. They offered me friendship when I was alone, food when I was hungry, and joy and purpose in challenging times. They helped me live better while away from the comforts of my own home, family, and support networks, and I can say that seva *has* changed and helped me.

## **Outline of Chapters**

This dissertation investigates seva in a Sikh community on multiple levels. The first chapter dives deeper into the history of the wider Sikh community and how Sarbat Da Bhala came to be. I argue that changes to Sikh seva occur as a response to conditions of ethnoreligious violence, vast inequality, and rising Hindu nationalism in postcolonial India. Sarbat Da Bhala emerged following the 1984 anti-Sikh pogrom in Delhi, and their seva has evolved in ways that reflect changing conditions and needs. I take up the question of how religious practices of care help remake social and moral worlds and offer new ways of survival after episodes of ethnoreligious violence or when political oppression continues. This question hangs over multiple regions and polities in today's

tumultuous world, especially in multicultural societies like India where caste, religion, gender, and ethnicity continue to be used to wield power and perpetuate injustice. Seva offers one practical strategy for survival and healing in the wake of targeted violence.

The second chapter provides context to the medical landscape of Delhi and why there are so many in need of Sarbat Da Bhala's care. The confluence of economic liberalization, privatization of medicine, and rural-to-urban migration creates a situation where poor, marginalized, migrant workers are denied both dignity and care from mainstream medical providers. I explain the mainstream options for medical care and describe patient and sevadar experiences with these options, emphasizing the lack of trust, inaccessibility, and poor treatment that many experience when seeking care from these providers. The gap in care experienced by the marginalized urban poor is filled by Sarbat Da Bhala's informal medical clinics.

The third chapter focuses on who sevadars are and answers the questions of how and why people come to practice seva. Through a number of short case studies, I try to show how sevadars come to define seva as a source of goodness in their lives. While practicing seva may cause certain challenges and stresses, it overwhelmingly improves people's lives. I describe three main ways in which seva was a source of goodness in their lives, including Sarbat Da Bhala, as 1) an escape from politics, corruption, and exclusion, 2) a source of goodness in the neighborhood, and 3) a support in times of hardship.

The fourth and fifth chapters focus on actual practices of seva. Chapter 4 considers how recipients of seva are conceptualized by sevadars. By understanding patients as *sangat*, or the community with whom you join together, sevadars view them as both *Waheguru* and as kin and thus, must treat them with dignity and respect. This impacts the type of care sevadars give and creates a standard of care they must uphold. Using case studies of wound care at the seva clinics,

I illustrate how sevadars not only treat physical wounds but they also treat societal injuries of loss of dignity and respect.

Chapter 5 describes how sevadars make and distribute langar, or free food, and how they regulate each other in order to fulfill the ethical demands of providing a good, dignified meal to others. This chapter takes place mostly at the Sarbat Da Bhala dera where food is prepared 24 hours a day, seven days a week by sevadars. The porous nature of food and the transformation it undergoes through seva requires that people must interact differently with it. Overall, sevadars must demonstrate care in both making and distributing food in order to provide a high quality, dignified meal to sangat. For sevadars, giving good food to another is a part of supporting the wellbeing of that person; it is not just about survival, but it is also an attempt at improving their wellbeing.

All in all, this dissertation contributes to the anthropologies of care and ethics, as well as medical anthropology and studies of religion. Four recent entries in the *Annual Review of Anthropology* call for revitalized examinations of care, humanitarianism, and ethics (Black 2018; Buch 2015; Mattingly and Throop 2018; M. Ticktin 2014), all of which resonate with the earlier call for an “anthropology of the good” (Robbins 2013). They urge scholars to develop a wider corpus of comparative cases of care, to increase explicit discussions of ethics in care, to articulate how exclusivity/inclusivity unfold in care, to understand how ethics allow people to respond to the demands of their world, to explore how care and ethics are connected to the political, and to contemplate the question of the good itself. By focusing on seva as a strategy for ethical living and for survival, my dissertation answers these calls with an important contemporary example of religious care. I show the ways caregivers negotiate larger dilemmas of citizenship, exclusion and oppression, and of ethical survival and flourishing, for themselves and others, through care. My



dissertation offers a unique case for understanding the processes by which marginalized groups can work towards healing and ethical coexistence using care in diverse, often tumultuous, multicultural climates.

## CHAPTER ONE

### A Changed Community, A Changed Seva

Meena Didi and I arrived at quarter past seven on an August morning, which was relatively early by normal standards of this daily morning seva. Sarbat Da Bhala sets up daily, morning seva clinics and food distribution at six set points across Delhi, one of which is in the heart of Old Delhi on Chandni Chowk near the historic Sis Ganj Gurdwara. This clinic is set up outside the entrance of a bank and other storefronts, and people line up for food along the sidewalk of the central Chandni Chowk road. When we arrived, Karamjot Veerji was instructing sevadars, the volunteers, to begin distributing food to the day laborers who had already formed a queue. There were about 40 people still in line waiting patiently to have their wounds cleaned and dressed by the sevadars at the temporary roadside medical clinic. Usually the food was distributed after all the patients were attended to, but there was more urgency today, and it was not just the growing line of people waiting. I turned to Meena Didi, Karamjot's niece, and asked why things were more rushed. Karamjot Veerji overheard and responded,

“Independence Day is soon, so there's more police and military, we have to be quicker today. They don't want us to be here in their way.” I gazed down the relatively empty, wide street in Old Delhi and saw dozens of military personnel and police officers lining the road from where we stood down to the imposing Mughal-era Red Fort at the end of the main street. A symbol of Muslim history, the Red Fort has endured a purposeful removal of its Muslim history at the hands of the right-wing Hindu nationalist government, yet its presence insinuates a complicated imagination of the nation and citizen belonging in India. National celebrations would be taking

place in the coming days at the Red Fort, and thus the presence of military and police was much higher than the usual police patrol.

The towering Sis Ganj Gurdwara, an important Sikh house of worship which was erected to commemorate the martyrdom of the ninth Sikh Guru at the hands of the Mughal emperor for refusing to convert to Islam, stood diagonal from the seva point. However, none of the sevadars were concerned with entering the Gurdwara that morning. Karamjot passed us serving hot dal to those waiting, and I turned to Meena Didi.

“What happens if the police don’t let us serve here?” I asked while picking up a basket of roti.

“It happens sometimes. The police or other people tell us we can’t be here doing this,” she said nonchalantly, “so then we come earlier, or find another place nearby. They can’t stop us from doing it. The people want us to do this. So we just adapt and continue to make it work.”

After finishing distributing roti, Meena Didi and I went to assist at the bandaging station, and we overheard a conversation between two patients waiting for their wounds to be cleaned. The patient reassured the other patient, “They’ll do a good job here with your wounds. Do you think our Muslim brothers would do this for us? Not even our Hindu Brothers would do it. Just our Sikh brothers will give this to us.” Though not all the sevadars in this space were visibly Sikh, the receivers of seva still characterized this service and the sevadars as Sikh.

The sevadars moved quickly to complete their work, all of us hopeful that the police and soldiers would not give us any trouble. The medical equipment was piled into someone’s car, and the reusable dishes used to serve food were quickly washed by the roadside and put back into the van. By eight-thirty, there was no evidence that seva had taken place there. We were on to the next location. At this next spot, hundreds of men stood in line on the sidewalk between a massive

highway and a river embankment that had once been home to a string of slum colonies, long since demolished. Here, at a place where artifacts of history had been erased, there were no police or military in sight.

This chapter begins with a historical overview of the Sikh community, providing context to Sikh identity throughout different time periods. In discussing more recent Sikh history, I trace the changes that seva undergoes among the Sikh sevadars with whom I conducted research following an episode of anti-Sikh violence in Delhi. Then, I explore how seva provides a new strategy for survival and healing on a community level for some Sikhs in Delhi. I illustrate how particular Sikh communities in Delhi, India draw upon the Sikh practice of seva as a way to respond, adapt, and live ethically following circumstances of historical marginalization and experiences of violence. I argue that by Sikhs directing more attention towards seva and revitalizing its practice as a form of social work or humanitarian aid, seva practices have contributed to a transformation of the Sikh identity and public reputation following decades of suffering and violence. Seva, if understood as an act of giving to and caring for others, is transformative: it fosters new relationships, reorients the self, builds internal resilience, and can promote feelings of wellbeing among those who practice it. I suggest that seva is a site of healing and transformation. In particular, the reputation of Sikhs transforms through public practices of seva serving non-Sikhs. For Sikhs, this transformation of community reputation and identity through an emphasis on seva shifts Sikh subjectivity and reimagines the belonging of the Sikh subject as a citizen within the Indian nation and as a community member in relation to other groups. This transformation through seva contributes to new possibilities for ethical life for Sikhs in Delhi, fostering new feelings of pride and belonging within the Indian nation for sevadars. Finally, I illustrate how sevadars' feelings associated with seva, as well as the actual practices of seva, act

as forms of resistance to the dominant Hindu social order, allowing sevadars to carve out a distinct way of belonging without being enveloped in Hindu majoritarianism.

### **The Changing Sikh Identity**

Community identities are not static in their definition, and likewise, the Sikh community has undergone a number of transformations and changes since its inception. Sikhs continue to be understood in relation to two other communities in South Asia: Hindus and Muslims. Sikhi is often seen as a combination or compromise between these two religious traditions due the circumstances of its emergence at the time of the Gurus. Throughout history, the Sikh identity transitioned from a fairly neutral figure during the time of the Sikh Gurus into the colonial-produced idea of an inherently martial race, and finally to a reputation of violence, threat, and “otherness” during the Sikh separatist movement of Khalistan in the 1980s. In this first section, I go through the history of the Sikh identity as it changes through important time periods, culminating in a major transition that occurs in 1984.

### **Time of the Gurus and the Mughal Empire**

The Sikh faith arose in the late 15th century in the region of Punjab with the followers of Guru Nanak. The religion is based on the spiritual teachings of ten Gurus, and members of the faith consider themselves part of the Sikh *panth*<sup>9</sup>. The first Guru, Guru Nanak, started the practice of seva by giving food to all people regardless of caste or creed. The fifth guru, Guru Arjan, compiled the teachings of the first five gurus into what is known as the Adi Granth or Guru Granth Sahib. The creation of a sacred text transformed the Sikh tradition into a textual tradition and Sikhs

---

<sup>9</sup> Literally meaning path, but also means community or faith.

into a textual community (Oberoi 1994). Guru Gobind Singh, the tenth and last human Guru, declared that, following his death, the Adi Granth would be the Sikhs' living Guru.

The early Sikh community must be understood in relation to both the Hindu and Muslim community. In pre-colonial history, the Mughal Empire, an Indo-Persian dynasty that followed Islam, ruled during the period of the Sikh gurus (1469-1708). During this time, the Sikh gurus and their followers challenged what they considered unjust laws and practices of the Mughal emperors, often coming to the aid of Hindus who were being forced to convert to Islam (P. Singh and Fenech 2014). Furthermore, many Hindu families in Punjab raised their eldest son to join the Sikh Khalsa or *panth* (Takhar 2014). In these historical and popular narratives, Sikhs and Hindus share an affinity which makes them partners against the “tyrannical” Muslim character. In this partnership between Sikhs and Hindus, Sikhs are seen as masculine, courageous, and martyrs that sacrifice themselves for their faith under the rules of the Mughals. Guru Arjan was the first of the Sikh Gurus to be executed by the Mughal empire, making him the first martyr in what would become a tradition of martyrdom and militancy.

The Sikh martial tradition and ideal of martyrdom grew out of these historical conditions of conflict and resistance following the martyrdom of Guru Arjan. The sixth Guru, Guru Hargobind, provided key understanding to the Sikh community following Guru Arjan's martyrdom and took up arms in defense of the faith (K. Singh 2004; C. Mahmood 2001). In 1699, Guru Gobind Singh founded the Khalsa, a group of committed and initiated Sikhs who must uphold a certain code of conduct founded upon their allegiance to defend their faith. Members of the Khalsa are to be “saint-soldiers” who embody wisdom and courage (C. K. Mahmood 2013). In creating the Khalsa, essentially an army of devoted Sikhs, Guru Gobind Singh solidified the importance of militancy to the Sikh tradition and martyrdom as a religious ideal. Following the

death of Guru Gobind Singh, Sikhs continued to invoke this tradition of militancy to promote armed resistance to oppression, and martyrdom was still a heroic ideal for those who fought to defend the faith and overthrow oppression. However, it is important to note that militancy and violence were encouraged by the Gurus as a last resort when all other means of maintaining faith and fighting injustice, such as noncooperation, had failed (C. K. Mahmood 2013; J. P. S. Uberoi 1996).

Overall, religion and religious community in pre-colonial South Asia were localized and fluid entities. The bounded categories of “Sikh”, “Hindu”, and “Muslim” are problematic for understanding the precolonial period. Sikhs were not homogeneous, and those who consider themselves Sikhs today still are not homogeneous. Oberoi writes that “religious life of the people [of the subcontinent], particularly in the precolonial period, was characterized by a continuum. There was much interpretation and overlapping of communal identities” (1994, 12). The identities that people moved in and out of reflected different loyalties, practices, and incentives within their everyday lives. For example, self-identified Sikhs would not only visit Sikh temples, but they would also visit shrines of Muslim saints and partake in bathing in the Ganges. Though religious affiliation, belief, and practice remained ambiguous and fluid in the 19<sup>th</sup> and 20<sup>th</sup> century (Oberoi 1994; Taneja 2017), the categorization and naming of religions that took place under colonial power in the 19<sup>th</sup> century<sup>10</sup> draws upon this history to create essentialized religious communities which have lasting effects into the present.

---

<sup>10</sup> Given the fluid boundaries of religious identity, community, and practice in pre-colonial South Asia, we must “critique the very category of religion while acknowledging the centrality of that category in colonial and postcolonial politics” (van der Veer 2002, 1). This is because the idea of religion is so enmeshed with the project of modernity in Europe and colonial expansion (Asad 1993). For example, there are arguments that Hinduism is an invented category created by outsiders to govern the diverse, but shared, practices of devotion and ritual among populations in the subcontinent (van der Veer 2002). That said, people experience religion and have engaged in practices and belief with the divine prior to encounters with the West.

## **The Invention of a Colonial Sikh Identity**

Efforts to make a more distinct and restrictive Sikh identity occurred during the time of British colonialism due to both colonial knowledge production and reform movements from within the Sikh community (Oberoi 1994; Cohn 1996; Ballantyne 2006). The British colonizers created distinct categories of caste, religion, and ethnicity in order to legitimize and justify their ruling of the subcontinent (Cohn 1996; Dirks 1992; van der Veer 2002; Oberoi 1994; Fox 1985; Nandy 1983; Fanon 1968). Following the Sepoy Mutiny in 1857, colonial racial science was developed by the British to transform the composition of their army with groups they felt were more loyal and who were considered both biologically and culturally predisposed to fighting (Rand and Wagner 2012; Sramek 2011; Barua 1995). Sikhs were heavily recruited in the colonial army and were marked as a martial race (Soherwordi 2010). One reason for this categorization was because of the strong martial tradition in Sikh history. In addition, Sikhs were also favored in the army because Christian colonizers felt an affinity between themselves and Sikhs. The British likened Guru Nanak to Martin Luther, and thought of him as a reformer of Hinduism, as Luther was to Catholicism (Ballantyne 2006). The British believed Sikhs were more “progressive” and “rational” because they were understood to be monotheistic, rejected the caste system, and did not rely on priests. Orientalist scholarship on Sikhs focused on “recording the ideals of the faith rather than the actual behaviors of its practitioners” (Oberoi 1994, 31). Traits of loyalty, masculinity, and rationality became associated with the martial identities. The preferential treatment of Punjabis in recruitment to the army also led to preferential treatment in economic policies in Punjab, contributing to wealth and material disparities across the subcontinent. This helped advance the colonial project because their recruits were kept in privileged positions.



Punjabis made up over half of the Indian army in the colonial era, but were only ten percent of the total population of the subcontinent (Soherwordi 2010). The colonizers tried to maintain local practices and identities with as little interference as possible as a strategy to rule. Clothing and accessories became useful markers for the colonial officers to use for constructing communities. Cohn argues, for example, that the Sikh turban was a tool that the British used to craft a particular Sikh identity, which the British army would then valorize and distinguish in their recruitment and regiments (1996). It was easier for the colonizers to distinguish between the distinctive image of a Keshdhari Sikh, who keeps their hair unshorn and wear the five K's of the faith, and a shaven Hindu. Prior to colonization, the turban was required by all members of the Sikh Empire's army in Lahore, regardless of one's religion, and it was an identifier of Sikhs who were a part of the Khalsa. The colonial powers drew upon the Khalsa Sikh as the ideal or real Sikh identity in their recruitment and contributed to the strong discourse of who counted as Sikh.

Meanwhile, reform movements within the Muslim and Sikh communities also worked to standardize their communities in order to survive colonialism and secure jobs and representation for members of their community (Beckerlegge 2008; Bose and Jalal 2018; Oberoi 1994). In the late 19<sup>th</sup> century, a reform movement among Sikhs known as the Tat Khalsa, which was a part of the Singh Sabha movement, built upon these notions of a singular, visible Sikh identity. This reform movement aimed to distinguish between Khalsa Sikhs, as the ideal, and Sahajdhari Sikhs, who did not undergo initiation rites. This was partially a reaction to the 1881 census results which underestimated the population of Sikhs because colonial officers who conducted the census were recording Sikhs as those who appeared as Keshdhari Sikh (Oberoi 1994). The Singh Sabha and Tat Khalsa movements feared and grew hostile towards the multiplicity in Sikh identities, and thus, they established a clear and systematized discourse about what it meant to be Sikh and what

forms of Sikh identity were acceptable. Singh Sabha reformers privileged the Khalsa/Amritdhari/Keshdhari Sikh as the ideal or true identity of Sikhs. Being under colonial rule, it is possible that the Sikh community internalized the colonial rhetoric and ideology of them as a martial race since martyrdom and militancy fit within the legacy of the Gurus (Fanon 1968; Nandy 1983). This distinct image of the colonial era Sikh masculine figure, with his loyalty and valor, would undergo a transformation in the decades following independence.

### **Post-Colonial India: Sikh Separatism and Anti-Sikh Violence**

On August 15, 1947, India and Pakistan became new, independent nations. Though independence was declared, the boundaries of Pakistan and India were unclear for the people living in the contested areas. The identities that each new nation would take on were created out of much debate and negotiation, but in the end Pakistan was painted as a Muslim homeland and India portrayed as a secular state. During partition, religion became the only marker of a citizen's identity and became a person's national affiliation. Other identities, such as ethnicity or caste, were no longer important, and it was only one's religious label that mattered (Pandey 2001). Partition led to the largest mass migration in history and colossal amounts of violence. The experiences of violence created communities and subjects in history, thus the violence of partition created Pakistanis and Indians, as well as Hindus, Muslims, and Sikhs, as separate subjects. Some scholars of Sikh Studies echo this in their understanding of the creation of the Sikh community, that it is one defined through and held together by experiences of violence (Axel 2001). Dislocation, loss, and uprootedness were commonly shared experiences across the subcontinent and continue to impact future generations (Chawla 2014; Manṭo and Hasan 2008; Aanchal Malhotra 2017; Talbot and Tatla 2007). Partition "is not only a set of temporally ordered events, but also acts as a series

of material and psychological effects and representations that move in time from the event” (Mahn and Murphy 2018, 9). Partition works as a framework and reference point, and how it is narrated and remembered continues to change within the present. The sense of belonging, or rather lack thereof, which began during the partition for many Sikhs, would again arise as a theme in oral histories about the violence they experienced in the 1980s.

In the decades following the partition of India and Pakistan, the identity of Sikhs changed from one viewed as loyal to the colonial state to an identity of threat and challenge to the postcolonial state due to demands for more sovereignty. Following the carnage of 1947, many in the Sikh community felt they were neglected and shortchanged during partition. Their homeland of Punjab was split in half, and Sikhs did not have their own sovereign territory. Sikhs in Punjab lost family members, material possessions, and their ancestral land in the upheaval of the partition. Furthermore, many Sikhs came to Delhi as refugees, and resettlement colonies sprung up across the capital city.

In the late 1960’s and early 1970’s, the introduction of the Green Revolution into Punjab led to an increase in economic grievances among Sikhs living there (Chopra 2011; Pettigrew 1995; Tarlo 2003). Government policies related to the Green Revolution, which were supposed to lead to greater abundance and development, left Punjab “ravaged by violence and ecological scarcity” including “diseased soils, pest-infested crops, water-logged deserts, and indebted and discontented farmers” (Shiva 2016, 12). Farmers in Punjab were disillusioned by the central governments exploitation of and discrimination towards them during the Green Revolution. Additionally, the Indian army began limiting its recruitment from Punjab, which led to growing unemployment in the region.

The Akali Dal, the major regional party of Sikhs in Punjab, began the Punjabi Suba movement following the 1947 partition. This movement was based on a desire for a province that was distinctly Sikh or majority Punjabi. However, Sikh leaders could not lead with a religious rationale for requesting this division, so they strategically chose language as the basis for a new Punjabi province. In 1966, the formal request was made for a Punjabi-speaking state because it fit within constitutional guidelines of being a secular demand and because it was an important demand for Sikh spiritual life (Chopra 2011). Punjabi language is vital because it is how Sikhs access the Guru Granth Sahib, written in the Punjabi script of Gurmukhi (Pettigrew 1995). The Punjabi Suba movement ultimately resulted in the formation of the present-day states of Punjab, Haryana, and Himachal Pradesh. However, many leaders in the Akali Dal were unhappy with the new borders of Punjab and the continued interference from the central government in the region.

In 1973, the Akali Dal made demands of the central government for more sovereignty in the region. These demands are referred to as the Anandpur Sahib Resolution. In reviewing the demands, they can be interpreted in two ways, either as requesting greater autonomy for the state of Punjab within the nation of India or as a request for an independent nation state of Khalistan (V. Das 1995). The Anandpur Sahib Resolution demands were seated in a feeling of anxiety about losing their separate Sikh identity to the state and its Hindu majority. Sikhs tended to have prominent roles in the army, government, and education, so their movement was different from other marginalized or minority groups that were asking for designations in these sectors. Their demand was for a state in which Sikhs would be a majority and have greater autonomy. Prime Minister Indira Gandhi did not give into the Akali's more secular demands of greater control of river water or larger federal investment, but rather she gave into some of their demands that were more religious (Varshney 2002). While her choice to give into religious demands might seem

puzzling, it was a strategy to try to appease the Akali's while still disenfranchising Sikhs in Punjab by removing their control of river water and financial support (K. Singh 2004).

In the 1960s and 1970s, Punjab was not the only state to request more control or sovereignty in the name of identity markers such as language or religion. The central government, led by Prime Minister Indira Gandhi, feared growing agitation in different states and their requests for more autonomy. In reaction to these fears and others, Prime Minister Gandhi had President Fakhruddin Ali Ahmed declare a state of emergency in India in 1975 until 1977. The Emergency, as it is now known, was a period that gave Indira Gandhi and the central government increased control and the ability to stifle political opposition and civil liberties (Tarlo 2003; Metcalf 2012; Bose and Jalal 2018). Sikhs were one group that openly opposed the internal emergency declared by Indira Gandhi, and the Akalis began "save democracy" demonstrations that opposed the fascist tendencies of the Congress government (Grewal 1990).

The idea of a Sikh state, Khalistan, with more sovereignty within India gave rise to several concerns from the Indian state. First, it went against the Indian state's desire for secularism. Second, it created a threat of grounds for secession from the Indian state by other linguistic or religious groups in the future. Finally, Punjab's proximity to Pakistan posed yet another threat that the Sikh state would receive a proliferation of anti-India campaigns from Pakistan and Pakistan would aid insurgency and take over the region. The Hindu-majority Congress party may have also been concerned that they would lose their control if Sikhs, a group which many Hindus believed to be of their own Hindu lineage, were to rebel and separate formally. Among Sikhs, there was a real fear that they would become absorbed into the Hindu identity. Sikhs were already categorically lumped in as Hindus within the Indian constitution, which caused much hurt to Sikhs since this lumping ignored that Sikhs are part of a separate religious tradition from that of Hindus (Chopra

2011). The central government's authoritarian response to the Sikhs requests for more autonomy in the 1970s into the 1980s reflects the Indian state's rejection of secularism and of incorporating diversity. Rather the Indian state preferred domination of a single tradition, Hindutva or Hindu Nationalism, across the country.

In comparison with other minority groups in India, Sikhs were viewed as relatively well-off, inherently martial, and well-adept at fighting. This view of the Sikh community contributed to the growing view of them as a threat to the Indian government (Alvi 2011). After feeling ignored and wronged by Indira Gandhi and the Congress government, the Akalis launched a *dharm yudh*, or righteous war, in August 1982 to fight for their demands: political, economic, cultural, and religious<sup>11</sup> (Grewal 1990). Protests and demonstrations of Sikh demands continued throughout the year, and with them, growing violence occurred in Punjab and neighboring regions. By October 1983, President's rule was imposed in Punjab citing insurgency and a general breakdown of law and order. At this point, the Sikh figure was transformed from one of loyalty and protection to one that was a threat and alien.

The year of 1984 was one of the most critical in transforming and situating the Sikh subject within India. In June 1984, tensions between Akali and other Sikh leaders and the central government came to a breaking point. Prime Minister Indira Gandhi ordered an attack on the Golden Temple complex on June 6, 1984 to stop one of the movement's leaders, Sant Jarnail Singh Bhindranwale, and his followers who were in the complex. This attack, Operation Bluestar, is a critical event (V. Das 1995; Chopra 2010) in defining Sikhs and their relationship with the Indian

---

<sup>11</sup> In Sikh theology, violence and charity have an intertwined relationship represented by the sword and kettle and in the Sikh motto of "*degh tegh fateh*" (victory to charity and arms). The kettle (*degh*) symbolizes the act of feeding the hungry, while the sword (*tegh*) symbolizes their mission to defend the weak and fight injustice (C. K. Mahmood 1996). During the Khalistan movement, those who took up arms to defend their faith were also considered by many to be doing *seva*.

state. Joyce Pettigrew writes that the state's attack on the Golden Temple was not about a political movement, but it was motivated by a desire to "suppress the culture of a people, to attack their heart, to strike a blow at their Spirit and self-confidence" (Pettigrew 1995, 8). The state's decision to open fire within the Golden Temple complex, killing and injuring innocents who were paying pilgrimage at the site, is reminiscent of the Jallianwalia Bagh massacre by the British Indian Army in 1919 in Amritsar where peaceful protesters were massacred on the Sikh festival of Baisakhi (Pettigrew 1995). For Sikhs, this attack represents another way in which the colonial and postcolonial state are not so different. This event was one of great hurt for the Sikh community (Chopra 2010), but it also reinforced martyrdom and militancy within the Khalsa identity and ideology by exemplifying their willingness to remain noncooperative and be killed in fighting for their faith. Following the attack on the Golden Temple, state military forces also went through the Punjab countryside in search of rebels and weapons.

The year of 1984 continued to be one of the most critical years in situating the Sikh subject within contemporary India. On October 31, 1984, Beant Singh and Satwant Singh, Sikh bodyguards to Prime Minister Indira Gandhi, took their revenge on her ordered attacks on the Golden Temple and assassinated her. Following the news of her death, four days of anti-Sikh violence occurred across Delhi and a number of other cities in Northern India. In the literature, these "riots" are often considered acts of communalism<sup>12</sup> because violence was broken down across strict lines of religious community. In this case, Sikhs were victims of violence and Hindus were perpetrators of violence. The violence during the 1984 "riots" was one-sided. However, the

---

<sup>12</sup> Communalism is the idea of "internal conflict or sectarian strife" often along the lines of religious, linguistic, or ethnic boundaries (Pandey 2001). The colonial state used the ideology of communalism that labelled South Asian people as impulsive, irrational, and prone to violence as a means for their strict rule and authority. As a colonial form of knowledge, the term communalism encapsulates a colonial vision of the people of the subcontinent as entrenched in "religious bigotry" and as fundamentally irrational, denying them agency (Pandey 1990).

labeling of this violence as riots and acts of communalism is a misnomer because the violence was directed at one specific community and it was not irrational, chaotic, or impulsive, but rather the attacks were organized and calculated by those in power. The violence became more organized, efficient, and systematic as it continued for three more days, leading many to conclude that the riots were organized by Congress politicians and to characterize the riots as a genocide or pogrom (Mitta and Phoolka 2008; Suri 2015; Chakravarti and Haksar 1987; Das 1990; Das 1995). The pogroms were organized in a particular spatial manner. They did not affect all Sikhs equally; rather, a disproportionate amount of the violence occurred in slum areas and resettlement colonies in Delhi, disproportionately affecting poor Sikhs rather than affluent ones. Many of the perpetrators of violence also came from lower classes, lower castes, and were also residents of slums, though they were encouraged, aided, and organized by those who were in power, including politicians and police officers.

The 1984 pogrom in Delhi, like the violence of partition, penetrated non-sacred spaces. The violence took place in neighborhoods and homes, crossing a boundary into the personal and private space of the Sikh community, which made it into an even more traumatic collective experience (V. Das 1990; Chakravarti and Haksar 1987; Khandekar and Santhanam 1984; S. Uberoi 2001). Similar to partition, women were raped and their homes were invaded, a salient violation of personal and private spheres. Women who survived both partition and the 1984 riots felt shocked and hurt following the riots. They felt that they were not at home in their own residences nor in their own country, which they felt they had helped fight for in 1947 (Menon and Bhasin 1998).

Overall, the attack on Sikhs over those four days in October and November 1984 produced a substantial blow to the Sikh community. Stanley Tambiah writes, “that places of worship, store-



houses of community goods, and educational institutions and equipment were targeted indicates the purposiveness of the intent to diminish the collective assets of the Sikh community” (2011, 180). The perpetrators of violence specifically targeted Sikh males between the ages of 20-50 years old , so as to “reduce the occupational and working strength and the fighting capacities of [their] enemy” (Tambiah 2011; Srinivasan 1990). The violence reduced the Sikh community’s economic wellbeing and reduced their ability to reproduce their social and cultural distinctiveness (Tambiah 2011; Khandekar and Santhanam 1984).

Amrit Srinivasan argues that following the riots in November 1984, the Sikh’s “new psycho-social identity as a ‘minority’ within the secular Indian nation” became crystallized (Srinivasan 1990, 310). Before this, Sikhs had not felt like they were “un-Indian,” and they had felt they were equally a part of the nation and the fight for its creation (Jodhka 2014; S. Uberoi 2001). While many Sikhs did feel they were a part of the Indian nation until the events of 1984, they were discontented with their continued marginalization, which was part of the fuel that propelled the Khalistan movement. Sikhs frequently use the concept of “hurt” to describe their communal experience of being intentionally injured by the Indian state (Chopra 2011; 2010). This hurt came from these events of overt violence and in discursive violence, such as the inclusion of Sikhs under the category of Hindu in the Indian constitution. These forms of violence reflect the state’s project of erasing and controlling identities that deviate or threaten a uniform Hindu nation. In the aftermath of 1984, Sikhs were treated not as Indian citizens deserving protection and equal rights, but as terrorist outsiders who were a threat to the Indian state and its citizens. Over the course of a few decades, Sikhs went from being understood by the Hindu majority as a closely related, if not a sect, of their own tradition, to being the internal threat to the nation (Appadurai 2006). Many Sikhs felt betrayed that they were no longer considered Indians and were now instead

singled out as only Sikh and, thus, non-Indian (S. Uberoi 2001). The Sikh community became marked as the problematic “other” in Indian society.

Following the violence in 1984, the idea of Khalistan as a place of refuge for Sikhs as a minority strengthened. Episodes of violence between communities expose the “myth of the state” as impartial and secular and “the imagination of the state as a distant but persistent guarantee of a certain social order, a measure of justice and protection from violence” (Hansen 1999; Hansen and Stepputat 2001, 222). These acts of violence cement feelings of political marginalization in the reality of minorities and oppressed groups. Sikhs grew even more aware of their oppression and marginalization, and thus the fight for Khalistan in Punjab became even stronger following the violence of 1984. The desire for a sovereign state and militancy increased in 1986, and local Punjab Congress leaders, such as Sardar Beant Singh aimed to suppress militancy and stop the Akalis (Grewal 1990). At the same time, the Kashmir separatist movement had begun. These two movements were intricately connected: if demands were met for one of the groups by the state, the state would have to make those same concessions for the other group. Both Punjab and Kashmir share a border with Pakistan, and the movements by Sikhs and Kashmiri Muslims provides a new affinity between two communities that are otherwise pitted against each other.

The Sikh demands for greater sovereignty threatened the secular Indian state by challenging a singular national unity. Appadurai theorizes that the “fear of small numbers” is an anxiety towards the minority that is seen as a threat to the majority’s national project and identity. This fear leads to violence against those small numbers in order to uphold the majority’s project. If we take the 1984 Sikh riots, perpetrated by a mainly Hindu mob against only the Sikh community, it is an exercise of building up the Hindu community (Appadurai 2006, 7). Since the 1980’s, there has been a rise in Hindu majoritarian politics. This is in part due to powerful

challenges to the central authority from regional states, the growing political mobilization of minority groups, and social movements of lower castes. Thomas Blom Hansen argues that Hindu nationalism emerged out of the public culture of the upwardly mobile middle classes. The middle class was “anxious to consolidate their status and gain recognition” (Hansen 1999, 7). The Nehruvian dream of a secular and socialist state was dwindling and losing credibility. The ruling Congress party increasingly drew upon more Hindu majoritarian rhetoric to stomp out regional threats. In order to remain in power and squander separatist aspirations and movements, the state continued President’s rule in Punjab and increased military and police operations there into the 1990s. Widespread abuse of power by police, including beatings, torture, kidnappings, and killing occurred across Punjab (Hazarika and Times 1989).

Throughout the decades of Sikh separatism in Punjab, young Sikh men were painted as terrorists being trained and advised by Pakistan in their war against India (Pettigrew 1995). As in the riots of 1984, young men were a main target of the state’s violence. Most of these acts of violence were targeted especially at Amritdhari Sikhs, those Sikhs who wear the visible signs of faith such as the turban and beard (Pettigrew 1995). Young men were being disappeared at high, but imprecise rates. Many were arrested and tortured without charge or trial. Migration increased in Punjab after 1984, as families sent their young men away from the troubled political context (Chopra 2011). The reasons to migrate was primarily for asylum and safety, rather than economic livelihood. Additionally, this sending away of young men away from the zone of conflict was a strategy for preserving the Sikh tradition. But for Khalistani militants, the Sikh history of martyrdom was an important part of their willingness to take up arms and defend their faith against state repression<sup>13</sup>. The ability to draw upon Sikh ideals of martyrdom and dharm yudh offered

---

<sup>13</sup> The Sikh diaspora was perhaps an even greater supporter of Khalistan than Sikhs within India. Because of this, the diaspora was also viewed as a threat to the Indian state. However, there was a disconnect between

purpose and validity to the actions, so that it did not feel as though being tortured or dying was done in vain, invoking the notion of seva, or service, once again.

In the immediate aftermath of the 1984 riots in Delhi, volunteer organizations were the first to offer relief efforts to those affected by the riots. Many Sikhs took shelter in Gurdwaras, and volunteers provided food, clothing, medical relief, shelter, and psychological services to the victims in relief camps (V. Das 2007). Volunteers, not the government, were the first line of response to help the victims of the riots. Seva and volunteering are not a new response to surviving and resisting violence.

As I have shown in this section, the Sikh community was transformed through the events of 1984. In the next section, I illustrate how the events of 1984 in Delhi and the transformation to the Sikh community led to a change in the practice of seva. I argue that new forms of seva emerge as a response to experiencing violence and marginalization, and seva becomes a strategy for survival, resistance, and belonging for some Sikhs in the face of marginalization. I do this by tracing the history of the Sarbat Da Bhala seva community and how it emerged in this time period.

### **How 1984 Transformed Seva: The Beginning of Sarbat Da Bhala and New Forms of Seva**

The year and events of 1984 came up sporadically, rather than systematically or never at all, in my conversations and interviews with sevadars. *Chaurasi*, or eighty-four, was often used as a chronological marker of events; life events were chronicled as having happened before or after

---

the demands of Sikhs in India and those in the diaspora (Axel 2001). Sikhs living in Punjab wanted a Sikh homeland and more sovereignty as a state within India, whereas Sikhs in the diaspora wanted a separate nation of Khalistan. Similarly, many urban and elite Sikhs, especially those living in Delhi, felt that Sikhs from the Jat community were dominating the fight for Khalistan, and they did not necessarily support this fight for Khalistan nor did they want to be under Jat rule if the creation of Khalistan were to come to fruition (Pettigrew 1995). By 1993, security forces had killed or arrested many important militant leaders, and the separatist guerrilla movement in Punjab decreased. The rise of Hindu nationalism coincided with the Sikh movement's decline in the early 1990s.

that moment. Sevadars' experiences with the violence in Delhi were diverse, but they were all survivors in one way or another. I share one of the earliest reflection on the events of 1984 that I heard from Karamjot Veerji, who is one of the sons of the founder of Sarbat Da Bhala, known to sevadars as Pita Ji, who outlines how Sarbat Da Bhala's founding emerged as an effort to rebuild following the 1984 pogrom. Seva is not just a response to the violence of 1984 but a site of transformation and continual change in itself, especially as an ethical practice that responds and changes to the needs of community and what is necessary to make life living.

After finishing seva in the morning, I returned with Karamjot Veerji and Meena Didi to their joint-family home for lunch. As Meena Didi joined her mother and aunt to help with lunch preparations, Karamjot Veerji and I sat in the air-conditioning. We had been all over Delhi in the hot August sun, from northern Old Delhi to west Delhi neighborhoods that had been major sites of the resettlement colonies for widows of the 1984 pogrom. As we sat talking, Karamjot Veerji began discussing the 1984 anti-Sikh pogrom in Delhi, the impact on the community, and how it changed seva. He said,

I was just eighteen. It was then when that incident happened and Indira Gandhi died. [Pita Ji] at that time, with some volunteers, helped people who became victims of the riots. Every day he would go and clean the places there, where [the victims] used to stay. He cleaned and took food for them. You have been to the Dera? It is near the Widow's Colony<sup>14</sup>. So still if somebody from that area has to marry his daughter, they come to us, we make a hamper of food and utensils and give it to them. So the basic idea of going to that area was helping them out. Secondly there is one more thing. Demographically that place has a maximum concentration of Sikhs. They are not very wealthy Sikhs but middle class. So there has been highest density of urban Sikhs there.

I asked, "How did the events of 1984 impact how you felt about doing seva?"

He responded, "It was quite a difficult time. Our Sikh community took a big hit. And our community was somewhat responsible for it themselves."

---

<sup>14</sup> The name of a resettlement colony for those impacted by the 1984 pogrom.

I asked, “Why do you think that?”

He said,

Because in Punjab, there was a territorial conflict that started. There were people who tried to support that. [The Khalistanis] said ‘let us create another country,’ so they also started killing people there. They had an idea of ‘let us alienate both communities (Hindu and Sikh) by ethnic identity.’ They kept on doing that and then backlash happened here in Delhi. So militancy took place because of that [movement]. Thank God everything settled down. There was then peace. Otherwise Punjab would have also been another Kashmir. So just 500 or 700 km away from here you see a lot of problems. And huge problems. They are not small problems but huge ones. Afghanistan you see there is a very big problem, Pakistan you see there is a very big problem, Sri Lanka you see there is very big problem even in Bangladesh there are big problems. So Delhi is a mirage amongst all things where you have a peaceful place to stay. It won’t happen that somebody will come with a gun and shoot you. Those places where this happens are not far away from here.

Many sevadars expressed that the reputation of the Sikh community in the 1980s was negative, being associated with violence of the Khalistani movement and the Indian state’s marginalization of and violence towards the Sikh community. When talking with sevadars who lived through the 1980s and 1990s, they recounted feeling humiliation, shame, and stigma about being a Sikh at that time both due to militarism, the violence they experienced in 1984, and the state violence in Punjab throughout the 1980s and 1990s. Another sevdar spoke about his perception of the Sikh reputation in the 1980s saying,

[At that time] there was female feticide in Punjab...militancy in Punjab. There were so many other issues...use of fertilizers by the farmers, farmer suicide...there were so many issues... all negative which we used to read in our newspapers, and I used to think isn't there anything positive about Punjab...isn't there anything good about Sikhs and Punjab.

Furthermore, many sevadars discussed how the events of 1984 produced feelings of distrust, betrayal, and resentment between the Sikh and Hindu communities in Delhi and Punjab in their everyday life.

As my conversation with Karamjot Veerji continued and as I spoke to other sevadars, it became clear that the experiences of destruction, hardship, and humiliation that Delhi Sikhs faced due to the 1984 pogrom brought into being current practices of seva occurring beyond the formal Gurdwara system. The changes to seva in the wake of the 1984 pogrom occurred for a number of reasons. First, the violence and destruction of 1984 exposed myths about the Sikh community. One of these myths was that Sikhs were prosperous enough to look after themselves. The stereotype of Sikhs in the general public was as a well-off, self-sufficient community. However, the destruction of 1984 illuminated that there were many Sikhs who were not so well off. Many in the Sikh community were in dire straits having lost much of their material wealth as well as sources of income due to death or injury of men in the family. One sevadar said to me, “if the Sikhs killed in 1984 had been wealthy or upper caste Sikhs, the government would have done something to apologize.” This was a recognition that even within the Sikh community power is unequal. The pogrom produced many who were rendered homeless, without resources, and in need of help. The feelings of hurt, humiliation, and fear continued for years after the pogrom. Overall, the topography of the Delhi Sikh community underwent a change, and there were many in need who came forward.

Second, the political and violent events of 1984 created conditions that led to a greater need for seva and a need for a different type of seva. The seva that Karamjot, Meena, and others are involved in was first organized in response to the destruction and hardships faced in the aftermath of the 1984 pogrom. This primarily took the shape of rebuilding homes and providing food, shelter, and support to widows and children who lost husbands, sons, and fathers in the four days of targeted violence. While Gurdwaras also provided provisions and support for the survivors of the pogrom, informal seva groups like Sarbat Da Bhala sprung up as an alternative to the Gurdwaras,

which were seen by many as linked to and therefore complicit with the violence of the Khalistan movement.

These initial forms of seva, as targeted humanitarian aid efforts, focused on rebuilding the Sikh community and helping working and middle-class Sikhs. Meena, who was born years after 1984 and did not live through the pogrom, relayed the narrative of what her community felt after the pogrom in regard to seva by saying, “We couldn’t help others. We felt so hurt and so betrayed. We needed time before we could give. So first we helped ourselves.” Sarbat Da Bhala, for example, still has a strong presence as a social service in Tilak Nagar, a predominantly Sikh neighborhood in west Delhi where many survivors of the pogrom live in resettlement colonies, known locally as the Widow’s Colony due to the high percentage of widows as a result of the pogrom. Seva was necessary for survival following the pogrom of 1984; there was nowhere else to turn except inward to their own community since the violence they suffered was orchestrated by the government.

### **Beyond Rebuilding: The Expansion of Sarbat Da Bhala**

While the Sikh community worked to rebuild and heal from the violence through Sikh-directed seva, Sarbat Da Bhala’s founder, in the years following 1984, began imagining the possibilities of expanding their seva beyond the confines of the Sikh community, seeing this expansion as a potential strategy for healing and improving their lives. Sarbat Da Bhala’s founder, who is Karamjot’s father and was known to all as Pita Ji, was one of these sevadars who began organizing seva beyond Gurdwaras and beyond Sikh-focused services. I asked Karamjot about his father, “How did your father feel about coping during the time of 1984?”

Karamjot explained his father’s thinking,

You see this seva we do is connected with [our coping with 1984]. I will tell you how. [My father] wanted to improve the image of the community, so he started [this



seva] fully in 1990. 1984 to 1990 was a six years' time. His basic aim was to have some kind of movement where people can intermingle with each other for good work. In doing seva, he created some kind of very good rapport between the two communities (Sikh and Hindu) here in Delhi. If you are feeding<sup>15</sup> somebody that means the next day he won't come and kill you. So that is some kind of firefighting that you have to do. So this langar was right in the heart of the city. It is done by people unmindful of the religion of anybody. Anybody can come. So it is basically to have some kind of national integration where anybody can come and work with us. That was the basic aim he had in his mind at that time. That some movement would be created so people love each other and bad feelings towards each other can be taken care of. After 30 years, Sikh reputation has gone up. One of the factors for this is seva.

Around 1990, Karamjot's father, Pita Ji, began expanding Sarbat Da Bhala's seva to some of the neediest and most marginalized in Delhi by distributing free food, holding free medical clinics, providing shelter to the destitute, and practicing other forms of social work across public areas in Delhi, not associated with the formal Sikh institution of the Gurdwara. As Karamjot states, one reason for this was done as a means to build rapport and as a method of "firefighting." The urgency of fighting a fire implies that there was real issues around safety for Sikhs. There was real fear for Delhi Sikhs even years after 1984. Meena told me that her male family members did not travel anywhere or go outside their home after six o'clock at night for almost a decade after 1984 out of fear that something might happen to them. Another sevadar, Shivani Aunty explained that her fears were heightened once again when Rajiv Gandhi was assassinated in 1991. She said, "I've seen [violence] once in 1975 (The Emergency), I saw it in 1984. I don't have the capacity of seeing something like this all over again." After Rajiv Gandhi was assassinated, she went to Pita Ji and he had the sevadars keep *paath*, a recitation of the Sikh holy book, during this time as a source of comfort and protection. She mentioned as well that when the Delhi bombing in 2005 occurred, this brought the same fear of retaliation even though Sikhs were not responsible for the assassination

---

<sup>15</sup> Food is intricately linked to care in the context of South Asia (Lamb 2000; Bornstein 2012). Feeding someone as an act of care would carry with it the same consequences of other care practices, such as building rapport and affinity with another person. Chapter 5 discusses the importance of food in seva.

of Rajiv Gandhi nor the bombings in 2005. In the aftermath of trauma and sustained fear, seva offered a way for the Delhi Sikhs to come together and heal as a community.

The project of expanding seva beyond the Sikh community and beyond the space of the Gurdwara was also a response to exclusionary practices occurring within the formal Gurdwara institution, the failures of the welfare state, and the economic liberalization of India. Pita Ji observed that some Gurdwaras were often excluding poor, low-caste, and non-Sikhs from entry and benefit of services. The failure of the Gurdwara to be inclusive, which it should be, motivated Pita Ji to begin serving those who had otherwise been excluded. One sevadar, Amanpreet, explained how and why Pita Ji expanded Sarbat Da Bhala's seva beyond the Gurdwara,

We used to go to Sis Ganj Sahib to clean the Gurdwara together. He told me that there were people waiting outside for langar and the sevadars of the Gurdwara never used to let them enter it because they were dirty, they are not wearing good clothes and are having diseases. So whenever he used to go, he used to feel, he used to weep. He used to weep and say, "I don't know why so much diseases are there and only whenever I come at this Gurdwara, I can feel that something has to be done about these people because they want to go inside and have langar but these people [from the Gurdwara] are not letting them go in." So he started with just one small bucket of food and when we used to make chapatis, he used to say "make one small basket of chapatis as well, I will distribute it." Initially we used to make and distribute langar for Gurdwara Sis Ganj Sahib. We would make prasad and take it there. But some people were not allowed inside. So Pita Ji was once so annoyed and angry and upset. If a person is poor then it does not mean that he or she does not have a right to have langar inside the Gurdwara Sahib. The langar is not only meant for the rich people. It is basically meant for the poor. So, he never wanted to fight with anyone, and he was a person who would do it all on his own. So he took the prasad and initially outside the langar hall of the Gurdwara, he asked the poor to make a queue and then he distributed the langar. But those people from the Gurdwara objected and they were not happy with the whole scenario of us giving out food. They said we would make this place all dirty. So Pita Ji said, "No problem, we will not enter the Gurdwara, but we will do it outside." So from there he started that. Initially it was just langar and it was not medicines. Initially 50-100 people used to come and slowly they started knowing about it and it increased day by day.

Pita Ji recognized that the Gurdwara was excluding those most in need of langar, so he took it upon himself to begin serving those otherwise excluded. This exclusion from the Gurdwara,

which coincided and grew alongside economic liberalization, led to the main forms of seva that Sarbat Da Bhala continues doing today. The majority of their work is focused on the most marginalized communities in Delhi, about which I will discuss in the following chapter. The populations they serve are from diverse ethnic and religious communities, but the majority belong to lower socioeconomic classes, lower castes, are not Sikh, and are migrant workers from other parts of India. The receivers of this seva occupy positions of precarity, as they are often neglected by the increasingly neoliberal policies of the Indian state, and they often face discrimination on the basis of class, caste, and ethnicity. This moving away from seva within the Gurdwara is also a post-1984 phenomenon, where across Punjab and India there is a rise in deras, or dwellings of Saints, as a way to distance oneself from the radicalism and politics that was so associated with the Khalistan movement and the formal Gurdwara system.

### **Changing Sikh Reputation in Delhi**

Through this aid-focused seva, the Sikh community comes together to build community while also demonstrating themselves through public visibility as a caring community, not a killing community. Since the 1984 pogrom was state-organized, there was widespread distrust of the government, and Sikhs relied on their own networks to rebuild and heal following the events. Sarbat Da Bhala is not the only example of a Sikh seva group that arose following the 1984 violence. The now famous Khalsa Aid humanitarian aid organization based in the United Kingdom developed initiatives that specifically target survivors of the forced disappearances and state violence in Punjab.

Overall, seva provided a survival strategy for the Sikh community. By turning inward to care for their own community, the Sikh community resisted the flimsy state support that was being

offered to them. Furthermore, prioritizing seva was, and continues to be, a way to rebrand the Sikh community and refocus their ideologies, from Sikh separatism to social service, in the broader public sphere. It is likely that the events of 1984 and the Khalistan movement leading up to it made the Sikh community in Delhi more self-reflexive and more attentive to how they present themselves.

Sevadars did not talk about Khalistan, and when they did, they distanced themselves from it or outright laughed at the idea of it. One sevarar, Manju, said while laughing,

Khalistan... it cannot be built, according to me. Because Khalistan would mean that you are trying to break it. It is of no use. What is this? You are trying to create a divide amongst Sikhs as well. Those people are saying 'I want to create Khalistan.' How can that be made? Why are they doing this? They would come and play politics there as well. They are walking separately in groups. Bhindranwale... you put his posters and then celebrate his birthday. What is the point of that? I get very angry about these things. They had put a huge poster in the Gurdwara and they said that we are celebrating his birthday. You are celebrating the birthday of a terrorist? You are brainwashing kids and clearing out kid's brain and telling them that Khalistan should be made. Now, our kids have been going to these Gurdwaras for more than 5 years. Gurdwara holds a meeting there saying that Khalistan should be made. So kids would start to think that way too. They would also think that it has to be made. When will it be made? Why will it be made? There is no meaning of this. It is just nonsense. They are standing there with their flags saying, "My Khalistan will be made." They are breaking us, they are not uniting us. Karamjot Veerji has said to us, "the ones who comes to Dera, unite them. Don't break them." It is not important to break, it is important to unite.

Additionally, Sarbat Da Bhala sevadars felt that it is those in the diaspora who believe in and support Khalistan the most. Many felt those in the diaspora are almost fundamentalists, saying "they've taken things too far" and that "this orthodox, absolute Sikhism is not in fact Sikhism." Because sevadars did not talk about Khalistan much, it seems as though there is an effort among Delhi sevadars to forget Khalistan and forget the real hurt that the movement created for those in Delhi. One sevarar, Jaspreet Veerji said,

I told you that those were the worst times, 1984 to 1994. See that is a big issue and we should not talk about. That would create a long conversation of issues and that was very hurting. The biggest thing to hurt someone is to hurt his sentiments.

The reverberations of the communal trauma are still felt very strongly by sevadars, and seva seems to be an effort to change the narrative of what Sikhs are known for.

For Sikhs in Delhi with whom I conducted research, most were not involved or interested in the Khalistan movement, but they felt the backlash of the movement very strongly. The backlash Delhi Sikhs experienced from the state is rooted in the very essence of the Indian state's tactics of control. Since colonialism, the state (whether colonial or Indian) created Sikhs as a minority and promotes sectarian violence as a way to assert state power and control (Pandey 1990; Amin 1995; Appadurai 2006). While Sikhs are not the targeted minority today, the Indian state still creates communal boundaries and often promotes communal violence. The Indian state, by default, is a Hindu Brahman patriarchy. Deviations from this hegemonic system, such as Sikh demands for more sovereignty, are seen as a threat to those in power. Over the past century, the state, colonial and Indian, has continued to draw upon certain differences in order to maintain control, create minority groups, and marginalize certain communities. These conditions from the state about proper citizenship and belonging demand that Sikhs perform their citizenship in a way that is pro-Indian and non-threatening. Prioritizing the practice of seva helped illustrate to the public, and to the Indian state, that not all Sikhs are Pro-Khalistan, they are not all militants, and they are a community who cares for others, even extending care to those who are not Sikh. After they rebuilt their own community, sevadars could then focus on changing their image in the wider public sphere. Sarbat Da Bhala was intentionally not associated with Sikh institutions like Gurdwaras. The Gurdwaras had been linked with the Khalistan movement and thus were seen as a place of

radicalism and politics, thus it was a strategic move to begin seva beyond the context of the Gurdwara.

### **Feelings about a New Reputation**

Seva has had an impact on how Sikh sevadars feel about themselves and their place in the Indian nation. In conversation with another sevadar, Raju, I asked how he felt about being a Sikh now in India. He said,

I feel proud [about being a Sikh], but deprived at the same time. I feel we don't have equal opportunity. Be it in politics or vote banks. The Prime Minister was a Sikh, but he was just a remote-controlled robot. There is no other community who has served India as much as Sikhs have. We don't want to be communalist, since we believe we are all equal, be it Hindu, Muslim, Sikh or Christian. We are all children of one God.

I nodded and said, "So then what do people think of Sikhs today?"

He responded assuredly,

If there is a girl alone, and if she is followed by 3 or 4 bandits, and if she sees a Sardar (turban-wearing Sikh man) nearby she will feel safe. She knows a Sikh will not let anything bad happen to her and he will definitely help her. Similarly, if a Sardar sees someone hungry, he will certainly give him food and offer lassi. People have trust in us.

Raju was not alone in feeling proud about being Sikh. Many participants shared that they now feel a lot of pride in identifying as Sikh, and they often attributed this pride to their practice of seva. It is possible that sevadars were swayed by my presence in saying this, but I do think it was a true source of pride for many of them. Sevadars said that it was their providing seva to communities outside of their own, namely Hindus and Muslims, that made them feel the most pride. These feelings of pride may be surprising because performing seva is supposed to remove feelings of pride, though perhaps it is permissible to feel pride in community through seva, rather than feeling pride about the self.

Sevadars expressed that they felt seva has improved the image of the Sikh community because they are serving, intermingling with, and providing for other communities. Karamjot said that they are trying to spread ideas of tolerance and shared humanity through their “practical action (seva) rather than just doing *puja* (Hindu ritual).” This pride, one which arises directly out of comparison with Hindu practices and beliefs, is a way for Sikhs to resist Hindu majoritarianism in India. They establish themselves as a distinct and deserving category of Indian, rather than becoming enveloped in or forgotten by Hindu majoritarianism.

Sushil, a sevadar from a Bengali Hindu background, shared the same sentiment about Sikh reputation, specifically highlighting a stereotype of Sikh bravery and their image as hardworking, saying, “[Sikhs] are not cowards. Not timid. Whatever needs to be done, they will do it. You know it is for both the sexes. The ladies and the gents, they are like that. So they are very helpful. That appeals to me.” Other factors of pride included belief that Sikhs don’t have ritual restrictions (such as banning menstruating women from entering Gurdwaras or performing religious duties), the large presence of Sikhs in the Indian military service, and the belief that Sikhs are hardworking and have sacrificed a lot for others even though they are a relatively small community. Overall, sevadars felt that the reputation of Sikhs has improved through their practice of seva in the broader public sphere by presenting the Sikh character as helpful, upstanding, and self-sacrificing, rather than the character of violence and threat associated with the militant operations of the past.

Discourses about the Sikh community among non-Sikhs highlight the selfless and commendable actions of seva, and Sikhs are seen by many as the only community that has the humility to engage in actions of care that truly push against the cultural norms of serving and interacting with others, especially those of lower classes. The transformed reputation does not only affect healing and wellbeing of Sikh sevadars on a personal level, but it impacts their survival as

a minority religious community within India. Seva allows the Sikh community to become “good” citizens who no longer pose a threat of violence or separatism, a community that is selfless and willing to sacrifice for others. Seva transformed Sikhs from being a community in need of help to a group seen as self-reliant and strong, a transformation which was illustrated even more clearly through their ability to help others. Furthermore, sevadars provide some security to the receivers of their seva, giving them daily food and medical care, perhaps assisting in changing the precarity of those populations, too. Overall, seva provides a way for Sikh sevadars to reconfigure who they are in the public sphere, which allows them to be seen by others as “good” citizens. They make themselves more familiar and less threatening by helping others and by being physically visible in public. All of this contributes to changing the reputation of the Sikh community and changing the nature of their belonging and intercommunity relationships.

Sunny, another sevadar, explained how sevadar perceptions of and relationships with others, namely receivers of seva, changes through seva, “The country is getting divided by politics. We are getting divided. Seva helps because we don’t see who is who... There is a sense of oneness and a sense of belonging.” As a mode of being, seva changes one’s attunement to others (Tronto 1993; Lamb 2000; Bornstein 2012). As a political action, seva poses a direct challenge to the dominant caste hierarchies within Hindu social order by rejecting caste and offering service to anyone. This co-existence of Hindu majoritarian social order and seva’s resistance of and challenge to the caste system offers a form of resistance against being co-opted by the Hindu nationalist movement. Through resistance that is embedded in this ethical practice, sevadars continue to make a space of belonging for themselves within the Indian nation, a belonging that must continue to be deemed acceptable by the state.



While there are clearly benefits of doing seva in the public sphere, both for sevadars and receivers of seva, this venturing out to serve also brings with it the potential for new threats and surveillance for Sikh sevadars. Sikhs have been watched by the Indian government and police for decades, over concerns of separatism and violence. Watching and seeing over years where people are and where groups have congregated led to Sarbat Da Bhala's choices of where to provide seva in Delhi. Some spaces where seva is performed are highly visible: they are high traffic areas, of commerce, tourism, and policing. Others are on the margins, undesirable, and unknown to many of Delhi's own residents. In their pursuit of practicing seva across community boundaries, sevadars subject themselves to being watched by passersby, police, and those who are waiting for their help. The very act of making themselves visible and open puts them at risk for investigation, criticism, and opposition, but this vulnerability is an act of resistance in itself (Butler, Gambetti, and Sabsay 2016). This visibility and the vulnerability to critique this visibility opens with regard to sevadars creates an important dilemma which must be balanced in order to maintain the new reputation. Overall, the visibility of performing seva and intimate engagement across community boundaries transforms how Sikh sevadars can live ethically in the rising Hindu nationalist hegemonic public sphere. Seva is a community-level response to past and present violence, trauma, and conflict, and it provides a potential ethical way of surviving and existing within systems of state hegemony, oppression, and multiculturalism.

Sevadars' perceived improvement in intercommunity relationships through seva supports the argument that seva can transform both precarity and relationships between those interacting within its space. By engaging in helping the downtrodden and perhaps even communities who have harmed their own in the past, there is the potential for Sikhs to shed past experiences of animosity and suffering. In this transformative shedding through the practice of seva, a newly

healed subject comes into being. As I will illustrate in later chapters, seva, as a form of care, changes how one orients towards another and actually creates a new relationship through this exchange of care. Furthermore, sevadars provide some security to the receivers of their seva, perhaps assisting in changing the precarity of those populations too. The transformations, social bonds, and new relationships that arise through the practice of seva may also foster improvements in intercommunity relationships.

## **Conclusion**

One morning, Karamjot and I were at the seva point on the side of the highway at Yamuna Pushta. Traffic police were on the road ahead of us, and I asked him if the police ever have given him trouble. He said,

The other day, we were here in the morning as usual, and one of the police officers came our way. They told us that someone posted a picture on Twitter to the Delhi Police of our vans [which carry food] on the side of the road, but facing the opposite way of traffic. So the police just told us we need to park our van in the other direction, so that it is going with traffic. They are God-fearing people, so I don't think they will stop us from doing this.

There are many people and groups which distribute food across Delhi, but this seva is noticeably related to the Sikh faith and is distributed with the invocation that it is God's work. The vans filled with large containers of food have "Guru ki Langar Seva", or Guru's Langar Seva, written on them, and as sevadars pass out food they say different combinations of "Waheguru ji" with the name of the food that they are distributing. They transform the public space within which they conduct seva into sacred spaces by these vocal proclamations and also by maintaining, for example, the same customs of langar as it is done in the Gurdwara. Recipients sit in a line on the ground and are served food, rather than waiting in a line to receive and then moving away to eat.

They are to take only what they will consume while sitting in that spot, and they are not allowed to take any food with them.

As predominately turban-wearing male Sikhs, their visual presence evokes certain characteristics for those who watch them. Some associate the Sikh sevadars with the violence of militancy of decades past, others associate them with the colonial portrayal of them as loyal and valorous warriors, while yet others view them as wealthy elites. However, their practice of seva in the public is a presentation of a different facet of the Sikh identity. It is a return to an identity that is meant to be selfless in serving others and promote a shared humanity. In the process of practicing seva, sevadars still maintain the control and command that is invoked in previous iterations of their identity. They choose when, to whom, and how seva is given out. They are not the ones receiving help, they are giving it, and all around can witness this. They maintain a sense of order and do not shy away from doing what is necessary to keep receivers of seva in line, even if that means being forceful. The commendable actions and command of space during the practice of seva does indeed still involve some of the same traits of previous iterations of the Sikh identity.

While seva has been an important principle of Sikhi since its founding, how it is practiced has had to adapt to changing historical and political contexts. Likewise, the Sikh identity has also changed throughout history. By focusing on those Sikhs who are practicing seva as a form of social work serving the needy beyond the Gurdwara, this chapter has outlined how seva performed within the public sphere has given some Sikhs the possibility to transform their reputation and belonging following a tumultuous history. Marginalization and violence have both material and internal effects on personal and community wellbeing. The representation of Sikh identity that emerged out of historical violence and political marginalization impacted how the Sikh community felt about themselves and their relationship with other groups in India. By turning inward to the Sikh

ethical principle of seva and subsequently practicing outward forms of giving, some Sikhs have created the opportunity to transform how they are perceived by others in society and how they feel about being Sikhs.

Following the violence in 1984, sevadars galvanized and transformed the practice of seva as a means to improve their conditions and belonging within India. This changed their outward reputation from a killing community to a caring community, fostering feelings of pride. The feeling of pride that comes from a reputation as a “good other” within the realm of the Indian nation impacts the sense of belonging for many sevadars following their tumultuous history. In addition, the practice of seva and the transformation of reputation in the public sphere has given the possibility for a different ethical orientation for survival, if not flourishing, in everyday life for sevadars.

Seva was, whether intentionally or not, a political move and mode of healing which helped reshape the figure of the Sikh from a threat to a caring citizen within the national landscape of India. The political action of seva and the wider Sikh community only goes so far, however, to fight injustice and help the oppressed because of the need to fit the Indian state’s demands on how to appropriately belong as a minority group. Seva is not being used to vocally uproot systems of injustice. However, as Mittermaier calls us to think of limited acts of service as political (2014), seva is a way of resisting the ways of being within majoritarian Hindu India by its subtle challenges to caste hierarchy and caste discrimination. In contemporary circumstances, seva is used to provide dignified medical care and food to marginalized communities that are otherwise neglected by the Indian state and other welfare services because of their caste and class status, which I discuss in the following chapters.

Sikh sevadars emphasized the shift in both their understandings of their own community and their relationships across community boundaries over the past 30 years. This shift went from a feeling of shame associated with violence and threat, to feelings of pride and hope through practices of seva. Furthermore, the radical visibility of performing seva and intimate engagement across community boundaries transforms how Sikhs can live ethically in the rising Hindu nationalist hegemonic public sphere (van der Veer 2002; Embree 1997). This transformation through seva, which draws upon the Sikh ideology of one humanity and welfare for all, represents the possibility for a Delhi where the norms of and precarity created through communal boundaries are transformed, providing the possibility for new ways of belonging and ethical lifeworld for sevadars in the diverse and often tumultuous multicultural climate of India.

## CHAPTER TWO

### The Delhi Carescapes and Filling a Gap in Care

The November morning in Delhi was foggy from pollution and the smoke rising from small fires that kept people who slept outside warm throughout the night. Tara, Tavleen Aunty, Balvinder, and I arrived at the bridge overpass near Nizamuddin Dargah, a revered Sufi shrine. Makeshift tents were set up on raised footpaths, where families and individuals slept. Some individuals only had mats and blankets laid out to sleep on, lacking a tent to block the cool wind. Across the street were government shelters, used during the winter months in Delhi for those who otherwise sleep on the street. But only a fraction of those who live in this area can stay inside the shelters.

Kishore and Ajeet Bhaiya both arrived on motorbikes shortly after us. The team of five sevadars immediately began setting up their daily medical clinic which serves those who live in and around this predominantly Muslim-populated slum. The neighborhood of Nizamuddin is just one of several places across Delhi where Sarbat Da Bhala distributes food and provides medical services for free every morning.

The three loving dogs who live under the bridge, Rani, Sheru, and Bhalu, wagged their tails as they saw us arrive. Sheru, the puppy of the group, began to jump playfully with Kishore. As we got out of the car, Balvinder grabbed the kettle of hot milky tea and began distributing it in small paper cups to all who followed his instructions to form a queue. Regulars there knew the routine. Kishore took out a straw broom that was kept in the trunk of Tara's car and cleaned the pavement where the mobile clinic would be set up.

I took two big canvas bags, printed with old wedding announcement information for one of Tara's family friends. The bags were filled with plastic boxes that held medicines, gauze, scissors, and ointments. Amir, a regular patient, limped over, nodded at me, and graciously put out his hand to take one of the bags and bring it a few feet to where the mobile clinic is set up. I followed behind him with the other bag. Tara, sitting on a stool, asked the first patient to step forward and sit on the other stool in front of her as she began examining his wound. As things got set up, Kishore began yelling out "*Chai, Chai, Chai...Davai, Patti, Davai, Patti, Bhai!* Tea, Tea, Tea, Medicine, Bandaging, Medicines, Bandaging, Brother!" to announce the group's readiness to serve those nearby. No other sevadar could match the volume of his daily announcement. We often joked that it was the neighborhood alarm clock.

Nearby, a worn and shriveled man, whose work has entered his body, sat on his haunches sipping the gingery tea he received from Balvinder. He opened a packet of biscuits from his pocket and threw them in front of himself for the dogs to eat. The dogs gobbled the biscuits up, and the puppy, Sheru, returned to nudge Tara's arm as she cleaned another patient's wound. Sheru was so excited at one point that in shaking his tail back and forth, he stumbled over the bottles of betadine which are used to clean patient wounds. Some mornings, Tavleen Aunty gave money to Amir or Kishore to get a milk packet for the dogs, which they happily lapped up, leaving tiny beads of milk stuck on the fur around their mouths. The shriveled man, after finishing his tea, began drawing circles in the sand with his fingers. A young man who also lives on the same footpath sat on a brick and continued huffing an inhalant-soaked rag as he watched, eyes glazed, those getting bandages changed.

There is often plenty going on at this seva point since it is, after all, people's home. Rajeena, a five-year-old who lives on the foot path, pats Sheru with force as her mother, Mumtaz, yells at

her to get dressed for school. Another man with a white beard and skullcap holds the hand of a young child and approaches Tara, as he is next in line. He had been there just a few days back to receive a bandage for a dog bite that left deep wounds. On the first day Tara saw him, she advised him to go to the government hospital to receive rabies injections and to inquire whether stitches would be needed. He updated her that he went for the injections, but they refused to give him stitches. Tara remarked, “Now it will take a long time for his wound to heal.” She changed his bandage and gave the child a dose of oral multivitamin. Meanwhile, Mumtaz let out the chickens she keeps from under a crate. One of them jumped onto a stacked box of medication, causing it to fall over.

Amir sat on a couple of bricks which lay nearby, stroking Bhalu’s fluffy fur as he waited for Tara to finish with the other patients. Having run away from his home in the eastern state of Assam to Delhi at the age of 13, Amir has found work throughout the years in the informal sector, most recently as a waste worker. Now at the age of 30, he sleeps on the rickshaw he uses for work, under the bridge where this seva point is set up each morning. Amir first began receiving bandaging and medicines from Sarbat Da Bhala in December of 2018 after he was refused care from a government hospital for a severe injury and burn on his leg and torso that would have required a skin-graft surgery and long-term wound care. Unfortunately, Amir was denied the surgery at the government hospital in part because he does not have any family in Delhi who could serve as his attendant in the hospital, something that is necessary to receive care in Indian hospitals. His leg is still somewhat deformed and atrophied, and he barely has any calf muscle on the leg because he was not able to receive the skin grafting surgery that would have allowed him to properly heal. Tara has bandaged his wound for almost a year now, with some improvement. While his wound has not completely healed, and may never, Amir feels seva saved his life.



Just a week before, Amir came to the morning seva clinic with a new injury. High on heroin the night before, he had touched an open wire. The shock left a deep burn and wound across his right palm. The injury on his leg was healing, slowly, but this new injury on his hand drastically impeded his ability to work. He felt grief and guilt for this new injury, blaming himself for being high and his “bad karma<sup>16</sup>” for this new injury. Drug use is widespread among migrant workers and the urban poor, and many sevadars believe it to be a coping mechanism for those living in difficult conditions. When Amir showed his newly injured hand to Tara, she suggested that he go to the hospital first because it was a deep burn, something the seva team was under-equipped to handle.

The next morning, she examined how the hospital did his bandaging, and she was upset because she felt they had done a terrible job. She said,

They don't do it nicely there, the skin is looking so wet and worse than before. They probably don't care at the hospital. I'm not at all happy with how they have done his bandaging at the hospital, and I will personally do his bandaging from now on to see that it is done well. Oh, and the hospital prescribed him antibiotics, but did not give any to him.

She shook her head with annoyance and vented about her frustration with the hospital's treatment system and how they make getting appropriate care very difficult for patients, especially those who may be illiterate or unaware of how the system works. Tara was concerned about Amir after this new injury, since other people living nearby, like Mumtaz, told her that Amir was using drugs more frequently and seemed reckless. She worried that he felt depressed and hopeless about his condition, and she feared one morning she might hear he died from an overdose or an accident.

---

<sup>16</sup> Karma “postulates that every action has its inevitable ‘fruit’ or consequence, so that a person's condition is determined by good or bad deeds in this and previous lives” (Fuller 1992, 245). It is a sort of spiritual principle of cause and effect. It is a crucial concept with the Hindu, Buddhist, and Jain faiths, and it permeates many other aspects of everyday life in South Asia and other parts of the world (D. P. & S. L. Mines 2002; Carlisle 2020).

She spoke to him while doing his bandage a week after the injury, encouraging him to resist doing anything reckless at this time.

“But it’s my own fault, *Didi*. It is my karma.” Amir responded.

“If you feel that way, then go to the mosque and ask for forgiveness or apologize for your wrongdoing. Ask that of God.” Tara said. After three months of daily bandaging from Sarbat Da Bhala, his hand wound was healed, but his mobility with the hand was still compromised. Amir is not alone; thousands of people in Delhi turn to Sarbat Da Bhala clinics for daily food, bandaging, and medical care.

In this chapter, I outline the political economy of medical care, migration, and policies addressing the needs of the poor in India and Delhi, more specifically. I discuss the intersections of migration, economic liberalization, and healthcare as they contribute to the health disparities affecting Delhi’s urban poor, specifically migrant workers. This context forms the background upon which Sarbat Da Bhala’s *seva* first emerged and continues to play out. Additionally, I share perspectives from both *sevadars* and receivers of *seva* about mainstream healthcare within Delhi, including private, government, and non-governmental organization (NGO) clinics and hospitals. Through these perspectives, I illustrate how patients who are poor or migrant workers fall through the gaps of care, both by not being seen by these institutions and by being deemed unworthy of care. Recognizing this gap in care, I then explain how Sarbat Da Bhala clinics fill this gap within the *carescape* of Delhi by attending to those otherwise neglected.

### **Delhi and its Carescapes**

Delhi, India’s capital, is known as one of the most populated cities world-wide. The average population density for Delhi is 9,340 persons per square kilometer, and it is as high as

29,468 persons per square kilometer in the north east district of Delhi (“Census of India: Population Density” 2011). The last Indian Government census in 2011 documented Delhi’s population at approximately 16 million (United Nations 2016), though more recent projections record the population of Delhi as roughly 30 million people in 2020 (“Annual Population of Urban Agglomerations with 300,000 or More in 2018 (Thousands)” 2018).

Urban poverty is a growing phenomenon in India, where “the total number of urban poor increased from 71 million in 1983 to 1981 million in 2004-2005” and rural poor declined by 30 million over the same period (Chandrasekhar and Sharma 2015, 82). Between 60-70 percent of Delhi’s total population is made up of people living in unauthorized colonies and slums (Bijulal 2018). Estimated numbers for the homeless population in Delhi range between 150,000-200,000 people (“Homelessness in India” n.d.; Parulkar 2017). Making up much of the urban poor are migrants from rural parts of India.

### *Rural to Urban Migration*

Overall urbanization in India, at 31%, is relatively low in comparison to the other top 10 economies of the world (Chandrasekhar and Sharma 2015; Bhagat and Keshri 2020). Delhi, as one of the central urban centers for business in India, accommodates a substantial migrant population. Internal migration in India is not a new phenomenon; it has been occurring since the partition, first through forced displacement, and subsequently by a need for laborers for growing trade and industry in a handful of city centers (Bhagat and Keshri 2020).

India has one of the largest populations of rural poor and landless in the world, with landlessness being one of the best indicators of rural poverty in India (Hanstad, Haque, and Nielsen 2008). Rural to urban migration in India, especially by the poor, is often viewed as involuntary

and as a reaction to the distressing conditions created through histories of exploitation by the state and dominant classes and increasing neoliberalization (Kumari 2014; Kantor 2018).

India is now more unequal than at any time since British colonization, a result of market deregulation policies that began in the mid-1980s (Chancel and Piketty 2019; Mohanty 2018). Following the New Economic Policy (NEP) initiated in 1991, rural agricultural laborers suffered due to neglect, lack of genuine concern for their welfare, and poor implementation of policies that would have improved the conditions of rural agricultural workers (Bagchi and Roy 2002). Following new rounds of land dispossession coupled with a rise in the urban service sector and remaining low-levels of education, landless rural workers are left with little options for work (Chatterjee 2008). Land reform, as a policy area, was cast aside in favor of development paradigms in the post-liberalization era (Mohanty 2018). Since 2009, many states in India have amended decades-old land ceiling laws, a type of land reform law which aims to redistribute surplus land to landless (Lopes and Chari 2021). These amendments have further marginalized farmers and have made it possible for large industries to buy large areas of agricultural land and use them for non-agricultural projects.

These changes in policymaking in India has led to an increase in “surplus populations” in rural India. Surplus populations are those whose labor is

‘surplus’ to the requirements of capital accumulation. For the 700 million Asians who live on less than a dollar a day, tiny incomes are ample testament to the fact that no one has a market incentive to pay the costs of keeping them alive from day to day, or from one generation to the next (Li 2010, 67).

In rural India, surplus populations emerge as a result of centuries of landlessness and more recent dispossession by debt. State responses to surplus populations can take one of two approaches, either “let die” through negligence and continued dispossession or “make live” by investing in social welfare systems (Li 2010). These surplus populations, who continue to be

deprived of resources in rural areas even in the wake of national development projects, are pushed to migrate to urban centers (Li 2010; Ansell et al. 2020; Dubey, Palmer-Jones, and Sen 2006).

In an attempt to counter this trend of rural to urban migration, the government of India introduced the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) as a national-level anti-poverty program in 2005. One of the goals of the program was to increase work in rural areas and discourage rural to urban migration by creating jobs in rural communities (Ratnoo 2016). While the program has had some success in certain parts of India, in particular by providing seasonal work to rural workers, it has been widely acknowledged that corruption and misconceptions about labor migration led to much of its failures (Kumari 2014; Imbert and Papp 2020). The main misconception in the program was that it assumed that the rural poor wanted farming; it did not take into account the aspirations of rural poor for other ways of living and different employment opportunities (Kumari 2014). Rural joblessness, in particular the loss of jobs in agricultural sector to new technologies, is the main reason for rural distress and resulting urban migration, which increasingly takes the form of short-term, seasonal, or temporary migration to urban centers (Chandrasekhar and Sharma 2015; Bhagat and Keshri 2020).

Once in urban centers, migrant populations often work day-wage, manual labor jobs. With no stability and poor working and living conditions, many migrants experience illness and sustain injuries. Other circumstances such as poor footwear, lack of sanitation, and air pollution cause chronic illnesses, infections, and wounds. Many migrants and urban poor also have substance abuse addictions and other mental health issues which contribute to injuries from accidents, self-harm behaviors—most notably cutting—and altercations with others, including with law enforcement.

Migrant workers and the urban poor have long been made invisible and ignored by those in power, and they suffer some of the greatest health disparities as a consequence of this negligence. Health disparities, globally, reflect inequities in socioeconomic status, gender, and geographic location. In India, caste and religion are other important social determinants of health, and the inequities in health outcomes tend to be rooted in historical inequities (V. Patel et al. 2015; Baru et al. 2010). The urban poor in India suffer from communicable diseases as well as from noncommunicable diseases at growing rates. Inequities in access to healthcare, the weak primary health-care sector, low public spending on health, and the growing, unregulated private sector continue to create a huge burden of disease, both communicable and noncommunicable, for Delhi and India at large (V. Patel et al. 2015).

### **Medical Landscape**

India's contemporary health service delivery is based on practices and policies that were put into place during the period of British colonization (Baru et al. 2010). Since the 19<sup>th</sup> century, charitable institutions, especially faith-based hospitals and clinics, have been an important part of the medical landscape (Ruddock 2017). In addition to allopathic or biomedical health care, India has long traditions of Ayurveda, Unani, and Siddha medicine, as well as more recent imports of homeopathy, naturopathy, and Tibetan medicine (Halliburton 2016; Craig, Gerke, and Sheldon 2019; Flueckiger 2006; Lambert 1996; 2012; Langford 2002). Religious and folk healing are also popular avenues for illness intervention. As a result of these various traditions, medicine is rather pluralistic in India.

The British colonial legacy in India has made it challenging to address interlocking areas of development at a national level, as British colonization aimed to weaken the Indian economy

and ruin political systems (Moore 1993). Currently, India has one of the most privatized health care systems in the world (Sharma 2015; Ecks 2021; Ahlin, Nichter, and Pillai 2016). Overall health spending in India is only 3.9% of GDP, in contrast with many richer countries where spending is around 9% of GDP (Ecks 2021)<sup>17</sup>. In the past ten years, there have been budget cuts at both the central and state levels of government for health spending, further illustrating that public healthcare has never been a priority of the Indian state (Qadeer, Sen, and Nayar 2001).

Overall, government hospitals only supply 30% of health services, even though they are meant to cover the healthcare needs of all citizens (Ecks 2021). According to a review of the health systems in Delhi published in 2017, approximately 55% of hospital care in urban centers like Delhi is private, and between 71%-87% of people in Delhi go to private providers for outpatient services (Lahariya 2017). In Delhi as of 2014, there were “95 hospitals, 1389 dispensaries, 267 maternity homes and subcenters, 19 polyclinics, 973 nursing homes, and 27 special clinics” (Lahariya 2017, 2). This landscape of privatized medicine is visualized at its extremes through luxury and five-star hospitals in urban centers and the rise in medical tourism (Cohen 2001; Smith 2012). Medical tourism, in particular, is viewed as an economic development strategy, drawing in patients from wealthy, Western countries. While there are a number of public/private partnerships emerging, most are insufficient in addressing the inequity of healthcare in the country. Health insurance is one of these emerging partnerships.

---

<sup>17</sup> It is not just lower-income countries in the Global South that suffer from poor health outcomes. Some wealthy countries in the Global North, such as the US, also have problems with their health care systems and health inequity. For example, the US ranks last on health care system performance when compared to ten other high-income democracies (Schneider et al. 2021). Additionally, more spending on health care does not necessarily mean better outcomes. Instead, access to universal, affordable, and equitable care coverage is one of the most important factors for achieving better health care outcomes (Schneider et al. 2021).

Private health insurance emerged during the Indian government's economic liberalization in the 1990s. In 2010, the private health insurance market only covered around 2% of households (Ahlin, Nichter, and Pillai 2016). Still today, the majority of health care expenses are household out-of-pocket payments, which often result in catastrophic payments that end up pushing many further into poverty or financial ruin (Ghosh 2011; Ecks 2021). In recognition of the economic impact of potential catastrophic health expenditures, government-funded health insurance (GFHI) schemes, which intended to help the country's poor avoid ruinous health expenditures, were widely introduced in the 2000s (Ecks 2021). Based on the principle of demand side strategies, GFHI schemes are intended to help poorer people utilize private healthcare services without having to pay out of pocket. However, in reality, coverage is not complete, there is lack of transparency around value and choice, and private market healthcare providers still maintain all the power (Ecks 2021). Furthermore, the GFHI schemes mostly focus on hospitalization benefits, rather than primary healthcare, an orientation that is unsustainable from a public health perspective (Bhat, Holtz, and Avila 2018). Underlying this discrepancy in actual coverage is a deep sense of mistrust between poor patients, state insurance schemes, and health care providers rooted in a lack of transparency about the valuing of services and choices (Ecks 2021; Ahlin, Nichter, and Pillai 2016).

Recent ethnographies about hospitals in the Global South (Street 2014; Livingston 2012; Wendland 2010; Gibson 2004; Ruddock 2017) illuminate the similarities among public hospitals in postcolonial settings where there is a huge demand to cater to "large numbers of poor patients, many of whom suffer multiple deprivations as marginalized citizens of developmental states" (Ruddock 2017, 24). Scarcity of resources is another defining factor of the postcolonial nature of public hospitals in the Global South, leading to patients' experiencing gaps in the clinical gaze



(Gibson 2004; Street 2014) and providers' needing to improvise medicine (Livingston 2012; Wendland 2010). For many poor or otherwise marginalized patients, hospitals are a site for "visibility work" (Street 2014, 13) where patients make themselves seen by the state and can demand to be taken care of.

India's most famous hospital AIIMS, the All India Institute of Medical Sciences, is a site of this visibility work. However, it is not defined by chronic shortages like the vast majority of public hospitals in India (Ruddock 2017). While a public hospital, AIIMS is also an elite institution and one of the best-funded hospitals in the world. It is not representative of the other public hospitals in Delhi, or the rest of India, because it is the country's leading specialty center that also focuses on education and research. AIIMS receives a substantial amount of government resources and sees more than 3.5 million outpatients annually (Ruddock 2017; Banerjee 2020). However, even at an institution like AIIMS, patients have to wait for months for MRI and CAT scans, as well as for surgeries. This wait time for both evaluation and treatment often means that diseases, like cancer, may progress to a stage beyond the ability to treat, an additional vulnerability added on to long-standing precarity due to state failures (Banerjee 2020). State violence in healthcare mostly "unfold[s] in the shape of slow-moving queues, as treatments delayed rather than denied," rather than unfolding as dramatic episodes (Banerjee 2020, 174). The experience of getting evaluated and treated at AIIMS is difficult for those of the upper-class, and it is even more challenging for poor patients who have traveled from outside of Delhi for care.

### **Healthcare Practitioners**

The Indian public's perception of public health care is one of being full of negligence, malpractice, and corruption (Ruddock 2017). While state policies and institutional infrastructure

lay the foundation for both perceptions and experiences of healthcare in India, doctors have a huge impact on the experience of medical care. In India, doctors are both respected and revered while also being distrusted and increasingly seen as corrupt (Killmer 2018). Academic and popular discourses around doctors in India tend to focus on the disrespectful, degrading, and often physically violent behavior towards patients, especially of lower socioeconomic status, by doctors (Ruddock 2017; Killmer 2018; Van Hollen 2003; K. Ram 2010; Pinto 2014). On the other hand, 40% of doctors at a tertiary care hospital in Delhi reported violence from patients in the past year (Banerjee 2020).

The increasing privatization of the overall health care system has changed how doctors are employed, in both the public and private sector. Employment for doctors is now often defined through contractual labor. Jobs in the private sector typically offer little job security with poor work-life balance, whereas most public sector jobs would lead to rural job postings which were undesirable to many budding doctors (Killmer 2018).

Between private and public healthcare, there are wide differences in qualifications of practitioners. Practitioners in Delhi's public health care clinics, hospitals, and dispensaries all hold a MBBS degree, which is comparable to an MD in the United States. However, providers in the private sector do not have such a standardized qualification, with some having as little as six months of training (J. Das and Hammer 2007). With the majority of medical visits occurring in the private sector, this lack of standardization is troubling. One study compared the qualifications with the effort of practitioners in both the private and public sectors. The study found that public sector doctors are more qualified but exert less effort in comparison to private sector providers who exert more effort but are less qualified (J. Das and Hammer 2007; J. Das et al. 2016). Public doctors may lack motivation or exert less efforts to respond to patient needs, in comparison to their private

counterparts, because they are not being compensated for the extensiveness of the services they provide (J. Das and Hammer 2007). This is not to blame public practitioners, who are often overburdened and under compensated, but rather the cause is a lack of state investment in public healthcare and the devaluing of public providers. Doctors in the private sector, who have greater incentives to provide more care via the fee-for-service scheme, provide better care, even when they are less-qualified, than public doctors because of this difference in incentives to provide care (J. Das and Hammer 2007).

Overall, the private sector in India tends to have uneven, unpredictable, and unregulated standards of care, meanwhile the lack of primary and secondary public health care infrastructure in Delhi and North India more generally leaves tertiary care institutions, like AIIMS and Delhi's Safdarjung Hospital, overburdened and unable to function as they are intended. In recent years in Delhi, a new political party has tried to address the lack of public primary care, particularly for the urban poor.

### **The Aam Aadmi Party and Mohalla Clinics**

In 2015, the Aam Aadmi Party (AAP) won the Delhi Assembly elections as a result of long-term civil action in the capital city (Bijulal 2018; Diwakar 2016). AAP's political platform, symbolically represented by their name meaning the common man's party, was based on anti-corruption and protection for the urban poor. Since their victory in Delhi, the AAP has worked on numerous projects to support marginalized groups and the urban poor, including working against water privatization and the passage of the Right to Information Act. One of the AAP's most noteworthy undertakings was the creation of Mohalla (community) clinics. These clinics are an attempt at creating free, primary healthcare in walking distances from one's place of residence

(Lahariya 2017). Furthermore, these clinics were meant to target underserved communities, specifically migrants and those living in urban slums. The clinics have improved health care for the poor due to the accessibility and the reduction in out-of-pocket expenditures (Lahariya 2017; Sah et al. 2019; S. Patel and Pant 2020). They have also eased the burden on tertiary care hospitals in Delhi which are often overcrowded by those in need of primary health care (Sah et al. 2019).

The introduction of Mohalla clinics was viewed as a glimmer of hope by public health experts. In a comprehensive study of Mohalla clinics, Sah and colleagues address the demographics of patients, nature of ailments, and structural benefits of the clinics. 83 percent of patients that visit Mohalla clinics earn an annual income of less than 250,000 rupees (approximately \$3,300 USD) (Sah et al. 2019). The majority of patients at Mohalla clinics are women (72%), and men make up only 28% (Sah et al. 2019). While this is an impressive bridging of the gender gap in overall health care utilization in India, it may not match the demographic trends of the overwhelmingly male population of poor migrants in Delhi. This also may point to why so many male migrant workers come to Sarbat Da Bhala clinics instead of Mohalla clinics. Furthermore, the implementation has not been without its challenges. In news reports, doctors working in the Mohalla clinics explain that they make low wages which are frequently delayed (Mateen 2018). Like other public and private practitioners, practitioners in Mohalla clinics are hired on a contractual basis, lacking job security. Doctors also complained about patients misbehaving and concerns about their own safety in the clinics.

While many medical providers exist in Delhi, like other places in the world the combination of poverty, substance use, historical marginalization, and discrimination make mainstream forms of medical care inaccessible or harmful for a significant portion of the population. The inaccessibility and fear of formal medical systems lead many patients to rely on Sarbat Da Bhala

seva clinics. In the following section, I describe how both patients at Sarbat Da Bhala clinics and sevadars experience and perceive mainstream health care in Delhi. Overall, the patients who come to Sarbat Da Bhala make up segments of the population of Delhi who are considered highly marginalized, at-risk, and neglected by social services. The mainstream options for medical care in Delhi typically include state-run hospitals and clinics, private hospitals and clinics, and non-governmental organizations (NGOs). Some of these NGOs are associated with religious houses of worship where outpatient clinics (OPDs) operate various days of the week. As I will show in this chapter, Sarbat Da Bhala clinics offer a practical alternative to mainstream care providers for the marginalized populations, in particular male migrant workers, in Delhi.

### **Perspectives on Mainstream Medical Care within the Delhi Carescape**

This section compares patient and sevdar experiences and perspectives on care provided by mainstream medical hospitals and clinics (private, NGO, and government) in Delhi. I outline how sevadars and receivers of seva held beliefs that mainstream options for medical care were inaccessible, discriminatory, or undesirable to marginalized communities in Delhi. This chapter draws from the perspective of receivers of seva and of sevadars, who mostly come from middle-class backgrounds. Receivers of seva are overall a diverse group and can also include sevadars. However, the majority of people who come to Sarbat Da Bhala clinics or food lines are homeless or live in urban slums. They are overwhelmingly male, low-caste, impoverished, non-Sikh, migrant workers from other parts of India.

## Private Hospitals and Clinics

Across South Asia, private medicine has grown as public investment in healthcare services continues to fall (Sengupta et al. 2017). Private hospitals and clinics in Delhi are used mostly by upper- and middle-class residents of India, as well as increasingly by foreign nationals who come for medical tourism (Sengupta and Nundy 2005). The private medical clinics accounts for “82% of outpatient visits [and] 58% of inpatient expenditures” for all of India (Sengupta and Nundy 2005, 1158). The most obvious reason that private hospitals and clinics are inaccessible to low-income populations is because they are too expensive. Despite this, there were patients at Sarbat Da Bhala clinics who had been treated in private hospitals or clinics. Tara told me about a new patient at Nizamuddin who had been treated at a private hospital through a public-private partnership program. She said,

He is a young man who met with an accident that led to a broken leg and was taken to a private hospital for treatment. The Delhi Government has a program where they will pay for up to 5 lakhs rupees (500,000 INR= \$6,700 USD) for your treatment if you are in an accident and you are taken to the nearest hospital from where the accident happens. As part of this program, his treatment was 3 lakhs rupees (approx. \$4,000 USD), and so his initial treatment was covered. But now he has to keep going back there to have his bandage changed for a fee of 900 INR (\$12). He cannot afford to pay that. So he found us to do his bandaging and also showed us the prescription of medications they want him to take. They were all brand name medicines, and we do not have those. But we have the equivalent, so we are giving him that. The patient said he will only go back to the hospital when he has to get the rod taken out of his leg, but the hospital is saying that he will have to pay for that to be done when the time comes, which he cannot do financially. I've told him that I will try to see if we (Sarbat Da Bhala) can have him seen at the government hospital when the time comes.

This example illustrates how private hospitals and the government have developed programs to provide financial assistance for those needing immediate help, particularly after accidents. However, this partnership program does not often cover a patient's entire care needs and remains inaccessible for many due to treatment follow-up costs. The initial treatment from the

private hospital was effective, but the follow-up care necessary for patient healing was unavailable due to financial barriers. Had this patient not come in contact with Sarbat Da Bhala, he may not have been able to receive the necessary daily bandaging that helped prevent him from getting an infection. Furthermore, the patient would have been left to his own devices to figure out how to get the follow-up surgery to remove the rod from his leg. This blind spot of a lack of primary care support in the government program, which aims to link private health care with public spending, illustrates how the private clinics still prioritize profit over patient outcomes.

Additionally, many sevadars told stories of how doctors in the private clinics would send a patient to get many tests and other consultations so that they would earn a cut of the money from those extra services (not unlike the fee-for-service system in the United States). Many believed that doctors in the private health clinics of Delhi were only interested in making money and did not care about treating patients. While most of the patients who come to seva clinics are from marginalized backgrounds, not all patients that come to the seva clinics are homeless or impoverished. A young man named Pravesh, a restaurant owner, came with his mother to the seva clinic. He explained to Tara that one of his employees would come to the seva clinic for wound care. Pravesh saw with his own eyes how the wound transformed and healed under the care of the sevadars. When Pravesh suffered from a wound on his leg that would not heal even after seeing many doctors in private clinics over the span of six months, both he and his mother decided they would come to Sarbat Da Bhala for help. Pravesh and his mother shared a belief that the seva clinic might finally heal his wound. After seeing so many doctors in private clinics, Pravesh and his mother did not feel they could trust those doctors because they were just spending more and more money while no healing occurred. Because seva is cost-free and free of bureaucratic red-tape, some receivers of seva who may otherwise utilize private clinics view Sarbat Da Bhala as more

trustworthy or better in quality than other available clinics. Based on these perspectives from sevadars and Sarbat Da Bhala patients, the private clinics seems to conceptualize patients as worthy of care only if they are able to pay for their services. Therefore, those marginalized in Delhi due to the very fact of their poverty cannot receive treatment and are neglected by this healthcare sector.

### **Non-governmental organizations (NGOs)**

The number of non-governmental organizations (NGOs) increased drastically across Delhi following economic liberalization in India in the 1990s, intending to fill the social welfare gap left wide open by the government. However, NGOs have gained a reputation among many in India as untrustworthy, corrupt, and fronts for illegal activity. Many sevadars held these views that NGOs did not actually give as they should, rather they just take money to build up their organization without giving to those in need. One sevdar, Monica said,

In our seva, we are happy giving to the poor, we never ask for donations, we supply it all ourselves. But in NGOs, like Rotary or Lions Club or these other groups, they are asking for everyone to be giving, but then they don't actually give. One time Rotary came to our seva point. They just handed out some small biscuit packets, and took photos and then left. They will just ask for things from people, for money, and that is it.

NGOs are widely seen as corrupt and self-serving, and of all the patients I met or heard about from sevadars, none shared experiences of getting care from registered NGOs. At one particular seva location near a Sai Baba temple, many patients have leprosy, a condition which causes reduced sensation or numbness in hands and feet and often leads to chronic wounds and disability. Sai Baba was an Indian spiritual master revered by both Hindus and Muslims, and he was known for healing patients with leprosy. Thus, many people with leprosy continue to live near his temples across India, and they live off of small donations from temple devotees and visitors.



One of the regular seva patients, Ram Ji, was a man of small stature who was originally from Bihar. He wore big black chunky velcro sandals that allowed him to have a bandage around the two-inch wide chronic wound that was on the bottom of one of his feet. One day, as I spoke with Ram Ji while tying his bandage, he said, “If [the sevadars] didn’t come here to do bandages, then we would be left to die. It is because of this bandaging that we are still alive.”

Ironically, just inside the Sai Baba temple, there is a registered NGO Out-Patient Department (OPD) clinic. However, the patients who come for care at Sarbat Da Bhala clinics, do not go to this OPD. Tavleen Aunty says that the OPD is not doing seva for the poor and that they will not give medicine for the poor. She said,

If someone is poor or is wearing shabby clothes, like the ones who are on the street...they don’t give them medicine. We pick people up from the street and we do their seva. My Waheguru Ji<sup>18</sup> picks up an unconscious person and takes him to the hospital, gives him water and glucose. We do the first aid and after that we take them to the hospital. No one gives medicine to the poor at Sai Baba Mandir. There is no benefit to the poor or the rickshaw drivers from this OPD.

She went on to explain that to receive medicines from the OPD, you had to wait in line and pay a small fee. Those who go to the OPD clinic are mostly middle-class devotees to the temple, not the unhoused people who live near the temple. This OPD operates six days of the week, just steps from where these patients live, yet there is no outreach to the patients living there.

Based on these perspectives, it is possible to conclude that many NGOs only deem receivers of care as worthy if they are able to either pay the relatively small fee or if they are of a similar respectability as the providers themselves. The worthiness of the receiver, in this context, seems to be based on a moral economy (Higashi et al. 2013; Sointu 2017) that judges respectability based upon class, caste, and appearance. Receivers of seva did not feel welcome to visit these NGOs, likely because they had not been allowed to in the past due to some identity marker and

---

<sup>18</sup> Waheguru is one term used in the Sikh faith to refer to God.

because the services were not completely free of cost. While NGOs are seen worldwide as serving downtrodden or marginalized groups, many still have barriers due to bias, discrimination, or paywalls. Like private clinics, NGOs judge patient worthiness based on ability to pay and a moral economy based on perceived and surface-level respectability, rather than on perceived need.

### **Government Hospitals**

Out of these three sectors of mainstream care in Delhi, the government hospitals were the sector with whom patients at seva clinics have had the most contact. In general, there is relatively low government expenditure on health and a shortage of primary healthcare services across India. In 2015, the Delhi government introduced community clinics, or Mohalla Clinics, to provide primary care for underserved urban populations and reduce some of the burden on the government hospitals, which focus on secondary and tertiary level care (Lahariya 2017). Mohalla Clinics have received favorable attention from health experts and the media, and many public health experts hoped that they could serve as a model for reforming the Indian health sector. Given the media attention towards Mohalla clinics, I was surprised to find that the patients who came to Sarbat Da Bhala clinics did not go to Mohalla clinics. Instead, they had more experience with tertiary-level government hospitals. For this reason, I will spend the rest of this section exploring patient experiences with government hospitals, sevadars' beliefs about government hospitals, and the relationship sevadars have with government hospitals. In doing so, I explore how the government hospitals conceptualize patients and how they determine worthiness of care.

Patients who come to Sarbat Da Bhala clinics overwhelmingly had bad experiences at government hospitals and were fearful of returning to them for care. They frequently told stories about being yelled at, physically abused, humiliated, and neglected by doctors and healthcare

providers at government hospitals. Many heard stories about patients having their kidneys taken out and sold while in government hospitals. Tara said,

We had a patient at seva who had his kidney taken out and sold. It is better that one of us sevadars takes them to the hospital so that they are treated better. Tavleen Aunty often goes with them, she knows the system there very well.

Tara understands that patients are fearful of government hospitals because they recognize the power imbalance between themselves and the providers.

Amir, who sought care from government hospitals for two serious injuries, was ultimately refused the surgical treatment which would have improved his mobility because he did not have any family who could serve as his attendant while an inpatient in the hospital. Family attendants in hospitals are responsible for getting the patient food and medication, as well as for taking care of the patient's hygiene needs<sup>19</sup>. Without a family member to act as his attendant, the hospital denied him the most appropriate treatment. The government can provide the necessary technical care (surgery, etc.), but only if the patient has the needed social support to fill in the other gaps of care.

A different patient, Sonu, who had been hit by a car, initially received care from the government hospital before returning to his home on the footpath near Nizamuddin where he lived with his wife and baby. While he did receive care from the government hospital, he said the doctor was so disrespectful and used abusive language with him, including the informal pronoun for "you" in Hindi. He was initially given nicely-done stitches in the emergency room for part of his

---

<sup>19</sup> Accessing care, especially any procedure or surgery, within the public sector in India is near impossible without having a family member to act as the patient's hospital attendant. Within Indian hospitals, patient's must have a designated family member or attendant that can take care of their needs, including hygiene, food, and medications. There is an assumption that everyone would have family that could fill this role given the importance of family relations in the context of South Asia. But the reality is that there are many people who do not have family that can fill this role, one that is assumed to be easy to fill, and thus they cannot receive necessary care.

injury, but then when he was seen by other doctors, they took them out and redid them worse than before. Sonu still had a rod in his one leg that required daily bandaging, which Tara, Kishore, and Ajeet Bhaiya would collectively do. He would eventually need to go back to the hospital to have it removed, and he was not looking forward to this. These examples illustrate how some government providers demean and discriminate against patients with marginalized backgrounds, causing them to delay going to the hospital – even if needs are dire.

There were many examples of the hospitals offering one treatment that was extreme or nothing at all. One patient at the seva clinic near the Sai Baba temple had a strange wound, with fibrous material covering it, that never seemed to heal. When he came to the seva clinic, he mentioned how doctors at the hospital wanted to cut his leg off, insisting to him that amputation was the only treatment option. After trying a number of care strategies at the seva clinic, an example of the improvising of medical treatment by the sevadars (Livingston 2012), his wound began improving until it completely healed. The patient remarked that the wound was healing because of seva and because of Sai Baba's blessings. The patient felt that the hospital clinicians did not really care about his own wellbeing and wanted an easy solution, rather than take time to seriously evaluate the wound and consider his future comfort or morbidity. This perceived negligence deterred patients from visiting government hospitals when they were in need.

In addition to the experiences of disrespect many patients felt from doctors and professionals at the hospitals, sevadars also felt that the treatment done at the government hospitals was inconsistent and unreliable. In fact, they expected poorly done bandaging from government hospitals. One day in October, Anil, a new patient, approached the seva clinic across from the Sai Baba temple, with a bag swung over his shoulder. He waited patiently, having just eaten some of

the golden-colored *kadhi*<sup>20</sup> from that morning's langar<sup>21</sup>, until it was his turn to be treated. He wore a tangled, matted down bandage that covered his collarbone and shoulder. Tara tried carefully removing the medical tape, but it wouldn't come off.

“Where did you get the bandaging done?” Tara inquired, having a hunch already of what his answer would be.

“Safdarjung Hospital,” Anil responded.

“Hmm, of course.” Tara said. Kishore brought over a pair of scissors.

“Where did the patient go before?” Kishore asked Tara.

“Just guess.” She said

“Safdarjung?” Kishore said with a knowing sigh.

The sevadars at these seva clinics believe that Safdarjung Hospital, one of the main government hospitals in Delhi and the closest emergency room, consistently provides poor treatment to patients. However, sevadars also have no alternative place to send patients who need more serious treatment. Once they were able to get the tape off of Anil's wound, Tara saw that there was no bandage or gauze underneath the tape, but instead, a long string of gauze had been stuffed inside a very deep wound near Anil's collarbone. Tara began pulling it out from this wound hole like a long noodle, shaking her head in disbelief at what she considered to be shoddy treatment. Sitting next to Tara, I felt myself get queasy just looking at it, and then even more queasy imagining it being pulled out of my own body.

“Sister, is there a lot of pus? I'm worried about the pus, at the hospital there was so much pus,” Anil anxiously asked Tara.

---

<sup>20</sup> *Kadhi* is a thick gravy-based dish made of chickpea flour and yogurt.

<sup>21</sup> Langar is the Sikh practice of communal free meal and is a main form of seva.

“No, Brother, there is no pus, it is all ok, the wound will be ok,” Tara reassured him. Luckily the wound looked fairly healthy, it was pink and there was no remaining pus. She cleaned the wound, and Kishore and I made sure to do a good job of attaching a new bandage. We informed Anil that the seva clinic is available daily for bandage changing and encouraged him to return tomorrow. Weeks later, Anil told us that the thought of going back to the hospital panicked him, since he felt he was treated so poorly while in the government hospital’s care.

Sevadars felt that patients of low status in government hospitals were overwhelmingly treated without respect or concern. The reason that these patients are treated poorly by government hospital providers in Delhi remains the same as the other providers. These patients are on the margins of society: they are migrant workers, are drug users, are mentally ill, are poor, or are low caste. This mistreatment and lack of respect meant that many patients would rather keep their dignity than endure abusive and, sometimes, ineffective medical treatment. Furthermore, the experiences led many patients to distrust and refuse visiting government providers.

While sevadars are critical of the care provided by government hospitals, they nonetheless rely on them for medical conditions that require care beyond the scope of what they can do at their seva clinics. On many occasions, patients come with ailments that were too serious or complicated for sevadars to treat. One man came to the clinic with a hernia, but when Tara said that the sevadars don’t have the qualifications to treat him and suggested he go to the hospital, he said he was too weak to go to the hospital. Another time, a man came with friends to the seva clinic with a cloth wrapped around his wrist. There was blood on his arm, shirt, and pants, and he told the sevadars that his vein had just been cut. All the sevadars told him he needed to go to the hospital immediately because a bandage would not be able to hold a cut vein, and he would require stitches from a doctor at the hospital in order to stop the bleeding.

Sevadars may suggest that some patients go to the hospital for some ailments that are beyond the scope of their care, but they also assist some patients in navigating the hospital system more directly. Many patients who stay at the Sarbat Da Bhala Ashram, a home for the destitute, are waiting to receive surgery at one of the government hospitals with the help of sevadars. Sarbat Da Bhala provides patients with an attendant, either a fellow recovered patient or a sevadar, so that they can receive surgery, when needed, from the hospitals. For those like Amir, Sarbat Da Bhala offers a surrogate to those who do not have family to act as an attendant when surgery or hospitalization is required. Tavleen Aunty said,

The only thing we need to do is send the patient in some presentable way to the hospital. I go and get the paperwork, their below poverty line (BPL) card, and see that they go to all the appointments. We also need to donate blood for them if they are getting a surgery. Then the government takes care of the surgery, including most of the cost.

In short, the government takes care of the cost and procedure for surgeries, and Sarbat Da Bhala attends to other aspects of care. For patients who lack social support and are below the poverty line, Sarbat Da Bhala offers a necessary link to care, one which manages the bureaucratic aspects of social welfare service, fills the absence of familial support, and provides a transition space for recuperation. Sarbat Da Bhala also helps sevadars or family members of sevadars access government healthcare, a benefit that many sevadars, especially those of working or middle class backgrounds, can reap by being connected to this seva group.

In general, government hospitals also evaluate patient worthiness based on a moral economy that judges their outward appearance of respectability and class. While the government hospital cannot outwardly deny services, such as how private clinics can through payment requirements, government providers often do make the care environment both harmful and negligent which may motivate patients to avoid treatment. As these examples have made clear, the

experience at these mainstream providers can be one of neglect, disrespect, and harm. For this reason, many patients either avoid mainstream locations or fall through the cracks of mainstream healthcare, eventually ending up in the care of Sarbat Da Bhala.

### **Conclusion: Sarbat Da Bhala Clinics in the Delhi Context**

Sarbat Da Bhala seva clinics are not a mainstream health care provider. In a systematic review of informal healthcare providers, Sudhinaraset and colleagues attempt to define, though loosely, criteria of who is considered an informal provider. Sevadars meet the qualification since they have no formally recognized training and are not registered with any government regulatory body (Sudhinaraset et al. 2013). While informal, Sarbat Da Bhala clinics provide care that fills a gap within the carescape of Delhi.

Sarbat Da Bhala clinics operate daily for an hour or two in the morning, seeing anywhere from 15-200 patients daily at each mobile clinic site. Across Delhi, there are six main locations where daily bandaging and food distribution take place. Each location was strategically chosen because of the high population in need; additionally, each location is near an entrance to the city, where there are large migrant worker settlements. Two are in North and North East Delhi, three are in various areas of South and South East Delhi, and one is in West Delhi. One of the other initiatives of Sarbat Da Bhala is a home for the destitute, referred to as the Sarbat Da Bhala Ashram, located in West Delhi. Patients who come to the seva clinics and require long term care or have no family to care for them are able to live at the ashram where they receive food, shelter, and daily medical care. A doctor and dentist come to the ashram daily to both see the patients who live there, as well as provide free medical service to those who live in the surrounding neighborhood. There are usually around 50-60 patients residing at the ashram at any given time.



However, no drug, alcohol, or tobacco use is allowed at the ashram, which is a deterrent to many of the potential patients.

All the treatments and services provided by Sarbat Da Bhala are free of cost, and there is no formal record-keeping of patients. While the care is somewhat limited in scope, it provides a necessary triage for both acute and chronic wound care and common viral or bacterial infections. This mainly consists of daily wound cleaning, bandaging, and distribution of fairly common medications (vitamins, antibiotics, pain medication, cough medicine, etc.). Sometimes if a patient has a particular prescription that is needed, such as an albuterol inhaler for asthma, sevadars will acquire it for the patient for free. Sevadars give out the dosage for one day at a time to patients, encouraging patients to return the following day if more is required. In comparison, Mohalla clinics provide medication for three days, while other health providers, like some hospitals, typically provide medication for five days.

The majority of people who come to Sarbat Da Bhala clinics or food lines are unhoused or live in urban slums. The combination of poverty, substance use, medical inaccessibility, discrimination at hospitals, and fear of the medical system leads many patients to rely on the seva clinic. Some patients regularly show up at the seva clinic high, drunk, or in a state of distress due to substance use; a number of times, patients have shown up with freshly inflicted cuts from acts of self-harm.

Wound care is one of the main forms of care that sevadars provide to patients. Patients come to Sarbat Da Bhala with various types of wounds afflicting different parts of their bodies. While I do not have specific numbers for the different kinds of wounds sevadars treated, as it was not the focus of this research or the research methods, the main types of wounds that they treated included wounds as a result of poor or no footwear, burns, diabetes, surgical incisions, animal and

insect bites, self-harm, accidents, fights, leprosy, and skin infections. The wounds often were on patients feet and hands, as well as on their legs, arms, torsos, and heads. Besides human patients, Sarbat Da Bhala also would treat wounds on animals, including dogs, cows, birds, rats, monkeys, and horses.

Many times the patients who come to Sarbat Da Bhala have wounds that get worse because they are unable to or do not want to go to the government hospitals, which can lead to more serious medical problems such as maggot infestations in wounds. Tara said,

They don't want to go to hospital because they are not treated well there. They are afraid of going because the doctors abuse them both verbally and physically. But, most of us are not doctors or trained medical professionals. We go and do this work in the morning while the world sleeps. Otherwise, we will be critiqued by others for what and how we are providing care. I know that if a doctor were to come and see this, they would criticize the work and we might get in trouble. The best thing to do is get it done while the world sleeps.

As Tara illustrates in her reflection, the care provided at seva clinics is limited. There are often no professional doctors providing this care, the medical care can be rushed, and the resources and hygienic conditions for care are often compromised. Sevadars are well aware that the conditions within which they provide care are not ideal: they will point out that they don't change gloves after each patient, they work on dirty pavement while providing care, and they have been using the same medical techniques for the past 30 years. However, it takes knowledge to tend to these wounds, and they are skillful in sharing techniques and experimenting in order to best care for the patients.

The care given by sevadars can be understood as a form of "minimal biopolitics" (Redfield 2013). Minimal biopolitics includes activities that work to assist groups in maintaining their bodily existence (Redfield 2013; Walters 2010). In thinking about the humanitarian group Médecins sans Frontières, Redfield writes, "by responding to perceived state failures, the group asserts a strikingly

clear vision of what any functioning state should do: foster life" (Redfield 2013, 21–22). Rather than producing health and wellbeing, the goal of a minimal biopolitics is to reduce death or poor health. Seva cannot fix the deep-seated systemic problems that have created formal structures that exclude people. When people are excluded from these formal structures of care, they are left in the hands of informal systems and care providers who often lack qualifications. Seva is tenuous, uneven, and superficial—it is a band-aid solution to a deep-rooted, systemic problem. However, it is an alternative, a minimum, for addressing a temporary response to an often immediate, worldly need.

While shortcomings in their care exist, patients can get better even though the circumstances of both medical care and their own living conditions are impoverished. Despite these realities, Sarbat Da Bhala's care offers a practical alternative source of care for marginalized populations in Delhi, India. The current healthcare system in India, as it shifts to more and more privatization, cannot meet the needs of all of its citizens. Those on the margins, particularly the rural to urban migrants, are neglected by mainstream health providers. Sevadars cannot replace the system, but they offer one response for those who fall through the gaps and have unmet needs. In the space of the Sarbat Da Bhala clinics, the surplus populations of migrant workers are actually seen and cared about by others. Later in the dissertation, I illustrate how Sarbat Da Bhala sevadars care for the receivers of seva, and how the conceptualization they have for recipients shapes recipient worthiness and impacts their treatment of receivers.

## CHAPTER THREE

### “No One Goes Empty Handed”: The Goodness of Seva

#### **The Possibilities Seva Brings—A Family Story**

Rajori Uncle’s wavy white beard resembles a dollop of whipped cream. Sitting in a chair under the fluorescent tube light illuminating a windowless room, he is dressed in his normal outfit—a button down long-sleeved shirt, a pair of black sweatpants with a red stripe down the side, sandals, and an orange-colored turban. He used to have his own mechanic shop, but, for many years now, he has been serving at the Sarbat Da Bhala dera almost fulltime. He is a de facto manager or supervisor there, spending the night at dera overseeing production and taking care of anything that comes up. He is tired, since he doesn’t get a full night’s sleep due to his duties at dera. Instead he gets a few hours at night and sometimes throughout the day. His turban is tied with worn fabric, and it simply serves the purpose of covering his head; it is worn out of duty and necessity rather than as a fashion statement.

Rajori Uncle and his wife, Rajori Aunty, met Pita Ji over thirty years ago when their daughter was just two or three years old. Their daughter, Harleen, was born without fingers and toes, and they were searching for solutions for her condition.

“We got connected to seva and Pita Ji because my daughter did not have fingers and we were a little worried. She was very little then, and we were worried about how she would live her life,” said Rajori Uncle. Perhaps in reflecting retrospectively, his saying they were “a little worried” reflected their acceptance of their daughter and minimized how they actually felt at the time. Doctors could not provide any treatment, and friends and acquaintances suggested they turn to different religious healers for a solution.

“People would tell us to go here and there to get cured. I used to say that our Guru has not given a cure to us, then no one can give it. If someone can give it, it is our Guru,” Rajori Uncle explained. His eyes are sunk in, with deep lines that run between eyes and nose, showing age and fatigue. When talking, his eyebrows always seem to be pulled back, like he is skeptical or surprised. It makes him seem more serious than he probably means to be. His smile, however, which you only catch when he is done teasing someone, is surprisingly jolly. When he puts his head back in laughter, his eyes crease and he smiles expansively. He is both joyful and serious at the same time, which evokes a sense of both wisdom and respect to anyone who meets him.

One day over thirty years ago, he and his wife were visiting Gurdwara Bangla Sahib with their daughter to have her bathe in the *sarovar*, a manmade pond of holy water. The holy water is believed to cleanse the mind and body and have the ability to heal physical ailments<sup>22</sup>. Rajori Uncle often did seva in the Gurdwara’s *joda ghar*<sup>23</sup> where sevadars polished and cleaned visitor’s shoes. On that day, sitting in the Gurdwara as his daughter was in the *sarovar*, Rajori Uncle thought to himself, “*Guru Harkrishan Dhiyaiye, Jis Dithe Sab Dukh Jaye*,” a phrase in Gurbani meaning: “let us think of the holy Guru Harkrishan whose sight dispels all sorrows.” Guru Harkrishan is the eighth Sikh Guru who was only a child. He died of smallpox after having cured many of his followers of ailments and illness, thus he is often invoked in times of sickness or when people experience problems related to physical health. At the moment Rajori Uncle had this thought, a man passing by stopped him and seemed to know his very thoughts. Rajori Uncle and his wife followed the man, who invited them to come have a cup of tea, and they sat with him to talk. The

---

<sup>22</sup> Bathing in sacred water is found in other South Asian religious traditions. In Hinduism, rivers are sacred and the Ganges River is said to have purifying qualities. Bathing in the water can purify one’s karma and impurities from previous lives, and as such, the Ganges is a favorable site for last rites to be performed (Nelson 2008).

<sup>23</sup> A place where shoes are kept within the space of the Gurdwara. Inside, people can perform seva of keeping visitors shoes and cleaning shoes.

man was Pita Ji, who at the time was just referred to as Veerji, and he encouraged them to join him in seva. Rajori Uncle said,

So that is how and why we came to Pita ji, we just called him Veerji at that time, and he had us join seva. After that, we did not worry about [Harleen] at all. He said that we should come and do seva and everything will be alright. We joined seva because of our daughter, because of her handicap, and with seva our *dukh* (pain) would go away, other things will get better if we increase our seva. Pita Ji said to me, “Don’t worry. She will get married to a very nice family and the man would be really good.” He used to tell us that she would get small fingers. I replied to him saying that I don’t want fingers [for her]. My daughter should work and do everything, I don’t want her to have fingers. He said that she would have small ones. He said that it doesn’t matter if you want it or not, someone will come from America and do her surgery. He didn’t say when. My daughter has never felt the need of it. She does seva and has never felt the need of anything else. She can make roti and roll it and sweep the floor. She does it her own way, and we do it our own way.

After that initial meeting, Pita Ji brought Rajori Uncle and Aunty, as well as their children, into the practice of seva with what would become Sarbat Da Bhala. Sarbat Da Bhala is a network of people across the city, and many sevadars who are regularly involved know the other families quite well. When Harleen was of age to get married, another regular sevadar, Bobby Veerji suggested to his wife, Rainy, a potential match for Harleen. Bobby Veerji took the bus daily to work, and every day he saw a well-dressed young Sikh man who also happened to be blind. He began talking with this man, Kuldeep, and learned that he worked in a bank and was not yet married. Over the course of a couple of months, Bobby Veerji and Rainy connected Kuldeep’s family with Rajori Uncle’s family, and the marriage was arranged. While Pita Ji passed away just prior to this wedding, the other members of Sarbat Da Bhala made sure that the wedding would be supported by the community of sevadars. The wedding was organized in just a month after the engagement was official. Food and sweets for the guests were procured, and it was a beautiful wedding, according to Rajori Uncle and Aunty.

Rajori Aunty recalled,

The kind of wedding that they organized for her, I am so thankful. My whole soul is thankful for it...She was looking so pretty, just like a queen. I've been told by so many people that they had never seen a wedding like hers. [The Sarbat Da Bhala community] did not leave anything out. They came with boxes of sweets, must have been more than 50, each box with the packaging was worth 800-1000 rupees. And there was absolutely no issue with the food. Everyone and every sevadar was standing in my daughter's wedding like this. No one backed away from doing seva. It was so good, it was such a good wedding that I can never forget. Pita Ji trained her so much that today she has taken care of her own house. She lives in a very nice house and they live in the society. They are not small people, they can call people for dinners and everything, and she is the eldest one there. She has no difficulties there.

Harleen and Kuldeep have been married for almost ten years now. Rajori Uncle, his wife, and his three children are all deeply involved in seva. Due to his commitment over the past 30 years, Rajori Uncle now occupies a position of informal leadership at the Sarbat Da Bhala dera.

While Pita Ji and seva could not "heal" their daughter's physical disability, involvement in seva provided alternative solutions and support. First, it provided hope, through their faith in Pita Ji's words of encouragement and spiritual guidance, that their daughter would be settled in life. Second, it provided practical experience for their daughter to learn household duties, such as cleaning and cooking. Finally, their daughter's marriage happened through the efforts and network of the Sarbat Da Bhala community. For this family, anxieties over their daughter's wellbeing brought them to seva. However, faith and belief in Pita Ji's spiritual power and teachings have sustained their long-term commitment and shaped their beliefs about their daughter's future and the family's wellbeing. Rajori Uncle and Aunty reached a point of acceptance through the hope they were given from Pita Ji. They realized that their daughter was ok and would continue to be ok in life. Seva did not need to actually fix their concerns, but instead it offered them the possibility to have both hope and work towards acceptance.

In this chapter, I discuss how and why people get involved in seva with Sarbat Da Bhala, and I explore the experiences of goodness that they garner from involvement in seva. First, I describe the general demographics of Sarbat Da Bhala sevadars and how anthropologists have understood motivations and benefits of caring for others. I then provide a brief overview of the role of seva within the Sikh tradition and discuss the overall effects of practicing seva from the perspective of Sarbat Da Bhala sevadars. In the remaining body of the chapter, I describe multiple case studies categorized through shared themes of motivation and experiences with seva. Through this handful of short case studies that represent common trajectories of why and how people come to Sarbat Da Bhala, I illustrate how sevadars come to define seva as a source of goodness and ethical living in their lives. I also explore the tensions between intentions and motivations for doing seva, as understood by sevadars. I address the supposed notion of selflessness within the practice by addressing a shared belief about destiny and seva that is held by members of the Sarbat Da Bhala community.

### **The Sevadars of Sarbat Da Bhala as Practitioners of Care**

Sarbat Da Bhala is a group of over 200 families involved in seva at varying intensities and commitments. The majority of sevadars identify as Punjabi Sikhs residing in Delhi. From a class perspective, Sarbat Da Bhala is generally made up of working- and middle-class volunteers. I knew of a few families involved in Sarbat Da Bhala who would be classified as upper-class, but they were more involved from an aspect of financial support rather than with physical labor. Unlike many community health workers in the global south, sevadars were most often of higher class status than those they served (Maes and Kalofonos 2013).



Caste-identity was not a common topic of discussion with participants, but to my knowledge, most sevadars were *savarna*, that is, they belonged to one of the four caste classifications. In this context, the middle- and upper-class sevadars were often Arora, Khatri, or Ramgarhia Sikhs, whereas those identifying as working-class often belonged to the Jat caste. In theory, Sikhs are not supposed to recognize caste, though in practice, caste still plays a role in everyday social interactions as well as in many social relations, such as marriage arrangements (D. P. Mines and Lamb 2010).

Approximately 25% of sevadars identified as non-Sikh, or perhaps more accurately were not exclusively Sikh. The majority of these sevadars identified as Hindu, while smaller numbers were followers of Radha Soami, Christianity, or Islam. Caste and ethnic identity were diverse among these sevadars, but again, the majority were *savarna* and Punjabi or North Indian in ethnicity. I had roughly equal participation in my research from men and women, but men are in a slight majority overall in the make-up of sevadars with Sarbat Da Bhala.

Seva encompasses a variety of practices that might fit into different conceptual categories. Seva is most easily defined as volunteering to offer forms of care, though it can also be considered humanitarian aid. Sevadars share practices similar to those of community health workers, while also being involved in food preparation and religious practices. The multiplicity of seva's forms, what is considered a practice of seva and how that defines the work for sevadars, impacts the lived experience of sevadars. Overall, sevadars are engaged in a form of informal, voluntary caregiving and can be considered practitioners of care.

In recent years, there have been a number of anthropological works that have begun to attend to the perspective of practitioners of care, rather than solely receivers, as a means to understand what motivates people to care and to understand what it is like to care for others

(Brodwin 2012; Varma 2012; Malkki 2015; Deeb 2011; Muehlebach 2012; Copeman 2009; Bornstein 2012; Yarris 2017; Maes and Kalofonos 2013). These scholars find diverse motivations for caring for others, including empathy, ethics, neoliberalism, political activism, and desires for the self. In Liisa Malkki's work with humanitarian workers, many of her interlocutors had "a *need to help*," an observation that inverts common assumptions about who is "in need" in humanitarian contexts (Malkki 2015).

Furthermore, care providers are not *just* care providers; they occupy other positions and identities in their social worlds. For some, caregiving is a profession, for others it is a hobby, and for others it is a duty or consequence of a relationship. The extent to which actors have choice in their decision to care for others, whether it is voluntary or viewed more as an obligation, impacts the experience of providing care (Maes and Kalofonos 2013; Malkki 2015; Bornstein 2012; Yarris 2017; Kowalski 2016). For example, the act of caregiving provided a source of resilience, purpose, and motivation for grandmothers facing economic and psychological hardship in Kristin Yarris's ethnography of grandmothers caring for grandchildren within the context of economic migration (Yarris 2017). Sevadars come to seva for diverse reasons, and they all occupy multiple identities and social positions.

### **Seva within the Sikh Tradition**

Sikhs are known across India, and increasingly worldwide, for their tradition of service. Seva is a cornerstone practice of Sikh ethical living. As a practice, it helps a person to live a truthful, socially responsible life, and seva minimizes *haumai* or the ego which is the source of all suffering. Through its practice, seva assists in removing a person from the material world and can combat *haumai*. This is done by giving of material things, including your body and labor, and by

connecting with the spiritual world and experiencing a common humanity. Seva is one method for reaching liberation. Furthermore, from a Sikh worldview, the effects of one's virtuous practices, like seva, not only impact the actor in working towards liberation, but the effects extend to their family and friends.

According to the Gurus, those who believe in the divine Word are not only liberated from the constant bondage of birth and death but also assist in liberating their family and friends. Implicit here is the Sikh ethical structure, one in which self and society are integrally related. The individual is interconnected with the community, the Ultimate One links us all. (N.-G. K. Singh 1995, 12).

In essence, seva helps a person to turn towards their Guru and act in ways that align with the divine will in order to reach liberation. But an individual does not only help themselves reach liberation, they also help those close to them to connect with divine will. Seva is a core ethical practice for Sikhs, so one overarching motivation for engagement is living the ideal Sikh life. However, the majority of Sikhs do not practice seva on a habitual level like the sevadars of Sarbat Da Bhala. The motivations of dedicated sevadars reflect desires or aspirations on multiple levels: on the community level<sup>24</sup>, family level, and personal level. Moreover, the benefits of seva also impact each of those levels. While there are multiple avenues which bring people to be involved in seva, most motivations for participating in seva relate to a perceived need to improve one's own or others' ability to live well. In other words, most sevadars came to seva and sustain a practice of seva as a way to overcome hardship or difficulty and to cultivate wellbeing, flourishing, or goodness. The motivations to perform seva and the consequential effects of seva intersect on multiple levels.

---

<sup>24</sup> While I talk more in-depth about the effects of seva on the Sikh community in Chapter 1, the community in this chapter refers to the neighborhood surrounding the dera and one of the 1984 resettlement colonies.

## **Overall Effects of Involvement in Seva**

The reasons for coming to Sarbat Da Bhala are diverse. Many sevadars initial come due to hardship or exclusion, and yet some sevadars become involved in seva due to a general interest in volunteering or a history of their family's involvement. In this section, I discuss the overall impacts of a regular practice of seva as experienced by sevadars. I first address some of the challenges and stressors that arose through their involvement with Sarbat Da Bhala. Then, I discuss more broadly how sevadars understand the benefits of a regular practice of seva.

## **Challenges and Stressors Encountered**

A regular practice of seva is not without its challenges or stresses. Sevadars spoke about the difficulties of doing seva in a number of ways. Some of the risks of doing seva were related to physical safety, such as being a victim of theft, violence, or infectious diseases. While many of the sevadars had been victim to these types of incidents of physical harm at some point in time, they did not see these risks as the most troublesome conflicts in their reflections of the challenges of doing seva.

Participants considered conflicts that arose within personal relationships and the resulting emotional distress to be more challenging than these threats to their physical safety. Many of the sevadars told me that they received moral judgments from others that their engagement in seva was not a good thing. In comparison, sevadars may not have received such judgement if they were performing seva within Gurdwaras, unless they were doing seva "in excess" at Gurdwaras. The moral judgments they received included beliefs that they were neglecting their own family, were interacting with populations of people who were deemed "undeserving of care," or were engaging in unproductive, unlucky, or inauspicious behaviors. The sevadars did not agree with these

judgments, but the judgments, which often came from friends and family, nevertheless led to emotional distress. Many evaluated themselves negatively when they received these judgements, and a number of participants felt conflicted about continuing their involvement in *seva* due to the objections they received.

Jasleen spoke to me about the objections she faced from her parents regarding her interest in *seva*. Her parents did not approve of her doing *seva* and felt it was inappropriate for her to spend her free time engaging in it. Her family was concerned that her doing *seva* was not appropriate at her age, that it would jeopardize her opportunities for marriage, and that she was neglecting her duties as a daughter. This caused her moral conflict because she was deeply committed to practicing *seva* but felt worried that she was betraying her parents. Shivani Aunty, who is in her sixties, told me that when she was younger, her husband disapproved. He felt Shivani was neglecting taking care of him and their children when she would go and perform *seva* daily. As she has aged and her responsibilities within the family have changed, her husband no longer disapproves of her doing *seva*<sup>25</sup>. Maneet, a man in his early forties, also heard objections from his brothers, father, and friends. He said, “they tell me it is unlucky [to do *seva*],” but he feels that practicing *seva* brings him good fortune and helps take away his problems. Most participants continued *seva* despite these challenges, and they found that *seva* led to increased happiness and improvement in life satisfaction.

These examples of objections that *sevadars* faced throws into relief that there are always competing “goods” in people’s lives. In each of these examples, involvement in *seva* threatened the *sevadars*’ ability to fulfill ethical imperatives from their families, families who were also Sikh

---

<sup>25</sup> Becoming more involved in spiritual life, in particular the moving into the *Sannyasa* stage of life in Hindu traditions when a person moves into a stage of renunciation of the material world, can often be experienced by family members as neglect and abandonment.

and who, in theory, should support and see value in the religious practice of seva. However, being a good daughter, mother, or son by giving time and energy to the family, rather than to strangers through seva, was seen as a superior “good” by some families. Sevadars managed these competing goods in different ways, some privileging seva because of the other benefits it provided, while others pulled back from their practice of seva because their current level of involvement jeopardized these other “goods” in their life, such as familial harmony or support. However, most sevadars found ways to continue a somewhat regular practice of seva because of the overwhelmingly positive experiences they associated with it.

### **Overall Benefits**

While there may not have been acute hardship or difficulty in life when some sevadars first joined Sarbat Da Bhala, all sevadars expressed that as issues came up in life, their regular engagement in seva provided them with important support, both mentally, physically, and materially. All in all, the overall effects of prolonged involvement in seva were shared by most sevadars. On an individual level, all the sevadars stated that participating in seva has positively impacted their life. They mentioned feelings of happiness, “internal satisfaction”, a renewed sense of purpose and meaning in life, and a transformed sense of self through their practice of seva. These were common experiences across the spectrum of psychological experiences sevadars went through. These feelings of purpose, meaning, and a reason to get up in the morning were especially true for young people who were either in transitional careers or unemployed and for women across age groups who did not have the opportunity to work due to gender-based familial constraints. The regularity of seva, the need for constant human labor, and the many ways in which sevadars can get involved, both in terms of time commitment, type of activity, and locations across

the city, provide consistent sources of meaningful involvement for those who are looking for purpose.

Some sevadars characterized the psychological support they received from seva as a purification of mind and body, often saying they found “mental peace” in doing seva. One sevadar, Kishore, who shared these experiences felt that seva gave him a reason to get up in the morning and gave him purpose. It was the main motivator for him in life, since he was deeply unhappy working in his family business and felt seva afforded him the opportunity to do what he was passionate about. He shared that at times he did not feel life was worth living, but seva, in particular the people he served every morning at the bandaging clinics and langar distribution point, gave him self-worth and something to live for. Kishore finds a reason to live, a way to exist, through his seva and his caring for other people. This way of finding meaning in life through care might be considered an ethical defense mechanism or a form of “ethical sublimation” (Parish 2008). Kishore has many possibilities of how to exist in the world and to manage his own hardship; he chooses seva because it provides him with hope and positive purpose by trying to make others’ lives possible and better.

Monica, another sevadar, was involved in seva with her husband and family for many years. Her husband, a devout sevadar I also knew, passed away prematurely due to liver failure less than a year before I returned for my formal dissertation research. She spoke to me about how seva was a source of support in the aftermath of his death. Seva gave her a reason to leave the house and be in the presence of other people. She said that it also helped keep her mind off of her immense sadness and mourning. While performing seva, she had to focus on her actions and be in that moment, thus her mind was less likely to wander to her sadness and grief. Like with Kishore, Monica turns to seva, as a moral action, that she can draw upon as a source of goodness to help

others. In doing so, she can momentarily stop both her own suffering and attempt to improve the lives of others.

While many outsiders see the physical labor of seva as difficult, the sevadars do not complain about the tolls it takes on their bodies. Dalbir said,

I never feel exhausted doing seva. In fact, the more seva I can offer, the better I feel. It gives me more energy. It doesn't matter how hot it is, how humid it is or how perspired we may feel, we know these people receiving seva are going to stay in this atmosphere all day long, whereas we are just doing it for a few hours. It is nothing in comparison to their sorrows and sufferings.

Monica echoed Dalbir's sentiments saying,

While we are practicing seva, we feel happiness. Everybody has difficulties and problems in life. Some people have them in lesser degree, some have more. But after doing seva you feel relaxed and you feel happiness. God has given you health, some don't have it. So God has sent you to help others.<sup>26</sup>

Seva puts one's own circumstances in perspective to others who may not be as well off, which increased the gratitude sevadars feel for their own life.

Community was another benefit sevadars felt they received through Sarbat Da Bhala. The defining aspect of community here was that sevadars were "like-minded," meaning they shared similar interests, values, and beliefs. Monica said, "If I ever get sick, I will have such a big family of people (the community of sevadars) who will be ready to help me out." This community was like a new family for many, especially those who had difficult relationships with their own family members. For Sunita, who was estranged from her own family, she said, "Coming to this seva, I found loving and caring people. For some, I am like a sister, for someone else, I am a daughter." Those sevadars that received negative judgment and opposition from friends or family felt accepted by the community of sevadars, and they developed fulfilling relationships in those

---

<sup>26</sup> Monica's reflection relates to a Buddhist concept that economist Amartya Sen has written about where humans have the responsibility to make a difference in the lives of others over which we have power (Sen 2014).



communities. They also shared a belief that it helped curb feelings of loneliness and alienation. Many sevadars felt a greater sense of belonging with Sarbat Da Bhala in comparison with other groups they interacted with on a daily basis. Rather than taking an interest in material consumption, politics, partying, or outward appearances, sevadars were most interested in seva and shaped their lives around the practice. In contemporary India where rapid social change has happened over the past few decades leading to urbanization, growing consumerism, and changes to the family structure, seva is a way for people to create community, extend fictive kin networks, and manage the stresses of urban living with a meaningful practice. Overall, seva created a supportive community, gave new perspective, and fostered feelings of wellbeing for sevadars.

To further understand the effects of seva, I have selected a number of case studies that comprehensively illustrate the most common motivations and experiences of seva as a source of goodness. There are three main ways in which seva offered goodness in their lives including:

1. Seva as an escape from politics, corruption, and exclusion
2. Seva as a source of goodness in the neighborhood
3. Seva as support in times of hardship and challenge

In the following sections, I discuss in detail these three ways in which seva served as way to make good in one's own or another person's life through a number of case studies.

### **Sarbat Da Bhala as an Escape from Politics, Corruption, and Exclusion**

The overall context of urban Delhi, the capital of both commerce and politics, impacts the reasons many sevadars turn to Sarbat Da Bhala. Escaping the politics, corruption, and climate of distrust in Delhi in order to find something seemingly more pure, good, and sincere was a major motivation for a number of sevadars. In particular, this was cited as a reason for why sevadars

were drawn to Sarbat Da Bhala over other avenues for practicing seva or volunteering, more generally. I discuss three cases to explain how different sevadars specifically came to Sarbat Da Bhala instead of other opportunities for volunteering or seva.

Mishra Ji grew up in a Hindu family in the hills of Himachal Pradesh. He was involved in the Bharat Scouts during his childhood, and service had always been a part of his life. Now retired from a government transportation post, he has been involved in Sarbat Da Bhala seva for the past fifteen years. He said,

It is hard to find good people to spend your time with. If you go to the park and meet someone there, and they seem like a gentleman, then after a few days of meeting, he will ask you for money. If you give him money, then your friendship is over. If you don't, then your friendship is also over, so what are you to do?

After retiring and finding himself with more free time, Mishra Ji found it hard to find, as he put it, “good people” with whom to spend time and develop authentic friendships. He lamented the difficulty in trusting other people and felt it was hard to find sincere people who were not just trying to take advantage of him. He first saw Sarbat Da Bhala sevadars cleaning the sidewalk around a cremation ground when he was attending a family member's cremation. He approached the sevadars and became involved through that interaction.

“In NGOs there are politics and corruption, and in other volunteer places the work is not done well. But in this seva, the seva is good and the people are good.” For Mishra Ji, Sarbat Da Bhala was an escape from dishonesty and corruption, and it provides him with a way to stay active and involved in his retirement. This is not to say that there are no politics within Sarbat Da Bhala; there certainly are. But, the foundation that was set by Sarbat Da Bhala's founder, which explicitly discouraged discussion about money lending, politics, or other potentially relationship-ruining practices, has dampened the ability of personal conflicts to pervade into most sevadars'

experiences. The most important principle for the leaders of Sarbat Da Bhala has always been to make seva happen.

Other sevadars came to Sarbat Da Bhala after negative experiences with seva and internal politics at formal Gurdwaras. “I felt suffocated,” Jaspreet Veerji said as he discussed his experience with seva at his local Gurdwara. “Something was there, and I was not feeling good. There were many things like politics and the people, so I guess that is why [I stopped].” Jaspreet Veerji grew up involved in and doing seva at his local Gurdwara as a teenager in West Delhi. Now married with one teenage son, he has been participating in seva with Sarbat Da Bhala for five years. He came to Sarbat Da Bhala after this recurrent feeling of suffocation he felt while practicing seva at his local Gurdwara. This feeling of suffocation was linked to the internal politics that are present in many formal Gurdwaras in Delhi and elsewhere. Many sevadars explained how people in power at Gurdwaras will control who can do what type of seva, often deciding based on who a person knows, their relationship to others, or their visual appearance. This type of internal politics produced feelings of discomfort and a lack of belonging. Seva was something important to Jaspreet Veerji, but practicing in his local Gurdwara was taking a toll on him mentally.

Coincidentally, at the same time he felt this suffocation, he came across Sarbat Da Bhala through one of their periodical newsletters that was delivered to his recently deceased father. After reading the newsletter when it arrived in the mail, he called the phone number listed for one of Sarbat Da Bhala’s leaders to learn more and get involved. Since getting involved, he feels seva has impacted him in a couple of ways. First, it has helped him manage his mood, particularly his outbursts of anger. His wife agreed that seva has impacted his personality and made him more disciplined by waking up early in the morning to go for seva. Second, he believes that his seva has had an impact on his son’s wellbeing. In January of 2019, his son was sick with typhoid, and

Jaspreet Veerji believes that his son became better because of seva. His biggest priority in life is that his son will become settled in a good job and marriage, and he trusts that seva will continue to help his family in that regard.

Like Jaspreet Veerji, Ikjot had been performing seva at a formal Gurdwara prior to getting involved with Sarbat Da Bhala. Ikjot grew up in a Hindu family in Kolkata and moved to Delhi with her husband, daughter, and son over twenty years ago. When her children were young, her husband left her, and her son also became very ill. At this time, she went to a Gurdwara to get help. I spoke with her about this one day while we were making roti at dera.

“Did you ask for anything from Babaji<sup>27</sup>?” Ikjot asked me quietly.

“No, umm, no I haven’t. But I just want that my family and friends stay well and that...” I began but was interrupted.

“Okay but in the past five years since you started doing seva, there must have been some troubles that you faced. Did you see the fruit of your seva? Did you see yourself being protected by a shield? I got a shield of safety by Babaji from doing seva. What did you get.”

Having never really thought about it, I replied that I wasn’t sure but I feel good doing seva. Suddenly, I was interrupted from answering more by the dough mixer being turned on, making it difficult for us to continue talking. As a minute or two went by, the mixer was turned off once the dough had been mixed. Ikjot turned to me again.

“I started believing in Baba Ji, and my son started getting better. My son was very ill since he was born, and he was not getting better. We spent a lot of money but nothing was working. Sometimes we would visit the Gurdwara. Slowly, I had this feeling that maybe amrit<sup>28</sup> should be

---

<sup>27</sup> Babaji is a term used here to describe Waheguru or God. Many sevadars use the terms interchangeably.

<sup>28</sup> Taking amrit is an initiation rite or ceremony within the Sikh faith. It is a way of showing commitment to the Sikh Khalsa, or the body of initiated Sikhs, and individuals who take amrit are known as Amritdhari Sikhs. Amritdhari

taken, and then my son will get better. He was so ill back then that he could not get up from the bed. When he was four or five, I took my son to Gurdwara Bangla Sahib and amrit was taken. Since then, he started getting better. Waheguru gave his blessings.”

Her son’s health improvement was a catalyst for Ikjot to take amrit herself and commit to the Sikh faith. Having been connected to Sikhi for over fifteen years, she had practiced seva in many local Gurdwaras before coming to Sarbat Da Bhala.

I got a lot of things from God. My reason for living changed altogether. I have done seva for so many years and I have just asked for help from God. My biggest supporter is my Babaji. Even after my husband left, I raised my young kids, and Babaji has protected me so much. He has supported me so much. I have been protected from accidents too. Babaji has done so much for me. I used to walk barefoot for a lot of years without shoes on and never have I ever felt a thorn touch my foot. Babaji has done so much for me. But I am broken so much now.

She said this with tears welling in her eyes.

In the Gurdwara, people were discriminating against Mona Sikhs<sup>29</sup>. Those of us who have our hair cut, some people have hate towards us. There were many nice people in the Gurdwara too, they were the reason I stayed for so many years. But now, after some changes in the Gurdwara, people developed a lot of ego. After the new langar hall was made, they have restricted the langar hall seva. They stop people from doing it and that is wrong. That should not happen in the Gurdwara. This is how it is in Fateh Nagar Gurdwara. Earlier, there was seva all around but now that charm has been lost. This has happened since they have separated the langar hall.

Ikjot was no longer allowed to do seva in one of the nearby historic Gurdwaras, as she was being excluded due to her status as a Mona Sikh, or a Sikh who either was not born into a Sikh family or has not kept their hair uncut.

I never thought that my Sikh brothers would remove me from there like this. I was humiliated so much, but I did have supporters too. But you know what they say, sometimes in front of evil, even God fails. So this is what has happened with me. I

---

Sikhs must follow the Sikh code of conduct, the Rahit Maryada, and can often be visually identified by the five K’s, which includes unshorn hair and wearing a turban or head-covering.

<sup>29</sup> Mona Sikhs are those Sikhs who have cut their hair. Some consider the term to be derogatory, and instead use the term Sahajdhari, which literally means slow adopter, and describes those Sikh that are not Amritdhari. There are wider debates within the Sikh community about where the boundaries are drawn around who is considered a real Sikh.

did have a lot of support. A lot of people told me that I can do any seva I want to. But some Sikh brothers have so much hate towards Monas that it is not my cup of tea anymore to convince them. Time will solve things.

Experiencing discrimination at the local Gurdwara and not being allowed to do seva there any longer due to her status as a Mona Sikh, Ikjot found the Sarbat Da Bhala dera by word of mouth. She had been coming to the dera for just less than a year when we had this conversation. Historically, Sikh and non-Sikh deras have offered an alternative spiritual site for marginalized and oppressed groups in Punjab, including Dalit Sikhs (R. Ram 2016). The Sarbat Da Bhala dera also acts as a site of inclusion and alternative spiritual and community space for those who otherwise have felt excluded in other institutional sites.

Taken together, Mishra Ji, Jaspreet Veerji, and Ikjot's stories highlights common reasons that people come to do seva with Sarbat Da Bhala, rather than at Gurdwaras or formal NGOs. All of them came to Sarbat Da Bhala to escape politics, corruption, or exclusion in other arenas of volunteering. Some sevadars were excluded from seva in institutional contexts like Gurdwaras, and Sarbat Da Bhala gave an alternative and good avenue for their practice.

### **A Source of Goodness in the Neighborhood**

The Sarbat Da Bhala dera, where langar is cooked and other seva occurs, is located in a West Delhi neighborhood near the resettlement colonies for those affected by the 1984 pogrom, a place known locally as the Widow's Colony. In this neighborhood, there is a local Gurdwara, but the Gurdwara does not offer many opportunities for seva because they do not provide langar. The Sarbat Da Bhala dera fills this gap in religious practice, but it also fills a social welfare service gap for those living in its proximity. Anyone can come to dera for free food, filtered water, homeopathic medicines, and cooking provisions for weddings. Since before dera was constructed,

Sarbat Da Bhala has offered a standard set of food provisions for the weddings of daughters who were affected by the 1984 pogrom, in particular those who lost male family members. The provisions are modest, inclusive of oil, flour, rice, spices, and lentils, and till this day, many people still utilize this offering. In telling me about the services they provide in the neighborhood, Mintu Veerji said, “We always pray that all communities live in peace. Let there be no violence. Let people of these areas be educated, let them be out of poverty and drugs.”

In addition to these services available to those in the neighborhood, a handful of women living in the neighborhood have been informally employed at dera. They worked daily at dera as reliable and consistent sevadars in charge of roti production. They are paid not by donations to Sarbat Da Bhala, but directly by distinct sevadar families who are each in charge of a different day of the week at dera. Manju is one of these women who has been working at dera for almost ten years.

I wanted to work, but I couldn't. One reason was that we did not study much and what could we do? I could work in a factory, but my heart sometimes said that I should help the other person. Now I'm connected to seva, and that is good, very good. We are busy and we don't sit useless here and there. We go and work, come back tired and go to sleep and then wake up and go.

Manju explained this as we sat in her small bedroom of a two-room flat where she lives with her husband, father-in-law, and three sons.

Before coming to dera for the first time ten years ago, Manju was always interested in working outside the home. As a child, she wanted to be a nurse. She felt that if she had been educated she would have been able to find work. Even so, after marriage she thought perhaps she could find some work doing something with her hands such as tailoring, for example. However, her husband, who is an autorickshaw driver, did not want her working. Her family qualifies as

below the poverty line, and they live in the resettlement flats that were provided by the government after the 1984 pogrom.

Manju was introduced to seva at dera when there was a need for two consistent cooks to make food that would be sent to the Sarbat Da Bhala ashram on a daily basis. Manju's sister-in-law, Sukhmani Bhabhi, had been working at dera to make food for ashram for a few years before Manju joined. For that work, the women were paid a modest sum for completing this job (approximately 100-200 Rs per day= \$1-\$3), and it was fairly convenient for them since they lived a short five minute walk to dera. Over time and as the community of sevadars changed, there was a need for consistent daily workers at dera to make sure the production of roti was completed. A handful of women who lived in the neighborhood, including Manju and Sukhmani Bhabhi, were asked to do seva at dera daily for modest pay that would be provided by families in charge of each day of the week. For women like Manju, this opportunity not only provided a little bit of extra income, it also offered the chance to get out of the house, away from her husband and father-in-law, and have some vocational purpose. Similarly, other women who occupied a more middle-class status often became involved in seva as a way to work outside of the home when their husbands or in-laws also did not allow them to work outside the home for pay.

When Manju comes to dera, she feels her stresses and worries from home leave her, and she can just enjoy herself. It is hard work, but she feels good doing it. "*Mast*, just *mast*," Manju would often say this to me at dera as she'd sit back, with her arms and hands pushing forward, to express the easy-goingness or carefree attitude she felt when she was at dera.

"All the tensions from home fade away when we come to dera," she says with a giggle.



Additionally, the neighborhood where dera is located is known to struggle with drug and alcohol addiction, especially among boys and young men. Manju situated the problem of addiction within the legacy of 1984 in the neighborhood.

Some people have forgotten 1984, but the person who lost family members, they don't forget. When the riots happened, people's houses were burned off and they were then given these small flats here which were constructed after 1984. The women who have lost their husband try to go find work, but who will take care of our kids when we go to work? This is why a lot of kids started doing drugs. I don't know what they are sniffing in their handkerchiefs. There are other things too. What do you call it...smack. This is why I keep my youngest son upstairs...Now, we don't have so much money that we can leave from here and live somewhere else. I feel like the houses that are there even nearer to dera, those are better. But the ones that are here, [drug use] is more here. Now during the evening, you would see someone would be drunk or something. We go out and come back by the evening, and we tell everyone not to do such drugs. Why did my eldest learn how to drink? He started from here. But I am thankful to God that he is coming back in line now...There is a Veerji who comes to dera, he works in de-addiction. He calls kids and asks them why they do drugs. Some of the sevadars at dera try to help people with the fees for rehab centers.

Like many other sevadars, her biggest concern in life is her three sons. Her eldest son who is of marriageable age struggles with alcohol addiction. She hoped that her sons, especially her eldest, would join for seva, but recently they have not been involved. In my year of fieldwork, her son did get treatment for his alcohol use and seemed to be getting better. For now, she feels that her involvement in seva is contributing to his recovery and hopes that one day he will also become involved in seva. Additionally, Manju spoke about how seva was an outlet, an alternative so to speak, for young boys and men who might be tempted into drug and alcohol use in the neighborhood. Seva provides a semi-structured fun activity, discipline, community, and male role-models for many youth in the area.

Finally, a good portion of the sevadars that are at dera are older people who live in the neighborhoods near dera. Given the context of the neighborhood, many come from working-class or lower-middle-class backgrounds. The older men usually come to dera to chop vegetables from

morning until the afternoon. Besides being a virtuous practice, involvement in seva also provided older men a strategy for preserving familial harmony. For example, one uncle explained that if he didn't come to dera, the alternative for him would be getting involved in gambling and playing cards with other men in the neighborhood. This generation of men felt they had to find a reason to get out of the house during the day as a mechanism to maintain familial harmony in the home. Most live with their sons and daughters-in-law in small homes that do not allow for much privacy. In order to avoid familial conflict, these fathers-in-law try to leave the house during the day to allow their daughters-in-law space and privacy to get ready and work at home. This was not an issue between mothers-in-law and daughters-in-law since both are women and there would be less gendered tension in the household related to bodily privacy in small spaces. This motivation from fathers-in-law to join seva is rooted in a desire to make life better and avoid conflict. Manju said, "People can come here to dera to improve their life. It soon becomes a routine that we have to come here, and we feel good by coming here."

Within the context of the dera neighborhood, seva provides an outlet for goodness in its everydayness. It is built into the social fabric of the neighborhood now, is known as a welcoming place, and provides resources to those in need. In these sevadars' experiences, dera and seva offer sources of goodness to manage quotidian needs, encounters, and desires.

### **Support in Times of Hardship and Challenge**

Like Rajori Uncle's family and to some extent Manju and Ikjot as well, many people come to seva with concerns for their family's wellbeing. This may include a family member being ill, concerns over a child being settled or getting married, financial problems, or infertility. These issues reflect both existential concerns as well as culturally-specific values. The following cases

illustrate how sevadars came to seva during times of hardship and how seva provided solutions to these challenges. These cases, like Rajori Uncle's, emphasize the importance of Pita Ji, the founder of Sarbat Da Bhala, and his spiritual power in their receiving a solution to their problem and their continued commitment to seva. This first case is of Gurpreet's infertility and difficult pregnancy.

"All of my strength comes from Pita Ji. My life is the way it is because of him. He has predicted everything in my life," Gurpreet said matter-of-factly. After Gurpreet was married, she and her husband tried to conceive and had difficulty for some years. After hospitalizations and treatments for infertility, she finally did get pregnant with triplets. However, she had a complicated pregnancy, requiring hospitalization due to severe bleeding.

The medicines the doctors were giving were not working, and they didn't know what else to do. [The bleeding] had been happening for five months or so. This is when Pita Ji told me to just go home. If I went home, I'd be going against medical advice (AMA) and the hospital made me sign an AMA form. But I listened to Pita Ji and I went home. When I got home, Pita Ji told me to get vegetables and make langar that would be sent for seva. So on Monday I prepared it at home, and it was distributed at seva on Tuesday. On Wednesday, the bleeding stopped. For me, this was a miracle. The doctors had tried so many things and didn't know what to do. But this stopped it. There are lots of blessings which come from dera and seva, a person cannot explain them but only say they are miracles. Now I send that langar every Tuesday.

Gurpreet came to Sarbat Da Bhala through her brother-in-law's involvement. Many of her in-laws had remarkable experiences with Pita Ji before she met him, but she was skeptical at first of who he was.

We hear all these things about Saints, so you sometimes have this feeling that there is something fishy going on there. We are educated people, we wouldn't necessarily take what he (Pita Ji) said at first thought. We wouldn't believe him right away. Because we didn't have that faith, and so we would wait to see if something would happen to make us believe him and have faith. Instead of following him blindly at first, we would wait to see if what he said would happen would actually happen. But now we know that he was always right.

Her entire family was involved in seva practices that they felt impacted her pregnancy. Her sisters-in-law remembered Pita Ji instructing them to do lots of different seva tasks, including cutting up tons of pumpkins for langar or making tiny balls of wheat flour to be given to fish. Following these tasks, they said there were improvements in Gurpreet's health and pregnancy, which were attributed to fulfilling these specific seva requests from Pita Ji.

There were many other stories of sevadars who joined seva when they were facing hardships, such as infertility, family conflict, or unemployment. Participants believed that resolutions to these hardships arose through practices of seva. This "power of seva," as many sevadars call it, to transform difficulties in life and bring in new sources of joy, meaning, or hope, impacts commitment to seva. Attributing positive experiences to seva increased commitment and belief in the very power of seva. Furthermore, Pita Ji's guidance regarding how to practice seva and what types of seva to do, along with his general teachings, psychic knowledge, and predictions of the future strengthened belief in the power of seva to make good changes in people's lives<sup>30</sup>.

Some of the hardships people experienced were more internal, psychological challenges. A number of participants struggled with severe anxiety, "dark thoughts," depression, and at times suicidal ideation. Amanpreet, a forty-eight year old scientist, was introduced to Pita Ji as a teenager through her family and felt that Pita Ji and seva helped her deal with her psychological health.

Amanpreet said,

I was totally broken. Pita Ji made me a strong person. He used to say that broken vehicles come to Dera Sahib, and by broken vehicles he meant people who are in big trouble. Those who are facing some crisis. He would say that broken vehicles have come, and he is the one who can try to mend them. Once they become new then they can go away. It is a place only meant for broken cars. He knew the remedy of every problem, whether it was mental or physical or medical. He was the solution to everything and that was the most beautiful part.

---

<sup>30</sup> Relationships with Gurus and other spiritual teachers can be very influential in people's spiritual lives, in particular the wisdom, guidance, and stories that they share (Narayan 1989; Copeman 2009).

When she was in her early twenties, Amanpreet's parents were pressuring her to get married and had actually fixed a marriage with some boy. However, fifteen days before the wedding was supposed to take place, the boy broke it off due to a dispute related to dowry. Even though she did not want to get married, she said this event made her fall into a depression.

I couldn't control my emotions and I went to Pita Ji weeping. I felt I could not live anymore. Pita Ji told me to just stay at dera and do seva. When I first stayed there, I had trouble sleeping, but after a few nights, when I slept, I saw that boy's future in my dreams. In my dream, that boy I was supposed to marry was surrounded by dwarves who were guiding him into the future, a very dark, dark future. I can't explain all of what happened in my dream, but the next day, Pita Ji called me in the morning and he said, "So you finally had a dream." I was shocked but I told him yes. He said, "This is how your future would have been if you would have gotten married. That's the reason you always have to thank God for whatever happens, it happens for the good." He also said, "I told your parents not to make you marry so soon, as you might be trapped very badly, but they didn't listen because they are worldly people. You should thank that boy for breaking it off."

Amanpreet stayed at dera with Pita Ji and other sevadars for close to a year. After around six months of staying at dera, Pita Ji encouraged her to take the entrance exam for a doctorate degree, which she cleared, and she began her doctoral studies in chemistry.

My parents were not pleased that I was doing my doctorate. I am a Sikh girl, and they thought I won't be able to get a good groom. So I stayed at dera while I was attending my classes. I'd go to the campus in the morning, and then come back and do seva the rest of the day. For me, Pita Ji was more than a father figure. He was a different person altogether, a Saint. He would know something was happening, what someone was thinking, or that something was going to happen. He knew everything in advance, that is for sure. For example, when I was young and my parents wanted to get me married, they talked to Pita Ji about it. And he took a piece of paper, wrote a name on it, and gave it to my father. He said "On the paper is written the name of the boy Amanpreet will marry." My father did not look at that and kept it locked away for many years until I finally married. The name on the paper was Rahul. That is my husband's name. He is Hindu and I am Sikh. At that time, if you told me I was going to marry a Hindu man, I would not have believed you. But Pita Ji knew.

Amanpreet and other sevadars remarked at Pita Ji's ability to know what people were thinking or to foresee things in the future. Based on his premonitions, he would instruct certain

people to do certain types of seva, as we saw with Gurpreet and her family. There was a shared belief among sevadars that most people come to seva with a hope or wish for something, and these hopes are often related to a current hardship. Amanpreet and I continued our conversation,

“Dera is not something which requires volunteers. People come with their pains, and their pain can be sorted out because of seva. For example, cutting potatoes. Any vegetable you are cutting, you are cutting your bad deeds of the future,” she said.

“Of the future?” I ask.

“Of the future. That is what he said. If you are washing stairs of the Gurdwara or temple or church or any place that has a lot of devotees coming, Pita Ji would insist you clean the stairs. Why? Because stairs will move you up. He taught us many philosophies. Pita Ji would say that something bad is supposed to happen and you should do seva. Then after four days, that person has cut themselves in seva. That big thing that was going to happen was transformed into the cut on the finger.”

“This happened to me the other day at dera,” I say.

“Really?”

“Yeah, I cut my finger a bit while chopping onions. Maybe it was good that I was chopping them then.”

“Yes,” Amanpreet agrees, “He saved you. After so many years, whatever he has done and whatever he has said, everything has come out to be true. Pita Ji used to tell me that you can change your destiny only with seva. The whole destiny should be changed with seva. I have seen this because whenever I have had suffering, seva has really rescued me from everything. Everything fell into place when I did seva. He knew everything. According to him, 2020 onwards is not a good

time for India.” This conversation happened in September of 2019, well before the coronavirus pandemic hit the world and India.

These incidents of Pita Ji’s intuitions, premonitions, or knowledge of the future coming true were common experiences among many sevadars. They contributed to sevadar commitment and faith in the power of seva and of Pita Ji’s teachings. But the act of seva, through Pita Ji’s teachings, shaped transformations in experience. Amanpreet explained this further.

Being with Pita Ji is very important for a person. I feel that he totally changed me as a person. First, he changed my outlook towards life. I had that kind of inner feeling and warmth that was only developed with Pita Ji. *Karuna* is the word, you could say compassion. That comes only when you are with people and saints. I used to be very angry earlier, I was short tempered. As a remedy for my anger and impatience, he took 500 gourds and had us all cut them. These gourds are related to Sita Mata, the Hindu God and wife to Ram. She is a lady of patience and calmness. After those 500 gourds, I can tell you there was a change and my anger was gone.

Like Gurpreet and her family, Amanpreet’s and the Sarbat Da Bhala community’s specific practices of seva, as instructed by Pita Ji, had noticeable effects or specific outcomes.

Nowadays because of her work and family responsibilities, Amanpreet cannot perform seva daily with Sarbat Da Bhala like she could when she was younger. She tries to visit dera weekly, and she gives *dasvand*, a donation of tenth of her earnings, to Sarbat Da Bhala on a monthly basis.

I miss physical seva. When I go to dera and perform seva, it refines me and reforms me every time I go. It reminds me to be humble and down to earth. You have to be simple in the way you are at dera, and humanity should be there. Once you come out of dera, you feel like “Oh wow, my day is successful now! Thank God that God has given me this opportunity to do some seva.”

This idea that seva refines and reforms a person was shared among many sevadars and shapes the overall effects on sevadars of a regular seva practice.

## **Wishes, Intentions, and Destiny**

Halfway through my year of fieldwork, my partner proposed to me, and I shared the news of my engagement with members of Sarbat Da Bhalo. Rajori Uncle confidently said to me that it was because of seva that the engagement occurred. He said if I continue to do seva and if my partner joins me for seva, then everything in life will become even more settled.

“No one goes empty handed,” he repeated again and again to me, “Everyone’s wishes are fulfilled through seva.” Sevadars acknowledged that everyone comes to seva with hopes, wishes they hope will become fulfilled through seva. The “selfless” nature of seva is not as straightforward as being void of self-interested desires. However, sevadars did share an understanding of wrong or impure motivations for seva, which would not allow a person to reap the benefits of seva.

“If a person does seva with bad intentions, they will not get a benefit. But that does not mean that the seva doesn’t count for anything. It still counts for helping the person who received it. The person doing seva just would not receive the benefit because of their intentions.”

Wrong reasons for engaging in seva were rooted in a shared idea of one’s intentions for and while doing seva. The wrong intentions often included “testing” Pita Ji, greed, or ego. When Pita Ji was alive, sevadars mentioned that some people would come to seva to “test” Pita Ji’s supernatural skills or judge his miraculous abilities.

“He would immediately shout at them, stating that ‘I am not here for testing!’ If the person’s problem was genuine, he would know and would have you do seva,” Amanpreet explained. The idea of one’s intention for involvement in seva also carried through in what donations Pita Ji would accept.

“Pita Ji would not take money from just anyone. He would not take a rupee from a person who is not honest. He would not even have a single roti from a person whose intentions are not



right. Only until and unless he felt your intentions are right and you are honest and then he would say ‘Alright, do seva and do what you can.’” Having good or correct intentions determined both whether a person was allowed to do seva with Pita Ji and whether they would receive a solution to their problem. Those with wrong intentions, if found out, were not even allowed to do seva with Pita Ji.

Another wrong reason to engage in seva was greed. This was greed for power, publicity, money, or other resources. Sevadars mostly spoke about this in regard to seva at Gurdwaras, explaining that people would do seva to either climb a social ladder or perform seva in order to appear committed to a cause, when they really were interested in getting something for themselves, such as power or prestige. Sevadars also stated that some people did seva as a way to take resources that were not meant for them, like extra food from the langar kitchen before it was served to sangat, the community of visitors to the Gurdwara. Multiple sevadars from Sarbat Da Bhala told stories of performing seva at Gurdwaras and witnessing other sevadars trying to take food with them or take “special” food before it was distributed to the sangat visiting the langar hall. Tara explained an episode of this.

One time, about a year ago, I was doing seva at Rakabganj Gurdwara. We brought *malpuas* (sweet pancakes) from dera to be distributed there for some *Gurpurab*<sup>31</sup>. And we do this every year, so we know what happens. If there is something special, then many of the people who work or live at the Gurdwara, like the *paathis*<sup>32</sup>, guards, and other staff, they would not sit in the langar hall but would instead come into the kitchen where all the food is kept and ask that you give it to them, rather than distribute it to the sangat first. They feel entitled to what is being given in the langar hall, and they feel they can take it home. If you get in the habit of this, then you will get greedy especially when it comes to good foods like *kheer* (rice pudding), *malpuas*, or *paneer* (Indian cottage cheese), so they always want a packet to take home. According to me and others, this is taking advantage of your power and position. You are trying to take the best things for yourself, rather than share with the communal kitchen, with all those waiting to eat right now.

---

<sup>31</sup> Gurpurabs are a Sikh tradition celebrating the anniversary of a Guru’s birth.

<sup>32</sup> Also called Granthi, a person who is a ceremonial reader of the Guru Granth Sahib in a Gurdwara.

So this man asked me for some, and I said that we will give it to sangat sitting out there in the langar hall. This man, he was a sardar (turbaned Sikh man), got so angry with me, he started yelling at me, saying very rude things and saying why are you stopping us from taking it. I told him it is for sangat. He stood there and kept asking again and again for ten or fifteen minutes, wanting me to fill a polythene bag with a stack of *mapluas* for him to take. Someone else from Sarbat Da Bhala saw this happening and came over and said ‘you can’t do that, you cannot talk to her like that.’ So then that guy eventually left. Then some other people came and wanted it too and they said ‘oh let me just help you,’ so they started distributing things in order to show me like ‘see I am one of you.’ They just helped for thirty minutes and then one of them acted like ‘see I was doing seva with you, now can you give it to me.’ So I ended up giving it to him but I didn’t feel good about doing that. This happens whenever we bring something special to the Gurdwaras on special occasions. The people formally working at the Gurdwara would try to take the special food saying they will give it to the sangat in the langar hall, but really they siphon it off and keep it for their own people at the Gurdwara. This is why the Gurdwara people never like us [from Sarbat Da Bhala] (laughter). They always know that we don’t let them take it [from the kitchen]. We come to distribute to sangat, we are not there to socialize or build our contacts by helping them, so they don’t have a liking for us.

“So why do you even give it to the Gurdwaras then in the first place?” I asked after

Tara explained. She responded,

Because we are giving it to sangat, and that’s who we want to give it to. It’s just that the management is faulty, but the people coming in to get langar are having good intentions, they are travelers, or city people, or just worshippers. So you have to feed them, that’s the point, but the management is messy. So you have to fight them in order to reach out to the common man.

This exploitation of privilege and climbing the social ladder through seva were viewed as bad intentions for doing seva. The main goal should be to serve sangat in the moment, not benefit yourself. While this conflicts with sevadars’ belief that everyone has hopes or wishes to get something from seva and that everyone gains something from seva, there is a distinction through this idea of good or bad intentions.

Finally, ego or pride was another common “wrong” reason for doing seva. This was a concern that arose when people did seva for a while. Sevadars explained that sometimes, after doing seva regularly for some time, a person begins to think that they are special and are doing

something very important. This, they explained, was an increase in ego and was not a pure intention. When Pita Ji was alive, if he felt that someone was being egotistical, he would make them leave seva for a span of time, usually forty days. Amanpreet explained,

He would make people leave seva because we are all humans. There is an element of selfishness and also an element of pride that comes in a person. He didn't want anyone to feel proud of whatever they are doing. Pita Ji would scold you so that the pride goes down and down and down. Never feel proud that you are doing seva. Ego should not be there at all, ill feelings for other people should not be there as well.

Seva should be a humbling experience, and it should remove ego. The importance of humility and good feelings towards others, viewed as pure intentions, was at the core of understanding good versus bad motivations for engaging in seva. The motivations or intentions also impacted what a person got from performing seva. If a person came with pure intentions, their hopes and wishes would be fulfilled, whereas a person with bad intentions would not receive goodness from seva. Amanpreet said,

People come to seva with wishes and hopes. Even Pita Ji used to say, "Why would people do seva? The selfless sevadars who have no intentions and no desires in life, they are one in thousands, maybe one in millions. The people who are together in seva are mostly people who have one or the other [hope] in mind before they come to dera." He said this because he knew we are all human beings. Most people have some or the other problem happening, so you bring them there to dera and you ask them to solve your problems. Not everyone can follow seva. Everyone knows that they can benefit from seva, but it is predestined. I feel that if you are here and if you are doing all this, then also it has been predestined. Initially, being a scientist though I shouldn't say it like that, I know this becomes a little unusual. But after experiencing so many years, I now know it is predestined, not everyone is meant for it.

As Amanpreet explained, the community of Sarbat Da Bhala shared an ideology that recognizes that everyone is coming with wishes and hopes, complicating what selfless means in the idea of selfless service. It is human nature to have hopes and desires, Amanpreet explains, so a person cannot be faulted for that. While there were commonalities in how sevadars understood

the distinction between good motivators and bad motivators, there needed to be another way to both distinguish and maintain pure intentions. Furthermore, the embodied practice of doing seva, inclusive of having “good” intentions, might be something that sevadars learn through doing; once they experience humility in the practice and feel how it is to perform care, that offers a new way of being that then informs their intentions as they continue the practice. Finally, the concept of destiny, as explained in Amanpreet’s quote above, was one way to drive out ego and maintain pure intentions.

Sevadars held a belief that some people were destined to be dedicated to a practice of seva, while others were not. It was in some people’s *kismet*, fate or destiny, and not in others. Many of them said to me that my own involvement in seva and with Sarbat Da Bhala was “written on my forehead” or “written in my *kismet*,” idioms expressing some divine destiny of my coming to seva. In one of my conversations with Amanpreet, she too said that Pita Ji once told her that someone would come to dera and ask her about seva for a book. She felt that he must have been talking about me, and she wishes that she would have listened to Pita Ji and kept a journal to give to me.

In saying that destiny created this life for them, sevadars remove their choice, and therefore ego, in committing themselves to practicing seva. Related concepts of destiny and *hukam*, or divine order, were often used to explain why not everyone did seva. In a conversation with a family of sisters and their mother who all do seva, they discussed how one gets involved and stays involved in seva. First, some began by saying you need willpower, but then they argued further and agreed that it wasn’t actually willpower. Instead, a person needs a *hukam*, a divine order, or blessings.

“No matter how hard you try to go to seva, you cannot go until...” Anika began.

“Until you get a *hukam*,” Meher interrupted.

“Yes,” Anika affirmed.

“But still if you have will power then you will get the blessing [of a *hukam*] to do seva.”

Monica said.

“How can we get blessing ourselves? *Beta* (child), if he calls you only then you’ll go,” their mother said, disagreeing with the idea that they are in charge of getting the divine order themselves.

“Monica,” Anika began, “Wait a second. Two years ago, I started going to Chandni Chowk, and I went there regularly for forty days for seva. After that, I wanted to go again, but I could not do it. I tried a lot of times thinking that I have to go but I was not able to get up. Even if I was up, and I sent my kid to school, even then I was not able to go. I thought let’s leave it. I tried my best. But I could not.”

The sisters and their mother aligned with many other sevadars’ beliefs that a person needs a *hukam*, a divine order, to be committed to seva. This *hukam*, often also considered a blessing, was a part of one’s larger destiny.

In a later conversation, Anika said, “The divine order that you got is something that was always written in your destiny.” The concepts of both destiny and *hukam*, as they are understood by sevadars, remove choice, and therefore one’s ego, in the decision to be involved and committed to seva. Sevadars are acting through a realization of divine command, so the choice to do seva is really rooted in their realization of divine will. Sevadars, whether by chance or by deliberately seeking out seva opportunities, are succumbing to divine command. Sikh teachings from Guru Nanak accepted karmic law and asserted that people have free will (N.-G. K. Singh 2019). However, *hukam*, or divine will, still shapes human efforts and actions and can transcend karma. In removing individual choice and placing agency on *hukam*, sevadars are a pawn in a larger system of seva, which removes *haumai* or individual ego. In the discourse among sevadars, they held a belief that seva gets done, not because of individuals, but because of a collective of sevadars.

Even current leadership, like Karamjot Veerji, would divert any direct praise they received for seva by saying it is the team that gets everything done. Furthermore, seva as part of one's destiny was also used as a way to discuss why other people don't do seva. By saying that it was not in some people's destiny did not make sevadars feel superior to others; rather, it provided a transcendent logic for why some people do seva and others do not.

## **Conclusion**

In this chapter, I illustrate how seva is experienced as a way of fostering wellbeing and making good on personal and familial levels, especially in times of hardship or challenge. Seva is a way to escape from difficulties in everyday life, including familial disputes, corruption, mental and physical illness, and alienation. Sevadars feel transformed and enriched through seva on psychological, physical, social, spiritual, and material levels. Furthermore, seva is credited as a way to create goodness in sevadars' own and others' lives. Goodness, in this case, primarily includes 1) fostering and/or improving social relationships and 2) improving a person's physical, material, and/or psychological wellbeing. Seva is operationalized as a way to make good in life, and the explanatory models for this highlight that there are always multiple goods that are interacting and competing in people's lives.

One of the ways seva operates as a good is by offering alternatives or new possible ways of being (Parish 2008). Furthermore, seva has a way of enchanting (Weber 1958; Deeb 2011; Stainova 2019) the ordinary and creating goodness through encounters with the miraculous or transcendent. This goodness that seva bestows in the lives of sevadars exemplifies the merging of both religious practices and practices of caring for others. The literature on volunteering and caregiving, more broadly, aligns with many of these experiences of wellbeing from seva, yet the

role of transcendent or spiritual power within seva overwhelmingly shapes sevadars' experiences of wellbeing and goodness. In the current moral turn in anthropology, "ordinary" or "everyday" ethics have been popular theoretical approaches for understanding ethics (Lambek 2010; V. Das 2012). However, Joel Robbins recently brought up the absence of transcendence within the contemporary anthropological turn towards "ordinary ethics" or "everyday ethics" (Robbins 2016; see also Menin 2020). He argues that "religion really has not been central to the *theorization* of everyday, ordinary ethics" (Robbins 2016, 769 emphasis in the original). The importance of transcendent, miraculous, or otherworldly experiences in the everyday experience of practicing seva cannot be undermined. Because of this, I turn to Stainova's work on enchantment as a method to understand world-building.

Stainova writes that "to be enchanted is to experience wonder, to let oneself be moved" (Stainova 2019, 214). As a method that can deepen and extend the critical approach that has taken over the discipline in the past few decades, she writes, "enchantment, rather than describing lack, is an affirmative concept, always aligned with the forces of creation and the imagination that spring up in the ordinary" (Stainova 2019, 226). Sevadars themselves often initially experience disbelief with their experiences, eventually conceding to agree that what they've experienced is otherworldly or miraculous. As Kirin Narayan writes, "religion also constructs other realities which 'correct and complete' the world of everyday life...religion presents a cosmos within which the arbitrary swings between joy and sorrow make sense" (Narayan 1989, 243). Sevadars often cannot rationalize what they experienced without drawing upon the supernatural, magical, or spiritual when scientific rationale falls short in explaining their experience. This experience of something transcendent produces experiences of wonder that truly shape and confirm their ethical actions, experiences, and worldbuilding. The influence of transcendence permeates the ethical

practice and experience of seva, and as I will show in the next chapters, it not only influences the provider of seva but the receivers, as well.



## CHAPTER FOUR

### Worthy of Care: Healing Wounds and Restoring Dignity

#### One Morning at Seva

“*Didi*<sup>33</sup>, *Didi!*!” Muskaan came running towards Tara from down the street of the seva clinic near the Sai Baba Mandir. Four patients were in line waiting for Tara to treat them. Though only a child, Muskaan had sustained burns from an acid attack and had been receiving care from Sarbat Da Bhala for over a year. The burns were healed but left large scars on her leg and torso that were often itchy and dry. When Muskaan reached Tara, she began urgently looking at her arms and pulled up her pant legs in search of a cut or scrape. Muskaan’s friend and another frequent receiver at seva, Saajan, caught up to Muskaan and smiled coyly at us. Tara told them to go get some langar first, since they didn’t seem to have any wound needing bandaging. The two of them, a mini dynamic duo, went, sat down, and shared a roti and some daal that Ajeet Bhaiya gave them.

After they finished eating and most of the other patients had been cared for, they approached Tara. Muskaan put her arm forward and asked for a bandage for what appeared to be an invisible injury. Tara took some cotton and gently wiped her skin, indulging Muskaan’s request for care.

“I need a bandage *Didi!*” She requested.

“No, you don’t need a bandage today, Muskaan.” Tara replied kindly, not wanting to waste resources on this invisible wound.

“Ok...then powder. I need powder!” Muskaan asserted, trying to get whatever she could.

---

<sup>33</sup> *Didi* means older sister in Hindi.

“Come here child,” Tavleen Aunty said while grabbing a bottle of anti-bacterial powder that can help with skin infections like impetigo that many of the kids have. Tavleen Aunty poured some of the powder on Muskaan’s face, satisfying her need for care. Muskaan patted her now white cheeks and smoothed the powder into her skin. She and Saajan sat down adjacent to the seva clinic and began taking fallen leaves and using a bottle cap to cut out little circles. When asked what they were doing, they said they were “making roti.”

As we packed up to leave, Muskaan’s mother approached the seva clinic and told Tara that the kids will “play seva” sometimes. They yell out “*chai chai chai, davaii patti!* Tea, medicines, bandages!” like Kishore does, and they will pretend to clean wounds and bandage each other.

In the car ride home, Tara said, “I can just imagine Muskaan being older and coming to us to help and do seva. Even if one of these kids becomes something from seeing us and getting inspired from our team’s seva, then my work is done.”

## **Introduction**

In outlining the context of medical care in India and in Delhi in Chapter 2, I show the gap in the Delhi carescape that exists for certain segments of the population. When people are excluded from formal structures of care, they often then find care that is uneven, tenuous, and minimal, provided by people who are unqualified, even if well-intentioned. In this chapter, I explore how sevadars relate to and conceptualize receivers of care as well as how they provide care in practice. Anthropological studies of care, humanitarianism, religious giving, and medicine highlight the potential for harm and violence within contexts of care because of the inherent hierarchies of power that exist between giving and receiving care (Bornstein and Redfield 2011; M. I. Ticktin 2011; Hardy and Hulen 2016). As I hope to show in this chapter, the context of care and the

conceptualization of receivers of care can impact the extent to which that harm or violence, both in a physical sense and a social or psychological sense, is mitigated. The unique ideological approach towards receivers that Sikh sevadars utilize has not yet been investigated in ethnographic research, and this chapter provides an important case for anthropological understandings of care.

Religious ideologies can have the potential to overcome cultural stigmas that characterize patients as unworthy by conceptualizing receivers of aid as kin, yet other times, they can reproduce hierarchy and exclusion. Sikh theology does share some principles with other South Asia religious traditions. However, it also diverges in very important ways that have not yet been examined in the literature on religious traditions of care. Specifically, Sikh theology promotes the rejection of caste, the importance of equality, and the pursuit of welfare for all through practices of seva.

With this in mind, this chapter first focuses on how patients who frequent seva clinics are conceptualized by sevadars. Second, I describe how sevadars care for patients and the tensions that arise in these spaces of fraught and marginal care. I focus specifically on the treatment of wounds, both chronic and acute. As I show, sevadars' wound care, in particular, is a way of rehumanizing those who have been dehumanized and kept in the margins. It is not easy work and many people experience visceral reactions towards physical wounds. The nature of care within the space of seva is rooted in ideas about dignity. Seva not only aims to heal and nourish physical bodies and injuries, but it also responds to injuries to people's dignity. Overall, this chapter describes how Sarbat Da Bhala fills a gap in the carescape of Delhi for marginalized populations, who are often dehumanized and treated as unworthy by mainstream medical services and the wider public.

## Sevadar Conceptualization of Receivers of Seva

Sarbat Da Bhala sevadars draw upon multiple cultural and religious frameworks and ideologies to understand their relationship with receivers of seva. This understanding of their relationship, in turn, shapes how they conceptualize receivers of seva, how they deem one worthy of receiving seva, and how they treat potential recipients. This framing, as I will illustrate, allows Sarbat Da Bhala the opportunity to provide care for those who have been ignored or harmed by mainstream care providers within the Delhi carescape. To evaluate the relationship, I first step back and clarify the two main actors in seva interactions.

In general, those who prepare or serve food or give care through seva clinics are considered sevadars, volunteers. Those who receive seva are considered sangat. Sangat does include sevadars, but it is more often used as a term by sevadars to describe those that are receiving seva. The term sangat comes from the Sanskrit word *sang*, which means to come together, join, have an association or connection, to be in company of a person or group, to have an attachment or intimacy with (McGregor 1993).<sup>34</sup> In Sikh theology, sangat is typically understood as the community with whom you join together, typically in the presence of the Guru Granth Sahib<sup>35</sup>, or Waheguru. When it comes to seva, members of Sarbat Da Bhala use the term sangat to describe those that come together for the communal meal of langar or any other service. However, sangat means more than just community or whom you are serving during seva. Sevadars believe that Waheguru, or God, is in all beings, and thus, when you are serving sangat, you are serving Waheguru. One sevadar, Jaspreet Veerji said,

---

<sup>34</sup> Other South Asian religions, specifically Buddhism and Jainism, utilize the concept of *sangh* to describe a sect or community, often of monks and nuns. *Sangh* is also used more broadly to describe an assembly or congregation, and the word is found in the names a number of right-wing Hindu organizations.

<sup>35</sup> The central religious scripture for Sikhs which is regarded as the eternal living Guru.

When you feed sangat, it is actually that you are feeding Waheguru. In Gurbani<sup>36</sup>, it is written that Waheguru's light is in everyone. It is in you, it is in her, it is in me. You have to see that light in every human. We are feeding Waheguru, that is the basic concept. That light is in everyone.

Bobby Veerji, another sevadar, shared similar beliefs and drew upon a religious story of one of the Gurus to illustrate this,

When we do seva, I see *Parmatma*<sup>37</sup> (God) in you. Just like Bhai Kanhaiya ji saw Guru Gobind Singh Ji in the enemy, he saw that because he was doing seva, if I can also see God in everyone then I would never say the wrong thing to God because I respect him. Everyone would be seen as *Parmatma* and there would be no one to give pain because *Parmatma* is doing seva for the *Parmatma*.

Bobby Veerji invokes the story of Bhai Kanhaiya ji, a story in which Bhai Kanhaiya ji is known for giving out water to all those wounded on the battlefield regardless of whether they were on the Sikh side or were fighting against the Sikhs. He was criticized by fellow Sikhs at the time because he was serving water to enemy soldiers. The living spiritual leader of the Sikhs at the time, Guru Gobind Singh Ji, confronted Bhai Kanhaiya ji. Bhai Kanhaiya ji responded that he did not see the wounded by their allegiance, but saw God in all and needed to serve them. Guru Gobind Singh was pleased with his answer and affirmed that Bhai Kanhaiya ji had understood the true message of the Guru's teachings. By seeing God in all living things, even one's enemies, sevadars are to treat others with the same respect they would treat God. Another sevadar, Jasleen, said,

Sangat is who you serve when you do seva. Guru Sahib said we should respect the sangat, that sangat is equal to the Guru. It is the top priority, and this is why I am always excited to make good things for them to eat.

If, as Jasleen says, sangat is equal to the Guru, then in practices of seva, through preparing langar and distributing it to sangat, sevadars are nourishing and caring for God. This idea that "everyone is the Guru" lays the foundational relational model for how sevadars relate to sangat.

---

<sup>36</sup> Writings of the Gurus, often those in the Guru Granth Sahib

<sup>37</sup> A term meaning supreme soul often used to describe God

Receivers of seva, sangat, and all beings are considered to have God inside of them. Because of this, there is a certain standard of care and level of respect that is necessary while performing seva. In the next section, I describe how sevadars draw upon particular cultural models of care to inform how they should treat God and all living things.

### **God as Kin, Sangat as Kin**

Across South Asia, caring for one's kin is often the most salient model of care giving (Lamb 2000; Chapin 2014; Trawick 1992; Kowalski 2016). Social roles in kinship shift throughout the life cycle, and with those shifts, responsibilities of reciprocity and obligations to others are expected to be fulfilled. When people perform care appropriately,

They are marked as moral persons correctly embedded in an ordered social world. Through engaging in exchanges requiring physical labor, intimate contact, and submission to the desires of others, people become familial selves within ordered households (Kowalski 2016, 67; see also Trawick 1992; Wadley 2010).

Care in kinship can create obligations that allow persons to not only understand themselves as a person through relating to others, but solidifies social roles, hierarchies, and shared moral endeavors. In studying humanitarian practices in India, Erica Bornstein proposes the concept of “relational empathy” which encompasses this model and propels subjects to help strangers by turning those others into kin (Bornstein 2012). Setting boundaries through kinship, or even discretionary affiliations, allows persons to know whom to help without overexerting their own resources. Behind the choice of whom to give to, and the reason affiliations are so important, is the process of creating and understanding the worthiness of the recipient of care (Bornstein 2009). People are often ethically motivated to care for those with whom they are already affiliated. This is due in part to underlying cultural ideologies that place the self as inherently connected to related

others (Parish 1994; Lamb 2000; Malkki 2015; Muehlebach 2012; Maes and Kalofonos 2013; Pinto 2004; Stevenson 2014; Deeb 2011).

Furthermore, in Sikh writings, kin relationships are used to describe how a person should relate to God. Nikky Guninder Kaur Singh writes, “since all are equally the progeny of the infinite One, they have to be treated as kinsfolk. The response of love is vital to Sikh metaphysics and ethics alike” (N.-G. K. Singh 1995, 13–14). In practices of seva, sevadars draw upon this model of caring for kin, as a culturally salient model of care, in order to serve God by serving sangat. The model of caring for kin as a way to care for God came up in two particular ways; one where sevadars are in the role of parents caring for their children, and another where sevadars are children who are cared for by their parental figure of God. Jasleen shared how she understood her relationship with God,

I feel like a mother cooking food for her baby. It’s like the Guru is my own baby, and I am nourishing and feeding him when I cook langar. It makes me feel like I have someone to care for, and that I have someone who loves me back. He loves me and I care for him. I take into consideration that the milk for chai is not too hot for him, that it is normal temperature. He is like the baby...I think being a mother must be the best feeling that a woman can experience, so that’s what I feel with Guru Sahib.

Jasleen imagines her relationship with Waheguru to be one of a nurturing mother with a beloved child. In such a relationship, she, as a mother, cares for her baby, selflessly and without expectation of any immediate material or worldly return. Jasleen does experience reciprocity in her relationship with Guru Sahib, and she describes this as being cared for, loved, and watched over by him.

Manju, in comparison with Jasleen, spoke about how she views her relationship with God as one of child and mother. She said,

Consider this. A small baby is crying and asking his mother for milk. His mother knows what the kid is trying to ask in his own blabbering way. He will say to his

mother, 'Mumma, milk milk,' so the kid's mother knows that he is asking for milk and she will give him milk. Same way, God knows what we are asking for. He knows what we are doing or trying to say in our own blabbering way.

Manju saw herself as cared for by a maternal God, who would understand her even if she could not communicate perfectly her needs or concerns.

The sevadars' perspectives that *sangat* is God or is like God and this model that care for God should be like care for kin came through in the beliefs about *sangat* and the actual practices of *seva* for *sangat*. More significant than these descriptions of sevadars relating to God in ways of kinship, sevadars often spoke of their relating to *sangat* in ways of kinship. Sevadars thought of receivers in kin-like relations, such as serving a parent, grandparent, or child, depending on their age in relation to the receiver.

Some sevadars felt that receivers were like their children, much like Jasleen understood her relationship with Waheguru. Tara told me about an older sevadar, Rainy Aunty, who would talk to patients of all ages, including those older than her,

She would call them as a *bachcha* (kid) and not by name. She would say, "What happened child?" A 70-year-old man or woman would be called a kid. I laughed and asked her why she calls them a kid. She said, "Oh you don't know! All patients are our kids." This is how she talked to patients with love.

This orientation towards patients as children follows the cultural model of parents caring for their children. Gudiya, a sevadar who served at the ashram daily, talked about her relationship to patients,

If you see me caring for the patients, then for me it is filling the space that I couldn't provide care for my mother and father. I bathe three women every day. When I bathe them I feel like my own mother is ill and I am bathing her. This is the feeling. When I do *seva* for the patients I feel like I am doing *seva* for my own parents.

One of the patients Gudiya took care of had dementia and lived at the ashram for many years; she was lovingly referred to as Bengali Mata. She had been abandoned by her son and



daughter-in-law, so she came into Sarbat Da Bhala's care at the ashram. When she first came to the ashram, she cried for her family, distraught that they weren't coming for her. Sevadars would say to her, "We are your family, don't worry about them, don't cry anymore, we are your family." Gudiya treated Bengali Mata like her own mother, partially because Bengali Mata had been abandoned by her own children and partially because Gudiya was not able to care for her own mother in her old age before she died.

Another patient at the ashram, Zayn, a young boy of 15 years old who suffered massive burn wounds across his entire torso, abdomen, and arms, became like a son to Gudiya. He had been in Gudiya's care for around six months and his wounds were healing very well. But when it neared Diwali, he began feeling very homesick for his own family who lived near Nizamuddin, where he first interacted with Sarbat Da Bhala at one of their bandaging clinics. One day, he ran away from the ashram just before the Diwali holiday. After this, Gudiya felt very sad and recalled how she would always talk to him with love and care while he was at the ashram. He eventually came back into the care of Sarbat Da Bhala once he reunited with his family, and Gudiya spoke to him on the phone, requesting him to come back to the ashram so that he could heal completely.

Amanpreet also said that when she was in her twenties and doing seva more regularly, she would care for widows or orphaned children, helping them to take baths and delousing them. She would think of the women as her mother and the children as her own. She said,

When a child would come, we would clean her nicely, give her a bath, and give her milk. I am not giving birth to her, but she is my child. We would sometimes find a family for the child, and whenever the child would leave to go with a new family, I would weep that my child has gone.

Emotional attachments with long-term patients are not a surprise, given the literature on care and its ability to foster bonding and attachment (Singer 2008; Lamb 2000; de Waal 2009; Livingston 2012). These perspectives from sevadars of how they relate to receivers of seva, in

ways of kinship through both linguistic or affective modes of relating, shape the attachment and feelings sevadars have towards receivers. The attachments sevadars feel towards sangat follow models of kinship-based relating, making sangat kin-like and requiring a standard of care and respect that would be given to real kin. By conceptualizing sangat as kin, this makes sangat related to the provider and privileges them to receiving care, making them worthy recipients. In the following section, I explore another reason sevadars related to sangat in ways that invoke kinship.

### **Filling the Gap in Kin Care**

While the cultural model of care is based on a kinship model, there was another reason that sevadars understand sangat through kin relations. The majority of sangat that Sarbat Da Bhala serve have no family with them; they have been abandoned by family in childhood or old age, or they are migrant workers who have left their family in a village to come to Delhi in search of work. Sevadars see these receivers as most in need of seva because they do not have the familial care that is deemed necessary for human survival and one's potential for flourishing.

At one langar distribution point in Northeast Delhi, there are sometimes people who sit in the langar line to receive seva who also help with seva, either by distributing food or washing dishes. Jaspreet Veerji explained how they help, why they may choose to help with seva, and how he relates to them.

We have around 8-10 people who are very helpful to us. Without them, our seva would become very difficult because sometimes we are only four people (sevadars). And those 8-10 or even 4 of them are a big help. They are a big backup for us. Sometimes we are only 4 or 3 people. So those 8-10 people are very helpful. They also feel good. We are all humans and it is not easy to live on the road. Just think about living without your family or no one around you. You have no one to say anything to. Even if you are the poorest, that is not the problem. If you have someone and if you have a family, you are going to see your child or daughter or anyone in the evening. Money is not life, family is life. They don't have family; even if they have family, they are not going back to them now. These people don't

have families and it is very difficult. Like when we finish serving langar, and then we sevadars are eating langar and drinking *nimboo paani* (lemonade), I call those sevadars especially, just like my kids. I ask them to take some so that they feel good. They are doing seva without us asking them to. It is not that seva won't happen. Seva would happen and Waheguru gets it done. But who so ever is coming, we can make them feel good. One of these sevadars, I don't know if you recognize him or not. He was sitting in the line. He got into drugs and I don't know what else. I try to tell him a lot that you are our main sevadar and when we are distributing something in the line then I say, '*Beta* (son) you are our main sevadar, how are you sitting here.' We want him back but we cannot do anything more.

Jaspreet Veerji highlighted an important reason for serving this population and for treating them as kin; these receivers of seva were without family, which was seen as something necessary for survival. He felt gratitude that they are helping the sevadars, and he recognizes that they are without family. For Jaspreet Veerji, the thought of living without family is very difficult. He knows that the receivers are already poor, but in his eyes, to be poor and without family is an even greater hardship. At least with family, a person would receive that important feeling of belonging and having a relationship. Because many sangat are without family, there was a perceived gap in their wellbeing and care. Jaspreet Veerji and other sevadars with Sarbat Da Bhala feel it is even more important to provide care, like that you would give to a family member, through their seva. They conceptualize receivers as in need of not only resources or services, that is food or medical treatment, but of the relationship or support that family members provide to each other on a daily basis. In understanding concern and care for another as an important contributor to overall wellbeing, sevadars try to treat sangat with respect, concern, and caring attention.

### **Worthiness of Recipients**

Given the nature of relating that occurs between sangat and sevadars, one that is based on the notion of serving God in all people, sevadars believe a certain standard of care must be maintained in order to properly provide "good" seva. There was a shared idea among sevadars that

they should think of the receiver as family or as God, and because of this, they should treat them well and with care. Some sevadars referred to this as “thinking purely.” This pure thinking transforms the receiver into someone worthy of receiving seva. This ideology came up in a conversation when I was traveling with a sevadar, Monica, to her home after morning seva.

“Do you ever feel scared at seva?” I asked

“Scared? Why?” Monica responded, surprised.

“Because people always say to me that ‘you have to be careful.’”

“That is because you are somewhat new or you are not from here.” We both laugh about this, since it was a very likely reason why other sevadars, mostly men, told me to be careful. I responded with some clarification to my initial question.

“Ok, so that is why they say it. But some people also would say that all these people are criminals and they...” I said.

Monica interrupted me, “They should not say that. One should not say that about sangat.”

“I agree.”

“I know that they may not be too good, but everyone doesn’t understand this point. Our Pita Ji never used to say this. He had this goal for food to be made for these people. Even though they may be criminals and even if they are stealing. His main motive was to serve them only. So how can we say that about them? He wanted them to eat langar in the morning and from eating langar then they would go to work. Their whole body will become pure if they are eating our food, so then they can work and be honest workers,” Monica said.

This conversation with Monica made clear to me that, while sevadars do recognize that they are treating people who are viewed by the general public as deviant or as criminals, sevadars shift their thinking to one of assessing their needs. Sangat need food or medical care which will fill a need that otherwise would make it difficult for them to find work, to attempt to make an honest living, and to live with dignity. Unlike the government hospitals, where patients were yelled

at and often treated violently because of perceived marginality or deviance, sevadars from Sarbat Da Bhala were encouraged to look past this and embrace patients through care as a way to help heal their potential misdoings. This conceptualization of sangat as God or as kin shapes their worthiness as receivers and influences how sevadars treat them. They needed to humanize and give dignity to those otherwise dehumanized.

Another factor which contributes to the view that receivers are worthy is the idea that seva can only happen with sangat. This belief is rooted in an understanding that one person alone cannot do seva. Sevadars can suppress feelings of pride or ego that may creep in by emphasizing the necessity of a team, rather than a sole individual, to conduct seva. Because seva is viewed as the work of Waheguru, having sangat, or Waheguru, present is necessary. The idea that sangat is required to do seva leads sevadars to view receivers not as burdens but as integral parts of the practice of seva. Sangat is considered necessary in order to do seva, because the presence of god is needed, the collectivity is necessary, and sevadars need someone to serve. Jaspreet Veerji illustrated this by saying,

Doing the bandaging seva is not easy. I could not think of doing it before coming to seva for the first time. Now I can do it a little bit. It's not that I didn't want to. It's when you go there, when you are collectively doing it then you can do it. If I wanted to begin it alone, then I could not. It gets done with sangat. We have blessings from Pita Ji and Guru Teg Bahadur Sahib, and that is why it is happening. That is the important factor.

Sangat is necessary in order to do seva; without sangat, you do not have the blessing of God that is necessary for seva. This need for sangat impacts their perceived worthiness and leads to perceptions of sangat as a fundamental element to perform seva.

Contrary to the literature, seva does not follow an idea of charity that many humanitarian aid or NGO operations invoke in giving to those in need. Rather, sevadars conceptualize the process of seva as one of sharing, rather than giving. Another sevdar, Karam Veerji, emphasized

that seva is not about giving, as in giving alms or giving something away, but rather that it is sharing. He said,

The food is the Guru's, and everyone is the Guru, so the food is everyone's and that is why it is considered sharing. It belongs to all. There should not be shame or guilt in receiving it because we are sharing it with them.

This idea that the resources from seva are to be shared was drawn upon often by sevadars. At times, sevadars utilize the same medical care and consume the same food distributed, so they are not seeing themselves as better than sangat but also as part of sangat. By understanding seva as sharing, receivers are not seen as burdens or beggars, but as someone of a more equal, if not elevated, status. Returning to the understanding that sangat are seen as kin, the idea of sharing is even clearer. There is a cultural expectation that kin share food and resources within their family readily and easily (Bornstein 2012). While hierarchy does exist in families, care and resources associated with daily care are often distributed through an understanding of communal sharing. All in all, sevadars value their receivers. They do not treat them as burdens, but often as God and as examples of God's work in action. Sevadars are motivated to reach as many patients as possible so that their seva may continue to grow.

### **Caring for Wounds: Dignity and Reputation**

Care giving is both a moral and political act. Caring for wounds can be an even more fraught situation for both care giver and receiver. As Julie Livingston discusses in her ethnography on care in an oncology ward in Botswana, wound-related care in particular can pose a great threat to patient's humanity, and it is a site where both sentimental work must combine with technical skills and knowledge in order to successfully treat a patient (Livingston 2012). In particular, wound care is a site of rehumanizing patients that are otherwise seen as obscene. Rotting flesh, maggots,

and pungent smells from the wounds can be distressing for patients, their family members, and care providers, and it is the task of care providers to rehumanize patients and quell any anxieties about the wound. Empathy, not pity, is what one nurse in Livingston's study says is the key to helping patients with wound care. Nurses cannot show signs of disgust or fear, and they must make the patient feel comfortable and without fear of being shamed. Livingston writes,

Not only do nurses reaffirm the humanity of patients who are decomposing, by addressing their wounds matter of factly and gently, but they also constitute the ward as a site of at least partial respite for patients from the energy required to mediate the effects their bodies may have on others (Livingston 2012, 112).

Sevadars' approach to wound care was very similar to the nurses in Livingston's ethnography. They recognize that patient's physical injuries are not the only things at stake but their dignity is, as well. Sevadars did not respond negatively to patients' wounds. Tara, in particular, kept a straight face, eyes focused on the wound, never grimacing or gasping. Her calm approach did not set off any alarms for patients, who then remained calm and collected themselves, often trying to remain stoic. Sevadars tended to be matter of fact, not syrupy sweet or coddling, nor demeaning or authoritarian.

The work of seva, in particular the chronic wound care, can be considered a form of minimal biopolitics, for its goal is to sustain life and reduce death (Redfield 2013). Sevadars are only able to offer surface level interventions for ailments resulting from structural health inequities. Additionally, in the process of doing seva, there are fleeting encounters and small exclusions that do occur. Sevadars try their best to "think purely" about sangat. However, there are moments when sevadars do not uphold this ideological standard of care with their actual practice of seva. While sevadars actively encourage sangat to come receive seva, which is one reason sevadars treat patients with respect, there are times at seva when patients feel disrespected or insulted by sevadars. Sevadars sometimes struggle with feelings of disgust towards patients,

especially when patients smell, have severe wounds, or have maggots in their wounds. There were instances where sevadars were unkind, neglecting, or violent towards receivers. When this occurred, receivers often reacted in ways to reclaim their dignity and respect. Furthermore, other sevadars would sometimes intervene in order to rectify the harm done in these instances.

As I discussed in Chapter 2, there is a wide range of wounds with which patients come to Sarbat Da Bhala clinics. These include small, negligible wounds to massive, chronic, or infected wounds that cause intense pain, anxiety, and comorbidities for patients. In what follows, I describe how sevadars provide care within this “woundscape” and how they try to heal not only physical wounds but psychological and social wounds, as well.

### **Practicing Seva in the Woundscape**

One morning, a regular patient who is deaf and had a painful wound on his leg came for bandaging. He sat on the stool in front of Tara, and she began to clean and care for the wound. Once finished, he moved on to have his bandage wrapped by Deepa Aunty. As she began wrapping the bandage, he told her it was too tight and that she was not wrapping it properly. She said it was fine, asserting that it has to be tight or it won't stay, and ignoring his request that she not tie it so tightly. As she finished, the patient continued asking her to redo it, yet she refused to fix it. I was sitting there, bandaging another patient, and I could tell that it hadn't been done with good care—there were parts that were too loose and other parts that were much too tight.

The patient stood up, breathing heavily out of frustration and visibly upset. He moved to the other side of Tara and began unwrapping the bandage, exclaiming that it wasn't done well and it was too tight. Kishore and Ajeet Bhaiya quickly came to the patient in an attempt to understand what had happened and to calm the patient down. Deepa Aunty began yelling back at the patient,



saying she did it well and she did nothing wrong. Kishore quietly kneeled, rolled up the undone bandage, and began to rebandage the patient away from the main bandaging station. Meanwhile, Ajeet Bhaiya spoke calmly to Deepa Aunty and suggested she continue bandaging other patients. When Kishore was finished rebandaging the patient, he and Ajeet Bhaiya told the patient that if there is ever a problem, he should come to them and they will fix it.

Kishore and Ajeet Bhaiya responded to the patient's assertion of mistreatment by trying to rectify the perceived disrespect from Deepa Aunty. Kishore took care to rebandage the patient to his liking, while Ajeet Bhaiya diffused the dramatic situation by calming Deepa Aunty down. This type of damage control is important to ensure that patients continue to come to the clinics and that they have a good experience there. There were other examples of this, where patients asserted their own dignity by refusing to be treated disrespectfully in order to receive seva, whether medical treatment or food.

In a discussion with both Tara and Kishore, both sevadars in their mid-twenties who practice seva daily, they talked about occasions when other sevadars disrespected regular patients.

Kishore said,

Patients are coming to us with faith that they will receive a good treatment; whether it be dressing or something else. Like the patient that we had yesterday with maggots... he had so many maggots and he is fine now. So he trusted us that he will get better here. If we did not remove his maggots the first day or if we would have given him the wrong medicine... he would have a bad reaction and he would not have come the next day.

Tara chimed in, "I agree, and the patient would then tell 10 more people that they give out wrong medicines or they don't treat you nicely..."

Kishore interrupted,

And you should not go to them, since the medicines and dressings were not right. Now consider this, Ram Chandra is a patient and he used to come to get his bandage

done. Deepa Aunty once told Ram Chandra not to sit here for seva because he smells. This was a long time ago, and he came today after such a long time.

Tara responded,

I agree that some patients are not clean, and they may smell, but that's ok. And I feel Ram Chandra is very clean. So after Deepa Aunty told him not to sit here to get the bandaging because he smelled, from the next day, he did not come to us. He did not come to us for 6-8 months. He did his bandage every day on his own, and I used to go and call him every day and ask him to come for bandaging but he would say no. So I could sense it from his voice that he is mad about something. So then I heard from Tavleen Aunty that Deepa Aunty said this to him. When I got to know that she said this to him, I went to Ram Chandra ji and I apologized to him if someone said something and he should not take it to heart and he should come back to us. Then after some time he started coming again. But still he doesn't want to get bandage done from her.

Tara let out a bit of a giggle, alluding to her understanding of Ram Chandra ji's, and her own, annoyance with Deepa Aunty's actions. She continued,

Some of our patients stopped coming because of this thing. We try our best to provide the best treatment but sometimes there is someone who says something that the patient would not like and he will stop coming because of that.

As Tara and Kishore show, these episodes of disrespect can lead to patients not coming for further care. Because both Tara and Kishore are much younger than Deepa Aunty, they could not speak up and tell her not to act disrespectfully towards the patients. They had to respect their elder. However, Tara and Kishore could approach patients who felt wronged and apologize on behalf of Sarbat Da Bhala. In doing so, they tried to repair the damage done by an annoyed and impatient sevadar and continue to build a relationship of trust and mutual respect. This work was important for giving dignity to patients who may be feeling dehumanized. The conscious efforts by sevadars to rectify misdoings and harm illustrates a self-reflexivity on the part of sevadars and an acknowledgement of the worthiness of patients. The patients are worthy, so when damage is done, there must be efforts to repair the relationships.

Sevadars repeatedly encourage patients to come every day to get new bandages and medications. They know that, given the conditions in which they live and the types of wounds they have, the bandages need to be changed daily in order for healing to occur. With complicated patients especially, sevadars will spend more time and may even get special food or medicine to help with the severity of the patient's ailments. Rather than nagging patients about habits like drinking, drugs, or engaging in criminal activity, sevadars and patients joke together about it, which works to remove potential judgement that might make patients discouraged from seeking care.

After Zayn, a teenage patient who sustained massive burns on his entire trunk and parts of his arms while trying to steal metal piping, ran away from the Sarbat Da Bhala ashram to return to his family near Nizamuddin, he came back to the Nizamuddin Sarbat Da Bhala clinic. The sevadars encouraged him to keep coming to their daily clinic for his bandages to get changed. He expressed concerns about returning to the ashram, and they reassured him that they would continue to care for him daily on the footpath if that was his preference. One day while helping Zayn, Tara began removing his bandages. However, the bandages were sticking to his wounds, and as they were removed, the skin began to bleed. Seeing this happen, Zayn began wailing out of a combination of pain and fear. All the sevadars, patients, and a number of passersby tried to quiet and calm him down. One passerby, a devotee of the Sai Baba Mandir across the street, gave Zayn a 100-rupee bill telling him to calm down. The sevadars do not want to attract more attention, and Zayn's wailing was becoming a spectacle that was doing just the opposite of what they wanted.

On another occasion as Tara began undoing Zayn's old bandages, early morning passersby craned their necks, staring invasively at his pink, raw skin. Noticing this, Kishore stopped what he was doing and stood in front of Zayn, blocking his body so it would be out of view of those passing

by. Though subtle, this action by Kishore worked to give dignity back to Zayn and protect him from others' dehumanizing staring. Additionally, the sevadars never chastised Zayn for how he got his injuries, never blaming his misfortune on his own misdeeds. Because of actions like this from the sevadars, Zayn trusted the sevadars to care for him in a dignified way. When Zayn's bandage was done that day, he attempted to put on his old collared shirt that had blood and pus stains from his wounds since it had been a few days since he came for bandaging. Kishore, noticing the state of Zayn's shirt, took off his own button-up sweater and gave it to Zayn to wear. This was another way for Kishore to give Zayn dignity, in this case dignity from the outside world. If he were to walk around with his old shirt that bore remnants of his wounds, he may be treated with disgust and ostracized. A newer, clean shirt helped give dignity to him.

Oftentimes sevadars would withhold information from a patient about them as a way to maintain their dignity. On one occasion, Amir had lice in his hair, and instead of telling him, Tara told Kishore to have him wash his hair with special medicated shampoo. When I asked Tara later why she didn't tell Amir that he had lice, she said she did not feel it was necessary to tell him because it might only lead to embarrassment or shame. Many patients are drawn to seva because their dignity is restored after all the marginalization that they experience in other sectors of life.

This dignity and respect towards patients extended into death for many patients. There was another new patient who had a massive wound on his hip that was filled with pus. Kishore and Ajeet Bhaiya were alerted by a rickshaw driver about this patient, and the rickshaw driver told them the patient had been dropped off on the street by the hospital. After discussing options of care with the patient, they took him to the ashram, since he required a lot more intensive care. At the ashram, patients get initial blood tests (complete blood count, HIV, TB, etc.) in order to best serve them and the other patients. They found out this patient was HIV positive. Unfortunately,

the patient only lived a few more days in the care at the ashram before succumbing to his illness and injuries. Once learning of his passing, Kishore asked around at Nizamuddin to discern whether the patient had any family members but was not able to find any connections. When a patient dies in the care of Sarbat Da Bhala, they first try their best to contact any family members who may want to conduct the patient's last rites or any funeral rituals. If no family members are found, Sarbat Da Bhala sevadars conduct those last rites according to the patient's religious affiliation. This patient was Muslim, so Kishore coordinated the appropriate rites and attended the patient's burial. This is one further step that Sarbat Da Bhala aims to fulfill which is to continue to humanize and pay respect and dignity to their patients even in death.

In the case of this HIV-positive patient and others, sevadars had real concerns over the possibility of their becoming infected with disease. This was particularly the case when learning the status of some patients with leprosy, HIV, and Tuberculosis. For example, after treating the patient they later found out was HIV positive, Kishore, who did not know how HIV was spread, became concerned that when helping this patient without wearing gloves, that he may have contracted the virus. The lack of medical training and medical protocol of some sevadars led to moments of acute panic and fear of contagion. The lack of qualifications of sevadars can, at times, put both patients and sevadars at risk.

Rather than feeling disgusted by patient wounds, I found that sevadars often became excited and motivated by complicated patients. Part of this motivation arose because it meant that the patient will require continued care, most often through the seva clinic. On a few occasions, as I sat bending over bandaging patient's wounds, Tara would lean over to me and say "Today, we've got a jackpot patient." So-called "jackpot" patients were patients who had wounds that had maggot infestations.

There was one day in particular where there were three different “jackpot” patients. Beginning at Nizamuddin, there was a man with unruly, curly hair, part of which was matted to the back of his head by what looked to be blood. As Tara, Tavleen Aunty, and myself cleaned and bandaged patient wounds, Kishore Bhaiya spoke to this new patient and then returned to grab some scissors from the boxes. He said one word to Tara and I, “Maggots.”

Kishore began cutting the man’s hair so that they could see and access the wound better. Once he cut the hair, we could see a round wound inside his head, about two inches in diameter, and it was filled with maggots. All the other patients had been cared for, and then it became all hands on deck to handle this complex patient: a head wound filled with maggots. The patient sat in front of Tara, and they began pouring turpentine oil on the wound to help get the maggots out. As Tara began to take the maggots out, she whispered to Tavleen Aunty to please start doing *paath*, a recitation of the Sikh holy scripture the Guru Granth Sahib Ji. Tavleen Aunty began, and Kishore joined in. I stood by idly watching the never ending stream of maggots emerge. Once she cleaned out as many as possible, they bandaged the wound up and encouraged the patient to return tomorrow. The patient may have been drunk, both Kishore and Tara thought, but he was appreciative and thanked the sevadars for their help. Later, I asked Tara why she asked Tavleen Aunty to do *paath*.

I asked her to start doing it when I saw that the wound was on his head and that it was so full of maggots. It was on his head! I didn’t want anything to go wrong, like him losing consciousness or something. This is probably my most complicated patient to date. There is some power in doing *paath*. Everyone always says that they go hand in hand, *seva* and *paath*. You have to have one to have the other. Maybe *paath* gives strength and confidence, and maybe we are doing the work of God so we are calling him by doing *paath*, and we are saying ‘Ok take care of this patient and do this work.’

This case amplifies the fraught nature of seva clinics due to the lack of formal training and qualifications. While this head trauma case might have been the most serious I observed, all aspects

of the seva clinic created some concerns for both patient and sevadar safety due to the lack of formal qualifications and formal standards of care, such as sterilization, hygienic measures, and evidence-based practices.

Later that morning at Sai Baba Mandir, a regular patient, Ashraf, who has leprosy and moves around on a wheelchair cart, was opening up his bandage when he saw that there were maggots in the chronic wound on his leg, a wound which had been there for years without healing. Ashraf has been getting bandaging supplies from Sarbat Da Bhala for many years, and he rotates between doing his own bandaging, with supplies from Sarbat Da Bhala, and having sevadars bandage him. When he saw the maggots, he let out a cry, and Kishore went to him. Ashraf began shaking, feeling scared and overwhelmed that maggots had gotten into his bandage. Kishore took a deep breath and assured him not to worry, he would clean his wound today and remove the maggots. I watched as Kishore began getting materials to clean the wound, including betadine, gauze, and turpentine oil. After pouring the turpentine oil on the wound to encourage the maggots to come to the surface, he began plucking them out one by one with tweezers. He tried to keep his composure, but there were a few moments when the squirming maggots made him jump out of fear or disgust. Tara was usually the one to handle maggots.

At the same time, a patient hobbled over with two old bandages on both of his legs. When asked where the bandaging was done, he said Safdarjung Hospital, and we all looked at each other with a knowing expression. Ajeet Bhaiya said, “Safdarjung is always sending us patients.”

“Baba ji, what happened?” Tara asked the new patients. He said he came from Assam to visit his son in Delhi and had been bitten by a dog. She opened up the bandage, and sure enough, there were a lot of maggots in the wounds. Ajeet Bhaiya poured turpentine oil on the wound, which helps in the removal of maggots. Once Tara removed as many of the maggots as possible, Ajeet

Bhaiya cleaned the man's legs and feet with soap and water since they were very dirty. Once the patient's legs had been washed, Tara cleaned the wound and I bandaged it.

Once we cleaned up all the materials, I asked Tara how she felt today after handling three jackpot patients. She exhaled and said,

I was wondering to myself *why are they all here today at the same time*. I felt a bit concerned, and overwhelmed by it. We always want to be getting more patients, but today we had our hands full with these complicated patients that we didn't need more patients.

Patients with maggots are usually not even allowed into government hospitals and are shamed for their moral failing to keep themselves clean and pure. Many receivers of seva mentioned that they preferred going to the seva point over the government hospitals because they were treated with more respect or dignity than at the hospitals. By treating patients as a gift from God, rather than as a burden, this fundamentally changes the relationship of care between sevadars and patients.

### **Conclusion: Serving those who are otherwise forgotten**

Muskaan and Saajan get up from their "roti" making, when another familiar patient, Raza sits down in front of Tara. He has a constant tremor which Tara says is probably from his chronic alcohol dependence. He brings up his shaking hand to show Tara a small cut on his palm. Muskaan, full of energy, begins wiggling around like many five-year-olds do while babbling to no one in particular. Then she stops moving and turns her close attention to Tara cleaning Raza's cut. A devotee of the Sai Baba Mandir, dressed in a carefully draped magenta sari, approaches the clinic and hands each of the children a small packet of Parle-G biscuits before walking to their car. The kids bring a joyful comic relief to the space of the seva clinic, a space where people who have been denied dignity can be recognized as persons worthy of care and recognition.



Having completed the morning seva clinic, the sevadars begin packing up all the equipment into Tara's car. Saajan goes and hugs Kishore's leg, biscuit packet still in hand and holding on as Kishore begins walking with a box to the trunk of the car. Muskaan is looking back at her new packet of biscuits, and then in an instant looks up, knowing everyone is leaving soon, and yells, "Bye Didi!" to Tara before skipping down the street back to her family's tent. Saajan lets go of Kishore and runs after her. The two of them will start their morning work of begging on Lodhi Road near some of the most expensive real estate in all of India.

Tara and I got into her car, along with Tavleen Aunty, and everyone was ready to go on with the rest of their day. Deepak, a regular patient, came and tapped on the window of Tara's car. He needed his bandage to be changed. Tara met eyes with Kishore who had just sat on his motorbike, and they knew that they wanted to help him. The sevadars try to keep some boundaries of timing for the patients, trying to instill a sense of responsibility and accountability that they will be at the clinic from 7:30am-8:30am, and if you are not in line by that time, then you will have to wait until tomorrow. In reality, however, I observed that if someone comes late, and sevadars are still there, one of the sevadars will attend to the patient in need. Tara said,

You have to help the last patient who comes, if you have a patient come and you tell them "No I'll do your bandage tomorrow but not today," then they are not going to come back tomorrow. Patients have a lot of pride, they will complain if a bandage isn't done well or they won't want their bandage done by some person. They have to trust us.

Part of the need to serve the last patient was an understanding of dignity and respect towards the patients. Additionally, sevadars held a shared belief that the last patient who comes to you is God. By serving the last patient, you are serving God directly. This belief relates to stories from the time of the Gurus, like that of Bhai Kanhaiya Ji, where followers were encouraged to serve anyone, because you never knew if it was your Guru you would be serving.

Unlike the patient experiences at mainstream medical providers, sevadars repeatedly encourage patients to come every day to get new bandages and medications. They know that, given the conditions in which they live and the types of wounds they have, the bandages need to be changed daily in order for healing to occur. Sevadars also document the patient's healing through photos, especially when cases are complicated. They try to take photos the first day a patient comes with a wound and will periodically take photos to track progress of how the wound is healing. On a number of occasions during the year I spent with Sarbat Da Bhala, a number of these patients' progress was shared via social media (Facebook and WhatsApp) to show the success stories of patients healing following complicated injuries.

By serving everyone who comes to them, sevadars are able to live up to the teachings of the Guru, and many sevadars were self-reflexive about times when they may not have wanted to serve someone but how they drew upon the Gurus' teachings to work towards an inclusive practice of care. Bobby Veerji said,

In seva, we should not say anything bad to anyone or make someone feel bad. Especially for the patients who have come to us with a hope that they would get some medicine or bandage, we don't want to send them off angry. We must be kept above the discrimination. We can do seva with an open mind. In Hinduism and Islam, there are restrictions. We don't have restrictions, our Gurus have said that we should do seva and distribute food and serve. And we don't have to say no to anyone. These are the lessons that our Gurus have given us. Even if we get irritated while doing seva, we can remember what our Guru said and we back down and think that we should not [be irritated], being irritated is incorrect. It is no problem, if a drunk person is talking and is irritating you, sometimes we feel that we should make him go and not do his bandage. But suddenly a thought comes in your mind that he is drinking because of his karma. He should get better, which is our karma. So we should do our karma and leave him to his. We should not give him medicines if he is drunk because it would not be good for him to take it while intoxicated but do his bandage. So we talk to him politely and ask that he should not come back drunk again, we are doing his bandage today but we cannot give him the medicine. Medicine will be given tomorrow if he comes back sober. So then he comes back sober the next day and says, "Sorry I made a mistake and I will not come drunk from now on," so he realizes that it was his mistake.

The necessity of *sangat* to do *seva* makes patients more valuable within the context of *seva* than perhaps in other, overworked and underfunded sectors of Delhi healthcare, like government hospitals. Furthermore, the valuing of patients, by seeing them as God or as family members, reduces discrimination, neglect, and abuse towards patients.

Within the *carescape* of Delhi, those patients that come to Sarbat Da Bhala clinics are otherwise neglected, harmed, or disrespected by mainstream medical providers, such as NGOs, private, and government clinics and hospitals. They are perceived as unworthy of care by mainstream providers, often due to their caste-status, poverty, drug use, or other perceived deviance. *Sevadars*, however, conceptualize patients as *sangat*, and *sangat* is viewed as God, thus requiring *sevadars* to treat recipients with respect and deservedness of care. Moreover, *sevadars* want to continue to see patients and actively encourage patients to return for care in order to fully heal. *Sevadars* require *sangat* in order to conduct *seva*, so there are conscious efforts by members of Sarbat Da Bhala to treat patients as worthy receivers and to rectify any harm or misdoings by other *sevadars*.

The fraughtness of the care provided by Sarbat Da Bhala, due to the lack of formal training and limited resources, can impact patient outcomes as well as *sevadars*' own health and safety. The intimacy of care, in particular wound care, leaves both patient and *sevadars* vulnerable to injury, both physical and psychological. Equally important to healing physical wounds, patient dignity was at stake in these care encounters and *sevadars* drew upon this idea of *sangat* in order to respectfully treat patients with dignity. While harm still can exist in the context of *seva*, conceptualizing receivers as worthy of care, of dignity, and of respect works to remove some of this potential for harm. Sarbat Da Bhala cannot replace the mainstream system of care, but the

seva clinics offer one alternative place for the precariat to be seen, receive care, and be restored of some dignity.

## IINTERLUDE: “WE CANNOT REFUSE

I sat chopping potatoes on a pleasant October day, sitting by a large metal basin of water used to wash vegetables. Tara and Balvinder Uncle were sitting with me in an antechamber near the entrance of the dera, from where everyone entered and exited. This space is where sevadars wash dishes, chop vegetables, and all visitors take off and keep their shoes before going into Babaji’s room<sup>38</sup> or further inside dera to work.

It was around 11am, time for the *chai* that was the mid-morning treat and source of fuel for those serving at dera. Harpreet Masi came around first giving steel cups of tea without sugar to the sevadars with diabetes. Balvinder Uncle took one of the sugarless teas after laying down the knife he was using to cut potatoes. He sat back on the overturned milkcrate, stretching his back which had been hunched over the basin. I gazed outside the doorway of which we sat right inside, hearing the *tick-tick-tick* of an approaching autorickshaw. I saw a Sikh autorickshaw driver slowing down as he approached the dera. As he drove past the entrance, he turned towards the entrance, taking his eyes off the road, and he put one hand on his heart, bowing his head while closing his eyes as he continued driving past slowly. This autorickshaw driver paid his respect to the Gurus in a transitory moment and drove off to continue his day. To those that are unaware, the outside of dera is unassuming and looks like the entrance to a house that has too many large metal canisters and containers. But those that know what is inside dera, know that it is a place of worship and service.

My attention towards this peaceful sight of the passing autorickshaw was interrupted. All of a sudden, a woman who was not a sevadar came from inside dera out into the antechamber area

---

<sup>38</sup> Inside the dera, there is a room where three Guru Granth Sahibs, the Sikh Holy Book, are kept. Most visitors to dera go inside and bow when at least coming or going from dera. It is also a place where people can sit and do *paath*, recitation of the Guru Granth Sahib, and some food preparation and other activities also take place there.

inside which we were sitting and working. She was yelling about something, that could not be heard clearly. I continued sitting around the big vessel of chopped potatoes and made eye contact with Tara across from me. As the woman continued to come out into the antechamber, all of us sitting around could hear better what she was shouting about.

“My husband is no more, and if I were to go to the Gurdwara, it would always be open for me to eat! Bangla Sahib<sup>39</sup> will let me eat inside!” She continued to yell angrily as she made her way out of dera, throwing her hands up and yelling, “Do what you want!” She stormed outside, turned the corner, and left the vicinity.

Rajori Uncle, who had been sitting on the steps just behind me while talking with Roohafza Uncle, heard the shouting and inferred, like the rest of us, that this woman must have come to dera for food, and someone must have told her to come back later, as it was too early for the lunchtime langar to be prepared. She’d have to just accept tea and biscuits until lunch was ready.

Rajori Uncle, targeting Aman ke Papa who emerged from where the woman had initially come, began shouting at him, “You cannot stop anyone from coming in! No one can stay hungry till 1PM. Do we eat and fill our stomachs, but we don’t want the others to eat?” Rajori Uncle’s eyes were bulging with sudden rage, his voice was booming throughout the antechamber.

Dolly, avoiding the confrontation that was beginning to play out, started washing dishes loudly, adding to the cacophony and heightening the stress of the situation. Manju came from inside dera with two cups of tea and handed one to me while proceeding to sit on a milkcrate nearby, watching the drama unfolding as she sipped tea.

Aman ke Papa, trying to save himself from this scolding, began reprimanding another sevadar, Happy Veerji, “Why do you let people in to dera so early to eat, because at this early in

---

<sup>39</sup> Gurdwara Bangla Sahib is one of the largest and most famous Gurdwaras in Delhi.

the day, not much food is prepared.” These three men, Rajori Uncle, Aman ke Papa, and Happy Veerji rotate a sort of managerial position of being in-charge at dera. They usually only overlap for certain hours of the day, as each has a usual timeframe for which they are responsible. Rajori Uncle stays overnight, Happy Veerji is there in the afternoon and late evening, and Aman ke Papa is there during the day.

Rajori Uncle continued shouting at Aman ke Papa, “If langar is to be distributed, then we must give it out! I would not even touch it when it is being distributed!” Roohafza Uncle, who had been sitting next to Rajori Uncle on the steps, chimed in and tried to diffuse the situation,

“It’s no problem, let’s leave it now. Say Waheguru. Now stay calm, it has ended.”

Rajori Uncle, still hot with anger continued his tirade, “Is a person mad that he would come to eat food and you would tell him that he must wait until 1pm? He would die of hunger by 2pm. If he had food at home then why would he come to you?”

Tara, Balvinder Uncle, Manju, and myself all diverted eye contact with all three men who were involved in the argument, hoping for things to calm down. At the same time, Roohafza Uncle continued trying to diffuse the heat of the situation by calling out Happy Veerji, who was smirking to himself as he brought dishes from outside for Dolly to wash.

“Happy Veerji, you are laughing on the inside. Be more open, and laugh.”

“What did I say? I don’t want to laugh,” Happy Veerji responds, not wanting any attention from Rajori Uncle to be targeted towards him. Ignoring these attempts at diffusion, Rajori Uncle continued shouting louder and angrier than I had ever seen him. It felt as though he were lecturing all of us in the room.

“Nobody can wait for lunch time if they are hungry. Are you going to make them die of hunger?” Looking at Aman ke Papa, he said, “You cannot do this, this is not what we do, you have to give them something.”

Rajori Uncle, inferring that Aman ke Papa had likely told the woman that she needed to come back later if she wanted food, was illustrating that at dera, they do not send people out empty handed. If someone wants food, they give it to them. Aman ke Papa tried to defend himself at first, and seeing that it was futile, got quiet and took the scolding.

Rajori Uncle kept yelling “The concept of dera is to make people eat. Why are you stopping people from coming in and eating? I might not be able to do certain things here at dera, but there are certain things I cannot stop doing.” He implied that in his old age he is somewhat limited in what labor he can provide at dera, but he will never stop giving food to those who need it. Manju and I made eye contact both widening our eyes and giving a small uncomfortable smile in recognition of the awkwardness of this drama that played out.

As quickly as the argument unfolded, it ended. Someone entered the dera from outside and inquired with Tara and then with Rajori Uncle about a bill that needed paying. Manju began collecting everyone’s chai cups. Dolly began telling me about a fall she had yesterday which was just now causing her to have back pain. Aman ke Papa turned off the water pump which began chiming a tune to signal the water tank was full. He began washing dishes, trying to change the topic with the loud noise of water and steel banging together.

I got back to chopping potatoes, and Rajori Uncle went into Baba Ji’s room with Tara to settle a bill that had just come. Meanwhile, a young boy, who I had seen peeping out of one of the neighboring houses earlier in the day, came into the antechamber with a large empty 7Up bottle and filled it from the reverse osmosis water filter. Seeing me watching the boy as he filled the



bottle, Dolly told me that anyone from the neighborhood is allowed to come in and use the filter. Some of the people who live nearby cannot afford a reverse osmosis filter, so this one is available for use. Likewise, people come into the antechamber of dera and ask for food. More often, they don't even need to make the request, and instead are asked by a sevadar if they'd like food, water, or tea.

In the argument between Rajori Uncle and Aman ke Papa, Rajori Uncle argued that you cannot deny someone who comes to you seeking food or care. You have a duty to serve them. There is a shared idea among sevadars that you must provide to those in need, sacrificing, if needed, in order to do so. Sevadars told stories of other sevadars literally giving the shirt off their own back or shoes off their feet to those in need. The whole concept of dera, Rajori Uncle says, is that you must make people eat and you should not eat until all those who have come in need are fed.

Sarbat Da Bhala sevadars, and most Sikhs, consider a Gurdwara to be any place where the Guru Granth Sahib, the Sikh holy book, is kept. Using that definition, the Sarbat Da Bhala dera is the only Gurdwara in the local neighborhood. As mentioned earlier, this dera is not a part of the formal Gurdwara system, rather, it is independent and organized around the concept of seva. As discussed in Chapter 1, the dera was chosen in this place because of a need in the community. Dera has become a part of the social fabric of this neighborhood, and as such, it is seen as a place where those in need can come for help, whether it be for food, medical care, or spiritual help. The goal of having the dera, initially in this neighborhood, was to serve those in the surrounding neighborhood who were seen as in need after the riots of 1984.

A few days after the argument between Rajori Uncle and Aman ke Papa, I spoke with Manju about the event. Manju first explained how people from all religions are welcome to come to the Sarbat Da Bhala ashram and dera. She said,

Whoever comes, it is ok, they are our parents. If someone leaves their parents then we get them here and we have to do their seva. We don't ask if they are Sardar (Sikh) or Muslim or anything. We take anyone who comes. Consider this, *Saadhus*<sup>40</sup> come to dera. They come from so many religions; everyone is given a blanket and other things. Sometimes someone comes who is drunk. We don't tell them that you are drunk and we will not give you roti. We just have some rules. We give food out to everyone but yes, if we give food to someone who is drunk, he would forget his plate outside only. He would not know that he has to go and keep his dirty dishes inside. So now we have this rule that you come and help us by transferring some wood and that way you would get back in your senses a little. By working, your brain would come back to functioning. Now you can eat. Now you would know where you have to keep your dirty dishes and tomorrow when you come, we will ask you where your dishes are. Did you leave it there or did you come and drop it inside. Then they would say that I will not do that again. So we walk along with all the religions. When we make this roti, everyone can eat.

But, there is a rule that anyone is allowed to sit here at dera and eat, but you cannot take it home. This has been followed for a long time. That day, that Aunty had come and was asking for food, but Aman ke Papa refused. She said a lot of mean things to him, like "you'll die and things would happen to you." She said a lot of things, and I said "Aunty why are you saying these things, it is ok, come in and take the roti." Then she said, "I don't want to take it anymore. You want to make roti for poor and go that far to distribute it," but she was saying earlier give me roti to take home. She asked for roti and *sabzi*<sup>41</sup> and other things. Then Uncle said, "you can just go inside and eat, no one is stopping you. Eat here, there are no restrictions." So this is the thing. Sometimes if Aman ke Papa is not there, we just give it sometimes. Sometimes needier people come, and we just give it, it is ok. But when Aman ke Papa is here, we all run away.

Manju laughed after saying this. While the standard for the quality of food was one highly regulated activity at dera and langar distribution points, the distribution of food was another thing that was encouraged and regulated. In the argument between Rajori Uncle and Aman ke Papa, Rajori Uncle argues that you cannot deny someone who comes to you seeking food or care, but

---

<sup>40</sup> *Saadhu*, also spelled *Sadhu*, is a religious ascetic or holy person in the Hindu or Jain tradition.

<sup>41</sup> Generic word for vegetable dishes.

you have a duty to serve them. There is a shared idea among sevadars that you must provide to those in need, sacrificing if needed in order to do so.

I spoke with Rajori Uncle about why it is so important not to say no to anyone, and he explained the importance of this, as well as why dera held a specific role in serving anyone who was in need. He said,

This is not an empty place. No one has ever gone empty handed from here. Whoever has come here has gotten something or the other, whatever they wished for. All Deras are closed during the night. All Gurdwaras, except the ten bigger ones, they are closed at night. Our dera never closes, it is open 24 hours. If someone comes at one AM, even then it is open, two AM, four AM if someone is coming for *paath*, it is open. There are no issues here. If you want water, you will get water. If you need tea or food, you will get it anytime. Whether it is rich or poor. If you just want to do it for the riches, then don't do it. Give it to the poor. Even if a poor person comes at midnight and asks for food, they would get it. They have this hope that they would get food here. Even at 11:30 PM a guy had come, we gave him roti at that time. None of us stopped him, we were about ten people there that time. Everyone was doing something, someone was washing and someone was doing some other seva.

In this conversation, the importance of serving those who are less fortunate than you, mostly those that do not have family to care for them, came up frequently. In particular, he spoke about how special foods, such as fruit or desserts which are more expensive food items, should be given to those who otherwise could not have them, in particular the poor or those who live at ashram. Those at the Sarbat Da Bhala Ashram are without family and without income, so they only rely upon the meals provided by Sarbat Da Bhala. Rajori Uncle continued by telling an important lesson he learned about why he must serve anyone who comes. Rajori Uncle said,

We were taught that we have to do seva for the poor. In Sikhi the first thing that comes is that, you should do seva for the poor. We can eat everything, whatever comes, apples or other fruit (relatively expensive food items). But the poor do not get a chance to eat it. If someone brings fruit [to donate], then I tell them to give it to the poor. Why do we send these things to the ashram? If cake comes and someone is celebrating their birthday, we tell them to celebrate it there at ashram, not here at dera. We can eat these things every day. We would get these things but the poor ones won't. If 70 people are there at ashram and they ate roti twice a day then they

have just had their meal. Now if someone gets apples, someone brought apples yesterday. We sent it straight to the ashram. We get bananas sometimes; we send it to the ashram. Whatever fruit comes, we send it first to the ashram.

Rajori Uncle continued by telling an important lesson he learned about why he must serve anyone who comes.

Once at 2:30AM, years ago, someone came to have langar. It was the time of *Amrit Vela* (morning prayer time) and he knocked on the door and I told him to leave and I said, "Is this time for langar?" and Pita Ji came out from his room at around 3AM. Pita Ji told me "You made God leave. God came to test you and you made him leave. The Guru came himself, and you sent him back. Never say no to giving out langar to anyone. Give langar to everyone. Guru comes to take our test that they make langar here, do they even give it out or not." I had this experience that this man came at 2:30AM and I refused to give him langar and Pita Ji made me understand that we *have* to give langar. We cannot refuse at any point of time. You are awake, then wash your hands and give langar. What are you insufficient of? We have never run out of things. I never thought that we don't have things. Whatever we want, those things come. People come and give us, a rickshaw comes and says that someone sent semolina flour or something else. I would ask him where he came from and he would tell me some place. There has not been any kind of insufficiency here at dera.

Most sevadars shared this belief that you cannot refuse to serve anyone who asks for seva, whether it be langar or medical care. It was often seen as a duty, and if you refused, then you were refusing God by doing so. Taking into consideration the conceptualization of sangat as God and as Kin, this would also be seen as an abandonment of kin, which is a moral shortcoming. While Sarbat Da Bhala emerged due to limitations of and exclusions from the formal Gurdwara system, they still remained connected to the formal Gurdwara system in Delhi because of this ethic of not denying anyone who asks for help. The Gurdwaras often ask for Sarbat Da Bhala to provide rice, dal, or other provisions for the Gurdwara's own langar.

No one is refused. You have to give them langar, and if they have extra then they must return it so that someone else can eat it. Don't let it go to waste. Anything that is made or comes, you have to feed that. If it goes to a *kirtan darbar*, *nagar kirtan*,

or any *samagam*<sup>42</sup>, we distribute it to all, everyone gets some as *prashad* and it goes from the dera.

Rajori Uncle explained that Sarbat Da Bhala leaders are often asked to provide langar for *kirtan* programs at Gurdwaras or across the city. Even considering that the formal Gurdwara institution often failed to serve certain people, Sarbat Da Bhala did not feel it was right to deny all sangat of food or seva that was requested by them from the Gurdwara system. In the words of Rajori Uncle, they cannot refuse.

---

<sup>42</sup> These are all different types of meetings of the Sikh community, some are processional while others focus on music or recitation of the Guru Granth Sahib.

## CHAPTER FIVE

### Giving Dignity and Respect: Regulating Seva and the Quality of Langar

Most traditions of ethical practices that attend to others, such as care, service, or gifting, in South Asia, and elsewhere, place importance on one's affiliation or attachments to others. Affiliations are important for recognition and understanding of personhood, as well as for understanding duties and obligations (Bornstein 2012; Lamb 2000; see Becker 1995 for this in Fiji). Affiliations create group membership based on individual identity markers which can be formed through various connections, including the location of one's home, languages spoken, religion, or birth place (Bornstein 2012, 9). Knowing who one belongs to, is responsible for, and should serve is often based on cultural systems and dominant ideologies. These "webs of relatedness" offer a construction for how persons understand themselves within the family and their community (Parish 1994).

Affiliations are inherent to understandings of personhood; they not only provide reference points of how one should act within a particular identity, but they also provide an attachment to something. Attachments are an extension of the self; if attachments are cared for, then those in relation to that attachment, the self in this case, is also cared for through that relational bond. In South Asia, attachment can be formed "through everyday activities of sharing food, touching, sleeping in the same bed, having sexual relations, exchanging words, and living in the same [home, neighborhood, or village]" (Lamb 2000, 28; see also Marriott 1976a). These bodily and emotional attachments involve systems of reciprocity, obligation, and moral experiences within a person's inhabited world. Attachments, however, can also be the site of oppression, coercion, and violence that can lead to suffering or inequality (Lamb 2000; Pinto 2014). Since attachments are important

in constructing and maintaining understandings of the self, it behooves individuals to honor these relationships, for it maintains the person through their care of attachments.

Furthermore, moral experience and ethical personhood are highly influenced by one's embodied orientation towards others<sup>43</sup>. Anand Pandian emphasizes how moral selfhood, as a dynamic entity, is inter- or co-subjective (Pandian 2010). Understanding one's relationship with others and the pursuits to maintain or make good within those social relationships is imperative to ethical life. To craft oneself into an ethical person may be so that you can live for others in order to make the world better for oneself and those who occupy that world alongside them. In Anne Becker's work in Fiji, she writes that "cultivation of the self is ideally achieved through the cultivation of social relationships," and this cultivation of both the self and relationships is often done through engagements with others such as serving, caring, or material exchange (Becker 1995, 18). Karma, for example, can be shared by whole families or communities, illuminating the way relational aspects of personhood in South Asia play out in everyday moral life (Wadley and Derr 1990). As I discuss in Chapter 3, within the Sikh worldview, karma and one's ability to reach liberation impacts those with whom an individual is connected.

---

<sup>43</sup> The study of persons in South Asia has a long history. Early scholars focused on the Indian person as a contrast from the Western "individual," by arguing that the Indian person is, instead, "dividual" with open boundaries (Marriott 1976a; 1976b; Marriott and Inden 1977; see also Daniel 1984). Mattison Mines and others on the other side of the debate argued that "individuality and personality are indispensable to social life" (Mookherjee 2013:5; see also Mines 1988). While the history of ethnographic literature on South Asia has tended to de-emphasize individuality in South Asia, the dichotomy between "Western and non-Western, individual and nonindividual, bounded and nonbounded conceptions of self or person should not be overdrawn" (Lamb 2000, 40); rather, it is important to understand the relational aspect of persons everywhere. In a revisiting and reconceptualizing of how the self in South Asia has been theorized, Nayanika Mookherjee writes that "the self [can] be viewed as a phenomenological, temporal manifestation, as an agent of goal, success, failure, of interaction and morality" (Mookherjee 2013, 6). She writes further that understandings of the self must take into account how "subject positions are produced and performed as embodiments-in-the-world" (Mookherjee 2013, 13). Persons in South Asia and elsewhere are created through and connected with others to whom they are related or attached. Persons mix with others and their environment through contact and attachment, and these contacts can result in both beneficial and detrimental effects.

Seva is a practice where sevadars orient towards others and shape themselves in the process, amplifying the inherent relatedness to it as an ethical practice<sup>44</sup>. Ethics is always in relation with others, their feelings, needs, and presence (Pandian 2010; Trawick 1992; A. Singh 1970; N. Singh 1990; Parish 2014; Zigon and Throop 2014). Sikh ethics too are about connecting with everything and the One all at once (N.-G. K. Singh 1995). Anthropological approaches to morality and ethics, therefore, need to consider that the reason for this self-fashioning is directly related to one's being in the world with others (Zigon and Throop 2014; Parish 2014). Practices of care and of giving are one area in particular where we can explore the inherent relationality of ethics in concert with their tensions.

In Arjun Appadurai's work on gratitude among people in Tamil Nadu, India, he writes that giving "is governed by the idea of the duty of various kinds of persons to give various kinds of things to various other kinds of persons" providing examples that "Gods and kings give protection...wives give devotion and labor in the household, [and] worshippers give jewels and service to deities" (Appadurai 1985, 238). In a context where reciprocity is part of one's attachments with others as a "social principle, morality, and etiquette" (Appadurai 1985, 244), moral or social breakdown on the individual or group level can occur when these social obligations are not reciprocated and fulfilled. Knowing who one belongs to and is responsible for is essential for being a moral self and for living in the world as best as possible. Successfully maintaining such relationships, and the expectations those relationships produce, protects against moral breakdowns (Zigon 2013) that can lead to suffering and conflict on the level of the self and community.

---

<sup>44</sup> Many anthropologists utilize Foucauldian ethics which focuses more on self-fashioning (S. Mahmood 2011, 20; Dave 2012; Laidlaw 2002). As a consequence, the relational and interpersonal aspect of ethics is often downplayed in the effects it can have on the self-work of creating an ethical subject.



Food is an important medium for defining how people relate to and become attached to others, which can be seen by who gives and receives food, as well as who refuses to give or receive. This happens through a transmission and blending of peoples' natures or essences, including how they are as social and moral agents (Parish 1994). Food is a highly social and relational entity (Garth 2020; Mintz and Du Bois 2002; Abramson 2012; Goodman, Maye, and Holloway 2010). It is a connective medium between humans and is something that is highly regulated in many contexts, especially within the context of South Asia (Appadurai 1981; Parish 1994; Lamb 2000; Solomon 2016; Kantor 2019).

Within South Asia and elsewhere, the gifting and giving of food is one such practice that has received vast attention, and giving is an aspect of every religion (Appadurai 1981; Laidlaw 1995; Bornstein 2012; Snell-Rood 2015a; Kowalski 2016; Lamb 2000; Trawick 1992; Parry 1986; Zigon 2008; Becker 1995). In Hindu traditions, *prasad*, often in the form of food, is a symbol of a deity's grace and power. Worshipers offer up the food to the deity, and in the process of ritual, the food becomes imbued with divine power and grace (Fuller 1992). Food is a porous substance and thus it is transformed to embody the divine through the course of the *puja* ritual. By ingesting the *prasad*, devotees can symbolically internalize the divine and engage with their deity, transforming themselves momentary and embodying the goodness of the divine.

Arjun Appadurai's study of the "gastro-politics" in a Tamil Brahmin household illustrates that food is foundational to the semiotic system within certain social contexts (Appadurai 1981). The concept of gastro-politics is the politics and competition that arise over food as a cultural or economic resource. Agriculture and food have historical significance in South Asian ecohistory; food is understood as being the cosmos, both in physical and moral forms. In its semiotic functions, Appadurai argues food in South Asia "can serve to indicate and construct social relations

characterized by equality, intimacy, or solidarity” and it “can serve to sustain relations characterized by rank, distance, or segmentation” (Appadurai 1981, 496; see also Parish 1994; Mintz and Du Bois 2002). Whom one serves, when, in what order, and what type of food all contribute to the moral and political relationships that arise through such a transaction. As I will discuss in this chapter, the Sikh practice of langar seva, which carries the ideology of a shared, vegetarian meal eaten as equals on the ground regardless of caste, class, or creed, complicates the politics of food distribution and consumption.

Additionally, people give value to food, ascribing status to certain foods as good, clean, or pure, while others are deemed bad, dirty, or unhealthy. For example, *ghar ka khana*, or home food in the context of South Asia, is often identified as superior or better food, more nutritious and pure, than food prepared and eaten outside of the home (Solomon 2016). Consumption of certain types of food, and their perceived quality as either good or bad, can reflect upon the consumer’s moral virtue due to the porous nature of the body and the transformative quality of food materials (Lamb 2000; Solomon 2016; Abramson 2012; Goodman, Maye, and Holloway 2010; Becker 1995). In religious practices, for example, food can become sacred or take on new qualities through rituals or associations with supernatural beings (Mintz and Du Bois 2002).

Furthermore, food acquisition, preparation, and consumption are tied up with practices and experiences of care, ethics, attachment and social distinction (Appadurai 1981; Parish 1994; Lamb 2000; Garth 2020). Hanna Garth, in discussing food acquisition and consumption in Cuba, writes about the pursuit of an adequate or decent meal (Garth 2020). A decent meal supplies more than just sufficient nutritional intake for survival; it fulfills affective, social, and subjective needs and aspirations for goodness in everyday life. The pursuit of a decent meal, as shown through Garth’s interlocutors insisting upon certain ingredients, engaging in time-consuming errands, and resource

sharing, is an everyday ethical practice. This politics of adequacy, which Garth's interlocutor's grapple with, involves evaluating "who determines what is necessary to live a good life, how it is determined, and must include both the political economy of food access and the social and affective experiences of eating" (Garth 2020, 5).

Building upon Garth's observation that the mere existence of food is not enough to contribute to understandings and experiences of a good meal, wellbeing too cannot be understood in purely economic terms. Beyond material wealth, physical health and safety, and social relationships, Edward Fischer argues that other elements impact wellbeing and must be incorporated into conceptions of a good life (Fischer 2014). These other elements include the nonmaterial values of aspiration, dignity, and commitment to a larger purpose. Taken together, people grapple with meeting not only the material needs of nutrition and caloric intake but also their desires for food that align with aspirations and preservation of dignity or self.

The value put on food, reflected in the subjective experience of desiring, creating, and consuming certain food, echoes larger psychological, ethical, and socio-political dynamics. In the Sikh tradition, langar is the concept of a free, communal meal. The ideology behind langar is that it is a shared, vegetarian meal eaten as equals on the ground regardless of caste, class, or creed. Ingredients are collected, cooked communally, distributed for free, and eaten on an equal surface. This way of giving to others is an embodied practice, since it is a transfer of self to another through the medium of food. The practice of langar seva, often called the community kitchen, began with the first Sikh Guru, Guru Nanak. Historically, langar complicates many norms of food distribution and consumption in Hindu-majority South Asia. It is a direct objection to caste-based discrimination and untouchability by institutionally promoting and providing space for a shared meal regardless of caste background. Furthermore, langar serves, both ideologically and

practically, as a method of social class integration, serving both peasant and prince the same meal side by side (A. Singh 1970). Finally, the Sikh ideology of equality across caste, class, and creed is promoted to encourage followers to recognize the dignity of all humans (A. Singh 1970).

In this chapter, I evaluate the role of food through its preparation and consumption in practices of seva. First, I describe the process of langar preparation and distribution among Sarbat Da Bhala, illuminating the ethical embodied practices, aspirations, and complications in sevadars' pursuits to create a decent, good, and dignified meal for others. I begin by discussing where and how langar is prepared. Second, I discuss how langar preparation is regulated as an ethical practice and I talk about the transformation in quality that happens to food through the process of langar. I illustrate how supposed material transformations of food require people to interact differently with material substances in order to fulfill these same ethical demands of providing a good meal to others. Finally, I describe the ethical choices and practices used when sevadars distribute langar. Overall, I show how conceptions of goodness and ethical aspirations for dignity and wellbeing are materialized through the embodied practices of production and distribution of food.

### **Langar preparation at dera**

The dera is unassuming from its entrance. But for those who frequent dera, something divine and powerful lies inside. Depending on the time of day, a white van with the words "*Guru ka Langar*," the Guru's langar, written in red Gurmukhi script is parked next to the entrance. Happy Veerji takes charge of removing the empty vessels, coated with remains of dal and rice, from the van. On the other side of the entrance, bags of cauliflower are stacked on top of each other, creating a sort of cauliflower wall. By late afternoon, the cauliflower wall will be partially demolished, as sevadars wash and chop the vegetables in preparation for the following day's langar.

Covering my head with a *dupatta*, I enter inside, saying “*Sat Sri Akal*”<sup>45</sup> multiple times to all the sevadars sitting near the entrance. Two uncles are chopping potatoes into a big water-filled basin, and an aunty I have never seen before is washing some dishes. I slip my sandals off, and place them in a line next to everyone else’s shoes. I quickly go into Baba Ji’s room, bow my head on the wooden floor ahead of many pictures of the Gurus, some Hindu Deities, and Saints. An elderly aunty is sitting on a stool, reciting *paath*. She makes eye contact with me and nods her head as she continues swaying her body left and right, left and right. I nod to another aunty who sits peeling garlic as I scamper back out to the antechamber.

Back in the entrance area, my previously dry feet slip into wet mushiness—the amalgamation of water, potato starch, and wheat flour gets caked onto my feet as I walk through the antechamber to get into the main narrow hall of dera. In clouds of smoke and a growing feeling of warmth, I pass by the *loh*, a wood-burning stove where food is cooked. First are two large burners where rice and vegetables are cooked in massive cooking vessels. Then, there is a large eight-foot slab where the *roti*, flatbread, are cooked. Three sevadars stand on one side of the *loh*, one of them placing the flattened *roti* dough, while the other two take turns flipping the flatbreads until they are cooked. As I say my hellos to the sevadars at the *loh*, I can already tell the energy of the space that day. It is calm, but high spirits, the sevadars seem motivated and in a relaxed, cheerful mood.

I make my way, feet covered in flour, towards the back of dera. I smile and say “*Sat Sri Akal*,” and the sevadars, mostly ladies, echo back a cacophony of “*Sat Sri Akal*” to me. I hang my canvas bag up next to the recycled rice bags some of the ladies use as purses. A white sheet is laying on the ground, a mound of beige *roti* dough on one end and five mini mounds of dry *atta*,

---

<sup>45</sup> A Sikh greeting roughly meaning “God is the ultimate truth.”

whole wheat flour, laid out sporadically across the perimeter of the sheet. Between these piles of flour, the sevadars either shape balls of dough or roll balls of dough into flat, even roti. I step behind the ladies sitting against the back wall and sit down on the adjacent wall. Manju hands me a rolling pin and a *chakla*, a circular board, and I join in the communal work of rolling roti. The echo of steel cooking vessels clattering flows from the entrance of dera making its way to the back where we sit. A calming “*klink, klink, klink...klink, klink, klink...*” resounds. Manju’s bangles hit her steel *kara* as she makes gentle strokes to roll an even roti.

Paramjit Uncle, who is blind, sits in one corner, eyes closed, taking a steel plate that has dry dough caked along its edges. He uses it to cut long pieces from the mound of warm sticky dough. From the long piece, he feels the dough in his hand and tears off a handful, expertly rolling it between his palms into a sphere. Manju takes one of these balls, and so naturally pushes it down into the flour, compressing the sphere slightly. Placing it on the *chakla* and taking five or so quick, rhythmic strokes, she flattens it into a roti. She carefully peels the roti off the *chakla* and gently tosses it, as if it were a frisbee, across the sheet and onto a steel plate.

We talk about food, the news, and TV shows. Most days there is at least one question about my life in the U.S., often with playful questions about whether or not I will take them with me when I return. Today, as we are waiting for Meher to make tea and breakfast for all the sevadars, the conversation shifts to breakfast in America.

“Lauren, what is the typical breakfast like in the U.S.?” Harpreet Masi Ji asks.

“Hmm, it’s hard to say. People eat all different things. I usually eat oatmeal or yogurt, some people eat toast, fruit, eggs. Those types of things. And coffee or tea.”

“But people don’t take their tea like we have it, do they?” Manju inquires.

“Some do, but most people I know don’t. But we often will have milk and sugar with coffee.”

“But what is your version of daal-roti? Isn’t there something you must have every day, that you wouldn’t feel complete without eating?” Sukhmani Bhabhi asks.

“I don’t know if we have that. We have foods we call comfort foods, that we eat when we want to feel comforted, either from childhood or maybe because we are sad or sick. For me that would be soup or macaroni and cheese.” I explain slowly, laboriously racking my brain for the right Hindi words to express my thoughts.

“You’ll take me to the U.S., right Lauren?” Harpreet Masi Ji says teasingly innocent behind a beaming smile.

“Of course Masi Ji, you’ll come with me in the airplane!” I confirm, with a joking convincingness.

“OH! Yes, you take Harpreet Masi, and when you are in the plane, you drop her in the middle of ocean as you cross!” Everyone bursts out laughing at Manju’s teasing of Harpreet Masi. This teasing happens all the time at dera. Manju has the quickest wit of the whole group. We keep laughing as we roll the roti, Harpreet Masi included, and I look to Manju and sigh.

“It’s good, if we are laughing, then the laughter goes into the food. If you have a guest over and you are making food, whatever is in your heart will go into the food. Like if you are crying, then that crying and sadness will go into the food,” Manju says.

“*Accha*, I see,” I nod in understanding. We both exhale, and go on with rolling, glimmers of smiles on our faces and a surge of energy from the lighthearted interaction.

## **An Introduction to Dera and Langar Preparation**

Sarbat Da Bhala distributes thousands of free meals, a concept known in the Sikh tradition as langar, everyday across Delhi. The preparation of this food is another form of seva that occurs at their dera, a dwelling of a saint, which is open 24 hours, seven days a week, 365 days a year. As with other seva locations, there are sevadars who come daily, weekly, or more infrequently.

Among the sevadars at dera, there are certain sevadars who oversee the cooking and also manage any questions or issues that arise, such as deliveries, bills needing payment, or coordinating with other sevadars across the city. These duties are mostly rotated between three different men, Rajori Uncle, Aman ke Papa, and Happy Veerji, each responsible for different times of day. Three women, Manju, Harpreet Masi, and Sukhmani Bhabhi, also hold important roles of overseeing langar preparation, related to coordinating the timing of mixing dough and the division of labor between mixing dough, making balls, rolling roti, standing at the *loh* (stove), putting oil on roti, and packing roti. In addition to these six individuals who are at dera daily, different families are assigned as responsible for langar preparation each day of the week. These families have usually been associated with Sarbat Da Bhala for at least fifteen or more years, and their main responsibility is to ensure that enough sevadars, the source of labor, are present to prepare langar on their assigned day of the week. This is most often family members, but the source of labor can also include a family's domestic workers or other hired help. Manju, Harpreet Masi, and Sukhmani, along with two or three other women, are paid a small sum (200 INR= ~ \$2.75) by most of these families for a day's worth of labor in preparing langar.

Every 24 hours, Sarbat Da Bhala must make thousands of *roti* and accompanying *sabzi*, which consists of any variety of vegetarian dishes often including lentils and vegetables. This requires substantial organization, labor, and efficiency to pull off. One way in which this is done



is through sevadars' regulating each other. Roti, also called *prasad* or *chapati*, is the main food item that is regulated. Roti are individually made and are the most time and labor intensive aspect of cooking langar. First, a large batch of dough is made. From that dough, small balls are made by sevadars, then those balls are individually rolled out into flat breads. They are then placed on a stove to be cooked. Because these are made one-by-one, by various sevadars in various stages, there are many opportunities for irregularity. Besides being made well, the roti must also be made at a fairly quick pace; resources are being used up the longer the stove is on, and a certain amount of roti must be made each day in order for the langar to be successfully prepared. Most often, roti preparation begins at around 8:30am or 9am and finishes between 6pm-9pm, depending on how many sevadars are present. When unemployment is higher, there is greater demand for langar at the seva points since day laborers are not earning enough to buy their own meals.

Typically, there are two or three sevadars making small, round balls of dough while three to six other sevadars roll the balls out into roti. These jobs are mostly done by women, with the exception of a couple of male sevadars, one of whom is blind and lives at dera, and children who also help. The roti are stacked on top of each other in piles on steel plates which are then taken by another sevadar to the *loh*, or stove. At the *loh*, roti are placed on the large heated surface and are cooked and flipped by two or three sevadars. Both men and women take turns doing this job, which can be excruciatingly hot during scorching summer months, and pleasantly warming in cold, winter months. There is a rhythm of the work at dera, one that requires coordination between the different stations in order for things to flow smoothly between them.

Regulation occurs in seva production as a way to control quality, maintain efficiency of production, and manage distribution. Regulation is rooted in the idealization of how seva should occur, the desires to maintain a certain quality or standard, and the practical forces that impact the

nature of seva. Within Sarbat Da Bhala, sevadars manage each other and receivers of seva to best mediate the tensions between the ideal way of performing seva, what is practically possible, and the ethical aspirations sevadars have for the quality of food they wish to serve others.

### **Back at Dera**

Later that morning, we began rolling out the second batch of dough having finished the first large mound. Kiran Aunty Ji just arrived, later than usual, and she seemed tired. Her hair was freshly dyed a dark black with some remaining tinges of red from henna she must have used previously to dye her gray hair. Her family is responsible for langar one day of the week at dera, and since she is the matriarch in the family, she is viewed as the authority in charge. We made space for her to come and sit around the large sheet upon which the dough and piles of flour lay. She began inspecting the roti that were already stacked on a plate to go to the *loh* and remarked,

“These *prasad* are too big”

“Aunty the balls are big, that is why they are becoming big,” Tara and others said, absolving themselves from blame and instead placing blame on the people rolling balls of dough.

“Mummy, it is ok if they are bigger, when we distribute it they eat it and they enjoy the big thin ones we serve,” Monica, Kiran Aunty’s daughter, said. Monica was one of the few sevadars present that day who actually takes part in the distribution of langar on a regular basis.

At the same time, someone yelled from the *loh* that it was empty, meaning they had no roti to put on it.

“Roll, roll, roll, Waheguru Ji,” Bobby Veerji said as he came to pick up a plate stacked full of lightly dusted, thin roti.

“We need a plate, give us a plate,” Sukhmani remarked in her high-pitched voice, expressing that they can only roll more roti, faster, if there is a plate to put them on. She wiped the flour from her face and took a deep exhale while closing her eyes for a moment. She must have been tired from all the work she’d already done that day. The trouble sometimes is that if there is no plate by those rolling the roti, then there is nowhere to place the roti after rolling a new one. If roti are left too long stacked on top of each other, they also can become wet and sticky, which can make them stick together and get ruined before being placed on the *loh*.

A while later, Bobby Veerji returned to the rolling station with a cooked roti in hand and began scolding, “Look at how you are making the *prasad*, they are too thick on the sides, and now they are too small. You need to pay attention and make them nicely.”

Bobby Veerji stood over Rajni Bua, a woman who is blind and does seva daily by making the balls for *prasad*, to see how she was making the dough balls, inspecting the size.

Manju, sitting next to Rajni Bua, jokingly whispered to her, “You don’t know this Bua Ji, but Bobby Veerji is standing at your head and watching you!” She was teasing Bobby Veerji by saying this, letting out a big laugh, with others of us joining in the laughter.

“It is always something, either too big or too small, something is always wrong,” Monica exhaled to no one in particular. “People will always come up to us with something being wrong and say we made a mistake. They will never tell us how nicely it was made, they will only highlight the bad things and mistakes.”

“Waheguru, Waheguru,” Manju said, trying to calm the situation and dissolve any negativity.

In order to maintain a certain quality standard, sevadars regulate each other, with those more experienced or older having more social capital to correct transgressions from the quality

standard. Class and gender privilege also shapes sevadar status and how regulation is enforced. For example, Bobby Veerji and Kiran Aunty Ji regulate how Tara, Manju, Sukhmani, Monica, and I roll roti, telling us to be more conscientious and careful in how we create the dough balls and how we roll them out. Kiran Aunty ji is older and occupies a higher-class status than Manju, Sukhmani, and many of the other ladies rolling roti. She is Monica's mother, and she is like an aunt or grandmother figure for Tara and me. While Manju, Sukhmani, and Monica are all expert roti makers, all of them coming to dera daily or multiple times a week in comparison with Kiran Aunty ji's once a week appearance, age and class privilege allows Kiran Aunty ji to oversee and regulate in an overt, explicit way. Likewise, Bobby Veerji, who comes to dera at least once a week but also performs seva daily at *langar* distribution and seva clinics, has relative class privilege and experience social capital, as well as male privilege, all of which allow him to also overly assert regulations over the more feminized work of rolling roti.

This common method of overt regulation was referred to by sevadars as scolding. Rajori Uncle, one of the three men who is "in charge" at dera daily, spoke about how scolding is necessary.

"The reason I scold people is that you have to tell them that they're doing something wrong in order to get work done nicely. This is what Pita Ji<sup>46</sup> would do too. He would scold people in order to make them do things correctly because it mattered if things were done nicely." There is an ethical imperative to make "nice" or good food, as Rajori Uncle says. It is something that matters, and the reason that it matters is related to how receivers of seva were viewed and the dignity that must be upheld during langar.

---

<sup>46</sup> As discussed in earlier chapters, Pita Ji was the founder of Sarbat Da Bhala. He is viewed by many sevadars as Saint-like and his teachings and actions continue to influence sevadars' practices.

I was not immune to the scolding. Rajori Uncle frequently scolded me, often in a teasing manner, sometimes by saying that I may have passed exams in the US, but I was failing in India because I was slow at certain basic tasks. This was particularly true when I was at the *loh* where being slow would lead to burnt roti. Because of this pressure, the *loh* was a place at which I avoided working. While his scolding was warranted most of the time, especially when I was at the *loh*, other times it is likely that he scolded me to set an example for others. I was an easy person to scold—a newcomer, younger than most sevadars at dera, and inexperienced in comparison. By scolding me, it set an example of how langar should be prepared without him being disrespectful to his peers who were sometimes of higher economic class than him.

Rajori Uncle's scolding is an overt way of both regulating sevadars and ensuring that the food produced was adequate and good. Scolding allowed him to garner attention from others and remind everyone to stay focused on the task at hand. Other sevadars, in contrast, were more subtle about their regulation of the quality of food. Manju and Monica would sometimes quietly remind me how to do things, especially early on when I was still learning the embodied knowledge of rolling *roti*. These were not instances of overt scolding; they did not create a dramatic scene for everyone's consumption. Instead, they were kinder reminders and lessons. One time, I rolled a roti, but due to my own lethargy and the day's hot temperature, it was uneven and lacked the nice round shape. After I placed it on the plate of stacked rolled roti that would then be taken to the stove, Manju quietly took it off, staying in the rhythm of her work, and quickly rolled it back into a ball, tossing the ball back into the pile of all the other unrolled dough. She didn't say anything to me, but the message was received: we must be quick in rolling, but we must also take care in preparing this food. This balance of efficiency with creating food that fulfills the standard of quality was the pervasive ethical tension that sevadars managed in preparing langar.

## The Problem of Efficiency

In the afternoon, when Manju and I took a break to have lunch, I asked her about Bobby Veerji and Kiran Aunty Ji scolding all of us earlier. She explained,

Consider this, 2000 *parshada* are made and if four or ten or fifty of them get burned then why do they have to scold for those ones? Instead, we should look at the ones that are beautifully made. This is not a competition. Sometimes the heat on the stove becomes high and it is not a gas stove that we can just reduce down immediately. We can't put our hand inside and take out the burning wood. It is not possible, and this is why I have told everyone, if someone is scolding you, just stay quiet. Just stay *mast* (easy going) and keep on making it, don't stop coming for seva. Because there is no guarantee of having no burned ones at all. It can be burnt. If there are fifty *prashada* and four people are looking at it, even then if one from the back gets burned then we pick it up. We don't want it to get burned. We think that it won't, but it is not possible. It happens sometimes, you might burn one out of twenty. We just think that if two burned ones go in one crate of fifty, then it is okay, but they just see the two burned ones.

Manju giggled, knowing that day in and day out she was at dera making more food than many of the others who were often critical of the work.

As both Manju expressed here and Monica conveyed when Bobby Veerji and Kiran Aunty Ji scolded them, the majority of the food produced is of good quality. They share frustrations, however, that it is sometimes out of their control how the *roti* turn out. Every day, Sarbat Da Bhala has to prepare enough food for thousands of people within a 24-hour time frame. Everything they use to prepare food is donated, from all the food ingredients to the wood for the wood-burning stove, and there was an impetus to be resourceful and not wasteful. Another aspect to consider is the disjunction between the knowledge and ideals of the dera sevadars and that of sevadars who also distribute langar. Monica, for example, emphasizes in the conversation with Bobby Veerji and Kiran Aunty ji that larger *roti* are not a bad thing because she has seen at langar distribution that receivers enjoy getting thin, larger *roti*.

As much as sevadars try to take care in preparing langar, there are demands, such as time constraints and finite energy, that sometimes cause carelessness or transgressions from the quality standard in preparation to occur. One strategy, in addition to scolding, that was utilized at dera to maintain efficiency and focus was recitation of *paath*. *Paath* is the recitation or singing of the Sikh holy text. Sevadars said that *paath* helps to focus the mind and is a way to remember Waheguru while practicing seva.

As mentioned, there are usually a couple of people who are “in charge” each day at dera. They keep everyone on track and keep tabs on how much food still needs to be prepared for the day. Often, the sevadar who is “in charge” at dera on a particular day, might begin reciting *paath* when they notice other sevadars slowing down due to too much conversation or pervasive low energy. Gurpreet Bhabhi, who is Kiran Aunty Ji’s daughter-in-law which made her, by proxy, also in-charge, usually stood at the *loh* on the days their family was in charge. If Gurpreet Bhabhi felt that the production was slowing down, people were getting sloppy, or there was too much distracted conversation, she would come and sit around the roti circle, and begin singing *paath*. When *paath* was recited, all sevadars were expected to join in the recitation. Sometimes everyone sang in unison, other times there was a call and response between one person and all the others. *Paath* simultaneously stopped people from talking, because they would be singing instead, and helped give a tempo for rolling through the unwavering rhythm of *paath*. Many sevadars also felt that *paath* gave them energy to continue the tiring labor of seva.

As I discuss in the next section, langar preparation must be done efficiently and with the same level of care one would take for preparing food for their family. However, human limits of energy and attention can impact both efficiency and quality. In order to maintain efficient production and the quality standard, sevadars regulate each other through both overt methods, such

as scolding, and more subtle methods, like recitation of *paath*. The context of dera and seva encourage respect, dignity, and a physical quality standard in the production of langar, but this context of seva also shapes sevadars' perception of a divine transformation in quality of langar.

### **The Ideal Quality and Quality Transformed**

There are certain ideals of how seva should be practiced, primarily that it should be inclusive, reject caste, and serve those most in need. As discussed in the previous chapter, there is an ideal conception of seva's recipient, which categorizes recipients as *sangat* and as God or kin-like. The idea that seva recipients should be treated as God or as kin means that a certain quality or standard of care must be upheld. This standard of care leads to regulation of seva, both in production of food and in distribution of food and medical care. The ideal quality of food for langar was a quality of food that you would eat yourself or serve to your own family. One sevadar, Priyaneet said,

If you can eat the roti at home, then we can serve it, but if you wouldn't eat it at home, then we cannot serve it. Pita Ji would say "Can you give these kinds of roti to your parents and children? How can you expect these kinds to be eaten by poor people." The money and *aata* (flour) is given by people with so much affection, it should not be wasted. When I see [roti being made poorly] at dera, it really haunts me. If something is burning, then I also feel hurt.

The measurement of the quality or goodness of food is based on whether you would serve the food to your own family. Most sevadars would not serve a burnt roti to a family member, so the belief is that they should not serve it to the poor either. Furthermore, care should be taken in preparation of langar so that the provisions donated to make the food are not wasted.

In addition, there is a belief that within the context of seva and the production of langar, a material transformation occurs. Food takes on a special quality because of the context in which it is prepared. It is not just food, but it becomes langar or *prasad*. While langar is prepared, many



sevadars recite *paath*. In addition to helping focus the mind, the recitation of *paath* during langar preparation has another important effect. Monica explained,

If you do *paath* while making the food then it becomes *prasad* in the process. By reciting the words of Waheguru (*paath* or *simran*) while preparing the food, it is transformed from ordinary food into *prasad* or special food. The food is imbued with Waheguru and Waheguru's blessings. If you feed that food to someone they will become better and be healed from within.

Other sevadars shared this sentiment and explained that the energy and words from *paath* go into the food, making it more nutritious and healing. *Paath* was not the only thing that could go into the food. Whatever mood or emotions you expressed could be transferred to the food as you prepared it. For example, laughter and joking was common at dera. On my early visits to dera, when joking, laughter, or teasing occurred, I would laugh and sometimes feel bad for that. However, as Manju explained to me in the earlier ethnographic vignette, whatever emotion was in your heart as you prepared food, such as laughter and joy, those emotions would be transferred into the food and onto the receiver who consumes it.

When sevadars consumed food themselves from dera, they often remarked that the food even tasted special or gave them more energy to do seva than ordinary food. We joked too that there was something special in the tea we drank at dera, some of the ladies going as far to say that the tea gave them a "special high" which gave them more energy to do seva. This special quality imbued within the food requires that it must then be treated specially when it is distributed and consumed. The food, in becoming langar or *prasad*, cannot be wasted or thrown out. Given the food's special quality, the distribution of langar is also a highly regulated practice, in order to fulfill ethical demands, which I discuss in the next section.

Overall, sevadars believe that the food, medicine, and bandaging done at seva has a special quality that heals patients' ailments, both physical, mental, and spiritual. This special quality

comes from seva being God's work. In other words, food becomes imbued with a special quality due to the belief that it has been blessed by Waheguru. This special quality impacts how langar must be distributed and consumed. Sevadars try to uphold these ideals of maintaining both a high and special quality. But the reality is that they work within constraining demands of efficiency and limited resources.

### **Langar Distribution and Regulation of Receivers**

After finishing distribution at the Chandni Chowk seva point in Old Delhi, I went with Monica, Jaspreet Veerji, and Mishra Ji in Jaspreet Veerji's car. We drove to the next langar location at a homeless encampment that was sandwiched between a major highway and a river embankment. Migrant workers were already lined up, sitting against a stone retaining wall, for 150 yards. Some are high, seemingly barely conscious, others sit expectant and urgent, some look humble and pleasant, while others are patient and unfazed. Behind the retaining wall is a small valley where a large water pipe runs parallel to the wall, and a few men bathe beneath a leak in the pipe. Twenty yards ahead, a man cuts another man's hair at his homespun barber stand.

We got out of the car, waiting for the langar van to catch up to us. Suddenly, there was a rumbling, and we saw the van, loud and top-heavy, booming down the red dirt road towards us. The van's energy spread to all of us: sevadars got a pep in their step, ready to grab baskets of roti, buckets of daal, and kettles of lassi; receivers became more alert, adjusting their seating to get ready for the meal that was to come shortly. As the van parked, Jaspreet Veerji and Arvind, who had come by scooter, opened the back of the van and jumped inside, handing baskets of plates and vessels of food to the sevadars lined up. A couple of other sevadars grabbed big plastic bins and dish soap and set up a washing station on a grass patch opposite the stone wall.

Monica and I grabbed a large crate of plastic plates and began distributing them at the midpoint in the line, with the intention to work towards one end of the line. As we began distributing them, Monica stopped. “The plates are not clean,” she said as she turned around, leading us to the washing station. She looked through the pile of stacked plates, and took out the ones that were dirty, placing them in the washing bin. We walked back to the langar line, to distribute the remaining clean plates.

“Many people would not take the care to clean and give a nicely cleaned plate back to someone who is homeless, but it should be done nicely and properly,” she said, implying the receivers’ deservedness of receiving a good, clean meal.

Once we finished distributing plates, we returned to the van. Meanwhile, Raman Veerji had already begun distributing *roti*, followed by Jaspreet Veerji who served the greenish-brown daal. The van seems bottomless, with more and more food emerging as it was needed. Monica and I grabbed another basket of *roti*. We picked a point in the line where *roti* had not yet been distributed and began giving one or two *roti*, based on the receivers request. Some receivers brought their own green chili to eat along with the langar, taking the chili, cutting it into small piece, and arranging it in the middle of the plate so it could easily be mixed in with the daal. Others, when they received rice, would move the rice to make a small well for the daal to go inside. The receivers take care to eat the food in a way that feels comfortable and fulfills their need and desire for a good meal.

Arvind, earnest, came to us with more *roti*. On his way, he saw someone in line begin to light a *bidi* cigarette. He scolded the man and told him to put it out. Smoking tobacco is prohibited in Sikhi, and cigarettes are not allowed inside Gurdwaras. This management of the outdoor space by Arvind is one example of how by bringing langar into this space Sarbat Da Bhala transforms

the public, outdoor space into a sacred space through seva. Arvind refilled our basket with roti, and I felt my left arm, which held one end of the basket, go numb from the weight. Monica softly and rhythmically chanted a paced “Waheguru Ji” as she gave each recipient roti. Most recipients take two roti, while some only want one, and a few prefer to just have rice. At this point, half of the receivers had already received one serving of langar, returned their plate to be washed, and went to the end of the line for a second serving. Sevadars will continue to hand out langar until they run out of it.

Having distributed the rest of the roti in our basket, Monica and I returned to the van. Arvind lifted an armful of steaming roti into our basket, afterward shaking his arm that was almost burned from the steam. As we set off to again distribute roti to those who went to the back of the line, I heard a commotion.

“Oh Baba ji! Stop!” Jaspreet Veerji yelled. An older receiver had stood up, with food still on his plate and was about to throw the food on the ground behind the retaining wall. Roohafza Uncle was nearby and rushed over to take the plate from the man’s hand. Raman Veerji, who was also nearby distributing daal to those who wanted more, joined Roohafza Uncle, and they both explained to the man that you cannot throw away the *langar*. Since he was an old man, they had more understanding for him; perhaps he had been given too much food and could not finish it all. However, they made sure to tell him that food cannot be wasted and that in the future, he should only take what he will be able to eat. Roohafza Uncle took the plate with the remaining food, and saw a spot further down on the retaining wall that already had an old samosa on it. He placed the leftover food next to it, mentioning, to no one in particular, that some of the nearby animals or ants will eat it, also worthy recipients of langar.

Just as the quality of food is regulated at dera, langar distribution is a highly regulated practice. There are two main expectations that must be followed by those who wish to receive langar; you must sit in a line to receive langar, and you cannot waste, throw out, or take with you any food. Sevadars want to serve anyone, regardless of affiliation, but they also require receivers to follow certain rules and respect for langar and the sevadars. In practice, there are real tensions between the ideal of langar distribution and the reality of the situation. This tension causes discipline, regulation, and reactions from both sevadars and receivers of seva, all of which I discuss in this section.

Sevadars require receivers, or *sangat*, to sit in lines and wait to be served langar. The requirement that recipients must sit in line comes from two main source. First, langar within the formal space of the Gurdwara is always distributed with *sangat* sitting in lines on the floor. By having receivers sit in lines, Sarbat Da Bhala transforms the public space into a sacred space by invoking this traditional practice. Second, sevadars are better equipped to manage the hundreds of receivers by requiring them to sit in a line. This helps with controlling the crowd and with maintaining efficiency of distribution. Having lines also helps sevadars know who has received all the food items of langar, and who still needs to be served, since sevadars have a methodical way of going through the lines.

Both of these elements of line regulation serve an additional purpose of distinguishing Sarbat Da Bhala's langar as distinctly Sikh, in contrast to Hindu *bhandaras*, a practice of free food distribution often organized through Hindu temples. One Hindu sevdar, Sandeep, spoke about the distinctiveness of Sikh langar in contrast to Hindu practices of food distribution,

The whole idea of langar is that everything should be in a queue. Unlike how we Hindus do it at various festivals and occasions, we call those *bhandaras*. *Bhandaras* are not very organized. The idea is of course to feed people but nobody is very thoughtful of how to go about it. So people come in herds and whosoever's hand

we see, we give them. So here, in langar, it is not like that. [In langar, we] also don't allow packing of food. People have to eat it here only.

This emphasis on regulation, in part, helps differentiate Sikh *langar* from other religious practices of giving or food distribution. Furthermore, sevadars believed that the type of food distributed in langar, specifically roti and daal, was qualitatively different from the food typically distributed in *bhandaras*, such as *poori* (fried flatbread) and potato curry. Sevadars felt that langar was healthier, more digestible, and closer in quality to *ghar ka khana* (home food).

The other important rule that receivers must follow is not wasting, throwing out, or taking food. As discussed earlier, food becomes *prasad* through the process of being prepared at dera where it then takes on a special quality. This transformation requires that it must be treated with respect and not be wasted. Sangat are required to only take as much food as they can consume, and they cannot throw away food or take food with them. When sevadars distribute langar, they ask the receiver if they want each of the food items. Many receivers who eat langar on a regular basis know this, and they will specify to sevadars to give them less if they know they cannot eat the normal portion distributed. As sangat eat langar, sevadars watch to see that no one throws out any food, and if someone gets up before finishing, some sevadars will make the receiver finish the food there on the spot. Furthermore, as a way to make sure that food is not wasted, sevadars are not supposed to allow langar to be packed up and sent home with sangat. If langar is sent home, there is no controlling whether or not it all is eaten or if any of it is wasted. On a few occasions, I witnessed what were likely newer receivers who did not know that food cannot be packed. One man in particular kept taking roti and putting them in his bag. He was caught and a couple of sevadars yelled at him for his disrespect of the langar.

Not wasting food and staying in line are the main rules that are enforced during langar distribution. There are times, however, when people do not follow the rules, and sevadars use

different forms of discipline to regulate these transgressions. The discipline at Sarbat Da Bhala ranged from verbal reminders of how to accept and consume langar to overt physical violence, such as slapping.

In a conversation between two sevadars, Kishore and Tara, they explained the necessity of discipline and the use of violence during seva. Kishore said,

If you want to have discipline in our langar lines then you have to [sometimes use violence]. Not that you have to beat everyone up, just the ones who are out of control. We try to convince them with love. If they don't listen then we do this.

Tara said,

Because sometimes they don't listen and you have to make them understand. There are a lot of people who don't listen. We try to talk to them very politely, and sometimes they are drunk or high and they don't listen. Seeing them, then the others won't maintain discipline. So hitting one person sends a message to 50 more that we are more powerful than you and in that way those 50 people get disciplined.

Kishore responded,

The langar that we are eating, roti or *chapati* has a value. Disrespecting that or whatever you are doing with that, throwing it away... We tell them to take the amount you need. We ask them before giving if they need one or two. If someone says less than one then we give them a quarter or half but they should take the amount they can eat. Two weeks ago on a Sunday, this aunty came and she started saying "What kind of roti are you feeding. What is this? Will you eat this black-colored roti?" Ajeet Bhaiya and Balvinder were standing there and they said, "It's okay, if you don't want to take it then give it back but don't say these things about roti." She said "This is not the way it should be. You are distributing langar so give a good roti," and so all we could say is "Okay."

Physical violence is used as a last option when needing to maintain order during langar distribution. Both Kishore, Tara, and other sevadars shared the belief that sometimes they needed to discipline one receiver, making an example of one in order to maintain order and control of the entire sangat. As Kishore brings up in his last point, receivers of seva also expected a certain quality of food from sevadars, and they did not shy away from demanding this from Sarbat Da

Bhala. This tension of managing quality of langar, receivers' preferences, distributing all the food, and not wasting food was something else sevadars had to manage while distributing langar.

Sevadars also try to regulate the emotions of both themselves and receivers. Some sevadars, mostly men, acknowledged that they sometimes felt annoyed, frustrated, or impatient with seva recipients. To regulate their own emotions, some of them would chant Waheguru as a way to calm themselves and not get angry with receivers. They also encouraged receivers to say "Waheguru," believing that it would calm receivers and keep them from becoming agitated too. Invoking God was a way to remind everyone in the area to act respectful, resist impatience, and connect with the ethical imperatives of the practice.

### **Managing Receiver Preferences**

Among receivers of seva, there is a preference for the fresh, homemade food available in langar over processed and packaged food. Rice is relatively easy to make in large quantities, so many people look forward to the roti that are distributed by Sarbat Da Bhala. Making roti requires a lot more time, labor, and effort, so most NGOs and government initiatives that give out free food prefer to distribute rice. Sarbat Da Bhala is one of few groups across Delhi that regularly distributes roti. Receivers of Sarbat Da Bhala's langar have actually told sevadars that they want to have roti, and that is why they come to them for their morning meal. This preference for roti may be one reason that receivers actually follow the rules of sitting and waiting patiently to have langar.

Nevertheless, when langar is distributed in the morning, some receivers of seva will very powerfully assert their dignity and desire for good quality food. They have an expectation of what the quality of langar should be, based mostly on experiences and the stereotype that langar will be of good quality and consist of roti, *sabzi* or daal, rice, sometimes chai or *lassi*, and often *kada*



*prasad* (a sweet dish made of wheat flour, sugar, and ghee). When the food distributed is not of the expected quality, receivers will protest and request better food. This occurred most clearly when roti were distributed. While there is a goal of making good quality roti, roti that are not burned, broken, or wet, sometimes in the process of being made, transported, and distributed, the quality of roti declines. The dilemma, however, is that none of the roti are to be thrown out; they should all be given out and consumed.

Not only do receivers want good quality food, sevadars want to provide that high quality food. But again, sevadars have to distribute all the food that has been made, regardless of the quality it has at the time of distribution. Sevadars shared strong emotional experiences when they had to give out poorer quality roti, feeling embarrassed and ashamed not to be giving a nice roti. Experienced sevadars developed strategies, strategies I also employed while doing seva, to try to appease receivers by giving a lower quality roti (or pieces of broken roti) while also giving out a good roti. One way we would do this is to stack the good roti on top, so it was visible, while the lower quality roti was underneath, and may not be seen by the receiver until the sevadar had moved down the line to other receivers. Once given out, the receiver cannot really return the food, and so it becomes their responsibility to consume.

Though Sarbat Da Bhala has a very good understanding of how much food is necessary on a daily basis, often based on the economy and labor needs of a season, there are times when there is greater need than anticipated. When this happened, there were a number of ways that sevadars tried to expand the food to feed more people, while still maintaining the idea of a suitable, good quality meal.

In principle, sevadars distribute roti (two per person), rice (a large handful), and daal or *sabzi* (a ladle-full) along with either tea (winter) or *lassi* (summer). When they arrive at a

distribution point and see that the crowd is larger than anticipated, instead of serving rice and roti simultaneously, they will first give out roti (two each), and then once they run out of roti, they will give out rice to those who did not receive roti. If they anticipate that they will also run out of rice, a sevadar will go and buy loaves of bread. If and when they run out of rice, then they distribute bread, usually three or four pieces per person. People much prefer roti over rice or bread, but receivers will still take the bread if they have not had any food. Once while handing out bread, a sevadar found a basket of more roti in the van, and began handing those out. People's faces immediately lit up and they ran to approach him to get a roti instead of bread. If sevadars run out of the vegetable dish, then they hand out *achaar* (pickle) for people to eat with the roti, rice, or bread.

Those that come to receive langar from Sarbat Da Bhala in the morning are required to come at the set time of distribution. If someone comes late and wants langar but the food is packed up, sevadars may deny giving him food. However, I have seen that on most occasions, some sevadars will scold the receiver for coming late, and after the scolding, the sevadar will covertly give out some food. This outward scolding occurs at seva in order to maintain control and discipline, but denying the person food would go against the ethical ideals of seva. This is why someone will quietly give the person food, even if they are late. Many sevadars shared phrases like “serve the last man that comes to you” or “the last person who comes to you is God,” emphasizing that you should never deny someone in need. The desire to honor receivers' preferences harkens back to the idea of dignity and ethical imperative to honor the idea of a good or adequate meal. By honoring receivers' preferences, sevadars fulfill this ethical demand to treat all humans with dignity and serve anyone in need equally.

## Conclusion

I noticed the roti that were given out. I felt angry with myself if they were burnt, and I felt that I need to take care when making them. I see that [sangat] don't want to eat the bad ones. I would like to make the roti nice, thin, and well cooked. I want to fill the bins so full with roti all the way to the top so that they can serve as many people as possible and we don't run out.

Manju shared this reflection with me after she went to distribute langar for the first time with Sarbat Da Bhala at the Chandni Chowk seva point. Many of the sevadars who prepare langar daily are not actually engaged in its distribution. In other words, they never see the faces of those receiving langar. On one special occasion, Indian Independence Day, some of the women who serve at dera were able to come for the morning langar distribution. They had the opportunity to hand out the langar they prepared and actually interact with those who consume the food they make on a daily basis. Manju said she really enjoyed the experience, but she also reflected on the reality of giving out both a good and an inadequate meal. This experience motivated and reminded her of the importance of creating a good quality roti. She experienced what it felt like to give out inadequate food and saw how sangat felt about receiving food that was not as good.

Sevadars aspire to create a good or decent meal for others, and they feel this aspiration on an affective level, especially when they fail to do so. Furthermore, recipients of seva insist upon a certain quality of food from sevadars, protesting if the quality of the food does not meet an agreed upon standard of decency. Sevadars conceptualize a “decent meal” through their understandings and embodied practice of *langar*. In preparing and distributing langar in particular ways, they contribute to ideas of dignity, equality, and welfare for all or *sarbat da bhala*.

Giving a decent meal to another person creates different forms of attachment and impacts the sense of duty sevadars feel. It is a way to give and care for the Guru, for those who have become like kin, and to humanity as a whole. In Mittermaier's study of Sufi *khidmas*, a practice of serving

others in Egypt where individuals can get food or a place to rest, she argues that having a *khidma* is about being “enmeshed in relations of giving and service to God” (Mittermaier 2014, 55). Mittermaier argues for an understanding of the temporalities of different types of giving and creates the idea of an ethics of immediacy to understand a “range of embodied practice that revolve around attending to those in front of us, those around” (Mittermaier 2014, 55). The ethics of immediacy is oriented to the present and she contrasts it with the more future-oriented ethics of social justice. In the case of the *khidma*, she argues that *khidmas* imply a different kind of giving which disrupts any logic of reciprocity and obligation that is present in Maussian understandings of the gift. *Seva* is more like *khidma* than the Maussian gift since there is not a logic or expectation of reciprocity. Rather *seva*, like *khidma*, is about responding and providing to the needs of those who present themselves. It is also about sharing. Furthermore, unlike Hindu practices of *daan*, *seva* usually requires an embodied labor and engagement with those directly in need, which is often absent from monetary donations of *daan*.

Through the description of langar preparations, I’ve shown how sevadars try to uphold a particular quality standard through regulation, namely scolding and the practice of *paath*. In the process of langar production, the quality of the food transforms on a material level, becoming imbued with Waheguru’s blessings. This transformation of the material substance requires sevadars and sangat to interact with the food differently. When langar is distributed, sevadars and sangat must attend to these ethical demands through their distribution and consumption. Sevadars’ aspiration for providing a dignified meal and improving other’s wellbeing shapes the conception of goodness through langar production and distribution. They not only want to provide nutritional value and energy, but they want to give respect, dignity, and a good meal to others.

Like dressing a wound, giving food to another person creates an attachment and transference of the self. Attachments are an extension of the self. By caring for others, sevadars also care for themselves by this extension. To do so, sevadars regulate the practice of seva, and view this regulation as an ethical imperative, because of the real psychological and material consequences that come from caring for attachments. Food, in this case langar, helps build these relationships, and it must be of a high quality in order to give dignified care to both others and to the self. We cannot just think about how ethics is related to the self; rather, we must acknowledge how relations are always central to understandings and practices of ethics.

The human experience is not just about survival. Flourishing and wellbeing have become important topics of interest in recent years in anthropology, as we move beyond solely focusing on suffering and survival to investigating and incorporating these other aspects of the human experience (Fischer 2014; Robbins 2013; Mattingly 2014; Weller et al. 2017; Venkatesan 2015; Mathews and Izquierdo 2008). For sevadars, supporting the wellbeing of another is tied up in showing dignity and respect to *sangat* within the practice of seva. One way this is done is by aspiring to and actually evaluating langar production and distribution so as to guarantee food of a high standard. Sevadars must regulate themselves and each other by drawing upon both visual and performative practices such as scolding, invoking religious practices such as *paath* or the recitation of Waheguru, and remembrance of the transformed quality of food throughout seva.

## CONCLUSION

### Events, Crisis, and Seva

Surjeet was troubled by news of violence between Hindus and Muslims in East Delhi. He experienced it in terms of his own life history. “Lauren,” he told me, “you are seeing the 1984 riots live today in 2020. I could feel this heat during these elections in Delhi, that something was going to go wrong.”

He has reason to feel this turn towards the wrong. As a Sikh man who was a teenager in 1984, and who has his own teenage son, Surjeet had been feeling communal violence brewing since the elections in Delhi in early February 2020, an echo of the violence he had known. He specifically empathized with the many mothers and fathers who lost sons in the recent violence and told me how disturbed he was by hearing about these deaths.

When we spoke about the events a few weeks later he again spoke of feeling pain and sharing grief: “There was pain. I wanted to be with them, to share their grief. They will not get their son back.” He saw himself in their shoes, as a father to a teenage son himself. He also saw himself as a young 14-year-old when the 1984 pogrom occurred, when he and friends were targeted during the event and the years following by police and others. This shared experience of targeted communal violence is why he said he felt a need to go help those affected by these riots. He was grief-stricken by this event of communal violence and lamented that he never wanted to see these times of riots and communalism again. Furthermore, he shared how a group of sevadars planned to help those affected by the riots with rebuilding projects because the government would take far too long in the process of giving aid.

Surjeet told me a story about how one morning after seva, he and other men from Sarbat Da Bhala went to a shop for some construction supplies. He said that the shop owners greeted them

warmly, offering cold drinks and water, while saying, “if you people were not here, then Mughals would still be ruling us. You have saved our religion.” Surjeet interpreted this as the shopkeepers’ regard for Sikhs as having sacrificed for other communities. Reflecting on the Sikh reputation in this situation, Surjeet went on to express that he feels Sikhs are “neutralizing figures” within the Hindu-Muslim conflict, which perhaps harkens back to the role Sikhs played in historical conflict between the two groups during the time of the Gurus.

This idea of Sikhs as a neutral or non-threatening figure puts them in what would appear to be an apolitical or equivocal position. They are not siding with either side in the Hindu-Muslim conflict, rather they are trying to uphold their own position as a non-threatening, helpful other, beneficial to all members of the nation, especially through their seva.

Throughout history, barring the years of the Sikh separatist movement, Sikhs have been cast as the “good other” in relation to Muslims, who are the main target of violence from the current government’s overtly Hindu nationalist agenda. This positionality as a “good other,” which was reflected by many sevadars in Delhi, suggests a possible indifference towards or compliance with the Indian state. Sevadars involved in my research were never staunch believers in Khalistan, yet they suffered the consequences of this separatist movement from the Indian state. By maintaining a non-threatening position, one that is seen by both sides as helpful, they are able to make space for themselves in the nation and attempt to live well, minimizing overt violence or discrimination. Furthermore, the non-threatening nature that they cultivate is, in some ways, a means of giving in to the demands of the Indian state, a choice that is made for community survival. If they show resistance to the state, they fall into a trope of resistance and rebellion, which the post-colonial state views as a threat. Besides perpetuating a non-threatening existence, the state

also demands labor of care from Sikhs in order to fill the state's own failure to provide welfare services to its citizens. The good of seva is made complicit in the failure of the state.

Seva can become limited when sevadars consider the ethical, and political, necessity of maintaining a non-threatening or neutral position. A couple of months prior to the February 2020 riots, the Indian government put forth and passed the Citizenship Amendment Act (CAA) which would grant citizenship to undocumented migrants who are Hindu, Sikh, Jain, Parsi, Buddhist, and Christian from neighboring Muslim-majority countries. This bill along with the proposed National Register of Citizens (NRC), which would determine who are legal citizens based on documentation and deport all those without, were widely seen as discriminatory towards Muslim citizens. Protests against the CAA occurred throughout the country, with strongholds in Delhi lasting over three months, and garnered support across religious communities. At Shaheen Bagh, a prominent site of anti-CAA protest in a Muslim working-class neighborhood of Delhi, groups from all different religious backgrounds and organizations donated and brought food and provisions for those taking part in the protests.

A group of Sikh farmers from Punjab attracted media attention for their langar distribution at Shaheen Bagh. On their way to Shaheen Bagh, this delegation of Sikh farmers was stopped by police without being given a reason and were initially prohibited from entering the road towards the protest. The presence of this group of over 400 Sikh farmers was likely perceived as a threat to the Hindu majoritarian government, perhaps stirring up concerns about a resurgent Khalistan movement. In the news, these Sikh farmers were quoted as saying that the ruling Bharatiya Janata Party (BJP), a right-wing Hindu nationalist party, is trying to pit Sikhs and Muslims against each other. The Sikh farmers were clear that they did not come with any support from a political party,



rather they were compelled to serve due to a sense of solidarity and feelings that this protest was also their fight.

This delegation of Sikh farmers from Punjab likely felt solidarity for a number of reasons. The first reason for solidarity is that they had experienced the Khalistan movement firsthand, whether as supporters of it or merely as bystanders. Due to their age, gender, and profession, it is likely that they had experienced suffering during the 1980s and 1990s at the hands of either the state or the militants, making them all the more connected with this protest movement. Unlike these Sikh farmers from Punjab, most sevadars with Sarbat Da Bhala were not supporters of Khalistan and they were mostly removed from the everyday violence in Punjab that occurred during that time, with the exception of the 1984 pogrom in Delhi. The second reason that this delegation of Sikh farmers likely came to show solidarity was a shared feeling of precarious citizenship. Many sevadars with Sarbat Da Bhala shared this concern with the farmers. Against the backdrop of a Hindu Brahman state, “othered” communities, such as Sikhs, Muslims, or Dalits, will always be precarious because of their differential citizenship and deviation from the hegemony. Many sevadars, after seeing this overtly anti-Muslim bill, felt that if Muslims are targeted in India today, tomorrow Sikhs will be targeted, especially if the country continues to serve a Hindu nationalist agenda. Even though Sikhs are not the target of the Hindu Nationalist government, there was a resurgent feeling of threat and future precarity.

While some other seva groups offered outreach services and solidarity for the protestors, mostly through food distribution, leaders of Sarbat Da Bhala took a passive stance, feeling that they could not alienate sevadars within Sarbat Da Bhala who support the current government and this new policy by getting involved in the CAA protests. There was a careful maneuvering of when to engage with political issues and to speak out, and this differs between seva groups and Sikh

institutions. One leader of Sarbat Da Bhala privately confided that he was not in support of the BJP government and he feared the rise of communalism. However, the leaders of Sarbat Da Bhala stayed silent on social media and in WhatsApp communication groups when these clearly discriminatory laws and events took place. One leader of Sarbat Da Bhala shared that he did not want to express his own political stance to the sevadars, who often took his words as law, because he worried that it would divide the seva group and he would alienate and potentially lose sevadars who were in support of the current government. Sarbat Da Bhala relies on financial support from wealthy sevadars in order to sustain their seva practices; some of these wealthy sevadars support BJP. Sarbat Da Bhala also only exists through the labor of sevadars, welcoming sevadars no matter their religious identity or political leanings. A handful of very active sevadars, both Sikh and Hindu, support BJP and endorse Hindu nationalist ideology. In order for Sarbat Da Bhala to continue seva on such a massive scale, leaders and sevadars must ignore these political differences and cultivate seva as a space of presumed neutrality, otherwise they risk Sarbat Da Bhala crumbling to a halt. This distancing from political issues, and not speaking out publicly against the BJP and its unjust laws, was a choice made by this leader. It is a choice that privileges the continuation of seva and keeps sevadars as non-threatening or nonaligned figures rather than as a practice endorsing structural upheaval of systems of discrimination and oppression. This helps maintain community cohesiveness and safeguards Sikh sevadars' belonging and security in the nation. This refraining from political discussion by one of Sarbat Da Bhala's leaders played out on election day when sevadars were sharing their own political views.

On election day in Delhi in February 2020, a few sevadars were discussing for whom they would cast their votes. Most laughingly and lightheartedly shared that they would undoubtedly vote for the Aam Aadmi Party (AAP), sharing their confidence that AAP would easily win this

election. We were all sipping sweet milky coffee provided by a sevadar who brought it in a thermos from home for us to enjoy that brisk February morning. Tarvinder Uncle, a middle-aged sevadar from a more affluent background than the other men, was handing out small cups of coffee to the other sevadars. He interrupted the discussion on voting to loudly proclaim how AAP was corrupt and did nothing good for Delhi. He yelled that he would be voting for BJP since they were a superior party and will do much more for Delhi than AAP had been doing.

Roohafza Uncle, another sevadar who is named after the sweet fruity liquid mixed with milk and water in summer months that he often brings for sevadars, cheekily held up his small cellphone which had an AAP sticker on the back to Tarvinder Uncle, tauntingly showing his allegiance to AAP and proving he wouldn't be swayed by this sermon. The group dispersed a bit until Mintu Veerji, one of the leaders, came by. He took a paper cup of coffee from Roohafza Uncle and showed his finger which had been marked with a purple stripe signifying he had already voted. He calmly and simply told everyone to go and vote today, but endorsed no candidate nor disclosed for whom he cast his vote.

Noticing the class distinction in this exchange of political leanings, Mintu Veerji may know he cannot alienate the BJP-supporting, affluent sevadar by arguing against his political views because that sevadar likely provides necessary financial support to keep seva going. Here, continuation of seva becomes the ultimate goal for leaders because sevadars and recipients of seva rely so heavily on its continuation. In thinking about the absence of a seva response from Sarbat Da Bhala for Anti-CAA protestors and the outward, apolitical stance of the Sarbat Da Bhala leaders, I was frustrated; the sevadars of Sarbat Da Bhala cared for so many marginalized people in Delhi, sacrificing time, money, and labor on a daily basis to ensure that people in need received food and medical care, something that was viewed by many non-sevadars as quite radical and

progressive. Yet, as an organized group, Sarbat Da Bhala was providing no material or medical support for the protestors who were fighting systemic injustice and oppression. I realized after seeing the lack of response from Sarbat Da Bhala to the needs of the anti-CAA protestors that boundaries were made as to who and what were worthy causes for seva. By comparison, Sarbat Da Bhala quickly increased langar production and distribution as a response for flood victims in East Delhi in August 2019.

Why were protestors, who were enduring violence from police, not seen as equally worthy?<sup>47</sup> The politicization of the protestors, unlike that of flood victims or migrant workers, made serving them riskier for Sarbat Da Bhala. It could make their seva seem political, potentially controversial, and could invoke the contentious politics of past Sikh images, that of Khalistan. This may be why groups like Sarbat Da Bhala aim to refrain from overtly political events and try to remain non-threatening when choosing whom to serve. For example, Meena was happy to hear about the Punjabi farmers doing seva at Shaheen Bagh, but she said, in a somewhat vulnerable tone, that Sarbat Da Bhala just could not manage to engage with the protests, invoking a fear of potential repercussions if they did. Being in the public sphere subjects sevadars to critique. If they can control the narrative, whom they serve, and on what terms, then they will not be presented as a threat to the state. As a small minority in India, it may be safer to slide by undetected or maintain the status quo, rather than rise up in vocal protest to the Indian state. Most Sikh sevadars with whom I conducted research happily identified as Indian, were proud that Sikhs served so prominently in the Indian military, and celebrated Indian nationalism. They wanted to put Khalistan and any trace of separatism behind them, which seems to be a different outlook than many Sikhs in Punjab and the diaspora. There are limits as to how far seva can be used for political

---

<sup>47</sup> In Chapter 4, I discuss the ideas about worthiness of recipients in discussions of seva as care.

solidarity and activism, a reflection perhaps of a continued feeling of precarity related to Sikh belonging in the Indian nation. Part of their survival is reliant on maintaining a certain reputation in the public sphere, and seva of certain kinds runs the risk of threatening this reputation. The hyperawareness that sevadars felt about their reputation in the public sphere thus impacts their practice of seva in terms of to whom, when, and where they will provide their services.

Recognizing the limits of solidarity is important for understanding seva as a survival tactic for sevadars. Those living in Delhi, where Sikhs are a minority, must remain non-threatening figures and cannot risk anything that would threaten their reputation. When a perceived threat to the Sikh community emerged in 2019, there was a divergence between sevadars and the wider Sikh community's beliefs around the use of seva as a practice and strategy for survival. I noticed a distinction between the wider Sikh community and Sikh sevadars in their beliefs regarding the appropriate types of seva following a recent event of violence towards a member of the Sikh community. While my research focused on sevadars within the Sikh community, I was exposed to discourses in the wider Sikh community while conducting field work. I often found discrepancies between beliefs held by Sarbat Da Bhala sevadars and the wider Sikh community, especially around ideas of communalism, political ideology, and worthiness of seva recipients. These discrepancies were illuminated following an event of violence in June 2019.

In June 2019, a Sikh autorickshaw driver was attacked by police in the Mukherjee Nagar neighborhood of Delhi, leading to outrage from some in the Sikh community to say that this was again a government attack on the Sikh community, rather than an instance of a wider-spread problem of police violence. There was public outcry by many in the Sikh community, both in India and the diaspora, stating that Sikhs are still oppressed and are not safe in the "so-called democratic nation of India." On social media and in conversations among Sikhs in the days that followed,

some in the Sikh community began campaigns that Sikhs should stop providing seva to non-Sikhs, and instead, seva efforts should focus on strengthening the Sikh community through education and Sikh-only services.<sup>48</sup> One reason given for this campaign was that non-Sikhs receiving seva were not appreciative and were not giving Sikhs respect for their service. Another reason given was that the Sikh community was under threat, and thus, they should strengthen their own community through education and Sikh-centered services. When it is their community that is perceived as the target, like what happened in 1984, the turn is not outward to protest continued injustice from the state, rather it is a turn inward to strengthen the community from within, even if that means closing out and excluding other marginalized people who suffer from similar injustices.

Sevadars disagreed with these campaigns to stop serving non-Sikhs, knowing that this call was not true to the core ideology of seva. Many sevadars with Sarbat Da Bhala worried that Sikh institutions, primarily Gurdwaras, would become exclusive against non-Sikhs, and they feared that Gurdwaras may begin to restrict entry and langar for non-Sikhs. This incident illuminated how a regular practice of seva transformed the subjectivity of sevadars, in comparison with some lay Sikhs who do not regularly engage in seva. Sevadars were more concerned with continuing to serve anyone regardless of their community affiliation, rather than reifying and strengthening the Sikh community through seva.

Manju spoke about Sarbat Da Bhala's ideology in comparison with Sikh institutions, saying that many of the Sikh institutions, primarily Gurdwara committees, are trying to break up the Sikh community into factions through stricter ideology and adherence to a more bounded, exclusive idea of who is a part of the Sikh community. Manju said "They are breaking us, they are

---

<sup>48</sup> Richard Madsen writes about various religious and civic project that aim to break down boundaries and be more inclusive, similar to what Sarbat Da Bhala does. However, he also addresses that "the moral process of overcoming division created other types of division" (Madsen 2021), which can include criticism from within a wider religious tradition, as we see here too with the wider Sikh community wanting to stop seva for non-Sikhs.

not uniting us.” She went on to express that sevadars are united together through seva, saying that the mission of seva is to be united and inclusive, by serving food and giving care, through love. This mission for seva, to be inclusive and united in serving all people, is distinctive from some realities of the mainstream Sikh community’s approach. The inclusiveness of seva, an ideology that is deeply rooted in Sikh theology, is another strategy for support and survival. Sevadars have a different orientation than the mainstream, or popular, Sikh voice. Sevadars are not necessarily interested in upholding the boundaries of “Sikh-ness”, rather they are interested in serving everyone regardless of community affiliation, and Sarbat Da Bhala welcomes sevadars from any community to practice with them.

In this dissertation, I discussed how the Sikh community came together through the practice of seva, both physically and by changing the narrative of their reputation. I also explain how groups like Sarbat Da Bhala intentionally chose to begin seva outside the institutional context, and exclusions, of the Gurdwara in part to distance themselves from the politics of the Gurdwara. Gurdwaras were seen as linked to Khalistan, extremism, and exclusivity, whereas seva with Sarbat Da Bhala was a reaction against those aspects of Gurdwara politics. The presumed neutrality of Sarbat Da Bhala’s seva in these more recent examples of political solidarity or activism is not new, but rather a long standing principle that privileges seva over the politics of Sikh identity-making. The boundaries of Sikh-ness and reifying those boundaries appear to be important in mainstream Sikh politics in Delhi and Punjab, which is often connected to high-caste, wealthy Sikhs who have influence within the formal Gurdwara system. Seva may be one strategy of many for how Sikhs may live ethically within the contemporary context of Delhi. Other strategies may be determined

by class affluence, political party affiliation, or migration out of India.<sup>49</sup> Again, most sevadars with Sarbat Da Bhala were from working- or middle-class backgrounds, thus these other strategies for survival were not options for them personally, though migration was sometimes considered a possibility for their children.

The differences in beliefs about seva following this incident of police violence shows how a practice can overcome community-making projects to determine ethical and political orientation. For sevadars, practicing seva and maintaining a seva that is sustainable and enduring is more important than being outspoken and overtly politically aligned. The necessity of managing a non-threatening reputation is critical for those sevadars who do not have other possibilities of survival, such as affluence, political connections, or migration prospects.

Throughout my research with Sarbat Da Bhala, I questioned whether sevadars', and my own, understanding of their seva was exclusively Sikh or if it was something more pluralistic or even secular. One of the sevadars, Amanpreet, said to me,

Pita Ji told me, it is better to be human than to be Sikh. Sikhism will make you fanatic, but humanity will make you a good human. So try being a good human rather than being a fanatic Sikh.

Some other sevadars told me that the seva they practiced was not Sikh or was not religious, yet those same sevadars invoked Waheguru, the Guru Granth Sahib, and the transcendent in their understanding and motivations for practicing. However, Amanpreet's statement about being a good human through seva rather than being a fanatic Sikh illuminates the real transformation seva creates, on personal, interpersonal, and community levels, and the ethical aspirations of this practice. Sarbat Da Bhala prioritizes the continued practice of seva over almost everything. Identity

---

<sup>49</sup> The Sikh diaspora faces its own challenges for survival, for example in the U.S. where many Sikhs are targeted by Islamophobic hate crimes. The increase in public practices of seva in the U.S. in recent years may be partially linked to a desire to educate non-Sikhs in the U.S. as to the distinctiveness of the Sikh religion from Islam.



politics and boundary making may have played a role in the early forms of seva Sarbat Da Bhala practiced, specifically when the Sikh community's survival and wellbeing was most vulnerable. In the contemporary practices, however, Sarbat Da Bhala focuses on serving humanity and extending their care beyond the Sikh community.

Experiences with the sacred can create solidarity and work to unify diverse groups of people (Madsen 2021). Sikh seva is also built around ideas of justice and inclusivity, including rejections of systemic and historical forms of exclusion and hierarchy. Richard Madsen writes,

When people achieve an experience of the sacred through breaking interpersonal boundaries they get a motivation to break even more boundaries, extending potentially to the whole globe. These practices of boundary breaking infused with prayer help cultivate certain virtues, habits of body and heart that shape how Community members carry on their encounters with the world (Madsen 2021, 8).

Something similar happens to sevadars through the embodied, regular practice of seva. In practicing seva regularly, one's ethical orientation in the world and towards others changes; sevadars notice the marginalized, they think and care about them, and they shape their lives and often their aspirations around doing seva. However, this moral enterprise of breaking down divisions that is a part of many religious traditions can often lead to new divisions. This also happens to sevadars where family members or the wider Sikh community criticize their work and object to it, finding fault in it. One way to interpret this is through the ideas of complicated empathy and multiple, competing goods and selves.

Personally, I empathize with the sevadars' desires to help others and sacrifice of themselves to do so. Yet, I also felt for those that they neglected to serve, such as the CAA protestors and those at Shaheen Bagh. This "complicated empathy" is emblematic of the type of empathy we must navigate in pursuit of doing "good enough" ethnography. Psychological anthropologist Rebecca Lester explores how anthropologists might attend more to our own empathy and empathic

processes, and in doing so, can use those feelings and processes as ethnographic tools of engagement (Lester 2021). Complicated empathy includes,

Feeling empathy with two or more contradictory positions...feeling empathy from the positionality of two or more (possibly contradictory) roles/identities... experiencing empathy coupled with feelings such as frustration, anger, distrust, or fear (Lester 2021).

As ethnographers, we must grapple with these different feelings and should consider them as part of the research process. Complicated empathy is a very human experience. My own feelings about sevadars' practices included respect and admiration as well as feelings of concern, confusion, and frustration at times. But those feelings I have are also a reflection of my own positionality. As a young, US citizen temporarily living in India, my feelings about and disagreement with the Indian state and their oppression of different groups are not seen as a serious threat to the Indian state. The minority status of Sikhs in India, along with the history of violent marginalization they experienced, will always impact their ability to speak out or against the state or those in power.

From a different perspective, non-sevadars often criticized their work, saying they should not help the populations they were serving and instead help a different demographic or should not work on medicine and food but instead education. I mention this all to recognize that sevadars balance multiple, and at times competing, goods within their lives. They must consider how their practices and actions will impact them on a personal level, a familial level, and in a wider context such as the nation-state. The trouble with ethical practices is that one can never be perfect in everyone's eyes. Sevadars aspire to help everyone equally and at the same time they must preserve themselves which may mean not always caring for everyone. This balance between helping to improve another person's wellbeing and preserving yourself was again challenged with the emergence of the novel coronavirus in 2020.

In early March 2020, about five weeks before I was scheduled to finish my year of research in Delhi, the COVID-19 pandemic was becoming more global, with new cases emerging in the U.S. and a handful of cases in India. Within the span of hours, news updates of borders closing and quarantine restrictions popped up on my phone. I received an email from the Fulbright office in Delhi, who were funding my research, saying we were to evacuate the country. In a matter of three or four days, all of which seems blurry now, I booked a flight, packed up my things, and tried my best to figure out how I would say goodbye and wrap up a project with people who had let me in and cared for me for over four years. I was on one of the last flights out of Delhi back to the US, arriving at the all but abandoned San Francisco airport. At this point, there was so much uncertainty around COVID, specifically how it was spreading and how best to protect oneself. As I was leaving and within the first few days of returning to the US amid the newly imposed lockdown, I wondered what seva would look like in an emerging pandemic.

Seva continued as usual until the Janta Curfew, announced on March 19<sup>th</sup> 2020, would be enforced on March 22<sup>nd</sup>. I kept tabs on the WhatsApp seva group, where Mintu Veerji wrote that they would not be distributing the daily langar seva at the train station nor sending the weekly langar to Bangla Sahib. The next message from Mintu Veerji outlined that they would still do the morning bandaging seva and langar seva, but would distribute almost two hours earlier than normal, at 5:30am until 6:15 am, instructing sevadars to return home no later than 7am. He informed sevadars of changes to their practice, including informing recipients of new timings, procuring paper plates instead of reusable plates, not distributing tea, having recipients sit one meter apart, and encouraging sevadars to use masks, gloves, and sanitizers. The bandaging clinics changed as well. Patients were to wash their own wounds so that sevadars would not need to touch patients. Patients were given cotton and bandaging materials that they would then tie themselves.

“Stay safe and stay healthy. No point in showing bravery and repenting later,” Mintu Veerji said in the WhatsApp group chat.

This curfew led to what became a migrant crisis. Passenger trains stopped running, and migrants in Delhi were stranded without work or food. When the state abandoned this population yet again, Sarbat Da Bhala made it their mission to care for them, even when it meant putting themselves at risk to a virus that no one really knew much about.

As the lockdown was happening, Sarbat Da Bhala leaders worked tirelessly to get documentation so that they could continue to do seva, since food and medicine for homeless were deemed essential services and were permitted. The lines of people needing food kept increasing, and Mintu Veerji wrote in the WhatsApp group on March 23<sup>rd</sup> that they saw the longest line ever at over 1 kilometer long at their site at Pushta. He wrote that they were able to feed everyone there. At the same time, food, including the staple of wheat, was becoming more and more expensive as people were buying it up. At one point, Tara told me that they only had enough wheat for the next three days. At the same time, some shop owners had surpluses of more perishable food. One restaurant in Delhi had so much paneer, Indian cottage cheese, in stock because no one was able to come to the restaurant, so they gave it to Sarbat Da Bhala to distribute.

Each day, the leaders of Sarbat Da Bhala shared updates on what sevadars should do in order to follow all the necessary safety precautions and government curfew limitations. One such change was that receivers no longer were able to sit and eat their food but instead were to take food and go away at a distance to eat. The longstanding rule of having to finish your food in line was amended for safety reasons. Many sevadars stopped coming during these days out of rightful fear of the virus. Tara told me that Mintu Veerji made phone calls to sevadars to stay involved and

come to Pushta where the majority of those in need were. He said to them “God will ask you what you did in times like this and what will you answer?”

In Delhi, one of the first deaths related to COVID happened right near dera in Tilak Nagar’s Widow Colony. Manju and the other ladies that work at dera and live in that neighborhood had to quarantine and stopped coming to dera for almost a month or so. In that time, other Sarbat Da Bhala sevadars continued paying them their daily wage and dropped off supplies, such as wheat and lentils, so that they could survive during this time of shut down. Even in a time of great uncertainty and fear of contagion, the sevadars took care of each other.

India was initially seen as a success case in COVID, with comparatively low infection and hospitalization rates in the first wave of infections. However, a deadly second wave of COVID in the Spring of 2021 overwhelmed Indian healthcare systems. During this time, there were major oxygen shortages and crematoriums could not keep up with performing final rites for the deceased. Early in the pandemic, Sarbat Da Bhala began buying oximeters and oxygen tanks to lend out for free to those who had COVID. When the second wave occurred, they continued offering these resources and were met with non-stop phone calls from families begging for oxygen and oximeters. Unfortunately, they could not help out everyone as their own resources were limited. While shopkeepers who sold medical supplies necessary for COVID treatment, such as a small oxygen tank valve wrench, were increasing the prices ten-fold, a sevadar who knew metal work began making his own to give out to those in need for free.

At the time of my writing, the COVID-19 pandemic is still present, but global vaccine initiatives continue as new variants draw continued concern. In addition to the pandemic, the Farmers’ Protest in Delhi persisted over a year since it began in response to three farm acts passed by the Indian parliament. Many of the tens of thousands of people protesting in Delhi were Punjabi

Sikh farmers. As such, seva, in particular langar, was a common practice in order to meet the needs of those camping out in protest. Throughout the protests, the Sikh farmers were painted by some in the Indian media again as separatists and terrorists, a maneuver by the government to discount their real concerns and paint them as an enemy. However, the protesters remained dedicated and continued to be largely peaceful as they continue discussions with the government to resolve the issue at hand. In December 2021, the government finally yielded to their requests and announced they would repeal the laws, and the farmers returned home.

The emergence of the Farmers' Protest illuminated the precarious identity that Sikhs still have in relation to the Indian state (Devgan 2021; S. J. Singh 2021; Anshu Malhotra 2021; Kaur and Singh 2021). If Sikh-identified people speak out against the government, there is a tendency for the government to draw upon the Khalistan movement and fabricate a concern around separatism and terrorism. This helps to put in perspective why Sarbat Da Bhala mostly stayed away from overtly political events or issues. Sevadars from Sarbat Da Bhala did visit the Farmers' Protest site on a number of occasions, providing water tanks when there were shortages and woolen clothing, such as gloves and shawls, in the winter months. Sarbat Da Bhala's seva continues to occur, but it has changed drastically in the year and a half since I left from doing my fieldwork.

### **The Possibilities of Seva as Care**

Seva is imperfect, and care and critiques of care or of its absence are always entangled. Because of its inherently relational nature, care brings with it the potential for conflict and critique. Sevadars may be criticized for not serving the Anti-CAA protestors, yet if they did, they may have faced backlash that would prevent them from serving their daily patients. Additionally, many sevadars are concerned about regulation of their practices that may accuse them of providing

unhygienic or unsafe care to their patients at the daily medical clinics. Even within the Sikh community, some Sikhs criticize groups like Sarbat Da Bhala for caring too much for non-Sikhs. On a personal level, sevadars may have political leanings that contradict their orientation to seva, illustrating a fragmentation of a political consciousness from a caring consciousness within oneself.

Furthermore, care always exists within the context of pain, suffering, or woundedness, whether within individuals, societies, or histories. Care emerges as a response to a need, often taking its shape in relation to pain or suffering. Anthropology has focused on the subject of suffering over the past few decades (Robbins 2013; Ortner 2016). However, we must also attend to joy, flourishing, wellbeing, and coping with suffering in order to fully understand what it means to be human. This is where my dissertation makes a contribution, as I examine how people and communities grapple with suffering, hardship, and struggle on personal, interpersonal, and community levels through a care practice and how they try to improve their own and others' possibilities for living. This is an ethnography of how people create good and how goodness emerges in daily life through the concrete practice of seva.

What I learned from Sarbat Da Bhala was that seva was a way of making a world in which sevadars and others can survive and, at best, flourish. Survival, belonging, wellbeing, and flourishing are all ethical possibilities that sevadars grappled with in relation to their seva. Seva not only allows for the possibility to consider or dream of possible worlds (Parish 1996), but it also gives sevadars the opportunity to take practical action towards possible futures, futures in which they want to live. Seva, as an act of care, is an act of world-making in its way of working towards potential futures.

On a large scale, seva offered the Sikh community in Delhi a way to cope with and rebuild in order to exist after targeted violence and marginalization. As I discuss in Chapter 1, seva was a culturally- and spiritually-salient tool used to rebuild the material life of the community as well as the injured psyche and reputation. The leader of Sarbat Da Bhala recognized the power seva had as an act of care to transform relationships between communities.

Within the context of Delhi, Sarbat Da Bhala emphasized a practice that served a shared humanity, welcoming in those otherwise neglected in order to improve their survival. Seva clinics fill an important gap in care for poor, marginalized, and majority male migrant workers who have come to Delhi to improve their own and their families' lives but instead are met with continued poverty and marginalization (Chapter 2). Sarbat Da Bhala clinics are not perfect in the care they provide; it is minimal, but it is good enough. Sevadars cannot refuse to care for sangat. Considering sangat as both Waheguru and kin, sevadars practice a standard of care in which they must provide a dignified form of care (Chapter 4 and 5). Sevadars not only treat physical maladies/injuries but societal injuries as well, such as the lack of respect and dignity. The vulnerability in those encounters, alongside the ethical aspirations to provide good care and a decent meal, is one that sevadars must manage among the material, temporal, and physical constraints of practicing seva. As such, langar and other practices of seva are not only about survival, but they are about flourishing via the dignity and respect sevadars must also give to recipients in the process.

Finally, at the heart of this dissertation is the sevadars themselves. They come to seva with various motivations and backgrounds, but they all agree that seva is a source of goodness, if not the ultimate goodness, in their life (Chapter 3). Goodness, in this case, primarily includes 1) fostering, improving, and/or supporting social relationships and 2) improving a person's physical, material, and/or psychological wellbeing. Seva allows for a worldbuilding and for them to make



sense of their experiences, as well as an outlet to ground them in their experience and the world that surrounds them.

Perhaps this is a product of ethical sublimation, in that the act of helping others when suffering is so ever present in one's life provides a defense against existential pain (Parish 2008). Perhaps it is a confluence of faith, hope, and acceptance of one's situation in life. Perhaps it is the transcendent and enchantment that seva brings into everyday life. But overall, what I think seva does at each level of ethical living is offer possibilities and alternatives. Seva, as a form of care is both generative and regenerative. Part of how seva functions is that it transforms sevadars and their relations to others. In caring, recipients become part of the sevadars, and sevadars become part of recipients. As a form of care, seva is and will always be incomplete and flawed, but that does not mean it is not worth doing. Seva generates hope, hope that others will be inspired to care for others or hope for a possible future. As I hope you have seen, seva *does* change lives and improves wellbeing. It offers possibilities not only for survival, for making good and flourishing, but for creating a better future.

### **Lessons from Seva: Care in a Time of Global Crisis**

There is a crisis of care across our world. The COVID-19 pandemic's impact on society, economies, and global connectedness, threw into light the already existent deep inequalities across the globe, both within nation-states and across borders. In response to the wider recognition of these inequalities, frustrations with leaders' responses, and the economic precarity as a result of the pandemic, nonviolent protests and movements have increased globally. Black Lives Matter asks for an end to racially-motivated violence inflicted on Black communities by vigilantes and the state. The Farmers' Protests in India ask for economic support through the revocation of

exploitative and unjust policies. The Youth Climate Movement continues to ask for global leaders to take greater and more serious action to combat climate change and protect the future of our planet and humanity. Other movements across Latin America, the Middle East, and North Africa ask for free and fair elections, relief from economic and humanitarian crises, and an end to police violence.

These movement specific grievances are all asking for some form of care. They are asking for fundamental needs and rights to be addressed, for their humanity to be seen and respected. The care required is massive and it is one that would require systemic and structural changes to combat centuries of injustice, exploitation, and what has become the status quo of late-stage capitalism.

While we need systemic and structural changes to combat the many pressing challenges facing humanity at this time, everyday instances of care for others can make living, and perhaps even flourishing, possible. Small acts of care, like those of sevadars, provide futures for others, even if on an individual scale. If care can be operationalized at a larger scale, we have a chance at becoming a more caring and kind world. Through care, we can foster hope and coalition-building for facing these colossal structural challenges. Rather than be discouraged by what we as individuals cannot do, let us take control of what we can do by being kind to others, sacrificing bits of ourselves for each other's wellbeing, and supporting our collective humanity. We must also urge our neighbors, friends, and leaders to care beyond themselves and their circles. We must care for others, and in doing so, we will create better futures for others and ourselves.

## REFERENCES

- Abramson, Julia. 2012. "Food and Ethics." In *Routledge International Handbook of Food Studies*, edited by Ken Albala. Taylor & Francis Group.
- Abu-Lughod, Lila. 1988. *Veiled Sentiments: Honor and Poetry in a Bedouin Society*. 1st pbk. print. Berkeley: University of California Press.
- Agnes, Flavia. 1994. "Redefining the Agenda of the Women's Movement within a Secular Framework." *South Asia: Journal of South Asian Studies* 17 (sup001): 63–78.  
<https://doi.org/10.1080/00856409408723216>.
- Agnihotri, Indu, and Vina Mazumdar. 1995. "Changing Terms of Political Discourse: Women's Movement in India, 1970s-1990s." *Economic and Political Weekly* 30 (29): 1869–78.
- Ahlin, Tanja, Mark Nichter, and Gopukrishnan Pillai. 2016. "Health Insurance in India: What Do We Know and Why Is Ethnographic Research Needed." *Anthropology & Medicine* 23 (1): 102–24. <https://doi.org/10.1080/13648470.2015.1135787>.
- Ahluwalia, Muninder K., and Anjali Alimchandani. 2013. "A Call to Integrate Religious Communities Into Practice." *The Counseling Psychologist* 41 (6): 931–56.  
<https://doi.org/10.1177/0011000012458808>.
- Alvi, Hamza. 2011. "Politics of Ethnicity in India and Pakistan." In *Perspectives on Modern South Asia: A Reader in Culture, History, and Representation*, edited by Kamala Visweswaran, 87–99.
- Amin, Shahid. 1995. *Event, Metaphor, Memory: Chauri Chaura, 1922-1992*. Berkeley: University of California Press.
- "Annual Population of Urban Agglomerations with 300,000 or More in 2018 (Thousands)." 2018. *World Urbanization Prospects: The 2018 Revision*. United Nations, Department of Economic and Social Affairs.
- Ansell, N., P. Froerer, R. Huijsmans, C. Dungey, A. Dost, and Piti. 2020. "Educating 'Surplus Population': Uses and Abuses of Aspiration in the Rural Peripheries of a Globalising World," December. <https://doi.org/10.11143/fennia.90756>.
- Appadurai, Arjun. 1981. "Gastro-Politics in Hindu South Asia." *American Ethnologist* 8 (3): 494–511.
- . 1985. "Gratitude as a Social Mode in South India." *Ethos* 13 (3): 236–45.
- . 2006. *Fear of Small Numbers: An Essay on the Geography of Anger*. Durham: Duke University Press.

Asad, Talal. 1993. *Genealogies of Religion: Discipline and Reasons of Power in Christianity and Islam*. Baltimore: Johns Hopkins University Press.

Axel, Brian Keith. 2001. *The Nation's Tortured Body: Violence, Representation, and the Formation of a Sikh Diaspora*. Durham: Duke University Press.

Bagchi, Kanak Kanti, and Tapan Kumar Roy. 2002. "Impact of New Economic Policy on Agricultural Labourers in India." *Economic Affairs (Calcutta)* 47 (1): 7–17.

Ballantyne, Tony. 2006. *Between Colonialism and Diaspora: Sikh Cultural Formations in an Imperial World*. Duke University Press. <https://doi.org/10.1215/9780822388111>.

Banerjee, Dwaipayan. 2020. *Enduring Cancer: Life, Death, and Diagnosis in Delhi*. <https://read.dukeupress.edu/books/book/2771/Enduring-CancerLife-Death-and-Diagnosis-in-Delhi>.

Baru, Rama, Arnab Acharya, SANGHMITRA Acharya, A K SHIVA KUMAR, and K NAGARAJ. 2010. "Inequities in Access to Health Services in India: Caste, Class and Region." *Economic and Political Weekly* 45 (38): 49–58.

Barua, Pradeep. 1995. "Inventing Race: The British and India's Martial Races." *The Historian* 58 (1): 107–16.

Becker, Anne E. 1995. *Body, Self, and Society: The View from Fiji*. New Cultural Studies. Philadelphia: University of Pennsylvania Press.

Beckerlegge, Gwilym, ed. 2008. *Colonialism, Modernity, and Religious Identities: Religious Reform Movements in South Asia*. New Delhi ; New York: Oxford University Press.

Berman, Michael. 2018. "Religion Overcoming Religions: Suffering, Secularism, and the Training of Interfaith Chaplains in Japan." *American Ethnologist* 45 (2): 228–40. <https://doi.org/10.1111/amet.12634>.

Bernard, H. Russell. 2011. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. New York: AltaMira Press.

Bhagat, Ram B., and Kunal Keshri. 2020. "Internal Migration in India." In *Internal Migration in the Countries of Asia: A Cross-National Comparison*, edited by Martin Bell, Aude Bernard, Elin Charles-Edwards, and Yu Zhu, 207–28. Cham: Springer International Publishing. [https://doi.org/10.1007/978-3-030-44010-7\\_11](https://doi.org/10.1007/978-3-030-44010-7_11).

Bhat, Ramesh, Jeanna Holtz, and Carlos Avila. 2018. "Reaching the Missing Middle: Ensuring Health Coverage for India's Urban Poor." *Health Systems & Reform* 4 (2): 125–35. <https://doi.org/10.1080/23288604.2018.1445425>.

Bhattacharjee, Malini. 2019. *Disaster Relief and The RSS: Resurrecting “Religion” Through Humanitarianism*. New Delhi: SAGE Publications.

Bijulal, M. V. 2018. “Rights of the Urban Poor in Delhi and Deliberative Democracy: Understanding the Aam Aadmi Party Experience.” In *Deliberative Democracy*. Routledge.

Black, Steven P. 2018. “The Ethics and Aesthetics of Care.” *Annual Review of Anthropology* 47 (1): 79–95. <https://doi.org/10.1146/annurev-anthro-102317-050059>.

Bornstein, Erica. 2012. *Disquieting Gifts : Humanitarianism in New Delhi*. Redwood City: Stanford University Press. <http://ucsd.eblib.com/patron/FullRecord.aspx?p=887887>.

Bornstein, Erica 1963-, and Peter 1965- Redfield. 2011. *Forces of Compassion : Humanitarianism between Ethics and Politics*. First edition. School for Advanced Research Advanced Seminar Series. Santa Fe, New Mexico: School for Advanced Research Press.

Bose, Sugata, and Ayesha Jalal. 2018. *Modern South Asia: History, Culture, Political Economy*. Bräuchler, Birgit, and Philipp Naucke. 2017. “Peacebuilding and Conceptualisations of the Local.” *Social Anthropology* 25 (4): 422–36. <https://doi.org/10.1111/1469-8676.12454>.

Brodwin, Paul. 2012. *Everyday Ethics: Voices from the Front Line of Community Psychiatry*. Berkeley: University of California Press.

Buch, Elana D. 2015. “Anthropology of Aging and Care.” *Annual Review of Anthropology* 44: 277–93.

Butler, Judith, Zeynep Gambetti, and Leticia Sabsay, eds. 2016. *Vulnerability in Resistance*. Durham: Duke University Press. <https://doi.org/10.1215/9780822373490>.

Carlisle, Steven Grant. 2020. *Narrative Practice and Cultural Change: Building Worlds with Karma, Ghosts, and Capitalist Invaders in Thailand*. Springer International Publishing.

“Census of India: Population Density.” 2011. 2011. [https://www.censusindia.gov.in/Census\\_Data\\_2001/India\\_at\\_glance/density.aspx](https://www.censusindia.gov.in/Census_Data_2001/India_at_glance/density.aspx).

Chakravarti, Uma, and Nandita Haksar. 1987. *The Delhi Riots: Three Days in the Life of a Nation*. New Delhi: Lancer International.

Chancel, Lucas, and Thomas Piketty. 2019. “Indian Income Inequality, 1922-2015: From British Raj to Billionaire Raj?” *Review of Income and Wealth* 65 (S1). <https://doi.org/10.1111/roiw.12439>.

Chandrasekhar, S., and Ajay Sharma. 2015. “Urbanization and Spatial Patterns of Internal Migration in India.” *Spatial Demography* 3 (2): 63–89. <https://doi.org/10.1007/s40980-015-0006-0>.

Chapin, Bambi L. 2014. *Childhood in a Sri Lankan Village: Shaping Hierarchy and Desire*. New Brunswick: Rutgers University Press.

Chatterjee, Partha. 2008. "Democracy and Economic Transformation in India," 10.

Chawla, Devika. 2014. *Home, Uprooted: Oral Histories of India's Partition*. Fordham University. <http://www.jstor.org/stable/j.ctt13wzwb>.

Chidambaram, Soundarya. 2012. "The 'Right' Kind of Welfare in South India's Urban Slums." *Asian Survey; Berkeley* 52 (2): 298–320. <http://dx.doi.org/10.1525/as.2012.52.2.298>.

Chopra, Radhika. 2010. "Commemorating Hurt: Memorializing Operation Bluestar." *Sikh Formations* 6 (2): 119–52. <https://doi.org/10.1080/17448727.2010.530509>.

———. 2011. *Militant and Migrant: The Politics and Social History of Punjab*. New Delhi: Routledge, Taylor & Francis Group.

Cohen, Lawrence. 1998. *No Aging in India: Alzheimer's, the Bad Family, and Other Modern Things*. Berkeley: University of California Press.

———. 2001. "The Other Kidney: Biopolitics Beyond Recognition." *Body & Society* 7 (2–3): 9–29. <https://doi.org/10.1177/1357034X0100700202>.

Cohn, Bernard. 1996. *Colonialism and Its Forms of Knowledge: The British in India*. Princeton: Princeton University Press.

Comaroff, Jean. 1993. "The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body." In *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life*, edited by Shirley Lindenbaum and Margaret Lock, 305–29. Berkeley: University of California Press.

Copeman, Jacob. 2009. *Veins of Devotion: Blood Donation and Religious Experience in North India*. New Brunswick: Rutgers University Press.

Craig, Sienna R., Barbara Gerke, and Victoria Sheldon. 2019. "Sowa Rigpa Humanitarianism: Local Logics of Care within a Global Politics of Compassion." *Medical Anthropology Quarterly* 34 (2): 174–91. <https://doi.org/10.1111/maq.12561>.

Csordas, Thomas J. 2002. *Body, Meaning, Healing*. New York: Palgrave Macmillan.

———. 2013. "Morality as a Cultural System?" *Current Anthropology* 54 (5): 523–46. <https://doi.org/10.1086/672210>.

———. 2014. "Afterword: Moral Experience in Anthropology." *Ethos* 42 (1): 139–52. <https://doi.org/10.1111/etho.12043>.

Daniel, E. Valentine. 1984. *Fluid Signs: Being a Person the Tamil Way*. Berkeley: University of California Press.

- Das, Jishnu, and Jeffrey Hammer. 2007. "Money for Nothing: The Dire Straits of Medical Practice in Delhi, India." *Journal of Development Economics* 83 (1): 1–36. <https://doi.org/10.1016/j.jdeveco.2006.05.004>.
- Das, Jishnu, Alaka Holla, Aakash Mohpal, and Karthik Muralidharan. 2016. "Quality and Accountability in Health Care Delivery: Audit-Study Evidence from Primary Care in India." *The American Economic Review* 106 (12): 3765–99.
- Das, Veena, ed. 1990. *Mirrors of Violence: Communities, Riots and Survivors In South Asia*. Delhi ; New York: Oxford University Press.
- . 1995. *Critical Events: An Anthropological Perspective on Contemporary India*. Delhi: Oxford University Press.
- . 2007. *Life and Words: Violence and the Descent into the Ordinary*. Univ of California Press.
- . 2012. "Ordinary Ethics." In *A Companion to Moral Anthropology*, 133–49. John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781118290620.ch8>.
- Dave, Naisargi N. 2012. *Queer Activism in India: A Story in the Anthropology of Ethics*. Durham: Duke University Press. <https://doi.org/10.1215/9780822395683>.
- Deeb, Lara. 2011. *An Enchanted Modern: Gender and Public Piety in Shi'i Lebanon*. Princeton: Princeton University Press.
- Derges, Jane. 2013. *Ritual and Recovery in Post-Conflict Sri Lanka*. New York: Routledge.
- Devgan, Shruti. 2021. "Faith, Trauma, and Transnational Connections in India's Farmer Protests." *Berkley Center for Religion, Peace and World*. <https://berkeleycenter.georgetown.edu/responses/faith-trauma-and-transnational-connections-in-india-s-farmer-protests>.
- Dingler, Catrin. 2015. "Disenchanted Subjects? On the Experience of Subjectivity in Care Relations." *Ethics and Social Welfare* 9 (2): 209–15. <https://doi.org/10.1080/17496535.2015.1023059>.
- Dirks, Nicholas B. 1992. "Castes of Mind." *Representations* 37: 56–78.
- Diwakar, Rekha. 2016. "Local Contest, National Impact: Understanding the Success of India's Aam Aadmi Party in 2015 Delhi Assembly Election." *Representation* 52 (1): 71–80. <https://doi.org/10.1080/00344893.2016.1241296>.
- Dubey, Amaresh, Richard Palmer-Jones, and Kunal Sen. 2006. "Surplus Labour, Social Structure and Rural to Urban Migration: Evidence from Indian Data." *The European Journal of Development Research* 18 (1): 86–104. <https://doi.org/10.1080/09578810600572460>.
- Dusenbery, Verne A., and Darshan Singh Tatla. 2009. *Sikh Diaspora Philanthropy in Punjab: Global Giving for Local Good*. New Delhi: Oxford University Press.

- Ecks, Stefan. 2021. "'Demand Side' Health Insurance in India: The Price of Obfuscation." *Medical Anthropology* 0 (0): 1–13. <https://doi.org/10.1080/01459740.2021.1929208>.
- Embree, Ainslie T. 1997. "A South Asian Dilemma: The Role of Religion in the Public Sphere." *The Brown Journal of World Affairs* 4 (2): 137–49.
- Erickson, Pamela I. 2003. "Medical Anthropology and Global Health." *Medical Anthropology Quarterly* 17 (1): 3–4.
- Fanon, Frantz. 1968. *Black Skin, White Masks*. Translated by Richard Philcox. New York: Grove Press.
- Fassin, Didier. 2012a. *Humanitarian Reason: A Moral History of the Present*. Berkeley: University of California Press.
- . 2012b. "That Obscure Object of Global Health." *Medical Anthropology at the Intersections: Histories, Activisms, and Futures*. Durham: Duke University, 95–115.
- Fassin, Didier, and Samuel L  z  . 2014. *Moral Anthropology: A Critical Reader*. New York: Routledge.
- Fischer, Edward F. 2014. *The Good Life: Aspiration, Dignity, and the Anthropology of Wellbeing*. Stanford University Press.
- Flueckiger, Joyce Burkhalter. 2006. *In Amma's Healing Room: Gender and Vernacular Islam in South India*. Place of publication not identified: Indiana University Press.
- Fox, Richard. 1985. *Lions of the Punjab: Culture in the Making*. Berkeley: University of California Press.
- Fuentes, Agust  n, Matthew A Wyczalkowski, and Katherine C MacKinnon. 2010. "Niche Construction through Cooperation: A Nonlinear Dynamics Contribution to Modeling Facets of the Evolutionary History in the Genus Homo." *Current Anthropology* 51 (3): 435–44.
- Fuller, C.J. 1992. *The Camphor Flame: Popular Hinduism and Society in India*. Princeton: Princeton University Press.
- Garcia, Angela. 2010. *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*. Berkeley: University of California Press.
- Garth, Hanna. 2020. *Food in Cuba: The Pursuit of a Decent Meal*. Redwood City, UNITED STATES: Stanford University Press.  
<http://ebookcentral.proquest.com/lib/ucsd/detail.action?docID=5964226>.
- Ghosh, Soumitra. 2011. "Catastrophic Payments and Impoverishment Due to Out-of-Pocket Health



Spending.” *Economic and Political Weekly* 46 (47): 63–70.

Gibson, Diana. 2004. “The Gaps in the Gaze in South African Hospitals.” *Social Science & Medicine, Hospital Ethnography*, 59 (10): 2013–24.  
<https://doi.org/10.1016/j.socscimed.2004.03.006>.

Gilligan, Carol. 1993. *In a Different Voice: Psychological Theory and Women’s Development*. Cambridge, Mass: Harvard University Press.

Goodman, Michael K, Damian Maye, and Lewis Holloway. 2010. “Ethical Foodscapes?: Premises, Promises, and Possibilities.” *Environment and Planning A: Economy and Space* 42 (8): 1782–96. <https://doi.org/10.1068/a43290>.

Grewal, J. S. 1990. *The Sikhs of the Punjab*. The New Cambridge History of India, II, 3. Cambridge: Cambridge University Press.

Gupta, Akhil. 2012. *Red Tape: Bureaucracy, Structural Violence, and Poverty in India*. A John Hope Franklin Center Book. Durham: Duke University Press.

Halliburton, Murphy. 2016. *Mudpacks and Prozac: Experiencing Ayurvedic, Biomedical, and Religious Healing*. Routledge.

Hansen, Thomas Blom. 1999. *The Saffron Wave: Democracy and Hindu Nationalism in Modern India*. Princeton, N.J: Princeton University Press.

———. 2001. *Wages of Violence: Naming and Identity in Postcolonial Bombay*. Princeton, N.J: Princeton University Press.

Hansen, Thomas Blom, and Finn Stepputat. 2001. *States of Imagination: Ethnographic Explorations of the Postcolonial State*. Duke University Press.

Hanstad, Tim, T. Haque, and Robin Nielsen. 2008. “Improving Land Access for India’s Rural Poor.” *Economic and Political Weekly* 43 (10): 49–56.

Hardison-Moody, Annie. 2016. *When Religion Matters: Practicing Healing in the Aftermath of the Liberian Civil War*. Eugene: Pickwick Publications.

Hardy, Lisa J., and Elizabeth Hulen. 2016. “Anthropologists Address Health Equity: Recognizing Barriers to Care.” *Practicing Anthropology* 38 (2): 15–17.  
<https://doi.org/10.17730/0888-4552-38.2.15>.

Hazarika, Sanjoy, and Special To the New York Times. 1989. “Indian Rights Group Says Police Abuse Sikhs.” *The New York Times*, February 26, 1989, sec. World.  
<https://www.nytimes.com/1989/02/26/world/indian-rights-group-says-police-abuse-sikhs.html>.

Heim, Maria. 2004. *Theories of the Gift in South Asia: Hindu, Buddhist, and Jain Reflections on Dana*. Florence, UNITED STATES: Taylor & Francis Group.  
<http://ebookcentral.proquest.com/lib/ucsd/detail.action?docID=183017>.

Held, Virginia. 2006. *The Ethics of Care: Personal, Political, and Global*. Oxford ; New York: Oxford University Press.

Henrich, Joseph. 2015. *The Secret of Our Success: How Culture Is Driving Human Evolution, Domesticating Our Species, and Making Us Smarter*. Princeton: Princeton University Press.

Higashi, Robin T., Allison Tillack, Michael A. Steinman, C. Bree Johnston, and G. Michael Harper. 2013. "The 'Worthy' Patient: Rethinking the 'Hidden Curriculum' in Medical Education." *Anthropology & Medicine* 20 (1): 13–23.  
<https://doi.org/10.1080/13648470.2012.747595>.

"Homelessness in India." n.d. Housing and Land Rights Network. Accessed December 9, 2020.  
<https://www.hlrn.org.in/homelessness>.

Imbert, Clément, and John Papp. 2020. "Costs and Benefits of Rural-Urban Migration: Evidence from India." *Journal of Development Economics* 146 (September): 102473.  
<https://doi.org/10.1016/j.jdeveco.2020.102473>.

Jacobsen, Knut A. 2016. "Sevā." In *Brill's Encyclopedia of Hinduism*, edited by Knut A. Jacobsen Helene Basu, Angelika Malinar, Vasudha Narayan.

Jodhka, Surinder S. 2014. "Lessons of 1984." *The Indian Express*, November 10, 2014.  
<https://indianexpress.com/article/opinion/columns/lessons-of-1984/>.

Juergensmeyer, Mark. 2003. "The Sword of Sikhism." In *Terror in the Mind of God*, edited by Mark Juergensmeyer, 3rd ed., 85–102. The Global Rise of Religious Violence. Berkeley: University of California Press. <http://www.jstor.org/stable/10.1525/j.ctt4cgfbx.9>.

Kantor, Hayden S. 2018. "Building Beyond the Bypass Road: Urban Migration, Ritual Eating, and the Fate of the Joint Family in Patna, India: Building Beyond the Bypass Road." *American Anthropologist* 120 (2): 212–23. <https://doi.org/10.1111/aman.12972>.

———. 2019. "A Body Set between Hot and Cold: Everyday Sensory Labor and Attunement in an Indian Village." *Food, Culture & Society* 22 (2): 237–52.  
<https://doi.org/10.1080/15528014.2019.1573045>.

Kapoor, Aditi. 2007. "The SEWA Way: Shaping Another Future for Informal Labour." *Futures, Transformative Initiatives*, 39 (5): 554–68. <https://doi.org/10.1016/j.futures.2006.10.004>.

Kaur, Jasleen, and Harinder Singh. 2021. "Sikh Spiritual-Political Dynamics in the Farmers' Movement." *Berkley Center for Religion, Peace and World*.  
<https://berkeleycenter.georgetown.edu/responses/sikh-spiritual-political-dynamics-in-the-farmers-movement>.

Kayikci, Merve Reyhan. 2020. *Islamic Ethics and Female Volunteering: Committing to Society, Committing to God*. Cham: Springer International Publishing. <https://doi.org/10.1007/978-3-030-50664-3>.

Khandekar, Sreekant, and Raju Santhanam. 1984. "Paralysed by Fear and Shock, Delhi Anti-Sikh Riot Victims Face Grim, Uncertain Future." *India Today*, December 15, 1984. <https://www.indiatoday.in/magazine/special-report/story/19841215-paralysed-by-fear-and-shock-delhi-anti-sikh-riot-victims-face-grim-uncertain-future-803507-1984-12-15>.

Killmer, Jocelyn. 2018. "Village Doctors and Vulnerable Bodies: Gender, Medicine, and Risk in North India." *Dissertations - ALL*, December. <https://surface.syr.edu/etd/962>.

Kowalski, Julia. 2016. "Ordering Dependence: Care, Disorder, and Kinship Ideology in North Indian Antiviolence Counseling." *American Ethnologist* 43 (1): 63–75.

Kumari, Sangita. 2014. "RURAL-URBAN MIGRATION IN INDIA: DETERMINANTS AND FACTORS," 21.

Lahariya, Chandrakant. 2017. "Mohalla Clinics of Delhi, India: Could These Become Platform to Strengthen Primary Healthcare?" *Journal of Family Medicine and Primary Care* 6 (1): 1–10. [https://doi.org/10.4103/jfmpe.jfmpe\\_29\\_17](https://doi.org/10.4103/jfmpe.jfmpe_29_17).

Laidlaw, James. 1995. *Riches and Renunciation: Religion, Economy, and Society among the Jains*. New York: Oxford University Press.

———. 2000. "A Free Gift Makes No Friends." *Journal of the Royal Anthropological Institute* 6 (4): 617–34.

———. 2002. "For an Anthropology of Ethics and Freedom." *The Journal of the Royal Anthropological Institute* 8 (2): 311–32.

Lamb, Sarah. 2000. *White Saris and Sweet Mangoes: Aging, Gender, and Body in North India*. Berkeley: University of California Press.

Lambek, Michael, ed. 2010. *Ordinary Ethics: Anthropology, Language, and Action*. Fordham University. <http://www.jstor.org/stable/j.ctt13x07p9>.

Lambert, Helen. 1996. "Popular Therapeutics and Medical Preferences in Rural North India." *The Lancet* 348 (9043): 1706–9. [https://doi.org/10.1016/S0140-6736\(96\)07135-8](https://doi.org/10.1016/S0140-6736(96)07135-8).

———. 2012. "Medical Pluralism and Medical Marginality: Bone Doctors and the Selective Legitimation of Therapeutic Expertise in India." *Social Science & Medicine* (1982) 74 (7): 1029–36. <https://doi.org/10.1016/j.socscimed.2011.12.024>.

Langford, Jean M. 2002. *Fluent Bodies. Fluent Bodies*. Duke University Press. <https://www.degruyter.com/document/doi/10.1515/9780822384113/html>.

Lester, Rebecca. 2021. "Complicated Empathy in Clinical Ethnography: Vulnerability, Care, and Doing Ethical Work When the Whole Self Shows Up." Presented at the Psychological and Medical Anthropology Seminar, May 24.

- Levy, Robert I. 1973. *Tahitians: Mind and Experience in the Society Islands*. Chicago and London: University of Chicago Press.
- Levy, Robert I., and Douglas Hollan. 1998. "Person-Centered Interviewing and Observation." In *Handbook of Methods in Cultural Anthropology*, edited by H. Russell Bernard. Walnut Creek: AltaMira Press.
- Li, Tania Murray. 2010. "To Make Live or Let Die? Rural Dispossession and the Protection of Surplus Populations." *Antipode* 41 (s1): 66–93. <https://doi.org/10.1111/j.1467-8330.2009.00717.x>.
- Livingston, Julie. 2012. *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham: Duke University Press.
- Lofland, John, David Snow, Leanon Anderson, and Lyn H. Lofland. 2006. *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Belmont: Wadsworth.
- Lopes, Flavia, and Mridula Chari. 2021. "In 12 Years, 11 States Have Changed Land Ceiling Laws That Were Meant to Benefit Farmers." Text. Scroll.In. <https://scroll.in>. February 14, 2021. <https://scroll.in/article/986622/in-12-years-11-states-have-changed-land-ceiling-laws-that-were-meant-to-benefit-farmers>.
- Madsen, Richard. 2021. "Sacred Paths to Magnanimity In a Polarized World." Presented at the Conference on Cultural Mediation at the Social Trends Institute, Barcelona, Spain.
- Maes, Kenneth, and Ippolytos Kalofonos. 2013. "Becoming and Remaining Community Health Workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.
- Mahmood, Cynthia. 2001. *A Sea of Orange: Writings on the Sikhs and India*. Xlibris.
- Mahmood, Cynthia Keppley. 1996. *Fighting for Faith and Nation: Dialogues with Sikh Militants*. Philadelphia: University of Pennsylvania Press.
- . 2013. "Sikh Traditions and Violence." *The Oxford Handbook of Religion and Violence*, January. <https://doi.org/10.1093/oxfordhb/9780199759996.013.0003>.
- Mahmood, Saba. 2011. *Politics of Piety: The Islamic Revival and the Feminist Subject*. Princeton: Princeton University Press.
- Mahn, Churnjeet, and Anne Murphy. 2018. "Introduction." In *Partition and the Practice of Memory*, 1–14. Palgrave Macmillan, Cham. [https://doi.org/10.1007/978-3-319-64516-2\\_1](https://doi.org/10.1007/978-3-319-64516-2_1).
- Malhotra, Aanchal. 2017. *Remnants of a Separation: A History of the Partition through Material History*. Noida, Uttar Pradesh: HarperCollins Publishers India.

- Malhotra, Anshu. 2021. "Kisan Morcha: History, Identity, Politics." *Berkley Center for Religion, Peace and World*. <https://berkeleycenter.georgetown.edu/responses/kisan-morcha-history-identity-politics>.
- Malkki, Liisa H. 2015. *The Need to Help: The Domestic Arts of International Humanitarianism*. Durham: Duke University Press.
- Manto, Sa'adat Hasan, and Khalid Hasan. 2008. *Bitter Fruit: The Very Best of Saadat Hasan Manto*. New Delhi: Penguin Books.
- Marriott, McKim. 1976a. "Hindu Transactions: Diversity without Dualism." In *Transaction and Meaning: Directions in the Anthropology of Exchange and Symbolic Behavior*, edited by Bruce Kapferer, 109–42. Philadelphia: Institute for the Study of Human Issues.
- . 1976b. "Interpreting Indian Society: A Monistic Alternative to Dumont's Dualism." *The Journal of Asian Studies* 36 (1): 189–95.
- Marriott, McKim, and Ronald Inden. 1977. "Toward an Ethnosociology of South Asian Caste Systems." In , 227–38. Mouton The Hague.
- Mateen, Zoya. 2018. "Delhi Mohalla Clinics Have Patients Raving About It, But Doctors Have a Sad Tale to Tell." News18. August 3, 2018. <https://www.news18.com/news/india/delhi-mohalla-clinics-have-patients-raving-about-it-but-doctors-have-a-sad-tale-to-tell-1832939.html>.
- Mathews, Gordon, and Carolina Izquierdo. 2008. *Pursuits of Happiness: Well-Being in Anthropological Perspective*. New York: Berghahn Books.
- Mattingly, Cheryl. 2014. *Moral Laboratories: Family Peril and the Struggle for a Good Life*. Oakland: University of California Press.
- Mattingly, Cheryl, and Jason Throop. 2018. "The Anthropology of Ethics and Morality." *Annual Review of Anthropology* 47 (1): 475–92. <https://doi.org/10.1146/annurev-anthro-102317-050129>.
- McGregor, R.S., ed. 1993. *Oxford Hindi-English Dictionary*. New Delhi: Oxford University Press.
- McLeod, W. H. 2000. *Exploring Sikhism : Aspects of Sikh Identity, Culture and Thought*. New Delhi: Oxford University Press.
- Menin, Laura. 2020. "'Destiny Is Written by God': Islamic Predestination, Responsibility, and Transcendence in Central Morocco." *Journal of the Royal Anthropological Institute* 26 (3): 515–32. <https://doi.org/10.1111/1467-9655.13312>.
- Menon, Ritu, and Kamla Bhasin. 1998. *Borders & Boundaries: Women in India's Partition*. New Delhi: Kali for Women.
- Metcalf, Barbara D. and Thomas R. Metcalf. 2012. *A Concise History of Modern India*. Cambridge University Press.

- Mines, Diane P. & Sarah Lamb. 2002. "Introduction." In *Everyday Life in South Asia*. Bloomington: Indiana University Press.
- Mines, Diane P., and Sarah Lamb, eds. 2010. "Seven Prevalent Misconceptions about India's Caste System." In *Everyday Life in South Asia, Second Edition*, 2nd ed., 153–54. Indiana University Press. <http://www.jstor.org/stable/j.ctt16gz5rp.20>.
- Mintz, Sidney W., and Christine M. Du Bois. 2002. "The Anthropology of Food and Eating." *Annual Review of Anthropology* 31 (1): 99–119. <https://doi.org/10.1146/annurev.anthro.32.032702.131011>.
- Mitta, Manoj, and H. S Phoolka. 2008. *When a Tree Shook Delhi: The 1984 Carnage and Its Aftermath*. New Delhi: Lotus Collection.
- Mittermaier, Amira. 2014. "Bread, Freedom, Social Justice: The Egyptian Uprising and a Sufi Khidma." *Cultural Anthropology* 29 (1): 54–79.
- Mohanty, Prasanna. 2018. "India's Landless Poor: Post-Liberalisation Era Brought in Wealth to a Stressed Economy but Did Little to End Rural Poverty-India News , Firstpost." Firstpost. October 8, 2018. <https://www.firstpost.com/india/indias-landless-poor-post-liberalisation-era-brought-in-wealth-to-a-stressed-economy-but-did-little-to-end-rural-poverty-5340041.html>.
- Mookherjee, Nayanika. 2013. "Introduction: Self in South Asia." *Journal of Historical Sociology* 26 (1): 1–18.
- Moore, Barrington. 1993. *Social Origins of Dictatorship and Democracy: Lord and Peasant in the Making of the Modern World*. Fulcrum.Org. Beacon Press.
- Muehlebach, Andrea. 2012. *The Moral Neoliberal: Welfare and Citizenship in Italy*. Chicago: University of Chicago Press.
- Murphy, Anne. 2004. "Mobilizing Seva ('Service'): Modes of Sikh Diasporic Action." *South Asians in the Diaspora: Histories and Religious Traditions*, 367–402.
- Nandy, Ashis. 1983. *The Intimate Enemy: Loss and Recovery of Self under Colonialism*. Delhi: Oxford University Press.
- Narayan, Kirin. 1989. *Storytellers, Saints, and Scoundrels: Folk Narrative in Hindu Religious Teaching*. Philadelphia: University of Pennsylvania Press.
- Nelson, Lance E. 2008. "Ecology." In *Studying Hinduism*. Routledge.
- Nesbitt, Eleanor. 2007. "Sikhism." In *Ethical Issues in Six Religious Traditions*, edited by Peggy Morgan and Clive A. Lawton, NED-New edition, 2, 118–67. Edinburgh University Press. <https://www.jstor.org/stable/10.3366/j.ctt1g0b154.8>.
- . 2016. *Sikhism: A Very Short Introduction*. Oxford: Oxford University Press.

Oberoi, Harjot. 1994. *The Construction of Religious Boundaries: Culture, Identity, and Diversity in the Sikh Tradition*. Chicago: University of Chicago Press.

Ortner, Sherry B. 2016. "Dark Anthropology and Its Others: Theory since the Eighties." *HAU: Journal of Ethnographic Theory* 6 (1): 47–73.

Pandey, Gyanendra. 1990. *The Construction of Communalism in Colonial North India*. Oxford: Oxford University Press.

———. 2001. *Remembering Partition: Violence, Nationalism and History in India*. Cambridge University Press. <https://books.google.com/books?id=ZdLhnFet4w4C>.

Pandian, Anand. 2010. "Interior Horizons: An Ethical Space of Selfhood in South India." *Journal of the Royal Anthropological Institute* 16: 64–83.

Pandian, Anand, and Daud Ali, eds. 2010. *Ethical Life in South Asia*. Bloomington: Indiana University Press.

Parish, Steven M. 1994. *Moral Knowing in a Hindu Sacred City: An Exploration of Mind, Emotion, and Self*. New York: Columbia University Press.

———. 1996. *Hierarchy and Its Discontents: Culture and the Politics of Consciousness in Caste Society*. Philadelphia: University of Pennsylvania Press.

———. 2008. *Subjectivity and Suffering in American Culture: Possible Selves*. New York: Palgrave Macmillan.

———. 2014. "Between Persons: How Concepts of the Person Make Moral Experience Possible." *Ethos* 42 (1): 31–50. <https://doi.org/10.1111/etho.12037>.

Parreñas, Rhacel, and Eileen Boris. 2010. *Intimate Labors : Cultures, Technologies, and the Politics of Care*. Redwood City: Stanford University Press.  
<http://ucsd.eblib.com/patron/FullRecord.aspx?p=683243>.

Parry, Jonathan. 1986. "The Gift, the Indian Gift and the 'Indian Gift.'" *Man* 21 (3): 453–73. <https://doi.org/10.2307/2803096>.

Parulkar, Ashwin. 2017. "Becoming Homeless, Surviving Homelessness: The Lives of Six Working Homeless Men in Yamuna Pushta, Delhi." Centre for Policy Research.

Patel, Sejal, and Priyankita Pant. 2020. "Decentralisation and Urban Primary Health Services: A Case Study of Delhi's Mohalla Clinics." *Commonwealth Journal of Local Governance*, December, ID 6987-ID 6987. <https://doi.org/10.5130/cjlg.vi23.6987>.

Patel, Vikram, Rachana Parikh, Sunil Nandraj, Priya Balasubramaniam, Kavita Narayan, Vinod K Paul, A K Shiva Kumar, Mirai Chatterjee, and K Srinath Reddy. 2015. "Assuring Health Coverage for All in India." *The Lancet* 386 (10011): 2422–35. [https://doi.org/10.1016/S0140-6736\(15\)00955-1](https://doi.org/10.1016/S0140-6736(15)00955-1).

Pettigrew, Joyce J. M. 1995. *The Sikhs of the Punjab: Unheard Voices of State and Guerrilla Violence*. London; Atlantic Highlands, N.J.: Zed Books.

Pinto, Sarah. 2004. "Development without Institutions: Ersatz Medicine and the Politics of Everyday Life in Rural North India." *Cultural Anthropology* 19 (3): 337–64.

———. 2014. *Daughters of Parvati: Women and Madness in Contemporary India*. Contemporary Ethnography. Philadelphia: University of Pennsylvania Press.

Puig de la Bellacasa, María. 2017. *Matters of Care*. University of Minnesota Press.  
<http://www.jstor.org/stable/10.5749/j.ctt1mmfspt>.

Qadeer, Imrana, Kasturi Sen, and K. R Nayar. 2001. *Public Health and the Poverty of Reforms: The South Asian Predicament*. New Delhi; Thousand Oaks, Calif.: Sage Publications.

Raheja, Gloria Goodwin. 1988. *The Poison in the Gift: Ritual, Presentation, and the Dominant Caste in a North Indian Village*. Chicago: University of Chicago Press.

Raju, P. A. 2000. *Gandhi and His Religion*. New Delhi: Concept Pub. Co.

Ram, Kalpana. 2010. "Class and the Clinic: The Subject of Medical Pluralism and the Transmission of Inequality." *South Asian History and Culture* 1 (2): 199–212.  
<https://doi.org/10.1080/19472491003590676>.

Ram, Ronki. 2016. "Structures of Social Exclusion, Dera Culture and Dalit Social Mobility in Contemporary East Punjab." *Contemporary Voice of Dalit* 8 (2): 186–95.  
<https://doi.org/10.1177/2455328X16661084>.

Rand, Gavin, and Kim A. Wagner. 2012. "Recruiting the 'Martial Races': Identities and Military Service in Colonial India." *Patterns of Prejudice* 46 (3–4): 232–54.  
<https://doi.org/10.1080/0031322X.2012.701495>.

Ratnoo, Himmat. 2016. *Migration of Labour in India: The Squatter Settlements of Delhi*. London: Routledge. <https://doi.org/10.4324/9781315659220>.

Redfield, Peter. 2011. "The Impossible Problem of Neutrality." In *Forces of Compassion: Humanitarianism Between Ethics and Politics*, edited by Erica Bornstein and Peter Redfield. Santa Fe: School for Advanced Research Press.

———. 2012. "Humanitarianism." In *A Companion to Moral Anthropology*, 449–67. John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781118290620.ch25>.

———. 2013. *Life in Crisis. Life in Crisis*. University of California Press.  
<https://www.degruyter.com/document/doi/10.1525/9780520955189/html>.

Ring, Laura A. 2006. *Zenana: Everyday Peace in a Karachi Apartment Building*. Bloomington: Indian University Press.



- Robbins, Joel. 2004. *Becoming Sinners: Christianity and Moral Torment in a Papua New Guinea Society*. Ethnographic Studies in Subjectivity 4. Berkeley: University of California Press.
- . 2013. “Beyond the Suffering Subject: Toward an Anthropology of the Good.” *Journal of the Royal Anthropological Institute* 19 (3): 447–62. <https://doi.org/10.1111/1467-9655.12044>.
- . 2016. “What Is the Matter with Transcendence? On the Place of Religion in the New Anthropology of Ethics.” *Journal of the Royal Anthropological Institute*, September, n/a-n/a. <https://doi.org/10.1111/1467-9655.12494>.
- Rosaldo, Michelle Zimbalist. 1974. “Woman, Culture, and Society: A Theoretical Overview.” In *Woman, Culture, and Society*, edited by Michelle Zimbalist Rosaldo and Louise Lamphere. Vol. 21. Stanford: Stanford University Press.
- Rose, Kalima. 1992. *Where Women Are Leaders: The SEWA Movement in India*. London ; Atlantic Highlands, N.J: Zed Books Ltd.
- Ruddick, Sara. 1989. *Maternal Thinking: Toward a Politics of Peace*. Boston: Beacon Press.
- Ruddock, Anna L. 2017. “Special Medicine: Producing Doctors at the All India Institute of Medical Sciences (AIIMS).” King’s College London.
- Sah, Taniya, Rituparna Kaushik, Neha Bailwal, and Neisetuonuo Tep. 2019. “Mohalla Clinics in Delhi: A Preliminary Assessment of Their Functioning and Coverage.” *Indian Journal of Human Development* 13 (2): 195–210. <https://doi.org/10.1177/0973703019872023>.
- Saul, Jack. 2014. *Collective Trauma, Collective Healing: Promoting Community Resilience in the Aftermath of Disaster*. New York: Routledge.
- Schneider, Eric C., Arnav Shah, Michelle M. Doty, Roosa Tikkanen, Katharine Fields, and Reginald D. Williams II. 2021. “Mirror, Mirror 2021: Reflecting Poorly.” August 4, 2021. <https://doi.org/10.26099/01dv-h208>.
- Sen, Amartya. 2014. “The Contemporary Relevance of Buddha.” *Ethics & International Affairs* 28 (1): 15–27. <https://doi.org/10.1017/S0892679414000033>.
- Sengupta, Amit, Indranil Mukhopadhyaya, Manuj C. Weerasinghe, and Arjun Karki. 2017. “The Rise of Private Medicine in South Asia.” *BMJ* 357 (April): j1482. <https://doi.org/10.1136/bmj.j1482>.
- Sengupta, Amit, and Samiran Nundy. 2005. “The Private Health Sector in India.” *BMJ: British Medical Journal* 331 (7526): 1157–58.
- Sharma, Dinesh C. 2015. “Concern over Private Sector Tilt in India’s New Health Policy.” *The Lancet* 385 (9965): 317. [https://doi.org/10.1016/S0140-6736\(15\)60103-9](https://doi.org/10.1016/S0140-6736(15)60103-9).
- Shiva, Vandana. 2016. *The Violence of the Green Revolution*. University Press of Kentucky. <http://www.jstor.org/stable/j.ctt19dzdcp>.

Singer, Tania, Romana Snozzi, Geoffrey Bird, Predrag Petrovic, Giorgia Silani, Markus Heinrichs, & Raymond J Dolan. 2008. "Effects of Oxytocin and Prosocial Behavior on Brain Responses to Direct and Vicariously Experienced Pain." *Emotion* 8 (6): 781.

Singh, Avtar. 1970. *Ethics of the Sikhs*. Patiala: Punjabi University.

Singh, Bhrigupati. 2011. "Agonistic Intimacy and Moral Aspiration in Popular Hinduism: A Study in the Political Theology of the Neighbor." *American Ethnologist* 38 (3): 430–50.

Singh, Khushwant. 2004. *A History of the Sikhs*. 2nd ed. New Delhi: Oxford University Press.

Singh, Nikky-Guninder Kaur. 1995. *The Name of My Beloved: Verses of the Sikh Gurus*. HarperSanFrancisco.

———. 2019. *The First Sikh: The Life and Legacy of Guru Nanak*. Penguin Random House India Private Limited.

Singh, Nikky-Guninder Kaur, Martin Palmer, and Joanne O'Brien. 2009. *Sikhism*. World Religions. New York: Chelsea House.

Singh, Nripinder. 1990. *The Sikh Moral Tradition: Ethical Perceptions of the Sikhs in the Late Nineteenth/Early Twentieth Century*. Manohar.

Singh, Pashaura. 2014. "Gurmat: The Teachings of the Gurus." In *The Oxford Handbook of Sikh Studies*, edited by Pashaura Singh and Louis E. Fenech. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199699308.013.051>.

Singh, Pashaura, and Louis E. Fenech. 2014. *The Oxford Handbook of Sikh Studies*. Oxford: Oxford University Press.

Singh, Simran Jeet. 2021. "Indian Farmer Protests Are Animated by Sikh Faith, Punjabi History of Fighting Injustice." *Berkley Center for Religion, Peace and World*. <https://berkeleycenter.georgetown.edu/responses/indian-farmer-protests-are-animated-by-sikh-faith-punjabi-history-of-fighting-injustice>.

Smith, Kristen. 2012. "The Problematization of Medical Tourism: A Critique of Neoliberalism." *Developing World Bioethics* 12 (1): 1–8. <https://doi.org/10.1111/j.1471-8847.2012.00318.x>.

Snell-Rood, Claire. 2015a. *No One Will Let Her Live: Women's Struggle for Well-Being in a Delhi Slum*. Oakland: University of California Press.

———. 2015b. *No One Will Let Her Live: Women's Struggle for Well-Being in a Delhi Slum*. Oakland: University of California Press.

Soherwordi, Syed Hussain Shaheed. 2010. "Punjabisation in the British Indian Army 1857–1947 and the Advent of Military Rule in Pakistan." *Edinburgh Papers in South Asian Studies* 24: 1–32.

- Sointu, Eeva. 2017. “‘Good’ Patient/‘Bad’ Patient: Clinical Learning and the Entrenching of Inequality.” *Sociology of Health & Illness* 39 (1): 63–77. <https://doi.org/10.1111/1467-9566.12487>.
- Solomon, Harris. 2016. *Metabolic Living: Food, Fat, and the Absorption of Illness in India*. Duke University Press. <https://doi.org/10.1215/9780822374442>.
- Somasundaram, Daya. 1998. *Scarred Minds: The Psychological Impact of War on Sri Lankan Tamils*. New Delhi: Sage Publications.
- Sramek, Joseph. 2011. “Martial Races, Caste-Ridden Sepoys, and British Fears about Losing Control: Britons and Their Sepoy Armies in Late Company India.” In *Gender, Morality, and Race in Company India, 1765–1858*, edited by Joseph Sramek, 127–56. New York: Palgrave Macmillan US. [https://doi.org/10.1057/9780230337626\\_6](https://doi.org/10.1057/9780230337626_6).
- Srinivasan, Amrit. 1990. “The Survivor in the Study of Violence.” In *Mirrors of Violence: Riots, Communities and Survivors*, edited by Veena Das, 305–20. Delhi: Oxford.
- Srivatsan, R. 2006. “Concept of ‘Seva’ and the ‘Sevak’ in the Freedom Movement.” *Economic and Political Weekly* 41 (5): 427–38.
- Stainova, Yana. 2019. “Enchantment as Method.” *Anthropology and Humanism* 44 (2): 214–30. <https://doi.org/10.1111/anh.12251>.
- Stevenson, Lisa. 2014. *Life Beside Itself: Imagining Care in the Canadian Arctic*. Berkeley: University of California Press.
- Street, Alice. 2014. *Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital*. Experimental Futures: Technological Lives, Scientific Arts, Anthropological Voices. Durham: Duke University Press.
- Sudhinaraset, May, Matthew Ingram, Heather Kinlaw Lofthouse, and Dominic Montagu. 2013. “What Is the Role of Informal Healthcare Providers in Developing Countries? A Systematic Review.” *PLOS ONE* 8 (2): e54978. <https://doi.org/10.1371/journal.pone.0054978>.
- Sundar, Pushpa. 2017. *Giving with a Thousand Hands: The Changing Face of Indian Philanthropy*. <https://login.proxy.bib.uottawa.ca/login?url=http://dx.doi.org/10.1093/acprof:oso/9780199470686.001.0001>.
- Suri, Sanjay. 2015. *1984, the Anti-Sikh Violence and After*. Noida, Uttar Pradesh: HarperCollins Publishers India.
- Swenson, Sara Ann. 2020. “Compassion without Pity: Buddhist Dāna as Charity, Humanitarianism, and Altruism.” *Religion Compass* 14 (9): e12371. <https://doi.org/10.1111/rec3.12371>.

Takhar, Opinderjit Kaur. 2014. "Sikh Sects." In *The Oxford Handbook of Sikh Studies*, 350. Oxford: Oxford University Press.

Talbot, Ian, and Darshan Singh Tatla. 2007. *Amritsar: Voices between India and Pakistan*. Seagull Books.

Tambiah, Stanley J. 2011. "Reflections on Communal Violence in South Asia." In *Perspectives on Modern South Asia: A Reader in Culture, History, and Representation*, edited by Kamala Visweswaran. Wiley-Blackwell.

Taneja, Anand Vivek. 2017. *Jinnealogy: Time, Islam, and Ecological Thought in the Medieval Ruins of Delhi*. Redwood City, UNITED STATES: Stanford University Press.  
<http://ebookcentral.proquest.com/lib/ucsd/detail.action?docID=5155793>.

Tarlo, Emma. 2003. *Unsettling Memories: Narratives of the Emergency in Delhi*. Univ of California Press.

Tatla, Darshan S. 2006. "The Morning after: Trauma, Memory and the Sikh Predicament since 1984." *Sikh Formations* 2 (1): 57–88. <https://doi.org/10.1080/17448720600779869>.

The Care Collective, Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal, eds. 2020. *The Care Manifesto: The Politics of Interdependence*. London ; New York: Verso Books.

"The Foreign Exchange of Hate: IDRF and the American Funding of Hindutva." 2002. Mumbai: Sabrang Communications & Publishing. <http://stopfundinghate.org/sacw/index.html>.

Ticktin, Miriam. 2014. "Transnational Humanitarianism." *Annual Review of Anthropology* 43 (1): 273–89. <https://doi.org/10.1146/annurev-anthro-102313-030403>.

Ticktin, Miriam Iris. 2011. *Casualties of Care: Immigration and the Politics of Humanitarianism in France*. Berkeley: University of California Press.

Trawick, Margaret. 1992. *Notes on Love in a Tamil Family*. Berkeley: University of California Press.

Tronto, Joan C. 1989. "Women and Caring: What Can Feminists Learn about Morality from Caring." In *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing*, edited by Alison M. Jaggar and Susan Bordo, 172--187. Rutgers University Press.

———. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.

———. 2001. "An Ethic of Care." In *Ethics in Community-Based Elder Care*, edited by Martha B. and Phyllis B. Mitzen Holstein. New York: Springer Publishing Company.

Uberoi, J. P. Singh. 1996. *Religion, Civil Society, and the State: A Study of Sikhism*. Delhi; New York: Oxford University Press.

Uberoi, Safina. 2001. *My Mother India*. Ronin Films. <https://www.kanopy.com/product/my-mother-india>.

United Nations. 2016. *The World's Cities in 2016*. Statistical Papers - United Nations (Ser. A), Population and Vital Statistics Report. UN. <https://doi.org/10.18356/8519891f-en>.

Van Hollen, Cecilia Coale. 2003. *Birth on the Threshold: Childbirth and Modernity in South India*. Berkeley: University of California Press.

Varma, Saiba. 2012. "Where There Are Only Doctors: Counselors as Psychiatrists in Indian-Administered Kashmir." *Ethos* 40 (4): 517–35. <https://doi.org/10.1111/j.1548-1352.2012.01274.x>.

———. 2016. "Love in the Time of Occupation: Reveries, Longing, and Intoxication in Kashmir." *American Ethnologist* 43 (1): 50–62.

———. 2020. *The Occupied Clinic: Militarism and Care in Kashmir*. Durham: Duke University Press.

Varshney, Ashutosh. 2002. *Ethnic Conflict and Civic Life Hindus and Muslims in India*. New Haven: Yale University Press. <http://www.jstor.org/stable/j.ctt1nq5hn>.

Veer, Peter van der. 2002. "Religion in South Asia." *Annual Review of Anthropology* 31: 173–87.

Venkatesan, Soumhya. 2015. "There Is No Such Thing as the Good: The 2013 Meeting of the Group for Debates in Anthropological Theory." *Critique of Anthropology* 35 (4): 430–80. <https://doi.org/10.1177/0308275X15598384>.

Visweswaran, Kamala. 1994. *Fictions of Feminist Ethnography*. NED-New edition. University of Minnesota Press. <http://www.jstor.org/stable/10.5749/j.ctttf31>.

Waal, Frans de. 2009. *The Age of Empathy: Nature's Lessons for a Kinder Society*. New York: Harmony Books.

Wadley, Susan S. 2010. "One Straw from a Broom Cannot Sweep: The Ideology and Practice of the Joint Family in Rural North India." *Everyday Life in South Asia*. Indiana University Press, Bloomington.

Wadley, Susan S, and Bruce W Derr. 1990. "Karimpur 1925-1984: Understanding Rural India through Restudies." *Journal of Social Studies (Dhaka)*, no. 48: 42–89.

Walters, William. 2010. "Foucault and Frontiers: Notes on the Birth of the Humanitarian Border." In *Governmentality*. Routledge.

- Watt, Casey Anthony. 2005. *Serving the Nation: Cultures of Service, Association, and Citizenship*. New Delhi: Oxford University Press.
- Weber, Max. 1958. "Science as a Vocation." *Daedalus* 87 (1): 111–34.
- Weller, Robert P., C. Julia Huang, Keping Wu, and Lizhu Fan. 2017. *Religion and Charity: The Social Life of Goodness in Chinese Societies*. Cambridge: Cambridge University Press.
- Wendland, Claire L. 2010. *A Heart for the Work*. University of Chicago Press.  
<https://press.uchicago.edu/ucp/books/book/chicago/H/bo8854910.html>.
- Wolf, Margery. 1968. *The House of Lim: A Study of a Chinese Farm Family*. Englewood Cliffs, N.J.: Prentice-Hall.
- Yarris, Kristin E. 2017. *Care Across Generations: Solidarity and Sacrifice in Transnational Families*. Stanford: Stanford University Press. <http://www.sup.org/books/title/?id=26417>.
- Zigon, Jarrett. 2008. *Morality: An Anthropological Perspective*. New York: Berg.
- . 2013. "On Love: Remaking Moral Subjectivity in Postrehabilitation Russia." *American Ethnologist* 40 (1): 201–15.
- Zigon, Jarrett, and C Jason Throop. 2014. "Moral Experience: Introduction." *Ethos* 42 (1): 1–15.