



# Lessons From India's COVID Calamity

By Rasna Warah



An Australian newspaper called it “Modi’s COVID apocalypse”. The Indian activist and author Arundhati Roy calls it “a crime against humanity”. These descriptions of India’s current public health crisis may seem alarmist, but they are not far from the truth. By the end of April, India was recording more than 300,000 new COVID infections and nearly 3,000 deaths per day, a 30-fold increase from September last year, when the country reported a new infection rate of 11,000 per day. Media reports are showing overflowing crematoriums and hospitals overwhelmed by the number of patients seeking treatment. Reports of people dying in ambulances outside hospitals because the latter did not have enough beds or oxygen cylinders reveal a healthcare system that is on its knees.

However, according to those who are witnessing the catastrophe first-hand, the horrifying images shown in the local and international media are just a microcosm of what is really happening on the ground. Even those with money and connections are unable to secure the healthcare they need. Barkha Dutt, a famous media personality in India who lost her father to COVID last week, told ITV that despite her privileges and connections, she could not get access to the treatment her father needed. She never imagined that she would become the story that she has been covering for months. She said lack of drugs and equipment in New Delhi’s hospitals is even forcing people to go to Sikh temples, which are supplying oxygen for free to those who need it. Many families in New Delhi and other large cities are treating their sick relatives at home with oxygen cylinders, some bought at exorbitant rates on the black market. Crematoriums cannot keep up with the number of bodies

arriving at their gates. The smell of death is everywhere.

Many of the current deaths are not exclusively due to the virus, but also to a lack of preparedness on the part of India's healthcare system, which suddenly became overwhelmed due to a dramatic spike in corona cases. Analysts say the easing of restrictions and complacency on the part of Indians in general led to the crisis. People went back to work and continued with their daily lives as if there was no pandemic. The winter wedding season was in full swing in cities like New Delhi.

On its part, the government did little to avert the crisis by allowing the Kumbh Mela, the world's largest religious gathering that is held along the banks of the Ganges river, to take place. The gathering became a superspreader event, as did the many political rallies held in states like West Bengal, which were attended by hundreds of people. At one such rally, Prime Minister Narendra Modi even boasted that the presence of large numbers of people at the rallies showed that his political party, the Bharatiya Janata Party (BJP), had massive support. Social distancing and wearing of masks were not prevalent at these crowded meetings.

In January, Modi told leaders at the World Economic Forum that India had "saved humanity from a disaster by containing corona effectively". He said that India had defied expectations of "a tsunami of corona infections". Now he is having to eat his own words. Not only has India, the world's second most populous country, become the epicentre of the disease - with new aggressive variants being reported every week - but it is in the very awkward position of having to seek aid from other countries, including its long-time rival Pakistan, which has offered to help. The UK, USA and other governments plan to send oxygen and other medical supplies to India.

India has tended to view itself as a regional economic powerhouse, and so being reduced to a recipient of humanitarian aid is having a wounding effect. This is not how Modi, whose Hindu nationalist rhetoric has ignited a "Hindu First" movement in India, would like India to be viewed. India's prime minister now finds himself reduced to having to accept medical aid for a country that has marketed itself as a destination for medical tourism and the "pharmacy of the world" that manufactures affordable drugs for developing nations. The Serum Institute of India is currently producing a large proportion of the AstraZeneca vaccine that is being rolled out in many countries. But Modi has decided to nationalise the institute as well, and has banned exports of the vaccine until the country sorts out its own health crisis, leaving millions of people around the world, including Kenya, in limbo.

India's public healthcare system was already strained before the pandemic. The government spends a measly 1 per cent of its budget on health. The medical needs of Indians are met mostly by the private sector. Nearly 80 per cent of the healthcare in urban areas is provided by private facilities. In rural areas, 70 per cent of the population relies on private clinics and hospitals, which are unaffordable for the majority. This privatisation of healthcare has come at a huge cost. Poor Indians suffer disproportionately from preventable diseases. Malnutrition rates among mothers and children are also among the highest in the world. What we are witnessing is how neglect of public healthcare systems can have long-term negative consequences, especially during a disaster or an epidemic.

India is also a lesson in how leaders can impact the spread of a disease. Since he took office, Prime Minister Modi has tried very hard to control public perceptions about his achievements and the virtues of the BJP, which he has filled with spin doctors who try to present a rosy image of India under his leadership. Several journalists have been arrested under Modi's watch and media organisations that call him out are dismissed as unpatriotic. News channels in India are dominated by pro-government news anchors and journalists who have twisted the narrative in favour of Modi, even when he stands in the way of press freedom. In March 2020, in the early days of the pandemic, Modi asked India's Supreme Court to stop media organisations from publishing any COVID-related

news without getting government clearance first. Thankfully, because the Supreme Court is obliged to protect the rights and freedoms enshrined in India's constitution, including freedom of the press, the court refused his request.

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Like Jair Bolsonaro in Brazil and Donald Trump in the USA, Modi underplayed the scale of the pandemic and painted independent media and journalists who questioned his policies as enemies of the people. As a result, more than half a million Americans, nearly 400,000 Brazilians and some 200,000 Indians have died from COVID-19. The link between a paranoid, media-hostile leadership and negative health outcomes is evident in these cases.

Many independent journalists and observers believe that the official figures on COVID deaths and infections put out by the Indian government are a gross underestimation, and that the actual figures could be two or three times more than those that are being reported. Crematoriums are reporting more cremations adhering to COVID protocols than what is being given as the official death toll from COVID-19. This could be partly because many deaths are occurring at home and so are not being reported. In addition, people who die from COVID but who were not tested are not recorded as having died from the disease.

Meanwhile, the BJP government, is assuring India's 1.4 billion citizens that it is doing everything to increase the supply of oxygen and increase vaccination levels among those over the age of 18, but these measures are coming a little too late. The death toll is likely to rise significantly over the coming weeks.

Lack of trust in the government may be the biggest hurdle countries face as they try to contain the virus. In Kenya, the theft of COVID-19 donations last year and massive corruption scandals at the state-run medical supplies agency, KEMSA, have severely diminished citizens' faith in the government's willingness and ability to protect them. Moreover, apart from periodic lockdowns and curfews, there seems to be no strategy on how prevention measures will be instituted in the long term. Also no one is quite sure when vaccination will reach "herd immunity" levels; people like me who have received their first dose of the AstraZeneca vaccine under the COVAX facility - a global mechanism for pooled procurement and distribution of vaccines for low and middle income countries - still don't know for sure if they will get their second jab, a scenario complicated by the fact that Modi has temporarily banned the Serum Institute from exporting the vaccines.

India has three important lessons for Kenya and the rest of the world.

### **Lesson 1: Do not neglect the public healthcare system**

Countries around the world such as South Korea and Uganda that have successfully contained the coronavirus, managed to do so because the containment measures were led and funded by the public sector. Mass testing and other measures could not have taken place if the government did not initiate them, and ensured their successful implementation through a nationwide network of public healthcare facilities. But for this to happen, people must have faith in the government, which is sorely lacking in many countries.

The emphasis on private healthcare in countries such as Kenya and India has also left millions of poor and low-income people completely vulnerable to epidemics and pandemics. Public healthcare systems in all countries should be beefed up so that countries are not caught unawares in the future.

Like public education, public health is an investment that reaps economic and social dividends in the future. COVID-19 has shown us the folly of relying solely on the private sector to meet citizens' health needs and the importance of investing in robust public health systems that play a key role in detecting, containing and stopping the spread of infectious diseases.

## **Lesson 2: Do not suppress or distort scientific information and data**

Donald Trump and Jair Bolsonaro consistently underplayed the threat posed by the novel coronavirus disease. Trump initially referred to it as a minor flu even as hospital beds were filling up, and even as infection rates were rising. Both leaders also mocked the wearing of masks and social distancing, which American and Brazilian scientists advocated. Trump's rallies were filled with people who ignored corona protocols. In India, some politicians even said that the pandemic was a hoax intended to prevent farmers in Punjab from organising protests against the government's agriculture policies. By ignoring the science, and peddling false information, these leaders put their countries' citizens in immense danger. Vilifying the press - which is often the public's main source of corona-related data and information - in the face of a pandemic is also not a good idea.

## **Lesson 3. Do not sacrifice public health to gain political mileage**

Politicians should not sacrifice people's lives at the altar of politics. Prime Minister Modi could have banned pilgrims from attending the Kumbh Mela, just as he ordered a nationwide lockdown early last year. But he chose not to do so because he wanted to appease Hindus and his Hindu nationalist base. In addition, he attended massive political rallies where few people wore masks, thereby facilitating the spread of the virus. He put people's lives in danger because he wanted to score political points for his party. In the United States and Brazil, leaders chose to keep the economy running even if it meant losing hundreds of thousands of lives. In Kenya, politicians engaged in Building Bridges Initiative (BBI) rallies even as corona cases were rising. Moreover, parliamentarians are discussing BBI amendments to the constitution rather than what measures could be taken to protect Kenyans not just from the coronavirus disease and its various variants, but also from the hardships they have had to endure in the past year due to job losses and business closures. This is the type of shortsightedness and lack of compassion and vision among the country's leadership that has led to the public health crisis facing India today.

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