

Modi government leaves millions of Indians vulnerable to coronavirus

By Wasantha Rupasinghe
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Indian Prime Minister Narendra Modi's government is leaving millions vulnerable to a coronavirus epidemic, as popular anxiety rises over the spread of the disease. The number of confirmed cases in the country has risen to 30, including a Gaziabad local who tested positive on Thursday, and 16 Italian visitors diagnosed on March 3. According to Union Health Minister Dr. Harsh Vardhan, 27,000 people have been placed under community surveillance so far.

Local authorities in the capital, New Delhi, have ordered all primary schools closed in the region until March 31, as a "precautionary measure" to prevent the spread of the virus among children.

Given India's high population density—particularly in sprawling cities like New Delhi, Mumbai, Kolkata and Chennai—and the appalling state of the public health and sanitation systems, the Indian population faces the danger of a rapid spread of this untreatable, potentially lethal virus. It will have the most devastating impact on workers and other rural and urban poor. While the country's super rich and privileged sections of the upper-middle class can afford expensive treatments in private hospitals, most workers will have to depend on public hospitals.

However, Modi's Hindu-supremacist Bharatiya Janata Party (BJP) government, like its counterparts across the world, has shown its complete unwillingness and incapacity to combat the pandemic. In a cynical attempt to downplay the danger, Modi tweeted: "There is no need to panic."

The government's response underscores the contemptuous and ignorant attitude of the Indian ruling elite as a whole toward the plight of millions of working people and rural toilers, who are condemned to impoverished conditions by successive national and state governments. More than 800 million Indians subsist on less than \$US2 per day.

At the top of society, the wealth of 63 billionaires is

greater than the yearly budget for the fiscal year 2018–19, according to Oxfam's study "Time to Care." India's top 1 percent holds more than four times the wealth held by the 953 million people who make up the bottom 70 percent of India's population.

The Indian political establishment bears enormous responsibility for this massive social polarization, and the danger that countless thousands or even millions of Indians could fall victim to the disease. Like its counterparts around the world, the Modi government has implemented nationalist border control measures in the name of containing the spread of coronavirus, like suspending visas for those from the worst-affected countries such as China, Italy, Iran, South Korea and Japan.

Health minister Vardhan has announced that passengers from all countries will be screened at airports as a precautionary measure to stop the virus from spreading. On March 4, the Modi government boasted that these were "important changes" to "further enhance our level of preparedness," in a statement issued by the Prime Minister's Office (PMO) after an inter-ministerial meeting to "review preparedness and response on the coronavirus issue."

The statement asserts that "decisions" were taken to "rapidly implement opening of proper testing, isolation and quarantine facilities in various parts of the country... in partnership with the state government." However, the PMO's statement was completely silent on what finances would be dedicated to these health care projects.

Whatever the Modi government's claims, there is no sign it is taking any meaningful steps, like launching a rapid program to build much-needed health care facilities. The BJP government allocated just \$9.7 billion for health in its latest annual budget, while setting aside a massive \$66 billion for defence expenditure. This underscores the Indian elite's complete disregard towards the health of

working people and the rural poor, in contrast with its enthusiasm for pursuing its reactionary geopolitical interests and its developing alliance with US imperialism aimed at threatening China.

India's under-funded public health system cannot even deal with relatively preventable diseases. In a March 4 interview to Scroll.In, Dr. Jocab John, a leading virologist based in Vellore, Tamil Nadu, said: "We don't have separate vertical programs to monitor different diseases like tuberculosis, malaria or cholera."

He made clear this failure to effectively monitor and treat diseases means that far more patients die in India—citing the fact that the H1N1 influenza mortality rate in India is around 5 percent, around 50 times the average global H1N1 mortality rate of 0.1 percent. With the global mortality rate for coronavirus currently standing at approximately 3 percent, a substantially higher mortality rate in India could have devastating consequences.

India's doctor-to-population ratio is 1 to 1,457, well below the WHO-recommended 1 to 1,000. For people living in rural areas dependent on government hospitals and clinics, the ratio falls to a staggering 1 to 10,926, according to the National Health Profile 2019. "Rural areas have an especially severe shortage of qualified health professionals," said Dr. Srinath Reddy, president, Public Health Foundation of India.

While India has a massive population of 1,380 billion people, it has just barely over two million (2,048,979) registered nurses and midwives. Moreover, many of them would need infection control training to care for patients with airborne infections like coronavirus.

India's public health system does not have enough ICU facilities to treat coronavirus patients in critical condition. "There are not enough ICU beds in India, which is needed for about 5 percent of Covid-19 [coronavirus] cases," said Dr. G. Arunkumar, director of the Manipal Institute of Virology in Karnataka.

Prices of surgical facemasks are already skyrocketing as manufacturers fail to keep up with skyrocketing global demand. "Globally, governments keep a stock of these personal protection items for use during emergencies. In India, we do not have such system," said Abhay Panday, National President of the All Food and Drug License Holder Foundation (AFDLHF). There are no large-scale manufacturers of surgical masks in India. The few dozen medium-sized companies that dominate the industry have a production capacity between 20,000 and 100,000 masks a day—not enough to deal with a sudden demand for large

quantities.

While the Ministry of Health is reduced to issuing guidelines of "Basic Protective Measures to all" like "wash your hands frequently," even this is difficult for large sections of India's population.

According to a 2018 report issued by WaterAid, a UK-based charity, nearly 163 million people (12 percent) have no access to clean water close to home. The Asian Development Bank has forecast that by 2030, India will have a water deficit of 50 percent. Ministry of Drinking Water and Sanitation data shows almost 19,000 villages across India still did not have a regular water supply in 2016–17. This underscores how dangerous the coronavirus outbreak is for millions of Indians.

At the same time, millions of jobs are at risk due to the pandemic's impact on India-China trade, which stood at \$87 billion in 2018–19. Several Indian industries—antibiotics, fertilizer, textiles and automobiles—depend on supplies from China, and any long-term disruption in supplies due to the impact of coronavirus could have far-reaching economic consequences for India.

The disruption of necessary raw material imports from China has already affected India's pharmaceutical industry. On Tuesday, the government ordered this industry to stop exporting 26 drugs and ingredients used in antibiotics without its explicit permission. This will severely affect other countries that depend on relatively cheap drugs from India, like Sri Lanka.

The island's public health system mostly uses medicine from India. Here also, those most affected will be the vast majority of working people and rural poor in those countries, who have to depend on government hospitals for their basic health needs.

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