

Coronavirus pandemic threatens to overwhelm India's dilapidated health system

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India's mass poverty, teeming slums, and poor to non-existent public infrastructure provide an ideal environment for the coronavirus to quickly spread and produce a human catastrophe threatening the lives of millions. Yet Narendra Modi and his Bharatiya Janata Party (BJP) government are stubbornly refusing to mobilize significant state resources to halt the spread of the virus, let alone expropriating resources from the rich and their private hospitals to protect the population.

After weeks of inaction, the BJP government announced a sweeping travel ban last Wednesday, but provided no significant injection of funds and resources to halt the spread of the coronavirus. New Delhi has suspended all travel visas to India, apart from a few highly specialized categories, such as diplomatic and employment, till April 15.

At least five states and territories—the national capital Delhi, Kerala, Bihar, Madhya Pradesh and Jammu and Kashmir—have issued “social distancing” orders, closing all or most educational institutions and cinemas till March 31, or in the case of Madhya Pradesh till “further notice.” In Kerala, which is on “high alert,” Chief Minister Pinarayi Vijayan has announced that public gatherings “must be avoided at any cost”.

At a press briefing Friday evening, a Health Ministry official put the number of confirmed COVID-19 cases in India at 81, but said that 4,000 potential cases, identified through “contact tracing,” were being monitored. Although the World Health Organization (WHO) has declared COVID-19 a global pandemic, he and other officials denied India is facing “a health emergency.”

There is every reason to believe that the Indian government figures grossly underestimate the prevalence of the coronavirus. In a country of 1.3

billion people, just 6,700 people have been tested for the disease.

While most of the confirmed COVID-19 patients can be connected to travel to a country that was already affected by the coronavirus outbreak, reports show that at least 11 people contracted the infection through local transmission, pointing to the danger of large scale but as of yet undetected community transmission.

A 68-year-old woman succumbed to COVID-19 at a Delhi hospital Friday. Meanwhile, the son of the 76-year-old man who became India's first coronavirus fatality last Tuesday is charging that his treatment was delayed for several days because multiple hospitals refused to admit him because they feared he had the disease, and that this delay led to his death.

The Indian state spends the equivalent of less than 1.5 percent of the country's GDP on health care, among the lowest figures in the world.

The budget for the 2020-21 fiscal year, tabled little more than a month ago as China was already engulfed by a coronavirus epidemic, allocated just US \$9.7 billion for health, while setting aside a massive \$66 billion for the military, so that New Delhi can pursue the predatory global ambitions of the Indian bourgeoisie.

On average, India has only a single state-run hospital for every 55,591 people, and a single hospital bed for every 1,844 people. It would require at least 500,000 more doctors to meet WHO's recommended doctor to population ratio.

In a tweet on March 12, Indian Prime Minister Narendra Modi told people to “Say No to Panic, Say Yes to Precautions” and proclaimed: “We can break the chain of spread and ensure safety of all by avoiding large gatherings.” These empty and careless statements are an attempt to cover up his government's criminal

negligence in taking timely action to halt the spread of the coronavirus and provide quality care.

Modi's appeal to "avoid large gatherings" ignores the realities of contemporary India. With on average 420 people per square kilometer, India has one of the world's highest population densities. Moreover, tens of millions live in cramped quarters in India's slums, many of which are already ravaged by tuberculosis and other social diseases.

A further risk factor is India's high rate of internal migration. Tens of millions of Indians migrate annually from their villages to do seasonal work, such as agriculture, or short-term work (e.g. construction).

In addition to the travel visa suspension, the government has mandated 14-day quarantine for all incoming travelers, including Indian nationals, arriving from or having visited China, Italy, Iran, Republic of Korea, France, Spain and Germany after February 15.

On March 5, the Indian Ministry of Health and Family Welfare had issued a travel advisory asking those arriving in the country including Indian nationals from COVID-19-affected Italy and South Korea to produce a certificate showing that they had tested negative for the deadly virus.

This has caused immense difficulties. On Wednesday, the *Hindustan Times* reported nearly two hundred Indian nationals were stranded at Milan and Rome airports because they either were unaware that medical certificates were required or had been unable to procure them.

The Modi government, which in recent weeks has been preoccupied with suppressing the mass opposition to its anti-Muslim Citizenship Amendment Act, will undoubtedly seek to exploit the coronavirus pandemic to arrogate power and attack democratic rights.

On March 11, a Cabinet Secretary meeting decided that states and Union territories should invoke Section 2 of British colonial state's Epidemic Diseases Act, 1897. This empowers authorities to conduct searches of homes and passengers, forcibly segregate ill or affected persons, order the evacuations and demolition of infected places, ban large gatherings, public meetings and festivals and suspend pilgrimages.

Responsibility for establishing and running India's quarantine facilities is being given over to the military.

Underscoring how necessary quarantining and other actions can be abused, the BJP government in

Karnataka government issued a temporary regulation on Wednesday, "Karnataka Epidemic Diseases, COVID-19 Regulations, 2020," under which persons, institutions or organizations found guilty of using print or electronic media to spread "misinformation" on COVID-19 can be punished. According to the Central Bureau of Health Intelligence National Health Profile 2017, Karnataka spent only 0.7 of its GDP on healthcare, the third lowest in the country after Maharashtra and Haryana.

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