Indian medical staff speak to WSWS on COVID-19 pandemic

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6 April 2020

India reported 18 coronavirus deaths on April 5, the highest daily death toll since the pandemic hit the country and taking the total to 118. Coronavirus cases increased by 700 yesterday, increasing the total number of infected to over 4,280.

These relatively low numbers, compared to Europe and the US, are under conditions where India is only conducting minimal testing. India, which has a population of over 1.3 billion, has done just 48,000 tests so far and there are only 51 government-approved testing centres in the country. Tests are even being refused to patients suffering from pneumonia, if they have no travel history.

According to recent reports, India needs at least 38 million masks and 6.2 million pieces of personal protective equipment (PPE) for medical staff to protect them as they deal with the rapid spread of the virus.

Indian medical workers are being forced to use raincoats and plastics bags as protective gear and there is a clear absence of eye protection. Currently six doctors and many more nurses and other medical staff are officially listed as COVID-19 infected.

This dangerous situation underscores the dilapidated and overburdened character of India's public health system that has been starved of necessary funding for years.

Total health expenditure in India amounts to just 3.7 percent of the GDP, of which only around a quarter is government expenditure. The country's health budget for 2019–20 was less than 630 billion rupees ($US8 billion). According to the World Health Organisation (WHO), India ranks 184th out of 191 countries in terms of the share of GDP spent on healthcare.

Currently there is less than one doctor for every 1,457 Indians; WHO recommends a ratio of 1:1,000. The estimated total number of ventilators in the country is between 30,000 and 50,000, but at least 200,000 are required. In 2016, *Reuters* reported that while India needed over 50,000 critical-care specialists, the country only had 8,350. According to one estimate, India has only 3.63 public Intensive Care Unit beds per 100,000 people.

In January 2020, the Bharathiya Janatha Party (BJP)-led government said that it was planning to hand over government-run district hospitals to private corporations, further undermining the state-owned public health care system and opening the way for global finance capital to dominate the health sector.

Last week WSWS reporters spoke with three medical professionals in the south Indian state of Tamil Nadu about the coronavirus pandemic.

Dr Prabhu Manoharan, 33, is an orthopaedic Master of Surgery at Virudhunagar government medical college.

WSWS: What are the major problems you and your colleagues face?

Dr Prabhu Manoharan: There are no proper PPEs for doctors, nurses and paramedical workers. Nurses at my hospital fear that they, and their families, are in danger of coronavirus contraction. In countries like India, patients want to be in close contact with their doctors so social distancing between doctors and patients is not easy.

The Indian government spends very little on health care. There's a lack of proper sanitation facilities in rural areas and I've seen doctors working at state and district border checking posts without gloves and masks. They're checking people with their bare hands. Some research says that N95 masks only have 10 percent protection but here we've only got a few basic triple-layer masks for doctors.

WSWS: What do you think about the Indian government's 21-day coronavirus lockdown?

PM: I feel it's a total failure. The government should have been alerted two months earlier and so these measures could have been done very much earlier. I also feel that it was a mistake that WHO delayed its announcement that the coronavirus was a global pandemic.

WSWS: How do you regard the coronavirus pandemic in the context of advanced scientific and technological developments?

PM: This viral infection is not a new phenomenon. It was already present in bats and ants and has now evolved to affect human beings. So instead of allocating big budgets for the military and so much on space research, more money must be allocated to research about predicting and preventing this and future pandemics.

The lockdown has completely affected the supply chains in both urban and rural areas and now poor people are dying from hunger.

WSWS: What has been the impact of the government's privatisation policies on public health? Is there a relationship to

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the coronavirus pandemic in India?

PM: Yes, exactly. WHO says “test, test, test” but there are very few testing kits in India, Africa and other poor countries. The corporate media promotes the government lies about this. Tamil Nadu state now has the second largest number of COVID-19 cases in India. The government and the media were hiding this for a long time.

India has very few ventilators for patients but only now, at the last minute, is the Modi government thinking about whether to buy or manufacture these ventilators.

Rakshitha is a health care worker in the social service sector.

WSWS: What do you think of the Indian government’s response to COVID-19?

Rakshitha: I don’t think it’s up to the mark. Coronavirus was identified as early as December 2019 in China. India is very near to China and so it should have been alerted much earlier. Now the Indian government says we’re not prepared.

The mask being used by the majority of healthcare workers is a “one-way mask” that does not prevent entry of microbes from outside but only prevents their exit. The Indian government is very careless about public health and this sector is very weak.

WSWS: Could you comment on the current situation in government hospitals?

R: There is a severe shortage of staff in government hospitals and no proper PPE available for medical workers. Nurses are seen as machines and robots by the hospital authorities and they’re paid low salaries. Government hospitals in rural and semi-urban areas don’t have proper basic facilities like water and sanitation.

WSWS: What is the danger of a coronavirus outbreak in Chennai slums?

R: In slum areas like Kannagi Nagar and Perumbakkam in Chennai there are up to 100 families living in a single building. In just one floor alone there can be more than 10 to 12 families.

There are very few healthcare facilities in these areas and social distancing is not easy. There are many open drains where many germs breed. Water quality is very low and the same water is reused because of scarcity.

The government says “handwash every 20 minutes” but here there’s very little water available for hand washing. Water, in fact, is only available once a week. These slum areas look like detention centres to me.

A doctor in Chennai told the WSWS that community testing was urgently needed.

> The virus does not affect everyone in the same manner. There’s a social aspect, i.e., the coronavirus vulnerability differs from person to person. The genetic makeup of the virus may change as it gets transmitted day by day and so the effect of the virus differs and varies as the days go on.
>
> Community testing is the key. A mere lockdown is not the solution. The Indian government has imposed this lockdown without any prior plans and has not yet begun community testing. Now people are dying, not from the coronavirus, but from hunger and poverty.
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> Sanitary workers, health care workers, nurses, doctors, ambulance drivers and medical students should be tested regularly and contact-tracing done in a more efficient way. Because of this lack of community-level testing and contact tracing there will be a huge number of deaths as witnessed in Italy, Spain and America.
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> The coronavirus outbreak has had a huge psychological impact on people. A youth from Coimbatore recently committed suicide because he feared that he had coronavirus symptoms but without having being tested at all.
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> Capitalism only sees healthcare in terms of dollars, data, markets for their products and medicines, and as a commodity. It’s not a coronavirus crisis but a capitalist crisis.
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> The Indian government is now scapegoating Muslims for spreading the virus, but the first case was detected in December 2019. This virus sees no caste, religion nor nation, but Trump criminally says it’s a “Chinese virus.”
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> Working-class struggles have emerged in America and Italy. Workers are not ready to die in an unsafe environment. These events show the extreme crisis of the capitalist system.
>
> I’m a left-wing thinker and fighting for socialist healthcare. I’ve read the *World Socialist Web Site* before and it has excellent coverage on global issues. I’ll read your website to find out more about the impact of the coronavirus.

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