

COVID-19 cases rise rapidly after South Asia's governments abandon lockdowns

Our correspondents
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South Asian governments' abandonment of lockdown measures in recent weeks has led to a rapid acceleration of the coronavirus throughout the region, which is home to some 1.7 billion people.

India, Pakistan, and Bangladesh have all experienced sharp increases in infections since the beginning of the month. According to Bloomberg, cases rose by 27 percent in Pakistan, 19 percent in Bangladesh, and 17 percent in India over the past week, making South Asia the region of the world with the fastest increase in COVID-19 infections. Together, the three countries have recorded over 450,000 cases and close to 11,000 deaths, according to figures collated by Worldometers.

These numbers are likely a gross underestimation due to a chronic lack of testing. As of June 9, India, which has a population of 1.37 billion, had tested just 4.91 million samples, Indian Council of Medical Research data shows.

South Asia is especially vulnerable to the highly contagious virus due to its dense population, mass poverty, and ramshackle healthcare system. Millions of people crammed into urban slums and other small dwellings have no chance to observe social distancing guidelines or follow basic hygiene recommendations, such as regularly washing their hands.

India

The easing of COVID-19 restrictions by the government of Prime Minister Narendra Modi has resulted in a massive increase in infections.

India has rapidly climbed the ladder of the 10 worst-hit countries to reach fifth place with 276,146 cases as of Tuesday. More than 10,000 new cases were registered yesterday. Over the past 11 days, over 100,000 new cases have been registered. During the same period, the death toll increased by 2,760 to reach 7,466.

Mumbai, India's financial centre and the capital of Maharashtra, has been among the worst hit cities in the world. With 50,085 confirmed COVID-19 cases as of Monday, Mumbai will today all but certainly surpass the official tally of 50,340 for Wuhan, the Chinese city where the novel coronavirus was first identified at the beginning of the year.

The health system in Mumbai is on the verge of collapse, with severely ill patients put on a "waiting list" to get hospital beds.

Corpses have been left lying in wards due to a shortage of medical personnel. Many medical workers have been sickened by the virus.

With 1,280 COVID-19 deaths, the state of Gujarat has one of the world's highest fatality rates; 6.22 percent of those officially recorded as infected have lost their lives.

Meanwhile, in the national capital, Delhi, which has the highest number of cases and deaths per million inhabitants in India—1,262 and 33 respectively—there is an acute shortage of hospital beds. Arvind Kejriwal, Delhi's Chief Minister and the head of the Aam Aadmi (Common Man's Party), has responded to this crisis with discriminatory measures. He banned non-Delhi residents from access to the Delhi Capital Territory's hospitals, public and private. However, the order was subsequently overturned by the central government-appointed Lieutenant-Governor.

Despite the rising number of infections and a very high positive test rate (on Saturday 37.83 percent of those tested were shown to be infected), Delhi authorities have failed to increase testing. They are also refusing to test asymptomatic contacts of those who have contracted the virus.

India has been scaling back its lockdown measures since late April, when many major export-earning industries were allowed to resume operations. At the end of May, Modi announced the country was transitioning to "phase one" of its "unlockdown." In line with this policy, shopping centers, places of worship, restaurants and offices were authorized to reopen on Monday, June 8.

In reopening the economy even as infections and deaths are soaring, Modi and his Bharatiya Janata Party (BJP) government are acting at the behest of big business, which is adamant that workers' lives must not be an impediment to their profit-making. Toward this end, the Modi government has effectively adopted a policy of "herd immunity," under which the virus is allowed to spread unchecked through the population until it runs its course.

The fact that this will result in mass deaths is conceded by government advisers, like Jayaprakash Muliyil, the chairperson of the Scientific Advisory Committee of the National Institute of Epidemiology. A fervent proponent of "herd immunity," Muliyil has said his modeling shows "India may see at least two millions deaths" if the government quickly ends the lockdown, as it is now doing.

In pursuing this homicidal policy, Modi and the Indian elite as a whole are shamelessly exploiting the immense suffering inflicted on working people—especially migrant workers, other day-

labourers and “self-employed” hawkers and artisans—by the government’s calamitous and ill-prepared lockdown.

When the lockdown came into effect with less than four hours’ notice on March 25, more than 120 million workers lost their jobs almost overnight. These workers and hundreds of millions of other Indians were left to fend for themselves. Only belatedly did the government roll out famine-style relief programs, for which many were ineligible.

As the growth in infections underscores, the lockdown was also a failure from even the most narrow medical perspective. The Modi government failed to use the nine-weeks-long lockdown to implement mass testing and contact tracing. Nor did it test and treat the millions of migrant workers whom it held in internal refugee camps for weeks supposedly to prevent COVID-19’s spread before allowing them to return home. Consequently, there is now a surge in COVID-19 cases in rural India, where health services are virtually nonexistent.

The government’s embrace of herd immunity is the cutting edge of an intensified assault on the working class. Modi has promised a “quantum jump” in proinvestor reforms, including the gutting of labor laws and the fire sale of state-owned enterprises.

Pakistan

The spread of the pandemic in Pakistan has accelerated since Prime Minister Imran Khan decided to lift all the lockdown measures his government only reluctantly implemented in the first place. Karachi, the country’s largest city, is reportedly already running out of hospital beds to treat the sick.

As of this writing, the official death toll from COVID-19 is just below 2,200 with close to 110,000 reported cases, although these figures are assuredly gross underestimates due to a dearth of testing.

A report by the Punjab government health authority, based on a small survey, estimated that just in Lahore, a city of 11 million people, there are 670,800 coronavirus cases. The May 15 report was suppressed for more than two weeks by the local government to allow the lifting of the lockdown to go ahead. The pretext given was that the Supreme Court had ordered the lockdown to be lifted. At the same hearing, the court declared the coronavirus “is not a pandemic in Pakistan.”

Khan has been the most vociferous opponent any lockdown measures. Even after he had been forced by the provincial governments and military to agree to a nationwide lockdown, he continued to insist that Pakistan “cannot afford” a lockdown and “people would die of hunger.” Last week, Khan went so far as to ask the people to “live with the virus,” making it clear the government will do nothing under conditions where the death rate is rising and health facilities are rapidly reaching full capacity.

According to conservative official statistics, poverty has increased from 24.3 to 33.5 percent due to the pandemic. GDP is projected to contract by 1.5 per cent this year, while the fiscal deficit is forecast to hit 9.4 percent of GDP. The government

continues to insist that it will implement reforms agreed to with the International Monetary Fund, which will result in major attacks on jobs and workers’ wages. Essentially, the Khan government is conspiring with the IMF to impose the full burden of the economic fallout from the pandemic on the working masses.

Bangladesh

Bangladesh’s first COVID-19 cases were reported March 8. Three months later, the country has 71,675 confirmed coronavirus cases and 975 deaths.

Tuesday’s death toll of 45 was the highest of any day since the beginning of the pandemic. Likewise, the 3,171 cases reported in the previous 24 hours were a daily record. Every week has witnessed a sharp spike in infections. In the 13th week since the first case, which ended last Saturday, there were 236 new deaths and 18,418 new cases; in the 12th week, there were 158 deaths and 12,530 cases; and in the 11th week, there were 138 deaths and 11,083 cases.

However, due to inadequate testing levels these figures have little credibility. The *Economic Times* has estimated infections at 750,000 in Dhaka alone.

Despite warnings from health experts, Prime Minister Sheikh Hasina’s government lifted the lockdown and reopened the economy on May 30. This further worsened the situation, particularly for workers in the export-oriented industries. According to media reports, 251 workers of 129 factories in six industrial zones were found infected on June 3.

Hospitals are refusing treatments for many “patients with COVID-19-like symptoms as well as non-COVID patients,” due to shortages of equipment, beds, and personnel.

Hasina’s administration has revised its health protocols, allowing hospitals to “only treat people with severe symptoms.” This has left many patients unattended, with many dying at home. A human rights group was cited by *New Age* on June 7 as charging that there have been “at least 122 deaths caused by treatment refusal” since the first death was reported on March 18. While official figures are not clear on the deaths of people with COVID-19-like symptoms, a Dhaka University study estimated such deaths in mid-May at 1,010.

At least 866 nurses and midwives have been infected, according to the Society for Nurses Safety and Rights, due to a lack of Personal Protective Equipment (PPE); and 73 doctors have been infected, 18 of whom died.



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