

# India to reopen schools, despite COVID-19 death toll surging past 100,000

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India's official COVID-19 death toll stood at 102,685 yesterday, having surpassed the grim milestone of 100,000 last Sunday.

The world's second most populous country is on course to soon surpass the United States as the world's leader in coronavirus infections. Since August 31, new infections have been growing by an average of more than 85,000 per day. Of the 6,623,815 COVID-19 cases India has recorded since the pandemic began, more than three million have been recorded in the past 35 days.

September was far and away the pandemic's deadliest month, with 32,209 deaths, for a daily average of 1,072.

None of this has stopped Prime Minister Narendra Modi, his Bharatiya Janata Party (BJP) government and the 28 state governments, including those led by the opposition Congress Party, various regional bourgeois parties and the Stalinist Communist Party of India (Marxist), from pressing ahead with the reopening of the economy. The Modi government gave cinema halls, multiplexes, exhibition halls, and entertainment parks the green light to reopen on September 30. Schools and colleges are slated to reopen from October 15.

With the full support of the ruling elite, India's governments long ago abandoned any effort to stop the spread of COVID-19. They are pursuing the homicidal "herd immunity" policy, letting the pandemic run rampant, while insisting workers be forced back on the job to produce profits for big business, whatever the cost in human health and lives.

To cover up this brutal reality, government officials have repeatedly trumpeted India's comparatively low infection and death rates per head of population. These remain relatively low given India's huge 1.37 billion population, but they are also, to say the least, highly suspect. Not only does India have very low per capita testing rates. Even in normal times, no cause of death is officially reported in the majority of fatalities.

The latest sero-survey, which measures the percentage of the population with coronavirus antibodies, conducted by the Indian Council of Medical Research (ICMR), showed the prevalence of the virus among individuals above ten years of age was 6.6 percent or one person in 15 in August. Presenting these figures on September 29, ICMR Director-General Dr. Balram Bhargava stressed that this represents only a small

fraction of the population—meaning the vast majority remain susceptible to COVID-19, making adherence to the strategy of test, track, trace, treat an absolute necessity if more mass death is to be averted.

He also highlighted the survey's finding that the prevalence of COVID-19 antibodies in urban slums is twice that of non-slum areas. Another important finding is that the virus is being spread in children aged 10 and over, which refutes the government's bogus claims that children are not susceptible to the coronavirus.

Several independent experts have denounced the government's reopening of the economy for encouraging the uncontrolled spread of the virus. India's former head of epidemiology and communicable diseases at the ICMR, Lalit Kant, stated September 29 that India is still on the upward curve of the pandemic. Explaining the dangerous situation created by the government's so-called "unlockdown" policy, especially in big cities like Mumbai, he commented, "Now, once you open up, definitely in a crowded place like Mumbai, it is very difficult to keep a safe distance from each other. We are going to come in contact with each other and the number of cases is definitely going to go up."

He also warned that India's chronically underfunded health care system, which has already been overwhelmed in some cities by the pandemic, will struggle to cope with increasing hospitalisations. "When the numbers (of cases) go up in lakhs (100,000s), the number of ICU beds (required) goes up hundreds and thousands," he said. Acknowledging that the dearth of ICU beds and other vital equipment is the result of meagre health care budget allocations equal to less than 1.5 percent of GDP by successive governments, Kant said they "have absolutely not looked after the health sector at all, with (their) abysmal budgeting."

Turning to the spread of the pandemic, he explained that infections are being recorded everywhere, including in the rural hinterland, where health care services are virtually non-existent. States which previously had very few infections are now recording rapid increases, while others which claimed to have brought the pandemic under control are now experiencing a new surge in cases.

S.P. Kalantri, who has been a professor at the Mahatma

Gandhi Institute of Medical Sciences for over 30 years and is presently the medical superintendent at Kasturba Gandhi Hospital in Sevagram in eastern Maharashtra's rural impoverished Wardha district, warned in remarks to the media September 20, "We don't know where this infection is coming from and from whom. People are coming from smaller villages, smaller towns, those who have never travelled."

In comments backing up this assessment, civil surgeon Dr. Indradev Ranjan in Vaishali district in the northern state of Bihar explained that contact tracing has broken down. "It is not possible to do so now because the infection has spread everywhere. How many people's contact history will (have to be) be ascertained?"

Another doctor from Rhotas district, also in Bihar, pointed to the health authorities' callous disregard for those infected, commenting, "We have no instructions on contact tracing and testing. Earlier there was such a directive, now there isn't. Even patients recovering in isolation wards are not re-examined. After being kept in isolation for two weeks, the patient is being discharged from the hospital without a further test."

Kalantri pointed out that in large public hospitals, it is nearly impossible to segregate non-COVID-19 patients from COVID-19 patients. His hospital, for instance, gets 1,600 patients in the outpatient department every day. Of these, 20 to 30 percent display fever or fever-like symptoms, raising suspicions of dengue or malaria. However, these patients typically turn out to have COVID-19. "Given our facilities—old buildings, old infrastructure—it becomes extremely difficult," said Kalantri, for health care workers "to protect themselves and reliably distinguish non-COVID illnesses from COVID."

He went on to explain that there is a "fair amount of fear and panic among healthcare workers" because many have been infected. According to a national level insurance scheme for "Health Workers Fighting COVID-19," as of September, 11,155 health care workers including 64 doctors have died from the coronavirus infection. Expressing the Modi government's criminal disregard towards the lives of health care workers, Minister of State (MoS) for Health Ashwini Choubey cynically remarked in parliament in mid-September that there is "no central data on health workers who died, (or) tested positive during COVID duty."

Kalantri also noted how the grave social problems confronting impoverished workers and rural toilers are exacerbating the pandemic and hospital overcrowding. "There is no home quarantine right now; given our social structure and small homes that lack individual bedrooms and bathrooms, it is impossible to give people the luxury of being confined in their homes."

The situation is even worse for India's homeless population, which the 2011 census put at 1.7 million. Given that tens of millions of migrant workers lost their jobs due to the impact of the pandemic, the number of homeless is now certainly much

higher.

The Modi government and the entire ruling elite have done nothing to provide the most vulnerable sections of the population with the health care and social assistance they so desperately need due to the pandemic.

Instead, their "herd immunity" policy is the cutting edge of their efforts to use the pandemic to restructure class relations and intensify the assault on working people.

Modi and his BJP government have responded to the economic collapse precipitated by the pandemic and their own ill-planned lockdown—India's economy contracted by 23.9 percent between April and June—by announcing a "quantum jump" in pro-investor policies. Touted as "reforms," these policies are aimed at intensifying the exploitation of India's workers and toilers so as to attract global investment.

In last month's abbreviated "Monsoon session" of parliament, the Modi government rammed through parliament a half-dozen pro-corporate laws that throw open India's agricultural sector to transnational agri-business giants and eliminate restrictions on layoffs and plant closures and the use of contract labour, including in "core production." The BJP government's sweeping labour code "reform" also illegalizes most strikes and other worker job action.

The government has also announced a sweeping privatization program that will see most public sector units sold off in a fire sale of public assets.

The ruling elite's contemptuous attitude towards the lives of millions of workers and rural poor as it seeks to devise new ways to enrich India's billionaires and multi-millionaires underscores the urgency of the working class intervening with its own socialist program to combat the pandemic.

As the International Committee of the Fourth International stressed in a June 23 statement, "All the actions required to stop the virus—the shutdown of nonessential production, quarantining, mass testing and contact tracing—run up against the profit interests of the ruling class. Ensuring support for all those impacted by" the pandemic "requires a massive redirection of social resources. ...

"Control over the response to the pandemic must be taken out of the hands of the capitalist class. Mass action by the working class, coordinated on an international scale, is necessary to bring the pandemic under control and save millions of lives that are now at risk. The fight against the pandemic is not only, or even primarily, a medical issue. It is, above all, a matter of social and political struggle."



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