

Dozens of corpses found floating in Ganges as India's humanitarian crisis deepens

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Shocking pictures showing dozens of corpses floating in the Ganges River, published by the Indian media Monday evening, provide yet further evidence of the mounting humanitarian crisis the COVID-19 pandemic has triggered in the world's second most populous country.

India, which has emerged over the past month as the global epicenter of the pandemic, passed the grim milestone of a quarter-million officially registered deaths this week. On Thursday, it added another 4,120 COVID-19 deaths, taking the death toll to 258,317.

India currently accounts for half of new COVID-19 cases and 30 percent of new deaths worldwide, according to the World Health Organization. It is widely acknowledged that the official figures are a gross undercount of the true extent of the calamity. One recent estimate put the death toll at 1 million.

The country's total caseload stands at over 23.7 million. As of May 13, India had 3,710,525 active cases. Even so, the far-right Bharatiya Janatha Party (BJP) government continues to deny that India is experiencing "community transmission," absurdly describing the pandemic as being characterised by "clustered cases." In truth, Prime Minister Narendra Modi's policy of prioritising corporate profits over the protection of human lives has produced a situation where the virus is totally out of control. India's chronically underfunded ramshackle health care system has already collapsed under a surge of patients.

In a disturbing video, which was shot at Buxer, a small city in the eastern state of Bihar, *Times Now* reported over 150 bodies recorded as COVID-19 fatalities were dumped on the banks of the Ganges River. "These COVID bodies will be washed down further and can be eaten by stray dogs which will further spread coronavirus," the news website added.

In a separate case, NDTV reported that on May 9, several partially burnt bodies were seen floating in the Yamuna River, a tributary of the Ganges, at Hamirpur in Himachal Pradesh. A few days later, multiple bodies were found buried in sand at two locations along the same river in Uttar Pradesh's Unnao district, just 40km from the state capital Lucknow.

These horrific stories point to both the criminal failure of the Modi government to deal with the pandemic, and the deliberate undercounting of COVID-19 deaths. According to *AFP*,

residents believe that the bodies were dumped in the river because cremation sites were overwhelmed or because relatives could not afford wood for funeral pyres.

These reports point to the emergence of the long-anticipated nightmare that would occur if the virus spread to India's rural areas, where health care facilities are almost non-existent. Underlining the massive spread of coronavirus infections in rural India, the *Indian Express* reported May 12 that as many as 533 of the country's 718 districts are now reporting test positivity rates of more than 10 percent. Meanwhile, Dr. Balram Bhargava, director general of the Indian Council of Medical Research (ICMR), said, "The national positivity rate is around 20-21 percent, and about 42 percent of districts in the country are reporting a positivity rate more than the national average."

According to the central government, 13 states have more than 100,000 active cases, six have between 50,000 and 100,000 active cases, and 17 states have less than 50,000 active cases.

Pointing to the woefully inadequate medical facilities in rural areas, where 65 percent of Indians live, *India Today* noted that of the 819 COVID treatment centers in Madhya Pradesh—which with a population of 85 million is India's fifth largest state—only 69 are located in rural areas. Of the total 21,637 isolated beds in the state, only 3,039 are in rural areas. While the urban areas have 22,145 oxygen beds and 927 ICU beds respectively, there are only 338 oxygen beds and 51 ICU beds in the rural belt.

In Bihar, India's third most populous state, with more than 100 million residents, Dr. Shakeel, consultant of Polyclinic, a non-profit health organization, and convener of the Jan Swath Abhiyahn (Public Health Campaign), told the *Wire* news website, "There is one doctor to serve 28,000 patients in Bihar against the World Health Organization's recommendation of one doctor per 1000 patients." The state, he continued, is next to the bottom on the ladder of health indices among the 21 major states drawn up by the Niti Ayog, a government think tank. Uttar Pradesh stands 21st. While there have been 3,429 officially recorded deaths in Bihar thus far during India's current "second wave" of the pandemic, Dr. Shakeel told the *Wire* that the actual figure "might be 10 times or even more

than what official figures say.” He added, “The government (has) no machinery to test and treat 75 percent to 80 percent of the people living in the villages. The situation is alarming at the ground level.”

Meanwhile, a shortage of medical oxygen is continuing to claim more lives. In the latest tragedy, 47 COVID-19 patients died in the government-run Goa Medical College (GMC) due to an “interrupted oxygen supply” over 48 hours from May 11 to 12. The *Wire*, which was given access to an internal note from the hospital to the central government, noted that “the hospital requires 1,200 cylinders a day,” but had received “only 400 on May 10.” With these tragic deaths at GMC, the *Wire* calculated, using official records, that at least 223 COVID-19 patients have died because of oxygen shortages in hospitals across India during the past few weeks. The news website did not include another 70 deaths reportedly linked to oxygen shortages that have yet to be confirmed by the authorities.

These horrendous conditions are the direct product of the criminal “open economy” policy, which has been spearheaded by the far-right Modi government and supported by the entire Indian ruling elite. Following last year’s disastrously-prepared lockdown, which drove millions into destitution because the government refused to provide adequate financial assistance to working people and the poor, Modi’s BJP government has focused, together with the opposition Congress, on keeping businesses open with as few restrictions as possible, creating the conditions for the virus to run rampant. Modi has also pressed ahead with a frontal assault on jobs and workers’ rights, while accelerating a privatisation drive and the easing of business regulations to promote foreign investment. Underscoring that the ruling elite has no intention of allowing the pandemic to get in the way of its class war agenda, Modi declared last month that it was necessary to “save India from lockdown,” not from the virus.

The ruling elite’s total indifference to the mass loss of life is fuelling widespread opposition among workers and the impoverished rural population. NDTV reported May 10 on growing nervousness within the ranks of the ruling Hindu supremacist BJP and its ideological mentor, the Rashtriya Swayamsevak Sangh (RSS), about growing popular anger over the scale of devastation caused by the second wave of the COVID-19 pandemic. According to NDTV, “Sources say the BJP and RSS are concerned with the perception that the government dropped the ball on COVID, given that almost everyone in the ruling party’s core support base is affected by the deadly pandemic. The middle class are the worst-hit and now the virus is spreading to the villages, especially in Uttar Pradesh and Bihar.”

The tsunami-like spread of COVID-19 across India is creating more deadly variants of the virus. Earlier this week, the World Health Organization designated the B.1.617 variant, which was first discovered in India, as a global “variant of concern.”

AFP reported May 10 that a growing number of current and recovered COVID-19 patients in India are contracting a “deadly and rare fungal infection” called Mucormycosis, which is likely being triggered by COVID-19 steroid treatments. Speaking to *AFP*, Ahmedabad-based infectious diseases specialist Atul Patel, a member of the state’s COVID-19 task force, said, “The cases of mucormycosis infection in COVID-19 patients post-recovery is nearly four to five times than those reported before the pandemic.” Another doctor told *AFP* that the drugs used to treat those infected with the fungus are “expensive,” and one of the drugs is running short in government hospitals due to the sudden increase in demand. According to the news agency, hundreds of cases have been reported from Maharashtra and Gujarat.

India’s COVID-19 catastrophe is rapidly engulfing neighbouring countries, some of which are even less prepared to cope with a surge in very ill patients. Nepal, which is one of the least developed countries in the world, shares a 1,770 kilometre-long border with India and has experienced a dramatic increase in infections. While daily cases averaged around 150 in early April, the nation of 30 million people reported nearly 10,000 new cases on Wednesday and 168 deaths. According to the BBC, there are almost no spare intensive care beds and ventilators in the Kathmandu Valley. Vaccines and oxygen supplies are also running out after India blocked exports to cope with its own crisis. This prompted Kathmandu to halt its vaccine campaign, and many hospitals have stopped taking in new patients due to a lack of oxygen.

The official death toll has surpassed 4,200, but this is certainly a vast undercount. Health officials say the test positivity rate in the country stands at a staggering 50 percent.

In Sri Lanka, which has detected eight variants of COVID-19, including B.1.617 and the B.1.351 strain first found in South Africa, the pandemic is also out of control. Over a 4-day period from May 9 through 12, 10,000 infections were reported, raising the total number of cases to 133,484. The number of patients receiving treatment has increased beyond the number of hospital beds, resulting in growing numbers of COVID-stricken people being trapped in their homes without care. The death toll has risen to 868, with 18 deaths Thursday. A country of some 22 million people, Sri Lanka has less than 700 ICU beds, of which a mere 104 have been allocated to COVID-19 patients. The situation has been exacerbated by increasing infection rates among health staff, including doctors.



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