

“We’re cannon fodder, that’s all”—Indian health care workers cry out for basic PPE as official deaths skyrocket past 300,000

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24 May 2021

A nightmare scenario continues to unfold in India where, according to the official count, more than two people are dying from COVID-19 every minute.

On Sunday, the world’s second most populous country hit the grim milestone of 300,000 official deaths, joining the United States and Brazil as the only countries to surpass this figure. Last week, on May 19, India reached another somber milestone, when it officially recorded 4,529 COVID-19 deaths, surpassing the 4,475 deaths reported in the US on January 12 and setting a new one-day global record.

However, India’s actual death toll from the country’s devastating second wave, which has seen total cases rise by more than 14 million to 26.8 million since April 1, is estimated to be five to ten times higher than the official tally, meaning COVID-19 is currently killing tens of thousands of Indians each day.

As hospitals fill up, hundreds of thousands of very ill people have no access to beds, antiviral drugs, and medical oxygen. Overwhelmed and understaffed hospitals have allowed relatives of patients to fill in for nurses, where they try to find oxygen, and when conditions become worse, another hospital with an ICU bed or a ventilator. The cramped conditions this entails have made even the best hospitals in India vectors for the transmission of the virus.

Doctors and junior trainee doctors are routinely faced with the grim task of determining which patients get access to IVS beds, oxygen, ventilators and life-saving drugs—determining, in effect, who gets a chance to live and who dies. Rohan Aggarwal, a 26 year-old unvaccinated junior doctor who has been drafted to treat patients at the Holy Family Hospital, New Delhi, described the harrowing ordeal faced by doctors: “We are not made for that—we are just humans. But at this point in time, we are being made to do this.”

Health care workers are working in extremely crowded hospitals, where there may be two patients to a single bed, and the patients who are refused entry die outside in trolleys.

Doctors and nurses have been crying out for personal protective equipment (PPE), an urgent necessity to prevent infection and death for both patients and themselves.

Calls for basic, minimal protection for health care workers have gone unheeded by India’s far-right Narendra Modi-led government. Following an angry Twitter post declaring “raincoats are not adequate,” after his hospital provided raincoats instead of medical grade PPE, Dr. Indranil Khan, an oncologist in Kolkata was detained by authorities for more than a day, and only released after recanting his criticism.

The Indian Medical Association (IMA), which has severely criticized the Modi government for failing to impose a nationwide lockdown and treating the “economy” as “more precious” than “life,” reported on May 22 that 420 doctors have died during the second wave which began in mid-February to early March. Just five days prior, the IMA had reported that there had been 244 deaths, highlighting the exponential arc of infection and death. The IMA says at least 1,150 doctors have died due to the pandemic over the past 15 months. “The second wave of the pandemic is turning out to be extremely fatal for all and especially those who are at the forefront of the fight against COVID-19,” IMA President Dr. J.A. Jayalal told *Business Today*.

Doctors who are showing COVID-19 symptoms are expected to put their and their patients’ lives in danger by continuing to work, while waiting for test results. “I am not able to breathe. In fact, I’m more symptomatic than my patients. So how can they make me work?” said Dr. Siddharth Tara, a postgraduate medical student at New Delhi’s government-run Hindu Rao Hospital. “We’re cannon fodder, that’s all.”

Tara said students receive each month’s wages two months late. Last year, students were given four months’ pending wages only after going on hunger strike in the midst of the pandemic.

Dr. Subarna Sarkar, who works at a hospital in the city of

Pune in the western state of Maharashtra, told the Associated Press that he feels betrayed by the hospital administration: “Why weren’t more people hired? Why wasn’t infrastructure ramped up? It’s like we learnt nothing from the first wave.”

When the best hospitals in India are facing collapse, the situation confronting the ill-equipped, poorly trained, low paid, and relatively few health care workers in rural India is beyond desperate. For decades, the ruling class has starved the health care system of resources, with the Indian state spending the equivalent of just 1.5 percent of GDP on health care per year. In rural India, the shortages of doctors, medical equipment and drugs is especially acute. A 2020 Union government survey found that many of the country’s 5,183 community health centres (CHCs), which are supposed to be the rural equivalent of first-tier hospitals, lacked even regular supplies of essential drugs. This included 28 of the 57 CHCs in Bihar, the country’s third most populous state. Over half of all the CHC’s, 2700, had no functional X-Ray machines.

As a result of the dearth of trained personnel, the task of caring for COVID-19 patients in rural India has largely fallen on Accredited Social Health Activists (ASHA). An all-female workforce of volunteer community health providers who have received rudimentary public health training, the ASHAs are being forced to perform demanding tasks that should be carried out by properly trained and remunerated medical professionals.

The ASHAs are paid Rs. 2,000 (\$26.40) per month, to which a measly \$13.20 has been added for additional duties related to COVID-19. These workers are responsible for going door to door to educate villagers about the pandemic, COVID-19 testing, contact tracing, and quarantining.

“The government pays us Rs.1,000 a month for putting ourselves at the frontlines of COVID-19 work. That’s how little our lives are worth,” says Rohini Pawar, 32, a community health worker in Walhe, a village in Maharashtra. “Instead of N-95 masks, they gave us two thick bed sheets to use as fabric,” Jyoti Pawar told CNN.

The heavy toll falling on health care workers is not unique to India. In early March, Amnesty International released a report that put global deaths among health care workers from the pandemic at over 17,000. The organization admits that this is a significant underestimate as many governments have not collected official data or have done so only partially.

A previous Amnesty International report, published in July 2020, found shortages in adequate PPE in almost every one of the 63 countries monitored. Echoing the persecution faced by Dr. Khan, the report cited auxiliary staff and social care workers in a number of countries including Malaysia,

Mexico and the USA facing reprisals, including dismissal and arrest, after demanding PPE and safe working conditions.

The March 2021 Amnesty report describes how as consequence of vaccine nationalism, where wealthier nations hoard vaccines and use them to pursue their predatory geopolitical interests, not a single health worker in over 100 countries had been vaccinated.

The current crisis facing health care workers and the world’s population was entirely avoidable. At every point during the past 15 months of the pandemic, safeguarding the wealth of corporations and the financial oligarchy has been prioritized over protecting the lives and livelihoods of workers. Rather than containing the pandemic and launching an equitable and rigorous global vaccination rollout, the world’s bourgeoisie has used the crisis to further increase its net wealth. The charity Oxfam reported that the combined wealth of the world’s 10 richest men has risen by \$540 billion during the pandemic, even as hundreds of millions—including 230 million just in India—have been pushed below the poverty line, and as many as 10 million people, according to the latest WHO estimate, have lost their lives.

The continued spread of the virus is fostering the emergence of new more contagious and potentially vaccine-resistant COVID-19 variants, and contributing to the spread of diseases that primarily affect the poor, including tuberculosis and Black Fungus. Black Fungus, now declared an epidemic in some states in India, is spread from mold found in substandard housing. It attacks immune systems weakened by COVID-19 and has taken at least 90 lives in India as reported by CNN on May 21st.

As part of its homicidal drive to open schools, the ruling class in the United States has vaccinated 600,000 12- to 15 year-old children, while frontline workers, including doctors and nurses, in much of the world are fighting to save lives under horrendous conditions and without being vaccinated.

Capitalism and the system of rival nation states in which it is rooted are antithetical to a rational science-based response to the pandemic. If saving lives and suppressing a virus that knows no borders are to be prioritized over the pursuit of capitalist profit, the international working class must intervene as an independent political force to remove control of the response to the pandemic from the capitalist ruling elites and take it into its own hands.



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