

India's COVID-19 pandemic: Anatomy of a social crime

Wasantha Rupasinghe
25 May 2021

With India's official totals of daily new COVID-19 infections and active cases falling for the better part of two weeks, the country's far-right Narendra Modi-led government has begun boasting that the pandemic is on a "downward trend." Some opposition-led state governments, including that of Delhi, meanwhile, have announced plans to relax their limited lockdown measures.

Yet India is by any measure in the midst of a social catastrophe. According to the official tallies, in the eight weeks since April 1, total infections have more than doubled, rising from 12.1 to 26.9 million, while deaths have increased by 89 percent to total 307,231 as of yesterday morning. Just in the past week, India has registered an additional 1.73 million COVID-19 cases and 28,512 deaths, or more than 4,000 per day.

Harrowing as these figures are, they are recognized by all—apart from Modi, his minions in the Bharatiya Janata Party (BJP) government, and their apologists—as gross undercounts. All the more so now that the pandemic is surging through rural India, where testing is limited at best and health care facilities are dilapidated or nonexistent.

For weeks, crematoriums and burial grounds across wide swathes of India have been inundated with the dead, causing them to work through the night. In Modi's home state of Gujarat, the heat has grown so intense in some crematorium furnaces that they have started to melt. Dozens of corpses were found floating in the Ganges River earlier this month, and according to NewsClick, citing local media reports, some 2,000 more were found "abandoned or hastily buried" along its banks in several districts of Uttar Pradesh, India's most populous state.

Studies in multiple cities and states have shown that as India's "second wave" of the pandemic surged in late March and April, crematoriums and burial grounds were processing five to ten times more corpses under COVID-19 protocols than indicated by the authorities' pandemic death figures. If extrapolated to all of India, this would mean tens of thousands are currently dying from COVID-19 every day.

The full extent of the unfolding tragedy is unknown, but its scope is indicated by the estimates of scientific experts. Earlier this month, when India's official death toll was less than 250,000, the Institute for Health Metrics and Evaluation said it believed COVID-19 had already killed almost triple that number, 736,000 people. Yesterday, the *New York Times*, in "consultation" with more than a dozen scientific experts from around the world, published three estimates of India's COVID fatalities. They ranged from a "conservative" estimate of 600,000 deaths, almost twice the current official tally, to a worst-case scenario, which placed the true number at more than 4 million. The

Times' "more likely scenario" was that the pandemic is responsible for a staggering 1.6 million "estimated deaths" in India.

India's governments guilty of social murder

This, it must be emphasized, is a man-made catastrophe. In late March 2020, the BJP government imposed an ill-prepared, calamitous six-week lockdown that failed to halt the spread of the virus because it was not accompanied by elementary public health measures and social support for the hundreds of millions who lost their livelihoods overnight. Since then, Modi, at the urging of India's billionaires and business houses and with the complicity of the opposition parties, has relentlessly pursued a policy of "herd immunity" that prioritizes keeping the "economy" open and protecting the profits and wealth of the capitalist elite over fighting the pandemic and saving lives.

This resulted in a long wave of infections and death through last summer and fall, and then to a far more devastating second wave, fueled by new variants, that began in mid-February and threatens to rage through the summer and beyond.

On April 20, with India in the midst of the fastest rise in COVID-19 infections seen anywhere on the planet to date, Modi proclaimed in a broadcast to the nation that his government was determined to "save India from lockdown," not save the population from the virus. This doubling down on a policy of mass death to save capitalist profit was coupled with reassurances to big business from Modi and Finance Minister Nirmala Sitharaman that India's second wave would not delay implementation of a volley of "pro-investor" measures. These include a massive sell-off of public sector enterprises and amendments to the labour code that further promote precarious contract-labour employment and legalize most worker job action.

Facing the collapse of their health care systems due to the crush of COVID-19 patients, some state governments subsequently went beyond Modi's stated preference for "micro-containment" measures and imposed partial statewide lockdowns. But they have invariably carved out large exemptions for big business, forcing industrial, construction, logistics and other workers to continue to work under unsafe conditions. And the state governments have offered no more than famine-style relief to the tens of millions of day labourers, hawkers, and service workers who as a result of the lockdowns have once again lost their livelihoods.

Thus, alongside the COVID-19 pandemic there is a second, no less devastating pandemic of joblessness and hunger that is impacting

hundreds of millions of workers and rural toilers, whose meager incomes have already been squeezed. A recent study found that last year a further 230 million Indians were pushed below the 375 rupee (about \$5) a day “poverty line.”

In an indication of growing anger and opposition within the working class, autoworkers in the southern state of Tamil Nadu are protesting against being forced to work under unsafe conditions by the transnational car makers and opposition-led DMK state government. Hyundai had to announce a five-day closure starting yesterday after workers staged a factory floor sit-in on Monday. Workers at a nearby Renault-Nissan plant are threatening to go on strike today.

Rural India ravaged by COVID-19

The raging pandemic in India’s rural areas is infecting a virtually defenceless population. Vaccine rates across India as a whole are catastrophically low, with just 11.1 percent of the population having received a first dose as of Monday. But they are only a fraction of this in rural districts. As of May 14, half as many vaccine doses had been administered in semi-rural areas compared to urban districts, and only one third in rural areas compared to urban districts.

Rural areas, which are home to almost two thirds of India’s 1.37 billion population, also lack even the most basic health infrastructure to treat those sickened by the virus—a consequence of all levels of the Indian state spending the equivalent of a miniscule 1.5 percent of GDP or less on health care for decades.

An annual report of Rural Health Statistics for 2019-20 published by the National Health Mission under the Union Ministry of Health pointed to the disastrous state of affairs in India’s three-tier health care system in rural areas. Due to a chronic lack of personnel, underfunding, and the absence of basic resources, the subcentres, primary health centres (PHCs) and community health centres (CHCs) are struggling to treat patients.

Based on 2020 population levels, India required 191,461 subcentres, but had only 155,400. Likewise, the number of functioning PHCs was 24,918 compared to the requisite 31,337, and there were only 5,183 CHCs as compared to the required 7,820.

The report went on to note that over 44,000 subcentres and over 1,000 PHCs have no electricity supply; nearly 23,000 sub-centres and nearly 1,800 PHCs have no water supply; about 28 percent of PHCs do not have a labour room for ensuring safe deliveries; a total of 65 percent of PHCs do not have a fully equipped Operation Theatre (OT) prescribed by the norms; and 30 percent of PHCs do not have the minimum of four beds for in-patients.

The acute shortage of healthcare personnel at the PHCs and CHCs was also highlighted by the report. In Bihar, while the government has sanctioned 4,129 posts of doctors for PHCs, only 1,745 have been filled.

CHCs lack key specialists, including surgeons, pediatricians, obstetricians and gynecologists. Despite the fact that the country’s 5,183 CHCs need an estimated 20,732 specialists, only 13,266 have been authorised and just 4,957 are in place. These shortfalls are especially stark in some of India’s poorest states. Uttar Pradesh needs 2,844 specialists but has just 816 in place; Rajasthan requires 2,192 but has 438; Madhya Pradesh needs 1,236 but has a mere 46; and Gujarat should have 1,392 but has only 13.

The terrible conditions in Gujarat are revealing due to the fact that Modi spent 12 years as the state’s chief minister, and the state has frequently been touted as a model for India’s capitalist rise. In the rural Narmada district, which has a population of almost 600,000, there was only one dedicated COVID-19 hospital with 100 beds till the beginning of April. According to the Centres for Disease Dynamics and Economics, Gujarat has less than 100 hospital beds per 100,000 people and the country as a whole 138 beds—both far below the World Health Organization minimum standard of 300.

Due to the criminal refusal of central and state governments to provide the necessary resources to the chronically underfunded health care system, 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. Despite their dangerous and demanding jobs, ASHAs are paid 2000 rupees (\$26.40) per month. They have been granted a miserly 1000 rupees (\$13.20) in recognition of the additional duties they perform due to COVID-19. Many workers are not even receiving this meagre wage. On Monday, over 42,000 ASHA workers deployed across the southern state of Karnataka boycotted their jobs to protest the lack of proper personal protective equipment (PPE) and the state government’s failure to pay them for the last two months. “We are not even given proper masks, forget good quality PPE kits,” Farhana, an ASHA worker in the state capital Bengaluru (Bangalore) told the *Indian Express*. We are often neglected just like how it was last year as well.”

The COVID-19 calamity now engulfing India’s rural areas poses a grave threat to working people around the world. The Modi government’s policy of letting the virus rip is creating the perfect conditions for the emergence of new variants that could prove more resistant to vaccines. At the same time, India, which was expected to provide low-cost vaccines to many low- and middle-income countries in Africa and Asia, has banned the export of vaccines till at least the end of the year.

To bring the pandemic under control and prevent further mass infections and death, Indian workers and rural toilers must unite with their class brothers and sisters internationally to put an end to the “profits before lives” policy embraced by all governments and protect working people’s lives and livelihoods. We strongly encourage everyone wishing to participate in this struggle to attend the online meeting “The COVID-19 pandemic in India and the need for a socialist strategy” being held this Sunday, May 30, at 6 p.m. Indian Standard Time by the Socialist Equality Party (Sri Lanka).



To contact the WWSW and the Socialist Equality Party visit:

wwsw.org/contact