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COVID-19 potentially killing tens of thousands in India every day

COVID-19 killed more than 29,000 Indians in the seven days between May 14 and May 20, according to government figures. This included 4,209 fatalities Thursday and 4,529—a single-day world record—on Tuesday.

Just in the seven weeks since April 1, India's official total of COVID-19 fatalities has risen by more than 125,000, or 75 percent, reaching 291,331 as of yesterday morning.

Horrific as these totals are, they are viewed by all but the staunchest defenders of India's far-right, Narendra Modi-led Bharatiya Janata Party (BJP) government as gross undercounts.



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Jammu and Kashmir State Disaster Response Force soldiers carry empty coffins for transporting bodies of people who died of COVID-19 outside government medical hospital in Jammu, India, Wednesday, May 19, 2021. (AP Photo/Channi Anand)

Pre-pandemic, three-quarters of all deaths in India were not properly recorded with a verified cause of death. Furthermore, numerous local studies conducted in recent weeks comparing government death tallies with figures from cremations and burial grounds show a vast discrepancy, with the number of corpses treated under COVID-19 protocols running 5 to 10 times higher than the official statistics would indicate.

Extrapolating from these figures under conditions where on average more than 4,000 Indians are being officially registered as COVID-19 fatalities daily, it is a fair—albeit harrowing—assumption that India’s true daily COVID-19 death toll now numbers in the tens of thousands.

This health crisis is compounded by an immense social crisis, with hundreds of millions facing hunger and joblessness, after more than a year in which their meagre living standards have been further squeezed. A recent Azim Premji University study found that an additional 230 million people were pushed below the official 375 rupee (\$5) per day poverty line last year.

Prioritizing corporate profit over saving lives, the BJP government has adamantly opposed instituting a nationwide lockdown, as exemplified by Modi’s infamous April 20 proclamation that his priority is to “save” India from a lockdown, not the population from the virus. But the state governments that have instituted limited lockdown measures due to the crush of COVID-19 infections and the collapse of their health care systems have refused to provide anything beyond famine relief to the tens of millions stripped of their livelihood. And even that relief is oftentimes difficult to access.

Yesterday, Kamal Nath, a leading Congress Party politician, said an analysis of cremation and graveyard figures showed that in March and April there had been more than 102,000 deaths from COVID-19 in his home state of Madhya Pradesh. Government figures from India’s fifth most populous state put the pandemic death total for the same period at less than 2,000.

Whatever the accuracy of Kamal Nath's claims, there is a mountain of evidence pointing to government efforts to cover up and downplay the extent of the COVID-19 carnage. To cite but one example: the Uttar Pradesh Primary Teachers' Association has claimed that at least 1,600 teachers and support staff have died from COVID-19 after being forced by the BJP-led state government to help conduct voting for last month's local (*panchayat*) elections; the state authorities initially recognized just three COVID fatalities, and even now put the total at under than 100.

In a desperate attempt to shift attention away from the wave of deaths and the ongoing shortages of medical oxygen, ICU beds and drugs, the BJP government is trumpeting a marked decline in the number of new daily infections. Whereas last week new infections were averaging some 400,000 per day, this week they have fallen below 300,000.

The limited lockdown measures imposed in some states and particularly in India's largest cities likely have had some impact. But the decline in cases is also associated with reduced testing and the spread of the virus to rural India, where tests are far less readily available and there is little to any public health system to speak of.

On Thursday, the Modi government announced that it will reduce the number of RT-PCR tests, which are widely believed to be the most accurate method to detect COVID-19 infections, to 40 percent of total tests by the end of June. The government has already reduced its RT-PCR testing capacity to 1.2-1.3 million a day from around 1.6 million last week.

A further complicating factor is the sudden prevalence of black fungus or mucormycosis infections. Health experts have linked the surge in mucormycosis cases to the use of steroids to combat COVID-19, particularly on patients already suffering from diabetes. By Wednesday, about 5,000 people across India had reportedly developed black fungus infections, with 126 of them succumbing to the disease. As India now faces an acute shortage of the anti-fungal drug Amphotericin B, many more lives are likely to be taken by this deadly disease.



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Under this situation, the Delhi High Court urged the Modi government to immediately import Amphotericin B from wherever it is available in the world. In so doing, the court accepted the Delhi government's contention that under conditions where only 10 percent of the all-India demand for the drug is being met, the Modi government's plans to increase domestic production are inadequate. "The premium here," said the court, "is time and human life. ... You need to import to bridge this gap between the plan to produce more and the actual production coming about, otherwise we will lose more precious lives. We want you to act today."

The court ruling, which is non-binding, reflects concerns within sections of India's ruling elite over the growing popular anger over the COVID-19 catastrophe, and fears that the criminal mishandling of it by all sections of the political establishment, including opposition-led state governments, is dangerously discrediting bourgeois rule.

In addition to anti-fungal drugs, lives of COVID-19 patients are threatened by shortages of some antibiotics such as Azithromycin and Doxycycline; key steroids, including dexamethasone, methylprednisolone and prednisolone; other life-saving medicines; vitamins; and even the common pain killer paracetamol. These shortages are especially dire in small towns and rural areas. All this comes on top of chronic shortages of medical

oxygen. Last week, a further 75 people died due to lack of oxygen at Goa's biggest hospital.

The disastrous state of India's public healthcare system is the product of decades of neglect at the national and state levels. For decades, all levels of India's government combined have spent a paltry 1.5 percent of GDP per annum on health care.

The shambolic rollout of India's vaccination program has further increased the vulnerability of the population to the country's second wave of the pandemic—a second wave that was both foreseeable and foreseen, but which Modi and the political establishment as a whole wantonly ignored. As of May 20, just 10.7 percent of the Indian population had received at least one dose of a COVID-19 vaccine and just 3 percent had been fully vaccinated.

However, when it comes to India's military the situation is radically different. Underscoring the real priorities of the Modi government, 97 percent of India's military personnel have received a first dose and almost 90 percent are now fully vaccinated. A senior military officer told the media on Thursday, "The vaccination and protocols have helped us maintain operational readiness along the borders with China and Pakistan as well as assist civil administrations across the country in tackling the crisis."

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