

## COVID-19 – where did WE (INDIA) go WRONG?

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1. Today COVID-19 has hit almost every family in the Country. The sufferings of citizens due this mysterious pandemic have multiplied manifold in its second wave when, Central Govt was celebrating its success in containing first wave and claimed that it has successfully contained COVID-19 which is almost finished. The Central Govt little realised that the COVID-19 was just sleeping like Kumbhakarn and was likely to hit back with vengeance.
2. When Rahul Gandhi for the first time tweeted on 12<sup>th</sup> February 2020 stating none took him seriously:-

*"The Corona Virus is an extremely serious threat to our people and our economy. My sense is the government is not taking this threat seriously. Timely action is critical," Rahul had written, tagging an article--dated February 7--in the Harvard Gazette, which predicted that the outbreak could be more widespread than thought." (Kaushik Deka India today – 14th April 2020)*

3. It was claimed that it was Rahul's keen interest in the global history of war, which helped him to assess the threat of the virus before many others. It appears that COVID-19, had first drawn Rahul's attention in the first week of January, following the World Health Organization's announcement on December 31 that a "mysterious pneumonia" was afflicting many in China.
4. While the cases in USA after "Thanks-giving" and "Christmas" the cases started surging in USA, on January 9, 2020, WHO Announced Mysterious Coronavirus-Related Pneumonia in Wuhan, China. On January 20<sup>th</sup> 2020, the CDC too started screenings at JFK International, San Francisco International, and Los Angeles International airports. These airports were picked because flights between Wuhan and the United States carry most of the passengers.
5. The Central Govt despite all this going on, invited U S President Donald Trump to visit India on 24<sup>th</sup> February 2020 at Biggest Stadium Ahmadabad. Thus, in order to prepare fool proof security system, the entourage from USA started arriving in India from mid-January 2020 onwards without any checks at airport. As per Media Reports (The Guardian – 24<sup>th</sup> February 2020, a huge crowd chanted "Namaste Trump".

*Across the stands of the world's biggest cricket stadium, a sea made up of the faces of Donald Trump and Narendra Modi stared out. The 125,000-strong crowd who had gathered to welcome to US president on his first visit to India alongside the Indian prime minister, at a rally dubbed "Namaste Trump", not only danced and chanted to show their appreciation, but many also donned masks of the two leaders.*

This was a case of totally casual and careless attitude on the part of the Central Govt to ignore the clear warnings and invite trouble.

6. However, once the issue was raised in Parliament, the Union Minister of State for Finance on 18<sup>th</sup> March 2020 negating all the fears and readout a written reply on the floor of the Rajya Sabha:-

*that the latest data on trade and indicators of domestic output do not suggest any adverse impact of coronavirus on the Indian economy. "As is true for the world at large, India's near-term macroeconomic outlook also vulnerable to disruption of trade with China and 2nd-round effects arising from an expected slowdown in global growth.*

*However, the latest available data on trade and indicators of domestic output don't suggest any adverse impact on the economy". (Source: ANI - Business Standard -18th March 2020)*

7. He was so confident that he predicted positive impact on India economy that the latest data on trade and indicators of domestic output do not suggest any adverse impact of coronavirus on the Indian economy.
8. However, as the things turned shape the very next day on 19<sup>th</sup> March 2020 in a 30-minute address to the Nation Prime Minister Sh. Narendra Modi announced a complete Janta Curfew on 22<sup>nd</sup> March 2020 from 7.00 am to 9.00 PM:-

*"This Sunday, that is on March 22, all citizens must follow this curfew from 7 am until 9 pm. During this curfew, we shall neither leave our homes nor get onto the streets and refrain from roaming about in our societies or areas. Only those associated with emergency and essential services may leave their home.(Source: Indian Express Web Edition -19<sup>th</sup> March 2020 -10.37.58 PM)*

The Janta Curfew was defined to say that no citizen, barring those in essential services, should get out of their house. He further asserted that:-

*" it will be a litmus test to show how much India is ready to take on the challenge of the coronavirus pandemic. "This experience will serve the nation well,"*

9. Once again just within two days after Janta Curfew the Prime Minister on 24<sup>th</sup> March addressed the nation to announce 21 days Nation Wide lockdown.

*Prime Minister Narendra Modi on Tuesday announced a complete lockdown of the entire country for 21 days in an unprecedented drastic measure to try halt the spread of the pandemic. Shortly after the announcement, the Centre said all road, rail and air services will remain suspended during this period.*

*COVID-19 has claimed 11 lives in the country with authorities reporting one death each in Delhi - the second in the national capital - and Maharashtra on Tuesday and over 500 persons being afflicted by the viral infection. Fears are also mounting that more could be hit as the global coronavirus toll inches towards 17,000.*

*In his second address to the nation in less than a week on the growing concerns over COVID-19, PM Modi said the lockdown will be in force from Tuesday midnight, as he announced a **Central allocation of Rs 15,000 crore to strengthen the health** infrastructure to tackle the disease. (Source – PTI - Times of India -24 March 2020 – 8.32 PM)*

10. It was the first time in India provisions of the National Disaster Management Act, 2005, were invoked.

*In an order issued by the home ministry, the home secretary as chairperson of the National Executive Committee of the National Disaster Management Authority (NDMA) issued guidelines for the national lockdown for 21 days. The guidelines allow for essential services such as food, utilities, health care, and law and order. Many parts of the country were already under a lockdown till March 31.*

*A home ministry statement said the decision for a national lockdown was taken at a meeting of the NDMA chaired by the Prime Minister on Tuesday to ensure "uniformity in the measures adopted" and their implementation.*

*.....The National Disaster Management Act has much more clarity about various issues related to any calamity including health pandemic," he said.*

*The law provides a wide range of powers to the NDMA chairperson, the PM, to seek any "men or material resources" for the purposes of emergency response across the entire country or any specific part of the country. It gives emergency powers to the chairperson to deal with the disaster doing away with bureaucratic processes. The law also allows state disaster management authority chairpersons to exercise similar powers within the state jurisdictions. (Source: The Hindustan Times – 25<sup>th</sup> March 2020 12.12 AM)*

11. Since the Prime Minister is the Chairman of the National Disaster Management Authority constituted under the Disaster Management Act 2005, having a Vice Chairman holding the status of a Cabinet Minister and 8 members with the status of Ministers of State, thus this committee headed by the PM was and is responsible for the management of relief efforts in the entire country.

12. That's where the Role of Prime Minister has come under severe criticism from all quarters. I am not going into the history of lock down and unlock down despite having knowledge of imminent threat of second wave that had hit every Country. The second wave had brought a country like USA on its knees.
13. We may have read in various newspaper reports when other countries were going through the pangs of the 2nd wave, **we (Represented by our PM) boasted to the world during the World Economic Forum on 28 Jan 21 that we (Mr. Modi) had defeated corona virus and patted himself for doing so.**
14. Because **we (headed by our PM)** failed to have foresight and prepare for the worse despite seeing country after country suffering under the 2nd and even 3rd wave.
15. It did not stop at this stage only. Ahead of elections in five States, in a meeting of BJP National Office Bearers on 21 Feb 21 a resolution was passed hailing Mr. Modi's leadership in defeating corona despite the stirrings of the 2nd wave.

*AHEAD OF elections in five crucial states, the BJP on Sunday held a meeting of the party's national office-bearers and state unit presidents, which passed a resolution praising Prime Minister Narendra Modi for bringing in reforms in the agriculture sector and for his leadership during the Covid-19 pandemic. The Prime Minister asked the party leaders to grow the organisation with the ideal of "Nation First".*

*(Source: Indian Express February 22, 2021- 8.19.58 AM)*

16. It looks that the priority was contesting and elections in five states and Panchayat Elections in Uttar Pradesh. That's why the **123rd Report of DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE on "THE OUTBREAK OF PANDEMIC COVID-19 AND ITS MANAGEMENT"** - Presented to the Chairman, Rajya Sabha on 21st November, 2020 and Forwarded to the Speaker, Lok Sabha on 25th November, 2020 that records the following major observations was ignored by the Chairman, DDMA:-

***1.35 The WHO Representative to India, appreciated the response of the Government of India to pandemic COVID-19 describing the Lockdown Measures as "timely, comprehensive and robust". WHO has, however, cautioned that lockdowns alone would not eliminate corona virus and India must take necessary measures to prevent a second and third wave of infections.***

***8.10 The Committee reiterates its considered view that the healthcare spending in India is abysmally low for an emerging economy with a population of 1.3 billion. Lack of desired level of investment in the health infrastructure has so far resulted into fragility of Indian health ecosystem which posed a big hurdle in***

**generating an effective response against the pandemic.** *The Committee has time and again recommended the Ministry for increasing its spending in the health sector for ensuring better health infrastructure and health services to the needy common masses. The Committee expresses its serious displeasure over the Government's reluctance to act upon the Committee's recommendations in letter and spirit. The Committee is assured that the serious impact of the pandemic could have been minimized had the Government over the years increased its investment in the healthcare system. The Committee is pained to note the trauma and distress the public had to undergo due to absence of a dedicated healthcare system. The Committee, therefore, strongly recommends the Government to increase its investments in the public healthcare system and make consistent efforts to achieve the National Health Policy targets of expenditure upto 2.5% of GDP within two years as the set timeframe of year 2025 is far away and the public health cannot be jeopardized till that time schedule.*

**8.11 The Committee also laments the poor state of primary healthcare especially in rural areas. The Committee strongly recommends the Ministry to urgently increase its spending under the National Rural Health Mission to strengthen the delivery of health care services in the rural areas, keeping in view the languishing health infrastructure and inadequate delivery of health services to much needed rural population.**

*8.12 The Committee is of the view that pandemic Covid-19 offers a window to revisit the country's health policy with the purpose of strengthening the health sector, and thus necessitates a higher investment in creating permanent basic health infrastructure. The Committee also believes that a higher budgetary allocation will also boost the healthcare industry and shift the focus to Indian manufacturers and domestic supply chain of products. The Committee believes that it is the opportune time to boost India's healthcare infrastructure and push for greater technology deepening in the healthcare sector.*

17. Our Central Govt was so overconfident that the Union Health Minister Dr. Harsh Vardhan went overboard to publicly announce that:-

*We are in India, has emerged as the world's pharmacy, and it supplied 5.51 crore Covid-19 vaccines to 62 different countries, Union health minister Harsh Vardhan said.*

*"We are in the end game of the COVID-19 pandemic in India" and to succeed at this stage, Union health minister Harsh Vardhan on Sunday said, politics should be kept out the Covid-19 vaccination drive.*

*"Unlike most other countries, we have a steady supply of COVID-19 vaccines that are safe with proven immunogenicity and efficacy. Based on the initial results, these Made in India vaccines have shown some of the lowest adverse events following immunization (AEFI) anywhere in the world," he said. (Source- PTI Hindustan Times, 7<sup>th</sup> March 2021 – 8.30 PM)*

18. That is when as a nation we have committed terrible mistake of being overconfident propagating an image of "Make in India" Vaccine which was actually "Made by India" and India had no control over the same as it is apparent now the shortage of vaccine is staring at our faces and we have no clue by when we would be able to inoculate our population. We also do not know by the time we plan inoculation whether, the vaccine would be effective or not is a million-dollar question.
19. The next issue that acted as a super spreader was holding Kumbh at Haridwar by preponing from 2022 to 2021. Normally Kumbh is held after every 12 years. The last Haridwar Kumbh Mela was held in 2010. The actual due date for the 'current' Kumbh at Haridwar was 2022, not 2021. Thus, the moot question arises that how it got advanced by one whole lethal year at a time India's second Covid wave was expected.

*So, not only did the Government of India, and the Government of Uttarakhand not cancel the Kumbh Mela, which they could easily have done, so as not to endanger the lives of millions of people by causing a super-spreader event for COVID-19; they also need not have let it take place this year at all, simply because this is the 11<sup>th</sup>, not the 12<sup>th</sup> year, since the last Kumbh Mela at Haridwar. They could have used this time to create the conditions where holding an event like the Kumbh could have made some kind of sense, maybe, in 2022.*

*Instead, they did much worse. In consultation with the Akhil Bharatiya Akhada Parishad, they 'advanced' the date from 2022 to 2021 – knowing fully the dangers of the pandemic – because some astrological mumbo-jumbo told them that this was desirable. Because, you know, 'Aastha/Faith', that beloved article that makes the Supreme Court reward criminal trespass with a building plan, is also what makes the Governments of India and Uttarakhand do what they must to put people's lives in danger on a grand scale. (Source: The Wire 20 April 2021)*

20. The Central Govt and the State Govt of Uttarakhand ignored all the suggestions offered by the seers to defer Kumbh next year.

*A group of prominent seers in the city has demanded that the scheduled to be held next year be postponed by a year in view of the Covid-19 threat. The group which includes mahamandaleshwaras (a rank in religious hierarchy) of prominent ashrams, claims that the mela was in any case scheduled to be held in 2022 but had been preponed to January 2021. Swami Vishwatmanand Puri, general secretary of Paramadarsh Acharya Mahamandaleshwar Samiti (PAMS), told TOI,*

*“The last Maha was held in 2010 and the next one should have been organised in 2022. Some people, however, were trying to do it earlier and preparations for it were started too. But the move has been foiled by God making corona the reason for it.” He added that given the prevailing situation, “holding the Kumbh next year is beyond imagination.”*

*The seers put forth the argument that there are precedents for holding the Kumbh in a different year than the one scheduled and most often, it has led to controversy. (Source Times of India 30<sup>th</sup> May 2020 11.36 AM)*

21. The slow progress on holding Kumbh Mela did cost heavily to Mr Trivendra Singh Rawat, who had to resign as Chief Minister and his successor, Tirath Singh Rawat, immediately said that there would be no ‘rok-tok’ – no restrictions – on pilgrims, and that with Goddess Ganga’s blessings, faith will triumph over disease.
22. However, on 6<sup>th</sup> April at the Review Meet for Kumbh the Central Govt team observed that Kumbh might become COVID-19 ‘super spreader’: (Source ANI 6<sup>th</sup> April 2021).
23. As expected, 91 lakhs devotees had attended Kumbh Mela as per The Kumbh Mela Force i.e. the Governing Body (Source: Hindustan Times-30<sup>th</sup> April 2021 - 3.00 AM)

*The Kumbh Mela Force, a government body, said 9.1 million pilgrims took the holy dip in the Ganga from January 14 to April 27. The bulk of this -- at least six million people -- congregated in April, coinciding with the worst surge in the second wave of the pandemic.*

*The highest gathering of 3.5 million was reported for the Somvati Amavasya holy dip, or the first shahi snan, on April 12. On March 11, for Maha Shivratri, 3.2 million pilgrims arrived for the bath. 1.3 million pilgrims gathered on Mesh Sankranti-Baisakhi, or the second shahi snan, on April 14. For the third shahi snan, on April 27, the numbers plummeted to about 25,000, though there was little adherence to any Covid protocols.*

24. Thus, the manifold increase in number of cases of COVID-19 in UP and Uttarakhand and many other States is stated to be just because of Kumbh. Many seers lost battle against COVID-19, consequently some of the Akhara heads suddenly called off and returned. Since many devotees participated in the Mela were from villages, the real number would never be known.

25. When elections in Bihar were held, though the election commission directed (*The Hindu 21<sup>st</sup> October 2020*) the political parties to follow appropriate Covid Behaviour, said directions were brazenly flouted by one and all. The Election Commission did not move even its little finger. Consequently, all the star campaigners of Political Parties were sure that nothing would happen even if they continued to flout all norms

26. Now coming to another super spreading events i.e. elections held in five states despite country reeling under second wave of Covid. The sequence of events as reported by India Today - 30<sup>th</sup> April 2021 is as follows:-

(a) *When West Bengal went for the first of the eight-phase assembly elections on March 27, the seven-day average of daily cases was modest. At that rate, it would have taken 778 days to double the number of cases in the state. From all indications, the virus seemed benign in West Bengal then.*

*But the situation changed dramatically a month and two days later. On April 29, to be precise, when the state had its eighth and final phase of elections, infections spread ferociously.*

(b) ***Doubling Rate, Fatalities Jump in Assam, Tamil Nadu***  
*Assam witnessed a massive jump in the doubling rate in the election month. A manifold growth in number of Covid-related deaths was recorded in Tamil Nadu. All the states had their fair share of mega rallies and roadshows where reportedly Covid- appropriate protocols were rarely followed. The day Tamil Nadu went for elections, the state had reported 15 Covid-related casualties. The number astonishingly touched 98 on April 29.*

(c) ***Kerala's High Positivity***  
*All data points suggest that Kerala too is in the midst of a raging pandemic. Among the states that went for elections, Kerala happens to have the highest positivity rate, close to 10 per cent, now.*

*While Kerala seems to have handled Covid-related deaths better than most other states, the sharp reduction in doubling days should be a cause of concern.*

27. It is also matter of record that Hon'ble High Court of Madras came down heavily on Election Commission of India (**Source – PTI - The Print -26<sup>th</sup> April 2021**) and called it the “the most irresponsible institution” for the alleged spread of the second wave of Covid-19 in the country. It also observed that EC officials may be booked under murder charges, says Madras HC on election rallies. The EC filed SLP before Hon'ble Supreme Court.
28. The impact of Panchayat Elections in Uttar Pradesh is visible and many stalwarts have lost the battle against COVID. The news of bodies floating in Ganga River and its tributaries in UP Area and Bihar Area is a serious concern. As forewarned by the Committee in its 123<sup>rd</sup> Report, in absence of health facilities in villages the actual numbers would never be known.
29. As per Media Reports despite rising cases and deaths Prime Minister chose to visit WB 17 times to address mass rallies and Union Home Minister visited WB 20 times, which is in clear violation of the 123<sup>rd</sup> Report of the Parliamentary Committee on COVID-19.
30. Now coming to vaccination which is another story marred by multiple controversies and charges and counter charges by politicians. But let us have holistic view of the situation in view of the facts in public domain. I hope all of us remember historic visit by our Prime Minister on 29<sup>th</sup> Nov 2020 to various vaccine manufacturing facilities at **Pune, Ahmedabad and Hyderabad (Source – Times of India – 29<sup>th</sup> Nov 2020 - 04.37 AM)**

*PUNE/AHMEDABAD/HYDERABAD: Prime Minister Narendra Modi on Saturday visited the units of three vaccine manufacturers in India to review the progress of vaccine development and manufacturing process — Zydus Biotech Park in Ahmedabad, Bharat Biotech in Hyderabad and Serum Institute of India (SII) in Pune.*

*Modi's first stop was Ahmedabad where he reviewed the vaccine development and manufacturing process of Zydus Group's indigenous plasmid DNA vaccine – ZyCov-D.*

*“What struck me and left me impressed was PM @narendramodi's emphasis on science and vision for global good,” Zydus group chairman Pankaj Patel tweeted after PM's visit.*

*The Phase III trials of Covaxin, involving over 26,000 volunteers at 25 sites across the country, kicked off earlier this month. The first and second phase of human trials at Covaxin involved around 1,000 volunteers. Bharat Biotech had earlier indicated that going by the results of Phase I and II trials, Covaxin's efficacy is expected to be well over 60%*

31. This visit raised hopes and also created an impression that India is manufacturing COVID-19 Vaccine particularly in view of statement made by Prime Minister in 75th United Nations General Assembly (UNGA) session, 2020.

*As the largest vaccine producing country in the world, I want to give one more assurance to the global community today. India's vaccine production and delivery capacity will be used to help all humanity in fighting this crisis," said Modi in his virtual address.*

*Modi said that India and its neighbourhood was moving ahead with phase-3 clinical trials, and that other countries will also be helped in enhancing their cold chain and storage capacities for the delivery of the vaccines.*

*Highlighting the role played by India in ensuring that other countries did not run out of key drugs during the Covid-19 outbreak, PM Modi said that even during the very difficult times of the raging virus, the pharmaceutical industry of India sent essential medicines to more than 150 countries.*

32. The fact remains that SII according to the agreement between Gavi and the Serum Institute of India (SII), which included funding to support an increase in manufacturing capacity, SII is contracted to provide COVAX with the SII-licensed and manufactured AstraZeneca (AZ)-Oxford vaccine (known as COVISHIELD) to 64 lower-income economies participating in the Gavi COVAX AMC (including India), alongside its commitments to the Government of India.
33. Despite having Union Minister for Health, the Union Aviation Minister of State Hardeep Singh Puri informs by **tweeting (Source: Business Today -12<sup>th</sup> May 2021 08.39 IST)** that advance orders for May, June and July have been placed. He is mysteriously silent on status before May 2021. He is also silent on Delivery as placing order is not enough, the supplier must be in a position to supply.
34. As several states face vaccine crunch despite the Centre placing bulk orders with two vaccine makers Serum Institute of India and Bharat Biotech, the government has issued fresh orders to procure vaccines from these companies."
35. It is matter of record that the Govt of India told the Supreme Court that "no governmental aid, assistance or grant" was given for the research or development of Covid-19 vaccines Covishield or Covaxin even though the former is manufactured in the country by the Serum Institute of India (SII) and the latter was indigenously developed by Bharat Biotech in the collaboration with the Indian Council of Medical Research (ICMR).
36. This statement raises serious concerns about the whole planning process an attitude of the Government in dealing with the pandemic in view of COVID Committee Report observations in Para 13 above. One can continue writing endlessly on this subject as many stories are unfolding with each day.

37. The High Court of Allahabad on 18th May 2021 while hearing a matter related to death of a patient Medical system in UP small cities, villages 'Ram bharse'.
38. Perhaps for the first time in the country we have heard "Oxygen Shortage" leading to death of patients almost in every city of the Country. The matters had reached various High Courts and there was ping pong match between Central & State Govts. Let us have a look at Para 1.43 of the **123rd Report of DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE on "THE OUTBREAK OF PANDEMIC COVID-19 AND ITS MANAGEMENT dealing with preparedness of COVID-19**

*Management of COVID-19 and State of preparedness 1.43 The Committee was given to understand that the main purpose of implementing the lockdown measures was to contain/ slow down the spread of Coronavirus by breaking the chain of transmission and to provide additional time to ramp up capacities at all levels. During this period, the capacities and health infrastructure were ramped up. It was estimated that an arrangement was made for a total of 3914 facilities in the country with 3,77,737 Isolation beds (without ICU support), 39,820 ICU beds and 1,42,415 oxygen supported beds along with 20,047 ventilators. In terms of healthcare logistics, cumulatively 213.55 lakh N95 masks, 120.94 lakh PPEs and 612.57 lakh HCQ tablets were distributed.*

Thus, the summary of Beds is as follows:-

(a)	Isolation Beds (without ICU Support)	-	3,77,737
(b)	ICU Beds	-	39,820
(c)	Oxygen supported Beds	-	1,42,415
(d)	Ventilators		20,047

So, one can imagine in a population of 135 crores, where 80% are asymptomatic, for balance 20% symptomatic and out of those 20% only 5% require Hospitalisation, which would mean 1,82,25,000 beds and if we gone by ICU Bed requirement of 2% of 20% about 72 lacs beds were required. Did we reach there at all? The answer is no. That's why though insufficient temporary arrangements made still could not save precious lives.

39. The final observations by the Committee are appearing from Para 2.34 onwards, that are reproduced as follow:-

*2.34 The Committee observes that the total number of Government hospital beds in the country was grossly inadequate keeping in view the rising incidence of Covid-19 cases. Attention of the Committee has also been brought to Media Reports which highlighted the abysmally low number of beds in Government hospitals in the country especially at the peak of the pandemic. Data from National Health Profile–2019 states that there are total 7,13,986 Government hospital beds available in India which amounts to 0.55 beds per 1,000 population. As per Reports, 12 States stand below the*

*national level figure. The Committee notes that lack of hospital beds and the inadequate ventilators further complicated the efficacy of the containment plan against the pandemic. As the numbers of cases were on the rise, a frantic search for vacant hospital beds became quite harrowing. Instances of patients being turned away from overburdened hospitals due to lack of vacant beds became the new normal. The scenario of patients holding oxygen cylinder rushing from pillar to post in search of bed in AIIMS Patna is a testimony to fact that tear apart humanity. The Committee is aggrieved at the poor state of healthcare system and therefore, recommends the Government to increase the investment in public health and take appropriate steps to decentralize the healthcare services/facilities in the country.*

*2.35 The Committee is pained to observe that in RML hospital out of the 1572 beds, only 242 beds were dedicated COVID beds whereas in Safdarjung Hospital, out of 2873 beds, only 289 were reserved for Covid patients. The Committee fails to understand the rationale behind the miniscule number of beds reserved for Covid patients in the Central Government Hospitals especially at a time when the number of covid patients were increasing rapidly in the capital city. The Committee, therefore, desires the Ministry to submit a note on the rationale for allocating such limited number of beds for COVID patients. The Committee would like to be apprised regarding the status of beds exclusively reserved for COVID patients in the capital of the country.*

*2.36 The Committee has been given to understand that Railways have provided 813 coaches having 12472 beds for conversion of coaches into COVID Care Centers. As per information submitted by the Ministry till 21.07.2020, only 454 COVID patients were admitted in these COVID Care Centres. The Committee fails to comprehend the underutilization of the available resources especially at a time when people struggled to find a bed in the hospitals. The Committee expects a convincing response from the Ministry on the issue.*

*2.38 The Committee agrees with the Department that the pandemic has led to an unprecedented increase in the demand of non-invasive Oxygen Cylinders and instances of lack of Oxygen Cylinders in the hospitals had also been reported. The Committee, therefore, strongly advocates **National Pharmaceutical Pricing Authority to take appropriate measures for capping the price of the Oxygen Cylinders so that the availability as well as affordability of the Oxygen Cylinders is ensured in all hospitals for medical consumption**. The Committee also recommends the Government for encouraging adequate production of Oxygen for ensuring its supply as per demand in the hospitals.*

40. Therefore, in backdrop of aforesaid admitted position available in public domain one thing is clear that the entire issue has been mishandled by those who were not experienced in handling Pandemics and also did not know anything about Virology. The strangest part is that the Union Minister for Health is a former Practicing Doctor from Delhi, still he preferred to have IAS officers in the driving

seat instead of letting the doctors and subject specialists to handle the situation. This finally led to flawed policy making.

41. Because the govt showed 'stubborn resistance to evidence-based policymaking' and managed and manipulated data as stated by Dr Shahid Jameel, the famous Virologist who had resigned four days ago stated:-

*All of these measures have wide support among my fellow scientists in India. But they are **facing stubborn resistance to evidence-based policymaking**. On April 30, over 800 Indian scientists appealed to the prime minister, demanding access to the data that could help them further study, predict and curb this virus. **Decision-making based on data is yet another casualty**, as the pandemic in India has spun out of control. The human cost we are enduring will leave a permanent scar. (Source: The Wire -17-05-2021)*

42. Now, as a Nation what did we do in 2020 and 2021 - Answered by Kanthaswamy Balasubramanian of Politics and Polity 16-05-2021

- (a) March 2020 - Fosun Pharma of China invests \$135 Million with BioNTECH to collaborate and develop 300 Million Doses of MRNA Vaccines;
- (b) May 2020 - US Federal Govt invests \$12 Billion into six pharma companies to collaborate and develop vaccines for the US population under warp speed;
- (c) EU invests \$210 Million with AstraZeneca and Oxford to develop vaccines;
- (d) Russia invests \$ 125 Million to develop Vaccines by Gamalaya Institute;
- (e) China invests \$ 562 Million to four pharma companies to develop and design vaccines;

#### **What did GOI do?**

- (i) Talli Bajai, Thali Bajai, Diya jalaya aur phool barsaye !!!!!
- (ii) Argued about the death of an actor and his manager.
- (iii) Arrested people for possessing weed.
- (iv) It was God's luck that AZ chose Sirum Institute of India (SII) to manufacture a billion doses and Poonawala made a cross deal that out of these billion doses he would supply a tenth, or 10%, to the Govt of India.

- (v) Even then we did not place any orders. Modi could have placed an order right then for 1 billion doses and paid \$ 2.18 billion, but NO!!!
- (vi) In Chetan Bhagat's words - We always think we can do JUGAAD!!!
- (vii) Sep 2020 - Covaxin thinks it can develop vaccines. Yet Government of India (GOI) did not invest in Bharat Biotech to scale up operations
- (viii) Nov 2020 - Sinovac, Sinopharm, Sputnik, AZ and Pfizer and Moderna have all paid off their investments. Their vaccines are READY!!!!!!

#### **What Govt of India did?**

- (a) Still refused to place orders for vaccines from SII.
- (b) Still didn't place orders from Bharat Biotech for Covaxin
- (c) Celebrated Diwali
- (d) Passed ill-conceived farm laws and cause a build-up of people for months and months and months.

**Jan - March 2021 - China, Russia, US, EU begin mass vaccinations thanks to steady supply of vaccines already collaborated and ordered.**

#### **What did Govt of India do?**

- (a) India gets doses from SII as part of its AZ deal (Not one order from GOI yet)
- (b) India makes speech that India will save humanity.
- (c) India exports 25 Million Doses for free out of its 100 million doses to neighbours as part of vaccine diplomacy.
- (d) SII as a private company exports 34 million doses to the EU and 18 Million doses to WHO under Covax (nothing to do with GOI)
- (e) Election rallies!!! TN, WB, Kerala all with rallies under an IMPOTENT ELECTION COMMISSION. Not one word about masks or safety etc.
- (f) Still not 1 order placed with AZ or SII by GOI !

**April 2021 - All Vaccination programs in US, EU, China, Russia are going strongly with 4–5 vaccines developed and enough materials secured.**

#### **What does India do?**

- (g) Hijack vaccines meant and paid for by other countries and prevent exports. GOI hijacked 100 million vaccines meant for EU (78

Million) and WHO (22 Million). This caused huge delays for Poonawalla with EU.

- (h) Meanwhile the Kumbh Mela is celebrated with pomp and joy.
- (i) Held Election rallies, in five states flouted all the COVID Protocols

### **Role of State Governments**

43. While as a nation we have failed miserably, the blame is to be equally shared by all the States as the States too have miserably failed in not only assessing the ground realities but also perform the Statutory Responsibility cast upon them.

44. When we look at the Report dated 24<sup>th</sup> December 2019 on Rural Health Services published by Department of Health & Family Welfare of Ministry of Health, New Delhi, in the forward by its Secretary paints a very rosy picture about Rural Healthcare Services, relevant text of, which is reproduced as under:-

*Irrespective of social, economic, religious, cultural or any such factors, proper, effective and efficient healthcare services are needed by everyone. Providing such services becomes more challenging in India considering the vast diversity of the country. Due to this diversity, the need of healthcare services varies from State to State and Region to Region.*

*However, the Ministry of Health & Family Welfare is committed to provide the optimum healthcare services available to its entire population despite of all such challenges. The needs of the population have to be addressed by fully utilizing the existing capacities in the most effective and efficient manner, in addition to creating new capacities by way of additional infrastructure, human resources and introducing new programmes. The National Health Mission has placed considerable emphasis on this. However, to access the quantum of future needs in this direction as well as progresses so far, availability of reliable and timely data is crucial.*

*'Rural Health Statistics' an annual publication is based on Health care administrative data generated by the health care system. It is an effort towards providing reliable and updated information on rural health infrastructure. The data given in this publication is based on the information upto March 2019, provided by States and UTs. In line with Ministry's flagship scheme "Ayushman Bharat", the data on parameters pertaining to Health & Wellness Centres has also been incorporated. Data regarding the Dental Surgeons at PHCs and CHCs level has been incorporated for the first time in this publication. To increase the scalability of the publication the data with respect to the Urban Health parameters have also been included in the publication. It provides data on rural, urban and tribal health infrastructure,*

human resources, distribution of facilities at SCs, PHCs, CHCs, HWCs etc., so as to provide the status of public health infrastructure available in the country.

Forwarding by Deputy Director General Department of Health & Family Welfare once again paints a very promising picture of Rural Health Services, summary of which is reproduced as under:-

*Comparative Status of Lab Technicians Staff at PHC & CHC in Rural Areas*

	2005					2011				
	*Req	Sanct	In P	Vacant	Shortfall	Req	Sanct	In P	Vacant	Shortfall
Total	26582	14571	12284	2287	7226	30190	20640	18715	4882	12065

*Comparative Status of Nursing Staff at PHC & CHC in Rural Areas*

	2005					2011				
	*Req	Sanct	In P	Vacant	Shortfall	Req	Sanct	In P	Vacant	Shortfall
Total	46658	34061	28930	5280	13352	62200	68801	80976	13272	6412

*1. Req	:	Required	-	R
*2. Sanct	:	Sanctioned	-	S
*3. In P	:	In Position	-	P
*4. Vacant	:	Vacant	-	(S-P)
*5. Shortfall	:	Shortage	-	(R-P)

*Number of SCs, PHCs & CHCs functioning in Rural Areas- II*

	As on March 2018			As on March 2019		
	Sub Centre	PHC	CHCs	Sub Centres	PHCs	CHCs
Total	158417	25743	5624	157411	24855	5335

*Manpower Position in SCs, PHCs & CHCs in Rural Areas*

Particulars	2018	2019
ANMs at PHC & CHCS	219326	234220
Doctors at PHC	27567	29799
Specialists at CHC	4074	3881

45. Though the Report paints very rosy picture about the efficacy of Rural Health Services with adequate building, infrastructure, and staff. However, the present COVID-19 pandemic has exposed the facts that all these reports are prepared by Bureaucrats while sitting in airconditioned offices that are just like any other story. The situation in almost all villages even urban villages that the buildings of

Primary Health Centres and Sub Centres and Community Health Centres are in dilapidated condition without any infrastructure in absence of Doctors, nurses and lab technicians.

46. Similarly in cities the State Governments have failed to assess and improve the basic healthcare facilities, which has also been exposed by COVID-19. Both the Politicians and Bureaucrats have miserably failed in estimation and planning while dismantling the temporary healthcare facilities that were set up to treat COVID-19 patients.
47. Further, while dedicating all the hospitals for COVID -19 patients the State Governments just ignored the basic fact that apart from COVID-19, there were patients who were supposed to undergo various lifesaving surgeries, that had to be put off. The accident victims had to wait for days together for getting admitted in Hospital as all hospitals were having COVID Patients. There were COVID +ve patients, in DRDO facilities who had recovered and became COVID -ve but had developed pulmonary complications, again there were no beds for days together.
48. The prohibitive cost of treatment in private hospitals has created a major problem for the families, the black marketing of oxygen and drugs has shown the ugly side of the society and lack of enforcement mechanism of the Govt.
49. The floating bodies in various rivers has shown the insensitivity of State Govts and local bodies in containing the overcharging by crematoriums. The Political parties failed to come forward to provide decent last journey to the deceased and offer solace to the families of the deceased. The Govts tried to hide their inefficiency by saying that its ritual to immerse and dispose off the deceased. What a shame?

Even now if the Central & State Governments do not wake up the third wave is going to cost very heavily to children and younger generation.

The failure on the part of both the Executive and legislature in protecting interest of the citizens and providing affordable health services has definitely rattled every common citizen and forced them to sit back and think seriously which may lead to a serious change in the times to come.

Now the time has come to question both the elected representatives irrespective of political parties and challenge the Executive and Legislature for taking the citizens to ride by failing to put to use the huge investment of taxpayers money by developing the Rural Health Care Centres and posting Lab Technicians, Nurses, Doctors and Specialists only on paper and continuing to pay them without performing duties for which they were paid.

Times have come too demand performance of fundamental duties cast upon Legislature and Executive, oath of which is administered at the time of swearing in ceremony.

### ***FUNDAMENTAL DUTIES***

**51A. Fundamental duties.—**

*It shall be the duty of every citizen of India—*

- (a) to abide by the Constitution and respect its ideals and institutions, the National Flag and the National Anthem;*
- (b) to cherish and follow the noble ideals which inspired our national struggle for freedom;*
- (c) to uphold and protect the sovereignty, unity and integrity of India;*
- (d) to defend the country and render national service when called upon to do so;*
- (e) to promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic and regional or sectional diversities; to renounce practices derogatory to the dignity of women;*
- (f) to value and preserve the rich heritage of our composite culture;*
- (g) to protect and improve the natural environment including forests, lakes, rivers and wildlife, and to have compassion for living creatures;*
- (h) to develop the scientific temper, humanism and the spirit of inquiry and reform;*
- (i) to safeguard public property and to abjure violence;*
- (j) to strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavour and achievement;*
- (k) who is a parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six and fourteen years.*

The aforesaid fundamental duties have been given an indecent burial as has been exposed during the Pandemic leave alone the scientific temper the dignity in death has also been denied. The environmental disasters in the making are being pushed and preferred to the life and liberty of the citizens.

JAI HIND