

Waiting for a Vaccine!

Fault lines in Medical Science and Governance Exposed

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The current crisis, has exposed the inadequacies of systems, exposing the ugly underside of medical science and governance.

The debate emanating from the Great Barrington Declaration versus the John Snow Memorandum around herd immunity and lockdown and the various advisories from WHO, governments and various scientific establishments over the last nine months keep contradicting one another and have exposed the faultlines of both medical science and governance.

The State's responsibility has been unsurprising. While the Modi government is promoting Aatmanirbhar or self-reliance the Thackeray government in Maharashtra is stressing 'My Family My Responsibility'. In other words, the state is abdicating responsibility saying, 'We don't know what to do; so please do what you can as we cannot assume any responsibility. So what if you have paid taxes!'

Let's look at medicine first, though you cannot isolate medicine from governance as there is an overlap. If you develop symptoms of COVID 19 then there is no clarity on whether you should be tested, and if tested whether it should be an antibody test or an RT-PCR. Various advisories have been issued over the last six months and the rules keep changing. Similarly, advisories have kept shifting about quarantine, whether home quarantine, or at COVID centres, quarantine or hospitalisation. At the ground level none of this matters because if you have the money and the clout and have a decent place to stay you can do what you want: take whatever test you want, seek hospital admission or stay at home, etc. But if you are poor, don't have the money, have lost your livelihood, live in slums, or you are a dalit or Adivasi or a minority then you don't have the option to decide. If the public health system was robust with strong primary healthcare and universal access then the choices would have been easier and equitable. So when Dharavi exploded, the slums were seen as a threat and the government acted swiftly with firefighting tactics. People in Dharavi got some attention and theories of herd immunity in Dharavi began to emerge as the area came back on its feet.

As regards treatment too, various regimes and medicines have been suggested by the medical gurus globally and from India – hydroxychloroquine, azithromycin, remdesivir, dexamethasone, tocilizumab, plasma therapy, monoclonal antibodies, Kinase inhibitors, interferons, Tamiflu, favipiravir, and even vitamin D, etc. After trial and error these have been discarded or have been prescribed for particular phases.

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In India, Ayush and naturopathy have also thrown in their bit of therapies, especially to build immunity like steam inhalation, hot water gargles, lemon and ginger drink, giloy, arsenic album 30, coronil, anulom vilom and other pranayams, etc. Here too the political economy is at play. In the absence of a strong public health system your resources decide what therapies you can access. More than treating COVID itself, these are mostly about the secondary infections and the co-morbidities which need to be managed and with a weak public health system and the confusion about therapies it is only the private hospitals, consultants, the pharma industry and the health insurance industry which has gained from all of this and indeed profited.

Then there is the entire political economy of vaccines and their development. The race is on. Expediting efforts in this direction under pressure from governments have led to various adverse consequences during trials. The vaccine research designs are being questioned as being compromised so that the result is a success. Governments want quick results so that they can make electoral gains. They have even committed resources, including grants to pharma companies and research centres to facilitate a quick turnaround in production. The entire world is in anticipation of the vaccine and this has been a powerful strategy of right wing governments, projecting the vaccine as the only solution. History tells us that developing an efficacious and effective vaccine is a prolonged process and takes many years and we are talking about a vaccine for a virus of which we still know very little. And after instilling all this fear of COVID in the last 9 months and supporting the vaccine initiative now WHO tells us that based on its understanding of infection fatality rate globally it believes that COVID is just like the seasonal flu so we should stop worrying about it!

Let's look at governance. Governments have responded and acted in various ways. Globally we see that countries that had strong primary healthcare systems and public financing have done much better in containment and testing, tracing and treatment. Countries like Mongolia, Vietnam, Taiwan, Singapore, New Zealand, Sri Lanka and South Korea have done reasonably well but India, USA, Brazil and Russia and most of Europe are still awaiting their peak. Within India, Mizoram, Sikkim, Andamans, Kashmir, Himachal and Goa have managed well whereas Maharashtra, Karnataka, Andhra, Tamil Nadu, Uttar Pradesh and West Bengal are struggling to rein in both COVID and the private health sector which dominates in these states.

Apart from a weak and unresponsive public health system and an exploitative private health system India and its states had to deal with mass scale migration precipitated by the lockdowns which led to an unprecedented loss of livelihoods and unemployment. Even workers with social security cover like ESIS, who are entitled to half their salary during unemployment, have not received these payments leave alone the unorganised sector and informal sector that has no social security cover. The various social assistance schemes have failed to deliver, despite the big proclamations of relief packages announced by the finance minister.

Unlike European and many other Latin American and Asian countries that responded swiftly with economic relief, India has failed miserably. The social and economic response of governments was weak and if it was not for civil society interventions we would be staring in the face of mass hunger

deaths. In response, the Indian government, instead of appreciating the work of civil society organisations brings in Amendments to the FCRA that makes getting and using foreign contributions very difficult and will completely choke the NGO sector, leaving open the field for right wing outfits to take over. To add salt to the wound the Union government has announced Dussehra bonus payments of over Rs 3700 crore for its employees to provide a spending boost to the economy when 80 per cent of the workforce is working with pay-cuts or worse are still jobless.

COVID 19 has affected all classes and in that sense is a leveller. But because of an indifferent State and an underdeveloped public health system the ability to respond to this crisis is coloured by class, caste, gender and religion and the government's failure to respond adequately to the needs of its citizens. The fault lines in medicine and governance clearly stand exposed. Both seem to be in a black hole waiting for the light at the end of the tunnel – Vaccine, Vaccine!

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