

## EDITORIAL

## Notes from ground zero

*"The society that separates its scholars from its warriors will have its thinking done by cowards and its fighting by fools."*  
Thucydides 460 B.C. – 395 B.C

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This space is not a soap box, but we have a responsibility to record contemporaneous frontline voices. These accounts must be available as evidence for future researchers who will interrogate what happened when the country was ripped asunder by a brutal and unforgiving disease, and why and how we failed in our systems – whether medical or broader. This note is also a fervent prayer for my people: For health justice, agency, and an equitable future.

### Structural Inequality, Systematic Apathy, Plutocracy, and Selfishness

As India reeled under the second wave of COVID-19 pandemic, every citizen was a frontline worker, and each day became a mad scramble for vaccines, hospitals, oxygen, medication, ambulances, and for dignity in death. From the supply side, add black marketing and hoarding of drugs, and a fake drug mafia: It was truly dystopian.<sup>[1-6]</sup>

Hoarding and scarcity pricing were the norm: Remdesivir,<sup>[7]</sup> fabiflu, dexamethasone, and ivermectin. Drugs with little or no proven efficacy, and the kind of side effects that would later shake the nation already reeling from the pandemic, were indiscriminately prescribed or more often, self-prescribed. The black market thrived, as did the market for spurious drugs. Directives from policy makers left a lot of room for interpretation, doctors were sometimes ambivalent, patients pushing for prescriptions of the COVID cocktail. Plus, one did not really need a valid prescription when buying off the grey market.

Hospitals, including my own, put out desperate appeals for help on social media, with a countdown of time to oxygen running out. Gasping individuals breathed their last as the oxygen supply chain collapsed – 25 people, including a doctor who had worked there for over a decade, died in a prestigious Delhi hospital in one day. Health-care facilities stopped taking in new patients, unable to take care of those already admitted,

all elective procedures were deferred, and attendants asked to provide oxygen concentrators for patients in the ICU. An eerie example of sociology mimicking physiology – habituation and receptor downregulation – hospitals pleading for oxygen was no longer newsworthy.<sup>[8,9]</sup>

The disease was said to be the great equalizer, taking young and old and rich and poor alike. But this was not so: Whether in battling it, or in succumbing to it – inequity played its part.

The rich bought oxygen concentrators and remdesivir injections,<sup>[7]</sup> at price times 20, as an insurance policy, the uber rich checked into hospitals with an SpO<sub>2</sub> of 99, and those with internet access googled how to make oxygen at home. Those who couldn't, quietly breathed their last, and many were even denied the dignity of a funeral.<sup>[10,11]</sup>

### Data Horror

"Sharmsaar hui Ganga" or "The Ganges is ashamed," was the headline one morning of a Hindi newspaper that spearheaded the expose: Over 2000 corpses floating in the Ganga, over a 1140 km shoreline in Uttar Pradesh.<sup>[11]</sup>

Men and women, lives and dreams, perhaps denied treatment when diseased, and definitely, denied a send-off when dead. The nameless, faceless, unspoken dead of the grieving nation. Not even a statistic. And many believe this to be just the tip of the iceberg, with more cases missed than reported: Inaccurate reporting, low test rates, false negative RTPCRs, unrecorded deaths, and deaths recorded as not attributable to COVID-19. The epidemiological classification of "suspected COVID-19 deaths," "probable COVID-19 deaths," and "clinically diagnosed COVID-19 deaths" finds little credence as deaths were just not reported.<sup>[8-10]</sup>

Yet, what is reported remains horrific: 29,761,964 cases, and 383,521 deaths till date.

## Inequitable Vaccination

If the disparities of health-care access were not enough to prolong the vagaries of the pandemic, vaccination inequity is further widening those chasms. With millions unable to register for the vaccine on the government app, unless they had a smartphone, and knew English, most of India's poor are falling through the gaps. The central government asked individual states and private hospitals to negotiate with the vaccine makers for 50% of the shots: Indians were paying as much as \$20 for a shot. It was only after June 21 that the central government announced free vaccines for all adults. No surprise, then, that India has managed to fully vaccinate only 5.3% of its population till now, with the liberalized, accelerated vaccination phase starting from May 1, including all those above 18 years of age. Vaccination for the under 18 population is yet to be announced.<sup>[11]</sup>

India did not place its first vaccine order until January 2021, as a result of which just 0.5% of Indians had been fully vaccinated when the second wave hit the country. Vaccine diplomacy, the much-touted largesse of vaccine sharing was obviously a PR exercise gone wrong: Now, India has banned all vaccine exports, posing a serious threat to the global COVAX program to ensure equitable vaccination globally.<sup>[12]</sup>

## Our Collective Tomorrow

For those who have survived this horror story, what does the future hold? Will this armchair activism, this unedited rant of mine that finds itself in print, transform our home into a better place? Will we remember what we saw, and continue to see, but will it push us into action? Will we be a part of a systematic, sustained effort to make our world a better place? Will we continue to remember and recognize our painful past, and work, together, for a social order sans the profound inequities we accept as inevitable?

Will we, as physicians, also heal our nation that grieves for those gone, those loved, and those unnamed? Will we, as citizens, transform a system unjust and brutally apathetic?

For never before, in the history of man, have human connections been more vital, more apparent, or more fragile. All of us are threatened, but of course, the risk is immeasurably skewed inequitably. And all of us are as strong as the weakest link, and as vulnerable to a system collapse as anyone else.

For just as we recovered from the onslaught that was COVID-19, there was the commensal that threatened to bring us to our knees again: Mucormycosis.<sup>[13]</sup> I leave you with an image from a medical college not far from the National Capital. This gentleman, lucky enough to find a doctor and a hospital bed and a tracheostomy tube, waited, with his treating doctor, for amphotericin B,<sup>[14-18]</sup> as the fungus ate through his face.



And who should I quote but Dante, when I write of what I saw, what I continue to see, and of what my city endured: "Through me you go into a city of weeping; through me you go into eternal pain; through me you go amongst the lost people"

Post script: I can't wait for the day when I will practice glaucoma again.

\*\*Image courtesy Dr. Parveen Mongre

## References

1. Changoiwala P. India at breaking point. *New Sci* 2021;250:7.
2. Rubin EJ, Baden LR, Udhwadia ZF, Morrissey S. Audio interview: India's Covid-19 crisis. *N Engl J Med* 2021;384:e84.
3. Available from: [https://www.thelancet.com/journals/lancet/article/pii0140-6736\(21\)01052-7/fulltext](https://www.thelancet.com/journals/lancet/article/pii0140-6736(21)01052-7/fulltext). [Last accessed on 2021 May 23].
4. Available from: <https://www.indiatoday.in/india-today-insight/story/india-s-oxygen-crisis-what-needs-to-be-done-1800584-2021-05-09> [Last accessed on 2021 May 23].
5. Changoiwala P. India at breaking point. *New Sci* 2021;250:7.
6. Bhuyan A. Experts criticise India's complacency over COVID-19. *Lancet* 2021;397:1611-2.
7. Available from: <https://www.medscape.com/viewarticle/952278> [Last accessed on 2021 May 23].
8. Available from: <https://www.thehindu.com/news/cities/delhi/as-oxygen-supply-dips-25-die-in-delhis-ganga-ram-hospital/article34390060.ece> [Last accessed on 2021 May 25].
9. Available from: <https://www.theguardian.com/world/2021/apr/23/delhi-hospitals-run-out-of-oxygen-as-india-covid-crisis-mounts> [Last accessed on 2021 May 23].
10. Available from: <https://www.epaper.bhaskar.com/detail/359253/51808495553/cph/10052020/194/image> [Last accessed on 2021 May 23].
11. Available from: <https://www.msn.com/en-in/news/other/counting-burning-buried-floating-bodies-how-dainik-bhaskar-led-national-coverage-on-covid/ar-aakae3l> [Last accessed on 2021 May 23].
12. Available from: <https://www.science.thewire.in/health/india-mccd-comorbidities-covid-19-deaths-undercounting> [Last accessed on 2021 May 23].
13. Available from: <https://www.newsclick.in/covid-19-local-reports-reveal-massive-under-counting-deaths-north-india>

- [Last accessed on 2021 May 23].
14. Available from: <https://www.theguardian.com/world/2021/may/20/stench-death-pervades-rural-india-ganges-swells-covid-victims> [Last accessed on 2021 May 23].
  15. Available from: <https://www.fox44news.com/news/vaccine-inequality-in-india-sends-many-falling-through-gaps> [Last accessed on 2021 May 23].
  16. Available from: <https://www.time.com/6052370/modi-didnt-buy-enough-covid-19-vaccine> [Last accessed on 2021 May 23].
  17. Patel A, Agarwal R, Rudramurthy SM, Shevkani M, Xess I, Sharma R, *et al.* Multicenter epidemiologic study of Coronavirus disease-associated mucormycosis, India. *Emerg Infect Dis* 2021;27:2349-59.

18. Available from: <https://www.msn.com/en-in/news/other/sos-calls-for-amphotericin-b-surge-on-twitter-as-cases-of-black-fungus-rise-in-covid-19-patients/ar-bb1graza> [Last accessed on 2021 May 23].



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