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Covid-19 pandemic in India

Vaccination as Class Struggle

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Vaccines for COVID-19 were supposed to be a lifeline for people around the world, particularly in the Global South. However, as 2021 has revealed so far, their roll out has not been determined by legitimate healthcare needs but dictated by the insidious logic of capitalism. The Indian government in its move to liberalize the vaccine market, has only legitimized this business.

This is a guest post by a socialist and feminist militant on an important topic. How from early 2020 the Government of India has been treating vaccination as it has treated everything for the benefits of monopoly capital, and for the political gains of the BJP. Administrator, Radical Socialist website

India's vaccine campaign has been perhaps the worst the country has ever seen. The public vaccination system of India, which boasts polio and multiple other effective vaccination programmes for children, has been brought to a staggering failure only the Modi government is capable of. Although other local governments (especially the ones run by opposition parties) have attempted slightly better vaccination campaigns than the centre, they have essentially had to kowtow to capitalists and pander to liberalization in order to get a few lakh doses.

Amid the devastating second wave of COVID-19, getting a vaccine in India has proven to be a function of social and economic privilege. And this should not come as a surprise. The Indian government never planned to vaccinate everyone for free, knowing fully well that leaving a large section of the population to pay for the vaccines would result in the creation of a huge market which could then be exploited by large pharmaceutical companies to sell more doses at higher prices.

As early as December 2020, Health Secretary Rajesh Bhushan announced that the government of India had never claimed that it will vaccinate the entire country. [1] In January, NITI AAYOG member Dr. Vinod Paul declared that the government would vaccinate only about 300 million people for free. [2] Harsh Vardhan, the union minister for Health and Family Welfare, said the same thing the day after (Jan 2) but framed it as vaccines will be free across the whole country, all 30 crore doses [3] This claim was widely misreported by mainstream media as Indians will be getting free vaccines across the country (paraphrased). Such claims by the media are a result of the corporate media's own complicity with the fascist central government as well as its own desperate desire to create clickbait headlines. Further, in March when quizzed on the failure of the government's vaccination policy, the union health minister again claimed that the central government had never promised free vaccination to all Indians.

No. The central government did not. But the BJP, which runs the central government, did.

During the elections in Bengal, the BJP promised that if elected they would provide free vaccines to all in West Bengal. [4] This came after the liberalization of vaccination policy. BJP's campaign promises in Bengal and Bihar regarding vaccines show that the central government never considered it as a healthcare right but as both a carrot and a stick that could be used as to lure and to discipline people during a hot election season.

Under its liberalized vaccine policy which came into effect from April 21 [5], the centre in association with the multi-billion dollar vaccine businesses in India (Serum Institute of India and Bharat Biotech) has decided that the central government will no longer be supplying vaccines to state governments and private hospitals. Rather, state governments have to buy their doses directly from the manufacturers at a price higher than what the centre pays for the same. The repercussions of such a decision are massive. State governments are now forced to practically bid against each other in the middle of an acute crisis where people are dying by the minute, in order to get more vaccine

doses for their states. Private vaccination centres buy doses from the manufacturers at a higher price than state governments but can sell vaccines at their own prices. There is no cap to vaccine pricing. There is a rush to get vaccinated in these centres among the upper and middle classes. Private vaccination centres are charging whatever they can from this populace which can afford to pay thereby increasing the gap between the rich who have been vaccinated and the poor who have not. SII is charging 300 INR per dose of Covishield (originally 400 INR which was reduced under criticism and Bharat Biotech is charging 600 INR to state governments. [6] Compare that to what the central government is paying, which is 150 INR per dose to each company. Private facilities are buying Covishield at 600 INR from SII, and Covaxin at 1200 INR from Bharat Biotech. Since these private facilities can sell the vaccines at whatever price they like, Covishield prices in a private facility in West Bengal range from 750 INR to 1100 INR. Covaxin can be bought at 1500 INR at specific hospitals.

This, despite the fact that Covaxin (the great nationalist boast of the BJP, completely “made in India”) is yet to publish its Phase III data in any peer reviewed international journal. All of Bharat Biotech’s claims of close to 80% efficacy are at this point just that, claims made by the developers of the vaccine. Similarly, Zydus Cadila, another large pharmaceutical company is expected to seek Emergency Use Authorization for its Zy-Cov-D vaccine, from the Drugs Controller General of India in late May or early June. The company is yet to release data from its phase 1 and 2 trials which include the crucial safety data. These are the vaccine candidates which are being celebrated as a triumph of Indian science. The much-touted benefit of liberalizing vaccine policy is that the country can now import foreign vaccines like those of Pfizer, Moderna and Johnson and Johnson. Yet, it was not unexpected that after the Indian government’s early snub to Pfizer and its lack of storage facilities, it would be next to impossible to import Pfizer and Moderna vaccines in time to turn the tide of the current wave. [7] What then, was this government aiming at? My hypothesis is that the foreign vaccine line was used by the central government to open up a market that ultimately benefitted SII and Bharat Biotech, at a crucial point in time (rising cases fast approaching the peak) where little criticism was possible. This open market would then serve not just the two largest COVID vaccine makers in India right now but also many other big pharma companies that would enter the market later. Currently, the Indian government is at loggerheads with Pfizer over signing an indemnity bond which if signed by the Indian government would protect Pfizer from being sued in case of damages (say, someone dies after taking the vaccine) [8] Given India’s lack of infrastructure and cold storage facilities, it is not surprising that Pfizer wants to push for the indemnity bond. Ultimately, the Indian government will probably have to give in to their demands. [9]

In comparison to the central government and despite the barriers placed on their way, the opposition ruled state governments have done slightly better at vaccination campaigns. But that is only because the bar for good performance has been set drastically low by the centre. As it became clear that India was headed for a disaster, queues of people waiting for their second doses in front of government vaccination centres increased in West Bengal all through late April and early May. People queued up from the middle of the night, foregoing their sleep. In certain parts of the state, a new profession of “line keepers” developed. These are persons you can pay to “keep” your line (or hold your position in a queue) all night in return for a few hundred rupees. Those who can afford this amount can take their overnight rest. Others have to stay in queue all night or from the wee hours of the morning in order to get a jab. As the demand for second doses grew, the central government set the gap between the first and second dose of Covishield to 12-16 weeks. While there is some scientific evidence that a 12-week gap between two doses of the Oxford-Astrazeneca vaccine does increase efficacy, there is absolutely no literature to support a 16 week gap. [10] This has been done by the central government purely because the country was facing an acute shortage of the vaccine.

One of the reasons why the vaccine hub of the Global South suddenly has to grapple with vaccine shortages is due to India’s featherbrained policy of vaccine diplomacy. India’s Ministry of External Affairs was wooing imports from other countries for months before the second wave struck. This was done under India’s Vaccine Maitreyee initiative, created to counter China’s vaccine diplomacy which resulted in the export of some 660 million vaccine doses to other countries. Admittedly, a chunk of this was given to GAVI’s COVAX initiative. While we do not support the hoarding of vaccines by powerful nations (and India is relatively powerful compared to much of the Global South), there are some long- term implications of India’s unplanned vaccine exports. Exports should have been more planned so that if

cases rose, no export ban would have to be put in place. The sudden ban on exports from India has harmed poorer nations the most, particularly those in Africa which are completely dependent on SII for their vaccines. Moreover, a [large chunk of the total number of doses exported was supplied to the UK](#) which SII was required to do under contract with AstraZeneca. [11] Due to delays caused by rising cases in India and the ban, the UK alleged that its vaccination programme had been thrown off course by India. UK, which had vaccinated 50% of its adult population demanded more vaccines from India which had vaccinated only 3% of its population and was facing a deadly wave. [12] The Global North-South dynamics at play here and its collaboration with capital (especially the demands placed by AstraZeneca and its contract with SII) cannot be ignored. Take for example a concerning report from Uganda in early February according to which Uganda was paying 7\$ per dose of the Oxford AstraZeneca dose to SII, as opposed to 2.06\$ paid by the Indian central government to SII and 2.16\$ paid by EU for the same vaccine doses to its manufacturers in the first world. Countries with lower populations are reportedly paying higher prices because they do not need to place bigger orders. This is essentially an incentive to make smaller nations place orders for more doses to one manufacturer, which increases market risks of monopoly and only makes manufacturers grow larger at the cost of ethical healthcare.

Advanced capitalist nations of the Global North and its collaborationists (including fascists) in the Global South have used a cocktail of patents and nationalist priority etc. to keep vaccines out of the hands of the poorest nations [13] Poorer nations of the Global South cannot manufacture their own doses as vaccines are patented products. Here is an example that demonstrates how completely lacking in ethics these big pharma companies are. Pfizer and Moderna have not even committed to not making profits from their vaccines during the pandemic. AstraZeneca has committed to not making profits during the pandemic but reserves the right to call the end of the pandemic so that it can start making profits. Why should AstraZeneca decide when the pandemic ends? If its vaccines are still needed long enough to make profits, then how is that the end of the pandemic?

While these structural inequalities are not always palpable, several other local developments tell a clearer story about the inequalities of access inherent in a privatized vaccine distribution policy.

As the liberalized vaccine drive for 18-44 olds (the only viable vaccine option for this age group, by the way) was opened up from May 1 (oh the irony!), tech savvy young people developed newer ways to cheat the online system. Extreme scarcity led to greater demand and software codes were made public by coders which could be run on Arogya Setu (one of the apps meant for booking a slot for a dose). Running these codes require tertiary level digital knowledge which the vast majority of Indians do not have. Until very recently, an online registration was a compulsory for vaccination in India which pushed many million people out of the rush for vaccines. [14] The reason provided by the central government is that it will reduce “crowding”. Private vaccination centres are still charging close to 1000 thousand for one shot of Covishield (the Oxford AstraZeneca jab) and 1500 INR for Covaxin (the “Indian” vaccine). The injustice in this becomes clearer when we note that the Indian government has already provided both Serum Institute of India and Bharat Biotech with significant assistance during clinical trials, according to its own admission in the Supreme Court [15]

These are not unrelated incidents but rather the fallout of a vaccination strategy that prioritizes profit over public health which is only part of a larger system of broken public healthcare in India (understaffed, poorly equipped government hospitals, lack of ambulances etc.). Take for example the prices and “packages” offered by private hospitals to treat COVID 19 patients. Some people have reported paying as high as 4 million INR for a hospital stay of two weeks at private hospitals. More recently, a trend emerged where five star hotels were providing vaccine stays at package rates. Packages include doses of a vaccine, luxury stays and meals etc. Although warnings against such practices have been issued, the existence of such business schemes speak to how far privatization has been allowed unchecked in the country.

On a local scale, the West Bengal government has very recently, during the development of this article, started vaccinating 18-44 year olds in a limited capacity for free. But anecdotal reports of local TMC lumpen withholding

information on the same so that they and their families can receive a dose first is concerning. Access to doses is guided by privilege and connections, not by need and rights.

Let us not for a moment pretend that COVID-19 has not been a disaster of neoliberal and privatization and the underfunding of public health. More concerning is perhaps the theory that pandemics are connected to deforestation and the increased contact between unusual animal species and human beings [16] As capitalism enables more climate change and deforestation, pandemics are going to become a regular feature in our lives. Underfunded public healthcare systems will only make sure that they are manhandled and reap increasing death tolls. The only way out is sustained international action from socialists and leftists of all hues coming together to push for free healthcare for all, medicines and vaccines without patents, and against climate change. The last should not include mealy mouthed calls to watch individual action (which we should be taking anyway) but has to be a clarion cry against governments and companies that contribute the most to pollution, deforestation and climate change. To prevent further climate change and pandemic mortality, we need structural change that only international socialist collaborations can provide.

Just when the world needed a strong socialist response to a pandemic that has killed millions, we have had to deal with the most horrific of neoliberal policies sold to us as innovation and efficiency. Instead of a people's vaccine which many in shades of the left have already called for (which gives me hope), we have been served arch capitalism. The world does not need vaccine princes, it needs an angry mass of people with a strong will to demolish capitalism.

Source [Radical Socialist](#), with the following note: This is a guest post by a socialist and feminist militant on an important topic. How from early 2020 the Government of India has been treating vaccination as it has treated everything – for the benefits of monopoly capital, and for the political gains of the BJP. – Administrator, Radical Socialist website

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