

By AMITA KANEKAR



Where are the face-masks, gloves, and hand-sanitisers – forget boots and body-suits – for city cleaners and garbage collectors, those who in the current Covid-19 ‘lockdown’ are still working, to keep Goa free of dust and dirt? Where is the water and soap to wash up after work? Nowhere to be seen, and not a word mentioned either by our loquacious Chief Minister or Health Minister, both pontificating about how the state government is committed to protecting people’s lives. But which people? Everybody, or just some?

India’s health care system is commonly held to be in a shambles. We always hear about how the government hardly spends anything of the national GDP on health, less than many other Asian countries; how even that miniscule percentage is always decreasing, so much so that much poorer nations, including Bangladesh, Nepal, Ghana, and Liberia, spend per capita more than India; how both rural and urban Indians are now relying more on private health care (72% and 79%) rather than public; so on and so forth.

But the truth is that our health care system is not in a shambles at all. What it is – or what it is intended to be, as in the case of education and all other public facilities – is a good (or pure) brahmanical system of quality medical care (and medical profits) for the dominant castes/classes, and next to nothing for everyone else. This has been achieved through insufficient, overcrowded, poorly-funded, poorly-maintained, and poorly-staffed government facilities on the one side, and, on the other, a vast network of privatised profit-driven health care, not always great in quality but from zero to seven-star in luxury, for the benefit of dominant-caste patients (who can also avail of medical insurance – i.e. public money – to help them foot the bloated bills), and now increasingly for rich foreigners. The private system focusses on lifestyle and geriatric diseases, and generates billions of dollars in profits from medical tourism, while the public includes everything and, though often accused – justifiably – of every possible failing, still manages to make a huge difference for millions of Indians every day. But its many inadequacies mean the poor have also been forced into the private sector, at that end of the spectrum which is unregulated and poorest-quality.

This is how things have been in India for at least half a century now. In Goa, there is still a wide reliance on the government set-up, but things are changing, with the public facilities going south, the private sector booming, and the government encouraging the latter, now via new insurance schemes. An interesting point to note is that it is the same medical establishment – doctors, ministers, and bureaucrats, mostly privileged-caste – who preside over both worlds. And the result is a medical caste system where background, connections, and money decide the kind of medical care you get, whether you benefit from state-of-the-art and best-in-the-world techniques of diagnosis and treatment, or whether you die of things

like diarrhoea, tuberculosis, and lack of vaccination (which kill hundreds of thousands of Indians every year, most of them poor).



COVID-19 meets a Casteist Health Care System

But many of us privileged sorts like to ignore the savageness of this reality. E.g. some Indian liberals on social media seemed shocked to hear that Italy – battered by Covid-19 – may soon be choosing which patients to provide intensive care to; in other words, choosing who will live and who might not. What a horrifying situation to have reached, surely? Except that, as doctors working in India have pointed out (Gopichandran et al, 15/3/20), it happens here too, and not rarely but every day. Every absolutely normal day, individual doctors in our overstretched public health system – especially in rural India – decide on whom to expend scarce resources and who to turn away. That's *normal*.

Could that be why India is not testing enough in the current Covid-19 pandemic? There has been criticism of the very limited testing being done here, of only sick people who have been abroad, and those in touch with them. But, besides the fact that there aren't enough testing facilities around (and *none* in Goa), can we deal with the numbers likely to turn out sick if everybody symptomatic is tested? Infectious diseases are the problem of government hospitals, and government hospitals don't function all that well, to put it mildly. Already some of those who have been hospitalised for Covid-19 – belonging to the foreign-travelling castes – have tried to run away from hospital, apparently because of the environment, like overflowing toilets and general squalor. But these are normal conditions in public hospitals, because they are seen as for the poor, and this is how the poor are treated in India. Just like manual scavenging remains a job here, despite being officially banned and despite killing many hundreds more than Covid-19 can ever dream of. That's the caste system for you.

But what is the government to do with this new disease which does not recognise caste? Best to pretend that we have no problem. Test less, and discover almost no cases. At least for the moment.

Instead of tests, what we have are questionable government directives on 'social distancing' and hygiene. Critics have pointed out that social distancing can become a bigger killer than the disease itself in a society where most people are daily-wage earners; staying at home means eating nothing. The Goa government has not shown any interest in solving this life-and-death problem, nor in making sure everyone has enough water and soap to maintain hygiene, nor even in following the Kerala government's example of delivering midday meals to children's homes. Nor, as pointed out earlier, has it provided basic protection – which would have anyway been provided in normal circumstances by any civilised government – to high-risk employees like cleaners and garbage collectors. It is clear that all these government directives and official concern is not for everybody, but focussed as usual on those with

formal jobs, homes, and water supply.



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Who is rather short-sighted in the current circumstances. Our ministers are generally so careful with their own health that they don't trust even the hospitals at the top of the caste hierarchy in the country, preferring to go abroad instead. Surely they realise that, by putting people at risk of an infectious and dangerous disease, they are endangering even themselves? Or are they just congenitally incapable of improving things for the bahunjan castes? Whatever the reason, they clearly can't think out of the casteist box, so we will have to look elsewhere for solutions. In Pune, with confirmed Covid-19 cases, but, again, no basic protection for municipal cleaners, the latter have declared their intention to 'work from home', i.e. to strike work, unless the situation is rectified. This seems to be a reasonable start.

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