

The Politics of Vaccination in India: Depriving the Poor in the Covid 19 Pandemic

Tinni Goswami*

Submitted: 23.05.2021.

Revised: 12.06.2021.

Accepted: 28.06.2021.

Abstract: *The essential theme of this paper is to highlight how the downtrodden mass of India are getting deprived of vaccination at free of cost which is making the Corona pandemic situation more intense. The author of this article also makes a comparative analysis between the colonial and the post-colonial periods in India to understand how vaccination was important in the earlier times and what the present situation is. This paper is an attempt to assess the current public health policies where the poor has no space. The floating dead bodies in the river, the lack of proper health facilities are the news which is buzzing all around creating a fear psychosis in the minds of many. Though the situation is right now under control, all are expecting the third wave of Covid 19 and this time it will be in a more fatal form as to take away the lives of the children, as expected. Perhaps this paper will help us to analyze the severity of the situation from the socio-economic perspectives emphasizing the role of the poor and the deficits.*

Keywords: *Corona Pandemic, Vaccination, Poor, Government, Public Health, Discriminations.*

* Assistant Professor, Dept. of History, St. Xavier's College, Kolkata.
e-mail: tinnibhattacharya982@gmail.com

The Covid 19 pandemic in India is day by day taking a more intense form as the health infrastructure of the country fails to provide the necessary support. The death and destruction are greater in 2021 in comparison with the previous year. The news of floating dead bodies in the river Ganga has become international. The efficacy of the government is at stake, the mass is furious and the flaws are being exposed to a great extent at the time of the second wave. India has been enlisted as a red zone country mostly for Europe, America and Asia. I think this introduction will help my audience to understand the intensity of the crisis.

In the light of the mentioned discussion I would like to highlight the theme of my paper that is the politics of vaccination and how the poor are being deprived to get jab. The privileged or the economically affluent Indians along with the celebrities, politicians and the sports persons have already received their first or both the doses and most of them celebrated their victory in the social networking sites by cherishing their vaccinated status. I found this gesture or the trend as an example of glorifying discrimination as many of the people who are under the BPL due to their unawareness hardly have an idea that what is COVAXIN or Covishield, the two most popular vaccines in India. Unfortunately, till now most of them are not fully vaccinated. As per the report published in The Hindu, dated 24th May, 2021, 43 doctors died in West Bengal.

There is an interesting article published in The Indian Journal of Medical Research in 2012 where the author wrote on '*A brief history of vaccines and vaccination in India*'. The author with the help of the empirical evidences highlighted '*the reluctance, opposition and slow acceptance of vaccination*' as the '*characteristics of vaccination history*'.¹ Here I have chosen small –pox and polio vaccinations as my case studies to understand the politics of vaccination in colonial and post-colonial India. The article by Luke Juran and others, titled, '*Considering the 'public' in public health: popular resistance to the Smallpox Eradication Program in India*' which was published in Indian Journal of Medical Ethics in 2017, had a detailed discussion on '*forcible vaccination and quarantine in many cases*' contributing towards the criticalities of the present discourse.² Another article by Sonya Davey, namely, '*Smallpox Vaccination in Early Colonial India: Diversity in Resistance*', published in 2018, analytically drew the sources of tensions between the colonizers and the colonized in regard of small pox vaccination which perhaps useful to construct my own hypothesis of the politics of vaccination.³ Davey tried to establish her arguments based on '*Rivalry between Vaccination and Variolation*'⁴ indicating the tussle between '*biomedicine*' and '*indigenous medicine*', religious superstitions and protests raised by the Brahmin inoculators.⁵

I want to mention an interesting article by Adrija Roychowdhury published in The Indian Express on 12th May 2021. The title of the article is '*In India's eradication of smallpox and polio, lessons on how to (and how not to) tackle Covid-19 vaccination*'.⁶ Roychowdhury gave a detailed description from the past that how small pox and polio vaccinations had been done in India

emphasizing the historical background. She made a comparative study between the small-pox, polio vaccinations and eradication drives against Covid 19. She quoted Sanjoy Bhattacharya, one of the renowned names in the history of public health. According to Bhattacharya, “community health workers like the ASHA workforce must be trained and given PPE so that they can do home –to –home vaccination.” Dr. Chandrakant Lahariya, the author of the book, ‘Till we win: India’s fight against Covid-19 pandemic’ as mentioned by Roychowdhury had stated in this context, “Injectable vaccines must never be given door-to- door. Firstly, the vaccines have to be stored in controlled temperatures which become difficult in such a campaign. Secondly, every person getting the dose has to be watched for at least 30 minutes, which again is difficult in this case” of Covid 19 pandemic.⁸

The article clearly mentioned that, the small-pox and polio vaccinations were guided by ‘global goals’ where WHO and the other international organizations played an important role with the help of the ‘support mechanisms’.⁹ On the contrary, as pointed out by Rajib Dasgupta, Professor at the center for social medicine and community health in Jawaharlal Nehru University, New Delhi, -“Covid-19 vaccination has no such goal. Each country is scrambling to protect as much of their population as possible in a supply constrained situation”.¹⁰

In the light of the statement by Dasgupta, I want to decode the politics of vaccination in India. Firstly, in India there are no proper administrative initiatives that have been noticed so far to conduct the vaccination drive for all. The segregation on the basis of priority lists is faulty as implementing step by step vaccination can only be possible if the Government has the proper data. The online registration through Cowin app perhaps is difficult for the rural mass as they are not proficient in IT. We have no idea that how the rural mass are getting vaccinated as the Indian media rarely gives us the news in regard of that.

Secondly, the vaccine is not free which is pushing the poor people towards more closer to death. We have a lot of people in our country who can only afford one time meal, therefore only 100 INR also means a lot for them, especially the street dwellers or the beggars. Here I would like to mention an article by Shashi Tharoor and Salman Anees Soz which was published in The Indian Express on 29th April, 2021. The title of the article is ‘Vaccines should be free and for all’. The article gave a very relevant data to prove the point that India is still not ready to face the challenge. It was mentioned, “...Only 1.6 per cent of the population (in India) is fully vaccinated. The goal of vaccinating 300 million Indians by August appears daunting. At the current rate, it may take India two years to vaccinate 75 per cent of the population...”¹¹

Tharoor and Soz criticized the vaccination policy by the Government of India to a great extent exposing the hidden politics and discrimination. They wrote, “...the government’s policy is fatally flawed on almost all counts. Creating multiple price points for different categories of vaccine buyers will breed confusion. This will likely slow down vaccine procurement, as multiple buyers negotiate with manufacturers about purchase quantities, delivery logistics, and payment

*plans. When so many buyers are in a queue to purchase vaccines, private manufacturers could be in a position to determine public health outcomes. This is untenable. This confusion will ... prolong the Covid-19 crisis.*¹² The High Court of Kerala, one of the states in India, wants a clarification from the central government that why vaccines are not provided for free.¹³ The Hindustan Times on 24th May, 2021 published a list of the states which are providing free vaccines. These are such as- Madhya Pradesh, Jammu and Kashmir, Himachal Pradesh, Goa, Kerala, Chhattisgarh, Bihar, Jharkhand, Uttar Pradesh, Assam, Sikkim, West Bengal, Tamil Nadu, Andhra Pradesh, Telangana, Haryana.¹⁴ In these states also vaccines are not always available especially in the government hospitals and the health centres. Therefore those who got their first dose are not always receiving the second dose on time or still waiting for the same leading towards havoc confusions. In the private hospitals by paying a lot of money people are getting their jab even in the above-mentioned states. For example, in the private hospitals in Kolkata, the first and the second doses are available at the rate of approximately 1000 INR each. Therefore free vaccine is a dream and discrimination towards the down trodden is the reality.¹⁵ Thirdly, we don't have any infrastructure to vaccinate the specially-abled people. This scarcity is more visible in the rural areas. The rural health centres hardly have the facilities like ramp for the wheel chair, toilets for specially abled persons etc. It has been reported that people have to stand for long both in the rural and the urban areas to get vaccinated without following social distancing.

Finally, I need to discuss the mortality rate to prove my hypothesis. Women and Child Development Minister of India, Smriti Irani referring the reports of the states and Union Territories from April 1st, 2021 to 26th May, 2021, stated that 577 children lost both of their parents in the second wave.¹⁶ Now the question is who are succumbing to death to the most in this pandemic situation? Anju, who is a health worker in Nil Ratan Sircar hospital, one of the largest government –run medical colleges in Kolkata, stated, *“Earlier most calls to clean a bed used to come because the patients would get released to go home. Now, we do it too often because patients are dying like flies. It's painful to watch so many people bringing their loved ones, crying and begging for help.”*¹⁷

Usually in India, the poor people afford government health facilities and the rich opt for the private ones as they are providing expensive treatment. As per a report published in the electronic media (Aljazeera) on 24th May, in India the total number of Covid related deaths reaches to 303,720 and the country ranks third in the world after US and Brazil in regard of the mortality rate.¹⁸ I have already discussed the news of floating dead bodies in the river Ganga. It happened in Uttar Pradesh.¹⁹ As per the media reports, poverty stricken Indians immersed the dead bodies of the Covid patients into the water as they don't have money for cremation. In India the people who burn the dead bodies and look after the crematoriums are charging very high to do the last rites of the Covid patients. It was also heard that the poor illiterate people

from UP perhaps immersed the bodies with certain religious belief of rebirth. A Professor from a government University in West Bengal once in an online class asked a student to test for Covid and received a unique reply which she posted in Facebook. The student, who is a villager, was reluctant to have the Covid test. In his opinion, the villagers are recovering from the virus without taking any medicine. Those who are testing for Covid facing tremendous social hostility and even after their death no one is coming forward for the last rites. Therefore no test for Corona is needed; the poor people will die anyways. It is also evident from his remark that hospitalization of the Covid patients is not that much common in rural Bengal and people are dying at their homes which is most of the times unreported.

Concluding remarks:

The politics of vaccination in colonial India was coloured with the superstitions and indifference. The British Government was often reluctant and apathetic due to the fear of native objection. It was expected that after independence India would become economically self-sufficient lessening the gap between the rich and poor. Unfortunately, the gap is increasing day by day exposing the inexhaustible poverty and hunger. The Covid 19 pandemic has uncovered the unabashed truth of discrimination where poor are dying because of lack of oxygen and the affluent people are keeping oxygen cylinder in stock just to overcome their anxiety. The vaccination policy is confusing and beneficial for some who are making profit out of it. The Indian vaccines are getting exported all over the world as the demand is high, but the Indians are dying as we have shortage of vaccines. This sheer policy of inequality is a mere personification of neo-capitalism which favours globalization. The dearth of vaccines in India is man-made revealing the crude politics of creating inequity in the society which will be beneficial for the political parties to fulfill their own interests. I must say it's completely demeaning for us to see the NRI's (Non- Resident Indians) from abroad are posting in FB the appeal '*pray for India*', which is also an act of discrimination causing false pity and sympathy. We the Indians at present only need a strong government which can provide vaccine for all at free of cost.

References:

1. Lahariya, Chandrakant (2014). *A brief history of vaccines and vaccination in India*, Indian J Med Res. 2014 Apr; 139(4): 491-511, <https://www.ijmr.org.in/article.asp?issn=0971-5916;year=2014;volume=139;issue=4;spage=491;epage=511;aulast=Lahariya> , accessed on 26/5/2021 at 9 pm.
2. Juran, Luke and Trivedi, Jennifer (2017). *Considering the "public" in public health: popular resistance to the smallpox Eradication Program in India*, Indian J Med Ethics. Apr-Jun 2017; 2(2):104-111. <https://pubmed.ncbi.nlm.nih.gov/28512076/>, accessed on 26/5/2021 at 11 pm.

3. Davey, Sonya (2018). *Smallpox Vaccination in Early Colonial India: Diversity in Resistance*, Vol 38, Issue 2, 2018, <https://journals.sagepub.com/doi/abs/10.1177/0262728018767019>, accessed on 27/5/2021 at 9 am.
4. *Ibid.*
5. *Ibid.*
6. Roychowdhury, Adrija (2021). *In India's eradication of smallpox and polio, lessons on how to (and how not to) tackle Covid-19 vaccination*, an article published in The Indian EXPRESS, Updated: May 12, 2021 1:28:52 pm.
7. <https://indianexpress.com/article/research/in-indias-eradication-of-smallpox-and-polio-lesson-on-how-to-and-how-not-to-tackle-covid-19-vaccination-7310266/lite/>, accessed on 1/6/2021 at 10 pm.
8. *Ibid.*
9. *Ibid.*
10. *Ibid.*
11. *Ibid.*
12. Tharoor , Shashi, Anees Soz, Salman (2021). *Vaccines should be free and for all*, an article published in The Indian EXPRESS, Updated: April 29, 2021 8:52:50 am.
13. <https://indianexpress.com/article/opinion/columns/free-covid-19-vaccination-drive-second-wave-7292929/lite/>, accessed on 1/6/2021 at 11 pm.
14. *Ibid.*
15. <https://timesofindia.indiatimes.com/india/kerala-high-court-asks-centre-why-vaccines-are-not-provided-for-free/articleshow/82905455.cms>, accessed on 2/6/2021 at 3 pm.
16. <https://www.hindustantimes.com/india-news/these-states-will-provide-free-covid-19-vaccines-from-may-1-full-list-here-101619268848326.html>, accessed on 2/6/2021 at 3.30 pm.
17. <https://www.telegraphindia.com/west-bengal/calcutta/covid-vaccine-rates-vary-at-kolkata-private-units/cid/1817077>, accessed on 3/6/2021 at 5 pm.
18. <https://www.ndtv.com/india-news/women-and-child-development-minister-smriti-irani-577-children-orphaned-due-to-covid-since-april-1-2449243>, accessed on 3/6/2021 at 6 pm.
19. <https://www.firstpost.com/india/unseen-warriors-of-covid-patients-are-dying-like-flies-say-kolkatas-hospital-staff-working-without-ppe-9614851.html>, accessed on 5/6/2021 at 10 am.
20. <https://www.aljazeera.com/news/2021/5/24/india-crosses-300000-covid-deaths-vaccine-drive-hit-by-shortage>, accessed on 5/6/2021 at 2 pm.
21. <https://www.newindianexpress.com/nation/2021/may/14/dead-bodies-found-floating-in-ganga-in-pm-modis-varanasi-constituency-2302227.html>, accessed on 5/6/2021 at 2.30 pm.