NAAVU BHARATEEYARU

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First level report on health issues related to Covid19 and lockdown in Karnataka

In order to deal with the Coronavirus, a country of over 1.3 billion people was putinto lock-down[1] for a period of 21 days starting 25 March 2020. The consequences of this on people, particularly the poor has been disastrous. In other reports, we have highlighted the impact on the informal sector and migrant workers. This report is to highlight the issues faced by people who have been diagnosed or suspected to be Covid19 positive, as well as those who have either acute or chronic health issues during this period of lockdown. We demand that the Government of Karnataka and the Department of Health take serious note of the issues raised and address the concerns on priority.

Health related issues in Karnataka

According to the Covid19 dashboard[2] of Karnataka, as of 30th April 2020, there are a total of 51142 people in quarantine, with 3267 in hospital, 1664 at home and 46211 completed. Of the 17292 contacts traced, 5967 are primary and 11325 are secondary. 557 people have been found positive, of which 318 are in hospital, 218 have recovered and 21 have died. The government has put out a list of government and private facilities for Covid19, as well as circulars, orders, advisories, media bulletins, FAQs, training and other IEC materials. While the efforts meet some of the needs, there are several issues that have to be addressed urgently. These are discussed.

I Covid 19 positive persons

As expected during a pandemic, there will be cases of the infection arising in different pockets and from different sources. Media[3] and politicians[4] have chosen to communalise the issue leading to several long lasting damage in addressing the pandemic. There are worrying accounts of people who are Covid19 positive or suspected being denied tests or treatment[5] as well as facing harassment[6] and discrimination, significantly impacting diagnosis and management of the infection in Karnataka. This irresponsible behaviour is highly condemnable.

There are several violations of patient confidentiality with details of people being made public[7][8] sensationalised and stigmatised. There is no situation – neither a pandemic nor a lockdown, where violation of patient rights becomes acceptable. Furthermore, communalising[9] the pandemic by targeting Muslims overtly by using abusive, communal slurs, calling for economic and social boycotts, hate speech, misrepresentation and stigmatization is shocking. It is of deep concern that even Muslim volunteers distributing food in hospitals have been targeted leading to distress for patients and their families. There is also covert targeting, such as denial[10] of rations, healthcare etc. There have been several public events which could have created a cluster of positive cases. There is no rational basis for states or the centre to put out data specifically highlighting one event or community, or giving a religious angle. This only serves to aggravate the already volatile communal situation in the state and doesn't add to our epidemiologic understanding or planning in any significant way. Even if does, this need only be available to those planning

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[1] https://www.investindia.gov.in/team-india-blogs/what-constitutes-essential-services-during-lockdown
[2] http://covid19dashboard.karnataka.gov.in/
[3] https://thewire.in/communalism/coronavirus-tablighi-jamaat-scapegoat-muslims
[4] https://www.thehindu.com/news/national/karnataka/now-hegde-gives-covid-19-communal-colour/article31300934.ece
[5] https://www.youtube.com/watch?v=lpMTdd1-L5E
[6] https://www.livemint.com/news/india/covid-19-people-from-northeast-face-discrimination-in-karnataka-11585479540806.html
[7] https://thewire.in/government/karnataka-covid-19-patient-data-privacy-concerns
[8] https://www.deccanherald.com/national/privacy-of-suspected-covid-19-patients-breached-810992.html
[9] https://www.thehindu.com/news/national/karnataka/now-hegde-gives-covid-19-communal-colour/article31300934.ece
[10] https://www.thehindu.com/news/national/karnataka/discrimination-alleged-in-distribution-of-milk-ration/article31348444.ece

interventions. It need not be flashed everyday by media[11] as a form of public discrimination. This communalization of the pandemic will prevent us from using this opportunity to identify gaps in our public health system and put pressure on the government to plug these gaps so that we are much more prepared for any future outbreak.

On April 28th 2020, a patient diagnosed to be Covid19 positive jumped[12] to his death in a hospital. It is very important that these deaths are thoroughly investigated and a report put out to the public. Otherwise these kind of incidents will seriously damage the trust of public on the government and hospitals.

On 20th April 2020, there was a report of a woman with fever and breathlessness for over two weeks, dying. She was tested negative for Covid 19 and was refused[13] treatment. Patients who show symptoms of Severe Acute Respiratory Infection (SARI) should be at least suspected Covid19 positive and managed accordingly even if they do not have history of contact or travel. More and more such cases are likely to come up with community spread and asymptomatic cases.

The high number[14] of asymptomatic cases in Karnataka, probably because of a younger age group of infected persons and a lower viral load, is good in terms of outcomes, but also indicates that there is a high likelihood that community spread has occurred.

II Non Covid19 patients

Reports of hospitals turning away non-COVID patients who require urgent health care are also surfacing. Apart from warnings issued, it is not known what disciplinary action has been taken against such institutions.

1. Pregnant women being denied admission during the pandemic and lockdown period is becoming all too common. On 22 April 2020, a woman delivered outside the hospital gate of the Gulbarga Institute of Medical Sciences (GIMS) hospital in Kalaburgi[15] after being refused admission. Despite the government making it clear that hospitals are not to turn away emergency cases, some are not attending to even those in advanced labour. A rapid assessment[16]by People's Union for Civil Liberties released on Sunday has found that 73.75% of pregnant women had not received the Iron/Folic Acid tablets to counter anemia and safeguard health.

   On 14th April 2020, a pregnant woman, who is a migrant worker from Odisha had to walk 7 km with her husband in search[17] of a hospital. Since many were shut, she finally had to deliver in a dental clinic. The couple had been without food and the baby was also born premature. Finally the mother and baby were shifted to KC general hospital. A 33-year-old woman, who was also in an advanced stage of labour was asked to go to Hubbali which was 75 km away as all private hospitals in her area, Dandeli, were closed and the staff at the general hospital refused to take responsibility. Maternal health is not something that can be kept aside for the period of the pandemic and lockdown. It is to be appreciated that the BBMP has proactively set up mobile units[18]to provide maternal healthcare.

[11]https://thewire.in/media/covid-19-kannada-electronic-media-tablighi-jamaat
[12]https://www.indiatoday.in/india/story/bengaluru-covid-19-patient-jumps-to-death-from-sixth-floor-of-hospital-1671698-2020-04-27
[13]https://www.newindianexpress.com/cities/bengaluru/2020/apr/20/bengaluru-hospitals-shut-out-covid-negative-patient-2132603.html
[14]https://www.newindianexpress.com/states/karnataka/2020/apr/18/karnataka-has-more-asymptomatic-covid-19-patients-2131643.html
[15]https://www.youtube.com/watch?v=eY_grSrGv6I
[16]https://www.newindianexpress.com/nation/2020/apr/12/pregnant-lactating-women-children-malnourished-during-lockdown-pucl-2129198.html
[17]https://www.newindianexpress.com/cities/bengaluru/2020/apr/20/pregnant-woman-walks-7-km-delivers-baby-in-bengalurus-dental-clinic-2132604.html
[18]https://www.deccanherald.com/city/life-in-bengaluru/rescue-rolls-in-for-pregnant-mothers-in-bengaluru-822691.html

2. A 20-year-old domestic help[19] at Rajanakunte was told, after a scan, that her baby had died and that she would require a procedure to evacuate. However, she was then told that the doctor was not available and that she should come back the next day. This is a potentially life threatening condition and can lead to shock and sepsis in the mother. She should have been offered immediate services.
3. There are reports[20] of patients self-medicating and asking local pharmacies to prescribe medications, some after watching Youtube and Whatsapp forwards. During a pandemic and the subsequent lockdown, this is an expected outcome, however the dangers of over the counter prescriptions still exist.
4. In Bengaluru, although there is no decline in gastroenteritis (GE) cases, doctors handling epidemic diseases say admissions[21] are low, with many choosing not to get admitted even when it is warranted. This is because several hospitals have set up isolation wards for COVID-19 patients and there is a fear among people that they might contract the infection if they are admitted in the same hospital. The lockdown has been in place since March 15, and eateries, restaurants, hotels and bakeries have been shut[22], as a result of which the possibility of many people being afflicted by food or water contamination has reduced to a minimum, he said. However, in the beginning of March 2020, there have been many reported[23] cases of cholera, raising concerns about the safety of drinking water in Bengaluru. Some of these have been severe warranting admission into the ICU following dehydration and kidney failure. There has been very little information in the public domain about what steps[24] the government has taken to address this important notifiable public health infection. With tertiary and super-speciality government hospitals being converted to Covid19 facilities, patients requiring dialysis following acute kidney failure due to cholera, will have no treatment options. There are hardly any public health education messages being proactively put out by the government, considering that these gastro-intestinal diseases are expected to spike in summer.

5. The State has 230 blood banks, including 43 government banks. Blood banks[25] that usually have a stock of 3,000 to 4,000 units a month now have hardly 80 to 100 units with them. While this has affected patients needing blood during emergencies such as accidents and surgeries, those patients suffering from severe blood disorders (such as thalassemia) and who require regular blood transfusions for survival are the worst hit. Thalassemia patients need at least two units of blood every 15 days.COVID-19 fear and shutdown of colleges and IT companies has kept away the regular voluntary donors.

6. Third line treatment for HIV is only available in Bangalore. Patients from different parts of the state have travelled to Bangalore to screen for complications of HIV/AIDS and side effects of medicines before being given the 3rd line medicines for a month. Now with lockdown on transport and the only HIV third line facility being converted to a Covid19 hospital, there is no clarity on what patients are expected to do, especially if they develop a complication or side effect. HIV, being an immune-compromised condition, puts people at risk of developing several complications and the drugs have several known side effects. Mariyamma (name changed), a patient at Bowring hospital says “ Ever since we have been diagnosed with HIV, we have been repeatedly told that at no cost there should be any variation in the drug dose, frequency, timing etc. otherwise this medicine will not be effective and there is no other treatment option for us. Earlier there used to be situations of the medicines going into short supply, but now we don’t know what we are supposed to do” Access[26] to HIV care has been severely affected.

[19] https://www.thehindu.com/news/national/karnataka/covid-19-restrictions-hit-other-patients-hard/article31188042.ece
[20] https://www.newindianexpress.com/states/karnataka/2020/apr/06/with-clinics-shut-people-self-medicate-2126294.html
[21] https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/hospital-admissions-fall/article31326421.ece
[22] https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/hygiene-up-gastro-cases-down-in-mysuru/article31326423.ece
[23] https://weather.com/en-IN/india/news/news/2020-03-09-multiple-cholera-cases-emerge-bengaluru-coronavirus-threat
[24] https://bangaloremirror.indiatimes.com/bangalore/civic/several-cholera-cases-pop-up-across-the-city/articleshow/74543107.cms
[25] https://www.thehindu.com/news/cities/bangalore/covid-19-restrictions-hit-blood-donations/article31088738.ece
[26] https://www.aljazeera.com/news/2020/03/india-covid-19-lockdown-hits-hiv-chronic-patients-hard-200329200022525.html

7. Immunisation service disruptions[27] have also been reported. The reason for immunisation is to prevent potentially fatal infections in children like measles, pertussis, tuberculosis, mumps etc. India has also invested enormous money and infrastructure to create a polio free India. Why are all these efforts being undermined now?
8. The footfall of haemophilia[28] patients in Victoria hospital to receive life saving clotting factors has apparently dropped inspite of the centre being open. This is apparently for fear of get the Covid19 infection. It is important that the government address the concerns and needs of these kind of patients
9. Especially suffering in the current situation are kidney patients requiring dialysis on alternates day. They have complained about harassment by the police as well as denial of dialysis services. India has 34 million patients in need of dialysis as of 2018, according to the national dialysis registry, with 220,000 patients added every year.
10. People who have been accustomed to consuming alcohol have had symptoms of withdrawal. With Vitamin B12 and other deficiencies, this can even lead to seizures, hallucinations, delirium, memory disturbance, psychosis, insomnia, suicide[29] and death due to complications. The government should consult[30]a team of psychologists, psychiatrists and psychosocial workers to draw out a plan. Alcohol withdrawal can also lead to aggression putting women and children at danger of abuse.
11. With the sudden diversion[31] of drug hydroxychloroquine to management of Covid19, patients with arthritis are finding it difficult to access the drug, inspite of India being the largest manufacturer of the drug. It is well known that the drug can be used as a prophylactic for health workers. Why had production not increased during the last 2 months after cases were detected in China? In a pandemic, preparedness is more important than last minute panic activities.
12. In the meantime, another zoonotic disease[32] like COVID-19 – the Kyasnur Forest Disease (KFD) or monkey fever -- has spread across 12 districts with 200 cases reported across Karnataka due to the lockdown and people venturing into forests.[33][34][35][36]
13. The needs of people with disabilities, especially those who need support from others, should be addressed[37]. Health care personnel, relief workers should be aware of the special needs of people with disabilities.
14. In-patients in government hospitals are being asked to leave and discharged. Many patients have come from outside Bangalore to tertiary government hospitals and have been stranded.
15. The decision[38] by the State Health Department to establish a Critical Care Support Unit to monitor the progress of COVID-19 patients in Intensive Care Units (ICUs) of various designated COVID hospitals across the State is to be appreciated. This unit will be monitored by a central team of healthcare personnel to monitor patients admitted to ICUs, review progress and implementation of the action plan and suggest course corrections. The governments plan to set up district-level medical committee of experts comprising

[27] https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/immunisation-health-outreach-programmes-see-disruptions/article31351684.ece
[28] https://timesofindia.indiatimes.com/city/bengaluru/virus-fear-keeps-haemophiliacs-away-from-victoria-hospital/articleshow/75148941.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
[29] https://www.indiatoday.in/india/story/frustrated-at-not-being-able-to-get-liquor-during-lockdown-2-commit-suicide-in-karnataka-1661060-2020-03-29
[30] https://www.newindianexpress.com/states/karnataka/2020/apr/01/should-karnataka-go-kerala-way-2124160.html
[31] https://www.newindianexpress.com/cities/bengaluru/2020/apr/08/drug-in-short-supply-arthritis-patients-suffer-2127204.html
[32] https://www.newindianexpress.com/states/karnataka/2020/apr/17/kfd-spreads-as-people-spend-time-in-forests-2131188.html
[33] https://timesofindia.indiatimes.com/city/mysuru/monkey-fever-spurs-migration-from-village/articleshow/68372094.cms
[34] https://epaper.newindianexpress.com/c/51331195
[35] https://epaper.newindianexpress.com/c/51329249
[36] https://epaper.newindianexpress.com/c/51331002
[37] https://www.un.org/development/desa/disabilities/covid-19.html
[38] https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/critical-care-support-launched/article31351660.ece

anaesthesiologists, cardiologists, pulmonologists, nephrologists, and general physicians, connected with a set of patients in one or more districts so that they can monitor and advise a suitable treatment will also ensure that district level specialist care will be strengthened.

16. The Minister of Health and Family Welfare announced[39]"With the increasing number of Covid-19 related cases, 108 ambulance services are being utilised completely to ferry Covid-19 patients to hospitals and quarantine centres. In order for other patients, who have medical emergencies and require medical procedures such as dialysis, chemotherapy, organ transplant and radiation therapy , not to be inconvenienced, the State Government has tied up with ride hailing apps Uber and Ola to provide 100 cabs each for the benefit of such patients." This proactive initiative is good. However, there are instances of patients, particularly traveling from districts, paying uptoRs. 5000/- to reach hospital facilities.

Medical emergencies

On 1st April 2020, a memo was circulated by the Commissioner of Policeregarding medical emergencies. For this 200 emergency passes would be issued to police stations which could only be collected from the Inspector after submission of original ID proof. This pass would not be valid beyond 12 hours and would have to be returned to the police station. This means people who are sick and in an emergency would have to stand in line at the police station and wait for the inspector to issue a pass. People would also require to prove that they are in an emergency. Also what about people who have symptoms that are not viewed by the police station as an emergency? How is apolice station qualified to identify what is an emergency and what is not?

Will the government of Karnataka take responsibility for the increased morbidity and mortality that will definitely arise from the delays created by the lockdown in accessing emergency services? If a lady is in eclampsia (Pregnancy induced hypertension), she can develop fits in a short period of time which can be life threatening for both her and the baby. A person who has symptoms of heart attack needs to reach a health facility in the golden period[40] of one hour for the damage to be reversed or minimised. Similarly, the ability to management a ruptured appendix, a pneumothorax, a ruptured ectopic, an anaphylactic shock etc. directly depends on how soon a patient receives care. In Karnataka, patients were already shunted around because of inability to pay. Now they need to obtain all these passes and are not even likely to be treated at the usual facilities. Either patients are sent away[41] saying it's a Covid facility, or they are asked to test for Covid before receiving treatment.

Role of public and private hospitals

Many private hospitals have shut shop and sent their staff back home[42]. Is this the role that is envisaged for a healthcare facility during a pandemic? A committee has to be set up by the government to investigate into the role of the private hospitals during the pandemic and lockdown period. If the major burden of healthcare is being borne by the public facilities, shouldn't most of the government investment henceforth also be on strengthening these facilities?

[39]https://www.thehindubusinessline.com/news/national/uber-ola-services-for-24x7-medical-emergency-services-in-karnataka/article31282336.ece
[40]https://www.business-standard.com/article/news-ani/seizing-the-golden-moments-after-heart-attack-cardiac-arrest-118021600379_1.html
[41]https://www.thehindu.com/news/national/karnataka/chc-staff-in-koppal-refuse-to-treat-patient-with-covid-19-symptoms/article31225168.ece
[42]https://www.newindianexpress.com/states/karnataka/2020/apr/02/shortage-of-ppes-now-what-happens-if-we-hit-stage-iii-ask-anxious-doctors-2124643.html

In Shivamogga, imposition of section 144 has disrupted[43] healthcare services in both urban and rural areas. Private clinics have either closed or reduced working hoursinspite of the CM's request that they remain open. This has put additional burden on the three Primary Health Centres (PHCs) in the city. The community Health centre in Holaluru village in Shivamogga taluk has become the lifeline for the surrounding villages.
Hubbali district minister JagadishShetter had also appealed[44] to the private hospitals, most of which have shut down, to help reduce the burden on government hospitals
In Belagavi, most private clinics in the city are closed[45]. Only some corporate hospitals are working. Private clinics in the taluks are not working either.

With complaints[46] coming from the general public, the Yadgir district administration has directed Indian Medical Association members to keep open their private clinics and hospitals to extend health services to the needy. Additional Deputy Commissioner Prakash Rajput has, in a release here on Tuesday, stated that considering health-related issues of the general public, private doctors should keep their clinics and hospitals open. He also said that the Ministry of Health Affairs has clearly directed medical institutions, private hospitals, laboratories, nursing homes, pharmacies and others that are related to the medical sector to remain open for the purpose of public health services.
On 25th April 2020, a maternity hospital in Moodapalya under the Bruhat Bangalore MahanagaraPalike was shut[47] after a women who accessed the services was later found positive. Assuming that the staff had been adequate trained in preventing an infection, it is unsure why an entire functioning maternity hospital should be shut. This is going to greatly inconvenience patients who have been accessing the services. Where are women registered with the maternity hospital expected to deliver? Karnataka certainly doesn't have the luxury of shutting down entire hospitals. The better option would be to take precautions assuming patients may be infected. Considering the number of asymptomatic patients, this possibility is quite high.

A sharp spike[48] in cases of Severe Acute Respiratory Infection (SARI) in KR Hospital in Mysuru and adjoining districts has stretched the hospital resurces. As of 26th April 2020, there were 201 SARI patients admitted with 22 of them on ventilator support, the highest in decades. This is leading to patients, especially the poor, with other emergencies like accidents, burns, snakebites etc. being left in the lurch. The spike is not attributed to to a rise in Covid19 infections, but to refusal by private hospitals to admit cases for fear of Covid19. This behaviour has been seen quite often with private hospitals, where during difficult times, they abandon patients rather than pulling their weight.

Of the thousands of COVID-19 patients admitted in hospitals around the country, **just around 800 are critical**, requiring either oxygen support, ventilators or treatment in ICUs (Intensive Care Units). Private hospitals, which account for two-thirds of hospital beds in India, and almost 80 per cent of available ventilators, are handling less than[49]10 per cent of this critical load.

Primary and Secondary Education Minister Suresh Kumar said[50] that he had received several complaints about non-COVID patients being made to run from one hospital to another, and that

[43]https://epaper.newindianexpress.com/c/51304823
[44]https://epaper.newindianexpress.com/c/50651067
[45]https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/patients-put-to-hardship-as-most-private-clinics-remain-closed-in-belagavi-dist/article31275715.ece
[46]https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/clinics-hospitals-told-to-remain-open/article31223098.ece
[47]https://www.newindianexpress.com/cities/bengaluru/2020/apr/26/maternity-hospital-in-moodalapalya-shut-2135414.html
[48]https://www.newindianexpress.com/states/karnataka/2020/apr/26/mysurus-kr-hospital-gasps-with-sari-cases-2135375.html
[49]https://indianexpress.com/article/india/coronavirus-covid-19-private-hospitals-6385631/
[50]https://www.thehindu.com/todays-paper/tp-national/tp-karnataka/meeting-with-pvt-hospitals/article31392672.ece

he would hold a meeting with private hospitals.

This however hasn't deterred[51] the Federation of Healthcare Associations of Karnataka (FHAK) from asking the government to pay 25% of the salary of staff in hospitals for the next six months !!

With private hospitals deciding to postpone[52] almost 70% of their surgeries claiming they are 'elective', it would be good to understand if these surgeries were even warranted in the first place.

The BBMP Commissioner BH Anil Kumar was forced to issue[53] a letter to private medical facilities on 15th April 2020 reminding that unattended medical emergencies could lead to deaths and other complications. They were asked not to postpone emergency surgical procedures, unnecessarily refer to other hospitals, avoid disruption of investigations, continue blood bank services. When the government is so ready to use police power and arrest ordinary citizens for even minor offences, it is shocking that they are treating the private hospitals with kid gloves. It must be brought to the notice of the government that many of these private hospitals are empanelled[54] under the Arogya Karnataka Health Insurance schemes. They have not only received[55] subsidies, loans, grants, waivers etc., but have also held the government to ransom[56] by threatening to stop essential services and have resisted[57] any form of government regulation. This is a good period for the government to revisit the role of the private health sector in the Karnataka healthcare system and instead invest in strengthening the public health facilities which have been better able to meet the surge in demand with the Covid19 pandemic. The government should also stop consulting[58] private health care providers, especially those who have no background in public health and whose recommendations are likely to have serious conflict[59] of interest. A task force with representation from multiple stakeholders, particularly those most likely to be affected, has to be urgently constituted by the Government of Karnataka. At no cost should government investment go into setting up facilities in private hospitals. The role of private hospitals in the crisis should be clearly spelt out and their facilities should be made available in the interest of the state.

Super-speciality public hospitals

There have been several disturbing reports of super-speciality public hospitals in Karnataka being converted to Covid facilities, and that too, of a secondary level. It is important to remember that these hospitals are already woefully inadequate and unable to meet the tertiary health care needs. In this backdrop, it is of concern that even these have been converted. Where are patients supposed to access care now? It is also very difficult to convert these hospitals back again after a break. Not just that, the reputation of the hospital takes a hit and it can get labelled as a 'Covid hospital'

There have been several reports of patients with cancer being turned away from Kidwai cancer hospital. On April 6th, The Newsminute reported about a 4 year old child with stomach cancer

[51] https://timesofindia.indiatimes.com/city/bengaluru/karnataka-govt-urged-to-bear-25-salary-burden-of-private-hospital-staff/articleshow/75291266.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
[52] http://timesofindia.indiatimes.com/articleshow/75055498.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
[53] https://www.deccanherald.com/city/bbmp-asks-private-hospitals-not-to-refuse-emergency-care-for-patients-824637.html
[54] http://arogya.karnataka.gov.in/sast/English/index.php/organization-chart-2
[55] https://thewire.in/economy/niti-aayog-ppp-model-healthcare
[56] https://www.livemint.com/Politics/0P3buBRM4PFWYBwCxIgaWK/Karnataka-private-hospitals-close-today-as-doctors-protest-a.html
[57] https://www.epw.in/engage/article/political-interests-and-private-healthcare-lobby-collude-stifle-patients-rights-karnataka
[58] http://www.uniindia.com/news/south/health-karnataka-report/1947379.html
[59] https://www.businesstoday.in/opinion/columns/coronavirus-in-india-covid-19-pandemic-hospitals-doctors-patients-icu-china-italy-ventilators/story/398920.html

whodied[60]. He had been refused radiation therapy on account of the lockdown and the hospital being converted to a Covid19 facility. Speaking to The Newsminute, Gowramma, a 70-year-old Bengaluru resident, alleged that she was asked to stay at home and come back for treatment after a month. “I have been going to Kidwai for treatment since the last 2.5 years. This is the first time they have turned me away. The doctors said that COVID-19 patients are being housed and asked me to come back in a month when this lockdown ends,” she says.
Dr C Ramachandra, Director, Kidwai Memorial Institute Of Oncology, said there is a 90 per cent revenue loss[61] “We have not been taking up elective cancer surgeries of breast and thyroid. But we are continuing with chemotherapy and radiotherapy. We had 650 inpatients, but we have brought it down to 100. Because of the dip in revenues, it is becoming a problem to pay salaries.”

Patients not being given adequate pain management is of particular cause for concern. While it is unclear if this negligence occurred even prior to the lockdown, one thing that is clear is that cancer patients have had to face the brunt of this decision to treat only emergency patients. What is considered as an ‘emergency’ seems to have been left to the discretion of the doctors. Apparently severe pain, potentially life threatening situation are not being considered as emergencies. A patient with an anterior mediastinal mass of ‘advanced nature’ with ‘risk of adverse outcome, including sudden death’ was asked by Kidwai hospital, on 28th April 2020 to ‘come back after the lockdown is lifted”
We demand that no government super-speciality hospital be used as a secondary facility to medically manage sick Covid positive and symptomatic patients. Instead investment should be made to convert them to high end facilities with ICU, ventilators and trained staff.

Quarantine centres

Those in quarantine centres are (rightfully) concerned[62] about being at risk of acquiring the infection at the centre itself. Subsequently a clarification was issued by the Health Commissionarate that ‘after detailed deliberations, it is decided that such persons who are tested negative for Covid 19 should be allowed for home quarantine for 14 days and their health sshall be monitored by home visits>” This was only after objections were raised by different groups. There is a unnecessary focus here as well on Muslims.

Containment zones

The government then brought out an order on 19/04/2020 in ‘exercise of powers conferred under Section 24 of the Disaster Management Act 2005, and identified 19 containment zones. One of the actions was to identify people with Special health needs with the help of Resident Welfare Associations in the building under containment. With conditions like tuberculosis, HIV, teenage pregnancies, RWA are likely to stigmatise people. While immediate shifting of high risk contacts to institutions has been announced, subjecting low risk contacts to home quarantine is suggestion. But here again a clause is inserted that low risk should be moved to institutions based on the area in which they are residing ‘like slums’.

By categorising certain areas as slums what the government is doing is sanctioning differential treatment.

As for ‘essentials’ the circular says that because people movement is restricted in containment zones, it is imperative that essential commodities are made available at their doorstep. However it seems that either

[60] https://www.thenewsminute.com/article/why-housing-covid-19-patients-cancer-care-hospitals-can-lead-health-disaster-122566
[61] https://www.newindianexpress.com/states/karnataka/2020/apr/12/its-corona-all-around-other-patients-suffer-from-lack-of-treatment-2128956.html
[62] https://www.thehindu.com/news/national/karnataka/those-in-quarantine-centres-worried-over-transmission-within-the-facility/article31273991.ece

the government doesn't see food as essential or it is violating its own circulars. Residents in two wards — Padarayanapura and Bapujinagar that were sealed after being declared COVID-19 containment zones, have been struggling[63] for vegetables and milk. Not only that, the department of health has arbitrarily decided that routine immunisation[64] will not be given in containment zones. These denials of essential services and lack of information leads to mistrust in the community. When the residents of Padarayanpura showed unrest[65], they have been arrested, serious charges put on them and the media has gone to town to further instigate communal tensions.

According to the guidance note issued by the MoHFW "Safety of the staff deployed in the containment zone shall be ensured by making available triple layered masks, gloves and sanitizers". If this is being followed, then what is the need for routine immunisation to be denied to children in the containment zones?

Essential public transport

It is not clear how people are expected to access healthcare services for Covid or non Covid related issues when there is total shutdown of public transport. An elderly woman who had been diagnosed with stomach cancer, and complaining of severe pain, had to be brought with great difficulty from Mandya to Kidwai hospital by hiring private vehicles and at a cost of Rs. 3000/-. There were several families stranded in different hospitals like Victoria and Kidwai, after they were discharged because of the lockdown, but unable to find means of transport or money to be able to go back home. Whose responsibility is this? Is it not that of the government which has suddenly announced a lockdown without even considering how sick patients would be inconvenienced? We are particularly concerned about those in remote areas who may not be able to access healthcare in the absence of public transport.

Task force for Covid 19 in Karnataka

On April 8th, 2020, an 'expert' committee submitted a report to the Government of Karnataka, titled "Phased exit strategy after 21 days of lockdown'. This 'expert group' comprises one cardiac surgeon, one cardiologist, one chest physician, one community medicine professor and one virologist, with extensive 'inputs' from the Indian Institute of Management, Bangalore (IIMB).Two of these five 'experts' are from the private healthcare sector

The exit plan of Karnataka starts off by saying*"Thanks to the bold action of our Prime minister declaring 21 days lockdown at a very stage of CoVid 19 pandemic, we believe it might bring down the mortality by at least 50%."*

It's not clear how this team of experts reached this conclusion that the mortality will be brought down by 'atleast 50%'. There is no information on how this conclusion has been reached. There are several variables that can decide the course of a pandemic – the age structure of the population, infrastructure, referral mechanisms, testing facilities, presence of PPE, education levels, skills and availability of healthcare personnel, budget invested, underlying health conditions and, most importantly, the role of the government during lockdown. When there is no data itself on number of cases, how will the deaths averted be measured? These are questions that even public health experts or epidemiologists will not be able to answer with a great degree of confidence.

The Task force go on to make a series of recommendations in seven categories. One of them is that a *'strict social distancing policy'* should be enforced and that section 144 can be imposed in 'some areas'!

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[63] https://www.thehindu.com/news/cities/bangalore/life-inside-bengalurus-two-containment-zones/article31320293.ece
[64] https://timesofindia.indiatimes.com/city/hubballi/kids-in-covid-19-hotspots-face-risk-over-delayed-immunisation-warn-experts/articleshow/75331136.cms
[65] https://www.thehindu.com/news/cities/bangalore/report-raises-questions-over-padarayanapura-incident/article31434029.ece

When did 'social distancing' become a policy? How will it be enforced? Will it be done how it is being done now – with police? What if people don't have food and other essentials? Are these not supposed to be considered? Aren't they accountable to declare how these conclusions were reached?

Testing

The government needs to issue regular updates on how it is testing and what plans it has, if any, to upscale testing.

Corona testing[66] equipment purchased by the Government is turning out to be faulty. There is hardly any detail in the public domain about the decision making process or who has been held accountable for approving purchase of poor standard testing kits. A district-wise consolidated list of COVID-19 treatment facilities is also not available for the whole country.

The task force recommends that *" more private labs to be recognised especially those that have been already approve/accredited for H1N1 testing".*

This is shortsighted because labs are an investment. Private labs cannot be 'recognised' because there is a pandemic. Policy making cannot be opportunistic with the private industry being the primary beneficiary. Why shouldn't existing laboratories in primary health centres, taluk hospitals, community health centres, district hospitals, urban family welfare centres, tertiary government hospitals be revamped? This would have long reaching public health benefits and probably ensure that we will be much better equipped for future public health crises.

The task force says that there should be no trains and intercity buses till 30th April or until further notice. With this recommendation, the problems faced by people in accessing healthcare because of absence of public transport is carelessly brushed aside. Over the years, privatisation of healthcare has pushed all facilities more and more towards the city. Decentralised healthcare has to be in place before access to cities are cut off. In the absence of that, a lockdown of this nature leads to innumerable difficulties.

Following public pressure, India imported[67] about half a million coronavirus rapid testing kits from China. However these were again quickly withdrawn because they were showing negative even in those patients who were confirmed Covid19 positive. They also failed the ICMR quality tests. It was also found that the government had overpaid for these kits. This panic testing and panic buying or even panic treating should be avoided. Decisions have to be based on sound principles and the basics of ethics, testing, clinical trials etc should not be bypassed.

District facilities

Poor state of health infrastructure, lack of adequate ventilators and Personal Protective Equipment for medical staff and doctors in district and sub-district hospitals, and a large migrant population have been highlighted as some of the major concerns[68]by district collectors in the country in a survey carried out by the Department of Administrative Reforms and Public Grievances.

With regard to healthcare, the Karnataka task force wants to *"Plan and mobilize adequate number of doctors, nurses and paramedics to manage 300 bed ICU in government hospitals of cities, 100 bed ICU in government district hospitals to be planned to cover 24 hours. These should be scaled up rapidly if the need arises. Staff should be alternated every week to avoid burn out and minimize risk of infection, if any".*

[66] https://edition.cnn.com/world/live-news/coronavirus-pandemic-04-22-20-intl/h_8555b68bd5f17852c1b1ad2388a144c3
[67]https://www.bbc.com/news/world-asia-india-52451455

[68]https://www.newindianexpress.com/nation/2020/apr/03/admn-in-districts-bogged-down-by-poor-health-infra-2125048.html

While this may sound good on paper, the fact of the matter is that most of the public health system is reeling following years of neglect. 'Policy' is all about implementation and implementability – it's not a dream! The Karnataka government should put out details of how many staff (both public and private) are available for Covid and non Covid related healthcare, what are the gaps and how these will be addressed. It is also crucial that we learn from this pandemic and make a plan to address the gaps that have been identified.

The Karnataka 'experts' say *"most of the district hospitals will not be able to cope with huge influx of sick COVID patients. They have serious shortage of specialists trained to manage large ICU, trained ICU nurses, paramedics,infrastructure to support to large number of patients on ventilators".*

While this is true, it is also important for the Government to acknowledge that the years of damage and neglect to the public health facilities is taking its toll. Undue investment in centralised private healthcare has left the districts in a situation where they are unable to cope with the pandemic. Going forward decentralised public health facilities with well-equipped labs, pharmacies etc. should be the strategy.

Healthcare personnel

Scores of healthcare workers are contracting COVID-19 infection amidst complaints of inadequate distribution or poor quality of personal protective equipment (PPE). Front line health care professionals are losing their lives one by one trying to save other patients. There is no information about who is being held accountable for not providing adequate protection to the country's primary line of defence against the virus. Merely extolling their virtues or expressing admiration through sound and light shows amounts to tokenism, when accountability is the need of the hour.

It is unfortunate that a big part of healthcare delivery system seems to be resting on the shoulders of the frontline ASHA workers. There have been incidents of attacks on ASHA workers. They are also poorly paid, vulnerable and exposed[69] to the wrath of communities that are frustrated by government apathy during the lockdown.

On 24th April, the Karnataka High Court[70] directed the state government to issue directions to all police stations in the state to act urgently on providing police security to health workers over alleged attacks. This conflict between people and front line workers arises when government fails to fulfil its duty to the citizens, but frontline workers are targeted by aggrieved people because they are the first (and often only) point of contact.

While it is good that the Medical Education minister K Sudhakar has thanked[71] "doctors, nurses, ASHA workers, pourakarmikas, and police", it is also important that he highlights the need to improve all aspects of human resources from training to salaries for ASHA workers and pourakarmikas to provision of safety equipment and PPE.

Personal Protective Equipment (PPE)

[69] https://www.newindianexpress.com/cities/bengaluru/2020/apr/03/asha-workers-attacked-cops-act-too-late-2125044.html

[70] https://www.newindianexpress.com/states/karnataka/2020/apr/25/ensure-security-for-health-workers-karnataka-high-court-2135042.html

[71] https://www.newindianexpress.com/cities/bengaluru/2020/apr/08/need-to-rethink-public-health-policy-2127197.html

Doctors, ASHA workers, ANMs and health workers have moved[72] the Karnataka High Court seeking judicial intervention over not being provided with face masks, gloves, sanitisers and PPE kits in Bidar and Kalaburagi.

Inspite of repeated concerns[73] being raised by healthcare staff about the shortage of PPE, the government has not clarified what is the shortfall and what attempts are being made to meet the demand. Tendering process for the PPE should be out in public domain to ensure that no provider tries to make a quick buck out of the pandemic. Healthcare staff being exposed to the infection without adequate protection will lead them to be absent during this crucial period and will also damage their faith[74]in the system. The complete shutdown of public transport has negatively impacted even the healthcare staff who have to either walk long distances or pay hefty amounts to reach the hospital.

Doctors, nurses and ASHA workers are now threatening[75] that they will not put their lives at risks without PPEs. Asked why the government is not in preparedness although the first COVID-19 death of Karnataka occurred almost a month ago, Health Minister BSriramulu said that the government would provide PPE kits to everybody "in stages over the next one week".

Conclusion

This is by no means an exhaustive report. There are several medical conditions that have not been discussed. These include routine out-patient checks for non-communicable and communicable disease, pregnancy and child health. It is known that even at other times the elderly, people in prisons and shelter homes, orphan and vulnerable children, people with disabilities, transgender communities, sex workers etc. are not able to access healthcare in any dignified manner.

The psychological impact of the pandemic and total lockdown, the stress caused due to loss of livelihood and being placed in containment zones and quarantine centres have not been addressed or even documented in any significant way.

People with rare conditions and those requiring major surgery/treatment have anyway struggled to access services. Such patients will be further jeopardised.

There is no official record being maintained by the government of patients who have developed complications, side effects and other morbidities or death due to reduced access to or denial of healthcare during this pandemic and subsequent lockdown. It is very important that a report on this is put out, so that lessons can be learnt for the future and accountability of the system can be ensured.

Even during the period before lockdown, the public health system has been less than satisfactory. In accommodating the exploitative private healthcare, the government has already brought in public private partnerships[76] and health insurance[77] which have not provided affordable, accessible, comprehensive,

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[72]https://www.newindianexpress.com/states/karnataka/2020/apr/09/no-masks-gloves-ppe-kits-doctors-health-workers-move-high-court-2127695.html

[73]https://www.newindianexpress.com/states/karnataka/2020/apr/02/shortage-of-ppes-now-what-happens-if-we-hit-stage-iii-ask-anxious-doctors-2124643.html

[74]https://www.newindianexpress.com/states/karnataka/2020/apr/02/wearing-ppes-for-12-hours-doctors-go-through-a-lot-to-treat-covid-patients-2124708.html

[75]https://www.newindianexpress.com/cities/bengaluru/2020/apr/13/not-ready-to-risk-lives-without-ppes-bengaluru-medical-staff-2129297.html

[76]http://www.globalhealthcheck.org/?p=1990

[77]https://journals.sagepub.com/doi/10.1177/0971521515612864

universal healthcare. The private sector which has resisted[78] regulation in Karnataka has been allowed to hold the government to ransom[79] by threatening to strike whenever their demands have not been met.
The shortage of human resources especially at the level of the primary, secondary and district level facility has been exposed. The government needs to invest in public institutions to train nurses, doctors, lab technicians, pharmacists, administrators etc. to have a robust 4 tier system of healthcare. There is an urgent need for a public health cadre in the State.
There is an urgent need for a grievance redressal mechanism to be put into place to ensure that the health department as well as the government are accountable to the people.
The pandemic has thrown light on all the gaps in the public health system. It is our earnest request to the Government of Karnataka to document these gaps and create a representative task force at the earliest to ensure the state is better prepared for future emergencies or disasters. The people of Karnataka deserve better healthcare from the government.

For now, we request that the government of Karnataka implement the Essential health services guidance note put out by the Central government as enclosed in **Annexure 1**.

Annexure 1

Essential health services

On April 30, 2020, the Ministry of Health and Family Welfare put out a guidance note[80] on 'Enabling delivery of Essential health services during the Covid 19 outbreak'. Some of the key points on the guidance note are

- Stating that the outbreak has placed 'unprecedented demands on the health system' and that 'there is a risk that essential health services which communities expect from the health system' would be compromised.
- *Focusing* on COVID19 related activities, and *continuing* to provide essential services, is important not only to maintain people's trust in the health system to deliver essential health services, but also to minimize and increase in morbidity and mortality from other health conditions"
- Analyses from the 2014-2015 Ebola outbreak suggests that the increased number of deaths caused by measles, malaria, HIV/AIDS and tuberculosis attributable to health system failures exceeded deaths from Ebola2.
- Essentialservices include reproductive, maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies.
- One of the steps suggested was to map all existing heath facilities (city/ district/ block-wise) in the public, not for profit and private sectors. While some facilities would be set up for Covid related care, the remaining would provide "essential non COVID-19 services".
- Dedicated first level 24*7 hospital emergency units, would be set up in suitable CHCs/ SDHs to provide non COVID acute care, including provision of emergency obstetric services.
- Mobile Medical Units could be utilized for delivery of services, especially follow up care for Reproductive, Maternal, New-born & Child health services, chronic communicable and non-communicable diseases, duly following physical distance norms and appropriate protection measures for the health workforce after the lockdown.
- All frontline health care workers in these facilities should be trained in Infection Prevention and Control (IPC) and provided appropriate Personal Protective Equipment (PPE) for their protection as per the

[78] https://www.epw.in/engage/article/political-interests-and-private-healthcare-lobby-collude-stifle-patients-rights-karnataka
[79] https://www.livemint.com/news/india/medical-services-across-country-to-be-hit-as-doctors-threaten-strike-1560438062398.html
[80] https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf

guidance. The PPE could be prioritised in areas/ clusters where suspected COVID patients are likely to report.

- Grievance redressal mechanisms for denial of entitlements for essential non-COVID and COVID-19-related services should be functional through existing channels in states with appropriate sensitization of call-centre agents.
- Routine disease surveillance, service delivery monitoring and reporting according to SHC/PHC requirements should continue uninterrupted to maintain accountability and continuously inform policy, local planning, and decision-making.
- For essential Non-COVID services, all states should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery. High-priority services include:

1) Essential prevention for communicable diseases, particularly vaccination;
2) Services related to reproductive health, including care during pregnancy and childbirth;
3) Care of vulnerable populations, such as young infants and older adults;
4) Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
5) Continuity of critical inpatient therapies;
6) Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
7) Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services

- All PHC-MOs should ensure that frontline workers of SHC/HWC maintain lists of key subpopulation groups in need of essential services, such as: pregnant women, those recently delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs. She/He should monitor regular follow up by ASHA/ANM/CHO of all such categories and ensure essential services as appropriate during the period of the lockdown/restriction.
- Availability of dedicated ambulances for COVID and non-COVID patients must be ensured at the district/ block level. Non-COVID patients must be transferred in non-COVID ambulances only.
- Ensure a BEmONC/CEmONC provider at appropriate facilities (Non-FRU and FRU respectively).
- All Blood banks/Blood Storage Units need to be kept functional.
- Contraceptives (Condoms/ Oral Contraceptive Pills MALA/Chhaya, Injectable Contraceptive Antara /Emergency Contraceptives) are to be provided to eligible couples /others needing them through all Public Health Facilities, including through ASHA and PHC for easier access.
- Information about delayed availability of IUCDs and sterilization services until routine services resume should be displayed at all health facilities. Beneficiaries must be counselled for adoption of contraception and provided with temporary methods of other contraception methods like Condoms / OCP/ injectable etc. in the interim period.
- Medical and surgical abortion services should be ensured at appropriate facility level, with appropriate infection prevention measures including counselling for post abortion care and provision of contraception.
- Immunization services (including for pregnant women) to continue uninterrupted and provided as a walk in facility where feasible.
- For SAM children, new admissions may be allowed only in Nutrition Rehabilitation Centres (NRC), where adequate supervisory and medical staff are available. SAM children with medical complications should be referred to nearby health facility
- List of all TB patients should be maintained at the PHC/ SHC level. Routine screening for presumptive TB cases to continue at primary level facilities with diagnostic services to be provided uninterrupted at designated facilities as per advisories issued by National Tuberculosis Elimination Programme.

- The National AIDS Control Programme (NACP) has already issued a guidance note for frontline service providers and programme managers engaged in HIV/AIDS response, reinforcing adherence to national guidelines on infection prevention and control.
- All known/ diagnosed patients of Hypertension, Diabetes, COPD and mental health to receive regular supply of medicines for upto three months through ASHAs or SHCs on prescription.
- States to ensure uninterrupted availability of dialysis and cancer treatment services. Health Department may issue directives to the district administration allowing easy movement of these patients to access care. In case of patients, who cannot afford private vehicles, RBSK vehicles can be used for facilitating transport of patients. This can be coordinated by the PHC team, who can prepare list of such patients and work with District hospitals to organize appointments via telephone for next two months.
- Services for patients with blood disorders- thalassemia, sickle cell diseases, and haemophilia need to be ensured. Blood transfusion needs to take place at regular intervals and iron chelation should be continued, with ferritin level and CBC checked. The requisite units required for transfusion must be communicated to the blood bank in advance (preferably three days), and availability of blood verified.
- States need to dedicate 108 / ALS ambulance in every district for management of emergencies pertaining to cardiac / trauma / burn / medical and surgical emergencies etc. Emergency Services (medical, surgical and trauma) and critical care services including ICU/HDU; SNCU/ NBSU; BEmONC/CEmONC; Burn wards and Blood transfusion services to be maintained with adequate HR and equipment as per protocols.
- Services to victims of sexual and physical violence should be ensured as per protocols. Information about support services under social welfare department, NGOs, One stop crisis centres and helplines should be provided to the victim.

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