NEWS / HEALTH

Citizens collect data as government obscures oxygen shortage deaths based on technicalities

CHAHAT RANA

06 August 2021

A volunteer attempts to give CPR to a patient at an oxygen camp in Ghaziabad on 1 May 2020. The CPR restarted his heart but he was rushed to a hospital as he was barely breathing. ISHAN TANKHA

COVID-19

(/covid-19)

In the early hours of 24 April 2021, Erick Massey received a phone call from Delhi's Jaipur Golden Hospital. The person on the other end of the line told him that his 61-year-old mother had passed away due to respiratory failure. Delphin Massey had been admitted to the hospital's intensive care unit a week earlier, with severe symptoms of COVID-19. On the morning of her death, Erick went to the hospital to collect her body and noticed that the ICU had only two patients. It had been completely occupied earlier that week. "It was so strange, because this was the peak of the second wave, the hospitals were overflowing with patients," Erick said. "I knew then something was amiss." Within the

next few hours, he discovered that his mother was one of 20 patients who died (https://www.hindustantimes.com/cities/delhi-news/20-patient-die-at-delhi-s-jaipur-golden-hospital-due-to-oxygen-shortage-101619241779360.html)at the hospital after it ran out of liquid medical oxygen at 10 pm the previous night. The hospital tried to hook-up critically ill patients to oxygen cylinders but could not maintain the high flow of oxygen they needed to survive.

Erick and seven other people who lost family members at the Jaipur Golden Hospital that night have been fighting for three months, for justice and acknowledgement of the negligence that led to the deaths. In late April, this group of eight families filed a writ petition at the Delhi High Court. The petition asked for compensation and criminal proceedings against the hospital and the government authorities responsible for delivering oxygen to hospitals on time. "Nothing has happened yet," Erick said, when I spoke to him on 23 July. "No one has even contacted us to see how we are doing or to apologise, let alone provide compensation. Going to the court with this matter is our only hope."

On 20 July, the union health ministry caused an uproar after it gave a statement in parliament on COVID-19 deaths due to oxygen shortages. In response to a question in the Rajya Sabha on "whether a large number of COVID-19 patients died on roads and hospitals due to acute shortage of oxygen in the second wave," Bharat Pravin Pawar, the minister of state for health issued a written response that said, "no deaths due to lack of oxygen has been specifically reported by states/UTs." In doing so, the government passed the blame for the lack of a systematic record of these deaths onto states and union territories. It also bypassed acknowledging such deaths despite overwhelming evidence in the news and on social media during the second wave.

The lack of acknowledgment is what stung the eight petitioners of the Jaipur Golden Hospital case. "They are still in mourning and now the

government refuses to acknowledge what caused the death of their family members," Utsav Bains, the advocate representing the group, said. "They have trivialised their trauma. There is no dignity even in death."

Reports of COVID-19 patients dying due to oxygen shortages had emerged from across the country by mid-April. A few days after the incident at Jaipur Golden Hospital, 12 patients, including a doctor died at Delhi's Batra Hospital (https://www.thehindu.com/news/cities/Delhi/delhis-batra-hospital-runs-out-of-oxygen/article34456559.ece) after the hospital ran out of oxygen in the middle of the day. Similar incidents were reported from Punjab (https://www.thehindu.com/news/national/other-states/six-patients-die-at-private-hospital-in-punjabs-amritsar-apparently-due-to-lack-of-oxygen-official/article34399186.ece), Madhya Pradesh (https://indianexpress.com/article/cities/bhopal/six-covid-patients-die-at-shahdol-medical-college-family-alleges-lack-of-oxygen-dean-denies-claim-7278787/), Maharashtra and Karnataka (https://www.thehindu.com/news/national/karnataka/oxygen-shortage-led-to-24-deaths-in-chamarajanagar-hospital-report/article34545925.ece).

If the union government wanted data, it would not be difficult to gather substantial, even if incomplete, evidence of deaths due to oxygen shortage. A citizen initiative has already been documenting these COVID-19 oxygen shortage deaths. Aditi Priya, who is a senior research associate in economics at Krea University in Sricity, Andhra Pradesh, has created a database of such deaths with the help of volunteers, including journalists, activists and researchers. They have tried to keep count of all deaths caused by "lack of oxygen, shortage of oxygen, or denial of oxygen in hospitals during the second wave of the Covid-19 pandemic in India." The volunteers have maintained this database on the basis of news reports. "We are verifying each report, looking through local newspapers and making sure there are no duplications in our data," Priya

explained. The database shows at least 619 deaths such deaths. On 22 July, Priya told me that according to their latest estimate this count has risen to 680 deaths. She knows this is a conservative estimate. "There are many who died in ambulances, in their own homes and on the roads while waiting to get an oxygen bed," she said. "We have no data on that."

The central government has been opaque about critical data over the course of the pandemic. In September 2020, the centre told (https://www.hindustantimes.com/india-news/govt-no-data-on-migrants-deaths-during-lockdown/story-0Kl2M0L3DZ9jlc0Ef2CpdM.html) Parliament that it did not have any data on migrants who died because of the national lockdown earlier in the year. It also failed to record how many healthcare workers had died due to COVID-19, and *The Caravan* reported (https://caravanmagazine.in/health/health-workers-counted-their-covid19-casualties-because-the-government-did-not) how doctors, nurses and paramedical staff had to keep count of the casualties among them in the absence of official data.

"Somewhere we anticipated that this would happen, as it happened when the government was asked to publish data on migrant workers or on healthcare workers who had died during the pandemic," Priya said, referring to the government reply on deaths due to oxygen shortage. Her team of volunteers had previously worked to document deaths among migrant labourers during the first wave. "Still we were a little shocked at this latest claim," Priya continued. "Given the scale of this wave and the trauma people suffered, we expected at least some accountability from the government this time round."

Sanjay Nagral, a surgeon in Mumbai who writes on public-health policy, said it was important to focus on the semantics the government employed in its reply to the Rajya Sabha. Pawar had said that no state or union territory had "submitted" data on deaths caused by oxygen shortage, but he   did not explicitly deny the possibility of deaths

caused by oxygen shortage in the country. "It comes down to what they are basing this data on," Nagral told me. "If it's based on death certification then there is no space to add qualitative data there. At most, the cause of death is written as respiratory failure or cardiac arrest. In this case maybe hypoxia, but that is it." He added, "Of course, they are not keen to talk about oxygen shortage so they'll use such technical reasons to make it seem like there were no such deaths."

I spoke to state health officials to understand why this data was never reported. Tribhuvaneshwar Saran Singh Deo, the health minister of Chhattisgarh, told me, "To claim that no such deaths were reported is incorrect and misleading because no such data was asked from us." Deo explained that all COVID-19 deaths were reported to the Indian Council of Medical Research via pro forma. This pro forma had two categories—death due to COVID-19 and death due to COVID-19 and comorbidities. "There is no space to report any deaths caused by oxygen shortage," he said.

Deo told me that the Chhattisgarh government was already conducting a state-level audit on deaths caused due to oxygen shortages. This audit seeks out data on deaths caused in both public and private medical facilities in the state on the basis of the following criteria—availability, supply, distribution, availability at site and lack of oxygen at the site. A letter to state officials instructed that they conduct this audit within three months, starting 31 July.

Deo pointed out that Chhattisgarh was an oxygen surplus state producing 388 metric tonnes of oxygen per day. According to him, the state's daily oxygen demand went up to180 metric tonnes on 26 April, during the peak of the second wave. Before the pandemic, demand for medical oxygen in the state did not rise above 10 metric tonnes per day. "So, for us the problem was not oxygen itself, but ensuring that the supply reached each hospital and each patient on time," he said. "We are

open to investigating if deaths occurred in the state due to a delay in supplying oxygen."

Hussan Lal, the principal secretary for health and family welfare for Punjab, told me something similar on 22 July—that the pro forma did not have any option to indicate whether the COVID-19 deaths were caused due to oxygen shortages. "And there was no other avenue or any other indication given to us that they are seeking out such data," he added. Just the previous day, Delhi's deputy chief minister Manish Sisodia told the media (https://indianexpress.com/article/cities/delhi/delhi-data-oxygen-deaths-centre-audit-committee-sisodia-7415325/) that the Delhi government did not have data because the central government did now allow it to form a committee to look into deaths caused by oxygen shortage.

Officials from other states, such as Madhya Pradesh (https://www.freepressjournal.in/bhopal/madhya-pradesh-minister-says-no-death-caused-due-oxygen-shortage-during-second-covid-wave), which has a Bharatiya Janata Party government, and Bihar (https://timesofindia.indiatimes.com/india/no-death-in-bihar-due-to-oxygen-shortage-mantri/articleshow/84807542.cms), where the BJP is in power in alliance with the Janata Dal (United), have claimed that no deaths were caused by oxygen shortage during the second wave in their respective states. I also spoke to health secretaries from Tamil Nadu, where the Dravida Munnetra Kazhagam is in power, and Uttar Pradesh, which is ruled by the BJP. Officials from both the states said they were in the process of collecting data on deaths caused due to oxygen shortage in their states but refused to share more details.

On 27 July, a week after the reply to the Rajya Sabha and after I spoke to Deo and Lal, the wire service ANI reported (https://www.business-standard.com/article/current-affairs/centre-asks-states-for-data-on-covid-deaths-due-to-oxygen-shortage-report-121072701297_1.html) that the central government had written to states and union territories asking

for data on deaths due to oxygen shortages. The report said that the centre planned to present this data in parliament before the end of the monsoon session on 13 August. The details of any such directive, such as how deaths audits should be conducted and what constitutes oxygen shortage deaths, have not been shared.

Collecting comprehensive data on deaths due to oxygen shortages needs a broad analytical approach because there were many ways in which oxygen-supply disruptions led to deaths. "Is it because there was no oxygen? Was the death caused because there was delay in the oxygen supply or maybe because the wrong pressure was used?" Nagral asked. He added, "Often people were just putting patients on any type of oxygen when most of them specifically needed high flow oxygen to survive." He compared the lack of data on oxygen shortage deaths to the lack of data on deaths caused by delays in blood transfusion for accident victims. "We have data on the number of people who died due to accidents, but do we know whether they died due to the accident or because they did not get the blood they needed on time" he said. "That is the type of qualitative data we need in order to understand the problems within our healthcare system."

Abhay Shukla, the national co-convener of the Jan Swasthya Abhiyan, a network of civil society organisations working on health rights, told me that the lack of detailed data was in itself a signifier of poor health infrastructure. "It is this paradox where states that seem to report fewer deaths are probably the ones with poorer healthcare infrastructure, because there are no systems in place to survey and collect data accurately," he said. An example of this is how Kerala and Maharashtra have consistently reported higher numbers of COVID-19 cases. An analysis (https://science.thewire.in/health/why-is-kerala-reporting-so-many-more-covid-19-cases-than-other-indian-states/) of state-level data shows that Kerala conducted (https://science.thewire.in/health/why-is-kerala-reporting-so-many-more-covid-19-cases-than-other-indian-states/) more accurate
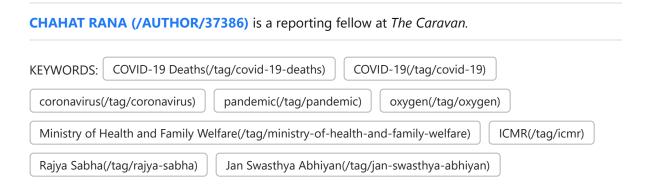
surveillance and has a better detection rate of cases than any other state in the country. Kerala has picked up one (https://timesofindia.indiatimes.com/city/kochi/kerala-detects-one-in-six-covid-cases-national-average-is-1-in-33/articleshow/84877969.cms) in every six COVID-19 cases, while the country's national average is one in 33 cases. According to the latest seroprevalence survey conducted by the Indian Council for Medical Research, Kerala, followed by Maharashtra, had the least under-reporting. Both these states have provided more accurate data as compared to other states in the country because of more efficient healthcare systems.

Shukla thought that despite the lack of surveillance and adequate data collection, central and state governments could use several other methods to make rough estimates of how many people died due to oxygen shortage in the country. "There were hundreds of pleas on social media, they could have just picked those up," he said. "You could ask doctors to submit such data even. This is just clear suppression of data, because if they wished to, they could easily maintain such a database."

The fact that the government said it did not have data when there were many ways to estimate oxygen shortage deaths made Erick give up on looking for accountability. "It's like they rubbed salt in our fresh wounds, instead of trying to heal them," he said.

This reporting was supported by a grant from the Thakur Family Foundation. Thakur Family Foundation has not exercised any editorial control over the contents of this reportage.

CHAHAT RANA (/AUTHOR/37386) is a reporting fellow at *The Caravan.*

KEYWORDS: COVID-19 Deaths(/tag/covid-19-deaths)   COVID-19(/tag/covid-19)

coronavirus(/tag/coronavirus)   pandemic(/tag/pandemic)   oxygen(/tag/oxygen)

Ministry of Health and Family Welfare(/tag/ministry-of-health-and-family-welfare)   ICMR(/tag/icmr)

Rajya Sabha(/tag/rajya-sabha)   Jan Swasthya Abhiyan(/tag/jan-swasthya-abhiyan)

COMMENT

You are logged in as Haripriya K M

Type your comment

SUBMIT

READER'S COMMENTS

Sivee Chawla

18 Aug, 2021

An informative and well-written article.

SHOW ALL

MORE FROM THE CARAVAN

HEALTH

HEALTH

HEALTH

NEWS

India did not have a vaccination hesitancy crisis till the

AKSHAY TARFE

NEWS

UP government's unreasonable rules deny compensation for

AKHILESH PANDEY

PHOTO ESSAY

Healthcare efforts fighting the COVID-19 crisis in rural India

HARSHA VADLAMANI

GENDER

COMMUNITIES

HEALTH

THE LEDE

THE LEDE

NEWS