Health workers attend to a colleague who fainted due to exhaustion and long working hours at a COVID-19 testing centre in Delhi on 27 April 2020 MANISH SWARUP/AP PHOTO

COVID-19

Thirty-five-year old Rehan Raja works with the National Health Mission as a monitoring and evaluation officer in Mewat district in Haryana. His work involves collecting information and data about central health programs and schemes in the district. This year he has been keeping records of a different kind—details of all the mission's employees in India who have died of COVID-19.

Raja is the president of the mission's all-India union and has been gathering this data from union members across the country. "Whenever one of our workers gets infected, I am informed immediately," he said. "We look out for them, see whether they are getting medical attention.

So, if they pass away, of course we make a note of that." According to his records, at least sixty NHM employees on COVID-19 duty had died from the disease by Christmas.

Raja has had to keep this database because the government has not kept count of the dead. At the end of 2020—a year in which the pandemic killed millions including doctors, nurses, ward boys, ambulance drivers, community health workers—the government has not released any data on the number of healthcare workers who have been infected or died by COVID-19. Ashwini Kumar Choubey, the minister of state for health, wrote a reply to a question about the data in the Rajya Sabha, which said that since health is a state subject, the ministry of health and family welfare did not maintain such data at the central level. The government has washed its hands of all pandemic-related data. In September, it said (https://www.indiatoday.in/india/story/no-data-migrant-workers-deaths-job-losses-government-1721625-2020-09-14) it did not have data on the number of migrant workers who had lost jobs or who died while travelling home during the nationwide lockdown. The ministry of labour and employment said it did not have state-level data on the distribution of free ration to migrant labourers either.

The numbers would have brought more clarity about how the health system was coping with the epidemic. They would have highlighted where the system was falling short in protecting workers and what needed to be done. There would have been a record of who should be compensated. "How hard can it be to maintain these records?" Raja asked. "Not keeping count goes to show how less the government cares for our welfare—for the sacrifices we and our families have made."

In March, the Prime Minister took note of demonstrations of appreciation for healthcare workers in countries (https://www.washingtonpost.com/world/europe/clap-for-carers/2020/03/26/3d05eb9c-6f66-11ea-a156-0048b62cdb51_story.html) like Italy and Spain, when people stood on

their balconies every evening and cheered doctors and nurses. In a televised address he asked (https://caravanmagazine.in/health/high-on-talk-low-on-substance-modi-speech-showed-india-ill-prepared-covid) all Indians come out onto their balconies, light candles and bang on plates and many Indians in any cities complied with the request. On the same day, healthcare workers took to Twitter to ask (https://twitter.com/unkittenish/status/1241344915306467328?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwterm%5E1241345990918983 just-clapping-indian-medical-professionals-take-to-twitter-to-demand-resources-equipment) for enough protective gear and medical infrastructure to treat patients. Healthcare workers have continued to demand access to good quality protective gear (https://blogs.bmj.com/bmj/2020/06/19/covid-19-indian-healthcare-workers-need-adequate-ppe/), job security, (https://www.deccanherald.com/state/top-karnataka-stories/more-than-30000-national-health-mission-workers-strike-for-higher-salaries-891039.html) better accommodation and wages (https://www.aljazeera.com/news/2020/12/15/thousands-health-workers-protest-in-india-amid-covid-19-pandemic). Healthcare workers I spoke to said little had changed even in December. While things were bad at work, they were worse at home. Early in the pandemic, several doctors faced stigma (https://www.theguardian.com/world/2020/mar/30/indian-doctors-being-evicted-from-homes-over-coronavirus-fears) for working on COVID-19 patients to the point of being evicted (https://www.theguardian.com/world/2020/mar/30/indian-doctors-being-evicted-from-homes-over-coronavirus-fears) from their homes. Some faced (https://timesofindia.indiatimes.com/city/delhi/doctor-attacked-for-asking-patient-to-wear-mask-in-delhi/articleshow/78342427.cms) physical violence (https://timesofindia.indiatimes.com/city/delhi/doctor-attacked-for-asking-patient-to-wear-mask-in-delhi/articleshow/78342427.cms).

"It seems banging *thaalis* and lighting *diyas* is the extent of what the government is ready to do for us," Dr Harjit Singh Bhatti said. Bhatti is the national president of the Progressive Medicos and Scientists Forum, which is an organisation in Delhi comprising doctors, medical students and scientists who work towards social reform. According to Bhatti, India's healthcare workforce has been stretched thin and overworked. They have also been underpaid. Bhatti said the pandemic only brought these issues to the surface. In early 2020, the government estimated (http://164.100.24.220/loksabhaquestions/annex/173/AS90.pdf) that the country had one doctor for every 1,404 people. The World Health Organisation has set one doctor for every 1,000 citizens as a desirable ratio for reasonable standard of care. Every medical system needs nurses in far greater numbers than doctors. In India, there are 1.7 for every 1,000 people. The WHO recommends that at least three nurses are needed for a population of a 1000.

On paper, the government has systems in place to gather information about how many health workers who died from COVID-19The Disaster Management Act of 2005, which the government invoked to tackle the pandemic, allows for the central governments to seek "co-operation and assistance from state governments, as requested by them or otherwise deemed appropriate by it." The central government has the power to direct states to share data on the infection rates and mortality of healthcare workers. The health ministry also has a dedicated health intelligence wing called the Central Bureau of Health Intelligence. The bureau's objective (https://dghs.gov.in/content/1370_1_CBHI.aspx#:~:text=Central%20Bureau%20of% as stated (https://www.cbhidghs.nic.in/index1.php?lang=1&level=1&sublinkid=29&lid=37) on its website, is "to collect, analyze & disseminate Health Sector related data of the country for evidence based policy decisions, planning and research activities."

Doctors told me that the government's claim of not having data upset an already fatigued, demoralised healthcare workforce. "Forget ramping up

infrastructure and addressing shortage of staff, the centre did not even keep a track of the number of healthcare workers who have died while on duty," Bhatti said. "The government has made their apathy evident by their inaction."

 Following Choubey's statement, the Indian Medical Association—a national level voluntary organisation which represents the interest of doctors of modern medicine—issued (https://www.boomlive.in/uploads/2020/09/17/file_upload-930149.pdf) a press release condemning the union government. The association said that the government had abdicated its responsibility towards healthcare workers and lost "moral authority to administer the Epidemic Act 1897 and the Disaster Management Act."

The government also denied public health experts a valuable information resource by not collating or sharing this basic data. "It is not just the matter of abdicating responsibility, data is a valuable resource to understand the virus, it's spread and its effect on a critical group," Sonali Vaid, a public health consultant with the WHO and graduate from the Harvard TH Chan School of Public Health, told me.

In early September, Amnesty International estimated (https://www.amnesty.org/en/latest/news/2020/09/amnesty-analysis-7000-health-workers-have-died-from-covid19/) at least seven thousand healthcare workers had died of COVID-19 globally. A study published (https://www.ijidonline.com/article/S1201-9712(20)32268-2/fulltext) in the *Journal of Infectious Diseases* on 29 October surveyed 37 of the most affected countries in the world and estimated that as of mid-August, almost three hundred thousand and nurses were infected and at least two thousand seven hundred died. The authors of the study appealed to Tedros Adhanom, the director-general of the WHO, to make this data "available nation-by-nation on their COVID-19 website beginning from November 2020 to focus attention on this ongoing tragedy and the steps to be taken to stop it."

The WHO is yet to collate and display nation-wise data on healthcare worker deaths. In a press release (https://www.who.int/news/item/17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who) on 17 September—World Patient Safety Day, it asked governments across the world to keep their health workers safe in order to keep their patients safe. "While health workers represent less than 3% of the population in the large majority of countries and less than 2% in almost all low-income and middle-income countries, around 14% of COVID-19 cases reported to WHO are among health workers. In some countries, the proportion can be as high as 35%," it said.

In India, organisations like the Indian Medical Association have assumed responsibility of maintaining records of infection and mortality among doctors. "We were disappointed of course, in the government's indifference towards the sacrifices made by HCWs but we weren't really surprised," RV Asokan, the honorary general secretary of the IMA, said. "We had to step in, make our young doctors feel like there is someone representing them." The association's records show that by mid-December, 2,784 doctors had been infected and 728 died from COVID-19. Among the infected, 1,471 were practicing doctors, 930 were resident doctors and 383 were house surgeons. The Trained Nurses' Association of India is also keeping count. As of mid-October, it estimated that at least forty seven nurses had died.

People like Raja have been keeping track of Accredited Social Health Activists, Auxiliary Nurse Midwives and paramedical staff, who work most closely with patients and are often the sole healthcare providers in regions with little healthcare infrastructure. "While there is still some mention of doctors and nurses, it's like the rest of us are invisible," he said. "From sanitation staff to ambulance drivers and mortuary workers, NHM employees have dealt closely with patients from time they get tested to them getting admitted, and eventually dealing with their corpses."

Despite their best efforts, the data collated by unions and organisations is at best only a conservative estimate of casualties. Joldin Francis, the general secretary for the United Nurses' Association in Delhi, has been fighting to ensure that no member of his profession is left out of this count. "I personally know a few nurses who are yet to be recognised as COVID-19 warriors, because their families are unable to establish that their loved one contracted the disease while at work," he said.

One of the people Joldin is fighting for is Rajamma, a 67-year-old nurse who died at Delhi's Lok Nayak Jai Prakash Hospital in June. Rajamma's daughter Divya Madhusoodan said that the two-bed maternity clinic where her mother had worked for 26 years refused to certify that Rajamma caught COVID-19 from one of her patients. The maternity clinic does not treat COVID-19 patients, but out-patient consultations and deliveries continued through the pandemic-induced lockdown. "Even if it was not a dedicated COVID-19 hospital, patients were coming in regularly, and of course anyone could be carrying the infection," Madhusoodan said.

Madhusoodan visited the hospital a few weeks after her mother died to collect her belongings. She had a long conversation with the guard outside the hospital ward where her mother had spent her last hours. "He said that the staff threw medicines to the patients from afar. The patients who had enough energy to walk around and pester the staff were still lucky, but those who were bedridden were doomed to die, because they received no medical attention."

As a practicing nurse herself, Madhusoodan understands the pressures of healthcare during a crisis that are often unfair to both medical staff and patients, "It's all hands on deck; guards are running around looking for a healthcare worker to check on unattended patients and healthcare staff cannot stretch themselves enough to attend to all patients at all times," she said.

Without the COVID-19 certificate from the clinic, Rajamma's family cannot claim insurance under the Pradhan Mantri Garib Kalyan scheme meant to provide (https://www.mohfw.gov.in/pdf/FAQPradhanMantriGaribKalyanPackageInsuranceS 50 lakhs compensation to families of healthcare workers who passed away due to COVID-19. With the aid of nursing union leaders like Francis, Madhusoodan has written letters to the owners of the clinic pleading with them to issue the certificate. She also sent a letter to and visited Girish Soni, the member of legislative assembly from the constituency where the clinic is, asking him to help her access required documents. Six months have passed since her mother's death and Madhusoodan is still waiting for the certificate. "I have not received any help from local authorities. I don't expect anything from them in the future either," she said. She was thinking about taking the matter to court.

Bhatti said that maintaining a database on mortality is the first of many steps the government needs to take. "It is a crucial first step, because only after they acknowledge that this problem exists, can they think about why it exists and how they have failed to protect their healthcare workers," he added. Then, he said, comes the work of strengthening the healthcare workforce, ensuring their access to standard protective gear, providing job security, adequate accommodation and higher wages. For Raja, it is a lot to expect from a government that could not even count the dead. "This year has taught me not to expect anything from the government," he said. "We have to look after our own."

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