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The Inkling India didn't Recognize and the Aftermath the Country Faced on Account of the Reverberating Pandemic

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ABSTRACT

In a middle-income resource-constrained country like India, which is home to approximately 1.4 billion people, the Covid-19 pandemic had varied impacts on various people. The people who were the worst hit were the rural unprivileged poor, and the semi-urban. The second wave of the pandemic hit the country and its people in and around February when people started to behave as if the pandemic was already dealt with. In this article, the authors have discussed the various aftermaths of the negligence and irresponsibility showcased by both the public and the Government. The most important and relevant factor contributing to a rising second wave was the low supply of vaccines and people adamant about not taking the vaccine due to the spread of harmful and irrelevant news. The authors discuss issues that cropped up due to low intake of vaccines in the initial stages while also casting light upon other relevant concerns like low vaccine supply, the Government's failure to come up with a strong strategy for vaccine distributions, and the politics that led to increased prices of the vaccine, the unavailability of medical resources in the country, and the black marketing of available resources. As a result, these problems further exposed the plight of the poor and showed the widening gap between the rich and the poor, giving rise to discrimination. The authors have additionally also discussed various solutions highlighting the need for transparency of policies of Government, the necessity of clear communication between the Government and public, the importance of vaccination, the regulation of prices of medical resources during tough times, and other lucrative ideas that may help in better resource management and allocation thus helping to overcome the pandemic.

Keywords: black market, Covid-19, inequality, resources, vaccination.

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I. INTRODUCTION

It was already difficult to comprehend the anguishes of the Indian public after the first wave of Covid-19 hit India in Mar., 2020. Yet, in Mar., 2021, India had to go through another lockdown in various states due to negligence, at large not just limiting to the Government or the concerned authorities but also the public. "We completely let down our guard and assumed in Jan., that the pandemic was over-and COVID surveillance and control took a back seat," says K. Srinath Reddy, president of the Public Health Foundation of India. The majority of the Indian public never contemplated such a situation arising again. The Covid pandemic has taken a lethal form with its new variant and other deadly symptoms creating havoc and unmanageable chaos among the citizens of India, both physically and mentally. An inevitable question is whirling in everyone's minds about the actual reason behind such a sudden outbreak. From an average of 70,000-80,000 daily covid cases in Aug., and Sept., 2020, India experienced a winning fall in the average daily case count which ranged between 10-20,000 during Jan., and Feb., 2021. This was precisely when the intellectual Indians were celebrating their victory over the global pandemic by sweetly abandoning social distancing, enjoying Maldives vacations, discarding wearing masks, and ignoring the use of sanitizers like their mistakes.

Additionally, the dramatic over-crowding scenes at the Kumbh Mela, Haridwar, the hypocrisy of the Valentine's Day Celebration in the posh cities of India like Mumbai & Bangalore, and the mighty colorful events on Holi showed that people had started treating Covid-19 as casual flu rather than a pandemic. COVID-19 is a pandemic that has put above 25 lakh citizens worldwide in their coffins, and yet people in India could not care less.

But is it fair to thrust all the liability on the shoulders of the citizen-ns? The answer is no. The stance of the nation's leaders towards the virus also appeared to be that of laxity and carelessness. Even after repeated warnings from the Serum Institute of India CEO, Adar Poonawalla, back during the first week of Mar., 2021 regarding the upcoming shortage of raw materials for vaccine production and testing requirements, no good plan of action was initiated by the Central Government. It's satirical that election & voting rallies were prioritized over the lives of the people. Several other factors were responsible for the uproar experienced by the second wave, which the authors would discuss further in detail. The immediate consequences of such negligence emerged when the 'double mutant' covid variant was discovered in India in Mar., 2021, and new cases surged manifold times. With a view to flatten the infection curve, people in India did succeed but just the other way round (vertical instead of horizontal).

II. VACCINE HESITANCY: (SHOULD I VACCINATE?)

Issues like the scarcity of vaccines, oxygen, highly recommended drugs, hospital beds, sufficient medical treatment were quite visible and questioned. But do you want to delve into the actual reasons behind such mismanagement? It is evident that the COVID-19 pandemic has to be overcome entirely to declare the nation "Covid-free" successfully. Firstly, coming on to India's Vaccination drive, which was introduced with the target of vaccinating 30 crore citizens by the end of July 2021. It indeed appears to be an impossible goal given the country's current vaccine supplies, unfair distribution, and politics. The two approved vaccines currently in circulation are "CoviShield" manufactured by the Serum Institute of India, based in Pune in western India and the second is Covaxin, manufactured by a company called Bharat Biotech. Vaccine Hesitancy was amongst the major factors behind the scarcity of funds as well as resources for their further production. Consumer behavior influenced by misinformation, limited perspective, and lack of transparency was enough for 6.5% of the daily manufactured vaccines to get wasted. At the initial stages, the public had a very pessimistic stance towards vaccination which further got inflated as the media continuously questioned their feasibility as well as showcased only those specific cases wherein the citizens suffered after the intake of the first dose.

"I even go to people's farms to convince them to take the jab. In one case, someone told me that they heard on the television that the vaccine's side-effects will show up two to three years from now. No matter what I tell them, people believe what they want to believe. I feel helpless," Anusaya Dolas, a health care worker said.

The public had developed the mainstream belief that they would become completely "covid-free" immediately after the intake of the first dose itself. People completely overlooked the fact that vaccination was a rather two-to-three-month process consisting of two doses (be it either CoviShield or Covaxin) and just had their thoughts stuck to their self-established theories of side effects and future ailments arising from vaccination. The citizens had somewhat developed the "False Consensus Effect" (according to which the people are determined to believe that their judgments and steps in a given circumstance should be universal) as well as partly suffering from the Psychology of Misinformation and Cognitive Dissonance. These beliefs further proliferated after the demise of the respected South Indian Actor, Vivek, who died the next day after his vaccine jab. Since then, the people of Tamil Nadu had become highly skeptical regarding vaccination. Some people doubted and questioned whether actual vaccines were provided to the individuals or are they being gamed. Such cynical behavior on the part of

the citizens unknowingly contributed significantly to the wastage of resources and the vials produced. Talking about the actual numbers, a vial of Covaxin contains 10 doses, and that of CoviShield includes 20. But as soon as the vial opens, the doses last no longer than 3-4 hours, after which they lose their effectiveness. An approximate figure of 23 lakh doses was the daily average wasted doses of both the vaccines together at the initial stages, which was probable because of such a hesitant and gloomy approach.

III. SCARCITY: A MAJOR ISSUE IN INDIA (DID RESOURCES GET SYNONYMOUS WITH GOLD AND DIAMOND?)

"We are in the endgame of the COVID-19 pandemic in India" and to succeed at this stage, Union Health Minister Harsh Vardhan said, politics should be kept out the COVID-19 vaccination drive. Paradoxically, India is the largest producer of vaccines globally; however, it lacks enough supplies of the recommended and self-manufactured doses for its people. One of the most important aspects that needed the Government's attention was how efficacious the vaccination drive would be for the underprivileged segment or those living in hard-to-access places. In the first phase of the rollout, the central regime promulgated the target vaccination of around 30 million people, including the healthcare workers, the frontline workers, including police, paramilitary forces, sanitation workers, and disaster management volunteers. Successful vaccination of these people required approximately 60 million doses of the vaccines; however, the Government had only initiated an order of about 15 million doses in Jan. It was impossible to achieve the target, and only 14 million people were successfully vaccinated in the first phase. The Government opened up the second phase of vaccination via online registration for the residents above the age of 60 and those between 45-60 years with one or more comorbidities of health conditions from Mar., 1st, 2021. Besides the quandaries mentioned earlier, which could have been averted with the correct estimates of advance orders of vaccines, the Government promulgated the inoculation of the inhabitants belonging to the 18-44 age group, beginning from May 1st in the third phase. The mismanagement of resources led to a vaccine crisis in the country, leading people to be queued outside the vaccination centres in the hope of getting vaccinated without vaccines being available for the 45+ population. These long-awaited lines outside the hospitals and vaccination centres elevated the probability of infection among the people since maintaining social distancing was near to impossible under such a gruelling situation. Until May 10th 2021, only 2% of the population got both their doses, while only 10% received their first jab. Several states had to shut down their vaccination centres due to the unavailability of adequate reserves. The shortage of vaccine

supplies was not the only problem that was to be taken care of; politics also played a huge role, which resulted in delayed and unsuccessful vaccination. Under phase 3 of the vaccination drive, the procurement policy of vaccines was changed: Central Government would now procure 50% of the vaccines produced in the country, while the state governments and private hospitals would procure the rest 50%. This created a huge mess since the regulation of prices would no longer be under the government authorities. The first problem that cropped up was that the Centre had shifted the burden of vaccinating individuals above 18 years of age to the State Governments and other authorities, while the next and a comparatively dominant hurdle which India would subsequently face, was the issue of exploitation by the private sector in the form of higher vaccine prices which could only be afforded by a very infinitesimal segment of the population. Amidst all the commotion, the worst hit was the poor and oppressed sector of the country. Using World Bank data, Pew Research Centre has estimated that the number of poor in India (with income of \$2 per day or less in purchasing power parity) has more than doubled from 60 to 134 million in just a year due to the pandemic-induced recession. So, a fundamental question or thought; how would the individuals who struggle to afford a two-square meal secure the doses at such rocketing prices? The gravity of the situation has only increased as the second wave took over the country due to reasons that could have been avoided had the Government and the public themselves would have been a little more thoughtful about the pandemic. The fundamental point is that vaccination should be an accessible public service with every citizen enjoying equal rights, without political or income biases taking place. Still, ironically, the vaccination drive in India has exactly taken a political and money-making track with the rich commanding over the poor as usual. The companies that are involved in the production of vaccines were quite unhappy with the profits they were making and further with the decision of the Government to open up the markets for the private hospitals consequently constructed the road for vaccine and medicines to be one of the most profitable endeavors in the ongoing situation. This resulted in another significant issue: 'Black Marketing'.

(A) Scarcity of other medical resources

The healthcare system has already been weak in India, and the lethal second wave hitting the country has further weakened the healthcare system. Necessary medical resources like oxygen cylinders, ventilators, hospital beds, intensive care units are crammed up to their capacity in urban areas. It is difficult to find sufficient infrastructure facilities and services in the villages, let alone doctors, nurses, and other health care workers. With the rural economy already crashing, unemployment at an all-time high, it is unfair for the rural population in India to not even be able to save their loved ones.

Something extremely basic, be it an ambulance service or the availability of medical oxygen in hospitals, has neither been provided to the patients at the right time nor in significant amounts. Who seems to be responsible for such inefficiency and sloppiness is the ultimate question- the hospital authorities, the State Government, or the Central Government? 3,03,720 precious lives were lost in the country until May 24th 2021, which accounts for 1.14% of the total confirmed infections, which is just the story covered by the media. We don't need rocket science to understand that numerous deaths actually go unreported after experiencing the situation in front of our eyes, and the actual statistics would surely be higher. India has confirmed around 18 million cases, and the positivity rate of the testing has suddenly gone up to 20%. Intensive care units are crammed full; hospitals do not have enough beds for the critically ill or mild patients. The situation has become so worse that several parts of the country are encountering desperate patients crowded on the streets outside the hospitals with their loved ones pleading with the official authorities for oxygen supplies and stretchers, sadly, even for minimal medical assistance. The Government had to announce that the military medical infrastructure would be made available to civilians, and retired medical military personnel would be helping out in Covid health facilities.

The Coronavirus pandemic augmented the demand for daily medical oxygen to 2800 metric tonnes per day (MTPD) in the first wave which has skyrocketed to 5000 MTPD in the second wave. According to the Central Government, India's daily production capacity is 7287 MT which is comfortably more than the consumption demand. This does not justify the basic rules of demand and supply. If production is greater than demand, why was there a shortage of supplies at all? The production was not the primary problem; instead, it was the transportation of medical oxygen that was the principal reason behind the shortfall. The transport of medical oxygen can only be done via roads and in special cryogenic containers, which are falling short in India. Other problems like the forgery of oxygen containers and the discrepancies between states further aggravated the issue. This is why setting up Pressure Swing Absorption (PSA) plants in hospitals is the only way to make hospitals independent for supplying oxygen without worrying about delivery delays. The irony is that the Government announced setting up around 162 oxygen plants all over India, but the installation process of only 33 had been completed by Apr., 18th 2021, and the Government gave an assurance of setting up 80 such plants by the end of May. Amid the dispute between the centre and the state, some evaded their responsibilities, and innocent & powerless lost their lives. Even more ironic is that in rural areas with no proper medical infrastructure, the setting up of these plants would be a far-fetched dream.

IV. BLACK MARKETING: (MONEY > LIVES)

The basic economic theory of rising prices in a situation of excess demand and a limited supply is what the current scenario in India is all about. Scarcity of all the significant requisites for combating the virus spread has led to an unprecedented hike in their prices, thus generating a high probability of hoarding and black marketing to rule the market. Life-saving drugs like Remdesivir, generally used for patients with severe covid symptoms, actually disappeared overnight and henceforth were supplied at 5-7 times that of their original marked price. A 100mg vial of the drug revolves around the price range of 1000-5400 rupees, while during these challenging times, they were supplied at whooping ranges of 17,000-20,000 rupees and even crossing the 35,000-40,000 mark in some cases. Not only this, but the issues of fake Remdesivir also came up when cases were reported in several areas of Delhi and Uttarakhand of spurious vials of the drug being supplied at inflated prices itself.

Moreover, the exorbitant prices charged by the private hospitals for beds, ventilators, and PPE kits were also riding at an equal pace. Critical patients in dire need of beds and intensive care were given shooting bills in lakhs for just weekly admissions or even less than that by the hospitals. "I was asked to pay cash upfront for a bed and finally when my mother was discharged after a week, the hospital gave me a bill of nearly 200,000 rupees, which is too much," Paneer Selvan, a mechanic from Tamil Nadu state, told DW. A public health official, Rajan Shukla, described it as "daylight robbery". Imagine the situation of rural India and the urban poor where people are hardly able to afford a daily meal, being forced to pay gross cash firstly for getting admitted and further being provided with cosmic bills during their discharge. Marketers didn't even spare the living element oxygen, rather they made it their finest weapon. At such a low level, the oxygen supply made people cover hourly tours for helping themselves with an oxygen cylinder, which again was priced at 3-4 times its actual value. Cases were disclosed of the 30-liter cylinders being sold at nearly 60,000 INR, approximately thrice of its initial price. After receiving several complaints regarding the shortage of medical oxygen and the illegal activities taking place, Delhi Police took action and consequently seized over 400 oxygen concentrators from a posh area in New Delhi. This immense shortage and the unethical undertakings by the hoarders and traders made these resources, which qualify as necessities during a pandemic, into luxuries. The money-making game didn't just end with the death of a person; instead, it even extended until their funeral. Several reports from the public portrayed that the officials in charge of the cremation grounds were charging unreasonable fees for the incineration of the dead. Thus, people were seen using the banks of the Ganges River to complete their proceedings. Fraudulent practices even entered the vaccination hubs as private

hospitals started supplying vaccines at inflated prices, only affordable by a handful of the population. Even the State Governments of several states hoarded their supplies giving preference to those ready to pay more. The official website for vaccine registration ("www.cowin.in"), where seeking a slot for vaccination is so mystifying that initially one needs to go through several Faster Finger First challenges and if succeeded, others are just as surprised as everyone was after watching the atypical personality of Rahul Dravid portrayed by CRED in their marketing advertisement. The working of this website has also been hampered as people noticed a similar problem faced by many. When one scrolls through the website for the availability of vaccines, he might find some doses available at a particular hospital. But as soon as he logs in using his credentials, the availability vanishes. E-crimes also flourished as people took to social media for any leads as per their requirements. The intensity of Black Marketing and unlawful measures further aggravated the problem of inequality as the wealthier society dominated the poor in such a situation. The rich could pay additional amounts and use their connections, but the poor were utterly deprived of the resources and had to give up on their life savings for their loved ones as well as themselves. The rich would always have one penny more to pay than what the poor do. The economic theories of rationality, budget constraint, and preferences didn't hold under these circumstances, rather it was the sentimental and psychological aspects of the individuals which overpowered their economic aspects.

V. WHAT CAN THE GOVERNMENT, AS WELL AS THE PEOPLE DO?

As discussed above, the most crucial and radical problem the country is facing is the scarcity of doctors, nurses, paramedics, assistants, and several other pandemic necessities. This has always been a pertinent issue in India, with the COVID-19 pandemic bluntly exposing the profundity of the scarcity pool. It is practically not possible to create doctors in a couple of weeks or months. But there is always a possibility of adequate training and development of those in their final or pre-final stages. Therefore, one way to provide substantial care for mild Covid patients is by training health care workers with sufficient qualifications or experience, not necessarily the final medical degree. Nurse practitioners and physician assistants who graduate after 4-6 years of education can also be trained to triage the sick as Covid or non-covid patients. Another way which can be implemented is by arranging abundant on-the-job training and development programs for specialty doctors, especially those who specialize in the respiratory system. The examinations of final year Post-graduate or Undergraduate students should not get continually delayed so that these individuals can assist in looking after the patients. Telemedicine web models or hiring retired doctors who are experienced can also be other ways to make sufficient availability of doctors during these challenging times.

The second and probably the most substantial complication that is of utmost concern currently is regarding the affordability of vaccines by the population either just on or below the country's poverty line. Two doses of the available vaccines would typically cost around 800- 1200 INR; however, given the abnormality of the markets and that of the economy, vaccine prices have taken a sweeping inflationary path, unjustifiably far from the purchasing power of the poor. The problem could be addressed using the accumulated profits from the production and distribution of the vaccines, which can be used to provide subsidies on medical necessities to those in dire need. The Government must carry out a coherent strategy and fruitful assessment to give the vaccines at a subsidized rate so that more and more people at the verge of the poverty line or below it would be incentivized to take their job. Another solution could be a cost-sharing mechanism between the centre and the states, with a majority of money coming in from the Central Government. Ironically, India being a major vaccine producer, shifted the burden onto citizens to pay for them by opening up the private markets.

The private hospitals are charging way more than the initial prices at which the Serum Institute of India and Bharat Biotech were selling the vaccine with the sole reason of earning extravagant profits even during a national emergency like the COVID-19. The Central and the State government must intervene to some extent to regulate the prices offered by private hospitals, be it for vaccines or other medical amenities. During these testing times when the pandemic has hurt the lower-income individuals to an inordinate extent, increasing inequality; private hospitals and businesses related to pharmaceuticals must keep in mind that this is not the time to make profits but to come up with ideas that promote philanthropic activities towards the most unprivileged ones. Businesses must look after their employees by granting relevant benefits, maintain the trust of their stakeholders, and involve themselves in activities that benefit society holistically.

Industrialists in India came to the rescue when the Government failed to provide necessary resources to the public. Corporate India has helped the Government in various ways by providing medical equipment, opening up hospitals, supplying crores of money. Gautam Adani contributed 100 crores to multiple initiatives, whereas Tata Sons and Tata Trusts had pledged 1500 crores. Reliance industries opened India's first 100-bedded hospital and other contributions, which included the production of 100,000 masks, providing fuel to emergency vehicles and food to needy people. ITC Ltd, a renowned company of India, donated 150 crores and assured its collaboration with district authorities to boost the healthcare system for the weakest section of the society. Several other companies came forward with philanthropic arms to provide food, shelter, ventilators, hospital beds, and N95 masks to the people who required

the same. It also inspired many celebrities and other recognized people to contribute and help Indians who are suffering as a result of the pandemic.

A significant issue that needs attention is the patent protection of COVID-19 vaccines, which has significantly concentrated the supplies of vaccines to a small number of pharmaceutical companies. Patents are designed to lucidly enforce ownership of a process or technology, typically for 20 years, and sanction the holder to manufacture and commercialize their invention exclusively. The suspension of intellectual property rights relating to COVID-19 would avail other companies and businesses to ramp up the production of vaccines and potentially increase their supplies, not only domestically but also ecumenically. However, with the help of patent protection of their innovations, pharmaceutical companies can recoup the investment they had to make for their research activities and are incentivized to further indulge in such research and innovations. Thus, it might seem that waiving off intellectual property rights is an impractical solution. It would de-incentivize innovation, but this probably is the only way to make the accessibility of vaccines more facile and, hence, surmounting the issue pandemic with a bit of ease. The crucial decision here is: What is more vital, patenting the medical products or incrementing their accessibility?

Vaccine hesitancy is still a problem in rural India due to the spread of harmful & unproven news on national television. "We are doing awareness through various media and folk art but now vaccine availability is an issue," said Rajendra Bharud, the district collector of Nandurbar, who is a trained medical doctor. Vaccination centres must be set up in rural areas, and people must be made aware of the benefits regarding its intake. Posters, flyers, loudspeakers informing people about the requisite and the positive impact of taking the vaccine must be adopted and lessen their hesitancy to take the vaccine. The Government should maintain proper transparency regarding the efficacy and adequate measures to be adopted after taking a shot and provide verified results and statistics to dominate the strength of the unproven information spread to infuse a sense of confidence in the minds of the general public.

Sufficient measures and provisions could have been implemented to avoid over queueing of the public outside the vaccination centres, which did nothing but added to the manifold increase in the case count. (someone may have contracted the virus while on their way to the centre or other such cases where people are unaware if they have contracted the virus or not). One such undertaking could have been to enable people to get vaccinated in their residential areas or buildings, or complexes. As a result, a significant portion of the population would not have had to visit the vaccination centres in person and wait for their turn, thus resulting in only a fraction of the number to appear physically at the centres, simultaneously resulting in double benefits-

one being successful vaccination of a more significant segment. The other being successful maintenance of social distancing and overcrowding protocols outside the centres.

VI. CONCLUSION

The discussion mentioned above demonstrated the hardships that the Indian public had to face amidst the ghastly second wave of the Covid pandemic and the several robust solutions and measures that could have been undertaken to control the virus's manifold spread. Negligence, misinformation & self-developed cynical assumptions emerged as the first set of ingredients enabling the Covid platter to be served to the population. Moreover, such factors led to obvious concrete issues of scarcity, grave inequality, and perverse black marketing, dominating the entire economy. It was only the virus that affected both the rich and the poor in an unbiased manner, but unfortunately, the rich again maintained their supremacy when it came to tame the effects of the virus using the available resources. Exploitation by the corporate sector, Centre-State, and inter-state disputes amounted to such problems that could have been nullified if adequate steps were taken at the time when the officials had warned of the inception of the imminent second wave. Regulation of fixed prices for pandemic necessities, lucid communication between the Government and the public regarding the usage & benefits of vaccination and the importance of social distancing norms, preservation of proper business and workplace ethics and logical intervention in the market forces could have assisted in moderating the jeopardy arising out of the pandemic. The Government's interest must lie in the investment of efficient Research & Development, requisite infrastructural growth, and fair allocation of resources, coupled with the conservation of the necessary protocols by the citizens as well as the Centre and States. Maintenance of apposite initiatives would thus prepare the country to fight the pandemic and simultaneously strengthen itself against the premonition of the third wave.

VII. REFERENCES

- The Who, What, When Of Vaccination In India: BQ Explains, Bloomberg, (May 04, 2021), <https://www.bloombergquint.com/coronavirus-outbreak/indias-covid-vaccine-policy-all-you-need-to-know>
- Manavi Kapur, The Indian government has ordered its vaccine doses in fits and starts, Quartz India, (May 06, 2021), <https://qz.com/india/2005290/how-many-covishield-and-covaxin-doses-has-india-ordered/>
- Nilanjana Bhowmick, How India's second wave became the worst COVID-19 surge in the world, National Geographic, (Apr. 24, 2021), <https://www.nationalgeographic.com/science/article/how-indias-second-wave-became-the-worst-covid-19-surge-in-the-world>
- We are in the endgame of COVID-19 pandemic in India: Harsh Vardhan, PTI, IndiaTv, (Mar. 07, 2021), <https://www.indiatvnews.com/news/india/we-are-in-the-endgame-of-covid-19-pandemic-in-india-harsh-varadhan-689404>
- Murali Krishnan, India's COVID crisis spawns black market for oxygen, drugs, Made for minds, (May 11, 2021), <https://www.dw.com/en/india-covid-black-market/a-57496221>
- Tanvi Deshpande, How Health Workers Are Fighting Vaccine Hesitancy In Villages, IndianSpend, (May 19, 2021), <https://www.indiaspend.com/covid-19/how-health-workers-are-fighting-vaccine-hesitancy-in-villages-749588>
- Suravi Sharma Kumar, How to fix the shortage of doctors during the pandemic, IndianExpress (May 15, 2021), <https://indianexpress.com/article/opinion/columns/healthcare-crisis-doctors-shortage-covid-pandemic-7315531/>
- The Visual and Data Journalism Team, Covid-19 in India: Cases, deaths and oxygen supply, BBC, (Apr. 29, 2021), <https://www.bbc.com/news/world-asia-india-56891016>
- Richard Mahapatra, India's deep economic paralysis just set in, DownToEarth, (June 02, 2021), <https://www.downtoearth.org.in/blog/economy/india-s-deep-economic-paralysis-just-set-in-77232>
- Explained: Why India is facing oxygen shortage during 2nd Covid wave, India Today, (Apr. 21, 2021), <https://www.indiatoday.in/coronavirus-outbreak/story/explained-why-india-is-facing-oxygen-shortage-during-2nd-covid-wave-1793435-2021-04-21>

- Abantika Ghosh and Remya Nair, Modi govt invited bids for 150 oxygen plants in October, Today, just 33 are up, ThePrint, (Apr. 24, 2021), <https://theprint.in/health/modi-govt-invited-bids-for-150-oxygen-plants-in-october-today-just-33-are-up/644643/>
- Sukanya Roy, How Indian companies are contributing to the war against coronavirus, Business Standard (Apr. 03, 2020), https://www.business-standard.com/podcast/current-affairs/how-indian-companies-are-contributing-to-the-war-against-coronavirus-120033001663_1.html.
