

Article/ Commentary:

A counterview to Lancet's Editorial "India's COVID-19 emergency", published on May 8, 2021

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Abstract:

Recently, Lancet published an editorial, "India's COVID-19 emergency". An editorial is entitled to be opinionated, but it is expected to be based on nuanced analysis of scientific facts than merely towing to a popular media narrative. Having been tracking COVID-19 in urban centres and being on ground zero during India's intra-wave period, I notice several inaccuracies and inconsistencies here. My article is based on additional facts and spatio-temporal assessment of COVID-19 unfolding in India to offer counter arguments on five key assertions in the Lancet's editorial, namely (1) The myth about repeated warnings of the second wave, (2) the Superspreader event theory (3) Lethality and genomic coding of the second wave variant, (4) Government's complacency and ill preparedness, and (5) Claims of under-reporting of deaths. I would encourage the readers to themselves read, fact-check claims and counterclaims to form an informed opinion.

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An editorial is entitled to be opinionated, but it being published in a scientific journal and that too of repute in biological & medical science like Lancet is expected to be based on nuanced analysis of scientific facts than merely towing to a popular media narrative. Having been tracking COVID-19 for my research in urban centres and while being on ground zero for one of my project during India's intra-wave period (Dec 2020 to March 2021) reported in this piece, I notice several inaccuracies and inconsistencies here. In addition, I notice an uncanny silence from the medical fraternity for whom publishing in Lancet like journals may be a professional and academic necessity. The political undertones of the Editorial are also difficult to miss. But political positioning cannot be used to overwhelm or stifle scientific evidence. A rebuttal can mean repercussions from journal editors and publishers, but academic integrity demands to put the scientific record straight. My article is based on additional facts and spatio-temporal assessment of COVID-19 unfolding in India to offer counter arguments on five key assertions in the Lancet's editorial, namely (1) The myth about repeated warnings of the second wave, (2) the Superspreader event theory (3) Lethality and

genomic coding of the second wave variant, (4) Government's complacency and ill preparedness, and (5) Claims of under-reporting of deaths. I would encourage the readers to themselves read, fact-check claims or counterclaims and open to be proved wrong if facts suggest otherwise.

1. The myth about repeated warnings of the second wave

The Lancet editorial says that “The impression from the government was that India had beaten COVID-19 after several months of low case counts, despite repeated warnings of the dangers of a second wave and the emergence of new strains”. The entire argument is premised on one article published in Lancet itself few days ago (May 01, 2021) by Anoo Bhuyan titled, “Experts criticise India's complacency over COVID-19“. Unfortunately, the article is not a scientific piece but published as a “world report”, an article format that is open to journalists like in this case. A close read of the article shows that Bhuyan discusses the pandemic situation with several health experts to essentially infer that India needs to be better prepared but while doing so fails to quote a single scientific model, health projection or warning by any organisation (Indian or international) what so ever that precisely informs when and where would the second wave of COVID-19 strike in India. The advice of being better prepared sans details was as good as the biblical verse *you shall not steal or love thy neighbour* that no one can refute, but as an epidemiological or health policy advice is grossly insufficient to predict and control a pandemic wave. The fact of the matter is that till March 30, 2021 data from Ministry of Health & family Welfare shows that for weeks India had a daily rate of increase in cases around +0.50% and a load of 53,480, well below its last peak of 97,894 on September 16, 2020. The situation seemed pretty under control till April 7, 2021 when the cases breached the 100,000 mark and started increasing exponentially (at +0.91% and onwards daily increase). Before attributing policy inaction to countries, a research based journal like Lancet needs to answer whether WHO or any other international organisation predict the timing and medical nuances of any such COVID variant wave in India? Did Lancet publish any paper or opinionated item about the paucity of such a research, if not about prediction? On the contrary, what Lancet now does is to traverse to another extreme when it says, “The Institute for Health Metrics and Evaluation estimates that India will see a staggering 1 million deaths from COVID-19 by Aug 1”. The IHME projections are devoid of any scientific validation. While recirculating apocalyptic scenarios far from the ground reality, Lancet abets panic, paranoia and mistrust on science in influencing decision making. Two wrong do not make a right.

2. Debunking the Superspreader event theory

The Editorial says, “Despite warnings about the risks of superspreader events, the government allowed religious festivals to go ahead, drawing millions of people from around the country, along with huge political rallies—conspicuous for their lack of COVID-19 mitigation measures”. A careful tracking of the COVID data suggests that the superspreader events theory is absolutely dumbfounded. The spatial-temporal analysis of how pandemic shows that while the religious event in question (the Haridwar Kumbh Mela) was organised amidst strict COVID norms in the state of Uttarakhand (March 11 onwards), and most election rallies were held in the hotly contested state of West Bengal, during this while most of the new cases were being reported hundreds of miles away in the states of Maharashtra, Karnataka, Kerala and Andhra Pradesh and later in New Delhi. The geographical assessment of the case-adjusted fatality rates show that four major hotspots - Uttar Pradesh, Delhi, Gujarat, and Chhattisgarh - were mainly responsible for the spike in all-India fatality rates in April. None of these states can be remotely correlated to any of the so-called superspreader events.

3. Cryptically silent on the lethality and genomic coding of the second wave variant

It seems that Lancet's Editorial is keen to bask in the political arena than commenting on COVID-19 epidemiology. It laments that the Indian government seemed more intent on removing criticism on Twitter than trying to control the pandemic, without sharing the government's clarification that there was [the misuse of social media platforms by certain users to spread fake or misleading information and create panic about the COVID-19 situation in India](#) to which in fact Twitter duly obliged. Being a medical journal, it was expected that Lancet would illuminate on the COVID-19 variant, most importantly, distinguishing the genome, lethality and treatment of first and second waves of COVID-19 in India. Its cryptically mute over its own medical specialization is highly conspicuous. While age, gender and morbidity related fatality data during April 2021 is still to be collated from states, [reports from medical practitioners indicates increasing transmissibility and virulence in case of the second wave](#), "The virus seems to have acquired a greater transferability now," said Dr SP Kalantri, professor of Medicine and Medical Superintendent at the Mahatma Gandhi Institute of Medical Sciences in Sevagram, Maharashtra. Compared to last year, Kalantri said that entire families were getting infected from grandparents to parents to children. "The entire spectrum of age groups – from the pediatric to the geriatric population – everyone is getting affected now," he said. This was not the case last year....Dr Sumit Ray of Holy Family hospital in Delhi said lung damage was occurring earlier among patients – instead of the second week of the illness, it was manifesting in four to five days. "The inflammatory response is earlier," he said. "Fever is higher and that's a sign of the inflammatory response, and this seems to be in more numbers of people. This necessitates the use of medical oxygen and could perhaps explain why oxygen shortages are being reported in many places, although the shortages could also be a function of the higher number of COVID-19 cases in the second wave compared to the first." The above accounts validate that the latest variant was much more lethal, required an early hospitalization and greater oxygen demand. Had the virulence, symptoms and lethality of the second wave variant been similar to that of the first wave, the data indicates that not only was India better prepared to handle the situation but the case load and casualties would have definitely been on the lower side.

4. The argument on government complacency and ill preparedness

The Editorial alludes to government's complacency and insufficient preparation in handling COVID-19 but do not provide any evidence in support of this claim. The most close Lancet gets is misquoting India's Minister of Health [Harsh Vardhan declared](#) for saying that India was in the endgame of the epidemic. Referring to his full statement at the 62nd Annual Delhi State Medical Conference (Medicon 2021) of the Delhi Medical Association when the daily case load of India was 15,388, it is apparent that the 'endgame' was referred to as a precondition in starting the next stage of vaccination campaign. So did the government really respond complacently to the scientific advice? The "COVID-19 India National Supermodel" developed by the expert scientific committee appointed by the government had reported that about 30% of India's population had developed antibodies by September 2020. What did the governments do during the inter-wave period? India, in fact significantly ramped up its health infrastructure between April 2020 and January 2021, as [Ministry of Health data on Feb 2, 2021 shows the country added 94,880 oxygen-supported beds](#). With best reasons known to itself, Lancet chose to overlook how the national and states leadership of India was responding just before the second wave.

On March 17, Prime Minister Narendra Modi in his regular meeting with state chief ministers urged to address the issue seriously. [Expressing concern over rising COVID-19 cases in some states, he called for quick and decisive steps to immediately curb the spread of the virus](#). The argument of ill-preparation is exposed when Lancet itself reports that "as of April 26, the

country has administered around 145 million doses”, the figure being the world’s highest then, after the US. So one could only infer that the societal and government response was actually calibrated on the hard data, available knowledge of how the virus behaves, collective experience of handling the first wave and enhanced health capacities thereafter.

Conversations with doctors reveal [that higher infectiousness of the new variant was a cause of greater and earlier hospitalisation rates along with higher oxygen demand](#): Dr Yogesh Jain said: “The allegation that [the virus is spreading because] people are careless is complete nonsense... It is predominantly because the virus has changed its form and it is coming with the advantage of being far more infectious. Every other person now has Covid” (sic).

5. The truth behind Lancet’s claims of under-reporting of deaths

Last but not the least, this is the most outrageous of Lancet’s claims and requires a thorough response. The editorial states that, “As of May 4, more than 20·2 million cases of COVID-19 had been reported, with a rolling average of 378 000 cases a day, together with more than 222 000 deaths, which experts believe are likely to be substantial underestimates”. In spite of being a popular health journal, here too, Lancet fails to substantiate who are the experts that believed so. And since when have scientists started to ‘believe’ instead of drawing logical and credible findings from empirical evidence? Secondly, the claim is highly fallacious as deaths are not to be ‘estimated’ but ‘reported’. It comes from a very colonial, white supremacist yet sadist mind-set that most often popular media houses like The New York Times, the Guardian or Deutsche Welle propagate in the West about the developing countries. It is chiefly aimed to embalm their domestic audiences suggesting that while you got devastated, the poorer nations performed worse. Perhaps that is why Lancet fails to share with its readers that fatality rate in India is lower than many of the developed countries that have higher standards of living and health infrastructure. As global data compiled by the [John Hopkins University of Medicine on deaths per 100,000 population shows](#) India (19.48) fares much better in comparison to US (178.29), UK (191.41), Italy (205.53), Czechia (279.83), France (160.43), Sweden (138.79). Thus, it becomes important to put the record straight for newspapers and journals who do not report from the ground but quote and requote other publications without any verification. For the uninitiated ones, the fact of the matter is that it is difficult to under-report either birth and death cases in India. As death of a person is related to several social schemes, insurance benefits and inheritance of land in a highly agricultural and subsistence economy, there is no practical reason of why death should even go unreported or under-reported. Even if death has not occurred in a hospital, there is a robust system of reporting via crematoriums and cemeteries. For unidentified or unclaimed bodies found, the police has standard operating procedures to register report and execute last rites of the deceased. Without any evidence otherwise, the non-reporting of COVID death of a person say at home in unattended circumstances would have to be assumed same whether s/he dies in Ecuador, US, Poland, Zambia or India, irrespective of the health infrastructure available. Why? Because as available evidence tells us, under reporting of countless people is an equally common phenomenon throughout the world, including the developed countries. There have been umpteen reports on deaths that went unreported for weeks and months from [nursing homes in New York](#), [retirement homes in Spain](#), [care homes in Italy](#) and [most widely ones in the UK](#) to be discovered later. Lancet should have acknowledged that this is a highly unlikely prospect in close-knit Asian or African societies where age-old homes are extremely uncommon.

Conclusion:

In a nutshell, while the editorial shares quite a vivid and rather colourful picture of the symptom itself, most notably the crises for beds and medical oxygen, the above corroboration

of Lancet's claims demonstrates how information has been misrepresented on several counts while attributing causations to the symptom. It is thus convenient to be an arm chair critic of the immediate situation, but in hindsight India's second wave of COVID-19 was nothing but a collective failure of science based predictive modelling and timely reporting for pre-emptive policy action by governments. Instead of grandstanding and passing the buck on affected countries, it was expected that Lancet showed some sense of neutrality and proportion while reporting facts. In addition, any progressive research journal is expected to create dialogue and synergy between scientists towards speedy reporting on COVID variants that helps predict the next wave to concerned governments in a clear, pointed, non-jargon fashion of dos and don'ts expected in a health policy aimed at effective pandemic management. Remember, even the most efficient governments can be as good as scientific advice they receive in time. While Indians and the Modi government would surely be reflecting of what went wrong, one hopes that Lancet too should seriously think of some spirited and constructive reporting on some of the impending research-policy concerns, for instance: Where would the next COVID wave hit and when? What would be its possible health risks, symptoms and medical treatment? How could it create fraternity pressure on WHO and national governments to free vaccines, its materials out of patents/ IPRs and export embargos? How can it stop vaccine hoarding and cocktails by rich countries while large population in lower and lower middle income countries languish? How can it ensure that universal medico legal ethics and research rules are adopted to ensure Wuhan type high-risk gain of function experiments are prohibited? By means of its provocative editorial, Lancet counsels governments to have science at their heart, however its grim silence on the above burning scientific topics surely says a lot on what lies at the core of its own heart.