**Title : India’s Covid-19 Catastrophe reflects years of neglecting its health system**

Covid-19 is surging uncontrollably throughout India, disrupting big cities like Mumbai and devastating rural areas where there is extreme poverty and hardly any health care. The heart-rending images of funeral pyres set up in public parks, burning an endless line of bodies, is only a glimpse into the tragedy unfolding across the country.

People are waiting outside hospitals — where there are no longer any beds or even oxygen — in 100-degree heat with their sick and dying loved ones.

The pro-nationalist government of Narendra Modi is partly to blame for not stopping the Kumbh Mela Hindu religious celebration that brought 2.5 million people to the Ganges River, and for carrying on with political rallies that attracted masses of people. But far more than hypernationalism is responsible for this catastrophe.

During the 20 years that I reported on health for The Times of India and trained reporters to cover this beat, I saw how the health sector was neglected during India’s growth and development.

India’s health care system was envisaged soon after its independence in 1947 as a three-tier system that could cover the entire country. It was to have a primary care system at the village level, a secondary care system to cover smaller urban centers, and tertiary care for specialized treatment. Over the years, though, the emphasis moved to for-profit tertiary care hospitals, mainly in big cities, with state-of-the-art that provided care mainly to the urban rich. Profits from these hospitals, which go into paying the high salaries of doctors and top executives, took precedence over attempts to regulate them or stop malpractice, such as overcharging patients or unnecessary surgeries.

Successive governments before Modi’s supported this unplanned growth, paying little heed to the health infrastructure that was underfunded, poorly staffed, and falling apart. Sushma Swaraj, a senior politician in the Bharatiya Janata party — today’s ruling party — who I interviewed in 1999 on the party’s absence of focus on health care in its parliamentary election manifesto, told me, “Health is a thing for the rich. We in India have to focus on getting bread to the poor.”

Leaders from other political parties voiced similar views. Few in the government or the legacy media considered health care to be an issue of national importance.

I have covered epidemics and pandemics in the past, though nothing as tragic as the spread of Covid-19 in India, and have seen the resulting chaos. In 1994, for example, after news emerged of cases of pneumonic plague in India, rumors of an airborne infection of plague prompted thousands to flee the city of Surat in western India and be admitted to hospitals in Delhi. There, as I found in my reporting, a specialized Hospital for Infectious Diseases was completely lacking in resources. I have also seen families wiped away in the AIDS epidemic in India’s villages with little access to testing or treatment and little attention paid to them by the government or the media.

The fact is that the poor in India have struggled to get health care for decades. Most health expenditures in India are paid for out of pocket and paying for health care is among the leading things that push people below the poverty line. A 2017 study by the Public Health Foundation of India found that health expenses were responsible for driving 55 million Indians into poverty between 2011 and 2012. As many as 90% of the poor have no health insurance.

Government after government has promoted medical tourism that entices people from the United States and other countries to come to India’s for-profit hospitals for dental, cosmetic, and other procedures. India’s ministry of tourism recently expanded its visa regime to allow e-tourist visas for medical tourism, a $3 billion industry that is expected to grow in the years ahead.