**Pandemic profiteering during the Second wave of COVID-19**

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Conflict of Interest – Nil

Funding obtained – Nil

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**Abstract**

The second wave of COVID 19 hit India with a severity that was unanticipated. The sheer numbers resulted in shortage of hospital beds and oxygen supply and that is expected. But it also brought into focus many cases of hoarding or black marketing of many essential medications along with a sudden hike in the cost of drugs, oxygen cylinders and oxygen concentrators which caused severe misery and despair in the life of poor patients and their family members who were already crippled and suffering due to the pandemic. Hospitals seized the opportunity too, sadly. Getting a hospital bed with a ventilator support required either a huge security deposit or a political connection. This was the new low in medical ethics the country has ever witnessed. It all resulted because the provisions of the Disaster Management Act were not implemented in letter and spirit.

Key Words

COVID-19, Pandemic, Ethics

**Introduction**

“It’s time for indignant citizens today to confront a new breed of shameful greed merchants” – Jim Hightower

The first wave of the Covid pandemic saw us facing acute shortage of masks, PPE, sanitisers with even toilet paper disappearing from store shelves. But the Indian small manufacturers seized the opportunity and by the end of last year we had enough PPE and masks to even export surplus to other countries. Though we rationed even the lowly surgical masks, people did not hoard or black market any of these. But it gave people the knowledge of what all will be required and would be in short supply if the second wave struck. And so started the pandemic profiteering business. Medical professionals in India have never witnessed the amount of pandemic profiteering that happened when the second wave of Covid 19 hit the country. More than 3 lac people were getting infected everyday with the virus and having significant mortality and morbidity. It was at that time, India saw a spike of pandemic profiteering occurring in medical essentials resulting in severe patient distress and thereby touching a new low in medical ethics.

**Why Pandemic Profiteering occurred?**

In contrast to the first wave, there was no clear guideline given that this is the protocol of lockdown, quarantine or treatment to be followed, by either the ICMR or the Health Ministry, Government of India (GOI). There was a complete policy paralysis resulting in a free for all. When supply was inadequate, the Government of India and the State Governments imposed a price cap on life saving medicines and oxygen cylinders, which prompted black marketing. There was hardly any regulatory system to monitor it. With increase in the patient load and scarcity of the available hospital beds for admission, there was panic buying of medicines and hoarding of essentials during the pandemic.

**What were the effects of pandemic profiteering?**

During the peak of the second wave, the pulse oximeter which costs just Rs 300 was being sold at Rs 3000 in many parts of the country. A high flow oxygen mask which usually costs Rs 100 was sold for Rs 1100. Private ambulances and mortuary vans were overcharging either to ferry the patients or to bring the dead bodies home from the hospital, respectively. In Kolkata, a patient was charged Rs 8000 to go to a hospital 5 km away. In Hyderabad, the transportation charge ranged from Rs 5000 to Rs 10000 for a 10 km distance travel. Many hospitals were demanding few lacs of money as initial security cum advance deposit for admission of sick patients in the intensive care unit. RT PCR test for Covid 19 that usually costs Rs 800 was charged Rs 3000 in many centres. The price of oxygen concentrator skyrocketed. Few essential medicines like Remdesivir which normally costs less than Rs 2000 were sold at Rs 40,000/vial (**1**). Similarly, Tocilizumab which can help a few really sick patients on ventilator, and which was available in the market for Rs 32480 / vial was sold at Rs 2,50,000 /vial in the black market. It was a matter of how much you are willing to pay for your near and dear ones survival and the highest bidder took all.

Oxygen cylinders which usually cost Rs 1500 to Rs 2000 were sold at Rs 50,000 because of a panic that Oxygen supply was scarce in hospitals. Every patient on home quarantine and those not able to get a bed in the government hospital wanted to reserve few Oxygen cylinders at home for emergency even when they had no knowledge of how to use it or what would they do for a refill after it was exhausted. This hoarding aggravated the Oxygen short supply because while there was no shortage of Oxygen production, there were not enough cylinders to fill them in and transport them. British Broadcasting Corporation (BBC) called up several Oxygen suppliers and found that most of them were demanding at least 10 times more than the normal price for a cylinder (**2**). There was hoarding and short supply of steroids, anti-coagulants and multi vitamins in many parts of the country.

During the lockdown, the poor migrant population who wanted to go home had to spend an exorbitant amount of money to hire a vehicle.

Many government policies added to people’s woes. In Karnataka, the government has taken a decision to hike the charges for oxygenated bed by Rs 1000 to make it Rs 8000 a day while that of ICU bed with ventilator by Rs 1500 a day, to make it to Rs 11,500 in the second wave of the ongoing pandemic (**3**).

Funeral homes were literally the last straw to break a COVID victim’s back, not only with long waiting lists but exorbitant costs of scarce wood and cremation costs **(4)**.

**Fake Medicines, Scams and scandals**

As if the curse of pandemic profiteering was not enough, the country also had to face the brunt of fake lifesaving medicines like Remdesivir (filling vials with saline) emerging in the black market which jeopardized the life of innumerable hapless patients in this crisis. The patients and their innocent relatives were also looted, duped and fleeced of their hard-earned money by online SOS scammers selling Oxygen cylinders, Oxygen concentrators and what not. They realised that the medicine sellers were fake once they transferred the money online for the essential drug. There were several WhatsApp groups involved in such scams, selling medicines from unscrupulous pharmacists.

There have also been allegations of a COVID 19 victim’s wife being molested by the treating doctor in a private hospital in Patna, while the hospital authorities deliberately switched off the Oxygen supply in the intensive care unit to force patients to buy Oxygen cylinders (**4**). In another shocking incident, a male nurse reportedly raped a Covid-19 patient at a government hospital in Bhopal, following which the woman died within 24 hours (**5**).

The crime branch of Karnataka police did arrest a few people involved in “Covid bed allocation Scam” even though on paper the beds were allotted officially through the Central Hospital Bed Management System of the Bruhat Bengaluru Mahanagara Palike (BBMP).

**How to clean the system?**

The Disaster Management Act of 2005 clearly states that when it is enforced,

1. There should be a National Plan.
2. There should be a direction and all help to States to carry out the plan.
3. The Government should make available the resources for emergency response, rescue and relief **(7)**.
4. Sweeping powers are given to designated disaster management officers to enforce the plan and punish people acting in contradiction to the Act.

In such a scenario, we find that the second wave has resulted in none of these. It is a case of complete policy paralysis with no clear direction or plan, resulting in every common man, hospital, businesses including crematoriums making a shameless quick buck holding desperate patients to ransom.

Swift and visible action with exemplary punishments should be taken against black marketers, hoarders and extortionists so that people fear doing such acts.

We see instances of extra ordinary human sacrifice and empathy still in many doctors, nurses, HCWs, police and other essential office workers. So, it should be assumed that there is still humanity and goodness left in our people. We need a good, inclusive direction from capable, respectable leaders, that these are the dos and don’ts, reassurance that all people will be taken care of by increasing and upgrading infrastructure at a rapid pace and appealing to the civilities of the masses to stop misinformation and panic, to come forward to care and help fellow beings and constant, correct information about the measures being taken to overcome this pandemic. If this had been done, maybe Pandemic Profiteering would not be a term today.

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