

IV. International Developments

The India COVID-19 Crisis: Why ‘Whack-a-Mole’ Doesn’t Work

by David Shavin

May 2—The horrific scenes repeat themselves. Too many bodies for burial. Not enough hospital beds for patients, a shortage of ventilators, and a scramble for oxygen. Medical personnel with the blank, exhausted look of trauma, having witnessed patient after patient fighting for oxygen and dying alone. Italy, Brazil, the United States and elsewhere. Dramatists from the ancient Greeks to such as Gottfried Lessing and Friedrich Schiller have deliberated over the effect of portraying tragic scenes, including deaths, on the stage before audiences. The concern was the real danger that, after a strong momentary engagement grabbing the audience, it could too easily induce an amoral, passive state of mind, inflicting a unique damage upon the souls in the audience.

Stirrings of an International Mobilization

After several weeks of dangerous passivity, the last week of April saw the bare beginnings of an international mobilization to aid India. Dozens of nations have suddenly volunteered help. On the last day of April, two planeloads of equipment arrived from Russia, including 20 oxygen concentrators, 75 ventilators, 150 bedside monitors and 22 tons of medicine. The first U.S. shipment arrived with some oxygen cylinders, N95 masks, and rapid antigen tests; yet to come are 1,700 oxygen concentrators, 15 million N95 masks, one million rapid diagnostic tests, and eventually 20,000 remdesivir treatment courses. The World Health Organiza-



DirectRelief/Laura Cooper

The last week of April saw an international mobilization to aid India in its fight against Covid-19. Here, requested emergency medical supplies are being staged for shipment.

tion is sending in 7,000 oxygen concentrators along with some oxygen-generating units, testing machines, and PPE kits. The UK is sending 3 oxygen-generating units good for a total of 150 people, 450 oxygen concentrators, and 200 ventilators. Germany will send 120 respirators and an oxygen-generating unit, and so on. *Global Times* reports that China—despite some recent hostilities between the two nations—in April, sent to India 26,000 ventilators and oxygenators, 15,000 patient monitors and about 3,800 tons of medicine.

Notably, what was not sent was at least 30-60 million doses of immediately-usable AstraZeneca in storage in the United States—unused, not approved for use in the U.S., and simply not needed to be used in the United States. These are doses that are gathering dust and have expiration dates, after which they will have to be destroyed. A few weeks ago, the U.S. begrudgingly relaxed its grip on its first 4 million doses to leave the country, to Mexico

and Canada. Even then, the vaccines were not given or even sold to them, but *loaned* to them! So, clearly, there are some issues in the learning curve in Washington.

A Bump in the Road

India has their own plan involving 600 million vaccine doses by July 31. So far, 141 million have gotten into arms in the first 100 days, which means they need to be averaging close to 5 million jabs per day, April through July. They had gotten close to 4 million/day in the second week of April, when the explosion in new cases got way out of hand. The jab/day rate has gone way down, and part of the problem may well be the stressed medical personnel situation. Los Angeles had this problem in early January, when a crushing load of new cases drew every extra trained hand, and made for a shortage in inoculators.

However, for weeks, India has been calling upon the U.S. to lift the export ban on certain items critical for India's vaccine production facilities, and it has been given a cold shoulder. The 30-60 million readily available doses would not solve India's problem, but India could have much more easily recruited and protected frontline personnel. One U.S. Congressman, Raja Krishnamoorthi, who himself is a native of New Delhi, stated in late April:

We need to release our stockpile of unused AstraZeneca vaccines now.... When people in India and elsewhere desperately need help, we can't let vaccines sit in a warehouse, we need to get them where they'll save lives.

Yet the silence from the Biden administration has been deafening. After months of delay, the Biden administration has finally relented, in part. They are now



India was short of all manner of medical supplies when the surge in coronavirus cases hit, especially oxygen.

going to allow AstraZeneca to export special filters and other components to their production operation in India. It will eventually translate into some 20 million doses, which should be of help in June and July.

However, New Delhi hospitals are presently stretched beyond capacity; patients are now sharing beds and being placed out on the floors of corridors. Intensive Care units are turning away patients, taking away their last chance for survival.

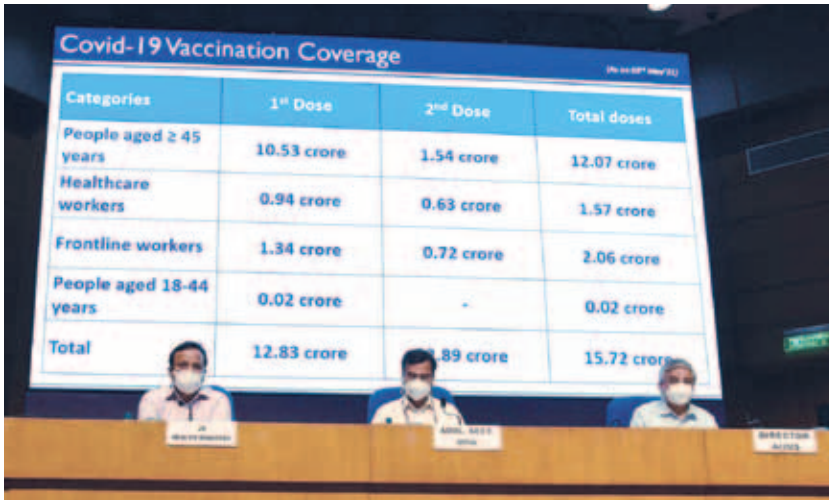
In India, funeral homes and crematoria are overflowing. The wood for funeral pyres is in short supply. The Army Chief, M.M. Naravane, opened the military hospitals and invited those in distress to approach a military base for help. One military hospital with 500 beds was opened, and three hours later was all filled up. India has gone from around 10,000 official new cases per day in mid-February to over 400,000 by the end of April. And the positivity rate has climbed to over 20%, a strong indicator that many cases are not being discovered.

In fact, serum sampling indicates that only about 4-5% of the actual cases are being discovered. So, while most of the cases that require hospitalization are being discovered, there are indications of a vast reservoir of the



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U.S. Congressman Raja Krishnamoorthi has called on the Biden administration to release stockpiled, unused AstraZeneca vaccine to India.



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Piyush Goyal, Minister of Consumer Affairs, Food and Public Distribution (center); Dr. Randeep Guleria, Director of the All India Institute of Medical Sciences (right); and Jaideep Bhatnagar, Principal Director General of the Press Information Bureau, address a press conference in New Delhi on May 3, 2021 on the actions taken, preparedness, and updates on COVID-19.

coronavirus in the population, creating a massive “Petri dish” for breeding new variants.

Human ‘Petri’ Dishes and the Deadly ‘Whack-a-Mole’ Game

India’s outbreak in February began in its second most populous state, Maharashtra, on India’s west coast. The main variant there is B.1.617, the so-called “double mutant.” Preliminary sampling by genomic sequencing of infections in India suggests that the variant is a key factor in the spread beyond Maharashtra, though full results are not yet in hand. The “double mutant” variant actually has 13 new mutations, with 7 of them in the spike section.

However, two mutations have drawn particular attention (hence the moniker). One is the E484Q mutation—similar to a mutation (E484K) found in the Brazilian and South Africa variants. The other is L452R—first seen in California last December, in two variants labeled B.1.427 and B.1.429. The former mutation, E484Q, is thought to be involved in a stronger attachment of the

coronavirus’ spike to the victimized cell, and so to a more virulent infection. The latter, L452R, appears to alter the shape of the spike so as to make it more difficult for the human antibodies to perform their job of locking onto and defeating the invading coronavirus; hence, the ease of transmissibility, or infectiousness, is increased.

The California B.1.427/9 combo in early February made up 14.3% of the COVID-19 cases in the United States, was the second most common variant nationwide, and was ahead of the more well-known Kent, England variant (B.1.1.7). That California combo is still about a quarter of all the cases on the U.S.’s west coast, even though it is now only ranks third in the country. (The Kent variant has actually taken over the U.S. with 59% of new infections, based upon CDC genomic sequencing of somewhat over 40,000 samplings in the four months up until April 10.)

In February, at the time that the California variant



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Hospitals in India have been unable to keep up with the surge in coronavirus patients, as the number of newly infected passes 400,000 per day.

was at its peak, India only had about 10,000 official cases per day. (For some perspective, that is less than 1/20 of what the U.S. currently has, per capita.) However, there can be little doubt that what was brewing in

southern California in December and January, when the world saw Los Angeles County’s hospitals and oxygen supplies get overwhelmed, was a horror show not so visible. A lethal mutation soup was brewing, with a large enough quantity of mutations acting at a sufficient mutation rate, to be involved a couple of months later in the devastation in a seemingly safe part of the world.

Beyond ‘Whack-a-Mole’: A War-Winning Strategy

But this should not be a surprise. This is what viruses do, given the room to operate. The question is begged, what part of the world will next be assaulted by what is presently brewing in India, and what will the next variants look like? But also, at what point does the human race stop playing this deadly “whack-a-mole” game with the virus, and instead learn the lesson that the virus is persistently trying to teach us: It is time to apply human talents and energies to a series of crash programs to put world nutrition, sanitation and immune systems on a functional basis?

It was almost fifty years ago when Lyndon La-

Rouche put together a task force to examine the linkage between a) financial looting policies that savage the nutrition, sanitation and immune systems of populations, and b) the consequent effects of turning the human species, in effect, into a “Petri dish” for growing lower-order lifeforms that otherwise never would have appeared on the scene. In May 2020, *EIR* published the [study](#), “The World Needs 1.5 Billion New, Productive Jobs: The LaRouche Plan to Reopen the U.S. Economy”—a strategic battle plan for a massive economic crash program to bring modern health systems into every country in the world. A year later, that approach still is the coronavirus’s worst and most potent enemy.

The type of crash program that the U.S. did successfully carry out last year to develop vaccines with “Operation Warp Speed,” and the Russian mobilization with its “Sputnik V” vaccine are a hopeful, yet faint echo of what was accomplished and made possible with the space efforts of the 1960’s. And these mobilizations are just a hint as to what could be accomplished now with an optimistic crash program for world economic development. Similarly, the last two weeks of aid to India is just a hint as to what is still left beating of the human heart in this too-cynical world.

When the Creator Speaks to You, Pay Attention

In conclusion, a ‘business-as-usual’ approach, one that even allows for an occasional emergency response, is pretty much fighting on the terms of the coronavirus. One might ask, “How’s that working out?” It holds the same fatal mental flaw as perpetual wars against terrorism, fought without any plan to uplift populations economically; or as ignoring the call to investigate the solar system while sitting around and measuring the size of space rocks that fly by the earth; or, for that matter, as not brushing one’s teeth and complaining about mysterious cavities that appear. While the Creator of the universe does not really intervene to help football players make the winning touchdown, the created universe is designed to send messages to the human race when humans are not doing what they are designed to accomplish. A civilization that stubbornly decides not to hear such messages does so at a pretty significant risk. On certain matters, beyond the level of whack-a-mole, it were better to, quoting former Mexican President López Portillo, “Listen to the wise words of Lyndon LaRouche.”



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