

World view



By T. V. Padma

Indian government should heed its scientists on COVID

Researchers have spoken out against policies that have exacerbated the country's coronavirus crisis. Policymakers must listen.

The world stands aghast at the COVID-19 crisis in India. There have been more than 300,000 new cases per day for the past week; hospitals are full; oxygen supplies are short; and cremation sites are unable to keep pace.

On 29 April, many of India's leading scientists signed an open letter to Prime Minister Narendra Modi, blaming the country's inability to control infections on, in large part, "epidemiological data not being systematically collected and released". Furthermore, they argue that even though the Indian Council of Medical Research has been collecting data from COVID-19 diagnostic tests since early in the pandemic, it has made those data inaccessible, except to certain experts in government (see go.nature.com/3vc1svt).

This collective stance is commendable; the government should not respond by dismissing concerns and criticism as anti-national. Rather, it should make sure that data are collected and made accessible.

As late as March, the government repeatedly boasted that results from serological surveys and from India's main computer model predicting disease spread showed that the country was in the "endgame" of the pandemic. By then, shopping centres, restaurants and theatres had reopened across the country. On the borders of Delhi, farmers held protests against new farm laws. Government ministers lauded large political rallies. And as millions gathered at the Kumbh Mela festival in April, the chief minister of the state of Uttarakhand declared that the Ganges River, considered holy by Hindus, would protect everyone from the coronavirus. Already India's cases were booming; by 27 April, the daily tally passed 353,000 cases, a global record.

For months, individual epidemiologists, virologists, immunologists and public-health experts had been warning that the fight against the pandemic was not over, that better data were needed and precautionary measures were warranted. They went unheard. Their arguments did not fit the government's narrative that the pandemic was under control. Biophysicist Gautam Menon, for example, has consistently argued against flawed assumptions in the national model's simulations, and decried the fact that there were no epidemiologists in the committee overseeing them.

Throughout 2020, Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases, firmly stated sobering facts that ran counter to anti-science messages from the administration of then-president Donald Trump. In Brazil, scientists spoke against President Jair Bolsonaro's anti-science stand (see page 15). Governments do

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not always heed researchers, and in countries such as India, science chiefs could lose their jobs for dissent. This means that many are more comfortable toeing the government line than 'doing a Fauci'. Indian scientific academies continue their head-in-the-sand approach, making no statements on superspreader events or data access. But it is important for high-profile researchers and societies to speak up.

Even as the government endorsed and encouraged gatherings in recent months, there were reports of second waves and new variants in other countries. Cases were surging in Manaus, Brazil, where there had been reason to think herd immunity had been reached. By the end of March, a consortium of Indian biology labs had found that the B.1.1.7 variant, first identified in the United Kingdom, was spreading fast in the state of Punjab. And a new worrisome strain (now called B.1.617) was spreading in India's worst-hit state, Maharashtra.

Public-health experts had been calling for better data and preventive measures, but they have long been overlooked by the government. Their findings highlight social failings such as poor people's lack of access to safe working conditions, health facilities and even sanitation – topics that counter India's desired image.

The current situation is certainly even worse than described. The majority of recorded infections and deaths are in relatively well-off urban areas, whose residents have access to private health care. The extent of devastation in rural India, where around 66% of the nation's 1.4 billion people live, is still largely unknown. And official data and peer-reviewed research do not capture the despondence I feel hearing of news colleagues battling COVID-19 in intensive care – or, worse, succumbing – or friends' frantic 20-hour search for a hospital bed. My Whatsapp and Twitter feeds are full of urgent pleas for beds, ventilators, oxygen, remdesivir and the like – and now, updates on deaths.

Many countries are struggling with successive waves of outbreaks, and have taken questionable decisions on border control, testing, contact tracing and reopening. India has not learnt from others' disasters, even though its researchers pointed to Manaus as a precautionary tale.

It is time for India's policymakers to trust those with relevant expertise, to make sure the necessary data are collected and available, and to accept the value of scientific findings, even if they do not fit the government narrative. Indian citizens are dying because of flawed policies, alongside government unwillingness to acknowledge or act on unwelcome implications from informed analyses.

The open letter is welcome, coming from scientists' frustration and despair at the tragedy. But scientific administrators and academies need to make even stronger statements. And the government must show that it is listening, by getting them access to the data needed to curb this devastating second wave.

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