

INDIA GLOBAL HEALTH

Atlanta Global Health Summit: Why India's Oxygen Shortage Is a Cautionary Tale for the World

JUNE 4, 2021 | TREVOR WILLIAMS



OUR GOAL

Our goal is to ensure that no one in India dies due to the lack of medical oxygen. In the short term, we are deploying 40,000 reusable oxygen cylinders and 20,000 oxygen concentrators in 20 urban and rural centers across India. Meanwhile, are working with partners to establish a stable, reliable oxygen supply system for India for the long term. OxygenForIndia is funded through donations in India through Tech4Health Foundation, a registered non-profit with 12a registration and 80G tax exemption; and globally CDDEP, a 501c3 organization registered in the United States. Donations received in India and the US are tax-exempt.

40,000
REUSABLE OXYGEN CYLINDERS

20,000
OXYGEN CONCENTRATORS

OxygenForIndia has generated millions of dollars in funds to distribute cylinders in India in just 40 days.

What a difference 40 days makes. In just over a month, **Ramanan Laxminarayan** turned from epidemiological researcher to dogged fundraiser, spurred on by frustration that such a basic component of medical care was in such short supply in his home country of **India**.

Medical oxygen, so elemental to health care infrastructure globally, suddenly became a precious commodity as India dealt with an unprecedented surge in COVID-19 cases that sent patients scrambling for critical care beds, oxygen concentrators and cylinders.

At the peak in May, more than 4,500 people were dying per day, with most experts arguing that the official count vastly underestimated a death toll that seemed anecdotally much more catastrophic.

“It was a calamity. It was a humanitarian crisis that I have never been witness to of that scale. It was like being in a war zone. You knew someone who was dying every hour or two,” said Mr. Laxminarayan, a **Princeton University** research scholar and director of the **Center for Disease Dynamics, Economics and Policy**, a think tank in Washington and **New Delhi**.

Some took to Twitter and other online platforms in search of beds and oxygen cylinders for sick relatives. Access in some cases meant life or death, and the shortage became a macabre equalizer in society, with CEOs and high-level government officials dying just like those in the slums, he said.

“It didn’t matter who you were. When it finally came down to it, there was no oxygen,” he said during a conversation with **Carter Center** CEO **Paige Alexander** during the World Affairs Council of Atlanta’s annual Atlanta Global Health Summit.

Mr. Laxminarayan couldn’t accept that so many preventable deaths were occurring simply for lack of air, especially when the problem was not one of overall supply, but of distribution and infrastructure.

He founded **OxygenForIndia** to mobilize the international community to solve the “last-mile” challenge of delivering oxygen to those who needed it most critically in India.

While demand increased exponentially in a matter of weeks, India’s supply remained ostensibly adequate. The problem was that the places where oxygen was most needed — specifically **Delhi** in the early days of the surge — lay far from where India’s oxygen is produced.

Watch the full World Affairs Council conversation:



The gas is notoriously slow to transport — it can't be moved safely by air, and tanker trucks can only maintain slow speeds on the highway. India turned to what it dubbed “Oxygen Express” trains, but that didn't completely fix the problem.

“It doesn't matter if that oxygen is just 100 yards away from you, if there is no pipe or if there is no cylinder to get it to you, the you're out of luck there as well,” he said.

Solving this challenge was doubly important: Besides saving lives by helping people breathe, it would also free up scarce beds that patients were afraid to leave for lack of home-based oxygen supplies, Dr. Laxminarayan said.

“If you could get oxygen people and send them home, you could open up critical bed capacity which is really the most critical resource in that context,” he said.

After a close friend couldn't find oxygen, he put out a call to his network and formed the OxygenForIndia initiative, quickly gathering support from large companies like **TechMahindra**, **Facebook**, **Verizon Media**, **Logitech** and other firms, with **United Airlines**, **Flexport** and the **Perot** organization offering flights and logistical support. **UiPath**, a robotic automation firm recently listed on the **New York Stock Exchange** at a \$26 billion valuation, donated \$1 million from its foundation.

“We had so many people step in to help and fill gaps quickly,” Mr. Laxminarayan said.

Donations flowed through the **Tech4Health Foundation**, with diagnostic device provider **HealthCube** distributing the cylinders free of charge throughout India. The initial goal was to distribute 40,000 reusable cylinders and 20,000 concentrators in 20 rural and urban centers of India, but beyond that,

the volunteer-led movement hopes to ensure that such preventable deaths become a thing of the past even in normal times.

Dr. Laxminarayan stressed how tragic it is to lose lives for want of a relatively cheap intervention.

“It’s just not something we should ever allow,” he said. “A tank costs 70 cents to fill up. You need about 10 tanks for someone who has COVID. You’re talking about \$7 of intervention to save someone’s life. I think we should just do it.”

Attributing India’s COVID-19 surge to “hubris” reflected in a pandemic response that was often political rather than scientific, he said other developing countries should take note and begin securing oxygen supplies now.

“Every country has felt that sense of exceptionalism and has been proven wrong,” he said, noting that India’s leaders prematurely began to signal that the virus was on the retreat and allowed unproven therapies to circulate. “You have to get it right, right from the beginning. The window of opportunity is really, really small to get those things right.”

He added that the current OxygenForIndia movement will spur a longer-term fight to secure supplies in a sustained way globally.

“Oxygen is something that we have known since the 1700s is useful in medicine, and it’s just unconscionable that we don’t have medical oxygen available everywhere in the world to satisfy everyone’s needs. We do workarounds around it — and I think it’s now time to use this COVID situation to build an infrastructure, not only in India, but also Africa as well.”

He warned that while case loads seem to be improving in India, it could be that the lack of hospitals and testing capacity in the rural parts of the country is concealing a swell of uncounted deaths. In some cases, he added, local authorities may be suppressing testing, hampering the ability of populations to protect themselves.

He urged the U.S. to step in to reduce the “huge inequity” in vaccinations around the world. India’s surge has knocked out a major source of vaccine manufacturing capacity. The U.S. announced this week it would donate 80 million excess doses to other countries, mostly through the COVAX initiative of the World Health Organization.