


HEALTHCARE

India's Oxygen Paradox: It's Available, But Not Accessible



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Masked woman in Kolkata, India. (Photo by Indranil Aditya/NurPhoto via Getty Images) NURPHOTO VIA GETTY

IMAGES

India's Covid-19 crisis has dwarfed nearly every other country's [statistics](#) with its daily cases, test positivity rates and Covid-19 related deaths. However high these numbers seem, the reality is that they are far worse due to undercounting. At this moment, the most pressing issue in India is oxygen, with [shortages being documented](#) in many Indian cities. What's puzzling about India's oxygen shortage is this paradox: oxygen is available in the country but unable to be transported to where it's needed, mostly due to a [lack of infrastructure](#).

The Oxygen Paradox: It's Available But Not Easily Accessible

I spoke to Ramanan Laxminarayan, an epidemiologist from Princeton now based in Delhi, who is the director of the [Center for Disease Dynamics, Economics & Policy](#).

He's working to remedy the oxygen paradox through his new campaign [Oxygen for India](#). Having written several [on-the-ground accounts](#) of India's Covid-19 crisis for the New York Times, he is now working with oxygen manufacturers and local NGOs to bring oxygen from the factories where it's being produced to the hospitals where it's needed. As he explains, "The main challenge isn't necessarily an oxygen supply issue. It's getting the oxygen from manufacturers to the hospitals and patients. It's a transportation issue. It's the last mile." Laxminarayan has developed a model to help close this gap, which he calls *the last mile delivery model*, and is deploying it throughout the country.

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The Last Mile Model

In Laxminarayan's last mile delivery model, oxygen from the manufacturers is transported with the help of his volunteer-

based fleet to hospitals throughout the country. His team has set up hubs in various hospitals, called oxygen help desks, to then distribute the oxygen to patients in need. He started the rollout in Delhi and over the next few days and weeks will scale to hospitals in Bangalore, Ranchi, Kolkata, Guwahati and Chennai.

In this model, patients arrive at the hospital's oxygen help desk, complete an initial needs assessment, and return home with either an oxygen cylinder or an oxygen compressor for home use. Laxminarayan explains, "Most people won't be able to get a hospital bed right now, but at least they can get a cylinder or compressor to take home." The service is free of charge, and triaging between oxygen compressor versus oxygen cylinder is based on one main criteria: access to electricity. "Oxygen compressors are lighter to carry but they require electricity, which isn't an option for many poor people in this country who may not have a reliable source of electricity," he says. On the other hand, "oxygen cylinders are heavy and need to be refilled. But if someone doesn't have electricity this is their only option," he adds.

In addition to supplying home oxygen to patients, the campaign is also supplying oxygen to hospitals. "Hospitals don't have oxygen right now. If hospitals can't get oxygen, then we can't rotate beds to get new patients in. The last mile delivery

model can help with both the oxygen issue and the lack of hospital beds,” says Laxminarayan.

Oxygen Delivery is a Collaborative Effort

Laxminarayan’s campaign is working collaboratively with groups like [Give India](#), the [Swasth Foundation](#), and others to bring oxygen from where its produced to where its needed. There are many other organizations also doing the valuable work of closing the gap of the oxygen paradox, including the [Hemkunt Foundation](#), the [Uday Foundation](#), [Aid India](#) and others. It’s a highly complicated system with many moving parts but with one shared goal: getting the oxygen out of the factories and into the hands of patients who need it most.

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