

Proletarian Era

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Great Lenin's statue installed in West Germany



Western city of Gelsenkirchen, West Germany

Monument dedicated to Great Stalin unveiled in Russia



City of Bor, in Nizhny Novgorod region, Russia

Healthcare in Capitalism and Socialism

Contrast sharply revealed during covid 19 pandemic

With continued spurt in Covid 19 cases and deaths not only in India but throughout the world, one thing is nakedly unfolded : Absence of proper healthcare for all and mindless skewing of medical facilities to the few rich and affluent while the multitudes of poor and underprivileged are just left to fend for themselves. If one takes the stock of how many people have fallen prey to Covid 19 and how many of them have succumbed to that attack, this stark reality would be revealed, and revealed glaringly. It is the toiling millions, the misery and poverty-stricken, highly discriminated underprivileged global citizens who

are at the receiving end. They are falling victims to the deadly virus and embracing death because ruling capitalism today does not care for providing them proper medical assistance which they are naturally entitled as human beings and citizens of a civilized world. And with the ongoing spree of privatization of healthcare, the downtrodden and pauperised millions cannot bear the exorbitant cost of availing proper medical treatment. The imperialist-capitalist governments who have been spending mind-boggling sum in arms manufacturing, space mission, robotics for military purpose and for ensuring personal comfort and

amenities of the people at the helm of the governments and bureaucracy do not find money to spend for improving medical and allied research on a large scale. So, modern medical treatment is skewed only in favour of a few rich. And also, desired pace of development in medical science to treat and cure life-threatening diseases, thwart spread of epidemics and confront newly emerging viral infections is criminally neglected. Covid 19 pandemic has glaringly revealed this hideous face of deceitful and oppressive imperialism-capitalism which has made healthcare a marketable commodity for reaping maximum profit through widespread commercialization.

US scenario

If one first looks at the US which has now become the epicentre of Covid 19 infections and deaths, it would be found that a disproportionate number of those who get sick and die will almost certainly be those belonging to the poorer strata. In addition to a lack of paid sick time and medical care, low-income Americans often have another risk factor that could make the virus more deadly: long-term exposure to air pollution. Some 14 crore Americans, more than 43 percent of the population, now live in a county that failed on at least one basic measure of air quality, according to a 2019 report from the American Lung Association. And

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Migrant Workers' Association affiliated to AIUTUC organized a protest demonstration in front of Rajbhavan, Kolkata, on 22 June



SUCI(C) on India-China border clash

Comrade Provash Ghosh, General Secretary, SUCI (Communist), issued the following statement on 17 June 2020 :

It is a matter of deep concern and shock that when the entire world including India is in the grip of a severe attack of deadly Covid-19 and when both India and China have been engaged in negotiations with a view to resolving the border dispute in Eastern Ladakh, a violent clash between the two occurred all of a sudden on Monday, 15th June 2020, which reportedly took away the lives of at least 20 Indian soldiers till now.

We therefore urge upon the Governments of both India and China to sit together immediately to find out a just solution of the border problem peacefully without involvement of the US imperialists or any other third party.

Healthcare

Capitalism has made healthcare a marketable commodity for reaping maximum profit

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death rates from asthma, which is also linked to pollution, are three times higher among African Americans. The gap in life expectancy between the wealthiest 1 percent and the poorest 1 percent of Americans is almost 15 years. This underlying health disparity along with the failure to maintain the public health systems by expending due sum of money for keeping enough emergency equipment, making proper planning and producing sufficient primary care physicians, have made the poor extremely vulnerable to Covid 19. Also, the heavy workload of hospital nurses is a major problem for the American health care system. Nurses are experiencing higher workloads than ever before due to four main reasons: (1) increased demand for nurses, (2) inadequate supply of nurses, (3) reduced staffing and increased overtime, and (4) reduction in patient length of stay.

Figures of corona casualty would also attest to this. As on 28 June 2020, of the 25, 96, 537 confirmed Covid-19 cases, a death toll of 1,28,152 have been reported in USA. Of them, New York city accounts for the largest number of fatalities (31,452) with 4,16,018 confirmed cases. Most of the New York citizens affected by Covid19 are African Americans, Hispanics and Asian immigrants who undertake so called 'lower end economy' jobs, like sweepers, waiters, factory workers or taxi drivers and stay within a few square kilometres of densely populated Bronx borough and Queens area in cramped and poorly ventilated dwelling houses which could better be described as shanties in a city of skyscrapers. Naturally, they are becoming easy prey of Covid 19 because the 'luxury' of so called physical distancing and access to enormously expensive healthcare system elude them. No different is the picture in other parts of US. In Michigan, 40% of the corona casualty are impoverished African Americans who constitute only 15% of population there. In Chicago which has a 30% African American population has registered that this community accounts for 70% of the corona deaths. The picture from Louisiana is very similar: a 32% black population, with a 70% death rate. If anyone in US is poor, is an

African American, Asian or Hispanic, has had a life of income anxiety, poor healthcare, lives in inadequate housing and cannot afford healthy food, space and rest, one is most susceptible to any deadly disease Covid 19 included.

Next is about healthcare delivery system which is virtually fully dependent on health insurance. About 44 million (4.4 crore) Americans have no insurance and 80% of them are workers and their dependents. Another 38 million have inadequate insurance. That means, 1/3rd of the Americans do not come to know if they or their family members fall sick and whether medicare is available to them or not. Most of the employed Americans have private health insurance, which are generally subsidized by their employers. Many will lose that coverage as unemployment skyrockets following Covid 19 strike. Out of 6,146 hospitals, only 1174 are under government sector. For many Americans, paying down an unexpected bill of that size is almost unthinkable. Nearly 40% of U.S. adults say they would not be able to cover a \$400 emergency with cash, savings or a credit card. 44% of Americans decline to see a doctor due to high cost. Half of Americans report that they or a family member have put off care in the past because they could not afford it.

But the health business run by the private operators with the government in tow is now out to make as much profit as possible even when their countrymen are in grave danger. The Secretary of the Department of Health and Human Services refused to commit to implement price controls on a coronavirus vaccine because, he said that "they need the private sector to invest ... price controls won't get them there". Even the House speaker, Nancy Pelosi, notably did not use the word "free" when referring to a coronavirus vaccine, and instead used the word "affordable". What may be considered affordable for the third-most powerful person in the US government like him with an estimated net worth of \$16 million may not be affordable for someone who cannot afford a basic private health insurance plan that still requires a patient to pay thousands of dollars out of pocket. These

consequences of the country's fragmented health care system thus have become more visible in times of stress.

Medical experts and administration officials also tried to warn Trump of the serious nature of the Covid 19 pandemic as far back as in January. But he paid no heed to that. A large group of health, law and other experts released a letter in early March urging US policy makers to "ensure comprehensive and affordable access to testing, including for the uninsured." Giving recognition to the sordid state of affairs, Dr. Anthony Fauci, White House health advisor, said that "in the middle of coronavirus crisis, the health disparities and inequalities are getting exposed." He even observed that had Trump acted earlier, lives could have "obviously" been saved. Casual approach, extremely late and hesitant adoption of precautionary measures and above all, placing profit motive of monopoly houses above securing people's life caused this havoc in US. The murky face of the chieftain of global imperialism which often militarily raids foreign countries on the plea of 'establishing democracy' in those lands, is laid bare with all virulence.

European scenario

While focussing on the European giants, let us first turn to UK where Covid 19 has taken a heavy toll. Though the public system dominates healthcare provision in Britain, private health care and a wide variety of alternative and complementary treatments are available for those willing to pay more. It is pertinent to mention that in UK, public healthcare was well reputed. But with havoc wrought by globalization measures like drastic reduction in fund and number of medical staff, increased privatization and designating healthcare as a commodity to be sold based on profit maximization, there has been a marked denting into that reputation. In absence of socialist camp, the need to compete in the public welfare areas has also ceased to exit. It bears recall that in 2009, a "cascade" of medical failures and sheer neglect of medical staff led to a man dying of dehydration at St George's hospital, London. The victim cried for water but no one responded. This tragic death had stirred not only UK, but the entire

world.

Now the Covid 19 pandemic has collided with the engine of inequality in UK as well. While the well-to-do have been deploying their private medical insurance to circumvent the pandemic threat by securing the sophisticated healthcare infrastructure, Britain's army of precarious workers have no way out but put their health at risk. Factory workers, Uber drivers, Deliveroo riders, cleaners, conservancy workers and such other toiling Britishers are all in low-paid jobs and often find it extremely difficult to maintain their families, leave alone the capacity to go for expensive medical treatment. One example would make the position clear. Men living in the poorest communities in the UK have an average of 9.4 years shorn off their life expectancies compared with those in the richest areas; for women, it is 7.4 years. Asthma, diabetes and such other chronic ailments are far more common among those living in poverty. 1.9 million pensioners languish below the poverty line and their health, on average, is worse than that of their affluent counterparts. With poor diet leading to poor nutrition and lack of good hygiene, the immune system of the homeless, the workers and a good number of expatriates has been severely imperilled. With such underlying perilous health conditions, these people have been more prone to the risk from Covid 19. A study of more than 2,000 patients critically ill with the virus in England, Wales and Northern Ireland has found that 35% are black, Asian or other ethnic minority. This is more than double their representation in the wider population.

Another country which has been in the hitlist of Covid 19 is Italy. Though Italy claimed to have a world-class health system, the coronavirus has pushed it to the breaking point. Throughout Italy, there is a coexistence of public hospitals, private non-profit hospitals and private for-profit hospitals. While most private hospitals are under contract with the regions, public hospitals may also engage in private activities as they are, for the most part, independent hospitals. At the outset, Italian government was stated to have decided that those Covid 19 patients having least chance of

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Healthcare

Casual approach, extremely late and hesitant adoption of precautionary measures and placing profit motive of monopoly houses above people's life caused this Corona havoc in capitalist world

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survival would not be given medical treatment because of paucity of medicines and healthcare support system. This clearly showed that not the doctors but the patients' purchasing power in regard to market-centric commercially operated healthcare would decide, who would receive medical treatment even when a deadly virus attacks. Between 2014 and 2018, the number of families and people living below the poverty line in Italy has grown considerably. In 2018, 1.8 million (18 lakhs) families were found living in poverty, roughly 3.5 lakh families more compared to 2014. Around 1.9 million more people now require food assistance, bringing the total number to 3.7 million Italians who are called Italy's "new poor". Before the coronavirus crisis, Italy was still feeling the impact of the 2008 financial crash. Now, National Agency for Active Labour Policies of the Italian government, has estimated that half a million jobs would be lost in the country this year due to Covid 19. A study showed that economically disadvantaged people in Italy account for higher rates of hospitalisation for ambulatory care sensitive conditions (ACSC) for chronic diseases like diabetes, hypertension, congestive heart failure, angina pectoris and chronic obstructive pulmonary disease (COPD), and asthma. They have obviously been soft target, so to say, of Covid 19.

The scenario of other European countries is almost similar. Health workers organized massive demonstrations in Paris and other cities across France on 16 June to demand that the government save public hospitals. "For over a year, hospital staff have been warning about the lack of means in public hospitals and their difficulties in carrying out their care tasks. For over a year, they have been asking for a hospital emergency plan to guarantee the quality and safety of patient care. Since then, the Covid-19 crisis has shown the essential place of the public hospital and the absolute need to have staff and material means to meet the health

needs of the population", said the protesting health workers.

Indian situation

In India, successive governments have for decades ignored public healthcare systems, which has led to a situation where the government has recklessly promoted privatization of healthcare and ignored the state's duty to protect the right to life of individuals. Primary Health Centres (PHCs) and Community Health Centres (CHCs) which people can reach with difficulties are only for name's sake as PHCs and CHCs are 88% and 87% below prescribed IPHS (Indian Public Health Standard) respectively. So they lie either abandoned or unmanned. According to the National Health Profile 2019, in government hospitals, there is one doctor per 10,926 persons. For a population of 1.3 billion, there are only 25,778 government hospitals and 7,13,986 beds. The budget for managing epidemics and natural calamities had never exceeded Rs.100 crore in any year. In fact, the actual expenditure ranged between Rs.50 crore and Rs.60 crore from 2016 onwards. The budget for health sector disaster preparedness and management, including emergency medical relief and emergency medical services was halved in the Budget Estimates of 2018-19 from what was allocated in 2016-17.

The abrogation of the government's responsibility to provide healthcare

On the other hand, privatization of healthcare is being celebrated as the epitome of development by the Indian government. Since capitalism-imperialism is ridden with a growing insoluble, acute market crisis endemic of the system, there is hardly any scope left to the capitalist owners and business tycoons for maximizing profit through productive investment. So, the doctrine of capitalist globalization, promoted with much fanfare in the 1990s, prescribed the opening up of all essential public welfare sectors including healthcare to the private houses. Accordingly, the governments, irrespective of

hues, simply abrogated their responsibility to provide healthcare to the citizens. With allocation of just 1.15% of the GDP towards health, India now ranks 184th out of 191 in terms of GDP% spend on healthcare, as per WHO.

Since 2005, most of the healthcare capacity added has been in the private sector, or in partnership with the private sector (PPP model). While the government owns only 3,593 hospitals (and the less said about the infrastructure of these, the better), the private sector owns as many as 11,810 hospitals in India. Thus, the private sector controls 76.67 % of the hospitals in the country. 29% of beds in hospitals and 81% of doctors are in private sector which runs on commercial basis and charges exorbitantly. So the poor who suffer from acute malnutrition and hunger are afflicted by various diseases and cannot dream of availing modern treatment in private set up. Denied medical attention, many of these hapless poor who constitute 90% of the population die miserably. Nearly 10 lakh Indians, as per official findings, die every year due to inadequate healthcare facilities. India registers the world's highest maternal mortality ratio at 178 out of 1,00,000. Even, among the rest 10% of population, a sizeable section falls in the category of middle-class, mostly urban dwellers. They are hardly better off as progressively dwindling income because of rising unemployment, job loss and spiralling price line do not allow them to avail highly expensive treatment in sophisticated private hospitals. So, they knock at the few government hospitals where they find hassles, harassments, paucity of doctors, shortage of beds, dysfunctional medical equipments, folded up diagnostic facilities and crumbling infrastructure awaiting them in place of medical care. The hospitals even frequently refuse to supply medicines free of cost as per rule. Now, the BJP government has floated National Health Policy (NHP) 2017 as a blueprint for total privatization.

To keep this dirty game of

eventual privatization and commercialization of healthcare shielded from public eye, much hype is being created centered around health insurance as if 'Boost to Universal Insurance' is guarantee of 'Universal Healthcare'. In reality, "Ayushman Bharat National Health Protection Mission (AB-NHPM)" introduced by the BJP government with a promise to provide a cover of Rs 5 lakhs per annum per family is a bunkum. When there is wanton lack of minimal health infrastructure and delivery mechanism, clamour over insurance cover is a cruel hoax. In fact, such schemes are convenient conduit for transferring public money to the coffers of insurance companies, mostly private, in the form of hefty premium. The private insurers are reported to have pocketed 97 % of the premium income amount so far while claim-payment ratio has dipped to just 6.61%. What is more chilling is that public-funded healthcare insurance schemes in India give more than 80 per cent of their reimbursements to the private sector hospitals who also merrily inflate bills to boost earning. And we have seen above how this so called panacea of insurance-based healthcare has been depriving the disadvantaged and impoverished people of rudimentary medical assistance even in a country like US.

Healthcare in corona-struck India

As in elsewhere, Covid-19 has nakedly exposed the fragility of Indian healthcare system. Even after almost three months of lockdown, there is huge scarcity of testing kits, hospital beds, treatment facilities, isolation centres and quarantine arrangement. As most of the healthcare is in private hands, the skeleton service provided by the already overcrowded government hospitals, mostly located in urban and semi-urban areas, has suddenly faced a burden which it could not shoulder. There is no slackening in the commercial interest of the private operators even in such a hard time. Though there was prior

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Everywhere, the extremely poor and marginalized people are worst victims

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indication of the pandemic, the government did not care to make arrangement for enough and appropriate Personal Protective Equipment (PPE) for the doctors, nursing staff, health assistants and hospital employees. Exposed to the patients without necessary safety, many of the healthcare workers including doctors themselves have contracted the infection. Some of them have died also, reducing the already meagre medical force. Even now sufficient testing kits are not in place. So, apprehensions are being expressed that the official figures of infections and deaths are far short of the actual ones. This is the pathetic condition of public healthcare in capitalist India which boasts of being the fifth largest economy in the world but has climbed to fourth position in terms of Covid 19 cases.

In any epidemic fatality, the poor are the worst victims. The ongoing pandemic has attested to this fact more emphatically in India as well. India's failure to ensure access to clean air, clean water, healthcare, both preventive and treatment, among others, is a breach of the right to life. Healthcare is a fundamental right and right to life is guaranteed in the constitution. However, constitutional directives or the legal provisions for the security and empowerment of each citizen do not appear to apply to the impoverished millions. So the migrant workers, slum-dwellers, shelterless populace and rural have-nots form the bulk of the victims of the current tragedy triggered by Covid 19. Because, they have access to neither hygiene nor healthcare. The nation has witnessed how the heartless government has neglected the human claims of the migrant labourers and forced them to resort to a mass exodus. Their visible neglect by the capitalist state and its servitor governments makes them even more vulnerable to corona infection and alienated from the society. The rate of infection is particularly high in congested slums of Mumbai, Delhi and Kolkata. The much-trumpeted story of India's economic growth only showcases the persistent marginalisation and exclusion of the poor migrant workers. These groups survive in isolation and have often been treated with disdain, mistrust or even

as a threat to the nation's culture. Though being a formidable group of real creators of wealth, the economically worst-off and the socially marginalised are often condemned as meritless job takers, even criminals, and therefore are at the receiving end of indignity, coercion and violence by the state and society. Now they are made to pay a big price, both in terms of infection and pauperization, for the corona attack which, incidentally, has been imported from abroad in aeroplanes by people landing from corona-struck countries. 80 per cent Indian households is without piped water connection. Drinking water in 30,000-odd rural habitations is affected by arsenic and iron pollution. Over 53.1 per cent did not have latrines inside the premises. With the limited guarantee of clean running water, compulsion of being dumped to live in congested rooms or hutments and continuously plummeting income of 90% population, is not the prescription of maintaining physical distance, frequent "hand washing" with soap or sanitiser to keep corona at bay a luxury in the Indian context? But that is the paradoxical reality. Hygiene and medical treatment are being guillotined on the altar of the bourgeois governments committed to market economy unmindful of human cost.

Contrasting was the spectacle in Soviet socialism

Most pertinent in this connection is a recap of the universal free healthcare system of Soviet socialism. Like all other basic services, healthcare was also state-funded there. As a result, life expectancy in Soviet Russia had doubled and infant mortality had been reduced to one-ninth. The public healthcare system that was established in the Soviet Union was a significant example of socialist construction. The Soviet principle of healthcare was conceived by the People's Commissariat for Health in 1918 with subsequent creation of a broad state network of healthcare establishments, based on centrally-planned socialist economy, which provided free medical care services for the whole population. In pre-revolutionary Russia, the poorer people did not have qualified medical help in times of illness. Soon that facility was made available to all in socialist system. CPSU(B) notified

that "As the basis for its activity in the sphere of protecting people's health, the Russian Communist Party (Bolsheviks) considers primarily the implementation of extensive health-building and sanitary measures with the object of preventing the incidence of disease." At the 7th Congress of Soviets, held in December 1919, great Lenin said "...and still a third scourge is moving upon us – the louse, typhus, which is mowing down our troops...Comrades, every attention must be given to this problem." "Either the lice will defeat socialism or socialism will defeat the lice!" Article 42 of the Soviet Constitution gave all citizens the right to health protection and free access to any health institutions in the USSR. The number of doctors rose greatly. USSR had the highest number of doctors and hospitals in the world. At the end of the first five year plan under stewardship of great Stalin, the number of doctors increased from 63,000 to 76,000, the number of hospital beds increased by more than half and the number of nursery places increased from 2,56,000 to 57,50,000. The allocation for health protection rose from 128.5m to 660.8m roubles per year, and the number of hospital beds from 175,000 to 225,000. Even by the mid-thirties, health care in the USSR far outstripped the health care in the western world. More than 28,000 State infirmaries for women and children were built up during the construction of socialism in the Soviet Union and were run with utmost care and importance. 17% of the annual budget of Soviet Union was spent to provide free universal healthcare to all. Soviet union was first to show to the whole world how that due emphasis

Soviet Union could achieve this tremendous progress because in socialism the entire system and planning is structured to fulfil the necessity of the people. No other consideration finds place in policy formulation. Socialist Soviet state spent heavily on cultivation of science and healthcare. New medical and scientific research institutes were established on the initiative of Stalin, Molotov, Voroshilov and A M Gorky. The healthcare system of the Soviet Union was held in high esteem by many foreign specialists. S.M. Manton, a British scientist who visited the USSR in 1951, gives a

useful account of the widespread health education in the USSR in her book 'The Soviet Union Today'. She noted that "all doctors were obliged to spend at least 8 hours of every month teaching preventive medicine and answering the questions of the public in places such as parks, lecture rooms and health centres; education in preventive medicine and hygiene was carried out thoroughly in schools; posters and pamphlets are to be found all over the Soviet Union, in different types of institutions, giving instruction on basic healthcare." Henry Sigerist, US Professor of History of Medicine, a visitor to Russia in the 1930s, commented that 'the foundations of socialist medicine were laid in the stormy years of civil war'. Soviet Union was first to show the world how required stress on community medicine, proper healthcare infrastructure and correct application of medical science can successfully combat epidemics.

Most importantly, as the world is now struggling to develop anti-Covid-19 drugs, Soviet physicians in those days had developed treatments based on bacteriophage against infectious diseases. Bacteria kill humans, but bacteriophages destroy bacteria. Today, bacteriophages are considered by many medical experts as the solution to the growing resistance of bacteria to antibiotics. TB vaccine was discovered in France. But Soviet Union was first to declare compulsory TB vaccination for all under state supervision. Even after the leadership of the Soviet Communist party was usurped by Khrushchevite revisionists after Stalin's demise, the socialist state structure, notwithstanding being in the process of gradual degeneration, maintained, in the main, such high standard healthcare under state control till socialism was finally demolished through counter-revolution.

Great Marx had shown long ago that so-called bourgeois democracy is democracy of 1% people to suppress 99% people. In contrast, proletarian democracy in socialism is democracy of 99% people to suppress 1%. Soviet Union under great Lenin and Stalin proved that in true letters. Apart from eradicating illiteracy, unemployment, wage slavery, poverty, hunger, prostitution, beggary, child labour, drug addiction,

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Healthcare

Had socialist bloc been in existence and governing principles of healthcare and health research been premised on a pro-people non-commercial approach, global populace could have averted the crisis

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trafficking and all evils of the capitalist system and raising the standard of life of people in every respect within just two decades, Soviet Union also lifted healthcare, education, social security and such other public welfare sectors to an unprecedented height.

Healthcare is no more free to public in either Russia or the constituent states of former Soviet Union after counter-revolution and reinstallation of capitalism. It has become a highly expensive commodity in the hands of private capital. Numerous state hospitals and clinics have been closed, while large private hospitals have been established. Naturally, Russia alone is witnessing a surge of over 6.34 lakh Covid 19 cases and ranking third in the world in this regard.

Healthcare sector in imperialist China is similarly anti-poor

Similar is the case with present imperialist China. After revolution in 1949, healthcare in China was nationalized. A strong programme involving the development of health services in towns and rural areas and emphasizing the growth of preventive services, was put in place. This programme was geared towards the eradication of parasitic and infectious diseases and the establishment of hospitals and rural clinics, and continued to develop throughout the 1950s and the early 1960s. Just in 5 years after revolution, socialist China established new medical colleges to provide modern treatment to all. In the mid-1960s, during the Cultural Revolution, policy objectives switched firmly towards the need to establish and improve rural healthcare. Under the leadership of great Mao Zedong, architect of Chinese revolution, a new struggle was released to scientifically develop acupuncture and other indigenous treatments alongside modern medicine. To meet the deficiency of doctors in a vast country like China which was severely backward in every respect before revolution, a large voluntary organization of "bare footed doctors" was created in 1965. This had significantly reformed the public

healthcare system even in underdeveloped rural areas. Thus, socialist China within no time progressed to find a place in the list of countries with most advanced medical infrastructure.

But once revisionist Deng leadership took over after the demise of Mao Zedong, policy directive was shifted to capitalist market-orientation in place of centrally controlled free public healthcare. According to the report by WHO in 2000, when China was going full throttle along counter-revolutionary line, its healthcare which used to be a role model for developing countries, was ranked 188th out of 191 countries in terms of inequity of resource distribution for medical treatment or public healthcare. Many people died in capitalist China in 2003 because of SERS epidemic.

Now, like US, China, now an imperialist power, is also following an insurance-based healthcare system with both public and private medicare facilities in place. Despite so called universal insurance cover, the public health insurance generally covers only about half of medical costs, with the proportion lower for serious or chronic illnesses. Under the "Healthy China 2020" initiative, China is currently undertaking an effort to cut healthcare costs. The best but highly expensive (10 times more than a public hospital) medical care in China is available in foreign-run or joint venture Western-style medical facilities with international staff available in the large cities.

Various inefficiencies have resulted from the provider-led service. These include longer inpatient stays for the insured, polypharmacy, and excessive drug costs, because hospitals derive much income that way. A clear incentive exists to offer CT scans, for example, especially for those with insurance cover. The imbalance between sectors in terms of their revenue-generating potential means that curative, hospital-based medicine is emphasized upon at the expense of population-based programmes of primary or secondary prevention and primary care. "In China, there is a lack of community-based primary care

coverage due to the historical hospital-based legacy," said Helen Chen, head of L.E.K. Consulting's China biopharmaceuticals and life sciences practice. It is this imperialist character of present China which has been instrumental behind suppression of the news of first appearance of Covid 19 in Wuhan city which, incidentally, is in direct contact of the entire world because of being a large industrial and commercial hub and hence posed the threat of global transmission.

Socialist healthcare model of Cuba

But the supremacy of socialism has a blinking but eye-opening manifestation in Cuba. After revolution in 1959, Cuba's newly formed socialist system inherited a for-profit healthcare system that was plagued with political corruption, poverty, illiteracy, economic inequality, and social injustice. The revolution put enormous energy into building new facilities and expanding healthcare services and the new socialist Cuban government began overhauling the for-profit health system which, 30 years later, resulted in free health services for all its citizens which is integrated with national social and economic development. There are no private hospitals or clinics as all health services are government-run. Cuba has more than 1,00,000 doctors with a proportion of nine doctors per 1,000 citizens and more than 485,000 health professionals. Each of the country's 268 polyclinics provide care to 25,000 to 30,000 Cubans, and each of the thirty-eight regional hospital "centers" is affiliated with an average of seven polyclinics. A larger number of provincial hospital centers provide specialty care. The Cuban healthcare system which meets all these standards set by the WHO has brought together the medical community and residential community, creating a sense of belonging and unity which improves a person's sense of security, maintenance of hygiene as well as mental health. Cuba has been on the frontlines of many global struggles,

providing free aid to over 160 countries across the globe who faced serious health crisis or outbreak of epidemics at various points of time. Even when Italy emerged as one of the most corona-affected country, Cuba had immediately sent a team of 34 doctors and supplies of necessary medicine to Italy. Cuba also allowed a British cruise ship carrying five Covid-19 positive patients to dock in its harbour after it was turned away by other countries. In Cuba, out of a population of 1.13 crore, only 2315 Covid-19 cases have been reported with 2113 recoveries and 85 deaths. Many experts believe Cuba has managed to control the outbreak better than many countries due to its well-staffed preventive healthcare system, doubling of testing in no time, mobilization of activists through mass organizations to track cases, a centralized system that allows a better focus, and willingness to quarantine large numbers of people. Even a poor country like Vietnam with its once socialist base could also wage a remarkably successful fight against the Covid 19 pandemic, reported already in Proletarian Era.

Governing system matters

It can thus be seen that the immense suffering of the common toiling masses due to absence of rudimentary healthcare is an endowment of the capitalist-imperialist system which has made this vital sector a lucrative area for maximization of corporate profit. Had the socialist bloc been in existence and governing principles of healthcare and health research been premised on a pro-people non-commercial approach, the global populace would not have been subjected to such untold suffering and misery, both from health as well as economic perspectives, centring round worldwide spread of new Covid-18 infection, and huge death toll could have been averted.

Particularly, the crying need of fighting and overcoming the Covid 19 crisis under the guidance of a devoted Global Scientists' and Doctors' Committee with inductions of best experts from all countries

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Report of six member committee on Delhi riots on February last does not reflect ground reality

A six member team submitted a report on 'North-East Delhi Riots' to the Home Minister of India on the 29 of May 2020. The team consisted of Justice Ambadas Joshi (Retired Judge, Bombay High Court), M.L. Meena (Retd, IAS), Vivek Dubey (Retd, IPS), Dr TD Dogra (Former Director AIIMS), Neera Mishra (Social Entrepreneur), Neeraj Aarora (Advocate) had compiled the report. One member is a forensic pathologist, who had previously assisted the CBI in the Gujarat Riots case and the Ishrat Jahaan encounter case. Another had been a Public Prosecutor for the NIA. It is apparent that the committee was a tailor-made one sponsored by the hidden hand of the ruling circles to generate a report favourable to the government. Report was submitted in the name of an NGO calling itself "Call for Justice". The Report is stated to have been prepared based on a mere two day visit-on 29 February and 01 March 2020 to a vast area comprising many colonies of East Delhi inhabited by lakhs of affected people. It is difficult to gulp how could the Committee members interacted with so large a number of people in just two days.

The entire content of the Report has not been made public. Only some parts have been revealed in the media. One can make out from what has been revealed that most of the findings are biased and one-sided. Executive Summary paragraph 10 states, "The violence ended up taking lives of 53 people including one IB official and two Delhi Police personals, injured more than 200 people." However, it conveniently fails to mention that three-fourth of the casualties were from the minority community. *The Polis Project* report stated that out of 52 victims, 39 were from the Muslim Community as compared to 13 from the Hindu community. This 'fact-finding' Report accepted by the Union Home minister has a 'torrent of misinformation', as per media.

First of all, the Report has cited *OpIndia*, a website, that has repeatedly shared misinformation, at least 10 times in the report. *Alt News* has found multiple instances when *OpIndia* was guilty of spreading misinformation since 2017. The Report says, that "Various radical groups such as Pinjra Tod, Jamia Coordination Committee, Alumni Association of Jamia Milia Islamia, Popular Front of India (PFI), etc., and the local politicians from AAP, suddenly, after election in Delhi, accelerated

misinformation, hate speech campaigns using Anti-CAA" as a basis and the Report alleged "that 'members belonging to the 'tukde tukde gang' were hand-in-glove with various radical groups mentioned above alongwith Bhim Army, local MLAs, the ISI and other international organizations were behind the North-East riots of Delhi". Thus, it squarely blames all the people and the organizations who had participated in the Anti-NRC anti-CAA movements as responsible for the riots. But the Report is completely silent on the involvement of cadres of the BJP, RSS, and their associate organizations. The Report says that "they visited Muslim and Hindu areas and found shops of one community being targeted. We went to Muslim houses who did not show us any evidence. While Hindu families showed us the damages they (Muslims) had caused. As far as Dargahs are concerned, we heard, as retaliation some people threw something, but we did not find any evidence of attack, said Neera Mishra"(ibid). It is surprising that the Committee did not find any damage to houses and shops of the Muslim community. Whereas most of the details showing large scale burning of houses, shops, establishments belonging to the Muslim community have already appeared in dailies, magazines and social media during, and soon after the riots, which have not been reflected in the Report. The Report has claimed that despite aggressive lobbying by the anti-CAA [Citizenship Amendment Act] protestors the international community did not extend social, moral or political support. But this claim is baseless because anti-NRC anti-CAA protests took place in multiple countries beyond the Indian subcontinent, as reported by major media outlets like *NDTV*, *The Hindu* and *Deccan Herald*. The Report referred to a video clip as proof of anti-CAA protesters getting paid for protesting. Fact is that this was a clip of an individual act of charity towards the Delhi riots victims. As per the Report, two petrol pump in Bhajanpura and Chand Bagh respectively areas were consigned to flame by anti-NRC anti-CAA protesters. However, according to Kaushal Shroff, a journalist at *The Caravan*, who did a ground report on 23 February, the two images are of the same petrol pump located on the Wazirabad Road between Chand Bagh and Bhajanpura. **Burning of**

Muslim place of worship near the petrol pump set ablaze not mentioned in the Report.

The Report has claimed that Umar Khalid, a former student & member of Jawaharlal Nehru University, Delhi and currently associated with 'Bhagat Singh Ambedkar Student Organisation' called for riots ahead of Donald Trump's visit in a speech. However, this claim too is bogus. Video clips of Umar's referred speech delivered at Amravati, Maharashtra on 17 February show that in the first few minutes, he said, "Right now, when IPS Abdur Rehman spoke about Gandhi and told us that the weapons that Mahatma Gandhi has given us to fight are Ahimsa and Satyagrah." Later he said, "We won't respond to violence with violence. We won't respond to hate with hate. If they spread hate, we will respond to it with love. If they thrash us with lathis, we keep holding the tricolour. If they fire bullets, then we will hold the Constitution. If they jail us, we will go to jail singing, 'Saare Jahaan Se Acha Hindustan Hamara'." So where was the instigation?

The Report further says that the "unresolved socio-political issues like Triple Talaq, Article 370 and Ram Janmabhoomi dispute, were a trigger for these groups who were looking for an opportunity to thwart the PM Modi government" and "The report has mentioned the names of the BJP leaders like Kapil Mishra and Anurag Thakur in the category of people who made provocative speeches but nowhere does the team find them "responsible for the riots" and "CAA was a ploy to implement a larger strategy of creating violence among the community so that the Hindu community runs away" (ibid). This is completely contrary to the fact revealed earlier that speeches of these two leaders had greatly added to the instigation for the riots in East Delhi. One of them had actually been found leading the gangs that attacked the Muslim dominated localities. The Report further says that the "Hindu community was totally unaware about the attacks while the attackers belonging to the Muslim community had meticulously planned. The Report has sought-an NIA investigation into the matter citing the involvement of the PFI and ISI and other interstate and international outfits. This Report has recommended that an investigation be launched into Islamic outfits that were behind the riots and trial of the riots cases be expedited in the designated courts" (opindia.com, Jun

02, 2020). Such a conclusion of the Report appears totally fabricated and puts the entire blame on one particular community and those who had been active in the Anti CAA agitations, while giving a clean chit to all others who had been involved in the riots.

From the above one can make out that the six members Committee report is one sided, biased, and prepared by a tailor made committee sponsored by the hidden hand of the Central Government. It does not include any of the general public or known social activists, prominent persons of high integrity and social standing. It puts the entire blame on the Muslim community and left groups, student leaders of Delhi University, Jamia Milia and JNU. We are aware that for the past one month many student leaders have been booked by the Delhi Police under the UAP Act. The Report also is found to contain a lots of misinformation, half-truths and distortions.

This Report has given another handle to the Government to take action against the people who organized the anti-NRC anti-CAA movements in and around Delhi. The report is completely silent on the role of the Delhi Police, who did not act for 72 hours, since news of the rioting began pouring in and the inaction of Fire department and emergency calls were made by the public desperately seeking help to save themselves from the rioters.

When the entire country is fighting a battle against Covid-19, the Delhi Police in the back scene is quietly arresting one after another the student leaders, under the stringent Unlawful Activities Prevention Act (UAPA) for inciting the anti-Hindu communal riots in North-East Delhi in February 2020. Several FIRs have been registered against them recently, months after the incident. So far the Delhi Police have not been able to produce concrete evidences against any of the student leaders even in the courts. It is nothing but intimidation, harassment of people who do not subscribe to the opinion of the Govt. and exercise their democratic rights by opposing anti-people policies of the Govt. It is the time for the concerned NGOs and eminent social personalities to come forward to oppose this draconian move of the government and prepared a parallel report of the above riots and put the facts and figures before the common public to clear the clouds. (source: timesnownews.com. May 29, 2020, The Wire 15-06-20)

Oppose Draconian Electricity (Amendment) Bill 2020

Taking advantage of corona lockdown, the BJP government has been on a privatization spree of essential sectors. Now the sword has come down on power sector in the form of the

It is pertinent to recall that BJP government led by late Atal Behari Vajpayee had enacted a new Electricity Act 2003 violating the Electricity Act 1948. The 1948 Act clearly stated that electricity is an essential people's service and hence power sector cannot be viewed for making profit. But the amendment of the Act in 2003 reversed that objective and rolled out the process of privatization and commercialization. One after another change in regulating mechanism and out and out anti-people pro-capitalist legislations since 2003 have made the electricity consumers face steep rise in power tariff at regular intervals under this or that pretext so that private players could mint enormous profit at the cost of people's suffering. One crucial aspect of the revised regulatory laws has been the trifurcation of electricity board into three companies namely production,

transmission and distribution, meaning thereby that three companies in place of one would recklessly exploit the consumers. And again, the Act stipulated a whopping minimum 16% profit by each of the three companies. This amended Act has been used by all bourgeois governments, whether run by the Congress or the BJP or any other regional outfits, to serve the profit maximization motive of the corporate giants dominating the power sector.

A few of the new attacks being brought down on the pretext of reform are as the following:

- i) A new profit usurping company namely "Franchisee" is proposed, which would not need any licence. These new private companies will play the main role in supplying electricity and controlling it instead of the government distribution companies. This will entail further burden of steep tariff on the people and appalling harassment for them.
- ii) The 1948 Act and even the 2003 Act had provisions for differentiation of tariff,

providing differing power tariff for different categories of consumers like the poor, peasants and rich people. Even consumers of the same category could avail of separate tariff benefits as per use of power during different voltage level, for different geographical environments and purpose of power use. But the present Amendment proposes to abolish 'cross subsidy', a confusing provision previously inserted by the Act 2003, which will reduce the tariff for big industrialists while the tariff for small scale industry, small trade, and agriculture will be dreadfully hiked. The Amendment has talked of giving subsidy directly to the concerned bank accounts. But this is bunkum. It is nothing but a ploy to ultimately abolish the subsidy as is going to happen in regard to cooking gas.

iii) By dint of the Amendment, Electricity Contract Enforcement Authority (ECEA) will be formed to be controlled by the central government whose only purpose is to ensure riskless profit for the power

corporates. Whatever little scope was there for the victimized consumers to fight will be abolished.

iv) Electricity is on the concurrent list. But the Amendment is removing that to keep the state government out of purview. This is thoroughly unconstitutional.

v) The Amendment, on the pretext of cross-border trade, will empower corporates to export electricity keeping people here starving if they can accrue more profit abroad.

This, in brief, shows how vivid is the pro-capitalist approach of the BJP led central government.

But why did the ruling party choose this time to bring the amendment and other measures in favour of the industrial houses? Because they know that because of lockdown protocols, people are debarred from developing mighty resistance movements and hence such a highly anti-people move would get a safe passage. But suffering people should voice their protest using all available means like the social media and prepare themselves for launching the movement when the lockdown is lifted.

Healthcare

Covid-19 has nakedly exposed the fragility of Indian healthcare system

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might have been possible if the Socialist Bloc led by Soviet Union would have been in existence. Covid-19 crisis ought to be thus an eye-opener to all including medical professionals. Healthcare movement must be developed under correct revolutionary leadership as conducive to revolutionary struggle for overthrowing outmoded, reactionary, corrupt and inhuman capitalism. That is the only remedial course and hence the prime task in hand.

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AIMSS OBSERVED 25 JUNE AS PROTEST DAY SEEKING RELEASE OF LEADERS AND ACTIVISTS OF DEMOCRATIC MOVEMENT AGAINST NOTORIOUS NRC—CAA



West Bengal State Secretary, SUCI(C), at all party meeting convened by state chief minister

Comrades Chandidas Bhattacharjee, Central Committee member and West Bengal State Secretary and Tarun Mandal, West Bengal State Secretariat member and former Member of Parliament, represented SUCI(C) at the all party meeting convened by the West Bengal chief minister on 24 June last to discuss on Covid 19 as well as post-Aamphan situation in the state. At the outset, representatives of most of the political parties claimed that they were not inclined to do politics in this meeting. When his turn came, Comrade Bhattacharjee said that since everyone was representative of one or the other political party, such argument would not be relied upon by people at large. Correct approach should be that everyone of us should rise above narrow sectarian party politics when people are amidst an unprecedented health crisis further aggravated by the havoc wreaked by Aamphan cyclone. Moreover, with the current spurt in Covid 19 cases, the number of infections and deaths might go up three to four times in coming three or four months. So the government should have in place well in advance a concrete programme to face such a situation. Doctors, nurses, paramedics as well as other healthcare assistants should be provided proper Personal Protective equipment (PPE) in sufficient number. Though there is no need for any panic, but proper precautionary measures should be adopted to keep ourselves insulated from the attack of Covid 19. There is nothing to be panicky about but necessary precautions must be exercised. Comrade

Bhattacharjee also placed a written draft proposal for proper relief to the migrant as well as unorganized sector workers who are worst victims of sudden lockdown announcement. The proposal also said that exclusion of West Bengal from the 'Garib Kalyan' scheme announced by the central government should be vehemently protested and Aamphan should be declared as a national disaster. Also, the proposal was to demand immediate lowering of regular unprecedented rise in petrol-diesel prices notwithstanding drastic fall in international crude price. This draft proposal was accepted and an all-party committee including representation of our Party was formed to further examine and finalize the draft. Comrade Bhattacharjee also suggested that since all-pervading corruption is a feature of dying capitalism and there was report of widespread corruption in distribution of relief, all party advisory committees needed to be formed at grassroots level to finalize the list of the genuinely affected people who are to be provided relief. Such proposal, Comrade Bhattacharjee reminded all, was placed earlier on behalf of our Party before both erstwhile Congress and CPI (M) governments in the past. But the TMC chief minister did not say anything affirmative in regard to this suggestion. Comrade Bhattacharjee also demanded that

the jobless poor including migrant workers be provided at work for at least 200 days, if not more, under the Rural Employment Guarantee Scheme at reasonable wage, ensure no curtailment of the terms of employment to all those who are unable to join office because of lockdown, waive electricity bills to affected people and bring down power tariff, hold the pending school and college examinations maintaining physical distance and other protocols. He also urged upon the government not to raise road transport fares and, if necessary, provide subsidy to the private operators so that people do not suffer because of paucity of buses or taxis. The chief minister responded by saying that the government had no money to pay subsidy. But within 48 hours, she announced a subsidy of Rs 15,000 per bus per month which showed justifiability of our demand.

AIUTUC on Garib Kalyan Rojgar Scheme

In a statement issued on 21 June 2020, Comrade Shankar Dasgupta, General Secretary, AIUTUC said that reported allotment of Rs 50, 000 crores to "Garib Kalyan Rojgar" scheme by the central government for providing jobs for 125 days mainly to the migrant workers in their native places in 116 districts of only six states, is completely unjustified in view of the inhuman sufferings and untold miseries of the 15 crore migrant workers spread over all states due to Covid 19 pandemic and lockdown. He demanded covering all migrant workers under the scheme without any exception and discrimination, extend the currency of the scheme for at least one year with provision for further extension, if necessary, and raise the minimum wage to Rs 400 per day.

Central Trade Unions including AIUTUC in Haryana give call for observing statewide protest day on 3 July against anti-working class policy

10 central trade unions, employees associations and federations including AUTUC, CITU, INTUC and others gave call to observe 3 July as state-wide Protest Day against the BJP led state government's decision to increase working hours from 8 to 12, freeze dearness allowance, suspend labour laws and hand over government assets to the private houses.

AIUTUC supports 3 day strike in protest against privatization of coal mines

In a statement issued on 28 June 2020, Comrade Shankar Dasgupta, General Secretary, AIUTUC extended total support to 3 days strike call in the coal sector from 2 to 4 July 2020 by the operating central trade unions in the coal mining sector. The BJP led government at the centre has been vigorously striving since 2014 to implement the policy of privatization formulated by the erstwhile Congress government, particularly in the coal mining sector ignoring altogether workers protest at different times, Comrade Dasgupta added.

Protesting exorbitant hike in petrol-diesel prices during corona lockdown despite considerable slide in global crude price



WEST BENGAL



KERALA



MADHYA PRADESH



ODISHA

Saga of condoning willful default of loans, rising frauds and mounting NPAs in Indian Banking sector

On 28 April 2020, RBI in response to an RTI query revealed that an outstanding loan amounting to Rs 68,607 crore till 30 September 2019 pertaining to top 50 wilful bank loan defaulters including Mehul Choksi, Vijay Mallya and Nirav Modi, the fugitive business tycoons, has been prudentially written off. Within 10 days, it came to light that Naresh Kumar, another businessman, owing a loan of around Rs 414 crores to six Public Sector Banks, had fled the country in 2016. The State Bank of India (SBI) had reported that the accused have fake accounts and had illegally removed industries and machineries created with bank's money. Another company also lodged complaint of fraud against him with National Company Law Tribunal which knew he had been absconding abroad. But, strangely, the Central Bureau of Investigation (CBI) is reported to be unaware of that since last 4 years as they still pretend to be not knowing the whereabouts of Nirav Modi or Mehul Choksi. Pertinent to mention here is that the RBI had refused to make public the list of loan defaulters with public sector banks for over a decade and even despite an order of the Supreme Court (SC) in 2015 to make this information public. But, when the SC in April 2019 said that the RBI is duty-bound to disclose the information and any further violations could lead to contempt of court proceedings, RBI furnished the list of wilful defaulters. First they disclosed 30 names in November 2019 and subsequently in reply to another RTI query 100 names in January last. It came to light that the total funded advances outstanding to 30 wilful defaulters – along with the amount the banks have written off so far – added up to over Rs 50,000 crore as on April 30, 2019. Such cases of wilful default of bank loans and subsequent generosity on the part of the government to condone the default are quite big in number. Ministry of Finance reported in Parliament that India's SCBs collectively wrote off NPAs worth Rs 1.5 lakh crores (Rs1.5 trillion) in 2017-18 and Rs. 2.12 lakh crores in 2018-19, equivalent to about 20% of all their Non-performing Assets (NPAs) which represent the defaulted bank loans. As per RBI report, NPAs on the financial books of banks have seen a steep rise ever since 2014. Before the BJP government was installed, gross NPA in Public Sector banks was reportedly about Rs

2,16,000 crores. But it rose to Rs 8,95,000 crores in 2018-19. Figure is stated to have come down to Rs 7,39,000 crores in 2019 but that is due to large scale waivers. Gross NPA and loan waiver jumped from Rs 84,715.71 crore and Rs.2,463.17 crore respectively in 2005 to Rs.16,90,140.58 crore, and Rs.2,36,947.85 crore respectively in 2018-19. Wilful defaulted corporate loans are first provisioned as bad debts from net profit of the banks, then at a certain time marked as stressed assets, in course of time recorded as NPA and finally written-off. Such is the policy being pursued by the union government and RBI over time. Moreover, RBI or the government discloses only the net NPA figure without mentioning the amount waived or cunningly sold to so called Asset Reconstruction Companies or Hedge funds at a discount (technically termed in bourgeois economics as 'haircuts'). Growing NPAs are continuously reducing banks' profits and swallowing their capital base resulting in inability of their smooth functioning. Even it is reported in the media that the government has withdrawn over 13,000 cases involving over Rs 5 lakh crores before admission under Insolvency and bankruptcy Code till end of last February. The quantum of NPAs would now be now around Rs 14 lakh crores (14 trillion). In fact, the main reasons for the financial woes of India's 42 Scheduled Commercial Banks (SCBs) is the growing NPAs generated from wilful debt evasion coupled with frauds being perpetuated by the corporate behemoths.

But, surprisingly, both regulatory as well as supervisory and vigilance machineries are always found busy in suppressing facts related to NPAs and shielding the loan defaulters. Raghuram Rajan, former RBI governor alerted Prime Ministers' Office in 2016 about growing number of frauds in banks. Arundhati Bhattacharya, former State Bank of India (SBI) chairman, pointed out that for the mounting NPA overall lending principle has been responsible. These were the wake-up calls. The Union Finance Minister herself stated that that PSBs reported 5,743 incidents of fraud involving a total amount of Rs 95,760.49 crore from 1 April to 30 September 2019. But the government is inexplicably silent and loath to take any appropriate punitive action against the culprits.

Moreover, a BJP heavyweight himself alleged in March 2018 that Gautam Adani group, stated to be very close to the Prime Minister, was sitting on a Rs72,000-cr NPA bubble, the SBI granted the group a fresh loan of \$ 1 billion (around Rs 7500 at current exchange rate) for buying coal mines in Australia. What did it insinuate at other than invisible hands pulling strings from behind to flout rules governing bank finance?

All these show that the government is abetting and sanctifying siphoning out of bank money. On the one hand, the NPAs are periodically written off to enable the monopoly houses embezzle public money deposited in the bank and thereby augment their accumulated wealth, while, on the other hand, the entire brunt is borne by the common people. People park their hard-earned savings in the banks as a safe mode of deposit to earn a reasonable return. Banks in turn lend that to borrowers. If the borrowers default loan, it is tantamount to appropriation of public money. And then the government bails out the banks by giving them financial grant (recapitalization) from public exchequer which is also public money because it comprises the tax amount paid by the countrymen. Further, with onset of recession, there is no taker of loans for productive investment. The government through RBI are drastically curtailing interest on the pretext of making bank loans available at cheaper rate to the corporates. This in turn is severely reducing interest on bank savings denting into the income of common people. So the people are the losers on every count. Over and above, the BJP government had brought a Financial Resolution and Deposit Insurance (FRDI) Bill in 2017 which stipulated that if a bank would fail, the depositors would have to bear part of the liability. Though the Bill under severe protest from all quarters was reported to have been dropped, the danger still looms large. Thus at the cost of deprivation and exploitation of employees-small depositors-toiling masses, a financial oligarchy created by merger of industrial capital and banking is ruling the roost with the bourgeois governments irrespective of hues in tow. It is pertinent to mention that Indian financial and banking sector reforms introduced in 1991 was the opening of the flood gate of financial

liberalisation for imperialist India's finance capital in the wake of capitalist globalisation and the blueprint of creating financial oligarchy by stealing the banking capital by the industrialists. All the successive bourgeois governments since then have enthusiastically been playing the role of the intermediary to fulfil the object. Instead of seizing the properties of the defaulting and fraudulent oligarchs the governments have destroyed the country's banking system by virtually handing over it to them.

If an individual defaults in payment of interest and principal amount of any consumer loan, the bank immediately takes concrete measures against him or her. Even ruffians camouflaged as loan recovery personnel are deputed to terrorize and even assault them. Also, the hypothecated property is confiscated. But the same banks are restrained by the government from taking similar measures against the corporate defaulters. So the anti-people pro-corporate outlook of the government is glaringly manifest.

Great Lenin had said about a 100 year back that ".....to an ever greater degree the banker is being transformed into an industrial capitalist. This bank capital, i.e., capital in money form, which is thus actually transformed into industrial capital, I call 'finance capital'." "Finance capital is capital controlled by banks and employed by industrialists.....The concentration of production; the monopolies arising therefrom; the merging or coalescence of the banks with industry—such is the history of the rise of finance capital and such is the content of that concept....." "Finance capital, concentrated in a few hands and exercising a virtual monopoly, exacts enormous and ever increasing profits..... strengthens the domination of the financial oligarchy and levies tribute upon the whole of the society for the benefit of monopolists" (Imperialism, the Highest Stage of Capitalism)

With Indian monopolists having acquired imperialist character, deploying finance capital abroad and ruthlessly exploiting the toiling millions of the country in every possible way, this analysis is proved to be prophetically true in Indian context as well. Spike in NPAs and all attendant irregularities, improprieties, manipulation and frauds, is a fallout of this out and out corrupt, obsolete and ruthlessly oppressive capitalist economy.

AIDSO's online signature campaign and memorandum to Prime Minister in protest against anti-education policies

All India Democratic Students' Organisation (AIDSO) organised a countrywide online signature campaign demanding proper solution to the enormous problems in the sphere of education during lockdown period. A memorandum containing more than 80 thousand signatures of students, teachers, guardians, educationists and people from all walks of life against the anti-student and anti-education policies of the government has been submitted to the Prime Minister and the HRD Minister. AIDSO has demanded, inter alia, democratically constitute committees at different levels with proper representation of educationists, teachers, students and guardians, to decide about the academic matters, waiving of all fees and educational loans of all students in all government institutions and bring the fees of private institutions to affordable limit, increasing the period of fellowship of all research scholars by at least for 6 months, declaring a special economic package for education and students and providing the free pass to all students to commute in all types of public and private transport. AIDSO has also demanded that examinations be conducted only after the normalisation of the Covid 19 situation, appearance of all students in the examinations is ensured and adequate educational infrastructure is provided. Further, AIDSO has urged before the government not to replace the time-tested formal classroom teaching by online teaching and written examination by online or other alternative methods of examinations. AIDSO has also demanded to take necessary steps to complete the training period of all medical-related courses including rotatory duties of the internship; provide adequate PPE's to all doctors, nurses and health workers working in COVID wards and also inhibit any kind of discrimination with the warriors. AIDSO despired that instead of undertaking extensive consultation as per the desired democratic norms, the MHRD and the UGC have unilaterally suggested different measures to this end. To shoulder the responsibility to save education and the future of the students, AIDSO has been organising a series of movements for last three months but there is no positive response from the government. AIDSO appealed to the students of the country and the people from all walks of life to use their might to compel the government to concede to these just demands.

Tamil Nadu State SUCI (C) unreservedly condemned on custodial deaths of father-son duo

The Tamilnadu State SUCI (C) in a statement issued on 24 June 2020 unreservedly condemned both Tamilnadu Police and the DMK-led state government for brutal custodial deaths of father-son duo arrested on the ostensible charge of keeping their shop open their shop violating lockdown protocol in Sathankulam of Thoothukudi district.

Tamilnadu State Party demanded a speedy inquiry, dismissal from service and due punishment to the concerned police personnel, adequate compensation to the bereaved family and called upon people at large to unitedly rise up in protest and develop a sustained movement till such police high-handedness and brutalities are permanently stopped and the government gives up such oppressive practices.

Significant Achievement by Tumkur peasants in Land Acquisition Issue for National Highway 206

After AIKKMS, Karnataka, had initiated a movement demanding fair compensation and other benefits to the land-loser peasants acquisition for construction of National Highway from Tumkur to Shimoga in Karnataka, Karnataka Rajya Raittha Sangha (RRS) also joined it and a National Highway 206 Land Losers Struggle Committee was formed. The movement which started in Tiptur Taluk of Tumkur, was later extended to Hasan and Chikkamagalur districts as well. After 4 years of continuation of the movement in various forms, District Commissioner, Special Land Acquisition Officer, Superintendent of Police and all other officials were forced to sit with the Committee on 20 June last and accepted many of the demands. These achievements have national significance too because many of the decisions taken here might apply elsewhere too in land acquisition for constructing National Highways. AIKKMS could make a distinct mark among the peasants following this significant achievement.

Movements across the country



Demonstration in front of the Collectorate office in Hyderabad in protest against exorbitant hike in electricity tariff.



Bihar State Committee, SUCI(C), organized a Statewide demonstration on 22 June in demand for a monthly lockdown cash assistance of Rs 8,000 to all workers, 10 kg of vegetables per head of each family per month, immediate providence of permanent jobs to migrant workers, bringing back all stranded migrant workers, paying all pending wages to the migrant workers who have lost jobs due to lockdown etc.



Tripura state AIMSS, AIDYO and AIDSO submitted a memorandum to the DIG, West Range, Tripura on 23 June, demanding steps to stop domestic violence, rape, and killings of women and banning of liquor.



Movement by Karnataka SUCI(C) across the state against anti-peasant pro-corporate amendments to the Land ceiling act and APMC act on 16 June



Madhya Pradesh State SUCI(C) led a deputation to state chief election commissioner on 11 June demanding postponement of bye-elections to 24 assembly seats till Covid 19 lockdown is lifted and normalcy returns.

EDITOR-IN-CHIEF : PROVASH GHOSH