Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

generating spatial accessibility maps that could help identify regions facing inadequate vaccine access. These problems are everywhere. For example, the National Crime Records Bureau releases reports on annual state-level suicide aggregates with underlying socioeconomic factors, causes, and so on. If anonymised person-level data are released under appropriate sharing guidelines, and in an analysable and accessible format, it could help to generate strong evidence for targeted campaigns, in turn preventing thousands of suicides. The Indian Government needs to engage in a participative data democracy.

I declare no competing interests.

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India's pain: beyond COVID-19 case numbers and mortality rates

The premature relaxation of safety measures, the mass gatherings, the insufficient vaccine roll-outs, and the spread of highly virulent COVID-19 variants have brought India's health system to its knees. This issue has attracted much scrutiny and international criticism over the failures of the administration. However, the Editors[1] do not look beyond the numbers or shed sufficient light on the plight of the Indian public.

Although local and global communities are uniting to send aid, many of these efforts are too late. Challenges in the procurement and distribution of this aid because of inadequate planning and coordination has led to delays in access, skyrocketing case numbers, and premature deaths outside of hospital. As a consequence, the public has started taking matters into their own hands.

The scarcity of resources has created a market that exploits suffering. COVID-related cyber scams have risen by 86%.[2] Medical resources being sold on the black market have increased the cost of oxygen cylinders by 15 times and counterfeit medications circulate at 17 times the official genuine price cap.[3] Well intentioned but poorly executed government attempts to regulate this price increase by controlling the release of these resources only aggravates the scarcity. Ambulances now charge an exorbitant INR 30 000 (US$400) to travel to the nearest hospital, and crematoriums demand service fees 53 times the base price, just to observe the last rights of a loved one.[4]

Subject to the mercy of a failing system, India's people are fighting for their survival. Widely publicised stories of deaths related to medication and oxygen shortages are driving people to hoard medications obtained through fake prescriptions and to safeguard hospital-grade oxygen concentrators in private homes. Bribes enable the reservations of hospital beds when an individual is still asymptomatic at home, creating a perceived bed shortage. In one instance, 12 beds were booked in different hospitals under a single patient, preventing access to those who needed it.[5] Sadly, these and other measures are only accessible to those with the financial means or connection to people in power. This accessibility is not possible for most people in the lower socioeconomic class, who are instead left to die at home or in the streets.

This crisis has created a society that lives in fear, despair, anxiety, and terror. The population feels powerless to change their situation and abandoned by their community and government, and among them there is a palpable grief and helplessness that governs society. No amount of aid can mend these wounds, and India stands to be scarred from this experience for years to come. Only time and the resilience of India's people will reveal how quickly they recover.

As health-care workers, we recognise that it is necessary to prioritise the physical and psychological wellbeing of Indian people. Knowing the front-line realities and the psychological toll it takes on patients, health-care workers should go beyond calls to the government for better policies and governance and no longer shy from political commentary. COVID-19 has politicised health care, and the time to be apolitical is over. It is necessary to demand a seat at the table to ensure that the bureaucracy and health system work to benefit our community's wellbeing first.

We declare no competing interests.

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For **India's suicide aggregates** see https://ncrb.gov.in/en/accidental-deaths-suicides-india-adsi

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