**Caring for patients while your heart is in India**OSF HealthCare Newsroom
Shelli Dankoff – Media Relations Supervisor

It’s been 25 years since Dr. Malini Chavali came to America from India when her husband’s job brought them to Peoria, Illinois. She had completed medical school in India but did her residency here and started her practice in internal medicine, working for OSF Medical Group, while raising three sons. Dr. Chavali’s lived half of her life in the United States and, prior to the COVID-19 pandemic, returned to visit family in India every two-to-three years, her last visit in February 2020, just two weeks before everything shut down.

With her mother, brother and sister and their spouses, and her mother-in-law still living in India, Dr. Chavali pays close attention to what is going on half a world away and India’s recent and deadly surge of COVID-19 infections worries her tremendously.

As of May 11, India’s total coronavirus infections are almost 23 million, with 250,000 deaths. Beds, oxygen and other supplies are scarce even at the best hospitals. There aren’t enough physicians to help all who need it, and the health care system is overwhelmed.

“When I hear stories about my friends who are in India, working in the hospitals, feeling very depressed, sad and helpless because there are no resources, it truly breaks my heart,” says Dr. Chavali sadly.

Dr. Chavali’s family in India has not been untouched by COVID-19. Her older brother was hospitalized for 18 days last June fighting the virus. Even then, no physician visited him, instead channeling care orders through a nurse. Dr. Chavali FaceTimed her brother several times a day, offering advice on the best options for care.

But treatment protocols for COVID-19 are different in India, with doctors often turning to high doses of steroids for those struggling to breathe, an approach Dr. Chavali does not agree with.

“Because of the overuse of steroids some people may get worse instead of better. They are seeing people who are developing fungal infections like mucormycosis because of overuse of steroids. So that frustrates me. I try to educate my family and friends as to when they need steroids and when they should not be using it and how long they should use it for,” she explains.

Her brother is still dealing with some lingering physical effects from the virus. Aunts, uncles and cousins have also contracted the disease but have already received their first dose of the COVID-19 vaccine and recovered at home in isolation. She is thankful her 79-year-old mother is fully vaccinated and has managed to escape getting sick.

India is seeing younger people getting hit hard by COVID-19, including with an Indian variant of the virus. The country is facing a vaccine shortage because, even though Covishield, the Oxford-AstraZeneca vaccine used in India is manufactured there, the government exported large quantities of the vaccine earlier this year.

After putting stricter lockdown procedures in place for most of 2020, the government opened everything in February – including movie theaters, gyms, and temples – with few restrictions in place and the spread of the virus exploded.

“Public speakers would say socially distance yourself, wear your mask but then in reality people are crowded in crowded areas, no masks and they thought they were fine. A lot of people being unvaccinated is also driving this surge.”

Dr. Chavali is hopeful that lessons have been learned and vaccinations are increasing again, although she expects the effects of this crisis to last for several more months.

“The lock down measures that they're doing right now in some places - it's not all places - is working, is helping. Hopefully the lesson learned from this is that more people should get vaccinated. If more people get vaccinated - even one dose of the vaccine - it may prevent severe hospitalizations or people being in critical condition. Hopefully the burden on the hospitals will be reduced quite a bit.”

While it’s been hard for Dr. Chavali and others in the Indian medical community in central Illinois to not be able to do more, they are humbled by the outpouring of help they have seen, including monetary donations which will be used to buy critically needed oxygen and meals for the sick. More information can be found at [Sewa International](file:///%5C%5Cpmc-pia-fs06%5CFS-FS06-h0060-users%5CSJDankoff%5CMyDocs%5C2021%20News%20Releases%20-%20Stories%5COnline%20Newsroom%20Scripts%5CMay%202021%5CSewausa.org).

OSF HealthCare has seen the needs increase in India and other parts of the world and is doing what it can to help.

“Over the past year the OSF Supply Chain has been working to secure adequate personal protective equipment (PPE) for our health system. PPE utilization by patients and care providers worldwide has increased and the world has faced numerous challenges securing this important, and necessary, resource. Early on in the pandemic many businesses and others contributed to OSF to ensure our healthcare workers were protected. This same generosity is now needed in other parts of the world that are seeing a surge. With traditional supply lines opening up to meet our OSF standard products, and given our current care needs, OSF HealthCare and our Sisters wanted to do what we could to help by donating some non-standard OSF medical supplies that will ship to India to help ease the crisis they are facing,” said Pinak Shah, senior vice president and chief supply chain officer for OSF HealthCare.