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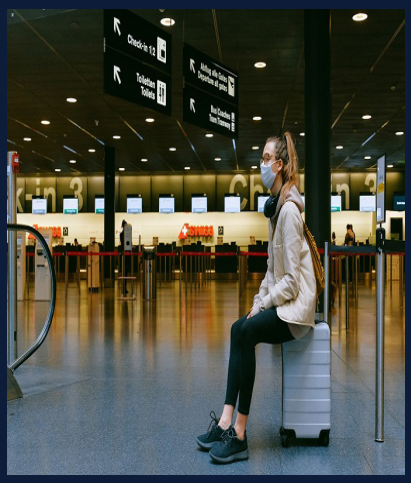

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COVID-19 and Migration

Inside

Roots and Routes

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Editors' Note

Editorial Information

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Dear Friends
Greetings!

We all are currently going through a very unprecedented situation in the human history. The pandemic has impacted the health, social and economic fabric of almost all the nations and nationalities across the globe. As we have all witnessed, certain sections of the population has been deeply affected by the same, while the others have been relatively less vulnerable, however, none of them have been immune to the current health crisis. It has changed the entire course of understanding the natural, political and social environment where we live in. I hope when the situation subsides, we still remember what we saw and learnt from the current situation, to make necessary changes for a better, sensitive and healthy world ahead of us.

The current issue of the newsletter, tries to bring forth some of the challenges faced due to COVID-19 pandemic and the situation of lockdown implemented in different parts of the world. One of the most vulnerable groups which have appeared on the foreground has been that of migrant workers. As we all know, India supplies a large number of labours to different parts of the world. Along with that, we have inter-state as well as intra-state migration of workers. A huge part of Indian population is on move, either nationally or internationally. Amidst this crisis situation, a lot many migrant workers have been stranded at different parts of the world. Some of them are without any provision for food or shelter. The current issue tries to bring their concerns on the forefront for a better understanding of the wider impact of corona virus pandemic.

In our current issue of newsletter 'Roots and Routes', we bring forth four papers from migration scholars who have dealt with different aspect of Migration and COVID-19. The first paper is by emeritus professor Robin Cohen who has juxtaposed the situation of mobility and immobility among the poor as well as privileged, to bring in the class dimension in understanding the impact of COVID-19.The second paper by Feroz Khan and Sadananda Sahoo has focused on refugees, international migrants and internal migrants. They have brought out the challenges faced by the refugees in different countries through case study and establish that the factors such as lack of access to healthcare, lack of resources, poor social security and demographic concentration makes them among the high risk groups with the potential to be infected by the virus. The third paper by Rakesh Ranjan and Monika Bisht focuses on the Indian labours in the Gulf Cooperation Council (GCC) and their associated vulnerabilities in terms of precarious job situation, lack of access to healthcare and harsh living and working conditions. Fourth paper by Divya Balan has analysed the Indian Labour laws and traced the lacunae in the existing legal framework concerning migrant workers, to overall comment on the health and safety of migrant workers during the on-going COVID 19 pandemic.

I hope you find this issue relevant, engaging and thought provoking to understand the wider impact of the pandemic on different sections of the population.

Please write to me at editor@grfdt.com if you have any comments, observations or experiences to share.

I would love to hear from you.
Happy Reading!

Tasha

Tasha Agrawal

The Virus: Class dimensions of mobility and immobility

Robin Cohen
Emeritus professor of development studies at the University of Oxford and
was formerly professor of sociology at the University of Warwick.

The Covid-19 pandemic has reminded us, the social science community, that some of the basic building blocks of our disciplines have been relatively neglected in recent years. The salience of class to the spread, containment and impact of the disease is particularly evident. The virus travels and hitches a ride on us, the humans who act simultaneously as its victims, hosts and bearers. Consequently, questions of human mobility and immobility areboth crucial to understanding the virus and both have significant class dimensions.

Privileged mobility

Perhaps the earliest case of Covid-19 in the UK concerned a highly mobile British businessman who had contracted the virus in Singapore in January 2020 and passed it to others in the French alpine skiresort of Contamines-Montjoie, before returning to the UK on an EasyJet flight (where he may have infected others). He then spread the virus to others in his home city, Brighton. I make no moral judgement on this individual, who carried the virus while asymptomatic, but merely observe that the enhanced mobility derived from his privileged lifestyle provided the virus with an effective delivery service.

In an earlier blog, I pointed to the cases of Italy, Spain and France where those who had the means of transport rapidly exited highly infected areas.[1] In Italy, when a draft decree banning people from leaving or entering Lombardy was leaked by Corrieredella Sera on 7 March 2020, thousands took trains or jumped into their cars and headed to their extended families in the south, some carrying Covid-19.[2] Switch now to Spain, a few days later. A Spanish newspaper, citing ABC news, reported that the ex-prime minister, Jose Aznar, with his family and entourage, had been spotted arriving at his home in Guadalmina Baja, Marbella. On the afternoon of 13 March, the report noted that 'the motorways leaving Madrid this afternoon have seen four kilometres of traffic jams on the A-4, heading towards Andalucia [while] the M-40 headed towards Valencia and the Costa Blanca also saw tailbacks of at least two kilometres'.[3]

The Spanish flight was largely to second, rather than primary, homes. Wealthier Madrilenos often have homes on the costas to which they retreat when the weather gets too hot, though this time they moved for other reasons. The manifestation of panic mobility in Spain is directly paralleled in France where Parigo (a somewhat derogatory name for Parisians) were met at Cape Ferret (south-west France) by hostile graffiti and a Facebook page on which one local lamented, 'already the Parisians and others with a second home have arrived … given that the supermarket has been stripped in two days'. Another complained, 'it's very worrying to see all those people fleeing Paris – that will certainly spread the virus'.[4]

The flight of the affluent from New York also started in mid-March. One provider of private health care reported that he was fielding 75 telephone calls a day asking whether it would be better to stay in the city or go to the Hamptons, Aspen, St Barts (an island in the Caribbean catering to the wealthy) or Palm Beach. Private jets were charted and some even sought to establish their own Intensive Care Units together with ventilators in their second homes.[5] The confusing announcement by President Trump that New York might be quarantined, which he withdrew shortly afterwards, will probably have caused a further exodus.

The mobility of the poor

Movement by the poor has taken a very different form. As factories, offices and businesses close their doors, daily-paid and migrant workers are simply discarded without ceremony. Prime Minister Modi's order to lockdown India from midnight on 24 March 2020 for three weeks to combat Covid-19 has provided a traumaticillustration of the plight of the poor. Desperate migrants tried to return to their home areas, with crowded railway and bus stations becoming giant petri dishes on which the virus could thrive. ANew York Times story pulled no punches. Headed 'For India's Laborers, Coronavirus Lockdown Is an Order to Starve', Times' journalists Abi-Habib and Yasir depict scenes of chaos, with some lives already lost and many facing starvation. They tell of a group of 13 men with aboutUS $3 between them walking home from Delhi to Uttar Pradesh. The men had not eaten for nearly two

days. One of them, 28-year-old truck driver Deepak Kumar, said, 'this may have been a good decision for the wealthy, but not those of us with no money'. [6]At first, the Uttar Pradesh government was sympathetic, sending 1000 buses to pick up the state's workers in Delhi. When many returnees were greeted with hostility for fear of what they harboured, the pickup was abruptly stopped, causing furtherchaos. In Bareilly (Uttar Pradesh) returnees were gathered on a street and sprayed with disinfectant. This was bothdegrading and likely to be ineffective (as we know,the virus travels inside bodies as well as on clothing).

Privileged immobility

Forgive the use of an autobiographical account, but my wife and I provide a simple illustration of the privileged immobile. We have a comfortable, warm house and a small garden. We are digitally connected with colleagues, friends and relatives worldwide and have paid for streaming services that keep us moderately entertained. We were a little anxious about the lack of delivery slots for our food and household essentials, but we have been reassured by suddenly finding ourselves as 'priority customers' on one of the delivery services, without requesting such a status. Why we suddenly were so identified is a mystery and not a little sinister. How exactly did Big Brother know we were both of advanced age, with one or two health issues? Iteration one on the food delivery site was a digital queue of 34,500 customers with a wait time of 5 hours. After we became priority customers, we had to wait in a queue for only a few minutes behind 12 others. We are able to work from home – my wife at editing journal articles and books, me at trying to write them. Next week, the Zoom app –which had never previously crossed out paths – will bring my wife's Pilates class to our living room. Of course, life is weird and unnatural, but we experience no pressing hardship.

The immobility of the poor

The immobility of the poor could not be more different. I provide just three examples.

• Tehran, Iran. As economic activities and movement shut down, about 1.5 million 'street children' who make their living from selling commodities like flowers, cigarettes and chewing gumto car owners and those on public transport suddenly have no means of survival. Many are 'foreigners' (principally Afghans), who gain little sympathy from public officials.[7]

• Johannesburg, South Africa. Two academics argue that in the townships, social distancing will be almost impossible, while mass unemployment (already at 30 per cent) resulting from a lockdownmay mean mass poverty and even starvation.[8]

• Barcelona, Spain.Thereare also notable class differences in the infection rate in European cities. For example, in the working-class district of Roquetes (Barcelona) the infection rate is 533 per 100,000, compared with 77 per 100,000 in upmarket SantGervasi. [9]

Conclusion

To make my point quickly, I have relied on a simple four-box matrix – contrasting privileged/poor and mobile/immobile. Of course, any sophisticated class analysis has to be more nuanced. No class theorist would accept a simple bifurcation into privileged/poor. Accordingly, as we begin to get more differentiated data, the analysis will get more subtle. Given the difficulties of collecting data at this time, the most immediately useful indicators of variation will be infection and death rates by postal code. However, it is already apparent that the sections of the working class will be impacted differently.

As Biao Xiang argues, we can develop a category of mobility-related workers, where mobility is their necessary means of livelihood. A China-wide survey conducted after the Wuhan lockdown concluded that over 75 per cent of truckers had lost their livelihoods, while taxi drivers' incomes had collapsed. However, many more workers were recruited to deliver food. [10] In other words, Covid-19 creates new winners and losers. We can also reasonably surmise that workers who have recovered from Covid-19 and can prove they are immune will be considerably advantaged compared with those who are not in that position. According to press reports, Germany plans to engage in mass antibody testing, issuing documentation to those who have beaten the virus. A new form of stratification will thus arise between 'CIs' (certified immune persons) and DKs (don't knows). Becoming a CI might be a chosen strategy for many desperate people who will seek to infect themselves and get back to work with a certificate in hand. Even older people might be tempted to take the risk, so that they can look after the children of breadwinners. Perhaps it would be a fictional exaggeration to imagine forged certificates of immunity or distinctive CI tattoos. Who knows? These

are desperate times.

Notes

[1] https://www.compas.ox.ac.uk/2020/take-me-home-the-coronavirus-virus-and-panic-mobility/

[2] https://www.theguardian.com/world/2020/mar/08/leaked-coronavirus-plan-to-quarantine-16m-sparks-chaos-in-italy

[3]https://www.theolivepress.es/spain-news/2020/03/13/covid-19-madrid-residents-flee-to-spains-costa-del-sol-valencia-and-murcia-despite-government-advice-to-remain-at-home-over-coronavirus-fears-including-ex-pm-jose-aznar/

[4] https://www.theguardian.com/world/2020/mar/18/thank-you-parisians-dont-bring-the-virus-plea-from-rural-france

[5]https://www.ft.com/content/09b48bce-67fd-11ea-a3c9-1fe6fedcca75

[6]https://www.nytimes.com/2020/03/29/world/asia/coronavirus-india-migrants.html?auth=login-email&login=email

GRFDT Virtual Panel Discussion Series 1

COVID-19: Issues and Challenges of Migrant and Diaspora Communities

On 'International Labour Day'

Friday 1 May 2020, at 5:30 pm (IST)

Panellists	
Nandini C. Sen *Moderator*	University of Delhi, India
Brij Maharaj	University of KwaZulu-Natal, South Africa
Denison Jayasooria	Associate Research Fellow, Institute of Ethnic Studies, UKM, Malaysia
Ashook Ramsaran	President, Indian Diaspora Council International (former President, GOPIO) New York, USA
Sadananda Sahoo	Indira Gandhi National Open University, India
Rakesh Ranjan	Tata Institute of Social Sciences, India
Feroz Khan	Institute for Research and Development in School Education, India
Monika Bisht	Institute for Research and Development in School Education, India

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ALL ARE WELCOME

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Global Research Forum on Diaspora and Transnationalism

COVID-19: Vulnerability of Refugee and Migrant Workers

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Epidemics have had its impact on the human civilization for centuries. They have claimed thousands of millions life in human history. Interestingly it appears that the fight between human and epidemics are walking hand and hand. The occurrence of new bacterial or various diseases or re-emerging of old disease with modification is a common feature in bacterial and virus world. Notably, many deadly diseases like cancer, HIV/AIDS, polio, lupus and diabetes are incurable (NCMH, 2005). Nonetheless, the outbreak of diseases likes plague, SARS, swine flu, Ebola virus and currently the Covid 19 has devastating impact on mankind. Disease like COVID-19 takes pandemic nature due to its cross border influence and high vulnerability. Remarkably, the spread of epidemic is quick and cause distressing impact on entire human civilization in a gigantic way. The Covid 19 has almost spread across all parts of the globe and covering all known human settlements. It is observed that the like many other diseases, Covid 19 has also uneven impact on the society.

The main objective of this commentary is to look into the

(1) Impact of COVID-19 on refugee and migration in general. Though the Covid 19 impact is just at the initial stage, one can sense the gravitas of the issues on various strata of people in society and among various countries.

(2) Like everything else, this crisis is not same for everyone. It differs from society to society, social class, governance and people's skills to cooperate and adapt to the new challenge. Certainly, its impact on migrant workers and refugee is more uneven than others. This paper tries to highlight some of the issues related to the ongoing crisis based on the content analysis news from various sources.

Why Refugees?

The refugee population has increased from 17.2 million in 2016 to nearly 20.4 million in 2019 (Ravi, 2020). Moreover, nearly 17.2 million people reported to be forced migration. There are many factors responsible for this surge in refugee's number. Of these conflicts, forced migration, climate change and political instabilities are some of the prominent elements (ibid). The spread of Covid 19 already marked in 200 countries including the countries with large refugee populations – Germany, Sudan, Pakistan, and Turkey (ibid). In response to the pandemic the issues related to primary and secondary health services for the refugees emerges as the grave concern in the host countries. The shortage of healthcare workers, shelter, soap and clean water and unstable supply chain will not only prevent the refugees from basic essential requirement, but will also aloof refugee's from COVID-19 diagnostic.

(a) Access to Quality Healthcare: In the absence of political support the refugees have neither have a secure housing nor environment. Generally, refugees are sufferer because of negligence. Government made policies for citizen, these policies rarely calculated refugees among them. Moreover, privatisation of healthcare excludes refugees to have access to primary as well as secondary health services.

Case of Lesvos in Greek

The case of Lesbos is one of the fine examples in this regard. The spread of COVID-19 reported in Lesbos also known as Lesvos or Mitilini. It is a Greek island located in the northern Aegean Sea. It hosts nearly 20,000 people in Moria camp. Refugees in Moria camp live in appalling hygiene and little medical care ("Lesbos coronavirus case", 2020). Condition of refugees gets worsened when island have seen several NGOs forced to reduce to close services over safety fears (ibid). Besides, doctors and journalists have been attacked by vigilantes and the numbers of migrants are increasing in the camp. According to the Guardian report half of the camp's population under 18 and many families living without tents and basic facilities (ibid).

Rohingyas in Bangladesh

Bangladesh is another example which host world's largest camp of more than 1.1 million Rohingya refugees ("Bangladesh: Protect Rohingya Refugees", 2020). The Rohingya are deprived from basic mobile and internet connectivity. Millions of Rohingya fled from Myanmar because of military-led genocidal attacks in 2016-17. The temporary substandard housing, inadequate water, un-hygiene surrounding and sanitation provide the potent atmosphere to wide spread any outbreak of COVID-19 in the camp. Moreover, the government officials also noted that they don't have equipment to test virus but they will isolate the suspects. The Bangladesh Army also announced the construction of barbed-wire fencing around the Rohingya refugee camp (ibid, 2020). The construction of fencing has created heightens distress and fear among Rohingya (ibid, 2020).

(b) Lack of Constituency to mobilize resources: Refugees don't have same level of political and social capital like the citizens to mobilize the resources, state support etc. The guidelines issued by WHO for health and sanitization are hardly going to be visible in refugee camps. It is because of lack of political support make these people more vulnerable. Their population density is another factor that restricts essential services at refugee camps, especially healthcare. Also, the lack of reliable information will limit the access of resources for refugees ("Covid-19 and the Displaced", 2020).

(c) Poor Social Security: The outbreak of coronavirus may lead to large number of displacement. The lack of social security in poor nations may force hundreds of thousand people to move in developed nation to seek for medical help. The outbreak of coronavirus may also leads to shortage of food at many refugee camps. For example Burkina Faso of sub-Saharan Africa is facing the issue of COVID-19 and food security simultaneously. The number of food insecurities is expected to more than triple to 2.1 million in at this place. Moreover the peace keeping operation sub-Saharan African many also get impacted because of the outbreak of coronavirus (Sevunts, 2020).

(d) Demographic concentration: As per United Nations Human Right Council (UNHRC) 2018, 70.8 million people are forced migrant as a result of conflict, violence or human right violence. Among these nearly 4 out of 5 lived in countries neighbouring to their countries of origin. Whereas countries in developed region hosted 16 per cent of refugees, or one-third of global refugee population, that is, 6.7 million. The report also noted that 67 per cent of all refugees worldwide came from just five countries, that is, Syrian Arab Republic (6.7 million), Afghanistan (2.7) million, South Sudan (2.3 million), Myanmar (1.1 million) and Somalia (0.9 million). Turkey reported to host the largest refugee population, with 3.7 million at the end of 2018, of which 98 per cent are from Syria as per the UNHRC report. Pakistan hosts the second largest refugee population with 1.4 million, largely from Afghanistan, followed by Uganda and Sudan with 788,800 and nearly 1 million respectively. The population refugees also marked increase in Germany, followed by Iran and Bangladesh (UNHRC, 2018).

According to World Health Organisation (WHO) advisory COVID-19 spread mainly by droplets produced as a result coughing and sneezing by the infected person. It spread through direct close contact (less than a meter). The report noted that the droplet survives on surface and cloths for many days. It leads to the possibility of getting infected through touching any such infected surface or cloths. The virus enters in a person through one's mouth nose or eyes. To protect nationals from any such disease government of all the virus affected countries have issued advisory warning to maintain social distancing. Avoid gathering, maintain safe distance, avoid physical contact, avoid touching surface and wash hands frequently using soap and water. Nonetheless, refugees are the most vulnerable section of population for the eruptions of any pandemic or epidemic disease in the country. Country's healthcare system and government policies plays crucial in impeding the wide spread of such diseases. The biggest concern for refugees lies in the government policies for hygiene and health care system in immigrant concentrated areas. The informal settlement of refugee increases the quick spread of any pathogenic diseases. Moreover the un-hygiene camp of refugee provides the potential ground for the spread of pathogenic diseases. Another aspect that affects internationally displaced person's area is the lack of sanitation facilities and very limited health services.

The Impact of COVID-19 on Migrant Workers

It is quite difficult to provide the exact flow of out-migrants, when there is movement of large number of people at different directions. However, the general trend of internal migration shows that large number of migrants to metropolitan cities of India comes from economic backward districts. The state of Uttar Pradesh, Bihar, Jharkhand, Chhattisgarh, Rajasthan, and Orissa supplies large number of migrants to cities like Delhi, Mumbai, Bangalore and Kolkata as daily wage, construction workers, domestic helps and industrial workers. In general, Kerala and Tamil Nadu appear to be the favoured destination for the people migrating from North-Eastern part of India (Radhakrishnan & Pon, 2019). It is the skill that generally plays the role in for flow of workers in international migration. Skill workers generally migrates to developed countries; whereas large number of semi skilled and unskilled workers to under-developed countries. Counties like India, China, Mexico, Pakistan, Bangladesh, and Nepal supplies both large numbers of skilled and unskilled workers.

The less privileged migrant workers have similar disadvantages like the refugees. The outbreak of pathological disease disturbs the manufacturing operation worldwide. Industries that are largely depends on outsourcing of raw materials from China has affected the most. Data suggested that many companies have temporarily shut down their assembly line and manufacturing products. Besides, the restriction on national and international border has also mounted pressure of raw material and labour shortage in China and other parts of the world. Millions of migrant workers, from the under-developed region or from developing countries are on a halt because of restriction on national and international borders. The fear of getting infected either from migrant workers or after visiting the place of work also restricts the movement of many migrant workers. These migrant workers generally get occupied in small and medium businesses that are labour intensive. Nonetheless, the restriction on transport and access to countries hampers the daily functioning of these businesses. The working age population in COVID-19 affected areas either has to wait for the normalcy or these populations has to look for an alternate options for their livelihood. However, under this process the overall small and medium

manufacturing units will be close.

Businesses that are associated with mobility of people gets worst impacted in the situation of pandemic or epidemic eruption. The recent epidemic COVID-19 has hit travel industry adversely. Hotel industry is another sector that are directly associated with movement of people, travel and tourism, and transport industries. The fear that COVID-19 may affect guests and care worker has distressed the hospitality business. The outbreak of COVID-19 has made hotels & resorts to change their policies. Under the impact of COVID-19 many hotels and resorts have waived away their cancellation charges. Moreover the cancellation of conferences and business trips has impacted hotel & resorts industry. The atmosphere of normality will once more accelerate the sectors that depend on human mobility. These industry largely functions on migrant labour. In the absence of work the migrant workers either adjust themselves in the available work or the situation of no work may lead to mass exodus.

Vulnerability of Migrant Workers

Almost 150 million migrant workers are living in countries which have reported the spread of coronavirus ("The neglected health", 2020). The outbreak of COVID-19 has exposed these workers to many issues including basic health care facilities and securing their jobs. The situation of COVID-19 has clearly demarcated the line between 'white collar' and 'blue collar' workers. At one end most of the white collar workers either gets the opportunity to work from home or avail themselves the facility of paid leave, on the other hand the blue collar workers are deprived from their basic social securities. The condition of blue collars workers are not be rosy even in the normal time. These workers generally live low quality of life and face many issues to gather daily basic amenities for their survival. The circumstances of COVID-19 have worsened their conditions. The blue collar migrant workers face the problem of job security and lack of accurate information.

Case of Hong Kong and Macau

Many domestic help lost their jobs at Hong Kong and Macau and many other places because the employer has left the territory ("The neglected health", 2020). Language barrier is another issue that creates panic among the migrant workers. In the absence of accurate and complete information in their own language, the migrant workers are in a state of confusion. 'Quarantine', appears one of the most deterrent factors for migrant workers. Getting detained for quarantine either in host country or receiving country generates stress and anxiety among migrant workers.

Gulf Countries

In Gulf, thousands of workers are trapped in overcrowded camps ("Covid-19 lockdown turns Qatar's largest migrant camp", 2020). Many of them also reported withholding of payments and abrupt dismissal from the work ("Gulf's massive migrant workforce", 2020). In general the blue collar workers are deprived from the basic health care services. Many workers cannot obtain masks and hand sanitizers. In their camp they face shortage of food and hygiene. Migrant works from Gulf face the problem of abandonment from the native countries. For example Nepal's government has closed its border on 22nd March 2020 and has stopped all the international flights. The decision was taken to keep its people safe during the COVID-19 pandemic. Nonetheless, many of its citizens (working abroad) are stuck; of which many have lost their jobs and due to lockdown (Ganguly, 2020). The shutdown of many businesses in a country leads to mass exodus among migrant workers. The situation of migrant labours in GCC country appears one of the worst, especially the unskilled and semi-skilled labours. Many of the workers including nurses, small business men and labor have been infected with virus (George, 2020). These migrants are also facing the issues of shortage of medical coverage and quarantine (ibid).

Other Countries

To curb the spread of virus Thailand curtailed most of its economic activities. The closure of business and borders made thousands of migrant workers from neighbouring countries such as Myanmar, Cambodia and Lao People's of Democratic Republic jobless and have forced them to return home. In the time when people are expected to stay at home and maintain social distancing, lack of social security force blue collar migrant workers to cross the border ("Migrant Workers Stream Home", 2020).

Some briefs on India

India's decision to contain coronavirus made many migrants to back their home. The 21 days lockdown and unavailability of public transport made lakhs of migrant workers to walk their home that were hundreds of kilometers away from work of place. Many of these migrants were daily wage or temporary workers ("Coronavirus: How India's cartoonists have depicted", 2020) .The absence of daily earning, insecurity of food and future prospects have made these workers to migrate. Their unhygienic living condition mounts the pressure of getting exposed to the diseases.

Migrant workers in Delhi

Chaos, fear and anxiety spread among the migrant workers because of the fear of COVID-19. The uncertainty of earning has made thousands of migrant in Delhi took the street to return to their homeland.

The lockdown from central government makes them to walk hundreds of kilometers by foot to go to their native place. Looking at the decision of migrants the government of Delhi and Uttar Pradesh organized 1,000 of buses to the services for migrant workers. The meaning of lockdown got vague under this circumstance where thousands of migrants gathered on street in hope to catch the buses to go back to their home ("Thousands at Delhi Bus Station", 2020).

Migrant workers in Kerala

Like Delhi, the state of Kerala faces the similar issue of fear and anxiety among the migrant workers. Despite the fact of Kerala is considered as labour friendly state, migrant workers are on the street to ask for transport facilities. The anxiety of losing their daily earning along with the social security for their family members have forced them to come on the street and protest at the time of social distancing (Balan, 2020). The government of Kerala has also arranged food and shelter for migrant workers. Nonetheless, gaps in welfare servers provided by the state government and fear of the spread of COVID-19 forced 3000 migrant workers to come on the street and violate the lockdown (Babu, 2020).

Unlike many other diseases in human history, Covid 19 is very pervasive and is wide spread globally. Though the vulnerability of particular section is more as compared to other, yet no particular section is immune to the virus. Besides, the virus directly impact on the web of social, economic and power relations that is intricately linked to one another which is more revealing during the Covid 19. It is in this context, the migrant and refugee population need urgent attention so that the impact of Covid 19 may be minimized.

Conclusion

The UNHCR has appealed for $ 33 million to improve the condition of refugee's camp and settlement. To tackle the increasing threat of virus and deprived condition of migrant workers the UNHCR, the International Federation of Red Cross and Red Crescent Societies released the interim guidelines for refugee camps and camp liking settings (Ravi, 2020). It has announced suspension of refugee resettlement. It has urged the needs to be taken to expand testing and screening services in a country with large refugee population (ibid). Nonetheless, uncertainty in the future work opportunity and livelihood remains the same. Migrant workers and refugees are not the first priority for any country to provide support (ibid). To protect the migrant workers and refugee the government and international bodies should make the backup plan for any such situation. There need to have some social security insurance for the migrant workers to protect their health and economy issues during the time of pandemic outbreak. There is also a need for creation of funds that will take care of refugee's health care facilities and hygiene. The fund may act as the shock observer at the time of pandemics and it will not put extra burden on the host countries. Unless there is an orderly and more sustainable management, there will be more abuse, exploitation, trafficking and all forms of violence and torture of children, women and other vulnerable groups among migrants and refugee.

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COVID 19: Issues and challenges of migrant and diaspora communities

GRFDT

Concept Note

On 'International Labour Day'

Friday 1 May 2020, at 5:30 pm (IST)

COVID 19 and the movement of people have a very close relation. In fact the Pandemic became global as a result of the movement of the people. As of 26 April 2020, 2.9 million infected, 200,000 deaths and 837,000 recovered cases of COVID-19 were reported from worldwide. In such a high concentration rate, the pathogenic disease has become a serious and unprecedented challenge for every aspects of life, including the migrant and diaspora issues. Argument regarding the migrants and diaspora are mostly reflected in relation to their condition of survival. The increase in cases of COVID 19 has brought a halt to major part of the economy. According the Organisation for Economic Co-operation and Development (OECD) global economy growth is seen falling to 2.4 percent whole year compared to an already weak 2.9 percent in 2019. It noted that the global economy is estimated to rise to a modest 3.3 percent in the year 2021. However, in its report the WTO mentioned the expected recovery in 2021 is equally uncertain. All these have resulted in creating deep anxiety for millions who have lost their job.

The COVID 19 has not only changed the course of migration drastically but also it have made the migration experience more vulnerable in the future. Many countries now have substantial number of Migrants and diasporas who not only contribute to their national economy but global economy as well. Against this backdrop this panel discussion will explore the followings:

1. How is the experience of immigrant or diaspora communities in various countries since the outbreak of COVID 19?
2. What are the best policy measures in any country relating to the immigrant and diaspora communities?
3. What are the future options for global migration?
4. What is the experience of Indian diaspora in major destination countries such as Gulf, USA etc.
5. What ways this entire change affect the migration and diaspora research?
6. When we talk about the Sustainable Development Goals (SDG 2030), what are the possible roadmaps for it? COVID 19 has adversely affected the migration experience in a great way.

The Team of Experts represent various disciplinary background and from different countries. Therefore we try to give a more nuanced understanding of the entire issue.

Novel Corona virus and Indian Overseas Labour Migrants: Updates from Gulf Cooperation Council Countries

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Abstract

The ever-increasing contagion of novel Corona virus has reached almost 200 countries worldwide and infected more than 2 million people by mid-April 2020. Knowingly or unknowingly, the crisis has significantly underlined the distinction between national and non-national at the global level, specifically in the case of migrant workers. The crisis has likewise affected India's thirty-two million overseas community, one of the largest international migrant group in the world. Among these overseas Indians, workers living in the Gulf Cooperation Council (GCC) Countries are more vulnerable considering their temporary employment tenure and harsh working and living conditions. Most of these workers staying in the six Gulf countries live within the lower strata and has limited access to healthcare and preventive mechanisms. In this context, this article looks into the status of Indian labour migrants living in the GCC countries, in the wake of the ongoing global humanitarian crisis, i.e., novel Corona virus Crisis.

Introduction:

The world is globalized today, so does, problems and challenges. The 2019-20 Corona virus pandemic has affected all facets of global society significantly and severely. Nearly 200 countries irrespective of their global economic status and human development ranking have suffered the loss of human and capital alike. The spread of Corona virus from the Wuhan province of China to nearly 200 countries of the world is the perfect example of globalization in current time (WHO, n.d.). As of 17 April 2020, more than two million people in the world are infected from this virus which has resulted in more than one hundred and forty thousand death. These incidents have been recorded from almost all countries of the world (WHO, n.d.). The spread of the virus has become critical in all major economies of the world and has severely exposed the deteriorating healthcare infrastructure in the world.

One of the most precise and dependable action came in the form of 'lockdown' by almost all affected countries in the world. The very basic idea was to ensure social distancing to avoid person to person infection. While the measure was indeed a vital intervention, the impact on the social and economic condition of the society was uncalculated and unanticipated. Various issues such as lack of food supply, insensitive employer-employee relationship, unhygienic living condition, lack of financial preparation and absence of planned governance became significantly visible soon after the implementation of lockdown. Countries like Brazil and India had to make several changes to ensure the implementation of lockdown. While these regulative changes were implemented, keeping in mind the problem of citizens in general, the specific case of migrant workers was largely ignored.

According to the World Migration Report published by the International Organization for Migration (2020), more than 289 million population in the world is mobile. The impact of corona virus on the migrant population has made significant space in the international media debate. The plight of migrant workers came out from all corners of the world. CNN international reported about the problem of Romanian workers in United Kingdom[i] The crisis of migrants in the United Kingdom was reported to be more prominent considering proposed Brexit. Questioning proposed social distancing norms, The Guardian wrote about cramped migrant workers' dormitories, where thousands of more infections are expected to emerge[ii]. South China Morning Post also looked into the dormitory crisis in Singapore and possible infection escalation[iii]. The case of stranded European migrants hailing for poor regions also made significant space. The Guardian reported that many European workers are now caught in a no-man's land, with border closures, no repatriation flights. Many of the workers have also lost their jobs and may have consumed all their savings and has limited or no access to a state safety net by virtue of anomalous social security provisions. If they do manage to return home, some face the suspicion that they have brought the virus with them[iv].

In the case of India, two broader sets of issue can be

observed. First, the case of internal migrants. The issue of migrant workers in India became an international issue and significantly discussed by various media agencies. Al Jazeera quoted that the migrant workers in India are left without money, food and promised government aid[v]. Second, the issue of Indians stranded abroad was also discussed by various media agencies. In one of the interviews to The Hindu, S. Irudaya Rajan and Ginu Zacharia Oommen stated that "Migrants labourers have been among the worst-hit due to the COVID-19 pandemic. Most Indian migrants in the GCC countries are at the bottom of the pyramid in their host countries. Infected in large numbers, and with limited access to healthcare, which is a humanitarian crisis that is developing". Taking note from the issues raised by various media houses and number of write-ups coming after corona crisis, this paper makes an attempt to look into the status of Indian migrant workers living in the GCC countries, in the wage of ongoing corona pandemic.

The Making of Global Crisis: Novel Corona virus

The origin of Novel Coron avirus also termed as COVID-19 has not been officially confirmed yet, since there are number of disputable arguments given by many countries. The first case was officially reported from Wuhan Province of China on 01 December 2019 (Ma, 2020). After confusion and lack of consensus over diseases, on 30 December 2019, a group of doctors from Wuhan Central Hospital termed the disease as "SARS-like Corona virus" (The Economic Times, 2020).

The spread had no serious consideration for China in initial days, until significant number of pneumonia cases started reporting from all over Wuhan. During initial days, after every seven and half days, the cases use to double. The spread further reached to other provinces of China during Chinese New Year Migration (WHO–China Joint Mission, 2020. 'Chunyun' or Lunar New Year or Chinese New Year has been considered as largest human migration on the planet. It is estimated that nearly 3 billion journeys take place during approximately 40 days of celebration period (Wong, 2020). The year 2020 has been different as by 20 January, 6174 people had already developed symptoms, since Wuhan is a transport hub and major rail inter-change (Li at el., 2020).

Nearly 40 days after report of first case, on 10 January, World Health organization issues a travel advisory and request travelers follow guidelines "to reduce the general risk of acute respiratory infections while travelling in or from affected areas (currently Wuhan City)" (Novel Corona virus Pneumonia Emergency Response Epidemiology Team, 2020). Till then, the actual process of transmission and spread of the virus was hardly known, even though the guidelines stated advised against "the application of any travel or trade restrictions on China". For another 20 days, WHO kept waiting for the issue to become crisis and only on 30 January 2020, it termed the outbreak as a "Public Health Emergency of International Concern". Further on 24 February, WHO issued a warning and termed corona virus as possible pandemic and later declared a pandemic on 11 March 2020 (World Health Organization, 2020).

Overall, for nearly, three months, China and World Health Organization, kept delaying the strong measures and could not inform internal community clearly. The migration of people to other countries such as Italy, other parts of Europe and United States of America was never stopped or screened appropriately. Further, after not having adequate warning from international health agency like WHO, world community kept undermining the pandemic and waited bit further than it could have. This resulted in slow spread of the disease to all parts of the world.

In India, initial three cases were reported in Kerala starting from 30 January 2020 among students arrived from Wuhan, China. For another, the cases were not identified. The number of cases started increasing only after 02 March 2020, when one Italy return person was found corona positive. For the next twenty days, the cases started reporting from various states of the country mostly from source region of China and Italy and few instances among Gulf returnees (The Economic Times, n.d.).

Snapshot of Indian Labour Migration

Internal and international migration from and within India has been a reality from quite some time. According to Census 2011, migration within India has been extremely significant, as 455 million Indians are living outside their home (Census of India, n.d.). At the same time, according to the Ministry of External Affairs of the Government of India, 28.19 million Indians are also currently living abroad. This estimate includes Non-Resident Indians (NRI), which are 12.49 million and People of Indian Origin (PIO), which are 15.59 million (Ministry of External Affairs, n.d.).

Internal migration within India has seen an increase of 36% between the census enumeration period of 2001

and 2011. Census of India has majorly documented the five important reason for migration; work/employment, business, education, marriage, moved after birth, moved with household and any other. As enumerated by Census 2011, 9.8% of people migrate for employment, 0.7% move for business, 1.1% students move for education, 46.3% migrate for marriage, 7.4% have moved after birth, 14.4% people have moved with households, remaining 20.6% have been categorized as 'Others'. While migrants as an overall group, who have left their home region are always on the verge of getting victimize, migrant workers have most vulnerable in the corner of the society. Among the 41 million (9 .8%) people migrated for work, 35 million (84%) were male while 6.4 million (16%) were female (Census of India, n.d.). Further, a considerable number of people migrated as a student or after marriage, often start working. Considering the absence of updated data, this proportion of migrant status is vague.

Migration of Indians to distinct parts of the world has been a reality for quite a long time. Three different phases of migration, which include the pre-colonial, colonial, and post-colonial phase of migration. Within the post-colonial phase of migration, two significant migration phenomena can be identified which are migration towards the Gulf Cooperation Council (GCC) Countries and towards North America. According to the international migrant estimate published by Government of India, 4.5 million Indians are currently living in the United States of America (USA), among this 3.5 million are NRIs. In the Gulf, the United Arab Emirates host 3.42 million Indian workers. Among other GCC countries, Bahrain host 10391 Indians, Kuwait has 1.02 million Indian workers, Oman has 0.78 million Indian working in their country, Qatar host 0.74 million workers and Saudi Arabi has 2.59 million Indians working in their country. Overall, GCC host nearly 8.5 million Indian workers (Ministry of External Affairs, n.d.).

Nearly 470 million Indians, internal or external, excluding PIOs, who are currently living to any place other than their 'home' are with the possibility of getting mistreated by the host community, in the era of limited health resources and possible 'sons of the soil' movement. The issue has become significantly visible in the first week of lockdown in India itself, where informal workers from all parts of India have started leaving their host region and walking towards their home country.

Indian Labour Migrants in the Gulf Cooperation Council Countries

A significant number of Indians migrated to the Middle East after the 1970s. Significant migration from India to the Persian Gulf began started after the establishment of OPEC. Since then, an increasing number of semi- and unskilled workers from South India have worked in the Gulf countries on temporary migration schemes in the oil industry and services and construction. Most come from the South Indian states of Tamil Nadu, Kerala, and Andhra Pradesh. These states have a historical connection with the gulf countries; they have large numbers of the Muslim population and had high unemployment rates when the migration to Gulf countries picked up in the 1970s. Successful migrants, with their increased earnings, then served as role models for many others in their villages and districts.

Migration to Gulf conceded mostly unskilled workers with a contract of 2-5 years. It required them to return home upon completion of the contract, in order to be eligible for a new contract. Family migration is sporadic in these countries, as laws of the Middle East countries bar an outsider from purchasing land. Thus, the Gulf countries offer little scope either for family migration and unification or for permanent residency and citizenship. Indian Emigration Act of 1983 regulates immigration employment of Indian Workers and takes care of safeguarding and welfare of the labourers. Under this act, this is a requirement for all recruitment agencies to register under Protector-General of Emigrants.

Table 1: Indian Labour Migrants in GCC Countries (2015-2019)

Country	2015	2016	2017	2018	2019
United Arab Emirates	225718	163716	149962	112059	76112
Saudi Arabia	308380	165355	78611	72399	161103
Qatar	59384	30619	24759	34471	31810
Oman	85054	62236	5332	36037	28392
Kuwait	66579	72384	56380	57613	45712
Bahrain	15623	11964	11516	9142	9997

Source: Compiled from the statistics collected from www.emigrate.gov.in

According to the Ministry of External Affairs, nearly 8.5 million Indians are living in the Gulf countries. In 2019, 45 percent Indian workers went to Saudi Arabia, followed by United Arab Emirates (22 percent), Kuwait (13 percent), Qatar (9 percent), Oman (8 percent) and Bahrain (3 percent). Although most Indians in the Gulf

hold unskilled or semiskilled jobs, the High Level Committee on the Indian Diaspora[vi] (2003) estimates that 20 percent are white-collar workers and another 10 percent belong to the professional category. The annual numbers of semi- or unskilled Indian workers were going to the gulf countries more than quadrupled between 1999 and 2007, from about 160,000 to 777,000. Those going to the gulf countries in 2007 made up 96 percent of all workers requiring an emigration clearance check (Annual Report-2012, Office of Protector General of Emigrants, Ministry of External Affairs)[vii].

Novel Corona virus and Indian Migrants in the GCC Countries

According to The Hindu 3,336 Indians tested positive for corona virus in 53 countries while 25 others died of the infection[viii]. In Kuwait, 530 confirmed cases are Indians. In Dubai, more than 500 Indians have been infected. The situation is similar in Qatar[ix].

Indian labour migrants in the GCC countries have at the several occasions required the interference of the Indian government. According to MADAD-Consular Services Management System of Ministry of External Affairs, Government of India, Indian workers have registered 59282 requested for repatriation and support in past years[x]. There have been cases of mismanagement under the Kafala system and other similar recruitment channels (Rajan at el., 2013). Even though the distress posed by COVID-19 was never foreseen, the crisis generated by COVID-19 is unparalleled, as it includes both an unprecedented public emergency and an unforeseen social and economic crisis that covers both the home country (India) and host region (GCC) together.

Table: Affect of Corona virus in the GCC Countries (is data available for specific Indian labour migrants?)

Country	Total confirm cases*	Total Death*
United Arab Emirates	5825	35
Saudi Arabia	6380	83
Qatar	4103	07
Oman	1069	05
Kuwait	1524	03
Bahrain	1700	07
Total	20601	140

*As on 17 April 2020, collected from the website of the World Health Organization.

A table placed above provides the details of corona spread in GCC countries. As on 17 April 2020, 20601 cases have been reported in the region, and 140 people have died. According to International Labour Organization, "the proportion of non-nationals in the employed population in GCC countries is among the highest in the world with an average of 70.4 percent, ranging from 56 to 93 per cent for individual countries"[xi] .Considering the fact that the migrants are 70.4 percent of total population, therefore, the total number of migrants with corona infection can be considered as 14,503. Further, as reported by Pethiyagoda, K. (2017), Indians in GCC are nearly 21 percent of total population. Further, it can be estimated that 4326 people living in GCC are corona positive. The number comes very close to the number three thousand to four thousand informed by many media agencies.

The migrant workers staying in the regions are mostly semi-skilled and unskilled with negligible skills to read and write their mother tongue. Most of the workers do not know Arabic. These workers usually stay in dormitory kind of places with crammed accommodation. Most of the dormitories are build outside city and accommodate hundred to thousand workers with common cooking and sanitation facilities (Dasgupta, 2020). Upon closer of enterprise, many workers left stranded without financial means.

Almost all the GCC countries have restricted the movement of workers and has already created the quarantine zones in all over regions. The overall concept of social distancing has been implemented strictly in the region, and all the migrant settlements have been converted into restricted zones. While the impact is yet to be measured, institutions like Amnesty International and Migrantrights.org have expressed their concern over facilities provided to the workers in these zones. Some of the basic facilities such as healthcare and sanitation, adequate availability of food and water are yet to be verified. The issue of domestic workers is yet to be discussed and considered by the government and media agencies. Domestic workers, as they live inside the house and seldom have an opportunity to connect with the outer world, have lesser opportunity to demand.

One of the sudden choice available with the migrant worker is to seek support from India tries to return home. The issue of return of the worker has been raised by number of state governments in India, primarily by Kerala, but the movement is not considered safe by healthcare agencies (Jacob, 2020). In previous occasions, where people returned from different GCC

countries, state government are yet to screen and track the movement. The influx of another group of migrants may lead to further chaos and can create difficulties. Further, the volatility among local residents with ever-increasing rumour also makes it difficult for the state to ensure safety of each returnee. Further, return of millions of working populations may also add to unemployment rolls in India. These factors again hinder the return of stranded Indians.

Ministry of Home Affairs in later-dated 27 March 2020 to all the States and Union Territories, recommended that the authorities prevent migration of workers from work region to home region (Ministry of Home Affairs, n.d.). The circular was issued to prevent the possible spread of coronavirus. In the letter, the states and UTs have also been recommended making these vulnerable groups aware of measures taken by the government, including the provision of free food grains and other essential items through PDS.

A huge chunk of workers from many countries and geographical regions are waiting for transportation. Indian government at nearly three occasions arranged flights, which includes flight from Wuhan, Malaysia and Philippines, however, in the specific case of labourers the arrangements are yet to be seen. Ironically, the government has made Corona Cell and Corona Helpline Number, but none of the embassies has made any arrangements for Indians stranded in the host countries, even when welfare funds like 'Indian Community Welfare Fund' are kept unused.

Safety or Survival? Migrants Could Not Decide

In one of the unique circular issued by Ministry of Home Affairs dated 29 March 2020, "MHA Order restricting movement of migrants and strict enforcement of lockdown measures", the government directed all the state authority to restrict the movement of the people. Further, the circular says that the shelter and accommodation of the migrant workers should be taken care. Further, the circular also direct landlords to charge the rent for one month. Like any other recent order of the government, this order fails to recognize homeless and unregistered workers.

One of the important issues that arise here is why these workers attempted to leave their place of stay and attempted to return. The question that arises here is what happened to the workers. What forced these workers to walk this deadly path? While careful analysis of their life at the destination provides a simpler answer to this question. The issue was 'survival' which adhered with their sustainability. Condition of migrant workers at the destination usually has harsh working and living conditions. The entire migration process of workers creates a nexus of vulnerability and exploitation. There are migrant settlements outside almost major Gulf cities, where workers have no opportunity to buy grocery because of lockdown.

The overall workers' situation in the entire lockdown period could not have become a crisis if the Union and the State machinery have included migrant workers in their thought process. The chaos and confusion fully reflect that the biggest working class of current time was completely ignored by the policymakers of home and host countries before throwing the drastic decisions like total lockdown. Especially, given the fact that China and Italy were already drastically suffering from Corona virus and Government had significant information available to bail-out the measures in a more effective and less painful way.

Given this situation, workers had no choice but to seek shelter back home. For millions of workers, lockdown is not to save them from virus, and rather this is a visible threat on their social, economic and personal life. The movement cannot be considered as voluntary, the movement is forced, and millions of workers have already lost their choice.

EndNote:

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Health and Safety of Interstate Migrant Workers in India during Covid-19: Inadequacy of the Labour Laws

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Migrant workers are among the most vulnerable sections of the society in times of both normalcy and emergency. Struggling for a living, they are often exploited and forced to work and live in deplorable conditions;employers, contractors and the policymakers often overlook their health and safety risks. Interestingly, the spread of Covid-19 pandemic has brought renewed attention, especially among the academicians and civil society organisations to otherwise neglected internal migrant labourers in the length and breadth of the country.The 2011 census has estimated approximately 453 million people as internal migrants whoare 37 percent of India's total population. Out of them, 10.2 percent migrate interstate or intrastate specifically for employment purposes(Bansal 2016). While 88 percent of total internal migrants move within the states (inter-district and intra-district), only 12 percent of the total movement is interstate (De 2019)[2]. Internal migrants constitute a crucial part of India's economic growth and poverty reduction, especially in rural areas (Deshingkar and Akter 2009)[3]. According to Bhagat (2016)[1], internal migration helps to transfer agricultural surplus labour to the non-agricultural sector of the economy and offers more opportunities of increasing income and convergence of welfare than international migration in the Indian context[4].

However, in the mainstream public discourse around migration in India, overseas Indians have received more considerableattention and praise for their remittance contribution to the economic and infrastructural development of the country. Celebrated as the cultural diplomats, theyare beneficiaries of a host of positive action measures such as the e-migrate system, OCIScheme, National Pension Scheme for NRIs, Indian Community Welfare Fund, Scholarship Programmes for Diaspora Children, Mahatma Gandhi Pravasi Suraksha Yojana, PravasiBharatiyaBimaYojana, PravasiBhartiya Kendra, PravasiBharatiya Divas Conferences, voting rights for Indian citizens abroad etc., to mention a few[5]. Moreover, when the rapid spread of coronavirus was reported globally as well as nationally, the Indian Government was swift in responding to the needs of the NRIs by opening a centralised control room, arranging evacuation flights, issuing travel advisories and risk profiling them on return before the travel ban.But it was only after the Delhi AnandVihar incident and similar occurrences of interstate migrant workers trying to flee on foot to their faraway homethat the governments – both central and states - woke up to the hardshipsfaced by these foot soldiers amid the Covid-19 crisis and the lockdown that followed.

The pandemic has exacerbates the existing vulnerabilities of these migrant workers in the rural and urban economic centres of India. While most of the intrastate migrants could return back home before and during the lockdown as the inter and intra-district travel ban was moderate and easier to bypass; it was the interstate migrants who were affected more and got stranded in the host states without a job or any means of livelihood due to lockdown. Forced to leave their home states due to lack of livelihood options, the blue-collar interstate migrant workers fill the deficit in certain labour-intensive sectors of the economy which the local population prefer not to take up including construction, manufacturing, transportation, brick kilns, mining and quarrying, and agriculture (Abbas and Varma 2014)[6]. Thus, they make sure that the economy sustains its growth uninterruptedly and the society thrives with the dynamism of a better future for its people.Despite all the positive outcomes of this migration, these 18.5 million interstate labourers (as per 2011 census) are often neglected and excluded not only from the social life of theirhost states but also from policiescrucial for theirwelfare. Relative inaccessibility to health care, social entitlements, housing, and formal financial and banking services, as well as the non-portability of social security benefits,make these casual floating labourers mostly in the country's informal sector worst affected by the vicious circle of distress and marginalisation[7]. Hence, concrete policy interventions are pertinent to guarantee the human and labour rights of the, otherwise faceless and voiceless,

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interstate migrant workers.

Government Interventions and Labour Laws

Article 19 (d), (e), and (g) of the Indian Constitution states that "all citizens have the right to move freely throughout the territory of India; to reside and settle in any part of the territory of India; and to practise any profession, or to carry on any occupation, trade or business." In the Directive Principles of State Policy, Article 39 explicitly states that "the citizens, men and women equally, have the right to an adequate means to livelihood;" and that "the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength." Article 43 further directs "the State to secure, by suitable legislation or economic organisation or in any other way, to all workers, agricultural, industrial or otherwise, work, a living wage, conditions of work ensuring a decent standard of life and full enjoyment of leisure and social and cultural opportunities."[8] These provisions are the constitutional basis for the rights and welfare of the interstate migrant workers along with the legislations enacted by the Ministry of Labour and Employment (MOLE).

MOLE was established to protect the interest of the workers in organised and unorganised sectors as well as to promote their welfare by providing social security and creating a safe and healthy work environment for them. The ministry has enacted about forty-four labour laws related to payment of wages and minimum wages, employees' compensation, social security benefits, conditions of employment, occupational safety and health of workers, the formation of trade unions, etc. Since, constitutionally, labour is a concurrent list subject; the State Governments are also competent to enact legislations and implement labour laws.[9]

Several legislations were enacted that are directly and indirectly related to the migrant labour of which the most direct being the Inter-state Migrant Workers (Regulation of Employment and Conditions of Service) Act, 1979. Though limited by their scope and implementation, other relevant acts are the Minimum Wages Act, 1948; the Contract Labour (Regulation and Abolition) Act, 1970; the Bonded Labour System (Abolition) Act, 1976;the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996; the Unorganized Workers' Social Security Act, 2008 etc., to name a few.[10] In 2009, the MOLE declared the National Policy on Safety, Health and Environment at Work Place to eliminate the incidence of 'work-related' injuries, diseases, fatalities, disaster and loss of national assets. The National Policy by recognising a "safe and healthy working environment as a fundamental human right" states that "without safe, clean environment as well as healthy working conditions, social justice and economic growth cannot be achieved" in the country[11]. This goes contrary to the fact that migrant workers often live in unhygienic, overcrowded and unsafe conditions in worksites, slum areas or street payments where social distancing is a luxury in the current times of Covid-19 pandemic. The Policy elaborates only on work-related injuries and diseases, and so was the case with all the labour laws. The scenario like the current spread of a pandemic and the vulnerability of workers to 'non-occupational' health hazards, especially the semi-skilled and unskilled migrant labourers in the informal sectors, is not addressed in any existing labour laws.

A Structural Analysis of the Act of 1979

The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979[12] while lays down the employment conditions of the migrant contract workers provides for minimum wages as per state regulations, journey allowance, displacement allowance, residential accommodation at work sites, and other welfare measures for migrant workers employed in the formal sector (Kumar and Singh 2018: 19)[13]. Chapter 5, Section 16 (e) of the Act directs every contractor employing interstate migrant workmen "to provide the prescribed medical facilities to the workmen, free of charge." However, by putting the responsibility solely on the contractor who could be unwilling or non-committal to provide such benefits to theinterstate workers for his own petty profit-making interests makes the Act ineffective. After all, no explicit provisions have been stated in the Act about the compensation to the workers in the event of a breach of the provision of benefits other than delegating to the principal employer to pay wages or other allowances to the migrant workers under Section 17 (4). Instead of distributing benefits through the contractors, who are often blamed for the ill-treatment of the workers, the government can grant benefits directly through local government structures, for instance.

7 Balan, Divya (2020). In search of home, Telangana Today, Wednesday, 22 April 2020, https://telanganatoday.com/in-search-of-home.

8The Constitution of India, 1950, Art 19, Art. 39 and 43.

9For details, see MOLE website, https://labour.gov.in/about-ministry.

10To see the full list of enactments, https://labour.gov.in/list-enactments-ministry.

11The document can be accessed at https://labour.gov.in/sites/default/files/SafetyHealthandEnvironmentatWorkPlace.pdf.

12To read the full text of the Act, https://indiacode.nic.in/bitstream/123456789/1750/1/197930.pdf.

13Kumar, Pankaj and Jaivir Singh (2018).Issues in Law and Public Policy on Contract Labour in India: Comparative Insights from China. Singapore: Springer.

Furthermore, as mentioned earlier, health and safety of the interstate migrants, as in the case of other labour laws, are thought-about onlyin terms of occupational hazards like a fatal accident or serious bodily injury while at work. Provisions to provide protective clothing to the workmen and to report to the states' authorities and also the family of the workman are specified under Section 16 (f) and (g), but these provisions are definitely not adequate and effective to deal with a situation of an outbreak and the spread of an infectious disease or the like.Even though, migrant workers are exposed to these diseases while at work/workplace, whether to treat a pandemic like Covid-19 as an occupational hazard is a grey area right now in the labour laws.

The diversity in the measures adopted and implemented to contain the Covid-19 spread at the state level itself is illustrative of the fact that spontaneous and short term centralised approaches are not always equipped to deal with ground realities of each state and ensure the health and safety of especially the migrant workers in the absence of concrete legislations at the centre, state and local levels of governance. Contractors and employers were directed to take necessary steps to contain the spread of coronavirus disease in their worksites and camps under the National Disaster Management Act, 2005 invoked by the Central Government as well as the Epidemic Diseases Act, 1897 invoked by the various state governments. It is noteworthy to mention that the timely response of civil society organisations has been more proactive in the pandemic situation, with them often stepping in to fill the gaps in the public delivery of relief measures.

The 1979 Act has several such inherent gaps; yet another significant lapse is that this law excludes those interstate migrants working in the informal sector as well as in those small scale establishments with less than five migrants. There are a significant number of self-employed interstate migrants as retail traders or street vendors who do not come under the purview of this Act. Also, not all migrant workers are recruited by a contractor since the stream of interstate migration is often facilitated by kinship networks as well, and the Act does not recognise such interstate workers as migrant labourers. Limited applicability of the Act is further evident by the fact that it omits the welfare of almost half of the interstate migrant population, women migrants,who are working in private spaces as domestic workers, who are equally vulnerable in medical emergency scenarios.Thus, the Act fails structurally to provide the intended health and safety benefits to migrant workers.

Inadequacy of the Labour Laws

Major weaknesses of the labour laws related to migrants workers stem from the nonexistence of accurate data on internal migration. Census data is not sufficient enough to capture the trend and pattern of internal migration, and so is the case with the National Sample Survey Organisation (NSSO) data. If empowered, the office of the Chief Labour Commissioner can easily collect more accurate data than the Census or the NSSO since it is stipulated in Section 57 (1) of the Act of 1979 that "the Deputy Chief Labour Commissioner (Central) or the Inspector or any other authority under the Act shall have powers to call for any information or statistics in relation to migrant workmen from any contractor or principal employer at any time by an order in writing."However, an effort towards that was never taken or left entirely at the discretion of the contractors to register the workers under the Act. A comprehensive data of the migrant workers is a prerequisite to formulate and implement evidence-based policies and social benefit measures for their welfare. As the migrating population is one of the vulnerable populations to infectious diseases, strengthening prevention and intervention approaches will be a critical factor in controlling the spread of Covid-19. However, several media reports substantiate that the state governments are struggling to reach out to migrant workers stranded all over the country amid the ongoing lockdown in the absence of a database.[14] This invariably limits the government responses, and needless to say, institutional neglect, travel bans, and abysmal conditions in worksites, temporary camps and shelters amplify their sufferings and risk of inadequate access to food or health care, particularly so in the current medical emergency.

Also, since several of the labour laws are overlapping, for instance, the migrant workers are covered under the Contract Labour (Regulation and Abolition) Act, which itself has several structural gaps in it, contractors take it as an excuse not to register them under the 1979 Act to avoid dual registration, dual compliance procedures and the additional cost.To remove the structural inadequacies of some of the labour laws, amendment legislations and/or judicial pronouncements are introduced; however, their potential to provide beneficial rights to labourers, especially interstate migrants, are still insufficient owing to the non-committal and faulty implementation in most cases (Kumar and Singh 2018: 30-31). Oversight of safe working conditions and health outreach to workers in informal sectors thus is a continuing story of migration and labour governance in this country. In 2019, the Lok Sabha referred the labour code on Occupational Safety, Health and Working Conditions prepared by the MOLE to the standing committee on labour for consideration. The code was prepared by amalgamating thirteen existing labour laws to regulate the working conditions and safety

14To read some of the media reports, see https://economictimes.indiatimes.com/news/politics-and-nation/lack-of-migrant-worker-data-hits-relief-moves/articleshow/74943531.cms; https://www.thehindu.com/news/national/kerala/local-bodies-collecting-data-of-migrant-workers-in-kerala/article31310706.ece; and https://www.business-standard.com/article/economy-policy/coronavirus-lockdown-govt-mapping-migrant-workers-for-relief-measures-120040901787_1.html.

standards across sectors by setting up a National (as well as State) Occupational Safety and Health Advisory Board. Chapter 11 (Part I) of the draft code is specifically on 'provisions for contract labour and interstate migrant worker'. However, interestingly, this section yet again did not mention any specific provision for the health and safety of contract and interstate migrant worker.[15]

Similarly, interstate labour migrants are often excluded from various important health policies in India, such as the National Health Policy (2001)[16] or the National Health Mission of the Ministry of Health and Family Welfare as these policies are generic in scope. They rarely recognise the specific health needs of migrants as a group, and separate initiatives for migrants are hence not included. While employment can assure economic security and thereby access to health care to the migrants family at the source states, lower and irregular wages, precarious and unregulated work, occupational hazards, infectious diseases and social exclusion in the host states can affect the very physical and mental health of the migrant workers which are rarely addressed resolutely in the labour and health policies of the country. Migrant workers face unique health problems associated with malnutrition, a poor overall health status, lesser access to preventive and curative health services, higher mortality and morbidity rates (Akinola, Krishna and Chetlapalli 2014: 232)[17] as well as due to theirsubstandard living and working conditions, highriskof infectious and sexually transmitted diseases, cultural practices like open-air defecation and emotional stress related to the migration to an unfamiliar sociocultural landscape.The healthcare accessibility is lesser among them either because of an absence of or large distance from healthcare centres and anganwadis, language barrier or because of the discrimination against migrantgroups (De Haan 2011: 398, 401).[18] Also, the perception that migrants are competitors for the already scare and overstretched healthcare and other welfare services in a state results in their blatant disregard and exclusion.At present, most of the migrant health services are provided by civil society organisations like Disha foundation in Maharashtra or AajeevikaBureau in Rajasthan (Behera 2018: 3).[19]

Conclusion

Even though the primary objective on the Indian labour laws is to ensure the welfare of the workers, vague and evasive government structures, lapses in the labour laws themselves and theprocedural delays in implementation, lack of strict compliance and monitoring mechanisms in place and general insensitivity to the sufferings of the rural and urban poor is the gravest problem Indian democracy is grappling with even after seven decades of independence. Poor labour governance can impact not only the socio-economic development negatively but also the workers' health and safety. As suggested by Akinolaand others (2014), key ethical principles such as non-discrimination and equity in healthcare delivery need to be ensured along with efforts to mitigate the negative health and safety impacts of migration. Malnutrition and nutritional diseases can be checked to an extent by introducing Aadhaar-based portable social entitlements such as access to the Public Distribution System in the host states. Provision for health insurance for migrant workers needs to be mandated nation-wide in line with the health insurance scheme, Awaaz, rolled out by the Government of Kerala in 2017. The health budget needs to be augmentedto take into account unforeseen pandemic crisis like this and setting up of a universal healthcare programme that benefits the deprived sections of the country has to be the priority (D'Silva 2014: 2).[20] To supplement these efforts, decent and hygienic living conditions including proper waste disposal facilities, sanitation, water supply, and avenues for recreation are necessary for the physical and mental health of this vulnerable population. Healthcare providers should be oriented of the sociocultural background of the interstate migrant workers and encouraged to treat them without any prejudice.

Spontaneous interventions to deal with complex emergencies have to be backed by long term institutional policy responses. The Covid-19 pandemic strongly posits the need for an exclusive and comprehensive legislation on health and safety, both occupational and otherwise, of the migrant workers in India. Such a migrant-inclusive public health policy framework needs to be complemented with reforms in the existing labour laws, including the 1979 Act. Finally, policy failure is not only due to the gaps in the legislation always but also because of the lapses in the policy-implementation at all levels. Hence, collaborative policymaking and committed implementation need to be embedded in the migration governance system. It is high time to have a realistic and inclusive internal migration policy for the country.

15To read the draft of the labour code, see https://labour.gov.in/sites/default/files/Last_Date_Extended_for_OSH_Code_0.pdf.

16National Health Policy.Ministry of Health and Family Welfare, Government of India. 2001.

17Akinola, A. B, A. K. Indira Krishna and S. K. Chetlapalli (2014). "Health equity for internal migrant labourers in India: an ethical perspective", Indian Journal of Medical Ethics, 11 (4): 232-237.

18 De Haan, Arjan. (2011). Inclusive growth? Labour migration and poverty in India. The Indian Journal of Labour Economics, 54 (3): 387-409. http://www.igidr.ac.in/newspdf/IJLE_02-Arjan%20De%20Haan.pdf

19 Behera, ManasRanjan. (2018). Health and Policy Environment of Internal Labour Migrants in India – A Literature Review and Future Direction," International Journal of Current Research and Review, 10 (19): 1-7, https://www.ijcrr.com/uploads/2530_pdf.pdf.

20D'Silva, Jeetha (2014). Expert views: what the next Indian government should do for health and healthcare. British Medical Journal, 348 (1): 1-, doi: https://doi.org/10.1136/bmj.g2479.