

## Global Pandemic and Migrant Workers in India: A Sign of social inequality

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### Abstract

India responded to the COVID-19 measures abruptly and in a tough manner during the early stages of the pandemic. Its response did not take into consideration the socio-economic life of the majority of people in India who work in the informal sector and the sheer diversity of the country. The imposition of a nationwide lockdown using the Disaster Management Act 2005 enabled the Union Government to impose its will on the whole country. India has a federal system, and health is a state subject. Such an overbearing role on the part of the Central Government did not, however, lead to coordinated action. Some states expressed their differences, but eventually all complied with the central guidelines. The COVID-19 pandemic struck at a time when an agitation was going on in the country, especially in New Delhi, against the Citizen Amendment Act. The lockdown was imposed all of a sudden and was extended until 31 May. This led to a humanitarian crisis involving a large number of domestic migrant workers, who were left stranded with no income for survival and no means of transport to go home. Indians abroad who were intending to return also found themselves trapped. Dissenting voices were silenced through arrests and detentions during this period, and the victims' included rights activists, students, lawyers, and even some academics. Power tussles and elections continued as usual and the social distancing norms were often compromised. Since COVID-19 containment measures were carried out primarily at the state level, this paper will also selectively draw on their experiences. This paper looks at previous studies, press reports, and press releases by government agencies to collect the needed data. A descriptive and analytical approach is followed in the paper

**Keywords:** lockdown; disaster management; migrant workers

### Introduction:

India's domestic migrants are central to its urban economy. There are also a large number of beggars and homeless people. The existence of the migrant poor is a sign of structural inequality. The poor were subject to state repression during the pandemic, an example of the lack of social sensitivity in India's public health programs. Even though the pandemic makes no distinction between the rich and the poor, the people who cannot access health resources are predominantly the poor. Their ability to cope with the pandemic is affected by their living and working conditions, lack of sensitivity of the authorities to the cultural context in the provision of services, their limited local knowledge and networks, and their non-inclusion as fully documented citizens. There was absolutely no plan to address the problems of the urban migrants, employees in the unorganized sector (many of whom are daily wage earners), and stranded students. The migrant workers suffered due to want

of food, lack of shelter, loss of wages, fear of getting infected, and anxiety. Many migrants lost their lives during the exodus after the lockdown, possibly the biggest since the days of the partition in 1947. Many walked hundreds of miles, and when they reached their villages, the police and locals often harassed them, seeing them as sources of infection. There was also the case of some returning migrants being sprayed with chemicals to disinfect them, such as in the Indian state of Uttar Pradesh.

### Methodology:

For present study secondary sources analysis, interpretation including journal articles, newspaper editorial/opinion pieces were used.

In fact, it was the returning migrants who significantly contributed to the spread of the virus in northern Indian states (Suresh et al. 2020). The migrants who returned were offered jobs under the Mahatma Gandhi National Rural Employment Act, India's flagship workfare program in the rural areas. But this led to some consternation among the already registered job cardholders, who saw the returning

migrants as depriving them of jobs. The migrants were also not entitled to benefits, such as rations, free public education, and health care facilities provided by the host state, due to a lack of the necessary documentation. The lockdown came when it was the harvesting season in India, and there was no plan to mitigate the sufferings of the laborer's in the unorganized sector. India also used the opportunity to burnish its credentials as the 'pharmacy of the world' by sending medical supplies to over a hundred countries. In the second wave, there were many deaths, but the government was accused of undercounting them and of not doing enough to deliver vaccines to Indians. This paper will deal with the conflicts, contestations and the foreign policy fallout following the onset of the pandemic and the measures adopted by the union government to cope with them, with less focus on the economic and epidemiological aspects of pandemic management. The COVID-19 pandemic has caused a severe impact in many countries, particularly developing ones. According to the World Economic Situation and Prospects as of mid-2021, this global crisis has "clearly worsened poverty and within-country inequality", and it is expected that "will leave long-lasting scars on labour markets, while reversing progress on poverty and income inequality in many economies." The context in India in this sense, is complex. According to trade union reports, 60,000—70,000 people, mainly in domestic service and construction work, left the state of Gujarat for their home state, neighboring Rajasthan, within days after the lockdown order (Sharma & Khanna, 2020). From New Delhi, men, women and children walked to neighboring Uttar Pradesh. On 27 March, a man working as a welder left the southern state and information technology (IT) hub, Bangalore, to walk home, an impossible 800 km to Rajasthan. Reporters found him in Tumkur, 70 km away, where he had reached in 18 hours on foot (Nagaraj & Srivastava, 2020). Another Reuters story, carried on 21 April, described how a group of 50 construction workers, women and men with small children, walked from the national capital, Delhi, after lockdown, on the midnight of March 24, to their village in drought-affected Bundelkhand in the state of Madhya Pradesh, a distance of nearly 500 km. They reached their village after walking and taking lifts from the

occasional truck carrying essential goods. On their journey, they were pushed by the police to keep walking and not stop or gather anywhere (Pal & Siddiqui, 2020). Seasonal labourers in agriculture travel hundreds of kilometres on established routes. In a heartrending episode, a 12-year-old tribal girl, who had migrated with a group of women and men from Chhattisgarh to Telangana for chilli harvest, died of dehydration on the way as the group walked back home (Verma, 2020). Migrants began fleeing the cities out of fear of COVID-19 infection. They left on foot due to transport lockdown. As the period of lockdown kept increasing, migrants preferred to leave for rural homes because they lacked the economic means to support themselves and self-isolate in urban areas. The initial government response to prevent migrant movement towards their homes was informed by the fear that they would carry the contagious coronavirus to their hometowns and villages leading to community transmission of the COVID-19. Thus, migrants were not allowed to leave the city. When the Government of India (GOI) went to the Supreme Court to clarify why migrants could not leave their destination cities, the Apex Court had asked the central government to ensure the provision of food, water and shelter for the migrants (Bindra & Sharma, 2020).

### **Discussion and conclusion**

The unique shock that COVID-19 implied, but equally importantly the government's response, lockdown and extremely limited support for the tens of millions of migrant workers, showed how deep this neglect is, and the potential costs for the migrants themselves but also the health system and the economy more broadly. Crises provide opportunities for 'building back better': in the case of migrant workers these consist of essential immediate social protection, but also, and likely much more challenging, addressing deep-rooted inequalities that keep workers in marginalized positions, and the invisibility of the migrants that once again were absorbed by their villages of origin.

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