

Conquering Corona: An Examination into Managing the Plight of Migrant Workers in India during the COVID-19 Quarantine and Beyond

Arpan A Chakravarty¹, Anubhav Banerjee²
¹Doctoral Scholar, AURO University, Surat, India.
²Advocate, Bar Council of India.

Article Info

Article history:

Received Jan 9, 2025
Revised Feb 12, 2025
Accepted Mar 11, 2025

Keywords:

Migrant crisis
COVID-19 Lockdown
Policy gaps
Worker's rights
Fifth keyword

ABSTRACT

During the COVID-19 pandemic, millions of migrant workers were left behind both literally and symbolically when India went into lockdown. Public transportation ceased operating, jobs disappeared overnight, and individuals were forced to walk hundreds of kilometers to get home. This essay closely examines what went wrong and why. It examines how, despite their good intentions, government initiatives frequently failed to consider the realities that low-income households and daily wage earners faced. The response proved to be reactive and dispersed since there was no adequate mechanism in place for monitoring or assisting migrant workers. According to the report, the issue grew worse due in large part to antiquated legislation, a dearth of trustworthy data, and inadequate communication. It also emphasizes how certain local initiatives handled matters more effectively, and how those might be used as a template in the future. To put it briefly, we contend that India requires more robust and inclusive policies that safeguard its most vulnerable citizens on a daily basis, not only during calamities.

Corresponding Author:

Arpan A Chakravarty,
Doctoral Scholar,
AURO University, Surat, India.

1. INTRODUCTION

"Unexpected where they are, unable to return when they came" – Leon Gordenker

The world remains gripped in uncertainty due to the Covid-19 Pandemic, and India is no different, having spent multiple weeks on a Nationwide Quarantine, bringing its economy to a screeching halt. This has affected a multiplicity of parties, none more severely than the lower income households and migrant laborers, who remain unsure about the status of their employment, the source of income necessary to provide for their households, or even the safety of their own residence. A natural step in the Nationwide Quarantine announcement was the closure of public transport facilities and State governments sealing their borders, causing droves of migrants to resort to walking back to their native homes. South Asia as a region suffers more acutely from this problem due to the high degree of internal migration for employment, causing countries like India to suffer a humanitarian crisis amidst this pandemic.

Such a step by the Government of India has led many to question the presumptive biases in the government's policymaking, as quarantines necessitate a degree of personal wealth and capacity of each individual to remain indoors and requiring only replenishment of resources periodically. The authors echo such sentiments, for in a country like India, which is still witness to poverty and degrees of income inequality, on top of having a massive population; policy measures should ideally include the poor and downtrodden as important stakeholders, and not just for distribution of resources, but also migration and healthcare, without which there would arise problems quite like those currently suffered by migrant workers and their families.

Constitutionally, the Central Government has the capacity to deal with this pandemic, both through cooperation with State governments through their own respective policies and through their own mandate. Such is complimented through statutes such as the Disaster Management Act (2005), thus vesting a far greater potential in the Government to mitigate the harms being suffered. This has already begun, with food and shelter being provided in the spirit of Article 257 of the Constitution to various groups of impoverished persons, but a lot more is warranted to ensure that the pandemic is tackled, and also to build up the capacity of the people to deal with such crises in the future.

As a precursor to the problems faced by migrant workers, it is pertinent to note how migrant workers exist in a legal vacuum concerning their status. They are the subjects of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979; which seeks to establish Registering Offices, deeming provisions and regulations to ensure that any employers seeking to hire such persons undergo certain additional regulations and steps. However, the statute does little to confer specific benefits, or record and transmit information about such persons; which leaves them critically vulnerable to governmental oversights or needless antagonism from State machinery, especially about the politics surrounding interstate migration. It is crucial to note that if there were more comprehensive laws surrounding the processes of interstate migration, the numerous mishaps which adversely affected such persons may have been avoided, so if anything, there needs to be a serious examination of the disparate legal situation that migrant workers exist in so that subsequent *ex-post* affirmative action's reach their desired targets.

Therefore, the authors would invoke a spirit of solidarity, commending the efforts of both Central and State Governments, such as the strides made in Kerala and Rajasthan to offset infection rates and contain the spread of the coronavirus; but would like to continue the discourse on both long and short term policies which can be implemented to deal with different dimensions of these problems, and ameliorate the conditions of the migrant workers and impoverished communities. 5 such problems shall be explored subsequently.

2. CAPITAL BUILDING

The most obvious concern faced by migrant workers and their families is a lack of monetary capital, either through savings or investment, which prevents them from either having a repository of funds to deal with unexpected healthcare expenses, or to be able to sustain themselves during this period of zero income due to the Quarantine. Vide an order under Section 60 of Building and Other Construction Workers Welfare Cess Act, 1996, there has been an attempt to provide monetary benefits and a social security cover through the DBT (Direct Benefit Transfer) method directly to the bank accounts owned by migrant workers. Such a move aligns existing Central Government schemes such as the Pradhan Mantri Jan Dhan Yojana (PMJDY), and with the assistance of State governments, workers under policies such as the Mahatma Gandhi National Rural Employment Guarantee Act (2005) are able to accrue some monetary benefits.

However, it is unsure about both the short term and long-term viability of this policy due to the existing shortages in supply of food and medical supplies, coupled with the inevitable rise in inflation that such measure by the government shall be achieve the main intent of the government, which was to provide – social security to the poor. Capital may only really be usable when such persons are able to have access to affordable goods and services they need to survive, which is why the amounts being disbursed may not be enough to sustain them or their families by itself. Only those employed under certain schemes, or those who are eligible for such accounts and benefits are those who may even gain access to such affirmative actions, and thus the desired increase in capital of these individuals may only really come through a measurable rise in purchasing power.

Such may happen through the involvement of Residential Welfare organizations, for example, who may be able to ascertain the quantum of resources required by each household within certain areas so that they may be directed to access supply networks of resources. This may be a way to involve various communities in helping provide for the migrants living in slums near their colonies, both to improve their conditions, and to reduce the problems of infectivity due to poor health conditions and a lack of resources.

3. DOMESTIC MEDICAL SUPPLY AND MARKETS

As a continuation of the prior corrective step, migrant workers also suffer disproportionately due to the inability of the Government's medical personnel in providing affordable care and treatment. Such stems from both financial constraints and a shortage of supplies of surgical masks (such as the N95 Mask), Protective Personal Equipment and disinfectants for the general public and the doctors on the frontline. In such times, it is appalling to note the continued export of most of these products, with Governmental orders as late as 8 February 2020 permitting the export of such vital products to foreign markets.

As a neighboring state to China, the epicenter of the COVID-19 outbreak from as early as December 2019, a degree of preparedness or pre-emptive organization would have been instrumental in mitigating the virility of the disease in India; and given how protective equipment and hand sanitizer eventually became crucial commodities (and were specifically targeted by ordinances and notices to accelerate their production by March 2020), it is surprising how the government even permitted exports in the absence of a domestic surplus. The capitulation to export Hydroxychloroquine is another example of the Government relinquishing their ability to control the supply of medical equipment or medicines which mitigate the symptoms of the disease if not outright assist in the development of a cure.

A power to regulate the same is vested under Section 3 of the Essential Commodities Act 1955. The government still has the power to ensure that these commodities are sold and made available at lower prices, and while such a mandate is not to the same extent as the U.S. Defence Production Act 1950, there can still be a major impetus from the State towards lowering the costs and ensuring a greater supply of these commodities. So far, the extent of such power has only been used to ensure there is enough production to sell such commodities at maximum retail price, and the authors urge the temporary provision of subsidy, or temporary suspension of the Patent holder's rights over such medicines so as to ensure their mass production is viable, with subsequent deferred payments to offset the immediate shortfall in supply.

4. OBsolescence and Absence of Reliable Data for Policymaking

There is a severe deficit of information on many aspects of both public health and employment, as the records of migrant workers and their places of origin exist only till 2008-2009. Without a repository of information regarding the same, and the lack of obligations on Employers to maintain this form of information, the avenue to compel employers to assist the state in ensuring the safety of migrant workers is greatly impaired. The lack of reasonably correct estimations of the numbers of migrant workers in each workplace makes strategies like employer-provided residencies (for which the employers get tax benefits, such as in the US) are lost, which causes the growth of slums and illegal constructions. This increases the risks of such workers living in unsanitary conditions (and thus being more susceptible to being carriers of such pathogens); and making it difficult to trace individuals entering and leaving these encroachments, which increases the costs incurred in containment and security measures. Such also increases the likelihood of migrant workers being stranded, having left their temporary hovels and being unable to travel home.

This is a long-term problem requiring an extensive collection and preservation of such vital demographic information, which can further be used to formulate more critical healthcare policies. For the time being, there is a degree of control over the urban migrants, who have been contained within their respective states for the period of National Quarantine. Temporary accommodations are being setup reminiscent of leper camps to ensure some degree of governmental relief reaches such persons. For example, the Unorganized Workers Social Security Act 2008, vide Section 3, can allow for specific welfare programs to reach even those migrants who cannot currently claim benefits through their Unions or by government relief agencies.

Along with municipal workers and essential service providers, the government may collect information from those slums and health camps where workers have already congregated, and dismantle them systematically after ensuring the residents have met the safety standards for the disease. State governments can provide transport to these camps to directly take these migrants on planned routes back to their native states, to disperse such people in an orderly manner in anticipation of upcoming Anti-COVID 19 measures.

5. AN Absence of a National Contingency Plan

Migrant workers, in addition to being their own category of legal persons distinct from employees in most industries, also are affected worse through an absence of a centralized governmental schematic which comprehensively deals with emergencies. Such is not simply limited to the aforementioned shortage of capital, supply and targeted data, but also in the general lack of preparedness which stems from a weakness in the legal infrastructure to combat such scenarios, with the Disaster Management Act (2005) and Epidemic Act (1897) distributing powers unevenly between legislative and bureaucratic agencies without giving a concrete protocol to deal with pandemic or epidemic related disasters.

The Home Secretary may enact orders under the instructions of the Prime Minister, and the Epidemic Act allows for the regulation of vessels by the Central Government, but the absence of a National Plan from the National Disaster Management Authority makes all Legislative actions reactionary to the outbreak of such diseases. State governments, while enjoying Constitutional powers under Schedule 7 to exclusively deal with public health, perform with unequal standards based upon their regional demography and economy, which is extremely perilous for contagious diseases due to the need for uniform safety

Conquering Corona: An Examination into Managing the Plight of Migrant Workers in India during the COVID-19 Quarantine and Beyond

measures and a standardized policy to ensure compliance to such measures take place. This issue manifested clearly in the period before the National quarantine from 23 March, where State governments would unilaterally take precautionary measures (or abstain from the same) which left many migrants in a lurch regarding their ability to reside in their place of employment or returning to their homes.

In these situations where a broad contingency plan does not exist, and reactionary fixes from the Centre becomes the norm, the actions by local self-governments become the baseline for successful micro-level strategies. For example, the city of Bhilwara tested for COVID on more than 2.2 million families from the villages and 1 million households, sealing the city and district boundaries. With a defined quarantine process, identification of hotspots and junctions for the potential spread of the virus, and early containment and ameliorative measures, the remarkable outcomes achieved by the city can form the basis for strategic planning. Such models emerge out of necessity and the dearth of a broader safety-net, and while such examples ought to receive greater accreditation and emulation in macro-level plans, it also highlights the potentially better outcomes possible if more pro-active legal policies and strategies can exist, with the adequate planning, infrastructure and training.

As it is unlikely that Parliament will convene before the resumption of normalcy, the immediate actions by the Ministry of Home Affairs are the extent to which there can be a National policy against the spread of COVID-19. But a long-term overhaul of these legislations is necessary, including the redaction of the National Disaster Management Authority due to its insufficient mandate, along with reference to success stories from local self-governments, such as the Surat Plague, which serves as a touchstone for capacity building, with its Municipal Commissioners during that period implementing cleanliness projects, waste collection and removal policies, as well as using surveillance technology to ensure infected households were contained and received medical assistance. These need to be coupled with a corresponding increase in Insurance coverage schemes, better investment in public health and infrastructure and enactment of novel policy reforms similar to the National Health Policy Bill 2017, to serve as both aspirational and achievable models, which would restore a sense of procedural certainty during times of crisis; an invaluable action for all citizens, especially those who have to sustain their families and themselves across state boundaries.

6. A DEFICIT OF PRACTICABLE INFORMATION

A final *ex-ante* mishap that the authors would draw attention to is the methodology of dissemination of information down to individuals who may lack the ability to reliably access or understand the same.

There is a major reliance upon the televised or radio broadcasts from the Central Government or News Media by people for information and instructions regarding public healthcare, which is problematic for both migrant workers and State officials. Post the Janata Curfew declared on 22 March, and before the nationwide quarantine, with Public transport being suspended irregularly between states, 75 districts across the country locking down haphazardly, and the lack of any real standing instructions to civil servants led to hundreds of migrant workers being stranded, having left for their native home towns without clear information regarding the same. Such was compounded by reports of inhuman treatment, likely fueled by misinformation and confusion amongst healthcare personnel and police about the standards of safety and precaution necessary.

Such would usually be rectified through training and contingency plans being made by the Government, but for the immediate period, there needs to be a more comprehensive public health and safety awareness program which is initiated, which combines the existing efforts by the government to bolster the resolve of citizens with concrete information on safer habits, disease combative measures, and places where resources and medical supplies can be accessed. Such may be complemented through government helplines, the All India Radio and government-run channels to ensure medically sound and logistically relevant information can trickle down to the most vulnerable sections of the society.

7. CONCLUSION

There are certain latent concessions and presumptions that the authors have operated under in course of writing this article. There are very little verifiable sources of the feasibility of such programs in rural settings due to the incomplete or obsolete data with regard to the levels of infrastructure, access to resources and sanitation for rural settings. Additionally, such plans may fall victim to the Trickle-Down problems, wherein there is little certainty that such benefits may actually accrue to the most vulnerable sections of the society.

However, the authors have attempted to integrate the involvement of all three strata of Governments so as to ensure that there is an attempt to achieve simultaneous macro and micro level reforms. Furthermore,

the bulk of the proposals aim to increase the supply of capital, food and healthcare resources, accurate information for targeted policies and reforms, as well as comprehensive policymaking; all of which are desirable across the spectrum of families in India, and thus not a zero-sum game between groups of individuals. The benefits of better healthcare laws, more humanitarian treatment and accommodation of migrant labourers, and more receptive and capable public institutions are all beneficial for the society as a whole, and crucial for building public trust, which is vital for dealing with pandemics.

REFERENCES

- [1] Alexandra Ulmer, Shilpa Jamkhandika, *India's stranded migrant workers struggle under virus lockdown* (2020) Reuters <https://news.trust.org/item/20200402090405-a5o3p>
- [2] Aman Sharma, *After Janata Curfew, India gets ready for long haul* (2020) Economic Times <https://economictimes.indiatimes.com/news/politics-and-nation/after-janata-curfew-india-gets-ready-for-long-haul/articleshow/74765039.cms?from=mdr>
- [3] Anjali Borhade, *Health Of Internal Labour Migrants in India: Some Reflections on the Current Situation and Way Forward* (2011) Springer-Verlag
- [4] *Constitution of India*, Schedule 7 List II (Entry 6), III (Entry 26, 29)
- [5] Government of India, Ministry of Commerce and Industry, Department of Commerce, Directorate General of Foreign Trade, *Notification No. 47/2015-2020*
- [6] Government of India, Press Information Bureau, Ministry of Consumer Affairs, Food & Public Distribution *Essential Commodities Order 2020* (2020) S.O. 1087(E)
- [7] Hannah Ellis-Petersen, Manoj Chaurasia, *India Racked by Greatest Exodus Since Partition due to Coronavirus* (2020) The Guardian, <https://www.theguardian.com/world/2020/mar/30/india-wracked-by-greatest-exodus-since-partition-due-to-coronavirus>
- [8] H.M. Shivanand Swamy, Anjana Vyas, Shipra Narang *TRANSFORMATION OF SURAT From Plague to Second Cleanest City in India*, Urban Innovations, Urban Management Programme For Asia And The Pacific, All India Institute Of Local Self Government
- [9] International Organisation for Migration, *World Migration Report 2020*
- [10] Jack Goodman, Christopher Giles, *Coronavirus and chloroquine: Is there evidence it works?* <https://www.bbc.com/news/51980731>
- [11] Krishan Kaushik, *During Lockdown: Haryana, Delhi gave most meals, Kerala sheltered 3 lakh* (2020) Indian Express, <https://indianexpress.com/article/india/during-lockdown-haryana-delhi-gave-most-meals-kerala-sheltered-3-lakh-says-govt-6353901/>
- [12] Leon Gordenker, *Refugees in International Politics* (Beckenham: Croom Helm, 1987), p. 217
- [13] Le Moglie, F Gandolfi, G Afani and AAassve, *Epidemics and Trust: The Case of the Spanish Flu* (2020), IGIER Working Paper No. 661
- [14] Neetu Chandra Sharma, *COVID 19: How did Bhilwara is turning tide and emerges as an ideal model for containment*(2020), LiveMint <https://www.livemint.com/news/india/covid-19-how-did-bhilwara-emerge-as-an-ideal-model-for-containment-11586227844819.html>
- [15] Neha Dasgupta, Sanjeev Miglani, *India Allows Limited Exports of Anti-Malaria Drug after Trump Warns of Retaliation* (2020) Reuters <https://www.reuters.com/article/us-health-coronavirus-india-drugs/india-allows-limited-exports-of-anti-malaria-drug-after-trump-warns-of-retaliation-idUSKBN21O34B>
- [16] Nikunj Ohri, Pallavi Nahata, *Government advises states to release Rs 52,000 Crore for Construction Workers* (2020) Bloomberg Quint <https://www.bloomberquint.com/business/government-advises-states-to-release-rs-52000-crore-for-construction-workers>
- [17] Sanjeev Miglani, *Indian leaders hesitate to end the world's largest lockdown* (2020), Reuters, <https://www.reuters.com/article/us-health-coronavirus-southasia/indian-leaders-hesitate-to-end-worlds-biggest-lockdown-idUSKBN21P13Q>
- [18] Soutik Biswas, *Coronavirus: Anger as migrants sprayed with disinfectant in India* (2020) BBC News <https://www.bbc.com/news/world-asia-india-52093220>
- [19] World Health Organization, *Disease outbreak news: Update* (2020) <https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>