

COVID-19 Era: Should Migrant Workers be Allowed to Go Home? An Indian Health Perspective

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Abstract: India declared a lockdown on 24th March, 2020 as a preventive measure against COVID-19 pandemic. This overnight declaration of lockdown has severely affected migrant worker community of India, which have left them stranded in metro cities. Without work and means of employment, many are returning back home. This article highlights their problem and gives some of the reasons why these migrant workers should not be allowed to go back home; during this COVID period.

Keywords: COVID-19, virus, migrant workers, health

COVID-19 started off as a health problem, it has now become a socio-economic challenge as well. On March 24, 2020, the government announced a three-week nationwide lockdown to contain the spread of coronavirus in the country. This lockdown has severely affected migrant worker communities due to loss of livelihood and lack of food, shelter, health, and other basic needs. As per census of India data, there are 14.4 million migrant workers in India. Maharashtra (2.3 million), Delhi (1.7 million), Gujarat (0.68 million) and Haryana (0.67 million) receive most influx of these migrants. Uttar Pradesh (-2.6 million) and Bihar (-1.7 million) were the two states with largest number of emigrants out of the state.¹

Majority of these people are sole bread earners, providing food for their families in villages. All cities imposed a lockdown to prevent COVID-19 transmission, there was no emergency preparedness plans to transport and provide shelter for these migrant workers, who were left stranded without work and have an uncertain future. With harvesting season upon us, these workers are desperate to go back to their homes in villages and hopefully find some work in the fields and provide for their families.

Most of these workers live in congregate living settings mostly in informal (i.e., encampments or abandoned buildings)—and do not have regular access to basic hygiene, supplies or showering facilities, all of which could facilitate virus transmission. These people are a vulnerable group, and their potential exposure to COVID-19 might negatively affect their ability to be housed, and their mental and physical health.

Indian healthcare infrastructure is handicapped to deal with COVID-19 outbreak. As per the data of National Health Profile-2019, there are about 7,13,986 total hospital beds available in government sector hospitals in India and has one of the lowest rates of hospital beds per 1000 population in the world, 0.7 as per WHO data.^{2,3} There are many states that lie below the national level figure (0.7 beds per 1000 population), these include Bihar, Jharkhand, Gujarat, Uttar Pradesh, Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Haryana, Maharashtra, Odisha, Assam and Manipur. The capital city of Delhi has 1.05 beds per 1000 population and has better availability of beds as compared to state of Bihar, which has an acute shortage of government hospital beds

with just 0.11 beds available per 1000 population.⁴ The availability of government beds is abysmally low in India, and an epidemic like coronavirus can very quickly complicate the problem even further. There are no official figures on the number of ventilators available in the public sector, however, estimated figures using the number of hospital beds available — 7,13,986 total government beds, out of which 5-8% are ICU beds (35,699 to 57,119 ICU beds),⁵ which are grossly inadequate to meet requirements of this epidemic in India as a whole.

So far, rural India has remained safe from covid-19, but if a large group of people travelling together are permitted to enter their villages, there could be a serious risk of infections penetrating the rural India. The states like Bihar have limited means to deal with this crisis and could become an epicenter of this epidemic. Estimated mortality would be huge, keeping in mind the lack of health infrastructure and malnourished vulnerable population. Therefore, government of India (GOI) should enforce lockdown with full authority and keep them from travelling back.

The government should take urgent steps to get stranded migrant workers to readily available safety shelters. State governments across the country should immediately set up shelter homes and community kitchens for those most at need, taking measures to ensure physical distancing. GOI in collaboration with state governments should improve its public distribution system and ensure that everyone has access to food and grains especially to these marginalized groups, so that they maintain proper nutrition and be able to fight coronavirus and other diseases. On March 26, the central government announced a relief package of 1.7 trillion rupees (US\$22.5 billion) to provide free food and cash transfers to the poor and vulnerable populations, and health insurance for healthcare workers, among other things.⁶ Other solutions would include; roping in private healthcare and joining GOI in effort to fight against COVID-19, which will increase hospital beds for care for those affected with it. These stranded workers can be employed to make masks and protective suits in large garment industries in these states, providing employment and solving PPE deficiency. Similarly, chemical factories can employ them to create fabric for making medical gowns and masks. All efforts should be made to rehabilitate, re-employ and reorient them to work in industries which will solve our current needs. The

government should pay pending wages for all work under the Mahatma Gandhi National Rural Employment Guarantee Act and expand its scope to those now forced out of work. Rural laborers who are not able to work because of the lockdown and should be given direct cash transfer through their Jan Dhan Yojana Scheme for sustenance of their families. In low-risk zones in India, economic activities like construction, grocery markets should be opened, so that they become self-sustaining in these areas.

On the other hand, allowing these workers to go back to their homes can be done but it could come at a huge cost of fuelling this virus in rural India, let alone the cost involved in logistics and transportation involved in this reverse migration. No studies could be found comparing economic cost involved in rehabilitating these workers, or to allow them to return back home. Further, during de-escalation of this lockdown period, as economic activity resumes, there will be another emigration to metro cities, which could further perpetuate this virus and in worst case scenario, make COVID-19 from an epidemic to an endemic disease, with seasonal recurrences. This generational event has a capacity to affect further generations of India.

Cities with large migrant populations face unique challenges; one is trying to contain COVID-19 and another, addressing concerns of migrant workers, with the potential for mishandling both issues, to exacerbate one another. As per health perspective, these workers should be rehabilitated in these metro cities at all cost and it will be the responsibility of the state and central governments to ensure that this is made as less cumbersome as possible could be for these workers.

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