

# RC 05 COVID Special Issue Newsletter



## Racism, Nationalism, Indigeneity and Ethnicity

### PRESIDENT'S REPORT

Dear members of RC05,

If these were normal times, many of us would have seen each other in face to face conversations, workshops, plenaries, the business meeting or other formats during the ISA Forum in Porto Alegre, Brazil. The moment I am writing this introduction to our 2020 Newsletter, I would have been involved in hosting a session. I was looking forward to enriching debates, to the sharing of ideas and to meeting colleagues and friends I had not seen in a while.

Corona has put a spoke in the wheel; the Forum had to be postponed and the new date is February 23-27, 2021. The ISA board will decide in two months (September 2020) whether or not the conference will be organized as an 'in situ' event. The virus has changed the life of all of us in serious and less serious ways. This is the reason why our current Newsletter is dedicated to the question how Covid 19 has changed our lives as academics and activists as well as the lives of those we care about

as researchers of the RC05 community: migrants and refugees, indigenous populations, racialized and disadvantaged groups. The virus functions as a magnifying glass that zooms in on otherwise de-thematized or forgotten social inequalities. It has developed an enormous mobility, overcoming borders unnoticed and settling down all over the world; in most countries the response was a closing of national, even of provincial borders. These 'bordering policies' have turned out to be more or less pointless – but on their down side they reanimate or reconsolidate nationalist and racist discourses with harsh repercussions for the most vulnerable groups in societies. Which means: more work for our RC05 community: Please notice and sign the petition initiated by our by RC05 member Daniele Conversi concerning the situation of indigenous people in Brazil.

On the other hand and most surprisingly, the *Black Lives Matter* movement has found a global resonance and invigorated necessary debates about racism in many countries of the world. The energy of the protesters seems to vitalize not only anti-racism activities; but in many countries, the protesters have engendered long overdue discussions about the decolonization of knowledge, mind and representation. It is this

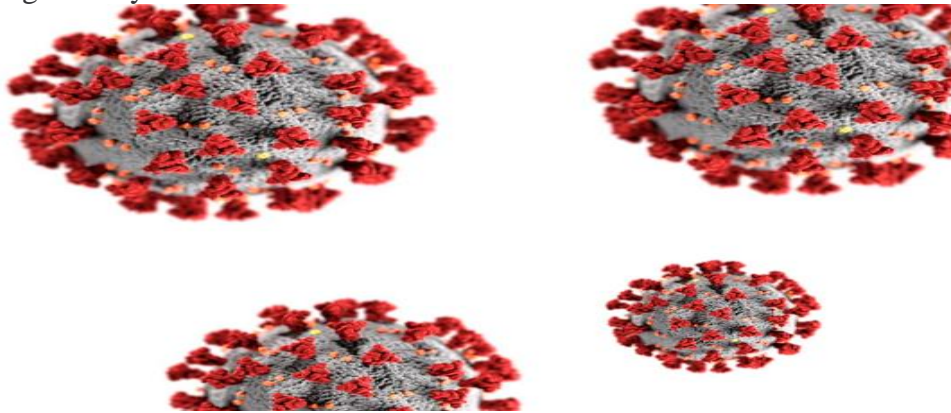
movement's spirit, which gives us hope and reason. Photo-composition by our member Ulrike Vieten symbolizes this direction.

Hoping that this newsletter finds all of you in good health, I wish you a relaxing break between semesters. We will inform you about the ISA's further decision on the Forum as soon as possible. Take good care of yourself and your loved ones,

Best wishes  
Helma Lutz

## RACE AND MIGRATION IN THE TIME OF THE PANDEMIC

Bordering under the corona virus pandemic  
Georgie Wemyss And Nira Yuval-Davis



*This piece, by Georgie Wemyss and Nira Yuval-Davis, is the first post in a [new series on the SSAHE blog](#) looking at the COVID19 virus and its impact on racialised and migrant communities in the UK and globally.*

In our recent book *Bordering* (Yuval-Davis, Wemyss & Cassidy, 2019), we discuss the paradoxical phenomenon that, under neoliberal globalisation, borders did not disappear but rather proliferated off-and in-shore, from consulates across the globe to everyday spaces like railways and places of work. We described the functioning of bordering as processes rather than static boundary lines that, like computer firewalls, are invisible to some, impermeable to many others. We showed the ways these have crucially contributed to multi-scalar – from the global to the

local – inequalities and precarities, forcing more and more people to be precariously stuck in limbo grey borderzones with no possibility of building regular lives with civil, political and social rights. It is important to examine the ways the pandemic has affected these processes of everyday bordering, both locally and globally. Of course, it is far too early to know, or even predict, the longer-term transformations in bordering that the pandemic will bring. However, it is safe to say that, as after earlier major crises, such as 9/11 and the AIDS crises – to mention just two major transformatory crises in recent decades – the ‘new normal’ is not going to go back to how things were, in several major ways. Everyday bordering, from the lockdown of individuals in their homes to the lockdown of regional and national borders, is at the heart of the technologies of control used to try to contain the pandemic and it is thus hard to believe

that free movement would be restored any time soon.

Except that, as we've shown in our book, free movement has never been free for most people. Border controls have been operating like computers' firewalls, invisible to some, blocking many others, with money and required skills for the neoliberal economy being the main facilitators. We can see these firewalls continuing to operate today as well – at different ends of the scale, the [super-rich flying in private jets able to travel without being subject to the usual restrictions](#) and [seasonal workers from Eastern Europe being flown into the UK](#) by the farming industry to ensure that fruit is being picked. Two weeks into the lockdown, the Home Office published [its guidance for post-Brexit immigration rules](#) aimed at preventing low paid workers – the key workers on which healthcare services are depending – from working in the UK.

These are just some of the paradoxes of 'lockdown' and 'social distancing' policies. On the one hand, a neo-liberal governmentality that puts the onus of responsibility on the individuals, where people are required to isolate themselves at home and keep away from others, while others are forced to carry on working – not only because they fulfil essential medical, social and economic roles, but also because many of them [would not get any money to live on if they stop working](#).

This is just one of the intersectional growing inequalities impacts of everyday bordering. Given their disproportionate presence in frontline health and public services, the percentage of BAME people who have died under the pandemic is still unknown but [feared to be very high](#). Of course, this is not just due to the kind of jobs they do, but also their poor and crowded living conditions, as well as a distrust of governmental and scientific authorities which have not helped them in the past. In addition to unequal class and racialised effects, the lockdown bordering has also had a major gendered effect, such as [a sharp rise in domestic violence](#), as can be expected when nuclear family members are locked down together.

In our book we discussed the ways everyday bordering as a top down technology of control has been reinforced by and reinforces the growth of

bottom up nativist extreme right movements, which have brought to power authoritarian rulers in many countries in the globe and arguably Brexit in the UK. Blaming and scapegoating the 'Others' have been a major multi-scalar reaction to the pandemic, from [Trump calling the corona virus 'the Chinese virus'](#), to [social media blaming George Soros](#) in the traditional antisemitic blood conspiracy theories, to [street hate crimes](#), including [health workers reporting abuse](#) from strangers for leaving their homes.

One of the positive 'side effects' of the lockdown has been the development and reinforcement of [mutual aid groups in local communities](#). Neighbours have got to know each other, help elderly and vulnerable people with their shopping etc. However, the other side of the strengthening of local bonds has been the rejection of 'others'. Local media report people crossing county borders' violating lockdowns – [Kent Online reported](#) 'Lockdown louts from London have been fined after once again invading the county' and being found by 'enforcement officers from the council who were patrolling the area'. This is aided by regional bordering policies, which in some countries, such as Italy, has meant the official closure of regional borders for non-essential traffic, while in the UK, [Sussex police](#), for example, praised 'the amazing community spirit across Sussex', whilst noting that 'Unfortunately, a small number of people from outside of the county deemed it appropriate to visit the area'.

The aim of this blog post is not to oppose bordering policies in the age of the pandemic, but rather to argue that using it as almost the only counter-pandemic measure is dangerous, both at present and for the future.

At present, we have seen that when voluntary lockdown policies are used, without mass testing and sufficient protective equipment for those who are not in isolation, they cost many lives as well as create psychological, social and economic hardships. In comparison, other states, including Germany and South Korea, [have used mass testing and contact tracing to slow down the rate of infection](#).

Moreover, these borderings, like the borderings we described in our book, are an intersection of political projects of governance and of belonging. Very few states, including Ireland and Portugal, have recognised all migrants to be full entitled members of society during the pandemic; only a few states have recognized the right of all members of societies for minimum income during the pandemic, and policies aimed at exclusion and deprivation of all those in national and global grey limbo zones endanger the lives of millions across the globe.

Everyday bordering policies are evolving in which the surveillance of people is reaching sci-fi dimensions. Similar COVID-19 related technologies are being developed globally by authoritarian and liberal governments. While Israel has authorised counter-terrorism surveillance to track corona virus patients, compulsory colour-coded health apps determine whether individuals can travel in China, while Russia uses face recognition technologies to enforce self-isolation. In Hong Kong and

Singapore, COVID 19 apps identify locations and contacts of individuals. European governments are copying these apps whilst also collecting telecom data and using drones to spot transgressors.

Such developments combine with rumours and debates about national and global digital monitoring of vaccinations, adding force to Yuval Noah Harari's speculations that the epidemic may normalise biometric surveillance with authorities becoming able to detect people's emotions as well as their lifestyles and whereabouts. This would be the utmost paradox: a borderless world with the most tightly operated everyday bordering technology.

Source: Social Scientists Against the Hostile Environment

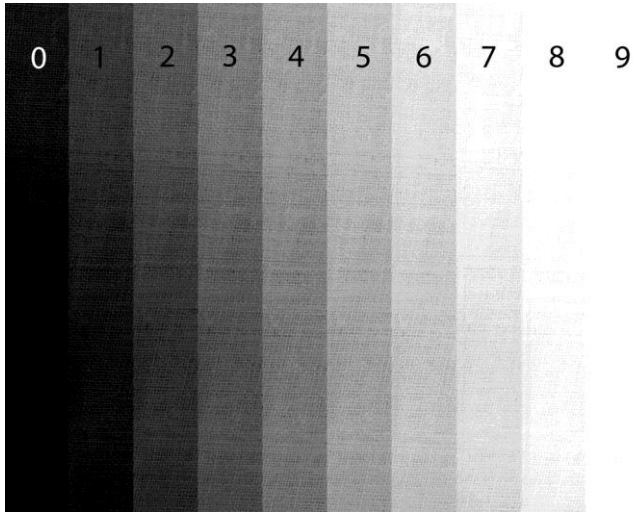
<https://acssmigration.wordpress.com/2020/04/20/bordering-under-the-corona-virus-pandemic-georgie-wemyss-and-nira-yuval-davis/>



## Grey zones in the times of the COVID-19 pandemic

Georgie Wemyss and Nira Yuval-Davis

Post date 19 May 2020



The COVID-19 pandemic has both exposed and sharpened local and global inequalities. One of the most extreme forms of inequalities that often seems to be overlooked is that between those of us who belong, who have citizenship status and claims of entitlement, precarious as it often proves to be in these days of unprecedented crisis of neoliberal economies, and those who have no such claims and rights and who are abandoned to starve and/or locked down in detention camps and other forms of incarceration.

In our previous blog we showed how everyday bordering, from the lockdown of individuals in their homes to the lockdown of regional and national borders, is central to the technologies of control used to try to contain the COVID-19 pandemic. Our earlier research on bordering also showed that neoliberal globalisation's firewalls and everyday bordering have created a situation in which increasing numbers of people globally are 'suspended' in grey zones – spaces outside the protection of contemporary states. Grey zones are neither socially nor spatially neutral – they are more likely to be occupied by specific groups living in particular places and experienced differently according to individuals' social and economic positionings. Here we show how national and local COVID lockdowns have created a continuum of exclusionary, menacing grey zones inhabited by older citizens and low paid care-

workers in residential homes through to precarious workers and overseas students in the Global North, and by mobile labourers and people seeking refuge across the globe.

Despite early identification of the vulnerability of older people to the virus, governments did not prioritise the protection of citizens living in residential care homes. The lockdown prevented visitors, including relatives and media, from entering and checking up on residents at the same time as low-paid carers (disproportionately from BAME communities and often with temporary visa status) lacked PPE and virus testing. In Spain deceased residents were found abandoned in their beds by the army brought in to disinfect. In the UK the excessive death toll of residents has been linked not only to the virus but to its consequences such as staff absences and physical distancing leading to individuals being isolated in their rooms and not eating or drinking enough or receiving medical attention.

The virus and the economic lockdown together have extended the grey zone inhabited by citizens who were just surviving in precarious jobs. With death rates from the virus generally disproportionately high amongst those from lower socio-economic groups and ethnic minorities, Uber drivers and those working as security guards and as carers have lost their lives and others their incomes and homes.

Even the future is a continuation of the grey zone for increasing numbers of UK citizens, including those in previously 'secure' work and part of the government's COVID-19 Job Retention Scheme who need to cross income thresholds and demonstrate suitable accommodation to reunite with family living abroad face an uncertain future. Neoliberal bordering has created new grey zones also for other social groupings, such as international students. Different technologies of bordering work as computer firewalls that perform intelligent filtering of those who cross borders in different ways. In the era of free movement for EU citizens, work visas became increasingly difficult

for citizens from Europe's ex-colonies to obtain. In parallel, student visas remained available and families sold property to pay for expensive courses expecting students to work long hours in precarious British jobs in order to repay their investment. Since the lockdown of universities, many students have been trapped in the UK, dependent on charity because the precarious work on which they had relied no longer exists. In the USA students were ordered to vacate their residences forcing many overseas students to leave the country and making other disadvantaged students homeless and without the campus jobs on which they depended.

Grey zones such as those experienced by racialized workers on cruise ships or migrant miners across the Global South have become more like prisons in the COVID-19 lockdowns. At the beginning of the pandemic the media focused on wealthy passengers stranded in the ocean on cruise ships denied access to a series of ports and dependent on their governments to repatriate them whilst the crew who looked after them remained invisible. Three months later, sick and isolated crew from across the Global South are confined to cabins in leisure ships that are customarily registered to low-regulation states and exist outside the jurisdiction of the countries where they sail.

When lockdown policies were declared in cities, including in India and Chile, workers from rural areas were evicted and stranded with no public transport operating. Some started walking home to their remote villages and unknown numbers have died while many thousands of others who cannot prove their citizenship are threatened with arrest and being put in detention camps with no adequate sustenance let alone proper care or social distancing. So, whilst documented migrant labourers, including in Gulf states, have experienced unemployment and loss of income, the reserve armies of undocumented migrant labourers have been forced in many countries to hide to escape detention by the authorities.

The existing grey zones in which refugees have been forced to live, pre-COVID-19 and in many cases for decades, have become harsher and more

dangerous. In Bangladesh, the government withdrew 80% of humanitarian aid staff severely limiting aid to the 900,000 Rohingyas confined to camps near the Myanmar border. In Calais, the minimal food resources provided by the French State have been halted and food distribution left to a dwindling group of volunteers.

In the UK, hostile environment discourses and everyday bordering policies led to asylum seekers not accessing health services to which they are entitled for (the justified) fear that their personal details will be reported to the Home Office and or because they are asked to pay full charges as private patients and cannot afford to pay them.

The COVID-19 pandemic crisis has brought with it both an expansion and for most a deterioration in their conditions in the indeterminate in-betweenness of the grey zone limboscaping in which people find themselves stuck – whether or not they are incarcerated physically. Of course, like in any other social space, different people in diverse locations experience these grey zones in distinct ways. However, they all share experiences of exclusion from social and political entitlements and the inability to plan even for the short-term future.

The worry is that with growing suspensions of democratic and civil rights under the pandemic regime and the growing dependency on surveillance as the basic technology to regulate all citizens' movements, any rights-based approach which would protect those in the grey zones would be further delegitimised. Those in the grey zones are going to be even more excluded from these new social and political contracts between states and their populations and might be left starving, stuck, and in growing numbers dying.

Source: **Social Scientists Against the Hostile Environment** -

<https://acssmigration.wordpress.com/2020/05/19/grey-zones-in-the-times-of-the-covid-19-pandemic/>

## OPINION / CORONAVIRUS PANDEMIC

### **Coronavirus and the banality of evil**

*The UK government's failure to respond swiftly and effectively to the pandemic can and should be considered evil.*

by Catherine Rottenberg & Nira Yuval Davis

5 May 2020



Prime Minister Boris Johnson observes a minute of silence in a tribute to the NHS staff and key workers who have died during the COVID-19 outbreak, London, UK April 28, 2020 [Stefan Rousseau/Reuters]

From the very start, a narrow-minded nationalistic agenda has shaped the way the government of the United Kingdom has handled the COVID-19 pandemic. Not only has the UK refused to cooperate with the rest of the European Union in coordinating the acquisition of necessary medical equipment, but it has consistently refused to take the global nature of the pandemic seriously. These decisions have resulted in an ad hoc and completely inadequate response to the calamity, leaving [more than 30,000 Brits](#) dead so far.

Prime Minister Boris Johnson and his ilk have failed to do much of anything efficiently during this unprecedented crisis: From the unfulfilled promise and continued failure to carry out mass public testing through the bungling of the importation of necessary protective gear for front-line workers, to misleading the public about the number of deaths by omitting, until recently, those who have not died in hospital.

#### **The banality of evil**

Going back to Hannah Arendt's notion of the "banality of evil" may help us make sense of what

is going on, only, one would have to introduce an important twist to her claims.

Arendt first coined the phrase when covering Adolf Eichmann's trial in Jerusalem for *The New Yorker* magazine. She invoked the term to describe how Eichmann, a key bureaucratic functionary of the Nazi party, carried out his technocratic duties without questioning their purpose.

The term was meant to capture the specific way in which Nazi crimes against humanity had been committed in a quotidian, systematic, and efficient way, without these crimes being named or opposed.

What we can learn from the pandemic-stricken UK is that the banality of evil can take form not just through the efficient execution of one's bureaucratic and technocratic tasks. Rather, it can also take form through the carrying out of bureaucratic tasks in an incompetent and negligent way.

#### **Incompetence and negligence as evil**

When certain national objectives are ostensibly prioritised but the mechanisms and actions to achieve these goals are repeatedly carried out incompetently - leading to human misery and death on a large scale - this, too, can and should be called the banality of evil.

Indeed, at least some members of the UK government who came to power to carry out Brexit, and who are currently hiding behind nationalist discourse and diverting all responsibility for their failures to "science" rather than to their own ineptness, can be said to fit this bill. Their actions - or lack thereof - have to be called evil given their horrific human cost.

We know that many of these deaths could have been prevented, as the low death rate in other countries that were better prepared, have robust

public health services, and took swift and decisive action proves.

Moreover, the fact that those dying are disproportionately vulnerable and racialised segments of the population suggests that many front-line workers - from health and care workers to bus drivers, grocery store staff and cleaning workers - many of whom are BAME (Black and minority ethnic), have been left unconscionably exposed to COVID-19. This, to put it simply, is criminal, if not murderous, negligence.

Incompetence and negligence, however, have characterised the UK political landscape for quite some time, and this ineptness is inextricably linked to years of neoliberal austerity policies in which large sections of the public sector have been ruthlessly cut, privatised, and outsourced.

Today, we know that experts had warned government officials that a dangerous pandemic was likely and that the NHS would not be able to cope without a dramatic increase in public funding. But the Conservative government simply ignored the warnings, while continuing to underfund and outsource health services.

And even though the acute shortage of private protective equipment (PPE) is the result of this inaction and privatisation, the Johnson administration has yet to intervene and ensure efficient procurement and distribution of equipment, leaving it, once again, to market actors, some of whom have gouged prices and profited from the shortage.

### **Expendable lives**

Such incompetence and negligence should also be considered a banal form of evil, since they, too, are intimately related to nefarious ideological and political priorities of governments, and are informed by the gruesome idea that some lives are expendable.

Just as in the case of Arendt's efficient banality of evil, the Johnson government's repeated failures to act swiftly and effectively can and should be considered evil.

*The views expressed in this article are the authors' own and do not necessarily reflect Al Jazeera's editorial stance.*

Source: Al Jazeera

<https://www.aljazeera.com/indepth/opinion/coronavirus-banality-evil-200505075710643.html>



## Impact of the COVID-19 pandemic on live-in care workers in Germany, Austria, and Switzerland

[Michael Leiblfinger and Veronika Prieler \(Austria\)](#), [Karin Schwiter and Jennifer Steiner \(Switzerland\)](#), [Aranka Benazha and Helma Lutz \(Germany\)](#)

14th May 2020

The COVID-19 pandemic has massively restricted the circular migration of live-in care workers between their home countries in Central and Eastern Europe and seniors' households in Germany, Austria, and Switzerland. In this report, we share insights into the consequences of travel restrictions and other COVID-19 related measures for transnationally organised live-in care. We show how these three countries respond differently but how, in each case, the measures taken subordinate the interests of care workers to those of care receivers. Furthermore, the measures remain short-term fixes that fail to acknowledge the fundamental flaws and inequalities of a care model that relies primarily on migrant workers and on wage differentials within Europe.

### **The fragility of a transnational care arrangement**

The live-in care model in Germany, Austria, and Switzerland is based on mostly female workers from Central and Eastern European countries providing care for an elderly person (or a couple) in the senior's home. Typically, two (or more) carers alternate in shifts of two- to twelve-weeks and commute between their homes in e.g. Poland, Romania, or Slovakia and their workplace. They spend their shifts living in the homes of the people they provide care for and are usually on-call (nearly) around the clock. Most live-in care workers are brokered by agencies which frequently also organize transportation, collection of payments, and other tasks. Although to different extents and not uncontested, live-in care has become an increasingly established model for care in the German-speaking countries (Steiner et al. 2019).

In the past few weeks, closed borders and other travel restrictions under COVID-19 have made the fragility of such a transnational care arrangement apparent and brought live-in care onto the political agenda ([Leiblfinger/Prieler 2020](#); [Leichsenring et al. 2020a](#) ; [Schilliger et al. 2020](#)). In each of the three destination countries, measures have been taken to safeguard the model. First, these measures aim at keeping care workers in the country and second, they strive to re-establish the transnational mobility of carers. Supporting care workers left without income, however, is not on the agenda.

### **Extending workers' shifts**

As a first reaction, agencies and households have asked and sometimes implored their care workers to extend their stays beyond the end of their shifts. *Switzerland's* authorities supported this strategy by facilitating the extension of live-in carers' work permits. *Austria's* federal government introduced a one-time, tax-free bonus of 500 Euros for live-in carers who extended their shifts for at least four weeks. In *Germany*, the largest federation of placement agencies, VHBP, asked the government to establish the same incentives as in Austria (VHBP 2020a), a demand that was repeated two weeks later by accusing the government of bending rules for seasonal agricultural workers (for the asparagus harvest) but remaining firm with regard to carers for older people (VHBP 2020b).

As far as we know, many care workers have extended their shifts in all three countries. Apart from the fact that returning to their home countries has become difficult due to travel restrictions and quarantine regulations, many feel a moral obligation towards the people in their care – especially in this extraordinary situation. At the same time, live-in care givers who stayed face worsening working conditions. Many households have put visiting services on hold for fear of contagion. Relatives who used to replace care workers, typically on Sundays, stay away for the same reason. In some cases, agencies or

households even require care workers to remain in the household during their free time to prevent them from catching the virus and passing it on to the person they care for. As a consequence, some live-in carers have been isolated in the household for weeks, either working or on call around the clock with little opportunity to rest. In addition, care workers carry the psychological burden caused by the extended separation from their own homes, families, and friends and by the uncertainty as to how long the pandemic and accompanying restrictions will last ([Leichsenring et al. 2020b](#); [Schilliger et al. 2020](#)).

Extending care workers' shifts has become a ready-made and widely applied solution for many agencies and families in all three countries. However, this practice takes an additional toll on care workers and is only a short-term fix. Extended shifts will not uphold as a solution if limitations to transnational mobility are imposed for more than a few weeks.

### **Re-establishing transnational mobility**

As a second strategy, care agencies and their lobby organisations have demanded exemptions that enable carers to cross closed borders. All three countries have worked with sending countries to open up avenues for such border crossings. However, the extent of their measures to ensure the continuing transnational mobility of live-in care workers during the COVID-19 pandemic differs widely.

In *Austria*, the federal government actively initiated negotiations with neighbouring countries for free passage of care workers. Furthermore, the provinces of Burgenland and Lower Austria collaborate with the respective local chambers of commerce and brokering agencies to organise charters to fly in 355 live-ins from Romania, Bulgaria, and Croatia (ORF 2020a, 2020b). From the second weekend of May, special trains can bring up to 1,000 carers from Timisoara in Romania through Hungary to Austria every week and allow Romanian personal carers to travel back home (Der Standard 2020; ORF 2020c, 2020d).

These measures are likely to be insufficient to ensure the transnational mobility of nearly 62,000 live-in care workers, roughly half of which come from Romania. However, they show the efforts Austria invests in ensuring the continuation of the live-in care model. This cooperatively organised support also highlights the alliance between state bodies, local chambers of commerce, and agencies. For example, tickets for the special trains were originally announced not to be sold to care workers directly, but only via care agencies (Der Standard 2020), which was later renounced (ORF 2020c, 2020d). The necessary information and forms are also in complex and technical German. Thus, while the power of agencies in collaboration with the chambers of commerce as trouble shooters and “saviours” of the model increases, the care workers become even more dependent on support from their agencies ([Leiblfinger/Prieler 2020](#)).

In *Germany*, the only *official* response by the government regarding care at home is a legislative initiative for family members to provide care for relatives without loss of pay longer than the previously granted two weeks. This measure was introduced as families reported difficulties finding live-in carers and it underlines not only the inherent familialism of the system, but also that live-in carers and family care givers are interchangeable in the government's eyes. *Unofficially*, the German border police refrains from checking people at the Polish border – the home country of the majority of carers. It seems that authorities allow care workers to enter Germany. Thus, agencies send minibuses to pick up their migrant carers at the border. Although there is confusion about diverging practices of various federal states, the consensus seems to be that care workers are not obligated to quarantine in Germany as their work is considered crucial for maintaining the care system. However, none of this was publicly announced. The German state seems to have silently adopted a practice of letting care workers in to pacify the families that employ the up to 500.000 migrant carers.

While Austria has created additional paths for care workers and Germany seemingly opened up unofficial ways, *Switzerland* generally permits entry for work purposes. This includes care workers who are formally employed by an agency or a family and are able to present a valid work permit. The Swiss state or lobbying organisations have not taken further tangible efforts to facilitate the mobility of live-in carers specifically. This reflects the fact that the live-in model has not been established as a pillar in the care system to the same extent as in the other two countries.

By facilitating transnational mobility, all three countries contribute to re-establishing the supply of live-in care workers for their seniors' households. However, this strategy puts carers at risk of contagion. No matter whether the journeys are organized in chartered flights or trains, or whether care workers travel in shared minibuses or private cars: they will be in close contact with others – especially since they also have to travel to train stations and airports or potentially stop at gas stations, rest stops, and border checkpoints. Moreover, care workers might face the additional burden of being quarantined for two weeks in the destination or home countries – maybe even in both. And they are usually not paid during these periods of isolation (cf. [Herrigel et al. 2020 for the similar situation of agricultural workers](#)).

### **Lacking support for care workers financially affected by the pandemic**

While many workers extended their shifts and others are exposed to a risk of contagion on transnational journeys, there is a third group of workers: those stuck in their home countries. Many of them are unable to return to their workplaces or to start a new assignment because of travel restrictions or cancelled assignments. Whereas governments have implemented a variety of measures to mitigate the economic effects of the pandemic on both companies and employees, many live-in carers are not eligible for this support.

*Austria's* federal government created a hardship fund for small businesses that are economically hit

by the COVID-19 pandemic. They can receive emergency aid of up to 2,000 Euros per month for a period of three months. Most care workers, even though they are self-employed, are unable to access this fund. Due to income below the tax threshold, they do not have an income tax assessment notice or a tax number and typically do not have an Austrian bank account – all three requirements to receive hardship support. In addition, the long application form and provided help is only available in German.

In *Germany*, emergency aid programmes were established for businesses (and their employees) based in Germany. Many carers don't have German (employment or service) contracts as most of them are either posted under the EU-directive or self-employed in their home countries. Therefore, they are not eligible for the German relief programmes and the pandemic uncovers further difficulties of the transnational live-in model.

In *Switzerland*, where live-in care workers are employed either by an agency or directly by the household, similar problems exist. Agencies can apply to state-funded short-time allowances (*Kurzarbeitsentschädigung*) for their employees, which pays 80% of the owed wage. However, this assistance is reserved for companies. As a result, care workers employed by private households or currently without contract fall through the cracks of the state rescue system and often lose their entire income.

### **The blind spots in the current debate**

Even though many are currently praising the importance of care work, our analysis shows that – at least with regard to live-in care – this recognition remains mostly symbolic. While various measures have been implemented to ensure that German, Austrian, and Swiss seniors do not have to do without their live-in care workers, the living and working conditions of the workers themselves have become more precarious. Our report demonstrates that the pandemic does not hit everybody equally. On the contrary, the three governments' neoliberal care strategies,

based on the outsourcing of care to (female) migrants, puts the latter in a catch-22-situation: either they prolong their stay and work in the households of their clients, which leads to extended separation from their own homes, families, and friends; or they expose themselves to risks of contagion on their transnational journeys. The third option is to stay at home, which often leads to financial deprivation. No matter what they decide or are pushed to, their needs are left out of consideration in current pandemic relief measures. The many women working in private households are once again expected to bear the brunt of hardships currently caused by a pandemic.

Furthermore, our report shows that the measures taken are short-term fixes that serve to uphold the live-in care model. They fail to acknowledge the fragility and inequality inherent in this care model, which have become even more visible during the COVID-19 pandemic. First, the model only works as long as transnational differentials in wages and in economic opportunities within Europe are large enough that workers will accept low pay, precarious working conditions, and circular migration that separates them from their homes, families, and friends for extended periods. Second, it relies on uninhibited transnational mobility and requires workers to “commute” long distances – sometimes up to 30 hours – every few weeks to reach their workplaces. The COVID-19 pandemic has shown how fast the second requirement can disrupt the model. But even before the pandemic, the cracks in the model were apparent. Having observed the market for several years, we see, for instance, that recruiters have to move further East to find people willing to work under these conditions.

Thus, we need to use the experiences during the current COVID-19 pandemic to reflect the (non-)sustainability of the live-in care model on a fundamental level. Our societies do not gain from merely going back to the way it was before as quickly as possible. Instead, we need to adjust our care policies that they do not require social inequality and uninhibited transnational mobility

but enable care workers to have a decent life alongside their work.

## Acknowledgements

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# Justice and Rights In Viral Contexts In India

Kalpna Kannabiran

02 MAY 2020



**Migrant workers walk to their villages amid the nationwide lockdown: At the Delhi-Ghaziipur border on 28 March | Amarjeet Kumar Singh**

*There are dimensions of justice, human rights and constitutionalism that need to guide governments when there is a public health emergency as with Covid-19. The focus has to be on the right to health, empathy for the working poor and ethical state practice.*

The Covid-19 pandemic, which has resulted in a global lockdown is a crisis as never before. In India, a three-week lockdown — in the nature of a ‘curfew’ — was announced with four hours’ notice by Prime Minister Narendra Modi on 24 March 2020. On Ambedkar Jayanti, 14 April 2020, the lockdown was extended for a further three weeks, this time with no advance notice. In the intervening period, India witnessed the largest exodus of workers and migrants on the highways, reminiscent of Partition.

A pandemic is serious and in a public health emergency, drastic containment measures are unavoidable. Even by this token, however, a total lockdown has been widely seen as [‘the harshest coronavirus containment measure in the world.’](#) We may assume that this was necessary for containment of Covid-19 for the preservation of public health and that the lockdown was evidence-based. With the increasing number of people testing positive, the rise in fatalities, and demands for increased and aggressive testing, the medical,

scientific and health establishments are under enormous pressure to meet the growing care needs while being inadequately protected themselves. In a climate of fear, panic and uneven access to healthcare facilities, they are rendered totally vulnerable to vigilantism and physical attack.

## **I. Introduction**

In this essay, I attempt to foreground dimensions of justice, human rights and constitutionalism that need to guide state practice even as we deal with this emergency. I present my thoughts in seven sections. The first introductory section sets the context for thinking about justice in a larger context of hostile environments, exploring constitutional routes. This is a running theme in the second section that focuses on the right to health and the third that is centrally on vulnerability of the working poor in hostile environments. The fourth to sixth sections shift to an exploration of law, human rights standards and mitigation strategies by governments and courts through a close look at government orders and court judgements/public interest litigation. The seventh section returns to justice and the constitution in a context of hostile environments, making a case for a robust consideration of the Directive Principles of State Policy.

*[T]he most vulnerable and the most precarious have a prerogative over state resources and state protection on every count.*

To open up the framing of the discourse on justice in pandemic times, Prime Minister Narendra Modi’s address to the nation on 14<sup>th</sup> April 2020 is apposite: ‘The Constitution of India speaks of “We the people of India.” Who are the people of India? This demonstration of our collective strength on Babasaheb Ambedkar’s birthday is our best tribute to him.’ This was the first time he was invoking the Constitution in the context of the novel Coronavirus, and importantly, the invocation was on Ambedkar Jayanti.<sup>1</sup> The invocation of the Preamble “We the People of India” frames the core concern for us in terms of citizenship, rights and state responsibility. It is a grim reminder that Covid-19 and the tumult it has brought in its wake needs to be seen through the lens of the

constitutional commons<sup>2</sup> which belongs equally to all. As a starting premise, therefore, the most vulnerable and the most precarious have a prerogative over state resources and state protection on every count. For is that not the meaning of substantive equality which sits at the heart of the constitutional commons?

Cutting through the universalising discourse around the ‘Covid-19 Pandemic,’ at the risk of stating the obvious, it is a fact that the virus spreads its tentacles unequally across the country. The lives of the poor — rural, urban, forest dwelling, itinerant peoples — matter. The lives of migrant workers matter. The lives of the homeless matter. The lives of wage workers matter. The lives of persons with disabilities matter. Muslim lives matter. Dalit lives matter. Adivasi lives matter. The effects of the public health emergency that Covid-19 presents aggravate an existing and ongoing emergency that these communities have had to manoeuvre on a daily basis. The lives of medical and health professionals and care workers engaged in testing, treatment, and care matter. They have been rendered precarious by the systematic dismantling of public health systems in the country and the consequent ill-preparedness of governments, lacking in capacity and capability to handle a crisis of this scale.

We need to sidestep the universalising discourse for another reason: the pandemic context also provides a pretext for aggravating vulnerabilities, displaying public humiliation with impunity (turning untouchability into corona virality), offering relief under the shade of the Citizenship Amendment Act, 2019 to the favoured and [targeting CAA protestors despite lockdown](#). Three illustrations are telling:

The imposition of a Covid-19 lockdown on Kashmir has disastrous consequences in that region already reeling under a nine-month lockdown post abrogation of Article 370. The report of the [all-women team that visited Kashmir](#) in early February 2020 details the spiralling effect of the post-abrogation lockdown on everyday life and socialities in Kashmir — the loss of jobs and incomes, sale of land and assets to meet living expenses and medical emergencies, the blocking of all routes to decent work for fair wages

— the majority pushed to the edge of precarity by the state. Two parts of that report are especially relevant. The first, the complete breakdown of the public health system made impossible by blockades and curfews was aggravated by the internet shutdown (and halting restoration of 2G connectivity) that made communication regarding supplies and accessing government programmes like Ayushman Bharat especially impossible. Does this second lockdown address the concerns of communication and mobility in the valley that have been raised in courts over the past nine months? How will this lockdown interlock with the large presence of the military, nominally under civil administration, that is in place? And what are the routes to justice in this context?

*[D]o we go back to a precedent-driven, mechanical constitutional jurisprudence or do we open our minds out and acknowledge the utter inadequacy of our present methods of interpretation and redress.*

The courts have refused to consider the release of political prisoners like GN Saibaba despite his increased vulnerability owing to multiple disabilities in the pandemic context; the courts also refused to stall the arrests of Anand Teltumbde and Gautam Navlakha by the National Investigation Agency (NIA) on 14 April 2020, with the NIA going so far as to seek the permission of the court to restrain Anand Teltumbde with handcuffs: “Permission may please be given to use Handcuff to avoid physical contact with the accused amidst Covid-19: Pandemic and spread of Novel Corona virus.”<sup>3</sup> This is in clear violation of the Supreme Court [guidelines on handcuffing](#) – the permission is sought by re-purposing handcuffs to the same effect. It may be illegal to restrain an accused, but in pandemic times it is fully legal to use handcuffs to prevent contagion, the NIA seems to say, even as this argument folds into the contagion of untouchability in Anand Teltumbde’s case, banned under the Constitution (Article 17). But the ‘virus’ circumvents the need to provide the detailed justification for handcuffing that criminal law requires in the normal course.

A circular by the Director-General of Police, Haryana in pursuance of the National Disaster

Management Act, 2005 (NDMA) is self-explanatory:

The Union Cabinet Secretary and Union Home Secretary...expressed their alarm and unhappiness at the large-scale movement of migrant labour...

In view of the clear directions from the Central Government the following directions are being issued for meticulous and comprehensive compliance.

1. The inter-state borders have been sealed and...persons...should be turned back without exception.
2. The persons who are travelling on foot...should be picked up, placed in buses and left in localities from where they started.
3. Directions are being issued by State Home Department *to declare big indoor stadiums and other similar facilities as Temporary jails, so that people who refuse to obey the lawful directions of district administration can be arrested and placed in custody for the offence committed by them* under the Disaster Management Act (italics added)

To reiterate, the 'State government has [been] directed to follow Zero Tolerance Policy towards anyone who violate [sic] the lockdown guidelines'.<sup>4</sup>

Gujarat has a very [unusual order](#) issued during the lockdown that is telling:

All those *people from Pakistan, Bangladesh, Afghanistan*, staying in Gujarat on long term visa or have applied for first LTV, who are in need should be given rations free of cost for the month of April as per the Ann Brahm scheme, for a single person 3.5kg wheat, 1.5 kg rice, 1 kg dal, 1 kg salt and 1 kg sugar and from among them if there are families, the PHH will be given 3.5kg wheat, 1.5kg rice, 1 kg dal, 1. kg, salt and Sugar per person for free for the month of April.” (PDS-14/2020/171396/k. Government of Gujarat)

The Citizenship Amendment Act, 2019, that saw widespread protests in 2019-20, on grounds that it is discriminatory against Muslims by introducing

a denominational basis for granting Indian citizenship is mirrored by the Gujarat order on relief quoted above:

“Provided that *any person belonging to Hindu, Sikh, Buddhist, Jain, Parsi or Christian community from Afghanistan, Bangladesh or Pakistan*, who entered into India on or before the 31st day of December, 2014... shall not be treated as illegal migrant for the purposes of this Act”.

There are also clear discrepancies based on [class](#) and [religious faith](#) in the cases reported in the press of the provision of transport for instance for stranded persons – [pilgrims](#), international travellers and [migrant workers](#).

Already, right at the commencement of the lockdown, we are witness to the use and abuse of pandemic vulnerabilities and the inscription of states of exception.

For citizens who live more secure lives in the shade of majoritarian umbrellas of governance bolstered by class/caste privilege, Covid-19 is *the* threat (or so they believe), which once eliminated, will bounce them back into the ‘normal.’ The *ethical* question before the citizens of India today, however, is, after what we have witnessed since 24 March when the national lockdown was announced and the months of protests against the Citizenship Amendment Act, 2019 that preceded the lockdown, *should* we bounce back to life as before, or should we use this opportunity to revisit constitutional possibilities and societal arrangements? The related question is, do we go back to a precedent-driven, mechanical constitutional jurisprudence or do we open our minds out and acknowledge the utter inadequacy of our present methods of interpretation and redress.

## II. Right to Health

Covid-19 brings into sharp focus the right to health as a fundamental right in India. At the core of international human rights standards, and undoubtedly a key component of Article 21, it is now at the centre of debate in more ways than one. An important part of the concerns related to the right to health at this time circulate around testing and containment of the pandemic. We know from people with long years of work in addressing the need for robust public healthcare

systems in the country that the systematic dismantling of public healthcare has rendered us more vulnerable in terms of inadequate facilities, shortfall of trained personnel, and inadequate biotechnological support. We are also witness in the immediate aftermath of the lockdown to the sharply skewed access to essential health services, to adequate food and nutrition, to housing and decent work. Cascading reports from across the country speak of hunger and starvation as bigger threats to life for the largest section of the population than the virus, especially consequent to the lockdown. This is also the population that urgently requires access to proximate, free health care —essential and Covid-19 specific treatment and care — and yet lacks adequate access to both. In their 2014 policy brief on [Realising the Right to Healthcare](#), Jan Swasthya Abhiyan pointed to the equitable access to social determinants of health – ‘secure livelihoods, adequate food and nutrition, housing, and safe water and sanitation’ – and freedom from social inequities as indispensable to the full enjoyment of the right to health. In the current context it is these very determinants that have been thrown into a crisis, ironically, even as coping strategies for the pandemic depend on precisely this access. The governmental presumption in declaring the lockdown was that without exception every person has food, housing, safe water, sanitation and enjoys equal status with all others to be able to access these without hindrance. We know how profoundly flawed the presumption was and has been demonstrated in the most graphic manner possible on the highways, the bus stands and railway stations in different parts of the country. It is widely accepted that socio-economic factors and poverty heighten vulnerability to disease and death, and curtail access to quality health care. Abysmal public health expenditure, inadequate personnel, low investment in training and education, inadequate public health infrastructure and lack of state commitment to build robust public health systems have been problems at the centre of public health research and policy. These have received scant attentiveness or interest from successive governments.

*The rights of the poor and the vulnerable have been grossly violated in the very manner in which the lockdown was first announced and then extended.*

The increased vulnerability of health professionals to assault by healthcare seekers and patients’ families may be traced back to the privatisation of health care and the withdrawal of robust essential and critical care services in the public health system, among other causes. That this problem of vulnerability to assault and the need for doctors and health care workers to have specific legal protection has roots elsewhere is evident in the enactment of specific legislations protecting health professionals from assault in 19 states between 2008 and 2013.

If the systemic flaws that have deeper roots are one part of the crisis we face, the second part has to do with Covid-19 itself. [Sujatha Rao](#), in a comprehensive commentary on what needs to be done, pointed to the importance of screening, contact tracing and testing. The prevarication of the Supreme Court in the matter of cost of testing, as [Gautam Bhatia](#) has argued, defeats Article 21 and Article 14 rights. Ironically, this issue connects right back to questions related to the privatisation of basic health care and the paucity of testing facilities under state control. The second issue has to do with the volume of testing and this is one that will have enduring consequences. [CP Geevan](#) urges us to rethink the low figures for positive cases in India and suggests that this might be attributed to flawed testing strategies.

Returning to our point on the right to health as part of the access to justice, if access to free testing in the Covid-19 context is one part of Article 21 rights, universal access to testing is another part of this right, one that is waiting to be addressed.

### **III. The Exacerbation of Vulnerability**

The rights of the poor and the vulnerable have been grossly violated in the very manner in which the lockdown was first announced (with four hours’ notice) and then extended (with no notice); and in the abject neglect with which they were treated by the state in the first few days of the lockdown.

There are several reports on the calamitous effects of this abrupt announcement. We have searing details from Delhi after the first lockdown – both



from communities affected by the recent violence in Northeast Delhi and from the exodus of migrant workers; and from Mumbai after the extension on 14 April. In a recent article on the implications of the Covid-19 lockdown for India's working poor, [KP Kannan](#) maps the worker population for us. His estimates show that out of 461 million workers, 92 million are designated as belonging to the formal sector. Of these, 49 million are informal workers in the formal sector, contract workers, temporary staff etc. This means that out of 461 million workers in India as of 2018, roughly 43 million belong to the formal sector with some security of employment and statutory protections, just about 10 percent. Scholars point to informality as a persistent condition of life for the majority in India – completely unregulated and unprotected in every way, precarity a defining condition of life.

***We bear witness today to a mass dispossession of the working poor of this country that was the responsibility of the state and the courts to safeguard against.***

How have women and transgender communities coped with the lockdown/lockout? The specific concerns of women migrant workers — in plantation, construction, domestic work, sex work, care work — and the concerns of transpersons require a keenly calibrated and empathetic approach. A consideration of [care work](#) is critical in the present context. Overwhelmingly a female, migrant and informal workforce, both paid and unpaid care work is rendered even more precarious in the context of a pandemic, rendering care workers vulnerable to exposure without adequate protection and placing demands of care on them that increase exponentially with the difficulties imposed by a lockdown on persons in need of carers. This is especially true for nurses, midwives, hospital staff, personal carers and sanitation workers.

Within care work, domestic workers face a different set of vulnerabilities related to arbitrary employment practices and exclusions. Caste discrimination manifests in aggravated forms of untouchability practices in relation to care workers engaged in conservancy, sanitation and related jobs, and, yet, the diktat to keep immediate environments 'hygienic' and ensure patient

hygiene in medical care facilities makes care work *the* most indispensable of all forms of work in the present context.

We need also to bear in mind intersecting vulnerabilities. The targeting of Muslims especially has been an extremely troubling part of lockdown phase. While a news report of UP Chief Minister hosting a gathering invites [an FIR](#) on the editor, a congregation of Tablighi Jamaat has led to the spiralling of the politics of hate in an already fragile polity in the immediate aftermath of the anti-CAA protests and the riots that targeted Muslims in North-east Delhi in ways reminiscent of the 1984 anti-Sikh violence. Fake news reports and brazen incitement by a stridently [Islamophobic media in TV shows on Covid-19](#); the setting up of different wards on the basis of faith in Gujarat, Muslim Gujjars in Punjab needing police protection to deliver milk, and reports of the refusal to receive relief from Muslim activists force us to think about pathways into a more just future. There are reports of a sharp increase in [domestic violence](#) and child abuse during the lockdown, with mental health of women and children trapped in abusive environments surfacing as a major concern.

The lockdown has decimated livelihoods *en masse*, with worksites collapsing, self-employment snuffed out, and supply chains choked, farmers in utter despair. We bear witness today to a mass dispossession of the working poor of this country that was the responsibility of the state and the courts to safeguard against. Without multiplying instances, official callousness takes gruesome forms, as was witnessed for instance in the spraying of insecticide on returning migrants and the multiple instances of police excesses/brutality that were brought before courts and state authorities.

***Locking down has meant locking out, shutting the gates, taking easy resort to mob policing and violence, unregulated state surveillance and a proliferation of surveillance among the people...***

How does one begin to enumerate the violation of the rights of people in this situation? While immediate measures are extremely important and necessary, we need to move beyond speaking about solatium, compensation, subsistence wages,



and provision of rations to eliminate hunger, to thinking about how we might pose the question of the governance of the constitutional commons. It is not a matter of a single right anymore. It is the question of ‘full citizenship’. Locking down has meant locking out, shutting the gates, taking easy resort to mob policing and violence, unregulated state surveillance and a proliferation of surveillance among the people, and the total dispossession of the working poor.

New exclusions and modalities of surveillance have fitted in neatly with exclusions, violence and surveillance based on caste, religion, class and tribe. Returning migrants find themselves barricaded out of villages that are their home. Fear, anger, misinformation and the legitimizing of lynch politics make for a toxic combination at this time, triggered by extreme governmental arbitrariness. Article 15 of the Indian Constitution stands dis-articulated as people begin to shut doors, using Corona to re-install more deeply entrenched prejudices with impunity.

Across these contexts, how does one rebuild a society that has been broken many times over and fenced into tighter and tighter concentric circles? More importantly, which is the ground on which post-pandemic India will land?

#### **IV. Human Rights Standards in a Public Health Emergency**

In order to embark on a discussion on human rights standards during a pandemic, it is useful to return to the opening reference to the Preamble and complete it:

‘WE, THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC and to secure to all its citizens:

JUSTICE, social, economic and political;

LIBERTY of thought, expression, belief, faith and worship;

EQUALITY of status and of opportunity;

And to promote among them all

FRATERNITY assuring the dignity of the individual and the unity and integrity of the Nation’

The constitutional commons are constituted by the collective resolve to ensure justice, liberty, equality and fraternity in a democratic polity. It is these values that are enshrined in international human rights law as well, to which India is party. In the context of Covid-19, [Upendra Baxi](#) underscores the importance of the peremptory jus cogens that categorically set out state obligations and goes on to observe that ‘only new forms of human compassion and solidarity can help overcome this lethal and formidably grim challenge and [help build] a new future for global politics marked by empathy, fraternity, justice, and rights.’

An important part of the discussion on the lockdown has to do with whether it satisfies the proportionality test: in other words, was a measure as drastic as this (a) necessary and (b) the least restrictive option for the state to achieve its goal? This was a question discussed at length in both *Puttaswamy I* & *II* judgments. Without going into too much detail, we could, after Moller, state simply that ‘[t]he proportionality test stands for the idea that *respect* for a person’s autonomy demands that any measures restricting it must pursue a legitimate aim and be suitable, necessary and not disproportionate to the achievement of that aim,’ and that any effort to balance interest will be based on the recognition of equal status of all agents (Moller 2012: 208). Taking this further, we could after Moller, ask, whether in declaring the lockdown: has there been an ‘interference’ with a right or has there been a ‘violation’ of a right (2012: 4)?

***Because liberty, a fundamental right under the Constitution, is curtailed, there must be a free flow of information and the guarantee of free speech and media freedoms as state responsibility.***

What makes the Indian lockdown the ‘harshes coronavirus containment measure in the world’ is the modalities of that decision of 24 March. Let us assume for argument’s sake that a lockdown was necessary. What does not meet the proportionality test is the means by which it was effected. There

was arbitrariness, lack of transparency and absence of *empathy* and respect for the dignity of the working poor, and indeed their survival. The positive measures taken with the well-being of the largest section of people ought to have been spelt out down to the smallest detail in order for this decision to have met the proportionality test, and to mitigate the harm and suffering it caused. Given that the state controls resources and media, the mitigation of harm *prior* to the lockdown was well within the realm of the possible. Proportionality in this instance rests both in the means (the process) and the end (the measure). We can only address the question of proportionality of the measure, when we have settled the question of the process. Witness a repeat of the process on 14 April, when the lockdown was extended, *despite* the extreme hardship imposed the first time.

A cursory glance at international human rights standards tells us that under conditions of public health emergencies — where restrictions on liberty such as quarantine, self-isolation, lockdowns and mandatory distancing norms are deemed necessary — there must be a keen attentiveness on the part of states to ensure that these measures are not blanket, sweeping orders, but are calibrated to the specificities of situations on the ground and accordingly limited in application and time. Because liberty, a fundamental right under the Constitution, is curtailed, there must be a free flow of information and the guarantee of free speech and media freedoms as state responsibility. This would automatically entail the unequivocal censure of '[genocidal journalism](#)' in the country, especially with the [stridency of the Hindu right](#) in government.

Health sector workers who are the first to be affected have a right to full protection in recognition of their increased vulnerability, as part of Article 21 (Right to Life) and Article 14 (Right to Equality). The rights of children — Article 21 (which importantly include protection from abuse and violence) and 21A (Right to Education) — are paramount when schools and educational institutions are shut. While going online is an option available to a few, for the majority, including children in Kashmir, the closure of schools absent the privilege of internet

connectivity and ICT access, presents the biggest challenge to human rights.

***If the right to privacy is a fundamental right under the Constitution, freedom from surveillance is a core privacy guarantee, and state action on this front must conform to international and constitutional standards.***

While from the standpoint of human rights, the need to decongest prisons has been a major concern voiced by courts and government what concrete measures need to be put in place to safeguard the rights of prisoners and persons who remain in custodial institutions? And those who are arrested during the lockdown? This so as not to render them more vulnerable through exposure and poor access to tests and treatment?

How will the rights of marginalised peoples, especially those covered by Article 15 be protected against cumulative abuse by state and civil society through a resurgence of prejudice, stigma and segregations now legitimized through discourses on contagion?

Since the concern is with the spread of Covid-19, tracking cases, contact tracing and identifying hotspots have resulted in a proliferation of unregulated [surveillance operations](#), of which the [Arogya Setu](#) is just one. If the right to privacy is a fundamental right under the Constitution, freedom from surveillance is a core privacy guarantee, and state action on this front must conform to international and constitutional standards. The matter of surveillance was brought before the court in a case of a person released from prison in the *Kharak Singh* case.<sup>5</sup> Consent is mandatory for surveillance (itself strictly limited in deference to the fundamental right to privacy under the constitution), isolation, quarantine and treatment. In fact, the right to privacy has been one of the biggest casualties in the Covid-19 context and must be set right. Rather than reducing it to a bureaucratic exercise bolstered by punitive policing, we could insist that every state government is guided by a team of experts that consists of public health professionals across disciplines, epidemiologists, and policymakers and that the state government adopts evidence-based measures that are calibrated to specific realities. Citizen liberties, freedoms and dignity

must be within the core, and transparency and state accountability must structure the method. We are in for a long haul, so course correction is always in the realm of the possible.

These are concerns that bring [international human rights standards](#) and constitutional standards together on the ground.

#### **V. Legislative Framework for Covid-19**

In February 2017, the Government of India circulated a draft *The Public Health (Prevention, Control and Management of Epidemics, Bio-Terrorism and Disasters) Bill, 2017* (PHB), that was meant to repeal the *Epidemic Diseases Act, 1897* (EDA). There is much work on the EDA, especially its workings in colonial India by historians, and it is undoubtedly an extremely draconian legislation which needs to be repealed. However, any Act which replaces it must be firmly located within the constitutional framework and integrate human rights and public health concerns seamlessly. The PHB, it has been [argued by public health experts](#), falls short on several counts, and fully reproduces the authoritarian writ of the state. [Puducherry](#) enacted a Public Health Act in 1973 with fairly comprehensive provisions, although most states have relied on the archaic EDA. The point of even alluding to the alternative to the EDA is to underscore the absence of an alternative to the act, so it is a default setting that goes against the public interest and the common good. That said, is it still possible for state governments to frame regulations under the Act that integrate human rights concerns into the implementation of the Act? While some states have framed regulations, the test lies in the integration of human rights standards.

Its brevity (4 sections in all) can be seen as a boon by an insurgent administration. It leaves the field open for state governments to devise their own modalities and designate the requisite resources in terms of finance, personnel and institutional mechanisms. It is possible, therefore, for a state, through administrative and executive empathy, to write the constitution into its implementation, taking on board the concerns voiced by epidemiologists, public health professionals and human rights advocates on the PHB. There is

nothing to stop a state government from setting out a thoroughly democratic, transparent and consultative process in its implementation.

The National Disaster Management Act, 2005 (NDMA) which has been invoked occupies a very different administrative and legislative space. A critical review of this act is outside the scope of this essay. Going by the fact that it is an enactment that has been invoked, we simply look at the (in)adequacy of its provisions for state action on Covid-19. As a starting point, an epidemic/pandemic is not a disaster and cannot be treated as one. By that token, the public authorities responsible for handling and mitigating disasters, namely the Ministry of Home Affairs, are singularly unsuited to oversee state action in a pandemic context.

The deep pitfalls in the application of the NDMA to the present situation is demonstrated by two instances. The first is the instance of the Haryana administration invoking its punitive provisions against the poor by ordering their confinement in jails (see note 4). The second is the use of its authority under the NDMA by the Ministry of Home Affairs to trigger surveillance in states that have opposition governments, precipitating a conflict on the ground that is counter-productive in every way imaginable, as was the case with [West Bengal](#). The multi-tiered structure of the NDMA could have some pointers for how states might structure authorities in a decentralized manner with an effective reporting and consultative mechanism built in. Into this decentralized plan, we could write in the important dimension of informed consent that is a non-negotiable part of any public health measure.

***Rather than hastily promulgate yet another ordinance that is manifestly draconian, the legislative endeavours of the states ought to have informed the debate on vulnerability of health care providers...***

However even as these questions are being settled up, the Central Government promulgated the Epidemic Diseases Ordinance, 2020 on 23 April 2020, to amend the Epidemic Diseases Act and institute provisions for the protection of medical and health personnel from assault. This follows close on the heels of an infructuous [bill circulated](#)

[by the Ministry of Health in 2019](#). Rather than dwelling at length on the provisions of the ordinance, it is necessary to recall the enactments by 19 state governments between 2008 and 2016 that were titled Medicare Service Personnel and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act – [Delhi](#) (2008), [Punjab](#) (2008), [Rajasthan](#) (2008), [Tamil Nadu](#) (2008), [Andhra Pradesh](#) (2008), [Chhattisgarh](#) (2010), [Karnataka](#) (2009), [Orissa](#) (2009), [Maharashtra](#) (2010), [Assam](#) (2011), [Gujarat](#) (2012), [Kerala](#) (2012), [Telangana](#) (2016, adapting AP Act 11 of 2008), were some of the states with enactments in place.

These state enactments were the result of intense lobbying by state chapters of the Indian Medical Association to check violence by patients' families. The provisions of the state legislations are almost identical: they defined medical personnel, medical institutions, violence, and prescribed reliefs. All states defined the offence under the act as cognisable and non-bailable and outlined near-identical procedures, compensation and punishments. Clearly the impetus for this law was identical -- increasing attacks on hospitals and health care providers. Dr. [Neeraj Nagpal](#), in a 2017 essay, suggested that:

'government spending on healthcare must be increased and the Indian Penal Code should be changed to provide for a tougher penalty that could act as a deterrent to violence against doctors'.

Tripura, which had enacted a similar law in 2013, [repealed it in 2018](#), citing the adequacy of provisions of the Indian Penal Code as the reason for repeal. To elaborate, the enactment was 'to prohibit violence against Medicare service persons and damage to property in Medicare service institutions' and for related matters; It provided for a 'imprisonment extending up to 3 years and a fine extending up to 50,000 rupees.' The reasons for the repeal were three: (a) 'The Indian Penal Code 1860 provides a punishment of imprisonment of 1 year and a fine up to 1000 rupees for causing hurt (Section 323) and imprisonment up to 7 years and fine for causing grievous hurt (Section 325). Therefore, this Act is redundant as the victims may proceed under the Indian Penal Code, 1860 itself.'

(b) 'Upon application of the Tripura Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2013, *the act of causing 'hurt' as defined under Section 319 of the Indian Penal Code is over criminalized by prescribing a punishment that is not proportionate to the Act.*' (c) 'This is against the principles of criminalization and therefore is detrimental to the cause of ensuring justice'.

Rather than hastily promulgate yet another ordinance that is manifestly draconian, the legislative endeavours of the states ought to have informed the debate on vulnerability of health care providers, with state governments bringing these legislations into public discussion and increasing citizen awareness. There is some evidence of these acts having been used in some states, with mixed results. Is the proliferation of legislation and ordinances the answer to non/poor-implementation of existing laws? Or is it the case that the central government did not engage in a detailed and informed review of the legislative status of these enactments? How will a new ordinance address this gap?

## **VI. Post-Lockdown Mitigation by States and Courts**

### ***State Action***

A look at close to 500 [Government Orders](#) (GOs) and notifications issued by the different state governments and the Central Government point to the specific and general ways in which state governments have attempted to mitigate the effects of the lockdown while providing testing, care and treatment to Covid affected persons/families. The GOs do not, of course, focus only on 'relief', but on a range of administrative actions necessitated by the lockdown. There are some common elements across all states: food support (cooked and dry rations), income support, MGNREGA wages and altered shelf of works. Some states have GOs on doorstep delivery of essential items, release of certain categories of prisoners on parole, advisories against termination of employees during lockdown, food and shelter to migrant workers, homeless and others who need shelter, cash equivalents of midday meals (in a few states), etc.



Then there are specific measures that stand out. The Kerala government order GO No. 710/2020 dated 25 March 2020, is an extremely detailed order that sets out a range of guidelines: on food support, empowering local self-governments, provision on uninterrupted essential medical services to persons suffering from cancer, diabetes and heart disease, specific support for transgender persons, etc. The modalities of implementation detailed in this order focusing on general well-being, total devolution of powers and from what we see in news reports, this is supported by detailed press and media briefings that are dialogic and participatory. In pandemic times, especially in the Indian case, this is something that stands apart.

*While there is a slew of measures on paper, their translation into robust relief on the ground is one that requires close monitoring and reporting, with governments having to cultivate the willingness to engage with and respond to criticism.*

Among the others, besides the general orders, Chhattisgarh has an order that earmarks two distilleries for production of alcohol for the preparation of sanitizers; Delhi notified a hunger helpline and a hunger cell; Jharkhand notified officers responsible for the well-being of Jharkhandi workers stranded outside the state; Odisha has a specific order on income support for 65,000 street vendors; Rajasthan has an advisory against black-marketing of pulses in times of short supply; and of the orders issued by the Central Government, the child support and child helpline guidelines, as well as guidelines for support for persons with disabilities including passes for carers are important.

With Covid-19, the [Jammu and Kashmir government passed an order](#) dated 3 April 2020, which stated that “internet speed restrictions have...not posed any hindrance to Covid-19 control measures” and will therefore continue. A [public interest litigation \(PIL\) asking for the restoration of 4G internet](#) in order to be able to deal with a public health emergency in the valley filed on 2 April 2020, is still pending before the Supreme Court. The second problem had to do with large scale detentions under the Public Safety Act (PSA), which saw young men sent to jails

outside Kashmir. The [order](#) of the Supreme Court on the need to decongest jails in the country has resulted in detained persons being released either on bail or in some cases with charges mysteriously dropped. However, the requirement by the Supreme Court that safe transportation be provided to prisoners so released has not been complied with. Families find themselves having to raise up to Rs. 30,000 each to travel by private taxi during lockdown to distant jails like Agra to bring back their wards.

This points us to the dark corners of executive and judicial action, not limited to Jammu and Kashmir. While there is a slew of measures on paper, their translation into robust relief on the ground is one that requires close monitoring and reporting, with governments having to cultivate the willingness to engage with and respond to criticism

#### **Courts**

The legal contestation over rights and state prerogatives/interests has been intense, as also the [inscription of new modalities and virtuality](#) in viral jurisprudence.

A cursory glance at the petitions before various high courts, but primarily the Supreme Court is illustrative: the urgency of the restoration of internet in Kashmir; [wages for workers](#) during lockdown; [emergency housing and subsistence](#) for ousted workers; [payment of wages to job card holders under MGNREGA](#) without forcing them to report at worksites; PPE and adequate safeguards for sanitation workers who are at increased risk of infection and aggravated stigmatization on grounds of caste; protection from eviction by landlords – [of medical personnel](#) and of [workers](#); [price control](#) for Covid-19 testing; [nationalization of healthcare](#); [provision of personal protective equipment \(PPE\)](#) for medical and healthcare personnel as well as a clearly outlined national plan to combat Covid-19 and police protection for medical personnel; seeking orders against sealing of state borders disallowing emergency transportation causing medical emergencies and rise in fatalities;<sup>6</sup> and seeking access to [medical services for pregnant women](#) during the lockdown.

Finally, the right to a decent burial and treatment with [dignity in death](#) as part of the right to life



under Article 21 in the case of a doctor who died of Covid-19 in Chennai, brings back into focus a longstanding demand of human rights movements that the desecration of the dead is a grave human rights violation.

Several petitions pointed to mistreatment, excesses and brutality by the [police](#). Others addressed the need to contain the spread of Covid-19 through [stopping print newspapers](#), demanded a stay on a [community survey planned by the government](#) of Goa; and the denial of branded cat food to a pet cat amounting to a ‘CATastrophe,’<sup>7</sup> are examples. In relation to prisoners, judicial deliberations focused on [decongestion of prisons](#); testing of persons prior to arrest and provision of PPE and provision of sanitizers [inside prisons](#), even while people (activists and journalists) were being arrested in fresh cases under Unlawful Activities Prevention Act.

Of the orders issued by the courts, the [order](#) of the Supreme Court ordering the release of prisoners who had served two years in detention centres under the Foreigners’ Act in Assam with a much-reduced surety was an especially welcome move. There were also [estimates](#) based on information from the states that approximately 34,000 prisoners would be released on bail/parole across the country. Several of the cases brought before the court were in the nature of *suo motu* interventions by the court, and PILs seeking specific directions.

The [petition](#) to nationalize hospitals till the pandemic was under control was rejected by the Supreme Court. Importantly, this petition invokes the Directive Principles of State Policy along with Article 21. At least three states — Chhattisgarh, Rajasthan and Madhya Pradesh — had temporarily [taken over all private hospitals](#) for Covid-19 patients. There are questions raised by public health professionals and collectives like the Jan Swasthya Abhiyan on what is in effect a suspension of healthcare and treatment for people at large. This was an occasion for the Court to embark on a different route to thinking about comprehensive health care access and state responsibility.

A second petition asked for the takeover of all hotels by the state to provide reasonable accommodation for evicted migrant workers: “The petitioner submitted that these self-contained accommodations might be more cost-effective, less time-consuming and are already equipped with electricity, water, power back up, lifts, ventilation, better sanitation, hygiene, and security.” The Supreme Court [dismissed this petition](#) observing that many people will come up with many suggestions and government cannot listen to all of them.

*The unwillingness to explore a different idea of justice that is grounded in the Constitution and yet informed by the aggravated suffering and harms the pandemic and the lockdown have imposed on the poor, is difficult to comprehend.*

The [equivocation of the apex court on media freedoms](#) is cause for concern. Its refusal to restrain genocidal incitement (to echo Suchitra Vijayan) that passes as journalism, declaring that it will not “gag the press” is cause for concern, especially when evidence of fake news reports and blatant ethnic profiling was brought to the notice of the Court. We note also that this stands in stark contrast to the Court’s acceptance of the state’s unsubstantiated argument that it was “fake news” that drove the workers of Delhi onto the highways on 24 March, as also of the state’s ‘advisory’ to the media to refrain from negative reporting of governmental action in the pandemic context.

There is a very fragile, tenuous quality to the Court’s response to the suffering of the working poor of this country on whom the country is utterly dependent. This is, ironically, a failure to recognise that it is not the workers who are dependent on the country, but the country that is dependent on its workers. For instance, in response to a plea to ensure payment of wages to migrant workers, the [Chief Justice of India asked the petitioners](#) ‘why wages are required when meals are provided by the government.’

In a petition brought to the Court on account of the extreme hardships imposed by an inexcusably arbitrary and disproportionate state action, we have the [court placing sole reliance](#) on the status report furnished by the same government in the matter of the condition of migrant workers. The

court took on board the state's argument that the exodus was caused by rumour-mongering and 'fake news'. It is not clear what was 'fake'. The lockdown announcement? The threat of stern action on anyone violating lockdown? The refusal of employers to pay wages? The eviction by owners? The fact that life in the city is circumscribed by work and wages – absent that, the only option is a return home – is that fake? The narration of suffering by workers on a death trail? The fact that for this section it is a choice between death by hunger or death by Covid-19?

One paragraph is especially telling: the [direction](#) to the media to engage in "responsible reporting by publishing daily bulletins of the government – the official version about the developments." A similar word of caution was refused, as we have seen, in the petition pleading to restrain the media from ethnic profiling of Muslims.

The unwillingness to explore a different idea of justice that is grounded in the Constitution and yet informed by the aggravated suffering and harms the pandemic and the lockdown have imposed on the poor, is difficult to comprehend.

The first and most important point is to never lose sight of the fact that it is the workers who make or break this nation. Already reeling from decades of mistreatment and callousness, to just fling them into destitution – no matter what the emergency – is plainly unacceptable.

## VII. The 'Triadic Ethical Framework' of the Constitution

When the right to privacy was declared a fundamental right, the historic dissent of Justice HR Khanna in [ADM Jabalpur v. Shivkant Shukla](#) was resurrected in eloquent terms by the Supreme Court. This, to recall, meant that fundamental rights cannot be suspended even in conditions of emergency. How have we forgotten that? The jurisprudence of this public health emergency must centre on calling the state to account on behalf of the poorest, most disintegrated citizens. It is only if the courts and law are seen to be just in the reliefs they order that we can move forward. This is an extraordinary time and there is a need to understand the vulnerability of the working poor and to recall constitutional

jurisprudence triggered by the [Vishakha](#) case. This will help us situate rights claims within a larger constitutional mandate to eliminate hostile environments generally on all grounds of dispossession and disintegrated not limited to gender and workplace.

The problem with the Covid-19 pandemic has been posed as an Article 21 issue: the right to life, personal liberty, livelihood and dignity. We could consider a different constitutional route. This connects back to the question of balancing state interests with citizens' rights. By now, the question is not limited to public health. The manner in which this pandemic has been handled is a sign of the place of "we the people" in the imaginary of this national government. We need to look at ways of reimagining our place with Dr. Ambedkar and his ideas of constitutionalism at the centre. To explore this I suggest a different route -- Part IV of the Constitution – the Directive Principles of State Policy – as an anchor for state action.<sup>8</sup>

*[T]he state is under obligation to minimise inequalities – in income, status, facilities and opportunities amongst individuals and amongst groups residing in different areas or engaged in different vocations.*

While Kerala has been a front-runner in this matter, a cursory glance at the orders passed by state governments does point to a tremendous effort to scramble resources together to remedy the suffering unleashed by the sudden lockdown.

The Directive Principles of State Policy are a guide to governments. In finding our way through this crisis, these principles are 'fundamental in the governance of the country' (Article 37). In its striving for 'a social order in which justice, social, economic and political, shall inform all the institutions of the national life', one focused on promoting the welfare of the people, it is the Directives that provide the constitutional precepts. In particular, the state is under obligation to minimise inequalities – in income, status, facilities and opportunities amongst individuals and amongst groups residing in different areas or engaged in different vocations (Article 38). In [Justice Sudarshan Reddy's words](#),

'though not enforceable in any court, but nevertheless fundamental in governance, codifies

a part what the Preamble sets forth as the goal of the nation i.e. national development as both a process and a situation in which conditions of complete justice prevail. These conditions are essential for maintenance of social order in which our people can live with dignity and fraternity [and] a concept of welfare that subsumes within itself the benefits of the conditions of justice’.

Not only must the state direct its policy towards securing the right to an adequate means of livelihood, but it shall ensure under Article 39

‘(c) that the ownership and control of the material resources of the community are so distributed as best to subserve the common good;

(e) that the health and strength of workers, men and women, and the tender age of children are not abused...

(f) ...that childhood and youth are protected ... against moral and material abandonment’

The obligation of the state, as set out in the Directive Principles of State Policy, shall be supported by a legal system that promotes justice and ensures that “opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities” (Article 39A).

Repudiating the disaggregated interpretation of the Directives, Justice Reddy underscores ‘the structural lines of logic, of ethical imperatives of the State and the lessons of history flow from one to the other’. Consequently, he observes, ‘Article 39(b) of the Constitution should be construed in light of Article 38 of the Constitution and be understood as placing an affirmative obligation upon the State to ensure that distribution of material resources of the community does not result in heightening of inequalities amongst people and amongst regions.’ Article 41 mandates state provision of ‘public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want,’ a living wage (Article 43), special care for the ‘educational and economic interests of the weaker sections of the people” protecting them from social injustice and all forms of exploitation’ (Article 43). Finally, ensuring adequate nutrition, standard of living and

public health standards are to be regarded as ‘among its primary duties’ (Article 47).

***It is time for the courts and governments to revive a robust memory of the constitution, of the directive principles, and act on that basis alone.***

Observing that equality (including and beyond Article 21) is ‘a necessary condition for achievement of justice’, Justice Sudarshan Reddy sets out the expansive scope of inter-reading and justiciability of the Preamble-Fundamental Rights-Directive Principles triad: ‘India was never meant to be a mere land in which the desires and the actions of the rich and the mighty take precedence over the needs of the people. The ambit and sweep of our egalitarian ideal inheres within itself the necessity of inter-generational equity’.

The clear picture that now emerges is a road map for governmental action in which the most marginalized and vulnerable sections must be at the centre of policy more now when we are battling a pandemic than ever before.

How might we reimagine constitutionalism with what Justice Reddy has called the “triadic ethical framework” of the Constitution (para 97), foregrounding in the process the centrality of Part IV to an understanding of citizenship and state responsibility in a social, political and economic democracy (Kannabiran 2010). What this moment presents to us is an opportunity to map the fields of constitutional jurisprudence and constitutionalism anew. We need to do this without taking recourse to languages of war. Upendra Baxi [urges us](#) to repudiate the Latin maxim that in times of war the law is silent. While repudiation is one route, another route is eschewing the languages of war and enemies (along with its attendant proxy fences and securitized borders) in a crisis around a pandemic/disease/illness that needs a coming together.

It is time for the courts and governments to revive a robust memory of the constitution, of the directive principles, and act on that basis alone. Finally, any action, state or judicial must be based on *empathy* and a deep *ethical commitment* to constitutional morality, not on the assertion of prerogative and the distribution of largesse. We all inhabit the constitutional commons equally and

have an equal stake in it – from the dispossessed worker to the chief justice and president of India. Lest we forget.

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Source: The India Forum

<https://www.theindiaforum.in/article/justice-and-rights-viral-contexts-india>



## Divided we stand – the pandemic in the US

The account of the pandemic could equally be labelled an account of the current politics, economies, and unequal social structures in the US.

[Bandana Purkayastha](#)

15 April 2020



On April 10, COVID-19 infection numbers in the US reached 427,460, with 14,696 deaths and 16.8 million unemployment claims, filed between March 15 and April 14. The pandemic has touched every part of the country, from astronomical figures of infection and deaths in New York to increasing spread throughout the rural countries.

In every area, there are continuing accounts detailing the lack of essential supplies and personnel to help those who are sick. The two trillion-dollar stimulus package has had scant impact on the ground, while other welfare packages are held up on the Senate floor. Racial minorities, especially African Americans, are adversely affected in disproportionate numbers. The political rhetoric in the US ranges from somber assessment and advice about continuing to “flatten the curve” to strident assertions of success.

As the virus moves through the United States, it has continued to reveal pre-existing social and economic divisions, and show the active political decisions being taken to further undermine the countries’ democratic processes and impose further restrictive (and exploitative) labor and human rights violations. The account of the pandemic could equally be labelled an account of the current politics, economies, and unequal social structures in the US.

### Old battle scars

Some of these challenges starkly reveal economic and political systems and inequalities well-documented by social scientists. For instance, access to universal healthcare has been a political battle for over a decade now. Many decades of research have documented the sources of racial health disparities – how segregated housing, jobs, high levels of stress due to structural and everyday racism, poverty and attendant lack of access to healthcare, among other factors – create health conditions that are likely to make racial minority groups particularly susceptible to such pandemics.

Both overcrowding and sub-standard housing, that are typical in poorer areas of cities and suburbs, as well as geographical dispersion can exacerbate such vulnerabilities. In New York City, African Americans and Latinos are dying at twice the rate of the rest of the population. In an account about the rapid spread of the virus within the Navajo reservation, Romero points out that multiple people within small houses – as well as the lack of clean water, which often has to be carried to the houses – increase the vulnerability of a group that shows high rates of diabetes, high blood pressure and related ailments, and already lacked easy access to health care facilities.

Added to this is the social pattern of older people moving to elderly-housing. While the ability to afford different grades in this housing is definitely a class-based issue[1], currently, the diminishing cadre of service workers as well as decisions by administrators to confine the elderly to their rooms or flats, creates conditions of social isolation and confinement with interruptions in the provision of care. The differently abled people are similarly confined; as a result they are being infected disproportionately. Equal access to the economic

and social resources would normally enable people to live lives free from want and with a modicum of dignity in a wealthy country like the US. Yet unequal access, tied to structures of capitalism, stratify access; this is starkly evident as people succumb to this pandemic.

### **Work and education**

In a stream of research, social scientists have documented the impacts of the rise in contingent labor, the increasing number of people who work in the gig economy, and the patchwork of laws and policies that safeguard labor rights in the US. The development of three tier labor forces, with the ever-expanding lowest tier with little guarantee of work, wages, and social benefits are intersecting with health vulnerabilities.

Images of New York City with empty landscapes actually indicates the large numbers of people who cooked, cleaned, provided elder care, child care, personal care (cutting hair, doing nails, providing massages, running laundries), selling newspapers, providing quick lunches and dinners from carts, driving taxis, buses, and other transportation, and a host of other such activities to support all those who can afford such services. At the other end, many are sufficiently privileged to work from home or get an education through online learning initiatives. While the personal service workers suffer, the average home continues to require care work – Hochschild’s account of the Time Bind and third shifts has not disappeared. While gendered hierarchies reestablish themselves in completing all that is needed to be ready to work and learn, the rhetoric of online work or learning continues to erase the time, effort, and energy required to perform these tasks at home. A right that was acquired through sustained fights, and the US government’s help to address violence against women, is, perforce in abeyance; even as rates of violence appear to be increasing, women and children have few options to go to shelters or seek alternative housing to avoid abuse.

On the work and education front, the large-scale shift to online platforms has been achieved

“successfully,” if one studies the question at the level of college shut-downs, sending students home and converting classes to some form of synchronous or asynchronous education. Yet, as sociologists have been writing for years, the intersection of race/gender/class/sexuality structures inevitably added new inequalities to these forms of work and learning. Casey describes the unequal environment in which students try to learn from home. Those who are in big homes with sufficient private and quiet spaces for work, robust bandwidth, and up-to-date multiple computers are far better poised than their peers who move back to crowded homes (as other siblings return), inadequate space, and varying responsibilities to attend to home-based tasks. A vast number of international students are stuck in areas without access to public transportation, trying to shop for food, get to health clinics or pharmacies, trying to convince private landlords to extend the end of the semester leases. They face homelessness or severe, under-the-table, over-crowding in the flats of students lucky enough to have housing through the summer. It is not clear if non-citizens, like international students, are eligible for debt or rental relief.

### **Strident rhetoric and electioneering**

These glimpses of the precarity of life are set within a national political strident rhetoric, from the White House, of blaming others and taking credit for successes that are yet to materialize. This rhetoric has significant consequences. The repeated emphasis on the “Chinese virus” has resulted in a spike in hate crimes against Asian Americans who “look Chinese”. Asian American advocacy groups and other human rights focused groups have noted over 600 incidents against Asian origin people in the past month. A recent knife attack on a family – an adult, a two-year old and a six-year old – has been made headline news as the Federal Bureau of Investigation has determined it was a hate crime. At the same time however, the ruling party’s agenda has continued undeterred, including severely negating immigrants’ rights and security[2], aggressive restrictions on labor rights including unions’

ability to function, and rapid dismantling of environmental controls.

A stark process of undermining the democratic process of the US has been under way in Wisconsin. As Krugman has described, this state recently elected a Democratic governor, and 53% supported Democratic candidates; yet the state rules allocated only 36% of the Assembly seats to Democratic candidates. The states' elections (primaries) were held on Tuesday, amidst calls to extend the data and allow mail-in ballots midst the pandemic. A particularly important point of this argument was that many voting centers in the mostly Democratic strongholds had been shut down by the Republican lawmakers, and the denial of mail in ballots were more likely to affect Democratic areas. As a result, there were very long lines and frustrations over the challenges voters faced as they broke their quarantines to vote in these elections. According to the New York Times (2020), Wisconsin is one of the key states for Trump's reelection, and the President has been very much against mail-in ballots because he felt that Republicans would never win elections if mailed in ballots were allowed. On a separate note on the process, NYT reports that thousands of mailed in ballots were disqualified as having been mailed late, or because they were not delivered. Since the US postal service is also being dismantled as federal support is withdrawn, this is probably a harbinger of greater problems in the November national elections.

### **Big data**

Social scientists have also begun to warn us of another process – of data colonization – that is transforming our lives as human beings around the world. Cauldry and Meijas (2019) among others have argued that in the contemporary phase of colonization, we, as human beings, provide the mine from which data are extracted by companies whose profits are based on both trading on our data, and concurrently, controlling the knowledge (including the range of political and sales messages) that can be generated and distributed.

Part of these complex arguments indicate that we are “owned” by those who own our data because our privacy safeguards are insufficient to address the larger structural changes associated with data extraction and mining. The messy worlds of science and the caveats about validity and generalisability are interruptions to the seemingly simple messaging; histories are altered, dissident voices are silenced, especially through increasing surveillance in digital and tangible spaces, and knowledge for profit – including fake news – is distributed.

Equally important, due to the reach of these companies, there are few political processes in place to assert controls over these businesses, globally, across multiple political systems. Irrespective of the exact details of these arguments, what is pertinent right now is that most of us are providing more and more data on our work, our social lives, our buying patterns, about our relationships as we live through this period of lockdown. The racist interruptions of zoom meetings that have been reported, also showcase how fragile some of these systems are in terms of privacy assurances. Thus, along with the pains of experiencing this pandemic, we are in the midst of a heightened state of providing more and more data, most likely for profit, to entities with whom we may not have had any previous dealing.

In sum, the problems of US's political, economic, social systems, which often remained less visible, or were experienced as individual failures, are now revealed starkly through this lockdown. Amidst numerous individual-level accounts of dedication to work and responsibilities, and of caring, kindness and support for others, the institutional-level arrangements remain full of cracks and fissures, impeding possible ways of harnessing ground-level goodwill towards crafting robust terrains for the common good. The quarantine of people who contribute in a million different ways to the public operations of this society, are acting as reminders of how this country is organized. The tragedies unfolding right now are the consequence

of earlier decisions not to travel on the path to ensure widespread human rights and human securities for *all* Americans.

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Source: Open Democracy - <https://www.opendemocracy.net/en/openmovements/divided-we-stand-the-pandemic-in-the-us/>



# Corona, East and West: Has Western-centrism mitigated against our well-being in the UK?

Ipek Demir, University of Leeds.

2 April, 2020



It is no longer a secret. The West, on the whole, has underestimated the coronavirus – covid-19. It is not just **Ursula Von der Leyen**, the President of the EU Commission who admitted this. According to Dr Tedros Adhanom Ghebreyesus, the WHO director general, there was **‘alarming levels of inaction’**. Others, for example Dr Richard Horton, the editor of the Lancet medical journal, also highlighted that the **‘growing global pandemic’** was ignored by those in power and that we did not take the threat posed by the coronavirus seriously early on despite the warnings from China.

The first warnings came in late December 2019 when China alerted the WHO. Chinese scientists as early as **January 11<sup>th</sup> 2020** revealed the draft genome of the virus to the world’s science community. As flagged up by **Dr Horton**, Professor Joseph Wu and colleagues set out the warnings **in the Lancet on Jan 31<sup>st</sup>, 2020**: ‘On the present trajectory, 2019-nCoV could be about to become a global epidemic...for health protection within China and internationally...preparedness plans should be readied for deployment at short notice, including securing supply chains of pharmaceuticals, personal protective equipment,

hospital supplies, and the necessary human resources to deal with the consequences of a global outbreak of this magnitude.’ Yet the British Prime Minister Boris Johnson was still joking about how he was **shaking the hands of patients with coronavirus** in NHS hospitals as late as 3 March 2020, whilst the US President Trump claimed that the public health warnings were a **conspiracy** against him.

Moreover, when we did start taking the threat of corona more seriously, some countries did not implement the advice and techniques which came from the East and the WHO. Rich nations such as the US and the UK initially ignored this advice. The UK refused to implement social distancing measures such as shutting schools and banning public gatherings; we were told to keep calm, carry on and wash our hands singing jolly songs. The government’s chief scientific adviser Sir Patrick Vallance **outlined** that the UK strategy was to infect 60% of the UK’s total population (66 million) in order to build tolerance. With a death rate of 1% this could have led to 400 thousand deaths in the UK.

This **‘herd immunity’** strategy was later aptly described as **epidemiological**

**neoliberalism**, drawing a comparison between neoliberalism's faith in unregulated markets and in unregulated epidemics. Since then, the UK government's approach mercifully shifted 'following expertise and scientific evidence'. In fact **'science had been the same since January'**; it was not the science which had changed, but the UK government's strategy. One could give the UK government the benefit of doubt: we know that paradoxically if risks are taken seriously and reduced, governments are accused of **'scaremongering'**; if they do not intervene, they are accused of inaction. Yet underestimating the coronavirus, and the delay in implementing social distancing measures given the explicit scientific warnings were indeed complacent. Was it due to incompetence? Was it lack of due care? Was it due to ideology? The UK government's Behavioural Insights Team, that is the **'nudge unit'**, amongst others, is certainly under fire for delaying the UK's response.

Yet I argue that there is more to the story and ask: Would those who govern us in the UK have been as laissez-faire if the virus had been identified in the US and it was the US government and scientists who made those recommendations? Would those who rule the UK have refused to treat it as having not much bearing on the UK if it came from somewhere closer, that is closer to heart? Would the UK have even considered herd immunity if it did not think we would be more competent than 'southern Europeans' in dealing with it, forgetting that the UK has only **'about half the capacity of critical care beds per capita [as Italy]'**? Would we have tolerated the view that 'we' were measured and reasonable unlike the authoritarian regimes of the East who took draconian measures? Would our media have had such a blindspot if the advice was not coming from the East? Would they have pedalled the view that we were different from authoritarian countries and their way of dealing with it because we were the democratic West, forgetting that not all those in Asia who were successful in dealing with this virus were 'authoritarian'? Would the US newspapers have remembered that South Korea has a much better position in the democracy index than the US? Would we have realised that contact tracing

has always been an essential aspect of public health **in the world**, including the UK and thus not something specific to the 'authoritarian East'? In summary: Would the West have been as slow to act if the virus was not **'othered'**? Would the West have ignored the advice if it was not coming from countries it deemed as inferior?

This is not to say Asian countries have got this fully sussed out. The provincial officials in China have faced criticism in their initial dealings with the crisis. Also, we still do not know how successful the measures taken in **China, South Korea, Taiwan, Hong Kong** and others will turn out to be in the long run. At least in the short - medium term, their method of rigorous testing, distancing and contact tracing is working well as they are keeping new cases low and their death numbers are dwindling. This, they achieved, despite having huge populations to deal with (Wuhan region's population is 60 million alone), having had much less warning than us, together with a high population density. Given their serious warnings, it is surprising that the UK government did not give a serious consideration to their approaches and listened to their explicit cautions from January 2020. Even today, the approach towards wearing face masks in the West is puzzling: **'imperfect protection does not mean useless'**.

We know from social scientific research on risk that expert judgements as well as lay judgements of risk are affected, amongst others, by gender, race, political worldviews, emotion, and trust. For example, risks are judged as higher by women than by men and racial differences in risk perception exist (**Palmer 2003**). White males in general have lower risk perception compared with not only men and women from ethnic minorities but also white women and that 30% of white males in the population are found to judge risks as very low (**Finucane et al 2000**). Research also shows that such differences are not necessarily attributable to differences in education and knowledge of science and technology either. **Barke et al 1997** showed that male scientists see risks from nuclear technologies as lower than female scientists. The 30% of the white male population with very low risk perception were found to be wealthier, better

educated and politically more conservative and anti-egalitarian (Flynn et al. 1994). There is a close relationship between political worldviews, the social position and power one holds in society, and what people see as risky and whom they listen on how to approach that risk.

Moreover, we know that people respond to risks as cultural groups, and not necessarily as individuals calculating risk and benefit (Douglas 2012). Our responses to risks can also be non-reflexive; they can be shaped by emotions, morals, trust and aesthetics – just consider cosmetic surgery (Lash 1993; Mello 2012). What we deem as risky is social; and is closely bound up with whom we see as capable and responsible for solving it. Thus what we see as risky and how to approach that risk also go hand in hand. That we listen to risk judgments and solutions of certain groups (or nations in this case) whilst ignoring others is evident. I argue that a serious examination of Western-centric attitudes, and their impact on risk judgements should also be a central aspect of social scientific research on risk.

That there is something special and distinct about Europe/the West, the ‘miracle’ view of Europe/West (Bhambra 2007; Sayyid 1997) are inextricably intertwined with othering views of the

non-West. Such perceptions and views have contributed to narrow understanding of not just the West, but also the West’s understanding of ‘the Rest’. We need an examination of the extent to which such views and assumptions about the ‘West’ and ‘the Rest’ have come to shape the UK government’s reactions to the risks posed by the coronavirus. We need to consider seriously if and how such attitudes might have contributed to the British governments’ and government scientists’ delayed, if not reluctant and non-existent, uptake of advice from China and South Korea in the first few months of this pandemic. We also need to evaluate if and how the UK government’s inability and unwillingness to learn from and listen to those it deems inferior went hand in hand with its epidemiological neoliberalism. The coronavirus pandemic should thus open up the risk research in social sciences by bringing to the fore that Western-centric attitudes, in their refusal and reluctance to take advice from ‘the Rest’, can also shape Western responses to risk. Even worse, they can even operate against the West.

Source: Discover Society - <https://discoversociety.org/2020/04/02/corona-east-and-west-has-western-centrism-mitigated-against-our-well-being-in-the-uk/>

# Biographies intersect with general history

Azril Bacal Roij

The enclosed lines convey my answer to Dasarath's brilliant initiative to share our reflections during the peculiar time and spatial circumstances created by the Covid-19 pandemic, in our personal lives and all corners of the world. A great opportunity to learn from each other! The first question that popped up is where to start, and then how to proceed? I decided to start in present time to frame my reflections in the here and now. Inspired by Marc Bloch, one takes a brief step back into the past to cast light on the present crisis situation, and concludes by looking forward to future trends and alternatives. I am sitting down in my working desk, looking at the trees and luscious nature through a big window devoid of curtains. Our local neighborhood association is struggling to save these trees. I live alone in a small two-room apartment. The Greek graduate philosophy student who rents one room went to Athens to spend the pandemic with her parents. She left in panic and angry with the way Swedish health authorities handle the pandemic. This strategy according to her was designed to get rid of people like me out of economic considerations. Nothing to do with saving as many lives as possible. There is some truth in her assertion. I belong to the high risk group, just turned 79, afflicted by chronic asthma, emphysema, Kol, and pollen allergic. The best credentials to succumb to this pandemic. One third of the reported deaths are found in this age-cohort, and Sweden is no exception to this pattern. The Swedish model of managing this health crisis situation has been highly criticized by insiders and external sources, because of its permissiveness. It has also been praised at the WHO. The mathematical projections of deaths ranges from 8,000 – 10,000 deaths as a minimum - to as high as 20,000 – 40,000 possible casualties to this merciless virus. Time has the last word on the matter. In this context, it's eerie to confront one's own mortality, even if not for the first time. I recall in this regard a line from Wallace Stevens: /"Death is the Mother of all Beauty"/. When confronting our finality, one is made keenly aware of the beauty and what is most valuable in life. Some of

you might be aware that I write poetry, nowadays mostly Tankas and Haikus.

Let me share the following defying tanka, alluding to both the biological enemy and "Il fascismo eterno" decried by Umberto Eco.

*Listened today  
the first trill at daybreak, it  
is Spring defying  
the somber goosesteps of  
virus and political pests*

My days weave activities such as early yoga and Xi-gong to meet the day, academic work and activism. You might remember that I am currently editing an anthology on Transformative Research and Education with Emerald Publishers. At least four articles are written by RC-10 colleagues. Having finished my own article on active learning, participatory action-research and intercultural dialogue, I am nowadays translating a provocative piece by Vicente Manzano-Arrondo at Universidad de Sevilla about the "Absurd University," providing at the end hopeful alternative projects of higher education under construction. My intellectual work is done daily at the library or at the university to break total isolation at home. In that way, the Swedish model suits me well with its relative permissiveness.

As an activist, I partake in the debate on the WSF 2021 in Mexico, Friday strike for the Future (FFF) at Forum Torget, downtown Uppsala, and in a series of webinar of social movements focused on the world after the pandemics. This subject is increasingly debated by global justice and environmental & climate justice movements. The beggar sitting in front of the coop is a daily reminder of the need to continue our struggle to construct other possible and sustainable worlds, based on solidarity, justice and peace. We are part of this struggle either as bystanders or as engaged academics.

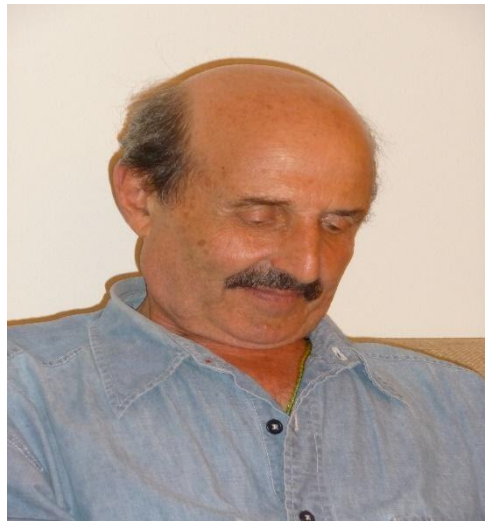


On the personal and family fronts, if surviving this pandemics, I wish to share more time with my three adorable children and grandchildren. Moreover, as an individual with two divorces in my bag, and a long list of intimate relations in the past, I am ready to explore a new intimate partnership, hopefully a lasting one.

This period has been extremely enriching by enabling introspection and self-knowledge, time to look back and learn some from past mistakes. It refreshed my knowledge in biology, evolution, and health.

I also gained much clarity on the interconnections of all features in the web of life, including our socio-cultural constructs. It is not an easy task when under assault in the informational tsunami or fake news pandemics of our times. It's now timely as a sociologist to honor C.W. Mills who reminded us of the need to intersect our biographies with general history, and public issues with private lives. He also reminded us to provide the holistic frame to help the layman understand the fragmented mosaic of reality. My reflections have been much enriched by reading superb analysis of the causes, dynamics, and likely outcomes of this pandemics by Ignacio Ramonet, Naomi Klein, Göran Therborn, and Vicente Manzano-Arrondo, among others. As I am about to reach the limits of my article, what about the past? It would be redundant to expand on the destructive and unsustainable world-system built on post-colonial and class inequalities, industrial revolution, commercial agriculture, extractivism, consumerism, hooked on fossil and nuclear energy, etc. My account of the climate and refugee crisis of the 21<sup>st</sup> century, the rise of ethno-politics and neo-fascism, will soon be published in an RC-10 anthology edited by Dasarath. To conclude my thoughts on the matter, the post-pandemics world will depend on the outcome of an ongoing cultural war. The alternatives are democratic socialism or a digitalized Orwellian dystopian barbarism.

## SHORT BIOGRAPHY



Azril Bacal Roij

Associate Professor-Researcher in Perú (1967-1980/2011-2015), Profesor-Investigador, Mexico (1981-1987), Retired Senior Lecturer, Sweden (1993-2006), Humanities Endowment Scholar, Otterbein College (1995). Visiting Lecturer at UCLA (1996) and Universidad de Córdoba, Spain (2001-2004). Research on Ethnic Identity with Mexican Americans (1970s). Fil.lic in Sociology, Uppsala University (1992). Ethnic Identity Changes of Elderly Latinos in Sweden (1993-1997). As an engaged scholar, member of "Universidad y Compromiso Social," Sevilla, Spain, and SPARC (Sweden). Board member of ISA's Research Committees 10, RC-05, and RC-26. Former member of Paulo Freire Institute (Brazil). Taught on Dorothy Lee's Anthropology at Uppsala University. Popular educator and cultural worker: project film-forum/poetry-forum on the "equal value of human beings" (grant from the cultural office, Uppsala Municipal Council). Published poems in Spanish, Swedish and English. Reside in Uppsala since 1986. Social activist. Professor, Doctoral Program in Life Long Learning on Peace Education/Culture of Peace, CIPAE-Puebla, México (2005-2020). Guest-Lecturer on Participatory Action-Research, Mällardalen University-SPARC (2017-2020).

## ***24-hour care in lock down mode: Care migration in times of Covid 19***

**Helma Lutz, Goethe University, Frankfurt, Germany**

'The flight of the nursing staff' (Süddeutsche Zeitung 3.4.2020) or 'Mrs. K. can't come in' (Zeit-online 30.3.2020) - this is how German daily newspapers call the nursing emergency in the so-called 24-hour care. The association for home care and nursing, which represents the industry's placement agencies, underlines the imminent collapse of the transnational care worker system: 'Asparagus more important than grandmother and grandfather?' (VHBP press release 21.4.2020), 'Caregivers from Eastern Europe must be encouraged to stay' (VHBP press release 7.4.2020) Corona reveals the weaknesses of an employment model which - comparable to the seasonal work of migrants from Eastern Europe in agriculture and the meat industry - is based on the economic asymmetries in Europe. Since the EU enlargement to the East, workers from this region have been hired at wages that are far below the minimum wage in Germany. Today, an estimated 500,000 migrant women provide 24-hour care for elderly people in need of care in German households around the clock, mediated through either transnational agencies or private networks. From the point of view of labor law, such employment is highly problematic, and yet there has been and is no debate about these migrants' working conditions. Instead, they are advertised on the websites of more than 500 transnational placement agencies as a cheap solution to the care gap in the elderly care sector.

Since the deregulation of the health sector in Germany in the 1990s which was and still is pushed forward in the EU, a far-reaching process of economization has developed under the heading of 'New Public Management'; supported by the privatization of welfare state services it has helped *the market* moving into the welfare state under the umbrella of cost limitation. The basic principle for persons in need of long-term care, anchored in § 3 of the German Social Security Code (SGB XI) follows the credo: 'domiciliary care before outpatient before inpatient residence'-regulations. This regulation offers relatives a 'cash for care'

model, in which funds divided according to care levels leave it up to the 2.5 million people affected who remain in private households (2017) or their relatives to decide how to regulate domiciliary care.

This family-based model of the 'homecare society' presupposes the willingness of relatives - primarily women - to take over these long-term care obligations. It has been shown that particularly those in need of care who refuse to be cared for in a nursing home but cannot or do not want to rely on (in-law) daughters/sons, resort to the purchase of support services such as live-in care. Since the services offered by nursing services that take into account working time and minimum wage regulations are unaffordable even for middle-class incomes, many people switch to the mediation of semi-regular agencies that offer Central/Eastern European migrant women as caregivers for the elderly. They prefer to work in a rotation system of several weeks/months: the caregivers commute between the care and their home households in six-week up to three-month cycles, where they usually also carry out care work for their relatives. In the meantime, they organize alternative solutions for the lack of physical presence in the care of their own children and parents, whom they supervise preferably via digital media.

This system that been established little by little over almost two decades operates in a legal grey zone. The '24-hour-polish woman' has become a winged term for the phenomenon of transnational care work from Eastern Europe. The working conditions of these women have hardly been and are hardly ever scandalized; instead, the neoliberal narrative of an alleged win-win situation for all participants legitimizes and normalizes this arrangement. Nor will the Corona crisis contribute to the discussion about appropriate remuneration and working conditions.

Today, Corona makes it clear, how fragile a health care system is, that has pushed forward the economization of care and nursing over the years. Instead of investing in the expansion of good

nursing homes, municipal forms of care and good pay for carers, the German state exploits transnational economic differences to push down the costs of caring for those in need of care. Is there no alternative to this arrangement? The loss of functionality and the control problems of today's welfare states are particularly evident here. The outsourcing of care responsibilities to migrants from Eastern Europe and the Global South is becoming a paradigmatic case in which benefits for the Western and Southern European state are created through playing off different forms of precariousness against each other.

Corona illustrates, that an invisible virus easily succeeds in developing enormous mobility, overcoming borders unnoticed and settling all over the world; as result of the national responses, the closing of national borders, the circular migration of care workers is slowed down (see also the comparable situation of care migrants in Switzerland and Austria: <https://ltccovid.org/2020/05/14/impact-of-the-covid-19-pandemic-on-live-in-care-workers-in-germany-austria-and-switzerland/>).

The reaction of German placement agencies was to demand special state regulations for this 'essentially relevant group', e.g. to relax quarantine regulations. In Austria, where the circular working system is legalized, hotels have been set up as two-week quarantine sites. There, migrant women do not pay for board and lodging, but do not receive any income during this period either. In Germany, placement agencies recommend that employers should offer 'incentives' to care givers not to return home (see above). The migrant women then find themselves in a loyalty dilemma: they neglect either their own family responsibilities or the people they care for. In the end, they have to consider the situation of their relatives left behind and must weigh up how to minimize the social costs they have to pay for their decision.

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exploiting transnational economic differences to push down the costs of caring for those in need of care, instead of investing in the expansion of good nursing homes, municipal forms of care and good pay for carers. Is there no alternative to this arrangement? The loss of function and the control problems of today's welfare states are particularly evident here. The outsourcing of care responsibilities is becoming a paradigmatic case of playing off precariousness against each other, combined with the interdependence of power (Aulenbacher/ Décieux 2019).

Corona illustrates, that an invisible virus easily succeeds in developing enormous mobility, overcoming borders unnoticed and settling all over the world; as result of the national responses, the closing of national borders, the circular migration of care workers is slowed down (see also the comparable situation of care migrants in Switzerland and Austria: <https://ltccovid.org/2020/05/14/impact-of-the-covid-19-pandemic-on-live-in-care-workers-in-germany-austria-and-switzerland/>).

The reaction of German placement agencies is now to demand special state regulations for this 'essentially relevant group', e.g. to relax quarantine regulations. In Austria, where the circulation system is legalised, hotels are being set up as two-week quarantine sites. There, migrant women do not pay for board and lodging, but do not receive any income during this period either. In Germany, placement agencies recommend that caregivers should be offered 'incentives' not to return home (see above). The migrant women then find themselves in a loyalty dilemma: either they neglect their own families or the people they care for. In the end, it is not so much 'rational choice' considerations that will be decisive in this decision, but rather the question of how to minimise the social costs of the relatives left behind.

## *Geschlossene Welt 2020: the locked world of self-control and rituals of belonging*

Ulrike M Vieten, *Queen's University Belfast*

It is mid of May 2020; the UK social public life is on lockdown, since 23 March 2020. It is difficult to relate to the busy 'normal' urban life we took for granted, beforehand. And don't forget the travelling. It has become a cherished memory of the bourgeois world some of us used to enjoy, frequently. The mantra of 'staying at home' sinks in, and might influence not only present, but also future encounters with others, after all strangers. Fear to go out; fear to touch, fear to leave the neighbourhood. *Angst* driven life is separating privatised worlds.

The immediate rise of people dying in the hundreds and thousands, and screened into our televised homes as caused by the global pandemic *Covid 19*, has become the new everyday normal. This mass death, however, also has to be approached as structural violence and effect of the ill-preparedness of the British public (health) social system – not only of the NHS, but also with respect to the general state of societal public care. It exposes the obscenity of underfunded public services, and the life-threatening living conditions of a deprived working class, particularly in urban neighbourhoods, and with respect to BAME citizens, particularly.

Watching a documentary on the history of the working class on ARTE – the French German *Kultur* TV channel (<https://www.arte.tv/en/videos/082189-003-A/life-on-the-production-line/>) - the narrator allures to '*geschlossene Welten*.' A closed world could be a luxury cruise ship, but also a factory, controlled by capitalist Taylorism or a concentration camp, organised by the Nazis. A 'closed world' is defined by strict physical borders; it is restricted in order to be controlled more easily. A *geschlossene Welt* emerges through the current lockout of public social interaction, secluded and controlled in a different way. We are witnessing a re-ordering of material and moral boundaries of community belonging alongside re-territorialized local units. The right individual choices in health keeping seem to promise our individual survival. Keeping home under control marginalises all of the outer world disasters: we do know hundreds of thousands die, each day, and died before 23 March 2020, worldwide; the list is not limited to wars, poverty, gendered violence, large scale devastation. But this never hindered international capitalist 'normality,' as we knew it. It is the aggressiveness of the virus that makes all the difference, I learn; it attacks all despite social



class and racial differences, they say. But we know that is not true; it never was true.

Will the world be a different place, post-lockdown, for the better, or for the worse? Do we enter a new stage of authoritarian governance where individual health surveillance has been normalised to keep us in line for further disasters to come? The idea of the health app to be downloaded (easily?) adds another layer to existing state control, but it does not convince as a political decision to spend more money on public social and health welfare. The pandemic looks like moral panic, but what will the panic look like in the aftermath?

That said I am lucky enough to live in a less populated region of the UK, Northern Ireland. RTÉ news on the Irish TV channel announces daily the numbers of dead people in the Republic as well as of Northern Ireland. We are not only on a different island to mainland Britain (GB), we are on different identity track, too, shaped by a differing ethno-national territory. Despite what is propagated right now, we are trans-nationals witnessing different political health and welfare regimes on a daily base, even while not living near

the Irish border. Alongside the return of the local space, and geographically encapsulating who belongs and who is allowed to enter (less to allow to exit), British centralism, contested by Scotland, for example, tries to keep the different nations on board. The BBC claims to speak to the 4 nations; well, there are at least 2 nations in Northern Ireland. Though told to stay at home inside, Thursday evenings are reserved to clapping hands and showing support to the National Health Service, outside; this is what people share across the island and all divided spaces.

Despite my initial reservation towards joining this symbolic ritual, which distracts from the systematic political failures of the London government, I am giving in; for 2 weeks now. Those, who do work on the frontline to work for us, are moved to tears (if I believe the televised national consensus). We are enacting belonging when showing the rainbow in our windows, and stepping outside the house; it is difficult to resist the sentiment of the sentimental journey we are on.



## To the International Community

We are deeply concerned about the dramatic situation in which several Amazonian communities find themselves, particularly Indigenous Peoples.

We have reason to believe that the current situation is acquiring the contours of a genocide, whose pattern is discernible in the evictions following the dwindling numbers of inhabitants of these lands.

The spread of COVID-19 has resulted in a [calamitous number of deaths among indigenous communities](#), particularly among the elders: the masters, teachers and leaders of these communities. With them, a crucial source of knowledge, essential to the very survival of humankind, is fast disappearing.

This kind of knowledge derives from direct experience accumulated over the course of centuries through careful observation and understanding of thousands of nuances inherent in the relationship between humankind and nature — and inherited across the generations. It is, therefore, a heritage that no scientific method can ever recover. The notion of [biocultural diversity](#) highlights the connection between the protection of biodiversity and traditional knowledge.

The extent of traditional knowledge and *biocultural diversity* currently being lost in the Amazon is unquantifiable, and [a loss from which humanity may not be able to recover](#).

On the one hand, this extreme situation confirms the notorious recklessness of the Bolsonaro regime in relation to all Brazilians independently of their race, class and other criteria, but disproportionately affecting lower income groups and racial minorities. On the other hand, we should recall that past colonial genocides occurred in the absence of a coordinating effort on the part of a central state. The intention to appropriate indigenous lands by exterminating its inhabitants was there, but without the rule of law.

Old protagonists now reappear along new ones: together with the government's negligence and incompetence, missionaries, health workers, cattle ranchers and [garimpeiros](#) are all contributing to

the rapid spread of the COVID-19 pandemic — also in the apparent absence of any sort of central coordination.

Furthermore, a recent [UN Report](#) as well as [other research](#) has shown how the increasing encroachment of human beings into natural habitats is one of the causes of the [spill-over process](#) that has engendered the COVID-19 pandemic in the first place.

We urgently need to understand how much of this is intentional or can be identified as such.

But some multinational corporations and their desire to appropriate indigenous territory are the major culprits. Intensive agriculture practices by [soya](#) and big meat producers is a consolidated reality: [McDonald's](#), [KFC](#) and several others are profiteering and benefiting from the chaos through illegal land clearances, land grabbing practices that have expanded over the past 20 years —yet [Burger King's](#) consumers are not informed about the origins of the meat they are eating.

At a time of a global pandemic, with media attention clearly deflected elsewhere, these crimes appear to be carried out with unprecedented impunity and murderous intent.

Such radical devastation was already anticipated by the fires that destroyed the Amazon in 2019. [Deforestation](#) was an announcement of the current genocidal trend. Biopolitics thus appears in Brazil in its most extreme manifestation.

We, the undersigned, call all members of civil society, NGOs and state institutions to collaborate in order to halt the spread of coronavirus among Indigenous Peoples in the Amazon.

We also call for the start of an investigation to fully understand the gravity and the origins of the crimes outlined above and whether they can be considered to be intentional and deliberate

Prof. [Daniele Conversi](#), Ikerbasque Foundation for Science, Bilbao.

Prof. **A. Dirk Moses**, University of North Carolina at Chapel Hill (Editor, [Journal of Genocide Studies](#))

Prof. **Damien Short**, School of Advanced Study, University of London

Prof. **Helma Lutz**, Sociologist, Goethe University Frankfurt (President of RC05, ISA - International Sociological Association).

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**Danilo Ignacio de Urzedo**, The University of Sydney

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Prof. Umut Erel, The Open University, UK

Professor **Eloísa Martín**, Vice-President for Publications, International Sociological Association (ISA) and Chair, ISA Human Rights Committee

United Arab Emirates University/ Federal University of Rio de Janeiro

## **Women The Warriors In Covid-19**

Ayushi Agarwal, Research Scholar at Indira Gandhi National Open University India

When the world is struggling to deal with this dreadful pandemic somewhere our frontline warriors are struggling more harder to deal with the prevailing situation. Here the concern is related to the women who are working at different front feet like Doctors, nurses, working women, mothers and homemakers and other. Women hold the responsibility of all the work whether it's like working outside as paid labour or at home as the unpaid labour. In this pandemic when everything comes to hold pressure on women has increased manifold. The women who are working outside as paid labour the fear and anxiety of job loss has increased along with the household work pressure. A recent poll conducted on the ETimes Lifestyle Twitter account (Indian Electronic Newsletter), to find that in these difficult times is tougher for one gender than

other to get through this period. The result shows that 61 per cent of the respondents voted that women are more stressed than men during the lockdown. As emotional and physical spaces shrink, it's a tightrope walk for women who are juggling between domestic chores, family expectation, office work pressure and due to which stress level is at high. This shows this time is treating both men and women in a distinct way. Even the cases of Domestic violence have increased to manifold. In an interview with a respondent named Shilpa who is a homemaker told” *earlier my husband and children left for work and school respectively than I used to finish my household work and get some time to relax. But now when my husband is doing work from home, we usually fight for some or the other things. Sometimes we fight to an extent that he used*



*abusive language or even beat me. I am totally helpless and don't know where to go at this time".* She requested to be identified as Shilpa, not her real name. Such incidents are happening around us but all have not been reported. The worst part is it is always women who bear the brunt. For some, this period is a time to relax and revive their hidden hobbies and talent but for many it is a worst time ever to live in. In an interview with a 50 years old lady *"who is living with her husband and two sons said I am enjoying this period. This country wide lockdown and limited access to the things has given me a chance to enjoy some time with my family. My two sons are working in Bangalore. They used to come occasionally and this had never satisfied my hunger but now they are working from home and living with us giving me plenty of time to spend with them. I wish this period should extend for a few more times so that we all can live together happily"*. She wants her children to live with her as she was waiting for long. All the members in the family are matured and work together creating no burden on each other. She likes to play piano so she plays when all family members sit together and join her. This makes her emotionally more strong. But this would not happen in every family.

There are families where women are facing serious challenges when they are over burden with work and not getting any helping hand to manage the things. Arpita, 32 years old (name changed) told me *"I am working with an IT firm as a software*

*developer. My work timing is 10am to 8pm. I have a 3-year-old son and my husband is working as a Marketing Manager. We both are working from home in this pandemic period. Earlier my son used to go play school and then day care so everything was quite manageable. But now he is with us at home only. He is so small to enjoy his own time he always needs his parent's engagement in everything and majorly his momma. But it becomes really very difficult for me to manage everything. I have to look after the food section, cleaning one and has to manage his feeding also along with my hectic work schedule. My husband remains very busy in his work and he isn't able to contribute his any share. Managing everything since morning till night has become unbearable for me. Sometimes out of frustration I yelled badly at my kid and husband. Even I usually got the haunted thoughts of living my independent job and become a dependent. I don't know who will I come up with this situation but I really wish this period will pass out soon so that our life will get back to normal".* Similar to the lines there is Shivani (name changed) who is 25 years old and newly married. *After one month of her marriage this lockdown was started so she got very little time to spend with her husband and soon they went to parent's house to live as earlier they were living in Delhi where both were working. She took the off of one month for her marriage which soon got over. Now living as a newly married daughter in law with her in laws makes her under pressure.*

*She has one sister and brother in law also to accommodate with. So for a girl who always lives as a paying guest adjusting in a family of five members was a very big challenge to compete with. Everyone has a different set of expectations from her. She said I am not perfect in any work except my job which I love to do. But here I cannot give any excuse. I tried to discuss this with my partner but he asked me to learn the things. But how can I learn the things when I don't want to do it at all. He gives more time to family as after a long time he has got such time. But what should I do, where should I go. How I will manage my job work with this unending household work. I am feeling emotionally drained and feels the pressure of sustaining this married life".* These cases make one thing very clear that it is the woman who is always a sufferer doesn't matter whether they stay at home or work outside. Everyone is under pressure, sometimes it is of family, job, child, relationship or other. It is always expected from the women to adjust and cope in every situation. Although there are women who have family support and are living a decent life but such instances will be few. It is always believed that women used to be emotionally weak, or low in productivity by simply ignoring the things they are doing. In a conversation with a frontline warrior who works as a Nurse in a reputed Hospital told" *how she keeps her strength when she is not able to meet her 2 and 4 years' old daughters. As she is*

*working 24\*7 and taking care of the Covid-19 patient. She told how she prays to God before entering the ward to keep her safe for her two daughters who are waiting back at home. She continues saying that her husband is trying to manage the things but she knows it is not easy for him also. Few days back her elder daughter got her leg fractured and was in deep pain but she could reach her and love her or kiss her".* She knows in this time Nation needs her more and she is doing everything possible keeping aside her personal life.

These are the women who are fighting not with this dreadful pandemic but also with their stress, emotions, pressure, anxiety, depression and many more things. This lockdown for some may be given an opportunity to enjoy quality time or bonding with the family but for many, it has been nothing short of a nightmare, with being overwhelmed with household chores, relationship being tested and the added stress of financial and job insecurity.

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