



ORIGINAL RESEARCH PAPER

Medical Science

SOCIAL IDENTITY INDUCED VULNERABILITY IN THE TIMES OF COVID-19 CONCERN FOR CLEANERS AND CREMATORS

KEY WORDS:

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ABSTRACT

There have been 15 flu pandemics in the last 500 years. The "Asian flu" of 1957 and the "Hong Kong flu" of 1968, were encountered with modern tools of disease surveillance as compared to the 1918 Spanish Flu. The recent most Coronavirus, COVID-19 or SARS COV2, spread globally in less than two months invoking the World Health Organisation (WHO) to pronounced it as a health emergency on 30 January, the same day when India reported its first case. Resource allocation and public spending on health as needs serious considerations. COVID has rendered everyone vulnerable to disease and death albeit with differentials. Most vulnerable are those engaged in cleaning and cremation. The present papers profiles their vulnerabilities and argues for their due in dignity of work and social identity.

Changing Connotation of Lockdown

The measures introduced to contain the outbreak at time points- 1918 and 2020, roughly 100 years apart, include 'social distancing', isolation, quarantine, masks, hand-washing, reduce crowds in the public spaces and transport systems. Complete lockdown, however, did not feature as a measure at any of the earlier time points in any place. Interestingly, 'lockdown' has had a negative connotation associated with mills and factories, leading to retrenchment causing joblessness, hunger and poverty; illness, crime and violence. Today 'lockdown' has progressed to attain a positive connotation as a measure to fight the global pandemic.

What started as a lockdown of 75 districts initially, spanned out as a national 'junta curfew' observed on 22 March, 2020 only to transform into the national lockdown subsequently. While the other 'midnight' event which happened in 1947 on the fifteenth day of the eight month, gave us freedom, this one locked us down, snatching the freedom! On first day of the lockdown in India, the world reported 375,498 confirmed cases and 16,362 deaths due to COVID, while India reported 657 and 11 respectively, about 0.17% of global confirmed cases and 0.07% of global deaths, despite the population size and density.

Containing the spread was a huge task, especially in the absence of adequate safety gears. As early as 27 February, 2020, the WHO had issued the guidelines, noting that the current global stockpile of Personal Protective Equipment (PPE) was inadequate and therefore countries needed to pile up their stock. It was three weeks later, that the Indian government issued a notification prohibiting the export of domestically manufactured PPE. This was a day after the country apparently, applauded the health care providers using thali and tali, albeit without any assurance on providing safety gears. Official recognition of the approaching pandemic was evident in the notification issued by the Ministry of Commerce and Industry, (No 44/2015-2020/31-01-2020) prohibiting the export of all PPEs, as early as a day after the first confirmed case was reported. However, on 8 February, 2020 that Order was amended (Notification No 47/2015-2020/8-02-2020), permitting the export of surgical masks and gloves of all kinds. On 25 February, 2020 by when confirmed cases increased to three, but no death had occurred in India, globally, there were 80239 confirmed cases and 2700 deaths. The government further relaxed the restrictions, allowing eight new items for export (Notification No 48/2015-2020/25-02-2020). Despite the WHO recommendation for stocking the PPEs, required supplies were not requisitioned in time. Consequently, India's doctors, nurses and ancillary staff remained exposed to the risk, as they continued to work without adequate protection.

In this 'war' against COVID-19 a lot has been said about the 'COVID warriors'- the doctors, nurses, policemen, bankers, journalists. The frontline workers were transformed into 'warriors', albeit without the 'armaments'. Besides the doctors, nurses and paramedics, and the subordinate workers like cleaner who deal with biomedical waste, beds and bed pans etc., need the PPE as much as those in the higher hierarchy of work. Provisioning of PPE has its own prioritisation in which these workers remains fairly low. To fulfil the need, personal protection equipment were requested after the meeting of the Ministry of Health and Family Welfare held on 18 March, 2020¹, acknowledging the shortage. The 'self-reliant' India received 6,50,000 coronavirus testing kits from China; and other medical equipment from the US, the UK, South Korea and France in view of rising cases of the infection¹.

Being self-reliant is ideal but would require resources allocation too. Poor public health infrastructure is evident by government's own admission in the National Health Profile 2019. Public spending on health was just 1.17 per cent of the GDP. Given the advent of COVID-19, there is no other way but to increase the share of health in the GDP as recommended by many responsible quarters.

Therefore, it is imperative to understand the susceptibilities of two COVID warriors who are most neglected and deprived- the cleaners and the cremators.

The Cleaners

In this 'armament less war', the most neglected frontline workers have been the cleaners. From hospice to public spaces, domestic dwellings, offices and institutions, as 'essential services providers', they continued working without PPE. Despite the need of their vocation, provisioning of protective gear has been far from real for them even before the pandemic forced the voices for the PPE be heard. The concern for their condition was tabled way back in 1949 through Scavengers' Living Conditions Enquiry Committee headed by BN Barve. Nothing much happened till 1960 when the Report of Scavengers Conditions Enquiry Committee headed by NR Malkani reiterated their appalling conditions. Another committee, again headed by NR Malkani, on Customary Rights of Scavengers in 1969; and in the same year Committee on Conditions of Sweepers and Scavengers headed by BP Pandya were constituted. It was only in 1994 that the National Commission for Safai Karamcharis came into existence and has been responsible for executing many recommendations of these committees. Much still remains to be done in the light of the COVID-19.

The cleaners provide an essential public service at the cost of their health, safety and dignity. They are mostly employed by the railways, urban local bodies and institutions of all kinds, both public and private. Their work mostly in informal

PPE Priority-

economy without basic labour protections or rights, making them the most vulnerable workers. They are the backbone of the waste management system. Yet, despite providing an essential public health service to residential colonies, hospitals, and commercial establishments, most work without safety gear, have no social security, face rampant discrimination, but still keep our cities clean. They are invisibilised, neglected, ostracized and remain unquantified, facing conditions that expose them to debilitating infections, injuries, social stigma and even death from toxic gases and pit collapses, without being counted to establish their size. With additional risk of exposure to Covid-19 from handling unmarked medical and contaminated waste in the hospices, they are exposed to the viral load as much as the other frontline workers. But safety gears for them was given a lower priority in the light of shortage. These systemic problems emanate from the caste based society which relegates the cleaning occupations to specific caste groups positioned at the lower levels of social strata like Balmiki, Hela, and Paurakarmi. Historical deprivation has marginalized them, denying access to resources for improving their propensities. Inevitably, this has become the justification of their stacking at low paid jobs with minimal support. While about half of them do not possess any protective gears, very few of them are able to use them, because they are ill-fitting and obstruct more than support work.

The other group of workers which deserves mention are those dealing with corpse for cremation and burial.

The 'Masaan' workers-

Those handling the corpse for the last rituals for the eternal journey belong to the Dom community, one of the lowest in the caste hierarchy. They are the traditional corpse-burners. They work in the heat; grey ash of the burnt bodies. They are impoverished and undernourished. They often wrap a bright orange gamchha (scarf) around their head, and wear a black thread around the neck, pronouncing proximity to the Eternal one! Doing this work calls for attuning themselves to the smell of the burnt flesh, flames and smoke, amidst wailing of the loved ones. To endure this, their natural instinctive bent is towards the intoxicants such as ganja (cannabis), and liquor, often, locally brewed. They emanate a mix of odours containing flashes of all these and the sweat. The cremation workers in the at Manikarnika Ghat, the largest open-cremation site on the banks of the Ganga are the epitome of deprivation, disadvantage and perpetuated exclusion (Kumari, Guite, 2019) with minimal intergenerational mobility. The workers at various cremation grounds across the country, have been working without being equipped even with the proper protective gears, leave alone the PPEs (Kumar, 2021). Most of them start working early in life. Due to the nature of work and the hazards involved, they start consuming alcohol early in life. The profession is inherited from the forefathers. While only the men of the community work, the women remains behind the confines of their homes. The work is tedious. It aggravated during the second wave of COVID-19, spanning round-the-clock for nearly a month. Most of the handlers work for the 'maaliks'- the richer and influential Doms, who hire the poorer and vulnerable ones often on the work basis. The maaliks command the function of the cremation grounds. During the COVID-19 surge in April-May, 2021, transactions for cremation brought them fortunes which they perhaps had not earned ever before. Like always, they interacted directly with the families, bargained on the amount and cost of the wood to be used. In normal times it ranges from Rs 6,000-12,000. During the second wave, much like the private sector hospitals, many cremation 'maaliks' enlivened the saying 'make hay while the sun shines' charging two to three times more money. The handlers, got nothing in addition to their usual wages. In normal times too, they get a fraction of what the 'maaliks' earn. To supplement their earnings, they sieves the ashes swept into the river from the cremation

ground, to scavenge for gold and silver jewelry on the dead bodies. They often swim and dive for hours irrespective of weather, to earn some more. This way of additional earning is treated better than the heat of the burning bodies. (Iyengar, 2017). During the surge in the death due to COVID-19 during April-May this year, the burning of the bodies was incessant. The cremation workers have been working extra hours, almost round the clock because the pyre had to be readied for the next corpse. They were getting no or at best an hour or two of sleep³. Even in normal times they are woken up in the nights by their employers, often treated badly with the use of abusive language including manhandling⁴. It is noteworthy that while the relatives of the dead people were all masked and wore gloves, most of the cremation workers handling the bodies were without either of the two protective gears.

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FOOTNOTES

1. <https://www.nationalheraldindia.com/india/covid-19-modi-govt-took-50-days-to-wake-up-to-shortage-of-coveralls-n-95-masks-delay-may-endanger-millions>
2. <https://www.livemint.com/news/india/india-gets-6-50-000-coronavirus-testing-kits-from-china-ramps-up-global-hunt-for-more-11587058395732.html>
3. Based on an informal discussion at Lodhi Road Crematorium with a worker handling the corpses on 26 April 2021.
4. Based on the narrative from a cremation workers at Nigambodh Ghat. Delhi on 6 May 2021