



COVID 19 Pandemic Voices from Margins Webinar Series

Webinar 24: Frontline Workers Sans Security: Sanitation and Mortuary Workers in Hospitals in the time of COVID 19

Date: July 15, 2020

MINUTES

PANELLIST PROFILE

Panelist 1 Ramesh (name changed) is a contractual sanitation worker in a government hospital in Mumbai. He doesn't want to be named in the webinar and prefers to stay anonymous about his identity due to fear of losing his job.

Panelist 2 Sumitra (name changed) from Virudhunagar District from Tamil Nadu who is 35 years old. She worked as a sanitation worker (sweeping) at a Government Hospital in the district. She was hired as a contract worker under Swachh Bharat Scheme. Recently, she left the work due to various challenges in the job and currently working in a fireworks factory.

Panelist 3 Rekha is 30 years old and was born and brought up in Mumbai. She has been a contract worker with Brihan Mumbai Municipal Corporation as a road sweeper for the last 12 years and works in the Andheri area. She is married and has three children - two girls and a boy who all study in school. She really wishes she had some free time to listen to music and watch TV or films but says that she hasn't had a chance to do this in years and more is now given the increased effort in doing even the basic tasks due to the lockdown.

Panelist 4 Vijay Shanti Lal Darud is 40 years old and works as a ward boy in Wadi Lal Sara Bhai General Hospital in Ahmedabad. He has been vocal to raise the issues of sanitation workers and is also associated with a committee of Sanitation workers (State Level) and is Secretary in the Committee.

Panelist 5 Mahesh Parmer (name changed) is 57 years old and is employed as a Mortuary worker (permanent worker) in a government hospital. He has requested to keep his name anonymous in view of job security but is keen to share the challenges faced by mortuary workers. Initially when he was employed in the sanitation department and after some years was shifted to the Mortuary section and started working as a Mortuary worker.

Panelist 6 Md. Gulab Rabbani works as a Medical lab Technologist from last 20 years GTB hospital, Govt. of Delhi. He is the General Secretary - Delhi State Contractual Employees Association. He is also a member of Delhi Advisory Contract Labour Board GNCT of Delhi from past 2 years.

Panelist 7 Dadarao Patekar is a resident of Chembur, Mumbai. He is a vice-president and a member of Kachra Vahatuk ShramikSanghathan, Mumbai. He is a contractual sanitation worker at Brihanmumbai Municipal Corporation (BMC). He has been engaged in this work since 1996

Panelist 8 Paroshottam Vaghela is a resident of Gujarat. He is associated with SC Safai Karamchari from past 20- 25 years. He started his work from 1991 at the grassroots level on issues related to caste discrimination, land rights, agricultural labours. In 2002 he went to Ahmedabad and formed an organisation called Manav Garima in collaboration with the locals. The objective of the organisation is to eliminate the practice of manual scavenging, ensure safe working conditions to the sanitation workers, to fight for their rights and engage with government for the purpose of advocacy, to develop leadership within the community.

Panelist 9 Rajesh Kamble is 44 years old and is a resident of Sion, Mumbai. He works as a Permanent Sanitation worker in a Govt. Hospital, Mumbai. He has been working in the hospital since 2007. He has completed his education level till 10th Standard. He is educating his son and has hopes for him to do better in life.

Panelist 10 Dr Sylvia Karpagam is a public health doctor and researcher interested in health and its social determinants, health systems and policy, health information sharing and advocacy.

Tom, Praxis: Good afternoon. Welcome to the 24th Webinar of Covid 19 Voices from the Margins Series. My name is Tom and I work with Praxis. Praxis, primarily engages in democratization of various participatory processes. The listening to the voices that are not heard and bringing it on board for various dialogues that happened around developments that affects their life so that its more engaged and informed dialogue and policy making that happens. Be it study or research that has been primary focus of Praxis and Webinar series continues to be part of that and particularly in the difficult times of mobility. With difficulties with technology we are still trying to reach out to people who need to be heard at all times and particularly in these difficult times. Over the last 23 Webinars, we brought together a range of people the migrant workers to sex workers, de-notified tribes, garment sector workers, entertainment sector workers, student community, people from the North-East, LGBTQI++, adolescent girls, victims of child trafficking, app based workers, plantations workers, civil society organisations that are working with these sections. The core idea behind this webinar series is two-fold. First, dialogue with realities on the ground, as it happening in the lives of the people we are talking about. The second is to amplify these voices so that it reaches out. Many of you have done this using your social media accounts where you are taking key messages from here and amplifying in different forums. This 24th Edition, Frontline Workers Sans Sanitation and Mortuary Workers in times of Covid 19, brought together by Praxis, Partners-in-Change and Jan Swasthya Abhiyan. In sociology, there are two very commonly recurring words, that is, marginalisation and vulnerability and these are quite often used in any discussion. When you are looking at sanitation workers' particularly in these times there are multiple marginalisation and multiple vulnerabilities. Multiple because sanitation workers as it had to face both - caste based biases as well as biases towards the profession of sanitation work. In these times there are added burden that they are working in covid hospitals. Vulnerabilities are more where countries don't provide basic protective equipment to the sanitation workers during the normal times and even during the covid times. We are happy sending probes to Mars and fighter jets and so and so forth but not enough to provide protective gear to the sanitation workers. Already fighting with unknown viruses and now they are fighting with a virus that has a name, the vulnerabilities are multifold. In today's webinar we have both sanitation workers and activists who have been working hand in hand with the workers. And today in the panel we have Rajesh, Sumitra, Rekha, Vijay, Mahesh, Gulab, Dadarao and Paroshottam. Their bio will be pasted in the chat section and if you have a question or suggestion you could write that in the chat section. I will request my colleague Shilpi to bring on board all the panellists and introduce them.

Ramesh: I am a contractual worker at government department. I have been working here since past 6-7 years as sanitation worker. We don't get many facilities here. We have not received salary for past two months, we don't receive any government benefits. We are doing more work than other but still we don't get any support from the government. We don't have any facility to stay back there neither have received any increment. Those who were at the waiting list were admitted but we have been working here from 6-7 years still they don't think about us. We have to fulfil different roles - change their diaper, clean the rooms, shift the patients from one room to another. There is no distinction between any roles once we enter the wards but we have not received any facility. We were provided with the PPE kits but were not provided any training on how to use them. We work here whole day and go back to our family putting them at risk. The officers here don't care about us, some of my colleagues tested positive but nobody cares. There is no proper attendance record here we mark our attendance in a sheet and then the payment is made accordingly. We have still not received any payment. We need support at this point of time and we should be made permanent. We are facing a lot of problems but there is nobody to look after our problems. We will do whatever work we get but we need support from the govt and if they can make our job permanent.

Sumitra (name changed): The major problems faced by sanitation workers include are that we are unable to attend work regularly at times. Secondly, they have been struggling with issues in their salary. Thirdly even after working for 15 to 20 years they haven't become permanent employees but are still working for more than Rs.100 that they have been receiving. They have not been given any increment nor have their salaries increased over the years and are still unaware of when they would become permanent employees but are still working. Initially their salary was Rs.3000 per month and later it had been increased to Rs.3500. During the past 6 months they had increased the salary to Rs.4300 and were informed by the contractor that this would be their final salary and there would no further increase in the amount. Due to which the workers have been facing mental stress that their salaries would not be increased but are still working. When enquired we came to know that if in case a contractual sanitation worker wants to become a permanent employee in a Government Hospital, she/he should pay a sum of money to get the job. But as sanitation workers we do not have such money. Even if the salary was high, we could agree but that is also low and we have been struggling. Permanent workers might get Rs.14000 to Rs.15000 initially for the job. During COVID there is no support for contract workers as they have been working on the same timing similar to their regular shifts. There have been times that we have come to work even without eating as we might miss the transport. We would still continue our work without having anything. We cannot get meals for morning and afternoon from the hospital because they refuse to provide us any food as we are contractual workers. We cannot buy food as we cannot afford Rs.100 to Rs.500 regularly. We only carry the bus fare with us for work. By chance if we are offered free biscuits or tea, we would have that but this is how we have been surviving our 8hr. work with Rs.100 per day. We have been provided with masks and gloves during work. Although we have been scared of COVID we have not been able to go home or work here properly as there is no safety for us. We face many problems including heavy workload, very less salaries and there are no basic facilities provided. As we have been hired on contract basis, we do not even have the basic facility of a separate toilet. We have been set up in a storage room (filled with unrequired materials) and that is where we have been eating and resting regularly. Contractual sanitation workers have not been respected. No matter the COVID situation we have still been working for the people, the hospital and our family situation during this time but our salaries have not been increased nor there is safety. We have been struggling and working for Rs.100 per day for our family situation but we are not satisfied with the job. My main request to the government is to recognize and increase the salaries of sanitation workers and provide permanent employment as it would support the workers in Tamil Nadu. Sanitation workers are protecting the people and they should be recognised for their hard work.

Rekha - I work with the BMC as a temporary worker (as a sweeper). We often have to deal with carcasses of dead animals and birds and have to pick this by hand. We work on the road, so everyone leaves their masks and other garbage on the road. We have no washrooms that we can access and this is a particular problem for women. As women, we have no sanitation facilities on the road - no toilets or spaces for hygienic washing. During menstruation it is especially difficult. Since this pandemic, we have not received any money. We were given masks at the start but after that we have not got anything. With the corona virus this has become worse. We have to use gloves ideally but we got a pair of gloves and one mask at the start of the lockdown. There are a series of complications we have to face due to this. So, we have not been given any protection gear during this time. We have to continue work as it always has been. The main issue is the lack of toilet facilities for women and something should be done about this. We never get salaries on time and have at least 12-16% cuts. Usually salaries are paid by 18 of 20 of the subsequent months rather than on the 1 of the months.

Vijay: During this Covid pandemic, many problems have come up for us. Government announced compensation of 25 lakhs for corona warriors but that's too less. In such difficult times if one is risking life, at least family's need to have an assurance of a job. The warriors of Covid-19 worked for long hours - 12-hour duties and staying at the facility for 12 hours. The salary is not much - and most are on contract - so their pay is very less. The PPE kits that they were provided - there was an attempt made to cut this from their salary. The situation has been particularly difficult for women. Corona warriors who themselves were in red zone found it difficult to commute to duty. Women and those who were older could not commute on their own for duty. The govt has said they will cut DA for one year - but this should not be done for corona warriors.

Mahesh: I work in a govt. hospital as a mortuary worker, I have worked in the wards. The mortuary work is also caste based. Compared to sanitation workers, mortuary workers condition is worse due to lack of sanitation facilities i.e. no toilets and bath rooms for them in hospitals. During Covid, no facilities were given to them so that people handling bodies can disinfect themselves before going back homes. I am 57 years old. For govt services, beyond 50 were supposed to sit at home, I also took a leave but my payment was cut and leave was not sanctioned. These notifications for facilities are not for mortuary workers. During Covid many contractual mortuary workers have been employed. Since I am old and diabetic it's the contractual workers who had to do all the packing of bodies. We are also asked to do work that others are supposed to do. People from particular caste are given mortuary work as if these castes are designated to assist post mortem and sanitation. Moreover, our youth also have problem in accessing education.

Gulab: My topic was recruitment of Class 4 employees. The services of contract workers in Delhi and across India are determined by the Contract Labor (Regulation and Abolition) Act 1970. People confuse the outsource system and contract system. As per the outsource system the minimum wage is paid via an agency. In the contractual system he gets salary in the same way a regular employee gets. In the outsourcing system, the rights of the employees are greatly ignored. As per the government records if the worker is meant to get a salary of ₹14000, the contractor actually gives them only ₹8-10000. In Delhi, when a complaint was made to the senior officers, then an order was given that the salary will go directly to the employee's account. In this case, the ATM cards of all employees are kept with the contractor. So, when someone's salary is credited to their account, a few days after that the contractor debits money from the account as a cut for leave taken. At the time of Covid-19 when the other employee gets quarantine after 14 days of duty, however, these employees have not been allowed this. If the employees are ill, then they have to worry about getting treatment themselves. The situation is worse for women employees. They are forced to do all the work according to the contractor's wishes, if they do not compromise, they are threatened that

their contracts will be terminated. Contractual employees, they get the pay like a regular employee based on a court order in 2009, but they do not get leave. Such an employee does not have any medical card due to which they can't access private hospitals. If we say this to the government, they will say they should get treatment at govt. hospitals, I do agree that the facility of government hospital is good in Delhi, but if it is so good, then when the Delhi Health Minister is ill, why is he admitted in to a private hospital? Contractual employee and outsourcing are like modern slavery. The time has come that we get together and fight against this. If this 70% of contractual employees come together, we can take it to a higher level.

Dadarao: Jai Bheem and Lal Salaam to all. I work in Mumbai as a sanitation worker. I'd like to talk about before and after Covid. As Rekha said, as contract workers, we don't get masks, gloves or any other safety equipment. No Safety shoes either. Govt of Maharashtra has declared a daily wage but the contractors and middlemen pay them one third of the rate. Swachh Mumbai Prabodhan Abhiyan - through which a sanitation worker is supposed to receive Rs, 180 as a daily wage. PF is usually 12% and some amount for ESI but they use their discretion to cut wages and claim it's for these benefits. We don't even have access to ESI hospitals. If you ask me what amount is in my ESI and PF accounts, as a union leader even I don't know as I don't have access to this account. From Kashmir to Kanyakumari, all sanitation workers are Dalits. As per a new scheme here, there is a compensation of Rs, 180 given to Dalit workers - and no one can do anything for Rs180. Since Covid, in Chembur and Dharavi (areas of Mumbai), there is a need to spray pesticides. And those who were responsible for this should have been given PPE kits - but were not given. The BMC did not give gloves, masks or PPE kits. And we as a union had to provide this including soap. The Govt once gave a small lifebuoy soap which was consumed in 4 days and nothing after that. After lockdown, we wrote an application demanding PPE kits and gloves. But nothing was given. We live in such constricted spaces of 10 by 10 feet - as we are worried, we will pass this on to children. But they said they are out of masks and gloves. The cotton mask they gave us tore initially as did the gloves. In Chembur M West, we don't get anything even for rain protection. We have to work in the heavy rains. And we should ideally get compensated for working during Covid. But of course, we don't. No contractors demand on our behalf either. Here the contractors, despite court orders are not giving people wages and in the grade that Rekha works, one worker committed suicide. We even took her body to the ward office, but of no avail. There are several such cases in Mumbai. Some who fight may be able to get something but those who don't have the energy to fight or even join unions, have no recourse.

Paroshottam: Hello to all. During this pandemic, those sanitation workers that work in hospitals - they have had to face a lot of problems. Whether it be in the hospital, the wards, washrooms, etc. they have to work in difficult conditions. Those who work in the hospital, go back home in the same clothes and this has the potential of spreading this danger to the family. These workers are not allowed to eat in the canteen with others. The perception that we are 'above' the Valmiki caste that undertakes this work still persists in our society. These workers work for the good health of others, but themselves they live a life filled with dangerous conditions. They clean the roads, drains, hospitals, but their own lives are very tough. During Coronavirus, there has been no support provided to these workers. They only get small pieces of cloth as masks. During and after the lockdown, the contract workers needed to protest because they did not even get the minimum wage. They got no time to rest and no support or benefits. They were forced to protest as they had no other means. The police, doctors, nurses (in the civil hospital). There are 91 doctors and 247 nurses, paramedical -43, sanitation workers 141. The doctors, nurses, etc got 2 hotels to stay in to relax and freshen up, but the sanitation workers got nothing. This is the situation of these sanitation workers - regular or contract - they get no facilities. The doctors and nurses would get good food, a place to sleep, but these workers got nothing. The commute was also difficult for these sanitation workers - as the police would harass them as to why they are going out of the house. If you see their houses

you will see that they do not have access to clean drinking water, or a proper atmosphere around the house. Today people talk about the Gujarat Model and praise it but when you come here and see, you will see the challenges and discrimination that these sanitation workers face. 175 workers died in 2014-15 as per my survey. They die due to various illnesses because of their job. Sanitation workers, in the big hospitals, are the ones that do post-mortems for all those who die. Be it in the 2002 riots, or the plague or the covid-19. They drink local alcohol to cope with their work. This helps them cope with the work; they can't sleep when they get back home, so they have to have alcohol.

Rajesh: We are sanitation workers who clean the filth. I want to raise four issues. Firstly, we don't get PPE's on time and whatever we get is not sufficient as per the requirement. Secondly, the work of cleanliness we have around 50-55 patients in a ward it is very difficult and working continuously for 8 hours is difficult with PPE kits and risky for our health as well. It's difficult and extremely suffocating to work for longer hours wearing PPE kits. Thirdly, travelling is another problem; we don't have proper conveyance we use public vehicle it is very difficult and risky again. During the lockdown we had faced many difficulties in reaching to hospitals. There weren't any commuting facilities for the sanitation workers and many a times we had to take private taxis to reach hospitals and we would pay more money to reach to hospitals. Fourthly, there is no consistency of salary; they have money to spend on other things but not for us. If we don't receive salary for 2-3 months how will we survive like this. The government can spend crores on introducing bio metric but they don't have money to raise our pay.

Dr Sylvia Karpagam: Very good initiative of Praxis to get people directly talking about the issue rather than someone else represents the issues. There is something that is hazardous work defined by labour laws. Hazardous work is one that puts people at risk in terms of their life and their health by exposing them to physical, chemical or biological hazards. Under this, the panellists have very well-articulated and it will now come the hazardous work whether it is accidents, exposure to sunlight rain, dust, excreta, dead animals, waste, working with chemicals. Those are in terms of occupational health itself. They would be classified as hazardous and there are clear guidelines that if they are hazardous occupations then there are clear need for extra protection, extra risk-cover, extra training, more protective equipment, health insurance, better salaries, guaranteed jobs for their families, education for their children, housing. All this is well-established in any developing society. In India unfortunately, it is so caste based, that each and every right is violated. If we look at the issue of contractual labour, how the contractor becomes the person who controls everything and no accountability. There are issues of harassment, sexual abuse and harassment. Even WHO said we should not say social distancing but in India there is social distancing even before COVID and it has become very marked because of the pandemic. The distancing is not because of occupation. It is distancing of the families, individuals and children. We can see how it operates when people don't allow them inside offices, eat at the same place. In Karnataka in hospitals we have seen people work for long hours they are given dormitories whereas doctors are given fancy hotels. We are also seeing the privatisation of ESI hospitals. It is not available to the workers who then have to go to the private hospitals, have to stand in long queues, hours not available when workers can go, they lose wages. A negative cycle where health system doesn't accommodate the workers. We have also seen deaths of people into manual scavenging. It is recorded by the police and the hospital as accident. It is not seen as workspace related negligence. In April this year a petition was signed by several people wherein one of the demands was that sanitation work should be mechanised, contractual and regularised with wages 20000, health insurance, work benefits, pensions housing and preferable admission into Kendriya Vidyalayas. The other point that I want to raise is that it should not be seen as labour issue but a caste-based issue. The caste hierarchy and discrimination are very visible and tangible at all levels. Any such violation should be treated as a caste violation. We have completely neglected the mental health of the workers and their families. How there is violation of human rights and we are

colluding by our silence. We have to move on to tangible actions and ensuring the legal and constitutional rights of the workers.

Question and Answers:

Question (Sudarshana Chakraborty): Is Rameshji working in Covid department? Did he get even mask or gloves?

Answer (Ramesh): Until a week ago, I was working in Covid department. Yes, we received.

Questions (Sarbeswar Sahoo) to Pusottam ji. What about the employment and livelihood situation of informal sanitation workers as there was lock down? How they have coped with the situation?

Answer (Parosottam): These workers had a lot of difficulty commuting to work - police harassed them. Secondly, they had no access to proper food or drinking water. Doctors got access to bisleri water, but the sanitation workers had to rely on taps. While they should be given PPE kits, masks, gloves, caps, etc. they got nothing. We ourselves spent our money to provide these workers with this equipment. Those who have died, it is not the responsibility of these workers to handle the bodies, then why are they forced to do this. Many have not even received their pay - they had to protest for 2-3 days and be beaten up by the police just to get their own pay. Only 1 person has got some compensation, for those who died of covid-19, others have not got this. The sanitation workers do the work that no one else would do, we should at least consider them human - we don't even do that, the govt only gives promises, but nothing is done on the ground. We have not got any compensation. Gujarat government has done nothing.

Question (Sameera): Since last 30 years I have been working with Safai Karamcharis. But what is going to be the future plan and how are we going to take this issue forward?

Tom: Already responded to by Sylvia

Comments:

Vandana Prasad: Deaths due to lack of safety equipment should be treated as a criminal negligence with severe consequences as per criminal law. But the moot question is, the judiciary has been totally or in 95% of the case not stood up for workers' rights. Meaning, it is not as if they are unaware of what is happening!

LINKS:

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