Report

Calcutta Research Group (CRG) in collaboration with the Institute of Human Sciences (IWM), Vienna, conducted a Research Symposium on Public Health and Migrant Workers as a part of CRG's Migration and Forced Migration Studies Programme, supported by the Rosa Luxemburg Stiftung, Institute for Human Sciences and other institutions and universities in India. Sabyasachi Basu Ray Chaudhury chaired the panel. The opening remarks were offered by Ranabir Samaddar and Ayse Caglar. Samaddar focused on the importance of "public" in public health and the inefficiency of the government in providing adequate facilities to citizens, these realities intensifying during research and interrogation of the forced internal migration. Caglar discussed going beyond the historical and discursive categories of migration and reading these in juxtaposition to the policies in other places to pose critical questions about cross-border and internal migrants within the hegemonic understanding of the "public". The plight of Indian internal migrant workers allows for addressing questions of citizenship in a renewed way, without the difference between foreigners and natives, taking away the easy ground of legitimizing their exclusion.

The first research paper, Ishita Dey's *"Migrants in India's Health Infrastructure: Ethnography on India's Frontline Workers"* investigates what allows a diverse network of health workers in a resettlement colony in Delhi – pharmacists, 'jholachhaps' and ASHA workers – to coexist, and how does trust assign meaning to this network.

Comments were offered by Shahram Khosravi and Anant Maringanti. Khosravi began with the similarity of internal migration to domestic migration and its relation to "trust", interrogating "distrust" as past experiences based on history against "mistrust", based on a feeling against a group/person. The language used during communication between doctors and patients highlighted the materiality of trust in the form of "*dawaai*". Khosravi shared an anecdote where patients trusted the doctor only if they were prescribed a lot of medication, making the "trust" shared by both parties tangible. As an anthropologist, he specified the "magic" of the exchange between doctor and patient. Historically, failed promises by the State led citizens to private companies to secure their future via insurance, pushing the commodification of "hope". There is also an uncertain duration of "trust" on public health providers. Even "space" and spatiality - the location and neighborhood - become important for building trust. He introduced a Fanonian reading of race into diagnosing interaction: how does the visuality of race translate which voice is speech and which is noise. Lastly, he asked who is included in the concept of "people" and how migrants, perceived as "labour force", are excluded from it.

Maringanti highlighted the emotional immediacy of the lockdown on mental and physical health. The question of the body in unanticipated situations with research being done on its limits (sleepless bodies subjected to violence, stress and walking thousands of kilometers) was viewed. Trust in bodies in movement, arrival, and departure, are seen as threats. In big cities where public health has withdrawn itself from the "public", survival in slums involves depending on local support through informal networks in a space where possessions materialize due to coexistence. Trust arises from the commonality between the migrants and 'outside' doctors on two counts: both bodies have travelled and are embedded in the same daily struggle for survival. The doctors possess situated knowledge not codified in medical texts; the space both share has understandings that are tacitly agreed upon and transacted. Maringanti focused on measures to redress a world where reliable medical services are not available to common people, who rely on networks of trust, support, mutual nurturing. He suggested using trust as a starting point and how it can be used for viable health outcomes.

The second paper, *"Migrant Workers in the COVID-19 Pandemic: The Crisis of Work and Life"* by Mouleshri Vyas and Manish K. Jha presented the history and trajectory of earlier pandemics and their implications for public health practices vis-à-vis migrant workers in Mumbai during the pandemic. Focusing on hygiene, quarantine and identity, they studied the sanitation workers in informal settlements (Shivaji Nagar), highlighting their experiences in relation to healthcare access and their understanding of everyday public health.

Their respondent, V. Srinivasan, proposed the study of colonial laws like the Epidemic Diseases Act of 1897 and if other postcolonial laws like Public Health Act were used as tools for coercion during the pandemic rather than strengthening public health infrastructure. He asked for clarity on the choice of studying the Shivaji Nagar slum, whether contractual sanitation workers were inter- or intra-state migrant workers and whether the majority were Muslims. He recommended focusing on public health outcomes across slums in a few wards of Mumbai and comparing the infant and maternal mortality rate with the Shivaji Nagar slum, as well as public health expenditure outcomes over the last ten years in state and Brihanmumbai Municipal Corporation budgets in creating health infrastructure like primary, secondary and tertiary care centres. Lastly, he suggested they investigate whether the migrant workers had access to health insurance schemes like Ayushman Bharat or state-level health insurance schemes in slums.

The third paper by Iman Mitra was *"Public Health, Migrant Workers and a Global Pandemic: From a Social Crisis to a Crisis of the Social"*. In the last few months of the pandemic, the indifference and severity in treatment of migrant workers exposed a deepening social crisis in India. His study explores this crisis by examining two intersecting historical

trajectories – the histories of privatisation of the health sector in India and the absence of the migrant worker in public health discourse – against the backdrop of a global crisis of capital.

His paper had three discussants. Imrana Qadeer highlighted the historical evolution of policies where the 1983 National Health Policy emphasized the relationship between poverty and health. She pointed out how the state is withdrawing from provision of services along with dissipation of manpower and fragmented institutions. She noted that public health analysis must go beyond hospitals. She spoke of a crisis of the social and several internal contradictions in the area of public health even in the independence era as there was no expertise. With increased risk management measures like buying insurance, Qadeer proposed looking at how families are taking care of themselves or for forms of community solidarity mediated through NGOs. She also established a direct link between free movement and labour and concluded her discussion by suggesting that the usage of analytical categories instead of descriptive ones would give the paper more clarity.

Subir Sinha suggested the paper could study biopolitical capital which mediates and separates with respect to the privatization of healthcare in India. He spoke of the explosion of private healthcare which indicates the frontier of accumulation of capital; and the “shadow formal” or “illegal” neoliberal framework currently operating in India, of which healthcare becomes a primary site. He raised the concept of the distribution of biopower and the consequent hierarchy as seen in policies. The involvement of civic groups such as gurudwaras needs to be looked at as a phenomenon. Sinha also spoke of the idea of a mobile commons like in Greece and the necessity of mobile healthcare provisions there currently. He suggested that scrutinizing the Kerala model might also lead to some important findings. Lastly, he asked if in the age of populism, there is such a thing as the “public” or just competing forms of people, and to think of biopolitics, biopower and neoliberalism against the postcolonial political economy in the context of right-wing populism.

Volkan Yilmaz suggested a comparative approach instead of comparative methodologies and spoke of decoupling healthcare from welfare. Asking to reconsider the usage of the word “postcolonial”, he also spoke of migrant workers in the context of medical tourism in India. He brought up the idea of a system that would have government-funded social insurance for the people but private healthcare would deliver. Borrowing ideas from economist Kenneth Arrow, Yilmaz emphasized the perpetuation of inaccessibility to equitable healthcare if privatization continued.

In his closing comments, Samaddar asked how biopolitics could be conceptualized, especially when the question of life was being articulated and re-articulated through health. Calgar noted that the workshop was enriching, with impactful presentations. The Chair drew attention to the lack of healthcare facilities and the vulnerabilities of grass-root health workers. For him, it was necessary that the migrant crisis be imagined as a collective crisis to lead to tangible change.

The symposium sought to investigate some of the primary concerns arising from the state of public health in India, privatization of the health care system, the skewed nature of governance in addressing public health concerns in cities' poor, overcrowded neighbourhoods, and the fact that workers leading the response against the pandemic are rendered disposable for fear of disease and contamination. It inaugurated discussions that posit the migrant crisis as a collective crisis and public health as the need for the security of all lives.