



CPRG NEWSLETTER

MARCH 2020 | EDITION 2



ECONOMIC
POLICY



SOCIAL POLICY



REGIONAL
INTEGRATION



GOVERNANCE

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WHERE DOES THE MIGRANT LABOURER GO?

While people came out to their balconies to show solidarity towards those standing at the frontline of the war we are fighting against the ongoing pandemic, a majority of the nation was left out as it does not have the privilege to have a balcony or a roof over their heads. The migrant population living in the cities is facing one of their worst nightmares. With no means to earn bread while living in cramped spaces and unruly living conditions, many of these people have left for their hometowns and villages on foot.



The Economic Survey 2016-17 had estimated that at least nine million people migrate annually within the country, most of them in search of work. While the top destination for migrants is Delhi, followed by Mumbai, the southern states have become a migrant magnet in recent years.

Yadav, a migrant labourer from Madhubani, Bihar pedaled with his cart from Old Delhi, hoping to reach his hometown. He managed to reach halfway home but could not proceed fearing that even his

body would not reach his village if infected by the Novel Coronavirus, as his family keeps urging him to return. He is one of the lakhs of migrant workers who are hit the worst by this fight against the widespread infection.

A significant number of workers experienced an abrupt block of cash flows as job losses and pay cuts became commonplace but autonomous expenditure is nevertheless, the same.

A survey of migrant workers by NGO Jan Sahas found that four out of ten labourers did not have ration left even for one day and 90 per cent had lost their only source of income over the past three weeks due to the lockdown. Alongside, their dignity as self-reliant workers and bread earners for the family is being severely compromised. The police have also been seen to use violence and harassment against them on charges of violation of lockdown measures or instructions.

The interdependence of the formal and informal sector, be as significant as it is, is also taken for granted. The benefits and gains from activities are not shared equally between them and thus, becomes a cause of struggle for the casual, informal labourer. Most of these workers belong to the informal job sector and hence, do not hold any job security in uncertain times like these.

There may be a second wave of home-coming of migrant workers once the lockdown is lifted. Many who decided to stay back are desperately waiting for transport to be available. They would take off at the first opportunity, says Rajan. This could imply a shortage of labour even after lockdowns across the country are lifted.

The suddenness of the lockdown left no time from many to prepare, especially the poor. Aside from depleting resources, food stock and cash reserves, these people are also losing hope and trust in the government.

On March 28, the Uttar Pradesh government deployed over one thousand buses for transporting migrant labourers stranded on the state borders. By April 11, 1,23,989 people were staying at 5,241 shelters across UP. A third of the migrants returning to their villages could be infected by the

virus, as reported by the government to the Supreme Court.

Top 20 Interstate Migration Corridors In India (2011)

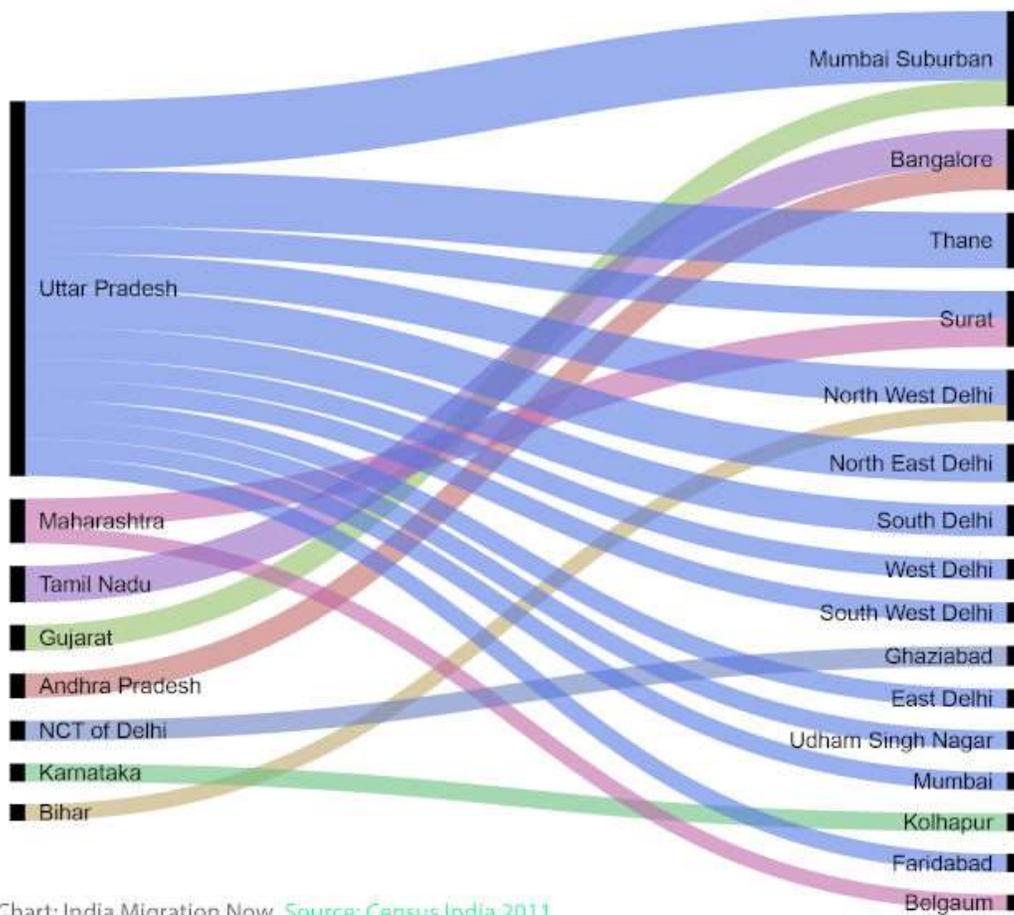


Chart: India Migration Now Source: Census India 2011

There is no one to take care of these families' despair and growing worries. If left unattended, this crisis has the potential to disturb social stability as people might refuse to trust the government as they did before the COVID-19 era. Societal paradigm is being challenged in these difficult times and may never return to normalcy even after the crisis dies down. Focusing on public relations spins, the government has fallen short of its response to the COVID-19 crisis and the underprivileged, marginalized and vulnerable have been the collateral

damage to the same.

IMPACT OF BIOLOGICAL WARFARE AND HOW TO DEAL WITH IT

Biological warfare also known as germ warfare is the use of biological toxins or infectious agents such as bacteria, viruses, insects, and fungi with the intent to kill or incapacitate humans, animals or plants as an act of war.

The act of bioterrorism can range from simple hoax to the actual use of these biological weapons, also referred as agents.



A number of nations have or are seeking to acquire biological warfare agents and there are concerns that these might be used for terrorist activities. These agents can be used to cause incapacitation of thousands and thousands. The first milestone achieved towards the prevention of the use of biological weapons was the Geneva Protocol, signed in Geneva in June 1925 and entered into force in February 1928. As negotiations progressed, CCD members agreed to forward the draft convention given by USA and the Soviet Union to the United

Nations General Assembly on 28 September 1971 and the General Assembly approved the text on 16 December 1971. On 10 April 1972, the BWC (Biological and Toxins Weapons Convention) was opened for signature at ceremonies in London, Washington, D.C. and Moscow and entered into force in 1975. The BWC agreement was the first multilateral disarmament treaty banning an entire category of weapons, as States Parties to the Biological Weapons Convention undertook "never in any circumstances to develop, produce, stockpile or otherwise acquire or retain: 1) Microbial or other biological agents, or toxins whatever their origin or method of production, of types and in quantities that have no justification for prophylactic, protective or other peaceful purposes; 2) Weapons, equipment or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict."

History of Biological Warfare - Globally

- **1925** **Geneva Protocol**
- **1972** **Biological Weapons Convention**
 »signed by 103 nations
- **1975** **Geneva Conventions Ratified**

The impact of biological warfare are (1) chronic illness caused by exposure to chemical and biological agents; (2) delayed effects in persons directly exposed to biological agents ; (3) creation of new foci of infective disease ; and (4) effects mediated by ecological changes . The delayed effects of human exposure include Carcinogenesis, Teratogenesis, and Mutagenesis. These problems may cause serious implications like that of cancer, development of foetus and even in the development of a human genome. Biological warfare would entail a risk that new foci of infective disease might be established, either in human populations or in lower animals, including vector arthropods. This possibility has been discussed in the United Nations report: "A bacteriological (biological) attack might lead to the creation of multiple and densely distributed foci of infection from which, if ecological conditions were favourable, natural foci might develop in regions where they had previously never existed or in areas from which they had been eliminated by effective public health measures." As discussed in UN report, it also states that there might be a lot of ecological changes.

They might reduce populations of susceptible wild species below the level at which they could continue to exist. The elimination of a species or group of species from an area would create in the ecological community an empty niche which might seriously disturb its equilibrium or which might be filled by another species more dangerous to man." Another major impact that biological weapons can have is the reduction in the quality and quantity of the food supply due to the use of anti-crop agents or even through the ecological changes that occur because of biological warfare. As a result there is a need to understand as to how to deal with it. First and foremost step must be the effective implementation and strengthening of the BWC,

which means strict action on the countries trying to develop, acquire or retain the biological weapons. Other measures can be effective control on exports and imports, awareness and education in terms of training to the ID

professionals so that they are able to recognize the toxic agents as soon as possible, rapid laboratory diagnosis to exclude biological weapons prevailing , proper system of therapeutics like providing antibiotics, quarantine etc. should be done , hospital response should be effective by developing new technologies to cope up with the life threatening biological agents and also the scientists must keep on establishing new technologies , prevention techniques etc. to prevent such deadly circumstances.

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