

# **For India's stigmatised and exploited sanitation workers, the pandemic has only made conditions worse**

Friday 18 February 2022, by [BASU Moushumi](#) (Date first published: 20 September 2021).

**It is barely 5am and Borun Haari [\[1\]](#) is already out on the streets of Kolkata, pushing his waste handcart. A door-to-door garbage collector and street cleaner, for the past ten years Borun has been employed on a rolling, temporary contract by the Kolkata Municipal Corporation.**

His thin, white mask dangles loosely beneath his nose as he sweeps the streets in slippers, picking up litter and placing it in his cart. Borun's worn, red rubber gloves somehow manage to keep hold of the trash between his fingers as he stops at regular intervals to pick up the used masks, gloves, cotton swabs and other potentially contaminated waste carelessly thrown onto the road.

With a monthly salary of 9,000 rupees (approximately €102.70) which he uses to support his family of five, Borun says that the coronavirus lockdowns have not applied to him and his colleagues : "We have to perform our duties anywhere and everywhere, otherwise before the pandemic can kill us, we and our families would die of hunger."

Kolkata was [one of India's worst affected cities](#) during a horrifying second wave of a pandemic that has officially resulted in 443,960 deaths (as of 15 September) but which scientists predict could actually be [10 times higher than official records](#).

India's estimated [five million sanitation workers](#) – from waste pickers to hospital cleaners to crematorium and sewage workers – have played an absolutely crucial role in the fight against the virus, which has left India as one of the worst-affected countries in the world.

But in their pay, their working conditions, their treatment by their employers and the general population, sanitation workers ["remain at the bottom of society"](#).

And with an increasing number of Covid-19 patients being advised to quarantine at home, households are generating more waste than usual, much of it potentially hazardous. "This has led to the disposal of infectious waste through the municipal waste stream. Waste pickers are [neither adequately protected nor trained](#) to handle it, which puts them at a higher risk of infection than others," says Priti Mahesh, the chief programme coordinator for Toxic Link, a Delhi-based non-profit research, policy and advocacy group that works on waste management. The discarded materials of Covid-19 patients, which people like Borun have to pick up daily without adequate protection, can act as carriers of the virus.

**"They have always socially distanced themselves from us"**

Like in many other countries where low-paid, essential workers have been given a militaristic

rebrand by opportunistic politicians and governments who describe them as [‘heroes’ in the ‘war against Covid’](#), India’s frontline ‘Covid warriors’ – health professionals, firefighters, railway workers, postal workers and other essential workers – receive plenty of public plaudits. But given the historical and social stigma attached to sanitation work as something carried out by those thought to belong to [the lower, ‘polluting’ castes](#) – the so-called ‘untouchables’ – workers in this sector receive very little support when it comes to protective equipment, living wages or even basic respect.

“We were given a mask and a pair of gloves just once last year immediately after Covid struck, but we have had nothing since,” says Borun, whose comments reflect the lack of new or appropriate protective equipment given to *safai karmacharis* (also spelt *safai karamcharis* and *safai karmcharis*, all meaning ‘sanitation workers’ in Hindi), despite their employers’ obligations. He also says that some of his co-workers have contracted the disease but had to return to work after just 14 days off. “They were paid their salary after they produced Covid-positive certificates but tell me : is it possible to recover from such a deadly disease within this short period ?” he asks.

Borun wheels his cart along, blowing his whistle to alert people to his presence and passing by homes to pick up their waste every morning, six days a week. The people in the locality are reluctant to go near Borun or his cart to dispose of their garbage.

Some leave it outside of their doors, while others throw it from their balconies, windows and doors, aiming for the cart but often missing, forcing Borun to scramble to pick up their mess.

He knows that social distancing is necessary to beat the coronavirus, “but haven’t they always distanced themselves from us ?” he asks curtly.

According to [research on the impact of Covid-19 on sanitation workers in India](#) carried out in June 2020 by Dhamma Darshan Nigam and Sheeva Dubey, 95 per cent of sanitation workers come from the most socially-disadvantaged demographics. “They traditionally belong to certain castes, which have been historically at the lowest rung of society, marginalised and stigmatised,” says Pragya Akhilesh secretary of the All India Bhim Safai Karamchari Trade Union (AIBSKTU).

The pandemic has thus revealed the inherent contradiction in the fact that this vital work continues to be massively devalued, largely because of the people who do it. Although caste discrimination in India has been formally banned since 1950, caste-based prejudice, abuse and social stratification is still rife, with millions of people continuing to be deprived of the right to [education](#), decent housing and decent work because of a social position that is determined at birth.

According to VK Madhavan, chief executive of WaterAid India, waste pickers, sanitation workers and street sweepers are amongst the most vulnerable occupational groups. “Their vulnerability has grown significantly during the pandemic.” Most of them work informally. As a consequence, sanitation workers have neither access to social security measures nor have enough financial resources to go for medical tests or any Covid-related healthcare. Falling sick also leads to a loss of wages and earning opportunities. “In addition, they are often perceived as potential carriers of the virus and further stigmatised,” he says.

Thus, even though the importance of sanitation has taken centre stage during the pandemic, this has not translated to any meaningful improvement in the working or living conditions of India’s sanitation workers. Their salaries continue to be meagre ; they do not have proper houses to stay in ; they are malnourished ; and they often lack access to clean drinking water. “As a result, they inherently develop numerous health problems, making them even more susceptible to Covid,” says Akhilesh.

## As many as “70 per cent of Covid deaths”

According to an estimate obtained through public hearings conducted by AIBSKTU with more than 3,000 sanitation workers across India, at least “70 per cent of the patients who died during the second phase of Covid-19 [between March and June 2021] were sanitation workers and their family members,” claims Akhilesh, who says that during the first wave, sanitation workers and their families comprised about 30 per cent of Covid deaths.

Although there is no central government data available to substantiate such figures, statistics [reported by the Indian Express in March 2021](#) show that half of all municipal workers who died in Delhi in the first year of the pandemic were sanitation workers. “We have been writing to various municipal bodies and state governments [in an attempt to compile national statistics] but no one has provided us with any figures so far,” says M. Venkatesan, chairperson of the National Commission for Safai Karamcharis (NCSK), which was created to review, monitor and make recommendations on the working conditions, living conditions and wages of sanitation workers. However, as a non-statutory body that has its mandate renewed every three years, the NCSK lacks the judicial power to press local, state or federal governments to implement its policies.

Various state governments have announced compensation of between 2.5 million rupees (approximately €28,500) and 5 million rupees (€57,000) for the families of sanitation workers who have died from Covid, but there is no data on how much has been paid out so far. In addition, “getting a certificate that proves a sanitary worker has died due to Covid is a herculean task due to the various technicalities involved,” points out Baban Rawat, vice-chairperson of the NCSK. It is an irony that although sanitation workers are so integral in the fight against Covid, their deaths rarely get recorded as coronavirus-related, so the authorities get away with not paying out compensation.

Nigam and Dubey’s June 2020 research also shows that the highly contractualised nature of sanitation jobs is one of the main reasons for the abysmal condition of the sector’s workers.

The [study notes that](#) “once workers are delinked from the government, the responsibility of ensuring rights and facilities for them gets transferred to contractors. They easily get away with a lot of violations as their work barely comes under any supervision”.

Confirming the above findings, Raghu Balmiki\*, a contract cleaner and waste picker for the Kanpur Municipal Corporation in Uttar Pradesh, tells *Equal Times* : “We are often forced to work for 14-16 hours a day, when officially we are only meant to work eight. We don’t get paid extra nor do we receive the minimum day wage fixed by the state government.” Raghu says that he earns about 7,500 rupees (approximately €85.40) per month. It is not enough to feed his family but workers like him are too scared to protest for fear of losing their jobs.

His co-worker Raju Parihar [\[2\]](#) admits that he is scared to go back home to his family after work. “My home is a dilapidated, tiny space, where my three children, my wife and my elderly mother squeeze in. After all that I am exposed to at work, I do not want to risk their lives by coming into contact with them.” He says that he prefers to sleep in a shelter outside of the home to keep his family safe from the coronavirus.

Raghu further recalls an incident when he had requested for a glass of water from a household where he collects waste during the lockdown period. “The domestic help arrived, kept the glass of water at a distance of about two feet from me, and walked away, telling me to keep the glass. This is how we are rewarded by the people that we serve,” he laments.

## The mockery of fake glorification

According to the award-winning activist Bezwada Wilson, the first thing that sanitation workers need is proper safety equipment, including masks, gloves, protective shoes and other personal protective equipment (PPE). Wilson is one of the founders of Safai Karmachari Andolan, a trade union that has been protecting sanitation workers and campaigning for an end to the practice of [manual scavenging](#) (the removal of human excrement from non-flushing toilets) since 1993. Many employers gave their workers sub-standard masks and gloves as a token gesture at the beginning of the pandemic but they have been given little else since, says Wilson.

He tells *Equal Times* that he saw workers performing last rites in Covid crematoriums in slippers : “It is sad that no one understands their vulnerability. The union has provided 10,000 protection kits to crematorium, mortuary and sewerage workers, during the pandemic, but we have our limitations.”

Wilson states further that since Covid struck these various categories of sanitary workers have been working every day, without a break. He recalls having seen cleaners working with a fever, resting for a short while under a tree and then continuing with their work.

“We read reports of people showering flowers and garlands on them from their terraces. Such fake glorification is a mockery to them. Do flowers and emotions translate into better payment or improve their conditions ?” he asks incredulously.

The situation isn’t much better for sanitation staff in hospitals and quarantine centres, according to Ranbir Balmiki, a coordinator for AIBSKTU who is also a hospital cleaner and has worked throughout the pandemic. He notes that the doctors and medical staff that have been lauded for their service to Covid patients lean heavily on cleaners and other auxiliary staff in order to carry out their work. And yet they have the least protection and safety measures. Nor are they trained to perform in specialised functions like how to deal with biohazards, unlike other health staff.

Balmiki and his colleagues work at various hospitals in Uttar Pradesh. When the second wave of Covid was at its peak earlier this year, there were an unprecedented number of deaths, and nobody to dispose of the bodies – except the cleaners. “Since the hospitals would not hand over the bodies to the family members for the last rites [to limit contagion], we not only carried the dead from the hospital to the ambulances, but in most cases, we also dug their graves, next to riverbanks, and cremated them. We did all this without PPE or gloves,” he recalls.

As an immediate solution to some of the problems faced by sanitation workers during the pandemic, NCSK is calling for these workers to have regular health checkups and for their vaccinations to be prioritised. “The contractual nature of sanitation jobs has to end. These workers must be made permanent. There also has to be a uniform welfare policy which links them to government schemes for health and accident insurance,” says Venkatesan.

Wilson says that Covid-related emergency grants need to be made available for sanitation workers and that they should be treated the same as other frontline workers, such as doctors or nurses who get minimum wages, appropriate PPE and regularised working hours. Researchers Nigam and Dubey further state that sanitation workers must be regarded as professionals and trained in waste management, safe sanitation practices, and the operation of sanitation technology.

Balmiki from AIBSKTU is urging the improvement of their living conditions so that they can at least return home safely and to decent accommodation after a day of life-saving, critical work. “Give them proper sanitation, access to clean drinking water and proper medical facilities given the risks in their jobs,” he says. They must also at least be paid the minimum wages fixed by the respective state governments.

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**Moushumi Basu**

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**P.S.**

Equal Times

<https://www.equaltimes.org/for-india-s-stigmatised-and#.YgGDdWQi00M>

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**Footnotes**

[1] Not his real name

[2] Not his real name