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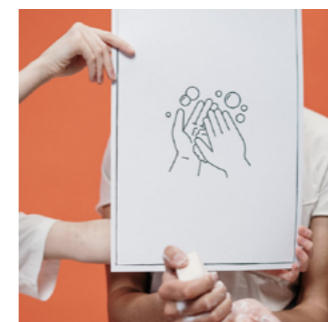
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* Cover Photo: Quarantine by Evgeni Tcherkasski (Dortmund/Germany)

PEOPLE-CENTERED MOBILIZATION CENTRAL IN CONTAINING COVID-19

PROF. RENE E. OFRENEO, FREEDOM FROM DEBT COALITION

Covid-19 has become truly pandemic, spreading in all the five continents of the world. As a result, governments everywhere have been scrambling on how to craft appropriate medical, organizational and financial measures needed to slow down and contain the advance of the “invisible enemy.”

In this regard, the country that gave the world Covid-19 is now cited as the model in arresting the spread of the dreaded virus. In military-style fashion, the Communist Party of China locked down virtually the whole of China in the first quarter of 2020. The 57-million population of Hubei province, the epicenter of the epidemic, were also subjected to strict quarantine procedures and kept in isolation from the rest of the country.

In February, China was the focus of international aid coming from different countries, including those mobilized by the World Health Organization. Today, the situation has been reversed. China has been organizing medical missions and sending medical kits to the heavily afflicted countries such as Italy and Spain and to its neighboring countries such as Cambodia, the Philippines and Thailand. China’s sin of omission—the failure to communicate to the world for nearly two months (December 2019-January 2020) the emergence of a virulent and contagious virus from Wuhan—is now relegated to the background by the numerous debates around the world on how governments should manage the medical and ensuing social and economic challenges of a pandemic with no clear cure in sight.

Policy-makers in many countries are even divided on what to do. The United States, riven by Republican-Democratic political intramurals and federal-state jurisdictional issues, is a prime example of a country that cannot get its act together on how to arrest Covid-19. As of March 24, the US recorded a total of 33,400 Covid positives and 400 fatalities. The WHO even warned that the US might even become the next epicenter of the global pandemic.

However, in the Philippines and in many countries around the world, the common response is simply to emulate China—that is, lockdown whole areas of a country where there is an outbreak or any indication of Covid transmission, and then put in place testing, quarantine, treatment, tracing and monitoring mechanisms and facilities, supplemented by endless medical advisories on symptom detection, social distancing, hand washing and observance of good hygiene. Then wait for the epidemic to “flatten” and fade, just like what happened in Wuhan.

Containing the virus is, of course, not that simple, as outlined above. The reality is that a lockdown triggers social and economic problems that do not only subvert success in the implementation of the containment strategy but also add new and equally difficult challenges on other fronts. Foremost among these is the massive job and income displacement that naturally arises from a virtual stoppage of work and commerce. A lock-

down is a strike against the economy and the working people.

In the Luzon lockdown, the plight of the following workers immediately became visible to the mass media—the informal self-employed (vendors, freelancers, micro entrepreneurs, waste pickers, tricycle-jeepney-taxi drivers, etc.), informal wage workers (viajeros, construction workers, etc.) and the “endo” workers in the formal private sector and the “job order” workers in the government. These informals and non-regular paid workers constitute the overwhelming majority of the labor market. They cannot afford prolonged idleness. No work-no pay means no food-no life for their impoverished families. They can easily be found: in the slum colonies snaking around the archipelago, and in the various tenement and public housing projects of the government.

It is now abundantly clear that a lockdown will not work if it is not accompanied by a comprehensive program of social protection for the many, including those in the middle-level income range such as those operating small and medium enterprises. Social protection means insurance against hunger, homelessness, illness and non-enjoyment of basic necessities in life. The problem is that the informals and the precariat (endos and job-order workers) do not have such

insurance. Many are not even enrolled in the SSS and GSIS, both of which are focused mainly in providing limited pension benefits to registered members, not long-term unemployment insurance in a lockdown situation.

It is against this background that we welcome the decision of the new generation of Metro Manila mayors and other LGUs to prepare food packs for the poor and near-poor families. But can they do this for three to four weeks? And if the lockdown is extended by another month or so, can the new “Heal as One” budgetary program of Malacañang be able to support around two-thirds of the 110 million Filipinos (meaning those who constitute the poor and near-poor in society)?

This is why we also support the courageous decision of Pasig Mayor Vico Sotto to allow tricycle drivers to ply the streets while maintaining the needed social distance in order to enable the poor some space to earn, move goods and procure basic necessities. We also say yes when he negotiated with motel operators to convert some of the motels as quarantine facilities.

We also welcome the initiative of Marikina Mayor Marcelino Teodoro to set up a Covid testing center that will provide early detection of the disease to the City’s constituents—for free. May-



Marikina City COVID-19 testing center. © CNN Philippines

Under these circumstances, one can imagine how many among the poor suffering from Covid 19 symptoms have the energy to still go to DOH facilities and have themselves tested and treated.

or Teodoro's decision obviously arose out of his anxiety over the prolonged process by which those infected by Covid are being tested given the inadequacies of the Philippine health infrastructures. The queue in RITM in Muntinlupa and other DOH-designated Covid facilities is long, and the results from the testing also takes time, about a week or longer. Which is the reason why DOH itself has taken the decision to allow patients with "mild" symptoms to go on self-isolation at home. Under these circumstances, one can imagine how many among the poor suffering from Covid symptoms have the energy to still go to DOH facilities and have themselves tested and treated.

The Korean model: Massive testing, open communication, participation of the health workers.

This brings us then to the success of South Korea in managing the Covid epidemic. South Korea is now hailed as a model in managing the epidemic.

South Korea was the first country outside China to be hit by the coronavirus, beginning January. It also experienced a sudden surge of infections, partly because of a community-wide transmission in a Korean Church group. And yet, South Korea's number of fatalities is considered the lowest, 0.7 percent out of the total infected, compared to the 3 percent to 4 percent fatality rate in other countries per WHO study. After reaching over 8,000 confirmed cases, the number of infected is now on a decline.

What accounts for the Korean success to contain the epidemic when, in contrast to China, the government did not adopt a paralyzing country-wide lockdown? Two explanations are reported in the local mass media: immediate decisive action by the Korean government (minimal time lag) and massive testing of those exhibiting symptoms, as many as 15,000 a day, and putting in isolation those with severe cases.

What the local mass media failed to report are the following:

1. Restrengthening of Korea's public health system even before the Covid outbreak. This restrengthening was a response of the Labor government to the failure of previous governments to handle similar epidemics in the past, in particular the SARS and MERS epidemics. One weakness by past governments is the failure to keep the public "fully informed" through a pro-



gram of openness and transparency.

2. The partnership between government and concerned stakeholders or publics in society in addressing the epidemic. For example, the development of the needed test kits, in massive number, was done on the prodding of the Korean Society for Laboratory Medicine and CSOs such as the People's Health Movement. Of course, the strong industrial base of Korea enabled the country to meet targets in a short turnaround time. Said PHM: "The acclaimed Korean test system is not the fruits of laissez-faire innovative capitalism and deregulation but an excellent example of tight coordination of public-private partnership and publicization of innovative technology." The "private" in the PPP includes the CSOs and academics.
3. The partnership has been strengthened by the full support given by the Korean Health and Medical Workers Union, an affiliate of the radical Korean Confederation of Trade

Unions, to the government's program to contain the spread of the virus. The KHMU president has been meeting daily with his officers, who have been assigned tasks in different hospitals to look after the situation of health workers and engage concerned agencies in the better delivery of health services. Many health-care members of KHMU have also become volunteers in "hot spots" or areas with high concentration of infections.

4. The program of testing and treatment of Korea has been inclusive. It covers the migrant workers, including the undocumented.

What is the lesson from the Korean Covid story? More can be achieved in combating Covid by enlisting the active support of the people to the containment program, not only in words but in creative partnership arrangements.

* Originally published in [Business Mirror](#)



South Korean soldiers wearing protective gear spray disinfectant as part of preventive measures against the spread of the Covid-19. © www.theguardian.com.

CHANGES FOR A POST-COVID WORLD?

FRANCINE MESTRUMI, GLOBAL SOCIAL JUSTICE



There is something profoundly disturbing about this crisis. The results are frightening: ten thousands of deaths, hundred thousands of sick people, major cities in lockdown, an economic collapse...

Slowly, from China and South-East Asia, the crisis is now hitting Europe, the United States and will inevitably spread from there to the South. And as we know, the majority of poor countries does not have the capacities to care for their people. Almost half of the world population does not even have water and soap to wash their hands.

Speculations are going on on how our world will have to change after the crisis. But will it change?

One might smile when seeing how many healthy people come with their solutions, closely following their own yearlong concerns. Eurosceptics condemn the European Union for the lack of solidarity

and promote more national approaches; advocates of basic income think to solve all problems with a monetary allowance; futurologists see a total collapse coming; ecologists point to the destruction of biodiversity and promote vegetarianism. And of course, those who believe in conspiracies see the virus travelling from the U.S. to China or vice versa.

Naomi Klein is careful and states this crisis might lead to catastrophic changes by leaders who just take this opportunity to do what they might not be able to do in normal circumstances. But her followers are not and already see capitalist takeovers and more austerity measures coming.

CHANGES?

If we take this crisis seriously, it should of course lead to major changes in our political, economic and social order. But what changes will happen? Who is preparing them? I have no doubt that authoritarian national populists and neoliberal globalists have their plans ready. Progressive forces, once again, lag behind.

Let me emphasize however one positive development. All or almost all are suddenly seeing the importance of a solid and public health care system, based on solidarity. This is indeed very good news. Let me try and build on this statement.

One, a solid health care system means it cannot be geared towards profit making. Whether it is public or private, it should in all cases be non-profit as a basic rule. What some countries are witnessing today, with public hospitals overburdened and private hospitals accepting rich patients able to buy the best of care, is really unacceptable.

Second, it should be based on solidarity, which means all are involved and all have easy access to it, and preferably totally costless. Today, vulnerable people, those rendered poor, homeless people, refugees and asylum seekers should have equal access to all care facilities. We need universal health care.

Third, it now also becomes abundantly clear who are the important people in our system: those who take care of the sick, saving lives, doctors, nurses, assistants of all kinds. These people are

Naomi Klein is careful and states this crisis might lead to catastrophic changes by leaders who just take this opportunity to do what they might not be able to do in normal circumstances. But her followers are not and already see capitalist takeovers and more austerity measures coming.

usually underpaid and faced with difficult working conditions. If there is one thing that has to change immediately, it is this.

In the long term, a solid health system also means it should first of all think of prevention, which opens the door to a whole range of measures that, at first sight, have nothing to do with health care, such as food systems, access to water, research, housing, and so on.

All this means two things. First, the already well developed systems in some rich countries are not good enough. And second, from health care one easily comes to all other sectors of social protection and beyond. Health care, however essential and crucial, cannot be seen in isolation. It directly touches on education, on work and working conditions and obviously, on income guarantees. And it touches on the economy, what and how we produce, what and how we want to trade? This can become a truly progressive agenda.

So, for all those who now discover the importance of health care, please do look beyond and join us in the fight for a very broad social protection. Let me illustrate this with some more examples linked to the current COVID-19.

Public authorities should always be prepared for crises like this one. They should have safety stocks of masks and basic hygiene products. Hospitals should have urgency programmes and enough beds to accept a sudden arrival of many patients.

A solid health care system also means paid sick leave. Today, in many countries, people lose their jobs and receive no compensation at all. They fall back on their families, possibly, or on charity, if available.

Care workers, from doctors to nurses and assistants should have a decent income and work organisations that allow them to cope with sudden crises.

And again, obviously, austerity and privatisation measures should stop. They are responsible for much of today's deaths because the health facilities are failing and basic appliances are missing.

There can be no profit making in what is in the common interest.

Health care and social protection are not just a matter of redistribution. We urgently also have to look at the production and distribution of wealth. Current inequalities have to be tackled because they make all serious policy-making and even democracy impossible. Globalisation and trade will have to be examined. This is a good opportunity to look in detail at what exactly we want to produce and what exactly we want to trade in? The general discourses on de-globalisation and de-growth need to be made concrete.

BEYOND THE CRISIS

One day, hopefully soon, this crisis will be over. We will then have to look at how to reorganise our lives, our societies, our world. Plans should be made today. Remember the Beveridge Report came out in the midst of World War II, in 1942. The National Resistance Council in France proposed a full social security Plan in 1944. Today, the World Bank and the Davos people have their plans ready, but have we? What are we waiting for?

It seems clear to me that a broad social protection system, with links to the environment and to the economy will have to be put into place. It is the only way to achieve social justice.

Several scholars already pointed to the problems with our way of destroying the environment and biological diversity that may directly have led to the emergence of this new virus. The way we consume meat, the melting of the permafrost, the lack of hygiene in some markets are all possible sources of current and future dramas. So there is a direct link between the social protection we want, the prevention we need, and the way we care for the environment.

Water and housing are the most obvious examples of topics that are not always included in social protection though they are crucial for people's health.

At the other extreme of the broad links to social protection are patents. Just imagine we have a vaccine against COVID-19 in a couple of months,

would it be acceptable this is monopolized by one corporation or one country? Certainly not. Also, austerity has to stop in research activities so that scientists can pursue their fundamental work.

It is clear the whole ideology of neoliberalism with a lean State with growing surveillance activities, complete trust in markets and fiscal balances, will have to stop. We badly need a whole new economic order, with selective globalisation, with re-localisation of some crucial activities, with spending on common goods such as education and health.

And obviously, wars and arms races should stop. They are one of the major causes of death, illness and environmental destruction.

The cost of this crisis will be very high. Is it thinkable to not call on today's billionaires to pay the taxes they have been evading for years? Of course, all this is a matter of power relations. But these are not only the consequence of money and weapons, they also are closely linked to hegemony and dominant discourses. Is this not the most urgent task for all progressive forces?

SOCIAL COMMONS

Finally, it also is clear that a solid health care system geared towards prevention cannot come about without solidarity and without the active involvement of citizens. Many proposals have already been made in this respect, a territorial organisation, multidisciplinary approaches, participation of citizens in order to know what the real needs are and how best to meet them.

So, starting from the very obvious and very crucial health care system, we easily come to the need of a broad social protection system, to the protection of biological diversity and respect for the environment, to a change in our economic and political system and to an active involvement of citizens. They are the source of all power. A solid health care system is in the interest of all of us, undoubtedly. It is a social common.

Speaking of social commons does not mean we now have to go and work for it on a voluntary basis, on the contrary. This crisis shows how im-

portant our caretakers are. And surely, next to that community and solidary actions can help to care for vulnerable people. To avoid all misunderstandings, let me emphasize that the de-commodification of health care does not mean the demonetisation of it. Decent wages and working conditions are of utmost importance. Social commons mean that citizens are involved in the coming about of policies and in the daily caring for each other.

It is easy to say and more difficult to achieve, but it could also be a fascinating task to start working on this, to imagine a better world, to put our demands on the table when other political and economic interests will also be there, ready with their demands.

This all will need local and global organisation. With the current limits on travelling, there is a serious risk that the fragile networks that have been creat-

ed in the past years will also perish. That would seriously hinder the solidarity and cooperation preached by all major civil society organisations. Our future world will need omni-lateralism, more solidarity and more cooperation.

We are after all the 99 %, we should have clear demands, ready to be implemented. Social protection is ours. The world is ours.



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At an event organized by the SOS Yamang Bayan Network in Quezon City today, Senator Risa Hontiveros urged the president to pass a new mining law that will ease women's burdens because of mining as well as fix other problems that hound the mining industry.

"President Duterte should certify as urgent the Alternative Minerals Management Bill, which will regulate the mining industry better, ending the host of problems women in mining-affected communities suffer," said Senator Risa Hontiveros, one of the authors of the AMMB and a staunch women's advocate.

"In Masbate, we are facing health risks because of water contamination from mining. Because it is women who care for the sick, the burden of looking for money for medication and hospitalization will fall on their shoulders. "Mining also destroys rivers and

seas, which are poor people's sources of food and livelihoods. The poorer the household, the harder it is for women, who are responsible for feeding families," said Malou Verano, a community leader from Aroroy, Masbate.

"Mining also destroys forests, which serve as traditional pharmacies where indigenous women get medicine for ailments," said Teresa de la Cruz, a community leader from Zambales who was part of a successful campaign to block the renewal of a permit for a mining company.

"These are just some of the problems that women face because of destructive large-scale mining. The government must pass the AMMB, which gives communities the right to disallow large-scale mining areas when it threatens their sources of income and food, and when it endangers the health of families,"



said Hontiveros.

The three women were the speakers for Sa Pusod ng Dusa: Women bear witness to the impacts of mining, an activity organized by the SOS Yamang Bayan Network, a multi-sector alliance of non-governmental organizations, indigenous peoples, farmers, fisherfolk, students, artists, and faith-based organizations pushing for the AMMB.

The AMMB also prohibits mining in disaster-prone areas, critical watersheds, heads of watersheds, key biodiversity areas, residential areas, prime agricultural lands, and other so called "no-go mining zones."

"The present mining law, Republic Act No. 7942, allows mining in so many areas to the disadvantage of communities. What is even more disconcerting is that mining contributes less than 1% to the country's Gross Domestic Product even as it causes so much harm," said Hontiveros.

AMMB will improve the economic contribution of the mining industry through a provision supporting national industrialization. It will disallow foreign large-scale companies from operating in the country and ban the export of raw mineral ores.

"Under the AMMB, only Filipino corporations will be allowed to mine 'strategic minerals,' or minerals that are crucial for the country's national industrialization. Instead of exporting raw mineral ores thus benefiting foreign countries, mining companies will be required to process them domestically, supporting downstream industries. Under AMMB, mining will have a purpose. Mining purely for profit must end," said Maya Quirino, coordinator of the SOS Yamang Bayan Network.

"We urge President Duterte to ask Congress to pass the AMMB, a bill that puts the environment and people first before profit. Mining must help build the nation, not destroy it," said Hontiveros.

POLITICS IN TIMES OF EMERGENCIES

AMMAR ALI JAN, UNIVERSITY OF CAMBRIDGE

We are living through an era where emergencies appear more regularly than the norm. The 'war on terror' from 2001, the financial crisis of 2008, civil wars in the Middle East, followed by the 'refugee crisis' and the ongoing 'climate crisis' that threatens the obliteration of the planet, are all manifestations of the extraordinary times we live in.

These socio-economic crises have been supplemented by health emergencies that frequently threaten our social fabric. The AIDS epidemic has affected people throughout the world, particularly in Africa, where a large percentage of the population suffered the debilitating effects of this deadly virus. The Ebola epidemic and Dengue fever also induced mass fear in the public, even if their geographical reach was limited to specific regions of the Global South.

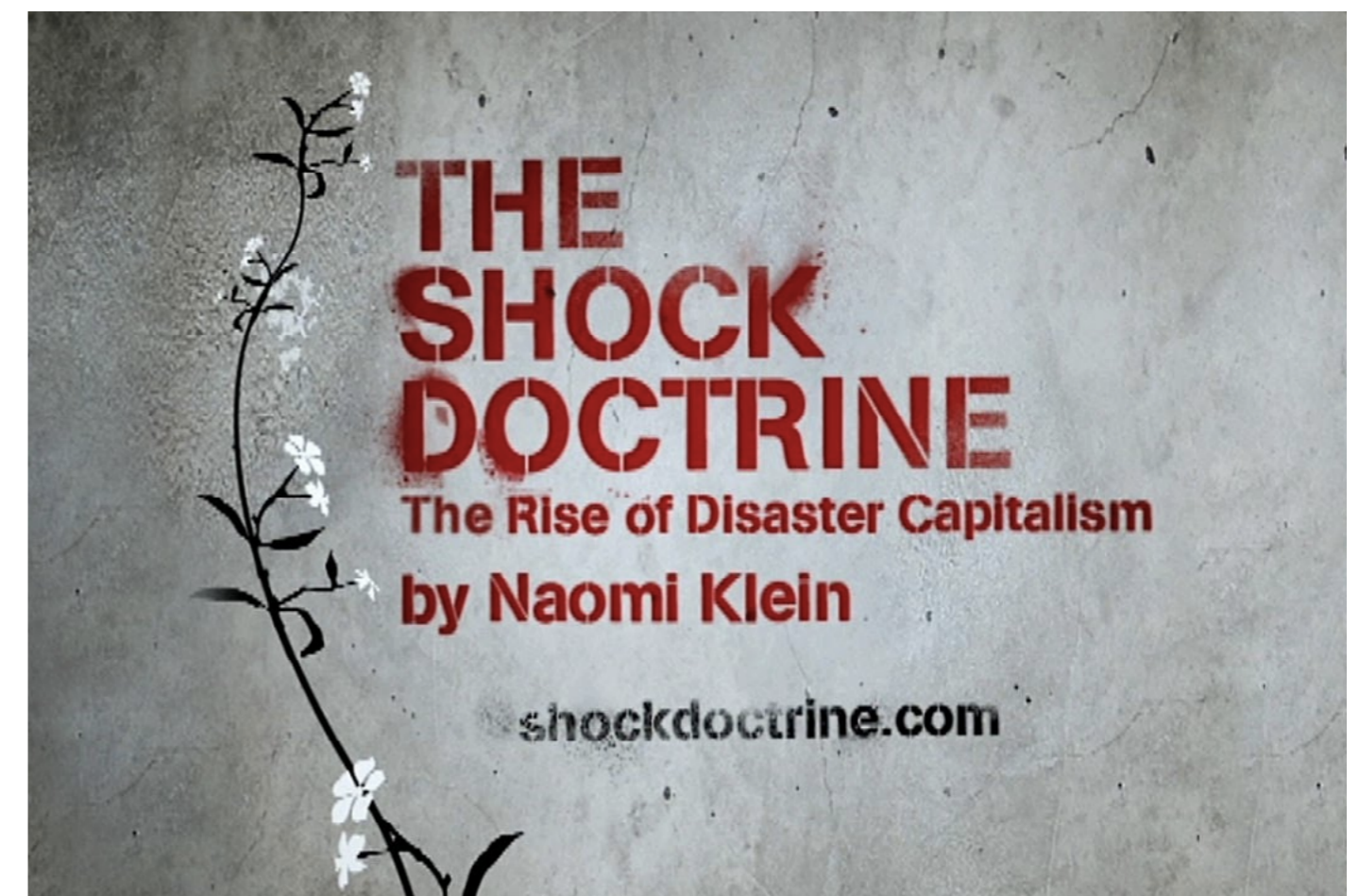
The Coronavirus Pandemic fits into these broader events that have cast a shadow of fear and uncertainty over our times. The botched response by governments, including that of the United States, has only amplified the threat felt by people globally, revealing the vulnerability undergirding the global order.

It is not unreasonable for people to be in a state of panic when the mortal threat they face is both pervasive and anonymous. Panic, however, often forces people to enter into survival mode, opening them to manipulation and surrendering the hard won freedom of public questioning. This is precisely why public emergencies have appeared as a preferred moment for governments to push through unpopular and anti-people policies without much opposition from a terrified and demobilized population.

Naomi Klein famously called this phenomenon the "Shock Doctrine", an emergency situation that disables the public's cognitive capacities and renders them palatable to unpopular decisions. Such mass disorientation in the wake of the 1970s and 1980s 'debt cri-

sis' permitted Western governments and powerful financial institutions to impose 'structural adjustment programmes' on third-world countries. These policies included cuts to government spending, particularly in the social sector, and reducing tariffs on imports, plunging much of the developing world deeper into poverty, while fuelling monstrous inequality around the globe.

Similarly, the fear induced by the terrorist attacks on September 11, 2001 permitted the Bush administration to use popular panic with strategic precision. Apart from suspending rights through the Patriot Act, Bush also managed to extend the scope of the 'war on terror' to Iraq, a country that had nothing to do with Al-Qaeda or the Taliban. A frightened public accepted the lies peddled by their commander-in-chief,





© Lawrence McCutchen

resulting in devastating consequences for Iraqi people and the destabilization of the entire region.

The financial crisis of 2008 provoked a similar response where governments touted the mantra “We all are in it together”. Yet, governments were swift to bail out the banks that had caused the crisis, while imposing crushing austerity and budget cuts on the public. Since 2008, we have witnessed an unprecedented level of inequality and transfer of wealth to the elites, belying claims that ‘all’ are facing the brunt of such crises.

One can provide more examples, but it is sufficient to observe two patterns in cases of social emergencies. First, neither the causes nor the solutions to these crises are neutral. For example, the so-called refugee crisis in Europe is a direct response to the endless cycle of violence promoted by the same Western governments that now fear the refugees. More importantly, the panic induced by the phenomenon prevented citizens from asking difficult questions about the centrality of war in Western foreign policy. Instead, it allowed Far-Right groups to single out refugees and migrants as the embodiment of the crisis, paradoxically fuelling the xenophobia and militarization that produced the crisis.

Second, the resolution of each emergency in favour of ruling elites takes place by nominating a large section of the global population as disposable. This surplus humanity has taken different names in different situations; poor, Latinos, Muslims, elderly and others discarded by a system that cannot fulfil its own professed commitment to humanity. It is not surprising that each crisis has intensified the hardening of borders, walls, barricades and surveillance to intensify the separation of the healthy and the affluent from the wretched of the Earth.

This brief history is not an attempt to underplay the very real threat posed by the coronavirus and other emergencies to our well-being. Indeed, denying the severity of the crisis would be akin to rejecting overwhelming scientific evidence of the threat posed and hence would be dangerously naïve. Yet, it is important to maintain the critical distance necessary to think about the issues and people being neglected in these troubled times.



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In our case, it is absolutely pertinent to ask who the people are who cannot afford to stay home and avoid crowded places. The answer is obvious; it is the working class that forms the surplus humanity of our supposedly ‘neutral’ discourse on preventative care. Factories in Pakistan, hazardous and unhygienic in the best of times, have still not been shut down. Daily wagers and those on contract cannot afford to miss a day of work and must risk their lives to continue making enough for their bare existence.

What is worse is that worker quarters in Lahore (and across the country) are perpetually overcrowded due to shortage of low-income housing, nullifying the injunction asking people to stay home to avoid crowds. Moreover, maintaining hygiene is impossible as the water in much of these areas is contaminated by chemicals from factories, a sordid reminder of the lack of environmental regulation in factory areas. Even in ‘normal circumstances’, these spaces remain centres of epidemics, including water-borne diseases such as typhoid and hepatitis.

Not only are the economic conditions making the poor more susceptible to disease, but the infrastructure of our cities is both anti-poor and anti-health. Those who cannot afford to live in affluent areas are drinking polluted water in a country where 40 percent of deaths are due to water-borne diseases. Their lives are shaped by perpetual risk, while living in a state of permanent emergency. Life and death is thus inscribed within the spatial layouts of our segregated cities.

With coronavirus and dengue fever, we have found that no amount of barricades or social apartheid will prevent the spread of such deadly diseases. The same is true for the looming environmental catastrophe. An example is Lahore’s smog season, in which the government focuses more on personalized care rather than the causes of the crisis, including lack of environmental regulation, a poor public transport system and the absence of debate on transition to renewable energy sources.

The danger of such an approach is well articulated by the Italian philosopher Giorgio Agamben, who explains how a shift from emphasizing the causes to the consequences of a crisis serves to limit the scope of debate and allows states to bury difficult questions under a state of emergency.

We are headed towards such a dystopic scenario if we give up engaging with the difficult questions in these difficult times. Without public housing, worker rights and a functional health-care system, we will accelerate our descent into class apartheid.

Those who suggest that crises are not moments for discussing political issues should remember that the key political decisions of our times were made precisely in times of emergency. To give up demanding social and economic rights during a moment of crisis is to surrender the right to engage in politics. With a dystopic future hovering above our present, neglect of such concerns amounts to an abdication of responsibility that we as citizens can no longer afford.

NEW FILM ON “CHINA AS A LENDER IN THE GLOBAL SOUTH- PARTNERSHIP OR DEBT TRAP DIPLOMACY”

URGEWALD

The People's Republic of China is currently the most important bilateral lender for numerous countries in Africa and Asia. + Are these loans sustainable?

Urgewald is seeing the build-up of a new global debt crisis and China needs to be included in the search for solutions. The loans for large infrastructure investments as part of the “Belt and Road Initiative” threatens in some cases the sovereignty of the borrowing countries. How necessary is a regional or national China strategy for these countries?

This film give us deep insight into the regional perspective as well as the core characteristics of Chinese lending.

To watch the video follow this link <https://bit.ly/3dlaGNT>

Amidst the pandemic, the Parliamentary Committee on Labour, submitted its report on the 23rd April, a week before the May Day. The Industrial Relations Code 2019, introduced in the Parliament had to be examined by ministerial standing committee, to the utter dislike of the government because of the issues raised by all the trade unions. Even Bharatiya Mazdoor Sangh, the trade union arm of the BJP had raised atleast a dozen negatives of the code.

The most stringent criticisms have come from the members of the committee itself. K.Subbarayan is a veteran left leader representing the labour intensive Tirupur constituency in Tamil Nadu, famous for its textiles. He has presented a dissent note calling out the objects and reasons themselves a sham. He calls it a “blatant lie of the government which takes away all the hard-earned rights of the crores of workers. He goes on to warn that this law “is ominous, insidious and pernicious for the democracy and people”.

Do these changes in the labour law regime warrant such a harsh statement or is it that the member belongs to the left and therefore is opposing the moves of the state? Developments over the years of this government and reports of the committees raise deep concerns.

STEALTHY BEGINNING

The NDA Government started demonstrating its low priority of workers and their conditions just a month after its assumption of its first term in office in 2014 through an innocuous but far reaching notification. This proposed setting up a Central Analysis and Intelligence Unit and with stated objective of simplifying business regulations and

WAS THIS MAY DAY, THE WORST DAY FOR LABOUR?

SREEDHAR RAMAMURTHI, ENVIRONICS TRUST

bring in transparency and accountability in labour inspections, restricted the mandatory labour inspections i) The establishments where fatal or serious accident has occurred in last two years. ii) The establishments where strikes/lock out/retranchment has taken place in two years. iii) Closed establishments till their workers' dues are settled. As one can clearly see, the first two would have already been out in the open and media may have already covered the incident and inspection at that stage would in any case have lost its purpose of preventing such a situation. In the third, one wondered what would be the conditions of workers the inspectors inspect if the establishment was already closed?

This virtually destroyed the already weak labour inspection system. Whatever little power and some fear that enterprises had was lost. This led to centralising the authority and reducing the scope of inspection even if there was information about an emerging situation as the "occupier" (as the owner is referred to in the Factories Act) has to be informed prior to inspection and the report written in the premises itself. Today the entire Inspectorate of Factories in every state is only waiting for the existing officials to retire.

CHANGING LAWS TO CODES

Soon after this big dent was made, the government announced as early as 2015, that

it will amalgamate 44 pre-existing legislations into four codes on different issues of workers – Wage, Social Security, Occupational Health and Industrial Relations. When this announcement was made the then Labour Minister stated that though Labour was a concurrent subject "the States are on the same page as they all feel the need for a conducive atmosphere for development." However, this amalgamation is still not complete. The Code on Wages, 2019 has been passed by both Houses of the Parliament and assented by the President in August 2019. The Code on Occupational Safety Health & Working Conditions, 2019 was introduced in July, which was also referred to the Standing Com-

mittee. The Committee submitted its report in February this year. The Code on Social Security, 2019 was introduced in the Lok Sabha in December and is also being examined by the Parliamentary Committee.

AMBIGUITY IN DEFINITION: LAW MAKERS THEMSELVES PERPLEXED

Who is a worker and who is an employee? The law makers themselves are themselves unsure. The Parliamentary Committee observes "terms 'Employee' and 'Worker' have been differentiated and defined separately on the logic that the dispute resolution mechanism under the Industrial Disputes Act, 1947 is available only for workers and persons engaged in certain administrative and managerial capacities beyond a prescribed wage ceiling are not getting the benefit of the dispute resolution mechanism. The Committee are not at all convinced with the argument for making an artificial differentiation between Employee and Worker. As a matter of fact, every employee is a worker and vice-versa. Therefore, the industrial dispute mechanism and other rights like forming of Trade Unions, being office bearers of the Trade Unions, etc. should be made available to each and every employee/worker, notwithstanding the relevant provisions contained in the Industrial Disputes Act which was enacted as early as 1947.

In their Report on 'Occupational Safety, Health and Working Conditions Code, 2019' the Committee had pointed out that the unwarranted differentiation between 'employee' and 'worker' had led to much perplexity and befuddlement and thus the Committee had asked the Ministry to use one uniform word everywhere. Since that has apparently not been done as yet, the Committee now recommend that wherever

the two words have been referred to in this Code separately, only one term i.e. 'employee' be used invariably. Alternatively, both the terms should co-exist everywhere viz. 'employee/worker' or 'employee and worker' so as to ensure that there is no discrimination in the applicability of labour laws to the employee/worker. This uniformity should be maintained in all the four Codes and the Committee are confident that once it is done, most of the undesirable litigation will cease to exist."

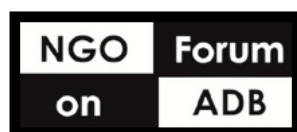
OMINOUS FUTURE?

The current pandemic has exposed the how close to the brink the workers are throughout the world. Lay-offs, cuts in wages and squeezing extra hours of work on one hand and the deplorable conditions of the migrant workers seem to be the current normal across the world. The desperation of the workers to go back to their villages clearly indicates that the current economic model has completely failed the worker. This has also laid bare the gross economic, social and spatial inequalities. This month the CMIE estimated a 23 percent hike in unemployment which was already at an all-time high. Workers seem to be the last in the priority of this Government.

If the laws are a sham and lawmakers themselves confused and owners making use of every opportunity to exploit one fears much worse is ahead for the workers. There are generic problems with the entire process of revamping the laws in the name of transparency and ease-of doing business. This need to be systematically examined and the government and employers made accountable to the lives of those who create wealth and pay taxes.



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