

Slums, Migrant Workers, and COVID-19 in Mumbai

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Introduction

The COVID-19 health crisis in India has exposed the gruesome reality of urban India and uncovered the underbelly of the entire process of urbanisation. It also unfolded obscured narrations about the status of migrant workers in India. As COVID-19 spread and the lockdown became stricter, stories and pictures of desperate migrant workers walking barefoot or with broken shoes or slippers flashed on Indian television screens; some heart-wrenching photos captured by journalists showed migrant workers, one of them even holding a child, slinging on trucks. During this long, painful journey, many of the migrant workers lost their lives on the road. The Indian state—whose very purpose in imposing short-noticed and unplanned lockdown had been to ensure that people remained where they were so that the virus did not spread to the villages and small towns across the country—was a helpless spectator to the plight of the fleeing migrants (Bindra and Sharma 2020). Later, to address the awful situation, train services were resumed in order to take the migrant workers to their homes. Expressing his grief in a letter to the nation on completing the first year of his second successive term, the Indian Prime Minister Narendra Modi accepted that “labourers, migrant workers, artisans and craftsmen in small-scale industries, hawkers and such fellow countrymen have undergone tremendous suffering.”¹

In all major Indian cities, the migrant workers mostly live in sprawling slums. They build cities, work in industrial units, provide cheap domestic service to the affluent class and do many other ‘non-recognised’ but exceedingly important jobs. All such works came to a halt during the lockdown, forcing many migrant workers into precarious conditions. This paper looks at the physical and socioeconomic structure of slums in Mumbai. It talks about the predicament of migrant workers leaving the city for their hometowns, chiefly due to the economic crisis brought on by the public health emergency. To examine how slums are imagined and how slum-dwellers are treated in times of a public health crisis, the author also talks about the bubonic plague of 1896 in Bombay (now Mumbai). To get primary information about the situation in the slums during the COVID-19 pandemic, the Ganeshnagar slum in

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Goregaon, Mumbai was visited in May 2020 and a resident from the Indiranagar slum, also in Goregaon, Mumbai was interviewed. Since visiting Dharavi—which had been declared a containment zone—was not allowed, a respondent from the area was interviewed on mobile phone in June 2020.

Slums and the ‘Maximum’ City: An Embedded Tie

The slums of Mumbai spread across the city, provide living space to a large section of the city’s population. According to the 2011 Census, out of a total population of 93,56,962 under the Greater Mumbai Municipal Corporation (Colaba to Dahisar in the north to Mankhurd in the east), 46,20,654 people live in the various slums of the city. This is 49.38 per cent of Greater Mumbai (Census of India 2011, 57). Another report on the city says that the total population of Greater Mumbai in 2011 was 1,24,42,373², of which 41.84 per cent people live in slums in the city (Mumbai City Population Census 2011). The total land occupied by slum-dwellers in Mumbai is estimated to be about 43,000 hectares, around 8 per cent of the city’s total land (Appadurai 2000).

The Slum Areas (Improvement and Clearance) Act, 1956, enacted by the Government of India, defines ‘slums’ as areas where buildings are (a) in any respect unfit for human habitation; or (b) are by reasons of dilapidation, overcrowding, faulty arrangement and design of such buildings, narrowness or faulty arrangement of streets, lack of ventilation, light or sanitation facilities, or any combination of these factors, are detrimental to safety, health or morals (Census 2011, 22).

The National Sample Survey Office (NSSO) has categorised slums as declared and undeclared, the former being slums that have been formally declared as slums by the competent authority designated for the purpose. For the purpose of surveying, in 1993 and also in 2002, the NSSO adopted the definition of the slum as ‘a compact area with a collection of poorly-built tenements, mostly of temporary nature, crowded together usually with inadequate sanitary and drinking water facilities in unhygienic conditions’ (NBO 2013, 14).

According to the Maharashtra Slum Areas (Improvement, Clearance & Redevelopment) Act 1971, to be declared a slum, an area must fulfil the following conditions (ibid, 17):

- a. The area is or may be a source of danger to the health, safety or convenience to the people of that area or its neighbourhood, by reason of the area having inadequate or no basic amenities, or being unsanitary, squalid or otherwise;
- b. The buildings in the area used or intended to be used for human habitation are in any respect unfit for human habitation; or by reasons of dilapidation, overcrowding, faulty arrangement and design of such building, narrowness or faulty arrangement

of streets, lack of ventilation, light or sanitation facilities or any combination of these factors, detrimental to the health, safety or convenience of the public of that area.

- c. To decide whether the buildings of an area are considered fit for human habitation or not is based on the fulfilment of the following conditions: (a) regular repairs; (b) stability; (c) freedom from damp; (d) natural light and air; (e) provision for water supply; (f) provision for drainage and sanitary conveniences; and (g) facilities for disposal of waste water.

Historically, migration to Mumbai has played an important role in the spread of slums. The cotton mills set up in Mumbai attracted a large number of migrants to the city and led to the setting up of the earliest slums. As it was difficult to commute from distant places, most workers preferred to live near the mills by setting up small houses on non-desirable lands.

Over the years, as Mumbai turned into India's financial capital and became home to the Hindi film industry, more and more migrants from across the country landed in the city looking for jobs. This led to tensions between the locals and outsiders. However, demographically, Maharashtra has sent more migrants to Mumbai than any other state of India — it is estimated that about 53 per cent of the migrants in Mumbai are from Maharashtra. Among the other states that send large numbers of migrants to Mumbai, Uttar Pradesh (UP) has been at the forefront (Chhopia 2019). The total number of migrant workers in Maharashtra before COVID-19 has been estimated to be about 38 lakh, of which around 12 lakh left the state during the COVID-19 health crisis (Deshpande 2020).

Due to the high cost of physical space in the city, many migrants, especially those from the working class, live in slums. Slums are also sites of economic production where many small labour-intensive industries produce goods for domestic and international markets. For example, branded luxury handbags such as those from Gucci are manufactured in the slums of Mumbai and sold in the global market. Besides, the slums also provide services to the gated societies populated by the middle/ upper-middle classes. For example, many women from slums work as domestic helpers in the high-rise buildings and gated communities nearby.³

Despite providing cheap labour to the city and its residents, the Mumbai slums are mostly seen as its filthy dark spots. Due to their congested spaces and constricted, non-hygienic ambience, they are perceived as a source of disease. Such perceptions have persisted since colonial times when the slums were blamed for the implosion of plague in the city in 1896.

Bubonic Plague, Colonial State, and Slums

The first case of the plague epidemic in erstwhile Bombay was detected in September 1896 in the dockland area of Mandvi. The bubonic plague was carried by ship merchants and

sailors from plague-stricken Hong Kong and lasted for more than 20 years. As the plague spread and became a threat to lives, Bombay migrants began to escape from the city. In October 1896, an estimated 20,000 people fled the city. Subsequently, in November and December, 1,71,500 more migrants fled. It is estimated that by the end of January 1897, roughly around 4,00,000 people had left Bombay (Sarkar 2014). The plague was so dangerous that by 1918 around 10 million people had died of it in India; 1.6 lakhs fatalities being in Bombay alone (Fernando 2020).

To control the plague's spread, the colonial state intervened by introducing laws to regulate people's movement, surveil them, and administer their health. Such interventions, surveillance, and laws were resisted by the Indians. For example, in Poona (now Pune), Commissioner Walter Charles Rand prepared a containment plan that mandated house-to-house searches for infected patients and suspects (Rashid 2020). A significant section of the population was against such policies and resisted the house-to-house inspections by search parties. More than any other community, it was the Brahmins of Poona who tried to obstruct such searches (ibid.) There were reports of instances where the search parties took away even 'perfectly healthy' persons to the state-administrated segregation camps. There were also some cases, as reported then, of violation of women's privacy (ibid.) In protest, the Indians attacked the British officials as well as ordinary Europeans in some places (Chandavarkar 2011). Commissioner Rand was assassinated by the Chapekar brothers—Damodar Hari Chapekar and Balkrishna Hari Chapekar—in June 1897. The assassination of Rand slackened the British measures to contain plague (Rashid 2020). In fact, due to the resistance, the 1896 plague turned out to be the biggest crisis the British colonial state had faced since the rebellion in 1857 (Kidambi 2007).

In 1897, the Epidemic Disease Act was promulgated. It gave the colonial state enormous power to control the colonised bodies through medicines (Foucault 2004). Health camps were opened across the city of Bombay to isolate healthy residents from infected ones and to monitor new arrivals in the city. At those camps, 'surveillance passes' were issued, daily-wage workers were given day passes, temperatures were noted on tickets, and some people were photographed as an added measure. On alternate days, they would be inspected and compared to the photograph (Fernando 2020).

The bubonic plague also entrenched 'social distancing' based on caste and communities. Many Indians were opposed to searches and check-ups by health professionals of other castes and communities. Hence, private hospitals came up in Bombay along the lines of caste and community (ibid.) It is estimated that thirty-six such private hospitals had come up by 1898. Some of them were the Cutchi Memon Plague Hospital, Bhatia Plague Hospital, Parel Road Jain Hospital, Dharavi Hospital for tannery owners, and Telugu Hospital in Kamathipura, among others (ibid.).

In Bombay, the festering slums and their unhygienic conditions were mainly held responsible for the outbreak and spread of plague (Kidambi 2007). To improve the conditions, the Bombay City Improvement Trust (BCIT) was set up in 1898. The BCIT had the dual mandate of securing the future of commerce and industry and providing guidelines for ensuring sanitary accommodations for the poor and working classes (Indorewala and Wagh 2020). The Chairman of the BCIT demanded a ‘stiffening’ of the city’s building by-laws (tenement densities, setback rules, plot coverage, height restrictions) and setting up a new uniform standard to maintain adequate lighting and ventilation in all households of Bombay (ibid.) This proposal did not find favour with the landlords. Later, a compromise was reached under which the new by-laws had to be followed only for new constructions (ibid.).

All such tall claims and plans to improve the households’ conditions came to a standstill by 1910 as memories of the plague began to fade (Indorewala 2018). By 1918, as Prashant Kidambi notes, about 64,000 people were displaced, out of which only 14,000 were rehoused (Kidambi 2007). In July 1919, Kidambi observes, 8,92,000 inhabitants out of Bombay’s total population of 12,00,000 were reported to be residing in single rooms, and there was a shortage of about 64,000 tenements in the city. All such statistics prove that the BCIT failed to achieve its objective of easing urban overcrowding, although it did achieve fair results in terms of land reclamation, street improvements and suburban developments (ibid.).

After India gained independence in 1947, the Bombay Rents, Hotel and Lodging House Rates Control Act, 1947 was introduced. It aimed to prevent tenants’ exploitation and designate them as the active stakeholders of their building (Sanyal 2018). Years later, in 1971, the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act was passed. A census of hutments was carried out in 1976 and photo-passes were issued to slum families. People living there were provided with taps, toilets and electrical connections as part of the government’s slum-improvement measures (SRA Report, Government of Maharashtra).

In 1995, almost two decades later, a slum rehabilitation scheme was first brought in to make Mumbai slum-free. This was to be done by monetising slum lands and, in turn, providing free housing to the people living there. This scheme backfired, as the slumlords tricked many migrants into buying the shanty homes; the former had been led to believe that they would get free homes at some point (Udas-Mankikar 2020). While a few slums have been developed into buildings, with rooms being given to the slum dwellers, many remain as they were earlier. The main reasons for it are the misuse of funds, drying up of funds with the builder, delayed projects, and the authorities’ inability to shift slum-dwellers to tenements (ibid.) The Indian National Congress–Nationalist Congress Party’s government (1999–2014) continued with that policy but changed the cut-off date for established slums from before 1 January 1995, to 1 January 2000 (Ashar 2018). Later, in 2018, the Devendra Fadnavis government came up with a new plan to make Mumbai slum-free. Under this new plan, those living in slum tenements that came up between 2000 and 2011 were guaranteed a replacement house.

This scheme was not free, as the residents were required to pay using the Pradhan Mantri Awaas Yojana's interest subvention scheme (ibid.).

Despite these policies, Mumbai has not become slum-free in all these years. Instead, a large number of daily-wage labourers and lower-income migrant workers have been added to its slum-population. These newer residents suffered the most due to the imposition of restrictions on economic activities due to COVID-19. Facing precarious conditions due to loss of jobs, and not having sufficient money to survive for long, a large section of the migrant population in Mumbai's slums decided to return to their villages and hometowns.

COVID-19 and Exodus of Migrant Workers from Slums

Life in slums was going on as usual until February 2020 when COVID-19 seriously knocked at India's doors. As of 26 August 2020, about 32,00,000 people have tested positive for the coronavirus, and more than 59,000 people have lost their lives.⁴ Mumbai is the worst affected city in India with 1,39,537 cases and 7,505 deaths, as of 26 August 2020. To control the virus's spread, the Maharashtra government on 13 March 2020 invoked the Epidemic Diseases Act of 1897 in five of its metropolitan cities—Mumbai, Navi Mumbai, Nagpur, Pune, and Pimpri Chinchwad. As of 26 August 2020, along with India's other parts, the state has been under lockdown since 25 March 2020.

The COVID-19 pandemic has entrenched the existing social discrimination against the people living in slums. As many domestic workers are from slums, they have not yet been allowed to resume their work in many residential areas of Mumbai. It has been reported that many domestic workers have even lost their jobs or remained unpaid (Parth 2020). Like the plague of 1896, COVID-19 has created a new 'border' between the rich and the city's slum-dwellers (Das 2020).

To obtain an account of the grim situation in the slum, I visited Ganeshnagar in Goregaon West. In Ganeshnagar, I met Vimala Singh (name changed), a woman in her early seventies. She lives in this slum with her two sons, a daughter-in-law and grandchildren. Her family is from Azamgarh in Eastern Uttar Pradesh. In 1970, her husband bought two houses (basically rooms) for INR 50. After the photo-pass (explained below) was issued in 1975, she lost one of the houses, as her sister-in-law (related not by blood, marriage or extended family but only by interaction) living in the other room told the officials that she was the owner of the room and got a certificate for it. Since the last 7–8 years, Vimala Singh informed me, the slum dwellers have been in negotiation with a builder to develop their slum, but nothing has happened yet.

In Ganeshnagar, many migrant workers from UP and Bihar live along with the migrants from other parts of Maharashtra. While many work as security guards and helpers, some also work in the small-scale industries run from single rooms. Most of these people live in

rented houses for which they pay between INR 6000 and 7000 per month. According to Vimala Singh, many migrants from UP and Bihar, living there on rent, left for their hometowns when the lockdown made their lives difficult. In contrast, few Maharashtrians had left. Vimala Singh did not offer a reason for this but agreed with me when I suggested that it could be because most of the Maharashtrian residents of Ganeshnagar owned a house and had fairly enough money to survive. She decided not to leave for her village because one of her sons works in a reputed security agency, which comes under the ambit of ‘essential’ services and draws a salary good enough to meet the joint family’s monthly expenses.

At the time of my visit, like many other slums in Mumbai, no coronavirus-positive case had been reported from Ganeshnagar. However, according to Vimala Singh, one or two coronavirus-positive cases were found in the nearby Gandhi chawl.

My second respondent was Shyam Yadav (name changed) with whom I talked over the phone. Shyam, a resident of the Indiranagar slum in Goregaon East, was living in his village near Prayagraj in UP. He had left Mumbai with his family on 8 May 2020, and served 14 days of home quarantine. In Mumbai, Shyam had five employees for making paneer, which he supplied to nearby hotels and restaurants in Goregaon and beyond. Shyam has been living in Indiranagar for the last 25 years and owns a house. The total population of Indiranagar, according to Shyam, was between 8000 and 9000. People from UP, Bihar, Jharkhand, Rajasthan, Maharashtra and a few other states lived there together. Most of them worked in small industrial units in different parts of Mumbai. Shyam told me that of the total migrant population, 90 per cent of the non-Maharashtrians and 40 per cent of the Maharashtrians had left Indiranagar. Many of Indiranagar workers, Shyam said, had not been regularly paid by their employers ever since demonetisation happened in 2016. Fearing more economic distress due to the lockdown, many returned to their hometowns with whatever little savings they had. Shyam believed that those migrants would be back provided the situation improved and they were assured about their work and salaries.

While passing through the Western Expressway in the last week of May, I saw hundreds of people with their baggage near the Vanrai Police station in Goregaon East, sitting in a line and waiting for a bus to take them to the railway station, from where they could go to their hometowns by train. Most of those people were from slum areas in Goregaon East and West. The few I spoke to told me that they would come back when the COVID-19 situation improves but only if they receive a call from their employers/contractors.

In the first week of June, I got the news about the death of Shakti Dube’s wife (name changed), a taxi-driver who lived in his own house in a slum near the Goregaon railway station and whom I had known for the last two years. In early May 2020, Shakti decided to leave Mumbai because of COVID-19-related economic reasons. Soon he left with his wife and son in his taxi. Hours after he reached his village in Uttar Pradesh, his wife died of cardiac arrest.

The third slum for this study was Dharavi in central Mumbai, which saw a sudden rise in COVID-19 cases between March and August. Till 26 August 2020, Dharavi had recorded 2,737 COVID-19 positive cases. Historically, Dharavi was home to the Koli fishing community (SRA, Government of Maharashtra). The growth of Dharavi is closely interwoven with the pattern of migration to Mumbai. The first people to settle there did so because the land, mainly used as an informal rubbish dump, was free and unregulated (ibid.). By the end of the 1800s, the potters from Saurashtra had relocated here and set up their colony, as did the Muslim leather tanners from Tamil Nadu (ibid.) Subsequently, artisans and embroidery workers from UP started the ready-made garments trade, while the Tamilians set up flourishing businesses making savouries and sweets. Originally the government owned the land; today, many of the settlers own their houses because of the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971. In 1975, photo-passes were issued to families living there. This turned the occupiers into legal possessors of the houses they had built on government land. They were also provided with various other facilities, such as regular water (ibid.).

As Dharavi is near the Bandra Kurla Complex, a prominent business hub in Mumbai, its redevelopment has been envisaged many times in the past. In 2004, the cost of redevelopment was estimated to be INR 5,000 crore. In 2008, German students Jens Kaercher and Lucas Schwind won a Next Generation prize for their innovative redevelopment strategy designed to spare the current residents the difficulty of relocating (Taneja 2019). However, all such plans have been resisted by Dharavi residents, who have created a vibrant self-sufficient economy of potteries, tanneries, and other small industries in its narrow lanes. It is estimated that Dharavi has about 5,000 single-room factories and hundreds of cottage industries that together have a turnover of around US \$1 billion (Ramanathan 2007). Spread over 2.4 square kilometres, Dharavi is inhabited by about 60,000 families and between 8.5 and 10 lakh people (Ashar and Tiwari 2020). Of the total population, around 40 per cent are new migrants (Iyer 2020).

The cluster redevelopment plan for Dharavi, which was floated in 2014 and has reached the tender-inviting stage three times, has not yet seen the light of day. In 2019, a global tender was floated by the Fadnavis government, but the process stopped short of the awarding stage (Udas-Mankikar 2020). In that global bidding process, the Dubai-based infrastructure firm SECLINK Technologies Corporation (STC) had emerged as the top bidder. It committed to an upfront capital investment of INR 7,100 crore for the INR 26,000 crore revamp plan (Ashar and Tiwari 2020). On 8 March 2019, the Dharavi Redevelopment Project Authority had even issued a Letter of Intimation recognising STC as the topmost bidder and declaring the government's intention of awarding the contract to the firm. However, there has been little progress since then (ibid.) The government is seeking legal opinion on whether the tendering process for the revamp itself had been vitiated due to a subsequent development

where the Railways had handed over a 45-acre plot for development work. The only other bidder in the tender was the Adani Group (ibid.).

Dharavi recorded its first coronavirus positive case on 1 April 2020: a 56-year-old resident. The contacts of that Dharavi resident were traced to ten people from the Tablighi Jamaat who had reportedly attended a congregation at Nizamuddin Markaz in Delhi and were staying in one of his flats (Shaikh 2020). The Nizamuddin Markaz congregation that took place on 13–15 March communalised the pandemic situation in India. Many Indians used the congregation to target Muslims, calling them carriers of the virus. Between 28 March and 3 April, tweets with the hashtag #CoronaJihad appeared nearly 3,00,000 times and were potentially seen by 165 million people on Twitter. This data was shared with the web magazine TIME by Equality Labs, a digital human rights group (Perrigo 2020). Other hashtags that trended included #NizamuddinIdiots and #Covid-786 (a number that carries religious meaning for Muslims) (BBC 2020). Mukhtar Abbas Naqvi, a Union Minister, called the congregation a ‘Talibani crime’ (ibid.) Many Indian television news channels that compete against each other in communalising issues flashed headlines such as ‘Save the country from Corona Jihad’ and ‘Who is the villain of Nizamuddin?’ (ibid.).

As the COVID-19 pandemic halted economic activities, hunger and fear for life gripped the migrants living in Dharavi, resulting in many going back to their hometowns. More than 10,000 migrants from Tirunelveli, Tamil Nadu, settled in Dharavi since decades, left for their hometown.⁵ As trains were not operating, they hired buses or drove in their vehicles to Tamil Nadu. Many of them were initially stopped at the Tamil Nadu border but were later allowed to enter (Chakraborty 2020).

On 16 May 2020, of the 1,429 passengers who boarded a train from the Chhatrapati Shivaji Maharaj Terminal in Mumbai to Muzaffarpur in Bihar, 1100 were from Dharavi. Over 700 from those 1100 were from the high-risk containment zones of Dhorwada, Mukund Nagar, Kala Qila, Indira Nagar, PMG, Rajiv Gandhi Nagar, 90ft Road, and Transit Camp. These high-risk zones were among the twenty-four such zones in Dharavi that comprised clusters of individual slum units (Mishra, Marpakwar and Sharma 2020).

I also spoke to Roopnil Hoonarkar (name changed) from Dharavi who was pursuing a Masters in Computer Applications at the Little Flower Polytechnic College in Andheri East, Mumbai. Roopnil lives near the Holi Maidan in Dharavi. His father works as a security guard in a private bank at Dadar in Mumbai. His family hails from the Miraj district in North Karnataka and has been living in Dharavi for decades. The family owned a house in Dharavi. Roopnil informed me that many migrants living on rent, mainly from Uttar Pradesh and Bihar, had left for their hometowns while most of those who owned a house were still living in the area. By 12 June 2020, the area near Roopnil’s house in Holi Maidan had recorded seventy COVID-19 positive cases. When asked whether people were maintaining social distancing and using protective masks or gloves, he chuckled and replied in the negative.

Speaking to *Mumbai Mirror* about providing help to migrant workers, Varsha Gaikwad, Member of Legislative Assembly from Dharavi and the Education Minister of Maharashtra, said:

“Those who want to go home, whether from Uttar Pradesh, Chhattisgarh, Rajasthan or Tamil Nadu, we are arranging their return to their native places as per the directives of the state governments. We are making a list of such people through NGOs [Non-Government Organisations] and our party workers. When the numbers are adequate, we book a train and send them to their states daily...”⁶

Conclusion

The return of migrant workers to their hometowns is temporary, as many are expected to return. The young and unmarried males, in particular, will have no choice but to return in search of jobs that most of them will not get in their villages or small towns. The older ones may take longer to return or even think against returning (Hatekar and Belhekar 2020).⁷

As most workers will likely return, there is a perception that there may be some changes in the capitalist-workers relationship. During the plague crisis of 1896, workers leaving Mumbai had caused a reconstitution of relations of the capitalist authorities with workers in the mills. Aditya Sarkar notes that the plague crisis had introduced an unimaginable structure of ‘regulation from below’ (Sarkar 2014). Many such concessions were stabilised as the workers became politically strong due to domestic and international developments (ibid.) Likewise, during the COVID-19 health crisis, workers may get some momentary concessions from the state and industrialists just as it had happened in 1896, but in the longer term, the ‘temporary’ labour reform laws brought in by many Indian states may be consciously misused by employers to control the workers.

Like the bubonic plague epidemic of 1896, the state has plans to clean and redevelop the slums during the COVID-19 pandemic. The Housing Minister of Maharashtra, Jitendra Awhad, was reported to have written a letter to the state’s Chief Minister, asking him to issue orders to redevelop Dharavi. Varsha Gaikwad is also pushing for Dharavi’s redevelopment. In the letter, Awhad wrote,

“Dharavi is fast becoming the Covid-19 capital of Mumbai. A major factor for the spread of the infection in the area has been the high density of population and the lack of quality healthcare services. This has created a negative perception of Dharavi. On the other hand, you won’t get a more appropriate opportunity to push Dharavi’s redevelopment, which will lead to its overall social and economic upliftment.” (Ashar and Tiwari 2020)

As many migrant workers have left Mumbai, there may be an attempt to change the city's ethnic configuration post-COVID-19 days. This has been hinted at in a statement by Maharashtra's Industries Minister Subash Desai:

“The large numbers of migrant workers in Maharashtra had to go to their native state[s]. There are labour shortages that can be filled by the local people. We will give priority to the son of the soil as we have policy also. The government will also give them training and as per their qualifications and training, the industries which are facing the worker's shortage can be hired these local youths[sic.]”⁸

The Shiv Sena, leading the Maha Vikas Aghadi (MVA) government in Maharashtra, has always advocated the 'son of soil' policy. In the past, the party had been the leading face of what Arjun Appadurai (2000) had called 'urban cleansing' of Mumbai. It spearheaded the movement to change Bombay into Mumbai. In 1992–93, as part of a syndicated Hindutva group (Thapar 1989), the Shiv Sena attempted to turn Mumbai into a city for Hindus by attacking poor Muslim vendors, shopkeepers and slum-dwellers, aiming to free whatever little space was occupied by them (Appadurai 2000). In 2008, the then Congress–NCP government brought in a resolution stating that 80 per cent of workers in all industries would comprise local residents (Deshpande 2020). In March 2020, the MVA government announced its plans to bring in a resolution making it mandatory for the private sector to reserve 80 per cent of the jobs for people who were domiciled in the state for more than 15 years (ibid.) Despite their attempt to use this opportunity to fill the industries with more Marathi workers, it might prove a difficult task, as many employers are reluctant to hire the locals. They complain that most Marathis do not work hard, bring with them local political connections and ask for more leaves. The effect the locals will have on the employees' wage bill is also a concern for the employers (ibid.) Therefore, any massive change in the city and state's ethnic demography is unlikely to happen, as it does not suit the local business's interests.

Notes

1. Modi, Narendra. 2020. “PM Modi writes: A letter to the nation in the midst of a crisis that calls for firm resolve” *The Indian Express*, 30 May 2020. Accessed 30 May 2020. <https://indianexpress.com/article/opinion/columns/narendra-modi-prime-minister-bjp-government-6433655/>.
2. The difference is mainly because of the area they consider under Greater Mumbai.
3. During my visit to the slums, I was informed about the jobs in which most of the males and women from the area were engaged.

4. The number of deaths due to COVID-19 related health issues could be five times higher than the official figure given by the Government of India. According to Doctors Hemant Shewade and Giridara Gopal on 31 July 2020, “when the official COVID-19 death toll was 35,747, the actual might have been 188,939”. “Watch | Could COVID-19 Deaths in India Actually Be 5 Times the Official Figure?” *The Wire*, 25 August 2020. Accessed 26 August 2020. <https://thewire.in/health/watch-actual-covid-19-deaths-karan-thapar-hemant-shewade-giridara-gopal>.
5. “Coronavirus triggers panic migration from Dharavi to Tirunelveli district”. *The Hindu*, 22 April 2020. Accessed 22 April 2020. <https://www.thehindu.com/news/national/tamilnadu/coronavirus-triggers-panic-migration-from-dharavi-to-tirunelveli-district/article31408325.ece>.
6. “Dharavi COVID Tracker: Minister Varsha Gaikwad on virus test, migrant workers and reducing crowding in the slum”. *Mumbai Mirror*, 20 May 2020. Accessed 22 May 2020. <https://mumbaimirror.indiatimes.com/coronavirus/news/dharavi-covid-tracker-minister-varsha-gaikwad-on-virus-tests-migrant-workers-and-reducing-crowding-in-the-slum/articleshow/75892993.cms>.
7. Unpublished paper under consideration in a reputed journal. The author is thankful to Professor Neeraj Hatekar for sharing the paper via email.
8. “As migrants leave, Maharashtra government pitches for son of the soil agenda to tackle labour shortage” *The New Indian Express*, 15 May 2020. Accessed 18 May 2020. <https://www.newindianexpress.com/nation/2020/may/15/as-migrants-leave-maharashtra-government-pitches-for-son-of-the-soil-agenda-to-tackle-labour-shortage-2143811.html>.

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