

Embodiment in Social Accounts of Indian Migrant Workers’ Experience of the Covid-19 Pandemic

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Introduction

On 24 May 2020, tens of thousands of daily wage migrant workers in India suddenly realised that they were without work due to the abrupt announcement of a nationwide lockdown in response to the COVID-19 pandemic. With no employment, most of the workers exhausted their meagre savings within a few days. Stranded without food and no means of sustenance, the migrant workers voiced their plight: “*Corona se nahi marenge par bhookh se mar jayenge*” (“We will not die of Corona, but will die of hunger”). This expression emerged as a strong statement depicting the images of distressed bodies of the migrant workers of India. Overnight, their employers turned them away, which led to them becoming outcasts in the cities they erected with their labour. All modes of transportation were suspended because of the complete lockdown. Men, women, including pregnant women, and children began their journey on foot back to their villages fearing starvation, their bags packed with all their worldly possessions. The pictures of their long foot march that crowded the internet induced mixed feelings of indictment and sympathy amongst the privileged classes. However, it is safe to assume that this distressing episode involving the migrant workers will soon become a part of the annals of India’s history, only remembered in political or intellectual debates. As the more privileged classes of society desperately look for ways to attain something akin to normal, the violence inflicted upon the working class will slowly fade from our collective memory. Nevertheless, this episode opens up some salient aspects surrounding the corporeality of the body in unprecedented social circumstances, which I discuss in this essay.

This essay centres on the corporeality of the body while discussing the social situations of migrant workers caught in the political management of the COVID-19 pandemic in India. The satisfaction of hunger as the most fundamental aspect of sustaining life emerged as a more immediate concern for the migrant workers than the contagious virus itself. Such corporeal reality, however, is diluted in the discursive politics surrounding the pandemic. In such circumstances, a sociological analysis focusing on the concept of the ‘bare body’ as

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introduced by Giorgio Agamben (1998) can provide key insights into how, through which processes, and in which configurations an agglomeration of bare bodies gives rise to our society. Such an analysis helps us understand a new politics about the body that emerges from the body, for the body, and because of the body. This ushers in a new era of bio-politics entangling the body with microbes and its governance by the state (Foucault 2009).

The conceptualisation of the body in the social sciences has been more concerned with its social definition and meanings (Hockey and Allen-Collinson 2009). While theorising the body in relation to the social and political, the individual material experiences of embodiments are neglected (Scheper-Hughes and Lock 1987). In other words, there remain gaps in the literature about accounts of ‘how it feels to be embodied’ (Hockey and Allen-Collinson 2009; 2190). In order to conceptualise this embodiment, I use the notion of embodiment as a ‘material relationality’ (Prokhovnik 2014; 468) that explains how individual experience and embodied practices are lived out materially. Embodied relationality offers continuity between the biological body and the social body, where physiological facts and social constructions are mediated through the lived experience (Prokhovnik 2014). The embodied subject reveals the metaphysical foundations of a knowledge system about the body where the body emerges as a site of significant epistemological analysis (Braidotti 2011).

I conceptualise the migrant worker’s body ‘as a situation’ and situations (such as caste, class and gender) are embodied dictating the experience of the body (Prokhovnik 2014, 469). For instance, while the body as a situation for a male migrant worker is contingent on his class, caste and race, for a female migrant worker, it is compounded by the bodily reality of her reproductive cycle. While employing ‘embodied relationality’, which highlights a reciprocal relationship between the physical and the social, I emphasise the accounts of material or bodily experience. I view the migrant workers first and foremost as carnal beings of blood and flesh who associate with their worlds through their bodies. Hence, for the theoretical framework of this paper, I use the concept of carnal sociology according to which the social organism with its corporeal aspects is an important and indispensable site for research (Wacquant 2005). For instance, 16 migrant workers in Maharashtra sleeping on the railway track were run over by an empty goods train.¹ While their deaths were conceptualised as a socially inflicted consequence of administrative decision-making surrounding the lockdown, the accounts of their bodily exhaustion, which forced them to sleep on a railway track during their foot march back to their village, got overshadowed by the larger political debate. Understanding these tragedies through carnal aspects, such as the bodily requirements of sleep and rest, reintroduces into the analysis the social importance of carnal needs. The migrants’ deaths on the railway track also incorporate a corporeal reality of the body. Thus, the site of violence is not only the body as a whole, but biological processes of the body whereby the administrative decisions ignoring the carnal needs of life produce deaths that could have otherwise been avoided.

The first section of the essay, using Giorgio Agamben's (1998) concept of 'sacred life', discusses how social distancing during the COVID-19 pandemic creates a category of infected 'bad' bodies and how this categorisation renders these bodies dispensable. In the section that follows, I discuss the corporeal reality of the foot march of the migrant workers and its socio-political implications. Then, I introduce gender as a variable in this analysis and argue how such corporeality is intensified and at the same time hidden in the case of the female body. The intersectionality (Crenshaw 1989) embodied in a women migrant worker's body contributes to a more nuanced understanding of carnal sociology. In the concluding section, I briefly outline how the story of the migrant workers establishes the empirical significance of the theories employed throughout this paper.

Bad Bodies: Social Distancing and Sacred Bodies

Returning to the corporeality of the body, a very general question arises: are all bodies the same? In the language of medical and biological sciences, the body is a system of organs with variations in reproductive organs. In other words, the body is universal. It is this 'medical gaze' (Foucault 1994; 9) that allows the body to be objectified, and the person is reduced to their biological self. Such biological reductionisms hinder the understanding of the body as a site of epistemological enquiry. The notion of a 'lived body' defies such objective understanding of the body by claiming that the body is in fact an extension of society (Merleau-Ponty 1962, 206). Further, social theorists such as Raia Prokhovnik and Emily Martin have suggested that the universal biological body has different social experiences, which are embodied through 'material relationality'. Material relationality further depicts how the embodied experiences of individuals are contingent on social relations and social norms. Drawing on this argument, I argue that it is the body through which institutions are established and sustained. It is this body that creates meanings of the society (Booth 2016), and it is this body or the idea of the body that makes the social tangible or material.

Hence, the social is constructed first and foremost by classifying bodies into certain stratified categories. Such a classification of bodies is evident with the manifestation of a new pandemic in the world. With the appearance of the novel coronavirus, a new meaning of the social has emerged, and the wellbeing of society now hinges on the practice of social distancing; a distance of at least 6 feet between two people is the required norm for biological safety. While the world debates the use of the term 'physical distancing' over social distancing, the Indian Supreme Court, in a recent ruling, has rejected a petition for substituting the word 'physical' for 'social' in describing it.² The premises for the petition are worthy of consideration. Social distancing, at least in the context of India, has always been about bodily separation based on the concept of purity and pollution inscribed within the age-old institutional practice of untouchability in the caste system. The Supreme Court's ruling ignores this historicity and abets the predominance and the naturalisation of caste-based segregation in India. Hence, we must ask, does the term social distancing have a different meaning during this pandemic?

The importance of social distancing is propagated and advocated by medical science, with the need to isolate a contaminated body becoming the initial protocol to stop further contagion. Such a parameter of social distancing is very well established within Talcott Parson's (1951) notion of the sick role according to which a sick body become a deviant body. Although Parson's sick role has been critiqued in many ways for not acknowledging the patient's subjective aspects—doctor relationship (Turner 1995), his notion of social isolation of the sick is proven as a universal medical practice. Through a Parsonian lens, social distancing can indeed be seen as a legitimate withdrawal from social life and practice. Moreover, distinguishing and separating the sick body from the healthy body has been the most effective and active mandate of modern medicine (Foucault 1988). Thus, what it comes down to in the medical sciences are bodily configurations: the infected body versus the uninfected body. In this way, social distancing is an objective medical practice that introduces a mechanism of looking at a body through a dichotomising lens: the healthy body and the unhealthy body.

Interestingly, such a mechanism of dichotomous categorisation has been prevalent in social spheres as well. The concept of the infected and uninfected body is analogous to the pure and the impure body. For instance, maintaining social distancing from menstruating women is a very common practice in some societies in India (Roberts et al. 2002). During menstruation, a woman's body is considered impure for which she must adopt strict bodily isolation during her bleeding period. The caste system in India, an age-old institution, also works along the rationale of pure and impure (lower caste) bodies. In the past years, the National Crime Records Bureau of India has registered an escalation in the number of Dalits being murdered in India.³ Most cases of Dalit homicide can be traced to one ancient concept: purity and pollution.

Here, it becomes very important to note that this objectification of the body is similar to that in medical science. It is the body through which the practices of segregation with social meanings become tangible. It is the bare body on which societal values and structures are marked. Hence, caste violence must be seen first as a bodily dispute rooted in social meaning rather than personal disputes between autonomously acting individuals. Following a similar pattern, the isolation of a woman's body during menstruation, still prevalent in some societies in India, is not because she is detested as an individual by her family; it is her body during menstruation that is abominated. Embodiments of social relations highlight how a Dalit body and a female body endure the violence that arises from social realities. In other words, social reality becomes tangible by transcribing itself onto a corporeal body. Thus, social construction and bodily corporeality intersect with each other to produce an embodied subject.

Likewise, violence is exercised and maintained through bodily discourse. This gets fairly substantiated in a case when a health judgement of an infected body colludes with the value judgements of an impure body (Boorse 1975). Such affiliation is possible when medical definitions converge with societal interpretations, where they both feed each other. This

convergence has prominently emerged with the appearance of the COVID-19 pandemic. The initial phase of the pandemic was greeted with insensitive racial discrimination and attacks all around the world triggered by the sentiments of xenophobia.⁴ Anyone who was Chinese or even looked like a Chinese was subjected to racial discriminations in subtle or extreme forms.⁵ In India, individuals from the north-eastern region were subjected to such prejudice because of their phenotypical similarity with the Chinese. For instance, a woman from Manipur was spat on and called 'corona' on a Delhi street.⁶ In another incident, a group of students belonging to northeast India were beaten up by neighbours who forced them to evacuate their premises. "As we left, the crowd was shouting, 'Go corona go'," said one of the students. Another student reported, "Some of the local people were even shouting that they would kill and chop the boys into pieces that night itself."⁷ Various accounts of humiliation and physical violations were noted across the country, establishing how the pandemic had turned into a racial battle. Such racial prejudice and xenophobic attitudes depicted a process through which certain bodies were perceived to be carriers of the virus and hence dangerous. Ironically when the world was blaming China for the COVID-19 pandemic, the Chinese condemned black bodies as more susceptible to the virus.⁸

Further, in India, the discrimination against Dalits by the upper-caste community intensified in some parts of Tamil Nadu because they were considered unhygienic and dirty. Social activists in Tamil Nadu have claimed that members of the upper-caste communities used the lockdown as an opportunity to perpetrate caste-based assaults.⁹ These occurrences characterise the overlapping of a society's existing notions of impure bodies with newly medicalised categories of infected bodies leading to the emergence of bad¹⁰ or undesirable bodies – an allegedly high-risk category. Therefore, what we witness in these instances is how already oppressed categories face further oppression because of the virus.

Returning to the plight of the migrant workers: migrant workers were also included in the category of undesired/bad bodies by their employers. Working-class migrant workers after the lockdown were treated as infected outsiders in the cities they migrated to find employment. This remark by a migrant worker illustrates how they were let down by the cities which appropriated their labour: "The city was pitiless towards us. We gave it our sweat and blood. It had nothing to give us the day we became useless for it."¹¹ I argue that the plight of the migrant working-class body in India documents how bad bodies become sacred bodies. According to Agamben (1988), sacred bodies are bodies that lie outside both human and divine law. Hence, a sacred person can be killed without sacrilege, and he calls such an individual a 'homo sacer'. For Agamben, a homo sacer is one who can be killed without being sacrificed; a body who is an outcast, a tabooed and dangerous individual.

On 24 March 2020, when the prime minister of India, Narendra Modi, announced a nationwide lockdown to ensure strict social distancing, it is unlikely that he and his government completely forgot about the huge pool of migrant workers engaged mainly in the informal sector. This

decision eventually forced migrant workers across the country to resort to what has now been termed a historic foot march. This begs the question: when the country was launched into a lockdown as a measure to ensure social distancing, which bodies were taken into account and which were considered dispensable? Who were the bodies that the prime minister was addressing through the television screens?

Following the announcement of the nationwide lockdown, thousands of migrant workers were rendered jobless and left without food, accommodation, and any means of subsistence. The protocol of social distancing became a mockery when thousands of unemployed migrant workers gathered in the streets looking for transportation, food, water and shelter. The migrants were instantly reduced to their bare bodies and robbed of their basic rights. They were immediately turned into homo sacer – who can be killed but for whose death there is no accountability. At this point, the migrant workers were forced outside the realm of law and jurisdiction. The general rules of law were no longer applicable for them, and their bodies became a ‘state of exception’ – neither outside nor inside the social (Agamben 1988, p. 9).

The violation of migrant workers’ bodies was pronounced to be merely unfortunate incidents by the state. However, it is far from happenstance. The pathetic and deplorable conditions of the working-class migrant labourers of this country clearly depict the indifferent attitude of the Indian state towards its marginalised populations. The entire working-class population has been subjected to violence through negligence and exclusion from the state, with the poor basically reduced to their bare life (Gupta 2012, 5). The working-class lives are of the least value to the state because they pose a burden to the state; they are those on whom the state does not wish to invest resources. And hence, the existing structural conditions came together with the lockdown in a way that initiated a process of disposal of bad bodies through a natural (corporeal) process where poverty became more lethal for the body than a virus. The mechanism of social distancing, which was depicted as a remedy to fight a pandemic, in reality, out-casted the working class, reduced them to their bare bodies and pushed them to become today’s homo sacer. In the following section, I illuminate the structural violence inflicted on the sacred bodies of the migrant workers through their own bodily experiences.

The Walking Body: Bodies, Borders and Corporeality

The after-effect of the nationwide lockdown has been the development of a new understanding of citizenship in India. The social phenomenon of reducing migrants’ bodies to homo sacer leads to an expropriation of the fundamental protection they are entitled through their citizenship. Their bodies became a ‘state of exception’ which they had to embody as a new political truth. The predominant conception of citizenship in any democracy is society’s legal recognition of its members, where citizens are autonomous subjects entitled to exercise certain rights (Olson 2008). The absoluteness of the lockdown dispossessed the migrant

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workers of their civil rights: the right to work, political rights (right to representation and social rights), right to live as a civilised human being (Marshall 1950). Moreover, the ambiguity and the fear of an indefinite lockdown led to a territorial quandary where migrant workers looked for ways to return to the land from where they derive their affiliation to this country. In this way, a new form of citizenship – regional citizenship – was established; Hepburn (2010) argues that “in the realm of social and political rights, there is evidence of strong regionalisation” (508). Regional citizenship became predominant in the country, and migrant workers’ exercise of fundamental rights were contingent on their respective regional affiliations. In their attempt at reclaiming their civil, political and social rights, migrant workers began their journey on foot to reach their native places. Their bodies began to signify lived limits of territorial borders returning to their respective territories. Thus, the management of the COVID-19 pandemic initiated a process through which citizenship rights became limited to the place of birth or the place where people vote. Such instances depicted how bodies became sites of territorial discourses during the pandemic, aptly expressed in this quote from a newspaper article covering the foot march of a migrant worker: “Oh, I will stay at the village border for 14 days, heck, for a month. But I want to be near my land, my people now.”¹² However, such reconstructions of citizenship were only temporally highlighted, with migrant workers soon moving back to the cities for the lack of work opportunities in their native places. Nevertheless, it is critical to acknowledge that whenever there is a manifestation of a major crisis, such as a pandemic, the guarantee of citizenship rights is tied to regional affiliations.

The reverse migration of migrant workers can be perceived as a form of ‘reflexive self-government’ (Olson 2008, 49), where citizens acquire the ability to retaliate against the forces governing them. The notion of reflexive citizens gives importance to ‘citizens’ collective self-determination’, where citizens modify the processes which determine their statuses and identity (43). “‘We are used to back-breaking labour, inadequate food and water,’ says Shambhu. ‘The physical labour of walking doesn’t scare us.’”¹³ Such assertiveness of the workers shows how they transform themselves from mere state subjects to active citizens adjusting to their circumstances and having command over their lives. This display of reflexivity suggests how political agency is reappropriated through certain acts of self-governance. Through this act, the bare bodies of the migrant workers are transformed into political bodies embodying a certain political meaning. Unfortunately, this act of self-governance further pushed the migrant labourers into morbidity, and many of the migrant workers had to pay for it with their lives.

The diligent intentions of the workers are met with mortal challenges. The long foot march of the migrant workers was hindered most by the corporeality of their own bodies. I have argued earlier that social effects dictate the embodied experience of the body. But just because the body is interpreted by the social, it does not cease to exhibit its own specific physical properties (Prokhovnik 2014). Thus, social processes not only inform and dictate

social and political existence but they also affect the corporeal existence of the body in a very significant way. A series of unfortunate deaths followed the denial of the workers' citizenship rights, which began with their foot march to reach their homelands.

The first tragic death due to the corporeal crisis was marked when a 39-year-old Ranveer Singh died on 27 March on the road in Agra after walking 200 kilometres from Delhi to reach his village, Badfara, in Madhya Pradesh. The man's autopsy report revealed that severe exhaustion triggered a heart attack that led to his death. Again, battling the corporeality of the body, another migrant worker, Vinod, who was walking back home to Hardoi district of Uttar Pradesh, died of hunger in Kannauj on 14 May.¹⁴ In a similar incident, the decomposed body of a 40-year-old labourer was found in Beed district, Maharashtra. Pintu Manohar, returning home to Parbhani district on foot from Pune, died en route due to starvation on 18 May.¹⁵ Anil Sankar, a 47-year-old migrant worker, died on 21 May at Atkuru in Gannavaram Mandal of Krishna district, Andhra Pradesh, reportedly due to sunstroke. Anil was walking from Chennai to his home in West Bengal. These deaths are just a few of the many documented by the media, which caught attention; the actual cases of death could be a lot higher.¹⁶ Unfortunately, no statistical studies were conducted to document the number of deaths of migrant workers during the lockdown, for which the government of India refused to pay compensation to the families¹⁷.

Even though the government initiated the Shramik (labour) Special trains to ferry stranded migrant workers back to their homes, on 1 May 2020, thousands of labourers continued to walk.¹⁸ This is because many could not manage to get a ticket for these 'special' trains, some could not reach in time, while others simply could not afford it. The ones who managed to board a train had to endure the consequences of the government's administrative failures and the mismanagement of the Indian railways. For example, trains destined for Uttar Pradesh reached Odisha, and some trains that should have taken 24 hours to reach destinations took over two days. Travelling migrant workers complained of going hungry on-board due to longer than anticipated run times of the trains.¹⁹ According to one report, around 80 people died between 9 May and 27 May on Shramik Special trains.²⁰ One of the deaths that illustrated the magnitude of the crisis was documented in a viral video: it showed a child playing around his dead mother at Muzaffarpur railway station.²¹ In another case, the father of a four-year-old boy, who died on the train, claimed that he died because of the heat.²² The body of a 45-year-old was found when the Vapi-Deen Dayal Upadhyay Junction Shramik Special train reached Sagar railway station.²³ The railway ministry tried to justify these deaths by claiming that these individuals were in pre-existing co-morbid conditions; they had heart conditions, were diabetic, paralysed or handicapped.²⁴

The objective of recounting the deaths of these reverse migrating bodies is not to paint a macabre picture of the pandemic in India. Such instances bring to the fore the importance of sociologies of the body which constantly remind us of how individual bodies are affected by

social structures and how general policies and discourses are inscribed in the bodies (Wacquant 2006). Employing carnal sociology, which conceptualises the social animal as not just a wielder of social symbols but as a situated and suffering creature of flesh and blood (Wacquant 2015), we can comprehend the body as not just a social product but as a vector of knowledge about reality (Wacquant 2005). Thus, the violence perpetrated by the existing oppressive structures on the poor migrant workers, precipitated by the state's antipathy, needs to be understood through corporeal dimensions. Material conditions of the body become *prima facie* evidence of the violence of the state.

Clearly, during the pandemic, the *homo sacer*, who can be killed but not sacrificed, has become a victim of a distinct corporeal reality: the visceral threshold of the body. How long can a person go on without eating? How long can a person walk without resting? These are some of the prudent and corporeal questions the government of India needs to be held accountable for. Quite simply, ascribing the migrants' deaths to co-morbidity shows how the state is indifferent and apathetic to the carnal aspects of these lives. As a result, the most fundamental corporeal aspects of the body – hunger, thirst, sleep and rest – are seen to be dictated by social norms and regulations, the power to determine which remains in the hands of the political elite. This sort of violence further renders these bodies unwanted, bad and spare bodies because apparently their existence means very little to the state. Thus, it is also through carnal aspects that structural violence is maintained and naturalised. Dying of hunger, heat and exhaustion is portrayed as an unfortunate and natural event, for which no one can be held accountable. However, we can confront such strategic violence when we understand how systemic violence is executed through corporeal aspects of the body. And in the case of migrant workers, this attack took the form of ignorance about, apathy for and exclusion from the state of the fundamental existence of migrant workers.

However, limiting these corporeal accounts to only hunger, thirst and sleep can be a distortion. When we describe corporeality in terms of hunger, thirst and sleep, we are only considering an ungendered body. If we adopt the lens of gender, we find that we are omitting the most corporeal truths of a woman's body: her reproductive cycle. A male migrant worker walking back home for months is distressing. But add to that a body that 'leaks' blood every month (Moffat and Pickering 2019, 767) and we discover a new instance of suffering naturalised as corporeal reality. I discuss the nuances of the corporeality of the migrant woman worker in the following section.

The Bleeding and the Birthing Body: Double Trouble

Adopting Loic Wacquant's carnal sociology, we have identified the migrant worker's body as a sensuous animal who suffers. But an ungendered understanding of carnal sociology can prove to be biased and uncritical. Victoria Pitts-Taylor (2015) argues that Wacquant's carnal sociology, which signifies how stigmas and vulnerabilities shape embodiments, echoes with

feminist epistemologies. She argues that feminist scholars have been addressing the suffering body by accentuating vulnerability, trauma, illness, pain and disability. Feminist theorists have also substantially addressed the ‘sedimentation of experience’ by capturing the indelible effects of power in bodies (Pitts-Taylor 2015, 2). In other words, feminist literature has already contributed significantly to corporeal knowledge of the body, which carnal sociology fails to acknowledge. Feminist scholarship has established the importance of a corporeal understanding of the body through women’s standpoint, where this standpoint is located in bodily sites (Smith 1992). Experiences of embodiment, which feminist literature documents intensely, must be placed within the theoretical framework of carnal sociology.

Thus, when we use theories of the body to understand the migrant workers’ crisis, we need to include the following question: what then becomes of the women migrant workers’ corporeal experience? According to India’s 2001 Census, out of 309 million migrants in the country, female migrants constitute 218 million while men account for only 91 million. In terms of percentage, migrants constitute around 30 per cent of the total population, with male migrants and female migrants constituting 18 per cent and 45 per cent, respectively, of this population (Mahapatro 2010). Clearly, the dearth of documentation of the corporeal experience, such as menstrual cycles, of such a huge number of women migrant workers is utterly phallogocentric. The lack of migrant women workers’ bodily accounts can be understood to be a part of ‘menstrual etiquette’ which renders menstruation invisible or non-existent (Moffat and Pickering 2019, 770). Menstrual etiquette is a strict set of rules which focuses on how menstruation as a bodily process must be hidden (Laws 1990). Thus, menstruation and its management, which is considered highly personal and a private act, needs to be hidden, and they disappear from the present discourses of the migrant worker. Moreover, a menstruating or ‘leaking’ body is not only considered to be inappropriate; it is also seen as ‘actively polluting’. Therefore, because of the necessity to not antagonise men of the society with knowledge of bleeding, the corporeal fact of the women migrant workers’ lives is actively omitted from the emerging narratives about migrant workers. The women’s corporeal troubles are written over by problems of the male figure.

Feminist theorist Dorothy Smith (1992) claims that our embodied experience shapes our primary ground of knowledge. Smith initiates a method of inquiry that begins at the site of being. Thus, her notion of standpoint, which is located on bodily sites, can be placed within the scope of carnal sociology. In this way, the woman migrant worker’s body emerges as a site of knowledge embodying social structures through intercorporeality (Pitts-Taylor 2015). Intercorporeality focuses on bodily communication that occurs between living beings and the structure in which it is assembled (Prokhovnik 2014). Thus, when we pay heed to the corporeality of the female body, we encounter how migrant women’s menstruating bodies bear the ‘double burden’ (Moffat and Pickering 2019;771) of having to maintain their bodies without any infrastructural support (pads, tampons, and hospitals) during their walk. In other words, the material reality of the walking body in the case of women would narrate an even

more dire corporeal truth of the body. However, such encounters of the menstruating bodies have not surfaced in any narrative about migrant workers during the pandemic, signalling an oppressive attitude towards women's bodies through silencing and making their bodies invisible. Bodies of women migrant labourers fall within the intersections of caste, class, sex and gender. Crenshaw's (1989) intersectionality, hence, allows for a configuration of experience and subjectivity of a woman's body within carnal sociology. Therefore, during the long march of the migrant workers, women's standpoint and intersectionality established how the bodily experiences of hunger, sleep and thirst are compounded by bleeding during menstruation.

On the other hand, the birthing body of migrant workers managed to secure some attention from the media and the state when a pregnant woman walking from Maharashtra to Madhya Pradesh was forced to deliver her baby on the road.²⁵ Several such cases emerged after this, where migrant women workers were compelled to either deliver their babies on the road or died of complications in their pregnancies. One woman who was walking to Chhattisgarh delivered her baby girl on the road, rested two hours and then started walking again; another woman who was seven months pregnant died in a truck.²⁶ Such atrocious conditions of life and death have, however, not caught a great deal of the attention of the state and its more privileged citizens. First of all, the media reports of these births documented them as "migrant worker delivers baby on road".²⁷ None of these articles attempted to include the slightest account of labour pain or the tragic process of giving birth on the streets in the hot summer month of May. None of the reports even hinted at the pain and agony of the birthing women. The entire corporeal process of giving birth became absent from such narratives. This gendered omission of bodily accounts again mirrors that of menstrual etiquette. Such corporeal accounts of giving birth are unpleasant and unwanted, and thus they remain hidden. Second, even when these instances were reported in the most apathetic and instrumental way, they failed to incite outrage among average Indian citizens; this is in comparison to the deaths of the migrant workers who were run over by a train while they were sleeping on the railway tracks. The deaths of the migrant workers on the railway track shocked the entire nation, as reflected in accounts in the media and social media, compelling the country's prime minister to apologise to the migrant worker citizens.

My intention here is not to measure the scale of atrocities inflicted on the migrant workers but rather to initiate a discussion through these instances on how accounts of women and their sufferings are overshadowed by the phallogocentric tendency in the narratives of the plight of the migrant workers during the pandemic. This bias occurs because women's bodily processes such as menstruating while marching and giving birth on the road are normalised as natural processes which do not merit social analysis. In such accounts, the double oppression of women's bodies occurs through silencing and overlooking. The carnal aspects of a woman's body are rendered invisible and insignificant as working women continue to embody social oppression through the silencing of the social needs of her corporeality.

Conclusion

This paper is a humble attempt to initiate discussion on the need for a sociological analysis of the body through attention to corporeality. With his history of thought, Michel Foucault had illuminated the importance of the body for the politics of the modern nation-state (Foucault 1997). He had situated power and politics within the techniques of the body, demonstrating how these techniques became instruments of surveying, governing, disciplining and self-disciplining. However, through this paper, I have argued that the body's carnal aspects cannot be ignored in biopolitics. Hunger, thirst, sleep, menstruation, and birthing are fundamental carnal realities of the body. I have shown that the politics of the body does not only revolve around how the body behaves and disciplines itself but also includes the biological processes of the body (Rose 2001).

The body's physiological processes have now come to be governed by larger political decision-making that categorises bodies into infected and, hence, bad bodies. I have argued that pre-existing social constructions and meanings have largely influenced this medical categorisation of the body. Thus, I conclude that unwanted and bad bodies during the pandemic are subjected to a form of what I call *natural killing*. The term 'natural killing' describes a process through which some deaths are constructed as natural and inevitable. Hence, no structural pattern is deemed necessary to be drawn for characterising such instances of death. The naturalness of this form of violence requires sociological analysis, and this paper is a small step in that direction. I have discussed how such natural killings are, in reality, a consequence of systemic and strategic violence that also occurs inside the body.

The plight of the migrant workers during the COVID-19 pandemic in India demonstrates a biopolitical conversion of society's marginalised section from normal bodies to sacred bodies. Social distancing, a biopolitical tool for some lives (the middle class), proves to be the politics of death for the underprivileged population—the migrant workers. Further, in the case of migrant workers, this politics is manifested through the body's corporeal aspects. Hence, viewing the experience of the migrant workers through the framework of carnal sociology contributes to an embodied understanding of systemic violence. This form of sociology also needs to take a gendered approach to holistically make sense of the body as a physical and social being. The unprecedented corporeal experience of giving birth on the road while on a foot march calls for an emphasis on accounts of the embodied realities of female bodies in different social situations, including while experiencing systemic violence. Thus, narrating the story of the migrant worker through the concepts of biopolitics and homo sacer embodiment and a gendered approach to carnal sociology (re)establishes the empirical importance of these theories. Further, focusing on the carnal aspects of bodily existence allows for an in-depth and intimate understanding of individual experiences. Acknowledging fundamental bodily truths allows for the inclusion of nuances in policy-making that anticipate the worst impacts of their implementation, giving an opportunity to mitigate them.

Notes

1. <https://www.thehindu.com/news/national/other-states/16-migrant-workers-run-over-by-goods-train-near-aurangabad-in-maharashtra/article31531352.ece>.
2. <https://timesofindia.indiatimes.com/india/covid-19sc-rejects-pil-opposing-use-of-term-social-distancing-imposes-rs-10000-fine/articleshow/75631397.cms>.
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4. <https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobia-worldwide>.
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