

# The Vande Bharat Scam: Women, Social Standing, and Evacuation flights to India under Covid-19

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## Introduction

Constantino Xavier in his article, “India’s Expatriate Evacuation Operations: Bringing the Diaspora Home”, begins by situating evacuation operations in the urgency felt by the Indian government to ‘protect’ its diaspora. Xavier is a foreign policy and security studies scholar at Brookings India. He writes that this compulsion of the government to ‘protect’ Indian immigrants happens more and more due to the “rising economic contributions and political influence” of the Indian diaspora. (Xavier 1) However, what fails to get mentioned here is the part of the diaspora that may not have economic or political influence.

Even though the Vande Bharat Mission is an emergency evacuation operation, it demands payment from evacuees and takes into account only a limited set of emergencies, excluding most of those which concern women. My paper focuses on the problems women evacuees are facing in the evacuation operation due to this gender-biased short-sightedness of the Indian government. I further analyze how the women’s social standing, particularly in terms of economic and marital status is affecting their distress. The paper converses with other works in the field of Gender and Indian Migration Studies, studies of evacuation of expatriates by Indian government and the nascent discourse on COVID-19 in the Humanities, aiming to contribute to their scope.

The Vande Bharat Mission was started by the Government of India from May 2020 for Indians stuck abroad due to the coronavirus pandemic since regular international flights have been suspended to and from many countries. Earlier, the Supreme Court had declared that repatriation was not a “feasible” step to take as of then. However dire the situation, the Modi government had asked Indians to “Stay where you [they] are, be patient.” After a lot of prayer and petition from expatriates, the plan finally began to get executed from May 8th, 2020 and has been running in several phases. (India Today, 13 Apr. 2020; Basu and Krishnan, 14 Apr. 2020; Basu, 16 Apr. 2020; Philip, 28 Apr. 2020) During the time of writing this paper, it has recently completed its fifth phase. As Constantino Xavier wrote in an article for *Hindustan Times* titled, “Covid 19: Getting Indian Citizens Back Home”, the Modi government has realized that “the diaspora’s committed support, including political and financial, comes with a price.” (Xavier, May 6, 2020) The mission also includes ships from the Indian Navy, but this paper is only concerned with the Air India flights. As scholarship on Indian evacuation operations is less, I am highly indebted to Xavier’s work on the evacuation policies followed by the Indian government in a typical operation of such kind. Xavier classifies evacuation operations under four broad phases: pre-evacuation emergency assessment, evacuation planning, evacuation operation, and post-evacuation. (Xavier 5)

The pre-evacuation emergency assessment is the stage at which on-ground information like the source of emergency, specific threats to immigrants, number of immigrants wanting to evacuate, and their socioeconomic profiles, is collected. (Xavier 5-6) For the Vande Bharat Mission, the Standard Operating Protocol (SOP) released and updated by the Ministry of External Affairs (MEA) from time to time contains a list of ‘compelling’ reasons for the evacuees to choose from on the registration form published on the Embassy’s website. Registration was mandatory for evacuation until the flights became open-access at the beginning of June and were no more based on a selection process through the Embassy. However, the fact that registration with the Embassy is still a requirement for a correct evaluation of the situation on-ground and the number of people seeking emergency evacuation, continues to marginalize certain groups. The ‘socio-economic’ profiles and ‘degree of exposure’ to the crisis engendered by the pandemic have not been among the government’s concerns while formulating the evacuation plan, as is evident from the exorbitant ticket prices and prices for mandatory quarantine. (Reddy et al., May 14, 2020)

In the evacuation planning phase, the government generally decides based on data collected in the assessment phase what kind of operation it will be— a civilian airlift or a military-led operation. (Xavier 6) The Vande Bharat Mission is a civilian airlift through a series of non-scheduled commercial flights operated by Air India. However, unlike previous evacuations, the government is not involved except for serving only as a “facilitator”, according to Xavier’s article in the *Hindustan Times*. The Modi government is not funding the evacuation but has been monitoring it through the MEA. (Xavier, May 6, 2020) The evacuees are supposed to pay for their own air tickets.

The evacuation operation phase involves the airlift of evacuees from different countries by airline officials and their transportation to India. (Xavier 6) For Vande Bharat Mission, the Ministry of Home Affairs (MHA) issued some guidelines on 24 May 2020 (which supersedes the one released on 5th May 2020)<sup>1</sup>. Under ‘Guidelines for International Arrivals’, they enumerated a few requirements for the evacuees to follow to be allowed to board the flight. Here are the ones that apply in the operational phase:

- i. Before boarding, all travellers shall give an undertaking that they would undergo mandatory quarantine for 14 days—7 days paid institutional quarantine at their own cost, followed by 7 days isolation at home with self-monitoring of health.
- ii. Only for exceptional and compelling reasons such as cases of human distress, pregnancy, death in family, serious illness, and parent(s) accompanied by children below 10 years, as assessed by the receiving states, home quarantine may be permitted for 14 days. Use of Aarogya Setu app shall be mandatory in such cases.
- v. At the time of boarding the flight/ship, only asymptomatic travelers will be allowed to board after thermal screening. (Ministry of Civil Aviation 5)

The limited list of reasons that qualify under ‘compelling’ are put as options to check off in the registration forms on the Indian Embassy website. The options are:

Professional or Employee Laid off; Non-Permanent Resident or Short Term visa holder facing expiry of visa; Medical emergency; Pregnant Woman/ Elderly; Due to death of a family member; Tourist or visitor stranded abroad; Student- educational institute closed.”  
(Indian Embassy)

In the post-evacuation phase, the evacuees, as Xavier writes in his article, “often arrive in distress”, so they “have to be provided with special medical, financial, food, shelter,

and psychological relief.” (Xavier 7) The Vande Bharat Mission has mandated an exorbitant amount to be paid for quarantine in five-star hotels which could hardly be counted as ‘relief’ of any kind to the evacuees. Here, the government has again indirectly involved itself through acts of surveillance. In the quarantine facilities, passports are taken away from the passengers. While none of the MHA Guidelines mention this, *The Times of India* among other news channels talked about the mandate: “After the immigration process, passports of the passengers will be retained and people in batches of 30 will be taken over by a Central Industrial Security Force (CISF) officer. The passport will be given to the team head escorting the returnees.” (*Times Travel*, May 8, 2020) The MHA guidelines have another requirement that is necessary to look at in the discussion of the post-evacuation phase:

- iv. All passengers shall be advised to download Arogya Setu app on their mobile devices. (Ministry of Civil Aviation 5)

Failure to download this app is being legally penalized in certain cases. Akhilesh Kumar, the DCP Law and Order in Noida stated to the *Indian Express*: “All those with smartphones who do not have the application can be booked under Section 188 of the IPC. After that, a judicial magistrate will either decide if the person will be tried, fined or left with a warning.” (Sawant, May 9, 2020) These extreme measures are applicable to residents of Noida and Greater Noida only as of the time of writing this paper.

The policies and guidelines at each phase have been designed in a way that exploit rather than rescue underprivileged women. I shall look at the following three categories of women with no or low-income, categories based on their cause of distress, and discuss the possible effects of the evacuation operation on their lives— domestic abuse victims, pregnant women, and exploited migrant domestic workers. I shall also explore how their low economic status and their marital status influence these effects. It is important to note that in separating women into these categories, I do not imply that these problems do not overlap. The categories are merely for the ease of study.

### **Domestic Abuse Victims**

Here, I am particularly concerned about women who are homemakers or have lost their jobs and are now dependent on their husbands. Obviously, their marital status as ‘married’ to their partner is the most crucial factor in their predicament. In the pandemic, there has suddenly been a global spike in domestic abuse cases. For women economically dependent on their husbands or women who choose not to leave abusive households, this is a ‘compelling’ situation during the pandemic that has gone unaccounted for in the pre-evacuation emergency assessment phase of Vande Bharat Mission. Women in such households may refuse to take legal actions or call hotlines for several reasons—they may lack awareness of foreign laws, there may be cultural restrictions, and there even may be fears of getting deported. (Anitha et al.; Kamdar, May 8, 2020) In the pandemic, the fear of contracting COVID-19, the inability to find shelter, and the dip in job availability has further discouraged these women from leaving. Coupled with these reasons, there is also the general inability to imagine one’s existence as an independent entity and the fear of a sullied social reputation within the community. Most women choose to stay with their husband and his family than face homelessness, now even more because of the restrictions on mobility brought about by the pandemic. (Mukherji, April 3, 2020)

Research has found that in cases where the husband is a permanent resident and the wife is not, the woman's immigration status makes her more vulnerable. She becomes a soft target on two counts—firstly, the problems faced as a woman of color (considering the population of the host country is predominantly white), and secondly, intersecting with the first one, she is treated as an inferior due to her insecure residency status, even at home. (Abraham 452; Kang 149-50) The husband, to have more control over the life of the woman, may avoid filing for her visa extension. This results in the woman becoming undocumented. The Center for Migration Studies in 2018 counted 630,000 undocumented Indians in the US, a 72% increase since 2010. *Sakhi for South Asian Women*, an organization in New York that works with domestic violence victims, records 10% to 15% of the South Asian domestic abuse survivors as undocumented. For these women, legal employment opportunities are out of the question and they naturally receive no unemployment benefits or healthcare, which has pushed them further towards precarity in the pandemic. (Kamdar, May 8, 2020)

The pre-evacuation emergency assessment stage has taken into consideration people with expired travel documents and with the risk of facing deportation. However, it has failed to accommodate women exposed to domestic violence, whose passport and other documents may be with their husband and who may not have a way to provide proof of their immigration status. On July 31, 2020, *Clarion India* published an article on a domestic abuse victim in UAE who had put up a video on social media, crying for help, in which she had tagged the Indian Consulate. The woman had a 13-year-old daughter and she explained her situation in the video:

I am in danger. I am helpless. I don't have money. I don't have a calling card to call my family. I just need justice. I am requesting you to please help me. Somebody please help me. (*Clarion India*, July 31, 2020)

The Indian Consulate on Twitter had assured that they got in touch with her and were arranging for her repatriation. To *Gulf News*, they communicated that they had asked her husband to return her passport to her. It was only after her video went viral on social media that the Consulate made this Press statement. (*Clarion India*, July 31, 2020) This implies that there is no official way for domestic abuse victims to register for repatriation unlike other Indian expatriates affected by the pandemic. The list of 'compelling' reasons on the Indian Embassy's registration form and SOPs, in quite a gender-blind way, omitted the mention of domestic abuse. On top of this, the requirement to pay for tickets to take evacuation flights leaves economically dependent women wanting to flee from violence in very deep waters. If we consider the case of the woman in UAE, how could she pay for evacuation and quarantine when she could not afford a calling card? These women neither have the possibility to procure jobs in the foreign country if their visas are expired, nor can they extend their visas since their passport and other documents are under control of their husbands. Such a complex 'socio-economic profile' coupled with a complex marital profile stands excluded in the records of evacuees prepared during the pre-evacuation emergency assessment phase. This is further alarming in a situation when UN Women has already declared domestic violence as a 'shadow pandemic'.

At the operational stage, when passengers are subjected to a thermal check, the requirement to be asymptomatic assumes that access to healthcare is easily available to all living abroad which would facilitate their treatment before evacuation in case they have symptoms. Women, especially if they are abused homemakers and moreover, poor,

suffer the most in such scenarios where access to health services is concerned. Some of the factors responsible for this include lack of Indian women's prioritization of their own health which is rooted in traditional beliefs. Nida Mustafa, et.al. write in their article, "The lived experiences of chronic pain among immigrant Canadian-Indian women: A phenomenological analysis" that in Canada, Indian immigrant women generally have been found to ignore any physical discomfort or symptoms like pain, treating it as a consequence of work. This is because they do not want their medical treatment to interfere with their familial responsibilities as women, who are generally the sole caregiver in the family, whether they have jobs outside home or not. (Mustafa et al.) Another research on South Asian women's health in Hong Kong, "Accessing health care: Experiences of South Asian ethnic minority women in Hong Kong" by Nimisha Vandan et.al., found that Indian women in the diaspora tend to neglect their health needs because of a culturally constructed low self-priority and due to limited access to health resources and information. Moreover, in case of homemakers, their "stay-at-home status" mostly means that they would need permission from their husbands to go out and are increasingly dependent on their husband's decisions especially because of their dependent immigration and economic status. Expensive private healthcare is also a huge factor for negligence of health needs, especially when they do not have enough money to pay for health insurance unless their husbands help them or are unsure about the availability of private health insurance. (Vandan et al.) Marital status and economic status are jointly a huge determinant, therefore, of women's access to healthcare, which needs to be kept in mind during the pandemic as well.

In the post-evacuation phase, for women travelling with abusive husbands, the mandatory 14- or 7-days quarantine can be fatal. The possibility for seeking help from the police is not bright as their apathy has been reported profusely. *The Hindustan Times* reports that the police would at the most request the women "to stay put till the lockdown was over". Moreover, their increased workload during COVID-19 to ensure everybody stays at home, makes them neglect these cases because "to investigate domestic disputes is often not considered a priority". (Ratnam, April 26, 2020) Gender-responsiveness is definitely not the focus of the Modi government during quarantine as Siddharth Chandrashekar, a practising advocate at the Pune High Court said: "There have been funds created amid the pandemic to help with everything and everyone but survivors of domestic abuse". (Matta, May 7, 2020) However, its tactics of surveillance have contributed to feelings of insecurity in these women on top of domestic abuse. Chandrashekar said that since police are beating people who are going out, to enforce strict quarantine measures, women are afraid to leave home and seek help. (Matta, May 7, 2020) Similarly, the hold on passports in hotels and quarantine centers further exacerbate the fear in women that going out would be strictly monitored and punished. It may also reach their husband in the hotel room and lead to further abuse. The surveillance of the State through the Aarogya Setu app and the hold on passports acts in tandem with the surveillance of the husband on domestic abuse victims, which is further facilitated through the possession of a cell phone. The introduction of the Aarogya Setu app reflects Modi's famous idea of a 'Digital India' or an India that is technologically savvy. This notion has been criticized by Anita Gurumurthy et.al. in "Unpacking Digital India: A Feminist Commentary on Policy Agendas in the Digital Moment". They write that the idea of a 'Digital India' very easily combines "a postmodern neoliberal aspiration of material prosperity with a hegemonic disciplined idea of 'Indianness'" by assuming the accessibility of the internet

to weaker sections (like women). (Gurumurthy et al. 376) At the same time, it enforces digital surveillance on women. The same article talks about the concept of 'welfare surveillance' as technological schemes that "deploy digital technologies to dis-embed social and economic rights from their deeply social and gendered moorings." (380) The women's 'social and economic rights' to receive protection and information against the virus or to prevent themselves from infecting others, put their bodies under surveillance, stripping these rights from issues of gender and social class. The women's bodies are treated solely as possible covid-carriers in 'welfare surveillance' schemes digitally through the Aarogya Setu app and manually through the hold on passports.

### **Pregnant women**

The MHA Guidelines and the Embassy registration form mentioned only one emergency specific to women and that is pregnancy. However, this seemingly generous consideration is fraught with an extremely gender-biased outlook. Moreover, the consideration is partial to the economically endowed since the ticket prices remain equally high for pregnant women as well. If we look in terms of marital status, the mobility of pregnant women (especially at a later stage in their pregnancy) is mostly dependent on their husband if they are still married. I am focusing here on married pregnant women from low-income backgrounds.

The inclusion of solely pregnant women in the list of emergency situations has its roots in what Molly Wiant Cummins describes as the panoptic treatment of pregnant bodies by capitalist societies, in her article, "Reproductive Surveillance: The Making of Pregnant Docile Bodies". In the pre-evacuation emergency assessment phase of the Vande Bharat Mission, all pregnant women can fill up the form but only those of them are permitted to travel in the operational phase who are less than and equal to 27 weeks pregnant. This is as per Air India's guidelines, which involves a complex process for pregnant women to be allowed to fly:

Before booking Air India flights in the condition of pregnancy, the airline has a clear rule which is applied to all expecting mothers. This can be done only on the authority of the Chief Medical Officer of Air India and the passenger must be accompanied by a physician and an indemnity bond must be signed. This is normally facilitated in case of urgent compassionate cases only. (*The Times of India*, May 24, 2020)

This kind of paperwork that is required for pregnant women to travel is an additional stress during a pandemic. The *TOI* article also reports that gynecologists are refusing to examine pregnant ladies through face-to-face appointments, which is already a source of anxiety for these women. The need for permission from the Chief Medical Officer of Air India and the accompanying paperwork only serve as yet other forms of welfare surveillance. Molly Wiant Cummins writes that the exceptions made by society for pregnant women are only for facilitating a panoptic gaze on their body that aids in the reproduction of bodies of labour for the capitalist state. According to Cummins, such policing of the pregnant body is "present in moments such as making choices that benefit the fetus only or following Western medical advice over other types of advice like a woman knowing/trusting her own body; alternative medicine and practices such as yoga." (Cummins 36) The requirement to be 'accompanied by a doctor' and being under the mercy of Chief Medical Officer's authority to be granted freedom of mobility when the woman might herself know what is best for her, falls under such policing.

Similarly, to make the decision to travel, a pregnant woman cannot consider her own comfort alone because the convenience of the person who necessarily accompanies her (usually her husband) also comes into account. The *Deccan Herald* reported on May 16, 2020 about a couple in London among whom only the pregnant wife was allowed to travel because she alone had applied for evacuation. The husband had expressed his apprehensions to the High Commission regarding his wife travelling alone by stating explicitly that “she would travel if he was allowed to travel with her” even though the High Commission had informed him of his wife’s “willingness” to travel. The couple were then naturally left to await their turn, which could have resulted in disappointment for them if the doctor forbade travelling for the woman as her pregnancy advanced. (Kanchan, May 16, 2020) Thus, there is surveillance at home on a pregnant woman’s body as well, which is an additional burden because women’s bodies are surveilled anyway. Cummins’ assertions agree with this observation: “A pregnant woman is not only under the panoptic discipline that affects women in general, she also becomes a body in need of containment due to her specific status as pregnant.” (Cummins 36)

The operational phase requires that pregnant women also pay for their tickets and mandatory quarantine, which alienates a huge population of low-income groups. For instance, *BBC News* published an article about an Indian migrant worker and his pregnant Indian wife in Dubai on May 16, 2020. The man had been expelled from his job and his wife was having a difficult pregnancy since she had diabetes. He had no money to pay for either his wife’s delivery or for the air tickets. The wife’s position was precarious since she could not wait for the man to save up enough money for the tickets somehow because it could be a life risk for her to travel after the 33rd week of her pregnancy. (Hashmi, May 16, 2020) The woman was marginalized in terms of her gender (which is connected to her marital status) and her economic position. Her marginalization in terms of her gender is connected to her marital status as her mobility was under her husband’s decision. This is because a pregnant woman’s body is seen as a receptacle of a man’s (her husband’s) baby. Barbara Katz Rothman in her chapter, “Motherhood under Capitalism” in *Consuming Motherhood* states that in a capitalist society (here she refers mainly to the US but the ideology is valid for neoliberalism India as well) the body is viewed as “owned property” and patriarchy combines with capitalism to designate the woman’s body as hers but the fetus she carries as the man’s. Rothman writes that for a pregnant woman “owning her own body is not enough to assure her civil liberties if her body is believed to contain the property of someone else, somebody else’s baby”. (Rothman 24) Even for the woman in Dubai, her husband spoke (to a news reporter) as if he had sole ownership of the baby: “I just want to save my child”. The privilege to be evacuated was, however, being denied to her under capitalism for being poor and not subscribing to the image of the dominant economically stable body, which solely were to be allowed to board the flight. According to Cummins, in a panoptic society, only some bodies are marked dominant and granted privileges. (Cummins 37) Thus, she was marginalized on economic terms as well.

In the post-evacuation stage, the Vande Bharat Mission is hardly sympathetic towards pregnant women even though so much effort is expended by the airlines to surveil them. An article in the *Hindustan Times* reported that passengers which included pregnant women and elderly were asked to wait for long hours at the Lucknow Airport tarmac after landing on May 9th. These women were not even allowed to leave the tarmac and use the washroom. However, the Lucknow divisional commissioner claimed oblivion regarding this when asked about his comments. (Srivastava, May 19, 2020) Such

mistreatment is only on account of the gender-blind structure of the mission. Drawing again from Anita Gurumurthy et.al.: “Reinforcing ‘masculinized representations of social experience and value’, the ‘filtering out’ of social contexts through technocratic governance systems leads to objectification and othering of marginal citizen subjects.” (Gurumurthy et al. 380) Therefore, the exclusion of concerns for pregnant women at the airport among the officials deployed there to control mobility of evacuees, is a part of Modi’s masculinist enterprise of national development. Within such a vision of development, surveillance mechanisms (among other things) are targeted at providing maximum social benefit to only the upper-class upper caste men while marginalized groups and genders are sidetracked.

### **Exploited Migrant Domestic Workers**

Amelita King-Dejardin in her article for the ILO titled “The Social Construction of Migrant Care Work: At the Intersection of Care, Migration, and Gender”, writes that care work at home has “historically and traditionally” been associated with women’s unpaid work in the house which is considered ‘unproductive’ compared to men’s ‘productive’ work outside the home. This gendered division and valuation of work is reflected even in paid care work at home. In fact, monetary compensation for care work gets compromised in certain cases as tradition constructs the notion of caring as “altruistic and intrinsically fulfilling, and that monetary rewards are, or should be, of secondary importance.” (King-Dejardin 46) This decreased social value associated with care work also reflects in the state policies towards it as care concerns are considered inferior to other issues like industrial development and national security. (King-Dejardin 48)

The result is that women domestic workers are often the victim of intense violence or exploitation. Apart from physical and mental violence from employers, sexual abuse and exploitation in the form of refusal or delay of payment are very common. In the Gulf countries, migrant domestic workers work under the *kafala* system. The *kafala* system ensures that the worker works under the same employer throughout the period of her migration. Even if there is a change in employment status of the worker, the employer is legally responsible for them. In most cases, the employer confiscates her passport and other travel documents, sexually exploits her without facing any legal consequences, and basically enslaves the worker. The domestic worker rarely lodges complaints for fear of losing her job and then being deported. Denial of key labour protections to these women only helps exacerbate the violence. (Jarallah 7-9; Timothy and Sasikumar 38) Several regulations have been enforced for the legal protection of these workers in the Gulf countries but many of their crucial rights still remain neglected in some of these countries. Consequently, even during the pandemic, the state policies towards these migrant domestic workers have also been shaped along gender lines.

Most of the women domestic workers abroad are suffering from job loss as the coronavirus has severely injured economies worldwide. The restriction on mobility has also augmented violence and sexual abuse in the lockdown. Reaching out to agencies or legal aid is getting increasingly difficult. The women are facing increased workload, including taking care of ill members of the family which may consist of COVID-19 patients. Since their health needs are generally neglected, their exposure to the coronavirus can be very high, which further might discourage them to go out. (Begum, April 6, 2020) The pre-evacuation emergency assessment phase of the Vande Bharat Mission does not take these situations into account.

The list of ‘compelling’ reasons, first of all, does not identify abused or unpaid domestic workers, nor do the registration forms on the Indian Embassy websites. If their passports get confiscated by their employers, it seems impractical to expect they could at all make plans on their own for boarding the flights. Even with passports, they could not afford to pay for tickets and mandatory quarantine. A research fellow at the Vidhi Centre for Legal Policy in India, Tarika Jain, writes that in the petition for special flights to the Supreme Court, there were two points regarding nationals in Gulf countries that deserve special attention—one highlights the conditions of international migrant workers who have been “deprived of basic amenities” and the other appeals for “financial aid and action by the Indian embassies”. (Jain, April 21, 2020) Jain writes that while the Indian government has taken measures to aid the expatriates in these countries by sending doctors, the migrant worker group remains neglected. Ian Hall, in his book, demonstrates how Modi’s foreign policy of appeasement of overseas migrant workers has nationalist roots rather than the desire to improve their conditions. The diaspora funds BJP’s election campaigns and state-level efforts in many ways and also contributes technical and entrepreneurial skills to India’s economy. In addition to that, the RSS sympathizers abroad spread the ‘essence of Indianness’ or Hindu nationalist values and cultures. (Hall 99-100) However, all of this pandering is mainly focused on the wealthier migrants. The low-income migrant workers pose a challenge to the government as: “They regularly require consular assistance, they are commonly subject to mistreatment by their employers, recruitment agencies, or the authorities, and on occasion they need to be evacuated when conflicts erupt [...]” (Hall 101) Except for Modi and his government’s characteristic showmanship in addressing their problems (for instance, use of Twitter to respond to Indian workers in distress by External Affairs Minister Sushma Swaraj), nothing substantial has been done. Modi has addressed them in a way so they feel ‘belongingness’ to India—an effort to spread Hindu nationalist feelings just like he has done for high-income migrants (Hall 101-2)—but specific problems like joblessness and gender-issues have never been on his agenda for foreign policy.

In case of international female migrant domestic workers as well, marital status and economic status have very close connections. Apart from creating care-deficits at her home (Kofman and Raghuram 8), marriage reduces the woman worker’s savings as she has to send a significant portion of her salary home as remittances for the family, which is a larger share than men do. (Sharma 41) For women with a husband and children, it is safe to assume that the amount would be very high. The pandemic has now delayed or stopped their payments even though they are working overtime. Nikhil Eapen, a freelance journalist and a researcher at Equidem, a labour rights organization, writes for *Article 14* on May 7, 2020, that these migrant workers will not be able to pay fares up to Rs 100,000 from the US, Rs 20,000 from Singapore, Rs 12,000 from Bangladesh, and Rs 25,000 from the Gulf. Jose Abraham, the President of the *Pravasi Legal Cell*, an NGO, confirmed Eapen’s conclusion: “The move to repatriate overseas Indians is an important step. Yet, stranded workers with unpaid wages may not be able to claim this service.” (Eapen, May 7, 2020). In the operational phase, the high price of tickets, thus, hardly makes evacuation a rescue. Spending all their savings on tickets and mandatory quarantine threatens the daily expenses in the workers’ families once they reach India. Ranabir Samaddar writes in his introduction to the book, *Borders of An Epidemic: COVID-19 and Migrant Workers*, that class and caste operate as ‘fault lines’ in the ‘disease management landscape’. The Modi government, as all governments obsessed primarily with the economy, will push the health needs and

economic needs of those involved in 'informal work' (like the female domestic workers) to the periphery. These daily-wage earners and low-income groups will recede to poverty as there is huge uncertainty regarding the return to "normal". (Samaddar 11)

Moreover, there is the mandate to be found asymptomatic during thermal screening to be allowed to board the flight. The women workers hardly receive access to proper healthcare to be able to get medically checked up for COVID-19. Some countries have started portable transnational schemes for health coverage of these workers in their destination countries. However, the facilities covered, limited duration of coverage and the cost sometimes deter migrants from taking them. For domestic workers, mainly the services related to reproductive and sexual health are extremely difficult to access. (World Health Organization 41) Moreover, linguistic differences, lack of sufficient money and temporary visa status (the undocumented workers fear they might get exposed to authority while going to claim health benefits) compound to make health care even more inaccessible to these women. (41-42) Discrimination based on their status as foreigners further endanger their health needs. For instance, Nikhil Eapen writes in his article that Members of Parliament and influential people in Kuwait have gone public spewing hate speech against them for allegedly "depriving Kuwaitis of hospital beds during the pandemic" and soiling the country as "illegal immigrants". (Eapen, May 7, 2020)

Finally, the post-evacuation phase is even bleaker for women domestic workers. The mandatory quarantine fees they are supposed to pay is legally binding on the evacuees as discussed earlier. (*The Times of India*, March 17, 2020) Along with that economic burden are the expenses of paying for travel and risking the virus infection as one prepares to go to their hometowns from the city of arrival. This is because due to lack of cooperation and collaboration between centre and state governments, the arrival airports in service for evacuation flights have only been restricted to a few selected cities. The evacuees who are not residents of the city they landed in face a hard time, being left on their own to travel to their homes after quarantine. According to the civil aviation ministry and senior state officials, only cities with more expatriate returnees and better quarantine facilities are to be given priorities. (Mandal, August 18, 2020) The women face dangers of infection and sexual violence in this journey just like the internal migrant women workers. The gender-blind and here class-blind surveillance system implemented by the Modi government in controlling mobility makes the threat of violence more poignant as police crackdowns suggest. However, class also functions as a 'fault line' dividing the way these bodies are surveilled, as the case of internal migrant workers, including women and children, in Bareilly, shows. They had been forcefully sprayed with a disinfectant, which was, as Badri Narayan Tiwari in his chapter, "The Body in Surveillance" notes, a chemical used by municipal corporation personnel to clean buses. (Tiwari 46) The women had been sexually harassed by the police (Thapliyal, June 26, 2020), making gender a fault line as well, if combined with the lower class of a migrant laborer. While Tiwari only looks at the class angle: "If we define them [migrant workers] as bare biological body, we treat them only biologically. We see them as merely a body which is a suspected carrier of disease." (Tiwari 46), I add that gender also determines the treatment meted out to the worker's body that is only seen as a 'suspected carrier of disease'.

## Conclusion

The Vande Bharat Mission is, therefore, yet another instance of the current Indian government's right-wing policies targeted at the exclusion of weaker sections. While

evacuation of expatriates seems generous superficially, it is important to remember that expatriates, quite like the home population, are not socio-economically on an equal plane. Gender and class continue to be important determinants for access to aid from India as well as their host country. Women facing domestic abuse, while repatriating or deciding to repatriate during covid, are never considered a victim of emergency. Pregnant women are considered to be in a precarious situation but the aid available to them is highly inconsiderate of their individual freedom. Finally, exploited migrant domestic workers abroad are neither counted in as under emergency nor are they assisted economically. Overall, while the Vande Bharat Mission has little concern for the poor, it projects complete obliviousness towards women's distress.

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### Notes

<sup>1</sup> The MHA guidelines released on 5<sup>th</sup> May 2020 has been removed from the website.

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