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The Plight of Migrants and Refugees in the Pandemic

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In early May 2020, Andrith, a 30-year-old former Venezuelan police officer, left Peru with his partner Patricia, 24, and their three-year-old son the same way they had arrived a year earlier—on foot and without any food or money. Now they were trying to make it back to Venezuela. They would have to cross the closed borders of Ecuador and Colombia via unofficial routes in order to eventually reach their hometown of Caracas.

They had gone through severe economic hardship during their migratory odyssey, but nothing that came close to the desolation they experienced during the national lockdown that Peru implemented from March 16 to June 30 in response to the coronavirus pandemic. After almost three months, with no money to pay rent or buy food, their despair drove them to return to Venezuela, knowing that conditions there had worsened since they were forced to leave by the country's political, socioeconomic, and humanitarian crisis of the past few years. In Venezuela, Patricia said, at least they would be with their families.

During their return journey, Andrith and Patricia had their few belongings stolen and were trapped at the Ecuadorian border in Tulcán for days, waiting for people-smugglers to take them into Colombia. A month after leaving Lima, they arrived in Cúcuta, Colombia, a city on the Venezuelan border. There they joined thousands of other Venezuelans, all of them desperately trying to return to a country that was slipping into further chaos by the day. The last time we

heard from Andrith and Patricia, in early July, they had been waiting for days in an informal and overcrowded camp in Cúcuta, with no access to adequate food, clean water, lodging, or any of the basic necessities that help prevent the spread of COVID-19.

Patricia was forced to sell her hair to buy a day's worth of food—a fate she had hoped to avoid when she passed through Cúcuta the previous year. As they waited for their turn to cross the border to be called by representatives of the United Nations High Commissioner for Refugees (UNHCR), who were mediating with the Venezuelan government to organize safe return for migrants, Andrith was selling cigarettes on the street. Summing up the chaotic scene, Patricia told us, “There are so many people, so many people trying to get home . . . and there is no help; it's so hard.”

Andrith and Patricia's desperate and precarious situation exemplifies the anxiety that border closures have caused for forced migrants and refugees worldwide as they struggle to survive in lockdowns during the pandemic. But COVID-19 has not only stranded millions of people at borders, it has also made them more vulnerable to people-smugglers and human trafficking rings. Migrants, especially forced migrants and refugees, are often among the most defenseless and neglected members of their host communities when it comes to socioeconomic and political rights. Their vulnerabilities have deepened during the pandemic.

As of mid-2020, according to the International Organization for Migration (IOM) and the UNHCR, the global total of international migrants had reached 272 million, of whom 79.5 million had been forcibly displaced—the highest number on record. Including migrant and refugee populations

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in states' emergency responses and providing regular means of migration during the pandemic and other crises is essential to prevent their already desperate situations from becoming much worse—and to control rather than potentially add to public health risks.

FORCED IMMOBILITY

Perhaps the most obvious effect of the COVID-19 pandemic on migration has been forced immobility. Worldwide lockdowns and travel restrictions, which were put in place to prevent the spread of the virus, affected hundreds of thousands of migrants and refugees. By the end of July, COVID-19–related travel restrictions continued in place in almost all countries. Many forced migrants remain trapped in transit countries, unable to either reach their final destinations or return to their countries of origin.

In South Asia, after the Indian government imposed a nationwide lockdown on March 24, thousands of Nepalese migrants, mostly low-wage workers, attempted to walk home but were blocked at different points along India's 1,700-kilometer border with Nepal in April. Similarly, in early June, the IOM reported that around 30,000 migrants were stranded in West and Central Africa. Dozens of Malians, who had been stuck for nearly three months in Niger, were successfully repatriated, but thousands there are still unable to continue their journeys or return home.

In the Americas, more than 14,000 asylum seekers, mostly from Central America, were immobilized in cities across northern Mexico. They are subject to the Migrant Protection Protocols, an agreement that enables the United States to send non-Mexican asylum seekers back to Mexico while their applications are pending. During the pandemic, the Trump administration not only has closed its borders, but also has initiated even more restrictive immigration policies. One of its new regulations raises the standard of proof for asylum seekers and allows immigration judges to deny applications for protection without giving applicants the opportunity to testify in court.

Across South America, Venezuelan migrants have been condemned to forced immobility, affecting both emigration and return flows. In one of the most dramatic situations, Venezuelan return

migrants like Andrith and Patricia have been trapped on the Colombian side of the border at the Simón Bolívar Bridge in Cúcuta. Due to restrictions imposed by the Venezuelan government, only a couple of hundred people are allowed into the country each day, forcing returning migrants and refugees to sleep on the streets and wait for weeks until they can cross the border into their home country. Even there, they face a hostile reception. Venezuela has treated returning citizens who try to bypass official border crossings and the mandatory quarantine as “bioterrorists,” jailing them in unhygienic conditions without adequate food or drinking water.

As borders across Latin America were closed, Bolivian and Peruvian migrants who lost their jobs in Chile were also stranded in border cities while trying to return to their home countries. Hundreds of Paraguayans who tried to leave Brazil and return home were stuck at the Ponte da Amizade Bridge, which connects the two countries, and had to spend days in extremely unsafe conditions. Even though most foreign affairs ministries in the

region have worked together to set up official repatriation operations, those efforts have fallen far short of providing adequate assistance for all the desperate migrants trying to make it home.

Worldwide lockdowns trapped thousands of migrants and refugees in transit countries.

PREY FOR TRAFFICKERS

Even in a time of worldwide travel bans and immigration restrictions, borders remain porous, especially land borders in the global South. Both large-scale internal mobility, as seen in caravans of Indian and Peruvian internal migrant workers walking back to their hometowns from capital cities, and international migration via informal channels have continued. Both forms of migration are often unsafe. During the pandemic, many desperate migrants have turned to smugglers, and in some cases have fallen into the hands of human traffickers.

For Venezuelan return migrants, the situation is particularly alarming due to the growing presence of criminal organizations along the Colombian border. Evidence from other countries, such as Niger, suggests that smugglers are shifting to more clandestine and thus more dangerous routes. Smugglers worldwide have adopted new information and communication technologies, like smartphones, messaging apps, and money transfer

services, which makes it harder for law enforcement agencies to track and identify them.

Two aspects of the trade in humans for the purpose of forced labor, sexual slavery, or commercial sexual exploitation are particularly worrisome in the context of the pandemic. Lockdowns further limit access to assistance for victims who are confined by their traffickers and now face a greater risk of both violence and infection. The effects of the pandemic are also deepening social inequalities, increasing the risk that vulnerable people will be subjected to different types of exploitation, whether forced labor, debt bondage, or sex slavery. More women, children, and migrants may be caught up in human trafficking networks, especially with over 1.5 billion students out of school due to the pandemic.

Despite the lockdowns, government actions are also responsible for the continued mobility of vulnerable migrants. Even as states repatriated millions of their own citizens, deportation programs kept operating in some countries. The United States deported nearly 10,000 immigrants in April alone, and there has been an increase in expedited deportations, often without due process. Migrants sent to overcrowded detention centers are more likely to be infected with the virus. A recent investigation by the *New York Times* and the Marshall Project revealed that the US Immigration and Customs Enforcement agency deported at least 3,000 foreigners who had tested positive for COVID-19 back to countries including India, Haiti, Guatemala, and El Salvador.

CAMP CONFINEMENT

Forced migrants and refugees are among the most vulnerable and neglected members of their host communities, and have often been more severely affected by the COVID-19 crisis than local populations. In some countries, displaced people are confined to camps or camp-like settings. Densely populated camps with limited access to public health services, basic sanitation, and clean water put refugees at a higher risk of infection—not just in North Africa, the Middle East, or Asia, but also in several camps in Greece. The conditions in such camps make it very difficult to adhere to social distancing, hand washing, or self-isolation guidelines. Despite efforts by international organizations such as the IOM and the UNHCR to prevent and control the virus in these camps, the virus has continued to spread.

In Bangladesh, many Rohingya refugees from Myanmar, where the military has targeted the Muslim minority group with ethnic cleansing campaigns, live in the Kutupalong refugee settlement in the southeastern Cox's Bazar district. The camp has grown to become the largest of its kind in the world, hosting almost 600,000 people as of June 2020, in an area of just 13 square kilometers. The virus reached the camp in April, and since then humanitarian organizations have been trying to control its spread with quarantine facilities.

Humanitarian workers around the world fear outbreaks in other camps. But the restrictive policies of some countries have not been justified by public health considerations. In Greece, for example, despite few reports of COVID-19 cases in the country's refugee settlements, such as the Ritsona and Malakasa camps near Athens, the government extended lockdown restrictions on the camps even as the rest of the country gradually reopened. (The last camp lockdown was not lifted until July 19.) These unjustified restrictions have been challenged as discriminatory by inhabitants.

Such policies should be understood in the context of Greek authorities' efforts to deny people the right to apply for asylum. According to the *New York Times*, Greece had secretly expelled over 1,000 refugees since March, leaving many adrift at sea, to be rescued by the Turkish coast guard, or sending them back across the Evros River into Turkey. Meanwhile, Germany has called for non-governmental organizations to cease search-and-rescue activities, and Italy and Malta closed their ports to rescued people, decisions that Doctors Without Borders has called “discriminatory and disproportionate.”

ON THE STREET

In many Latin American countries, forced migrants, asylum seekers, and refugees do not live in camps, but rather are dispersed among the general population, often taking jobs in the informal economy. This is the case for over 5 million displaced Venezuelans who have fled hunger, violence, and massive human rights violations in their home country—facts that should qualify them for recognition under the regional Cartagena Declaration on Refugees.

Most Latin American countries have incorporated the Cartagena Declaration's refugee definition into their own laws, and thus are obligated to protect Venezuelans as refugees and guarantee

their access to social services such as health care and education. But these obligations have not always been met in practice. Due to this lack of protection, many Venezuelans were barely better off during the pandemic lockdowns, cut off from the support of their families and friends, than they had been back home.

This drove some to resort to dangerous work during the quarantine. In Peru, Venezuelans were disproportionately employed by funeral homes to collect the bodies of suspected COVID-19 victims. Over 90 percent of the Venezuelan migrant and refugee population had been working in the informal sector before the pandemic. Many lost those jobs during the lockdown; since they did not receive any unemployment benefits, they no longer had any income. A survey conducted by the Equilibrium CenDE think tank in Peru showed that by mid-June, more than 50 percent of Venezuelans in Peru were unemployed and looking for work. Nearly half faced the threat of eviction.

Venezuelan migrants in Ecuador and Colombia endured similar conditions. During the lockdowns, many Venezuelans were left homeless, living and begging on the streets of South American cities while seeking help from international organizations and local authorities. This has increased the incidence of mental health problems such as depression and anxiety among migrant and refugee populations.

The rapid rise in the number of Venezuelan migrants substantially added to the demand for public services in countries like Peru. Those services were further strained by the pandemic. In most cases, even Venezuelans with regular migration status are ineligible for subsidized health care in Peru, with the exception of pregnant women and children up to the age of five. Neither a special work visa for Venezuelans nor asylum seeker status qualifies them for such services. Migrants have had to pay the full price of care at public hospitals, turn to private medical clinics, or find formal employment that offers health insurance. Although public health insurance coverage was extended to all residents of Peru who display COVID-19 symptoms, regardless of their legal status, some infected migrants reportedly were not tested or admitted to public hospitals.

During the pandemic, desperate migrants have fallen into the hands of traffickers.

As governments worldwide closed borders and enacted social support measures to protect the most vulnerable populations during the pandemic, as well as to help enforce quarantines, migrants and refugees were consistently left out of social programs such as cash transfers and essential health care services. Even in Canada, those classified as temporary foreign workers, with short-term work visas, were not made eligible for either public health care or the financial aid distributed to employed and self-employed Canadians directly affected by COVID-19. From a public health perspective, excluding foreign residents from emergency programs intended to help people comply with lockdowns is counterproductive and irresponsible.

As the pandemic has plunged countries all over the world into mandatory lockdowns and recessions, migrants' loss of income has had severe repercussions for their families back in their countries of origin. Many households in developing nations are dependent on the earnings that migrants send home, known as remittances. The

World Bank has estimated that the COVID-19 pandemic will reduce global remittances to low- and middle-income countries by about 20 percent, from \$554 billion in 2019 to \$445 billion in 2020.

As of June 2020, 55 percent of Venezuelans in Peru had stopped sending remittances home, while 30 percent had reduced the amounts they sent. On top of their own economic hardships, not being able to help their loved ones back home is likely to add to the pressure on the mental health of forced migrants. Their journeys are often driven by a desire to ensure the well-being of the family members they leave behind.

XENOPHOBIC REACTIONS

While it is still too early to know whether the pandemic will change public attitudes toward migrants in the medium to long term, some analysts expect it to intensify anti-immigrant sentiments. At the beginning of the pandemic, outbreaks of xenophobia were mainly directed against Asians, reacting to the supposed Chinese origin of the virus. People of Asian origin reportedly faced verbal and physical abuse in countries such as the United States, Australia, and Italy.

Populist politicians including US President Donald Trump, Hungarian Prime Minister Viktor Orbán, and former Italian Interior Minister Matteo Salvini, already known for their anti-immigrant rhetoric before the COVID-19 crisis, linked irregular (or “illegal”) immigration with the spread of the virus. The government of South Africa, where xenophobic violence against immigrants from neighboring Zimbabwe and other African countries has proliferated in recent years, decided to build a 40-kilometer fence on the border with Zimbabwe to “keep the virus out.”

At the same time, there have also been reports of shifts in public attitudes to more favorable views of migration. In some European countries, the pandemic has helped raise awareness of migrants’ contributions as “essential workers,” especially in the health sector, supply chains, and agriculture. Perhaps the most notable instance of such public recognition and gratitude was for the immigrant nurses Jenny McGee of New Zealand and Luis Pitarma of Portugal, who cared for British Prime Minister Boris Johnson when he was hospitalized in April after contracting the coronavirus. Johnson had been one of the leaders of the Brexit campaign, which was fueled by anti-immigration sentiment. His hospitalization and subsequent public expressions of gratitude to the nurses highlighted the National Health Service’s dependence on immigrant staff.

In Colombia and Peru, the two main destinations in the region for displaced Venezuelans, tensions are rising. Over the years, Colombia has displayed a welcoming attitude toward immigrants, but xenophobia has increased during the pandemic. In Peru, public attitudes toward Venezuelan migrants had already deteriorated in the months before the pandemic arrived, due to perceptions of economic competition between nationals and foreigners, as well as alleged links between Venezuelan immigration and crime. During the lockdown, negative sentiment regarding Venezuelan immigrants rose further: they were perceived as benefiting from public assistance that many Peruvians felt should be reserved for citizens. A recent study that we conducted in Lima found that some Venezuelan migrants and refugees fear xenophobia will keep growing in the coming months as an economic crisis looms.

IRREGULAR PERILS

One crucial migration issue has stood out during the pandemic: lack of access to regular legal

status makes forced migrants and asylum seekers more vulnerable, and less able to avoid being exposed to the virus. Lockdowns have closed administrative offices for months, leaving migrants and asylum seekers with no way to renew expiring identification documents. In European countries such as Belgium, services and reception centers for newly arrived asylum seekers were initially shut down without any plan to ensure access to food, shelter, or other basic needs. Around the world, according to the UNHCR, out of some 120 countries under lockdown in May 2020, only about 30 were giving any consideration to the claims of asylum seekers. The already slow resettlement of officially recognized refugees has also been halted.

Denying migrants access to legal means of cross-border mobility and residence status poses a global public health risk. Migrants who cross borders through unofficial points of entry are not registered and do not go through sanitary controls or obligatory vaccine programs. In a context of large-scale displacement, the risk of infection with communicable diseases such as COVID-19 is very high for irregular migrants, many of whom travel in large groups or are stuck in camp-like settings. After arrival in a new host country, the difficulties of life as a migrant with precarious legal status are just as serious. Irregular status can bar migrants and asylum seekers from access to social services, including public health care.

Since 2017, Peru has granted different types of legal status to Venezuelan citizens, but has not found a sustainable solution. Only about 100,000 of roughly 500,000 asylum seekers have received an identification document, and fewer than 1,000 have been recognized as refugees. The precariousness of their legal status, either undocumented or carrying papers that more often than not are rejected by government agencies and the private sector, adds to their stress when dealing with authorities. This is especially worrisome during the COVID-19 emergency. According to the study conducted by Equilibrium CenDE, over 78 percent of Venezuelan migrants said that they would feel fear or anxiety if they fell ill and had to seek help from a public official.

There are a few examples of countries that have taken a creative approach to migrant regularization during the pandemic. Some are being flexible about visa expiration dates. In Portugal, all migrants with pending applications were temporarily given legal residence status to ensure their access to health care and other public services, as well as

to temporary welfare benefits granted by the government during lockdown. In Italy, migrants working in the agricultural sector or in domestic service were regularized to provide them with access to health care and protect them against labor exploitation. (Two new types of visas were issued: a temporary work visa for the employed, lasting up to two years, and a 6-month work search visa for undocumented workers.) In Spain, requirements for obtaining regular status were relaxed, particularly for residence permits and family reunification.

The problem with most of these measures is that they are temporary and selective. From a public health perspective, regularization should cover all migrant workers, irrespective of the sector in which they are employed, and should not be time-limited.

The COVID-19 pandemic has demonstrated that public health emergencies put forced migrants and refugees at even more extreme disadvantage than

usual. They are subject to forced immobility, economic hardship, precarious legal status, and limited access to public services—including health care. The exclusion of migrants from governments' emergency responses has left them all the more vulnerable.

There is a pressing need to include migrant and refugee populations in emergency programs and to create legal pathways to migration, even during the pandemic. Governments in destination countries should set up mechanisms to provide regular status for irregular migrants. Foreigners should be granted access to social services, especially health care. It is also necessary to combat (rather than encourage) xenophobia both in public opinion and in the provision of public services. Only by taking such steps will governments ensure that preventive pandemic policies and other public health measures are effective for their entire populations. ■