COVID-19 AND INTERNATIONAL MIGRATION: AVENUES TO BE EXPLORED

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INTRODUCTION

The issue of the impact of COVID-19 on migration has received very little coverage in the media. But what do we really know, from a scientific point of view, about this issue? The answer is very simple: very little. On the one hand, it is too early to draw conclusions of a scientific nature and, on the other hand, the available statistics do not yet allow us to address this issue in a systematic way.

Does this mean that scientists can't contribute to this discussion? Far from it. Although there are no studies showing that migrant populations are at greater risk than non-migrant populations of contracting or even dying from COVID-19, a number of research studies suggest a few avenues for exploration. In crisis situations, in the absence of evidence, scientists can infer a number of connections between the pandemic and the situation of migrants. This method, which can be called "logical inference", allows, for example, the following reasoning to be made: if it is scientifically known that vulnerable populations are more at risk of contracting COVID-19 and if, moreover, it is known that several categories of migrant populations are recognized as being vulnerable, it can be inferred that these groups of migrants are more at risk, even though we have no statistical evidence to this effect at present.

The links between migration and epidemics are a constant in the history of diseases and epidemics. These links cover two types of migration-related risks, one related to spread and the other to infection. Migrants have often been blamed for the spread of diseases, thus justifying quarantine measures specifically targeting them[1]. The second type of risk concerns the inclination or susceptibility to contracting COVID-19.

The links between COVID-19 and migration are not direct, as this would mean that the mere fact of being a migrant, per se, would be directly related to a greater risk of being infected and possibly dying. This is the so-called *essentialist* approach, widely rejected in the social sciences. Thus, if the link is not direct, the causal pathway must be established through the consideration of intermediate factors. In order to dissect the

1 Denis Goulet provides several examples of the *victimization* of migrant populations in the course of the history of diseases and epidemics (see *Brève histoire des épidémies au Québec*, Septentrion, 2020). The case of AIDS in Africa is a good recent example in which migrants have been stigmatized as being responsible for the spread of disease (see Lalou, R., Piché, V. and Waîtzeneger, F., "Migration, HIV/Aids knowledge, perception of risk and condom use in the Senegal River Valley", in Michel Caraël & Judith Glyn (eds). *HIV, Resurgent Infections and Population Change in Africa*, Springler, 2007, pp. 171-194.

various forms of causal pathways linking COVID-19 and international migration, I propose three specific models for purely illustrative purposes.

The first model addresses both spread and infection risks: mobility restrictions are put in place to prevent the spread but, in doing so, increase vulnerability and the risk of infection. The other two models refer only to risks of contraction associated with socio-economic inequalities and types of employment in health systems.

THE MODEL OF RESTRICTIONS TO MOBILITY (BORDER CLOSURES)

The first model focuses on the notion of vulnerability caused by mobility restrictions, mainly related to border closures. The causal pathway can be formulated as follows:

$$C \rightarrow R \rightarrow V \rightarrow M \,(1)$$

Where:

C = COVID-19
R= Mobility restrictions (border closures)
V= Vulnerable populations,
M = Migrant infections/deaths

In plain language, this means that COVID-19, by causing countries to restrict the mobility of people (e.g. by closing borders), exacerbates the vulnerability of certain population groups, including migrants, which increases the risk of COVID-19 infection and possibly death.

According to data from the Pew Research Center, 93% of the world's population currently lives with mobility restrictions. As of April 22, 2020, 167 countries have partially or completely closed their borders to contain the spread of the virus. Some 57 countries have not made exceptions for asylum procedures. According to the indicator developed by the International Organization for Migration (IOM) (the "Displacement Tracking Matrix"), as of 23 April 2020, 215 countries and regions had implemented a total of 52,262 measures restricting the movement of persons[2]. According to IOM, this database allows for the mapping of disproportionate impacts on the most vulnerable populations, such as several categories of migrants.

It is clear that border closures will have a negative impact on the many who are in the process of migrating but have not yet arrived at their destinations. This impact will be particularly catastrophic when it comes to "forced" migration.

THE MODEL OF VULNERABILITIES ARISING FROM SOCIO-ECONOMIC INEQUALITIES

The second model also refers to the notion of vulnerability, no longer in terms of mobility restrictions as in the previous model, but rather in terms of socio-economic inequalities, which replace restrictive policies as an intermediate factor. The causal pathway can be expressed as follows:

$$C \rightarrow I \rightarrow V \rightarrow M \,(2)$$

Where:

C= COVID-19
I = Socio-economic inequalities
V= Vulnerable populations
M = Migrant infection/death

Although there are not many studies that can verify the validity of this equation, a few have identified Black populations, for example, in the United States as being more affected by mortality due to COVID-19. Two studies in the United Kingdom found that mortality due to COVID-19 was higher among minorities[3]. We will see later that this model also applies to the situation in Quebec.

With regard to migrants, several groups may be associated with this state of vulnerability: refugees and asylum seekers, displaced persons, temporary workers and irregular migrants. As mentioned at the outset, the real impact of COVID-19 on these migrant populations is not yet known. Nevertheless, it is possible to suggest likely impacts given what is known about the relationship between vulnerability and the impact of the virus.

REFUGEE AND DISPLACED POPULATIONS

According to the Office of the United Nations High Commissioner for Refugees (UNHCR)[4], there are currently about 26 million refugees and 41.3 million displaced persons in the world. Their high degree of vulnerability can be caused by the dangers of displacement, limited employment

2 Milan, Andrea & Cunnoosamy, Reshma (2020), "COVID-19 and migration governance: A holistic perspective", in *Journal Migration Policy Practice*, vol. X, no 2: 27-31.

3 As reported by l'Agence France-Presse, *La Presse+*, May 6, 2020.

4 See annual reports of the HCR on their website.

opportunities, overcrowded living conditions, precarious working conditions, limited access to clean water, food and health care. In some municipalities, for example in Italy, food vouchers are reserved for nationals and long-term residents[5]. In the case of internally displaced persons, the suspension of United Nations resettlement programmes because of the pandemic is particularly distressing.

IRREGULAR MIGRANTS

While the pandemic has put economic activities on hold, violent conflicts have not stopped, continuing to generate flows of irregular migrants, especially as regular channels are closed. In addition to the factors already mentioned for refugees and displaced persons, irregular migrants take more risks and are more at risk of exploitation by networks of human smugglers.

(TEMPORARY) MIGRANT WORKERS

In 2017, there were approximately 164 million temporary migrant workers worldwide. Many are found in developed countries such as those in the Gulf. Precarious working conditions, living in overcrowded camps, poor hygienic conditions put them at risk of exposure to COVID-19. In addition, the economic crisis and increasing unemployment are forcing many to return home, adding to unemployment in their countries of origin. One of the real consequences of the loss of jobs and income caused, among other things, by the closure of businesses is the decrease in monetary transfers (a 20% drop according to the World Bank). We know the importance of these transfers (550 billion U.S. dollars in 2019 according to the World Bank) for many households in their countries of origin[6].

THE SPECIAL CASE OF MIGRANT CHILDREN

Migrant children are among the most vulnerable groups in the world. There are 13 million refugee children and 1 million asylum seekers. There are an estimated 3.7 million children living in refugee camps or collective centres. Unaccompanied children are a particularly vulnerable subgroup. In some cases, as we have seen in the United States, they are separated from their parents. In addition to the problems of insecurity, precarious living conditions and lack of access to health care, the deep psychological scars suffered by these children must not be underestimated.

THE HEALTH MODEL (HEALTH WORKERS)

In this third model, it is not so much restrictions on mobility ("R" factor in the first equation), nor inequalities ("I" factor in model 2) that act as intermediate factors, but rather the modalities of economic integration defined by the type of job held in the health system. The causal pathway can be expressed as follows:

$$C \rightarrow I \rightarrow H \rightarrow Im \quad (3)$$

Where:

C = COVID-19
M = Mode of Integration
H = Health care system
Im = Immigrant

The connection between migration and the health sector is well documented in the literature on brain drain. It appears that immigrants are over-represented in several professions related to the health care system, whether at the top of the hierarchy (doctors, nurses, pharmacists, nutritionists) or at the bottom of the ladder (attendants in health centres for the elderly, home care, maintenance work). In many countries, without health workers of foreign origin, health systems would not be able to function. For example, in the United States, 30% of doctors and 16% of nurses are foreign-born. The corresponding percentages are 20% and 16% for Germany; 33% and 22% for Great Britain; 47% and 32% for Switzerland; and 38% and 24% for Canada[7].

IMMIGRANTS IN A "PERIOD OF SHUTDOWN": THE CASE OF QUEBEC AND CANADA

In the area of human rights and international migration, Canada stands out from most other countries in the world, whether it be developing countries, where the majority of

5 Giammarinaro, Maria Grazia & Palumbo, Letizia (2020), "COVID-19 and inequalities: protecting the human rights of migrants in a time of pandemic", in *Journal Migration Policy Practice*, vol.X, no 2: 21-26.

6 Data from Ontario indicate a significant problem of contagion among temporary agricultural workers. According to a *Globe and Mail* article of June 28, 2020, there are more than 800 confirmed cases of COVID-19 among agricultural workers, mostly in the Windsor area. Three men from Mexico died as a result. The situation was deemed troubling enough that the Mexican government is demanding tougher protection measures for Mexican workers.

7 Ardittis, Solon & Laczko, Frank (2020), «Introduction – Migration policy in the age of immobility», in *Journal Migration Policy Practice*, vol.X, no 2: 27.

refugees and displaced persons are concentrated, or European Union countries, which are desperately trying to build an impassable fortress against migrants and asylum seekers[8], or Gulf countries, champions of keeping temporary workers in precarious conditions, or the United States, where detentions, deportations and hunting of irregulars are on the rise under the reign of Donald Trump.

The more favourable Canadian situation does not exempt us from asking some questions and raising some concerns. First, with respect to model 1, it is clear that the closure of the borders with the United States, and in particular the closure of Roxham Road, is not good news for asylum seekers. In an order-in-council dated March 26, the federal Government closed irregular border crossings, such as Roxham Road, under an agreement with the United States that provides for the removal of asylum-seekers who cross the border irregularly into Canada. The new decree of April 22 states that people who already have a family member in Canada, those who do not need a visa to enter the country, and those who have been charged with an offence for which the death penalty may be imposed, have the option of filing a refugee claim at one of Canada's border crossings. These are exceptions already tied to the Safe Third Country Agreement signed with the United States, which applied before the health crisis and border closures. The impact of these measures has been to reduce the flow of asylum seekers to almost zero.

Model 2 emphasizes the increased vulnerability of certain groups of migrants. It is too early to rule on the real impacts of confinement on immigrants in Canada and Quebec. However, we already know from the report of the Direction de la santé publique de Montréal that there is an increased risk of the virus spreading to the more disadvantaged neighbourhoods of Montréal (such as Montréal-North). As there are other poor neighbourhoods, we can expect higher infection and mortality rates than elsewhere in Montreal and the rest of Quebec. These neighbourhoods are also known to have a higher concentration of immigrants.

In addition to socio-economic precariousness, vulnerability for immigrant men and women also includes an important political dimension related to the ways in which the various categories of immigrants are treated. Although it is too early to assess the impacts of COVID-19 on immigrants, the following questions can still be raised:

- **permanent residents:** although in principle the government continues to process applications for permanent selection, we can certainly expect longer processing times. How much longer? We will have to wait and see.

- **foreign students:** there are currently close to 40,000 foreign students in Quebec. Given the prevarication around the Quebec Experience Program (PEQ), we can expect high levels of confusion and anxiety among students.

- **Migrants in detention:** As mentioned above, migrants in detention are among the most vulnerable groups with respect to the risk of contracting COVID-19. The impact of COVID-19 on this category of migrants is not yet known. On the other hand, there are some signs of concern coming from some detention centres, such as the one in Laval, where a hunger strike has been started by detainees fearing they may be contaminated by COVID-19.

- **Temporary workers:** on the Quebec Ministry of Immigration website, the following measures have been announced: (1) assistance programs for workers who lose income as a result of COVID-19; (2) the possibility for holders of open work permits to find new employment with any other employer; (3) the possibility to accumulate, on a non-continuous basis, the 12 months of full-time work experience required to be eligible for the Quebec Experience Program; (4) continued medical coverage by the RAMQ; (5) access to screening tests; (6) compliance by employers with the exceptional measures put in place by the Quebec government. Once again, it will be essential to evaluate the actual application of these measures. According to a report by Daphne Cameron (*La Presse*, June 24), cases of coronavirus among farm workers are not officially recorded, which will make evaluation very challenging[9].

- **Irregular immigrants:** the numbers are not known, but it is known that the inflow of irregular immigrants continues and that they are a particularly vulnerable group. This invisible immigrant group will be reluctant to show up for testing until they are assured that they will not be deported. As mentioned above, several countries have proceeded to regularize their status. Why not Canada and Quebec?

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8 Piché, Victor (2014) "*Production/gestion de l'incertain: les populations migrantes face à un ordre mondial de plus en plus répressif*", in Vrancken Didier (dir.), (2014). *Penser l'incertain*, Presses de l'Université Laval, pp. 173-199.

9 Data from Ontario indicate a significant problem of contagion among temporary agricultural workers. According to a *Globe and Mail* article of June 28, 2020, there are more than 800 confirmed cases of COVID-19 among agricultural workers, mostly in the Windsor area. Three men from Mexico died as a result. The situation was deemed troubling enough that the Mexican government is demanding tougher protection measures for Mexican workers.

Finally, what about Model 3 (the health model) in Quebec? It is probably the best documented model at this time. According to a report by the Direction régionale de la santé publique de Montréal, health care workers are over-represented in hot zones in Montréal, such as Montréal-Nord. According to the report, about a quarter of the cases of infection in these areas involve health care workers. In fact, there is an over representation of health care workers almost everywhere on the island of Montreal.

We also know that immigrants, especially immigrant women, are over-represented among these health care workers, particularly as patient attendants in many CHSLCs. This is a route taken by many refugee claimants, a number of whom travelled Roxham Road in 2017-2018. There has been a great deal of sympathy and recognition in the media for these at-risk workers[10]. It is this context that led independent MNA Catherine Fournier to table a motion in the National Assembly on May 13, 2020. It reads as follows:

> "The work of asylum seekers employed as patient attendants in our CHSLDs in these times of pandemic must also be recognized.
>
> That the National Assembly recognize the contribution of hundreds of asylum seekers, mostly of Haitian origin, currently working as patient attendants in Quebec's CHSLDs.
>
> That the National Assembly ask the Canadian government to rapidly regularize their immigration status, in recognition of the work accomplished during the current crisis."

This motion, supported by the three opposition parties (PLQ, QS and the PQ), was rejected by the CAQ! Three days later (May 16), in response to a reporter at the daily press briefing, François Legault reiterated the CAQ's opposition to regularization.

On May 25, 2020, at the usual press briefing, the Legault government turned around and announced that there could be cases of regularization, but it would be on a "case-by-case" basis[11]. To be continued.

CONCLUSION

Although little is known about the impact of COVID-19 on migrant populations, it is reasonable to assume that these populations will be more affected than others by the current pandemic, given their greater vulnerability. Several countries have already set the tone. At this time of crisis, it would be appropriate to regularize the status of people currently without status. This is what Portugal has done by granting temporary residence permits to all migrants and asylum seekers, with full access to health care and social services. Or Spain, which has released immigrants in detention; or Ireland, which has made unemployment insurance available to everyone, regardless of legal status; or Malaysia, by guaranteeing not to arrest or detain people who come forward for testing; or Peru, by providing hygiene kits, virtual psychological support and financial assistance to the children of asylum seekers.

In the case of Canada and Quebec, it will be necessary to wait before assessing how the measures set out on paper have actually been applied in the field. In the meantime, economic measures to support the "victims" of confinement must take into account the specific situation of the most vulnerable groups of migrants. In this sense, one would have expected a little more empathy from the CAQ when voting on the motion to recognize health care workers in CHSLDs, many of whom are immigrants and asylum seekers. Similarly, asking the federal government to regularize their status would have been a step in the right direction.

One last point on immigration thresholds. For the past few weeks, Quebec Premier François Legault has been complaining about the lack of manpower in the health network. However, there are four important levers that could help meet certain labour needs: (1) regularizing the status of asylum seekers, as suggested above; (2) removing the institutional barriers that prevent many immigrants from practicing their profession, particularly in the health field; (3) increasing temporary immigration, with opportunities for professional mobility (no longer dependent on a single employer) and access to permanent residence; and (4) increasing the thresholds for permanent immigration.

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10 See among others: "*Pour des motifs humanitaires*", Yves Boisvert, *La Presse+*, April 29, 2020; "*La filière Roxham*", Agnes Gruda, *La Presse+*, May 2, 2020; "*S'en souvenir-t-on?*" Rima Elkoury, *La Presse+*, May 3, 2020. On May 21, immigration lawyers call for the regularization of the status of *essential* workers. A demonstration in favour of permanent residence for asylum seekers took place in Montreal on May 23, 2020. Finally, on May 24, Fabrice Vil, on *Tout le monde en parle*, expressed his anger at the CAQ's position.

11 The movement of sympathy for regularization may be thought to have played a significant role in changing the government's position.