

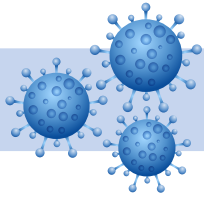
TIME FOR A RESET?

This paper is part of a series of short “think pieces” by IOM’s Migration Research High Level Advisers on the potential changes, impacts and implications for migration and mobility arising from COVID-19. Designed to spark thinking on policy and programmatic responses to COVID-19 as the impacts continue to emerge globally, the papers draw upon existing and new evidence and offer initial exploratory analysis and recommendations.

August 2020

COVID-19 and the transformation
of migration and mobility globally

Quarantined! Xenophobia and migrant workers during the COVID-19 pandemic



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Required citation: Hennebry, J. and H. KC, 2020. *Quarantined! Xenophobia and migrant workers during the COVID-19 pandemic*. International Organization for Migration (IOM). Geneva.

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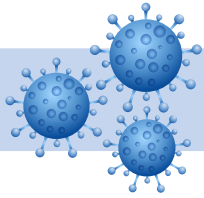
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COVID-19 and the transformation of migration and mobility globally

Quarantined! Xenophobia and migrant workers during the COVID-19 pandemic

Jenna Hennebry Ph.D., Associate Professor
and Hari KC, Ph.D. Candidate¹

Issue and overview

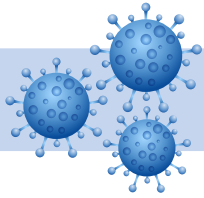
As the world grapples with the challenges of responding to the COVID-19 pandemic, racism and xenophobia against migrant workers in particular are on the rise,² impacting the estimated 164 million migrant workers out of the total of 272 million international migrants globally. In 2017, male migrant workers outnumbered female migrant workers by 28 million, with 96 million males (58%) and 68 million females (42%), in a context where males comprised a higher number of international migrants of working age (127 million or 54%, compared with 107 million or 46% females). Similarly, there were 111.2 million migrant workers in high-income countries and 30.5 million in upper-middle-income countries. However, these numbers have massively changed in the context of the pandemic, as governments have closed borders and repatriated many migrant workers back to countries of origin. Migration pathways, programmes and corridors of labour migration have become disrupted, and in some cases, migrant workers have been trapped in countries of destination, facing heightened risks of human rights violations and health risks, as well as expulsion and work permit denial or revocation.³

Impacts have been felt differently across sectors and regions, but there is no doubt that migrant workers are facing the brunt of anti-migrant sentiments and experiencing social exclusion and xenophobia, exacerbated as governments, communities and individuals react to fears and challenges related to the disease. In the context of the COVID-19 pandemic, migrant workers are being exposed to immediate and long-term harms to their physical and mental health, along with income precarity

¹ Balsillie School of International Affairs, Wilfrid Laurier University.

² Guadagno, 2020.

³ ILO, 2020.

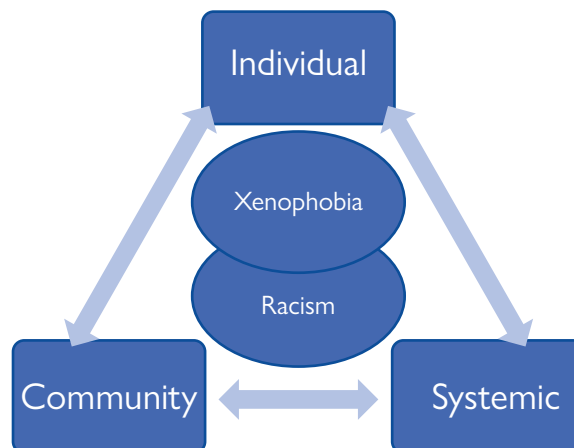


and threats to livelihoods and human rights. Xenophobia against foreign nationals has persisted at individual, community and systemic levels, manifesting through physical and verbal abuse, social exclusion, denial of goods and services, discriminatory restrictions and quarantine policies, including anti-migrant political rhetoric and social media discourses; and migrant workers have become the target of much of this ire.

Growing xenophobia and racism towards migrant workers

Xenophobia describes attitudes, prejudices and behaviours that reject, exclude and often vilify persons, based on the perception that they are outsiders or foreigners.⁴ On the other hand, racism is an ideological construct that assigns a position of power over others on the basis of physical and cultural attributes, such as skin colour and language.⁵ Although racism and xenophobia are distinct concepts, they are overlapping phenomena and are often difficult even to distinguish in many cases, since one motivates and triggers the other. In many instances, the media play a catalytic role in bolstering racist and xenophobic narratives against migrant workers. During times of crisis, prejudice and disdain against migrant workers can offer an emotional outlet for anxieties driven by fear and ignorance.

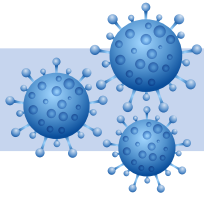
Figure 1. Levels of racism and xenophobia



Xenophobia and racism against migrant workers have manifested in covert and overt ways and varied forms at individual, community and structural levels, but they overlap and feed upon each other. Overt instances of xenophobia against migrant workers include more clearly visible and palpable verbal and physical abuse, hateful rhetoric and behaviour. At a more structural level, racism and xenophobia

4 Miller, 2018; Tafira, 2011.

5 Higham, 2002.



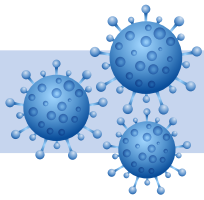
are embedded in labour migration governance and other systems of governance and service provision that have significance for migrant workers (e.g. health-care systems). In the context of the pandemic, migrant workers being subject to differing levels of testing or treatment, differential mobility restrictions, and being segregated or quarantined in overcrowded, unhygienic conditions away from nationals, are covert ways in which racism and xenophobia operate. All of these actions, often reinforced through the invocation and normalization of difference through speech, serve to discursively and physically separate, segregate and exclude migrant workers from citizens and the protections and rights afforded to the latter. Other indirect forms of xenophobia manifest obliquely, through exclusions of migrant workers from pandemic programmes and supports, or through mass detentions or deportations, and forced or policed quarantine. Such structural-level exclusions signal that migrant workers pose a risk, when rather they are at risk, and fear is weaponized in the name of containing the virus. Further, in most cases, pandemic response modalities have failed to address intersecting and interlocking vulnerabilities faced by migrant workers that heighten their risks of exposure to the virus, as well as to violence, abuse and stress that can have consequences for their physical and mental health well beyond the pandemic.

Exacerbation of precarities

Most migrant workers are already facing various pre-existing precarities that exacerbate the risks of infection and transmission.⁶ Migrant workers face barriers to mitigating risks of exposure to COVID-19 or accessing health care, including fear of loss of employment, language barriers, employer-tied work permits and lack of access to transportation and communication. For example, migrant workers in the Gulf countries, largely from South Asian countries (e.g. Nepal, India, Bangladesh and Sri Lanka), often live in overcrowded labour camps, often in unsanitary conditions without enough access to running water, raising fears that the situation could turn into a hotbed for COVID-19. Migrant workers in agriculture face particularly heightened vulnerabilities while living in crowded on-farm housing, where they may face lack of access to safe water, sanitation and ventilation, food storage and preparation, as well as being isolated on farm properties without access to transportation or communication and facing barriers to accessing health care.⁷ While Canada moved to shut its border with the United States on 21 March 2020, it made exceptions for the “essential workers” who travel to Canada under the Temporary Foreign Worker Program and work as seasonal agricultural workers, fish and seafood workers, and caregivers. Industry and employers’ organizations have been advocating for access to migrant workers, depicting them as “essential workers”, yet there have been accounts of discriminatory quarantine practices, barriers to accessing health care,

6 FAO, 2020.

7 Preibisch and Hennebry, 2011; Hennebry et al., 2016.

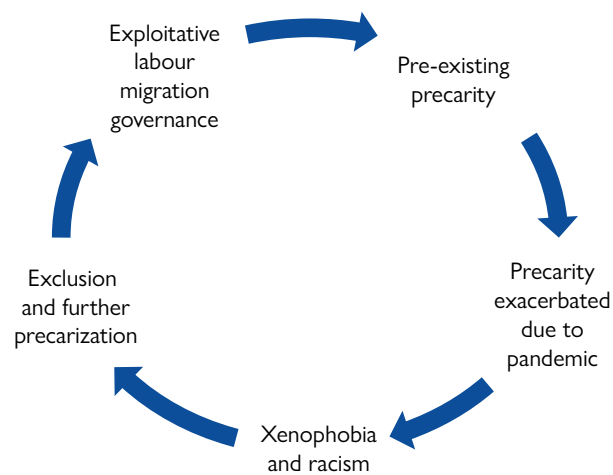


and insufficient provision of personal protective equipment (PPE) and modifications of communal housing to enable physical distancing.⁸ Despite rallying cries for action from civil society and efforts by public health agencies, outbreaks among migrant workers in Canada are accounting for spiking infection rates, and migrant workers from Mexico have died.

Singapore, though quick to respond to the virus among nationals, experienced a secondary outbreak centred in overcrowded migrant housing, highlighting the awful living conditions (with as many as 20 people sleeping in the same room) endured by the city's hundreds of thousands of migrant workers. At one point, 88 per cent of the country's cases were in migrant worker housing areas that eluded the Government's initial response, calling attention to the incredible inequality in Singaporean society.⁹

The exclusion of migrant workers from COVID-19 response programmes, or the implementation of differential programmes aimed at restricting their mobility in the interests of protecting nationals, results largely from xenophobic sentiments and systems, and reinforces public perceptions that migrant workers pose a risk, rather than being *at risk*. This in turn heightens their precarity and vulnerability to health risks, and what results is a vicious cycle of precarization and xenophobia.

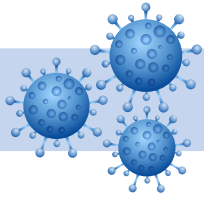
Figure 2. Vicious cycle of precarization and xenophobia for migrant workers



Vulnerabilization of migrant workers already exists; the pandemic has simply brought these people to the fore when intersecting with the pre-existing precarities. Precarization has multiple, multidimensional and far-reaching repercussions for migrant workers – not only physical, economic and psychological,

8 Hennebry et al., 2020; Weiler et al., 2020.

9 Time Magazine, 2020.



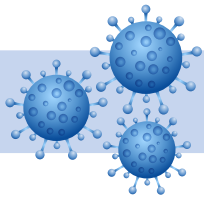
but also creating deep ontological wounds. Further, women migrant workers face multiple and intersecting forms of discrimination and inequality, gender-specific restrictions in migration policies, precarious and informal labour, and instances of racism and xenophobia. In a statement, the International Domestic Workers Federation has stressed the immediate steps that need to be taken to protect domestic workers' right to safe work, by providing them with PPE and training. Migrant women working as domestic workers may find themselves further excluded from access to services and supports, trapped in place due to stay-at-home orders, and unable to leave conditions of exploitation, abuse and violence.

The Durban Declaration recognizes that xenophobia and racism against non-nationals, and in particular toward migrant workers, constitutes one of the main sources of contemporary racism. Migrant workers are often discriminated against in housing, education, health, work and labour protections, income security and social protection. Treating labour migration governance as being apart from immigration and settlement systems has also perpetuated systemic racism. By separating migrant workers from other immigrants, compartmentalizing this governance from permanent immigration systems, limiting their rights and truncating their mobility, governments have created an unequal playing field for migrant workers predominantly from lower-income countries in the global South. At the root of racism and xenophobia against migrant workers lie systems of labour migration governance steeped in racism and rooted in colonial histories and nationalist trappings. Such governance structures give rise to xenophobic and racist sentiments both at individual and structural levels. Addressing these structural level inequities is vital to challenging deeply rooted xenophobia and systemic racism.

From a rewind to a reset?

The protection of migrant workers' human rights and international labour standards is even more critical during the pandemic, with rising levels of xenophobia, violence, harassment and social tensions. Recognizing the human rights of migrant workers dates back to the International Labour Organization's 1949 and 1975 Conventions, followed by the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and in the adoption of the Domestic Workers Convention No. 189. However, there are still gaps in international regulatory frameworks and norms in addressing xenophobia and racism directed specifically at migrant workers.

As noted by United Nations Secretary-General António Guterres on 8 May 2020, "the pandemic continues to unleash a tsunami of hate and xenophobia, scapegoating and scaremongering"; and migrant workers are clearly bearing the brunt of this. Underpinning any response to the racism and xenophobia must be an understanding



that, regardless of their legal status, refugees and migrants can never be denied their most fundamental human rights.¹⁰ At a most basic level, governments must ensure the inclusion of all migrants in pandemic response plans, and in the measures that are being introduced to mitigate income loss caused by COVID-19, regardless of migration or employment status. In the recently adopted Global Compact for Safe, Orderly and Regular Migration, Member States have committed to ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services (Objective 15), among other relevant objectives. The whole-of-society approach will be particularly vital as pandemic responses roll out at local levels. Working with the infrastructure of the newly formed United Nations Network on Migration, States can draw on existing comprehensive antidiscrimination provisions contained in international frameworks (e.g. the International Convention on the Elimination of All Forms of Racial Discrimination and the Durban Declaration and Programme of Action), create opportunities for dialogue, share best practices to counter xenophobia and rethink labour migration to tackle systemic racism.

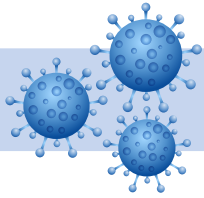
Best practices: Countering xenophobia during the pandemic

In early 2020, as governments began to grapple with responding to the pandemic and its implications, rising levels of xenophobia and racism augmented the risks and vulnerabilities faced by migrant workers all around the world. Although in many pandemic response programmes, migrant workers are reported to be falling through the cracks, several governments have introduced measures that can mitigate the impacts of the pandemic on migrant workers and confront xenophobia and racism against them.

Figure 3. Best practices in countering xenophobia during the pandemic



10 OHCHR, 2020a.

*Best practice 1: Allowing entry, access to services and supports equal to those of citizens*

In early March 2020, Canada reopened its borders to allow continued entry of migrant workers, asking all travellers, including Canadians, to adhere to a mandatory 14-day quarantine on arrival. Canada also extended work permits and waived the waiting period for access to health-care insurance in order to ensure access to health care for all migrant workers comparable to that of Canadians. Migrant workers can access the Canada Emergency Response Benefit programme, providing CND 2000 biweekly for people who are affected by COVID-19. In Ireland, the Minister of Health confirmed that undocumented migrants, including migrant workers, would be able to access health care and social services. Portugal initiated a special measure enabling undocumented people with pending residence applications to access public services and social security benefits on the same level as nationals, until at least 1 July 2020.

Best practice 2: Responding quickly with testing, contact tracing and treatment

Singapore was quick to respond to the outbreaks within the dormitories of migrant workers, by isolating and locking down dormitories. Singapore provided special facilities for infected migrant workers near hospitals. The Singapore Government also promoted a contact-tracing application called TraceTogether to monitor infection rates.

Best practice 3: End to detention and release of detainees

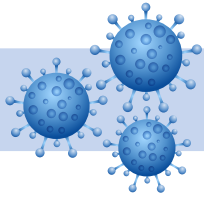
Belgium and the Netherlands have released detained undocumented migrants during the pandemic.

Best practice 4: Access to information

German communications specifically aimed to reach migrant communities by sharing through social media channels, through migrant organizations and other existing networks. In Norway, the National Center for Multicultural Education (NAFO) has gathered information about COVID-19 in several languages, as well as various online learning resources for minority language learners.

Best practice 5: Recognition of racism as a threat to public health

In Canada, cities have moved to develop campaigns to increase awareness of the impacts of racism and discrimination related to COVID-19 and actions undertaken to counter racism, as well as declaring anti-Black racism a public health crisis, calling for a “reprioritizing” of city resources to address anti-Black racism during COVID-19 recovery planning and in the city’s next annual budget.

*Best practice 6: Extension of visas and regularization*

Italy's Ministry of Interior prolonged the temporary residence permits of migrant workers. Following that, Italy's Minister of Agriculture called for a regularization of migrant workers, mostly working in the agricultural sector, as a way to counter a likely labour shortage in the Italian fields. The Tunisian Government has suspended visa expiry dates and financial implications, and has confirmed that financial and in-kind support will specifically be granted to migrants.

Best practice 7: Pre- and postmigration support

Investing in consular support, facilitating dialogue with governments and providing access to information, Bangladesh has provided income support to migrant workers through embassies in countries of destination and on return. Mexico has provided pre-departure information on risks and protections, access to financial support for migrant workers affected by COVID-19 while abroad, including death benefits, and engaged with foreign governments to protect the health and rights of their citizens working abroad.

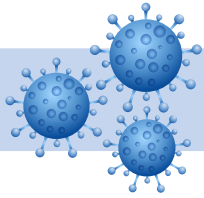
Recommendations and conclusion

United Nations High Commissioner for Human Rights Michelle Bachelet said in a recent statement that she was distressed by the plight of the informal migrant workers in India, many of whom were forced to leave the cities where they worked at just a few hours' notice, unable to pay for rent or food.¹¹ As countries move toward the second and third stages and beyond in their COVID-19 response plans, respect for the rights of all, including migrant workers, will maximize global success in curbing the pandemic and promoting an effective and inclusive recovery.

To address xenophobia and racism against migrant workers, it is critical to reimagine labour migration governance by placing the human and labour rights of migrant workers at the centre. The whole-of-society approach is necessary in the development of short- and long-term response policies and programmes that include and proactively address the unique challenges confronted by migrant workers. To address issues of xenophobia targeting migrant workers, it is time to reimagine the whole way in which labour migration has been governed, not just resetting lapses and gaps that have become visible in the context of the pandemic. Some key recommendations for countering xenophobia and racism toward migrant workers during and after the pandemic include:

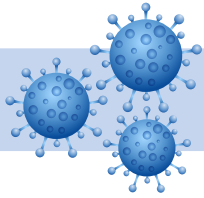
- (1) Dissemination of accurate multilingual information** to the public about how the disease is spread, clearly addressing myths and misinformation about migrant workers. Continued misinformation regarding the role of "foreigners" or "outsiders" in spreading the virus wreaks havoc, endangers lives and prevents people from making sound choices to protect themselves.

11 OHCHR, 2020b.



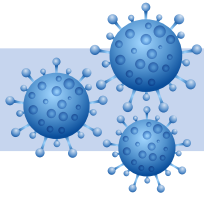
- (2) Recognize racism as a public health threat and create or apply policy infrastructure to combat racism during and after the pandemic.** Implement specific measures and budgets to prevent and address discrimination and stigmatization in COVID-19 response plans. These must include efforts to prevent violence and hate crimes against migrants and other groups based on nationality or ethnicity. Build on existing frameworks, such as the United Kingdom's national anti-discrimination monitoring body, to develop protocols to address gender and race during pandemic response planning and evaluation in ways that include the voices of migrants, trade unions,¹² and civil society. Involve migrant workers in developing antiracist strategies and ensure that their voices are heard in the evaluation of responses.
- (3) Treat migrant workers the same as nationals in COVID-19 measures,** including, but not limited to quarantine, social isolation, physical distancing, testing, PPE provision and income security measures. There should be firewalls that prevent sharing of information or contacting of law enforcement, private security or consulates, either by employers or by compliance units in cases where workers make complaints. This provision must be communicated directly to workers. Ensure access to legal services and to complaints mechanisms through translation and interpretation services.
- (4) Ensure access to health-care systems, insurance and income security** measures for all residents regardless of their migration status. Bilateral labour agreements should have clear clauses pertaining to health-care access and mobile health insurance that address infectious and communicable diseases, long-term health and emergency care, death benefits, etc.
- (5) Ensure access to family reunification and permanent residency status** for migrant workers of all skill levels and recognize that they are part of families; and their skill level, occupation or country of origin should not be factors used to keep families apart.
- (6) Inspect and regulate housing and workplaces** in high-risk occupations and ensure that occupational safety and health regulations are implemented, employment standards and labour laws are applicable and upheld (including collective bargaining), particularly in sectors with large numbers of migrant workers (e.g. agriculture, meat packing and construction), and are non-discriminatory. Ensure that housing for migrant workers does not heighten their risks of infection or transmission.

¹² See ITUC, 2008. This is a guide for trade unionists to implement the Durban Programme of Action. It highlights racism and xenophobia against workers, including migrant workers, and uses the Programme's recommendations to suggest ways in which to combat this. It also promotes the International Labour Organization's Conventions relevant to migrant workers (see guidelines 9.1 and 14.2).



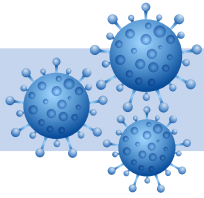
- (7) **Keep borders open during the pandemic**, since migration and mobility, and the labour demand that drives much labour migration, will not cease. Rather, restrictive border closures drive migrants underground, putting them at greater risk of exploitation and trafficking, and wrongly signal that migrants are the source of infection, raising fears and providing fodder for xenophobia. Similarly, forced repatriation or deportation sends the wrong message and enables destination countries to shirk obligations.
- (8) **Extend work permits**, particularly those about to expire, offer regularization for migrants without status and **offer permanent residency**, since permanent status is important for migrant workers to realize full rights and protect their health.
- (9) **Stop detaining migrant workers, and release detainees** without status, providing temporary protective status, open work permits or other visas while they await legal trials.

The pandemic does discriminate. The lines of race and gender have become deeper, having deleterious consequences for migrant workers. Governance responses to the pandemic that further divide populations, “quarantining” migrant workers from nationals either discursively or through actions, serve to heighten xenophobia and risk. Migrant workers are not inherently more vulnerable to infectious diseases. They face similar health threats from the coronavirus pandemic as any other human being, and are also an integral part of any effective public health response. As has often been said during the pandemic, “we are only as safe as the most vulnerable among us” – and the structural realities of labour migration systems put migrant workers in particularly vulnerable situations. It is time to reset approaches to labour migration governance so that migrant workers are neither at risk, nor perceived as a risk.



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