MIGRANTS vs COVID-19: AN EPIDEMIC OF EMERGENCY MEASURES

June 2021

Covid-19 has deepened structural inequalities. As a result, migrants from countries of the global South have been severely impacted by the pandemic and the measures aimed at curtailing its spread. People whose situation has been made illegal, displaced persons and those fleeing war or trying to get across borders to improve their lot have been hard hit by border closures. No longer able to "go home" and self-isolate, these people have endured a new form of warfare waged against them, in addition to the campaign that State powers have been levelling against them for years. Declaring war against the virus has intensified violence on the borders and led to new forms of deprivation of rights.

Similarly, within European societies themselves, on account of their status and of their occupation (jobs in health, agriculture, food, construction and care sectors), migrants whose situation has been rendered illegal or who have been boxed into precarious conditions, have not been able to stop working or work remotely. When these people were not "on the front line" and unable to shelter from the virus, these individuals not only lost their means of livelihood but had no access to any income support. A report by the Organisation for Economic Cooperation and Development (OECD) confirmed that migrants have been singularly affected both by the pandemic and by its economic repercussions.

It is likely that these inequalities will become greater still in the coming months. In this way, even as borders gradually re-open for those who enjoyed broad freedom of movement up to the spring of 2020, the sanitary control measures will now serve as new pretexts to effectively place the poorest under house arrest.

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Discrimination and repressive measures that target exiles in the name of Covid-19

In Italy, the Covid-19 pandemic has been used to justify increasingly restrictive repressive measures against people whose circumstances are considered irregular, and as a pretext for differential and discriminatory treatment of foreign residents compared to Italian nationals. There has been a marked increase in detention – including illegal detention – and in limitations on rights to access the territory.

Since April 2020, several vessels belonging to private companies including GNV and Snav have been used as holding facilities, with exiles arriving in Italy by sea (either using means of their own or following rescue by foreign flag vessels) being "placed in quarantine" aboard such vessels. This measure of detention on the grounds of public health is both discriminatory and oppressive in so far as it diverges substantially from the isolation measures provided for under general law. During the initial months of the pandemic, isolated minors were subjected to this imprisonment-as- quarantine, before the minister for the interior reversed his position and decided in October 2020 to transfer isolated minors to reception centres. Despite this decision, in March of 2021, several minors who had been incorrectly identified as adults were once again imprisoned on board these vessels without adequate access to medical care, legal protection, information or decent living conditions.

In January 2021 the (Italian) Interior Ministry published a list of vessels that had been mobilised for medical surveillance of migrants. The same document contains provisions to extend this measure to foreign nationals arriving over land, leading to fears that this mechanism for illegal detention could become a widespread and normalised practice.

Throughout the hotspots, reception centres, emergency centres and pre-deportation centres (CPR) medical surveillance has been conducted under poor material conditions with no regard for the rights and dignity of these individuals. In the Lampedusa hotspot, an even more restrictive system of control and limits on movement has actually led to more people being detained and intensified the sorting under asylum procedures. Inside reception centres, measures impacting individual liberties have been implemented, with increased police checks and police barriers, leading to forms of house arrest for which there is no legal basis.

Alongside these measures, the practice of detaining people in pre-deportation centres in order to then deport them has continued even as flights from Italy were suspended due to the health context, making it impossible to "effectively" return those detained. In addition, confining people to small, communal spaces has exposed people to an increased risk of contagion from Covid-19.

In April 2020, in Ventimiglia, the accommodation centre run by the prefecture closed its doors to newly arriving exiles even though a quarantine period had been imposed as a result of cases of Covid-19 being detected in the region. In August the centre was closed permanently. Migrants arriving at the France-Italy border since then have found no facilities in place to provide shelter or support and are forced to sleep rough or in makeshift camps despite the outbreak and associated state of emergency.

By virtue of a legal decree in force since march 2020 which confers special powers to prefectures, local authorities in Italy were invited to requisition public installations or hotels equipped with the necessary facilities in order to house quarantined persons in dignified conditions. However, no provisions were made in the province of Udine (close to the Italy-Slovenia) border to make places available to accommodate asylum seekers. In September 2020, around 30 people who had reached Udine were placed in quarantine aboard buses and forced to remain inside the buses for more than a week.

As a result of the measures imposed on populations during the pandemic, an order from the (Italian) Ministry of Health dated 16 July 2020 temporarily instituted a ban on the entry into the territory or transit through it by any person who had stayed in or passed through any of the 16 countries specifically targeted in the previous two weeks. Consequently, foreign nationals regularly and permanently residing in Italy were sent back from the Italian airport transit zone and remained trapped overseas or in their countries of origin for several months; meanwhile, Italian nationals travelling on the same flights were permitted to quarantine in their own homes.

Regularising migrants' status (on a temporary basis) – for their protection or for the sake of the economy?
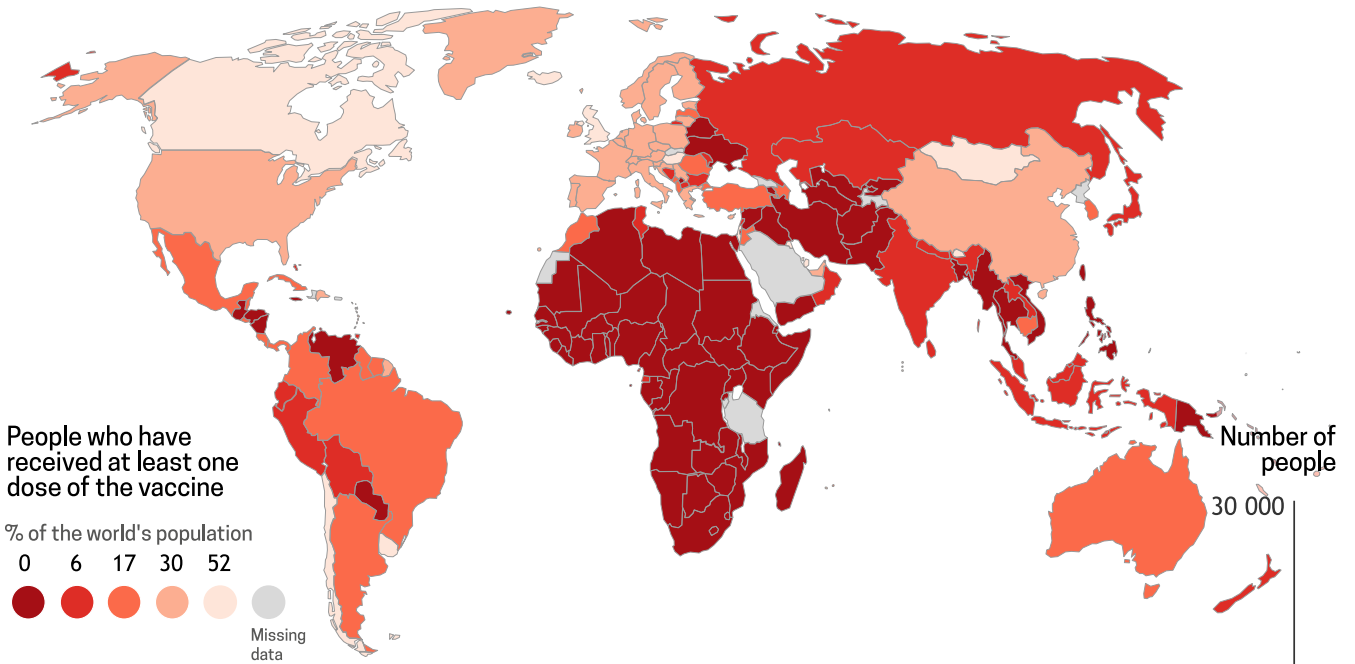
On 28 March 2020, the Portuguese government decided to temporarily regularise the status of those inside the country who did not have residence permits, allowing them access to care and social protections during the health crisis. After months of negotiations, Italy followed suit on 13 May and regularised the status of 220,000 migrants present on its soil.

Was this a surge of solidarity for the most vulnerable? In reality, the temporary measure (three months in Portugal's case, extended twice, and six months in the case of Italy) was intended for people who had submitted a request to regularise their status prior to the entry into force of the health emergency in both of these countries, and in Italy only for those working in a few limited sectors of the economy (essentially agriculture and services to individuals). Once in place, these temporary regularisations have essentially made it possible to bolster the short-staffing problems caused by the pandemic, all too often placing migrant workers at greatest risk (in hospitality, construction, care and sales) by exposing them to the epidemic on the front line. Several associations have condemned this policy of "disposable immigration" based on utilitarian criteria that is "linked only to production demands at any given time".
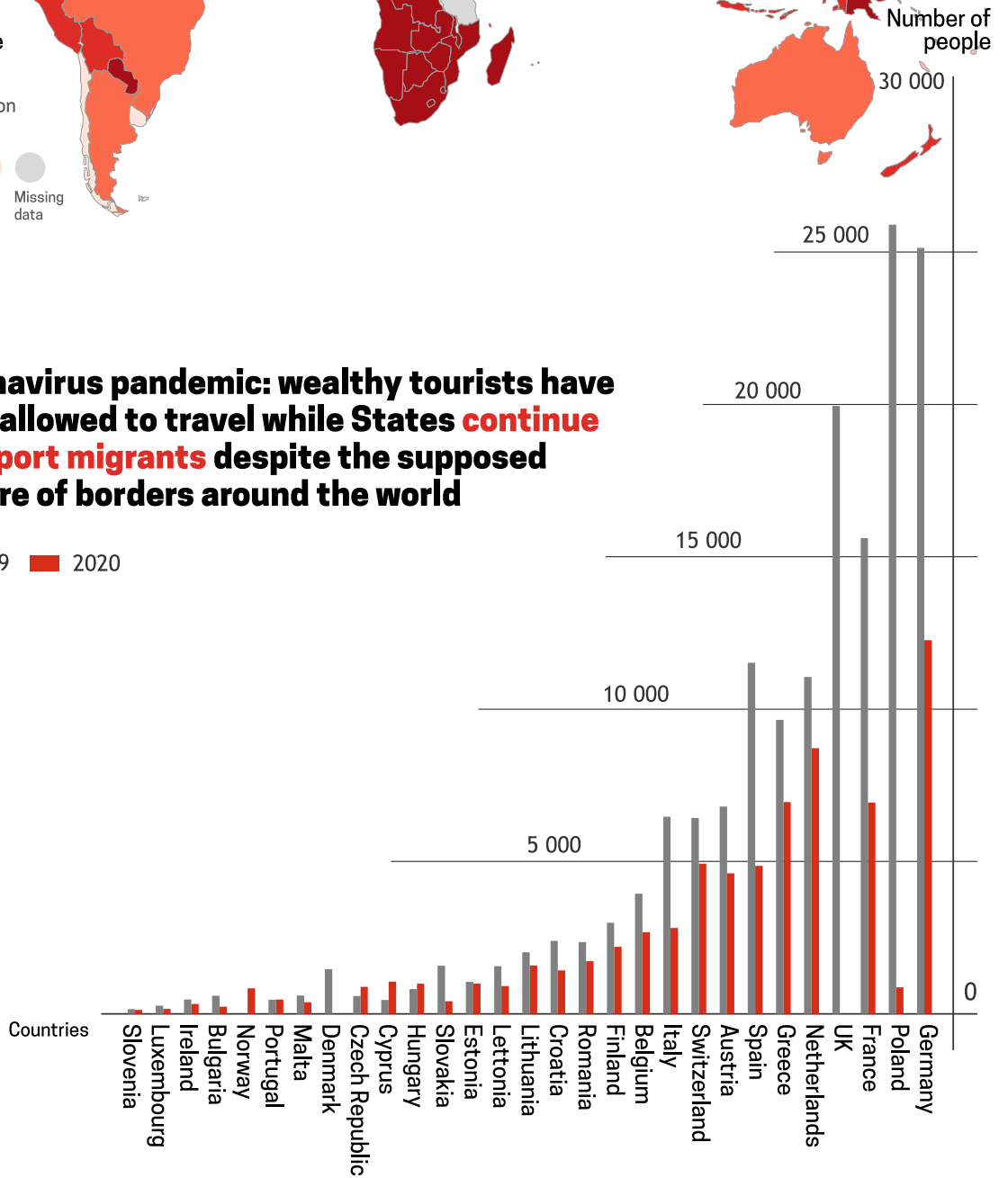
Nevertheless, the Covid-19 crisis has at least shown that "all-round repression" is not the unavoidable keystone of the migration policy. On the contrary, it has shown that it was possible for deportations to be cancelled, for holding centres to be closed due to a lack of occupants, and for migrants to be given shelter instead of being left to fend for themselves on the street as undocumented migrants while their status was regularised for several months without severely impacting host countries. Why then couldn't such an approach be generalised in the absence of the pandemic?

Is Covid-19 **vaccination** yet another indicator of **inequalities** between North and South?

People who have received at least one dose of the vaccine

% of the world's population

0   6   17   30   52   Missing data

Number of people

30 000

25 000

20 000

Coronavirus pandemic: wealthy tourists have been allowed to travel while States continue to deport migrants despite the supposed closure of borders around the world

15 000

■ 2019   ■ 2020

10 000

5 000

0

Countries

Slovenia
Luxembourg
Ireland
Bulgaria
Norway
Portugal
Malta
Denmark
Czech Republic
Cyprus
Hungary
Slovakia
Estonia
Lettonia
Lithuania
Croatia
Romania
Finland
Belgium
Italy
Switzerland
Austria
Spain
Greece
Netherlands
UK
France
Poland
Germany

Countries not represented: Iceland, Lichtenstein and Switzerland. Missing data for 2020: United Kingdom and Denmark.

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Unequal access to vaccines: a further hurdle impeding freedom of movement

Unequal distribution of vaccines

Internationally speaking vaccines against Covid-19 are far from being of global public benefit. On the contrary, they have been unevenly distributed, often to the highest bidder securing their availability. In a process that lacks any transparency, governments of the wealthiest nations have negotiated deals with pharmaceutical companies to pre-order vaccines still under development, leaving poorer nations nothing but scraps. The Covax initiative, launched by the WHO and the GAVI alliance to encourage vaccine distribution in the countries of the global South has not received sufficient support. The result is a flagrant disparity in access to vaccines on a planetary scale. In early February 2021, just seven countries accounted for 80% of the doses administered all over the world, mostly in the global North. This inequality will probably be perpetuated in the coming years. According to projections, most African populations will not have access to vaccines before 2022 or even 2024 for the poorest nations. Aside from generating conditions that enable the virus to circulate for even longer, this unfair access to vaccines reinforces existing inequalities both inside individual countries and across the globe. Being vaccinated provides an "immunity-privilege" (Olivarius 2019) for some while, at the same time, serving as a basis for discrimination against others in terms of their ability to participate in everyday social activities, or enjoy mobility and employment

Europe's re-opening has been partial at best

On 17 March 2021, the European Commission announced its plan to "safely re-open Europe", "in order for citizens to enjoy their rights and for economic and social activity to be restored". A key element in this plan to reopen Europe is the establishment of a "digital green pass" or certificate of vaccination, the European version of the health passport. There are already a number of different forms of Covid passports in use around the world: early on, the State of Israel ran a mass vaccination campaign for its population (to the detriment of those in the Occupied Territories), thus making participation in daily life inside the country as well as travel abroad conditional upon inoculation. Several European countries including Denmark and Estonia have adopted similar models at a national level. With the "digital green certificate", the Commission hopes to put an end to the patchwork of sanitary restrictions put in place by Member States since March 2020 by instituting a European mobility system on the basis of a health passport.

But in a context of unequal access to vaccines, the European "green digital certificate" deployed from the summer of 2021 is a factor that contributes to further inequality in exercising the right to movement. Indeed, even though there are plans to grant the pass to those who have had Covid-19 (for a period limited to 180 days) or to those who have recently tested negative, vaccination will be the simplest and most lasting method of obtaining the certificate. Not getting vaccinated will curtail the right to movement for un-vaccinated EU citizens (and long-term residents in the EU), and also for migrants in uncertain conditions who are already present on European soil and face many obstacles to vaccination depending on the country. The citizens of the global South, meanwhile, deprived of access to Covid vaccines, will see their mobility even more restricted than it is at present. In this way, the various types of "Covid passports" have been ushered in to play a central role in managing mobility while new hierarchies linked to access to vaccination are added to the existing hierarchies based on citizenship, social class and race. In addition to the global apartheid instituted by travel visas, there is a risk that genuine medical apartheid will become a further layer of inequality.

Freedom of movement is necessary, even during Covid-19

Perpetuating discriminatory and restrictive migration policies is counter-productive in several respects and notably from the point of view of public health. The situation on Europe's borders over the last 30 years has shown that migrants who have been forced by circumstances into illegal status will do whatever it takes to get across borders. If they are unable to obtain a visa that allows them to use safe modes of transport, men and women in these situations will turn to more dangerous migration strategies, which is a structural factor underpinning migrant mortality. Furthermore, however, placing such conditions on travel considerably undermines the possibility of being protected from Covid-19 not only during travel (wearing a mask, physical distancing) but also upon arrival, as these individuals then evade the sanitary measures put in place by States for people entering from abroad (tests, quarantine if necessary). Recognising the right to movement for all is thus a necessity, not only in order for each individual to exercise their rights (including the right to health) and to live in dignity, but also as part of a collective approach to preserving the health of one and all.

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Migreurop is a network of associations, activists and researchers, with a presence in around twenty countries across Europe, Africa and the Middle East. The network strives to raise awareness of and to oppose policies that marginalise and exclude migrants, notably, detention in camps, various forms of displacement and the closure of borders, as well as the externalisation of migration controls by the European Union and its Member States. In this way, the network contributes to defending migrants' fundamental rights (including the right '*to leave any country, including their own*') and to promoting freedom of movement and settlement.

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