

Interpersonal, Institutional, and Structural Racism in COVID-19: Policy Impacts on Migrant Communities

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Abstract

It is hoped that in times of crisis, humanity can come together regardless of cultural, ethnic, or racial differences. Unfortunately, COVID-19 was not such an instance of unity. Instead, it led to blame-shifting and othering. Migrant communities have borne a disproportionate impact from the pandemic. Structural and institutional barriers prevented them from accessing essential healthcare services and complying with non-pharmaceutical interventions and national COVID-19 policies. Along with interpersonal racism and accusations of being plague-bearers, migrants reached unprecedented levels of vulnerability. To reconcile the vital role of migrants with their treatment, it is essential to identify the structural, institutional and interpersonal racism they faced during COVID-19. In this article, we set out to explore how governments and politicians employed exclusionary rhetoric that translated into national COVID-19 policies in line with institutional and structural racism. We highlight the interplay between three layers of racism that has allowed them to become self-sustaining. We conclude by emphasizing the importance of inclusionary policies and reforms that empower the precarious migrant.

Keywords: Scapegoating, Racism, Essential Migrant Worker, Structural Oppression

Introduction

In December 2019, COVID-19 began to spread throughout Wuhan, China¹. The localized breakout quickly evolved into a crisis with nations and international organizations scrambling to mitigate the effects of a once-in-a-century pandemic². Fast forward four years and the World Health Organization (WHO) is still combating COVID-19 in lower-income countries while warning the world of a possible pandemic resurgence³. In front of such an unprecedented and invisible assailant, which rendered healthcare systems and governments inconsequential, fear festered within communities and international society.

Scholars have long observed that crises often give rise to nationalism and populism⁴. While it's unclear whether pandemics themselves trigger exclusionary nationalism, they do create conditions that can enable authoritarianism. Governments may restrict civil liberties and democratic freedoms, biases may emerge against groups associated with the pandemic and borders may become more fortified. Additionally, there may be a trend toward deglobalization and the politicization of fear. Although the pandemic does not inevitably lead to exclusionary nationalism, it does pose a risk of reinforcing existing nationalist tendencies⁵, and the COVID-19 pandemic was no different. Heightened levels of nationalism, particularly among conservative right-wing groups, were recorded in the United States⁶. The rise of nationalism was spurred on by politicians who misappropriated the COVID-19 crisis to reinforce their own political agendas. Matteo Salvini, the far-right former interior minister of Italy, used the COVID-19 outbreak to push forward his long-held agenda of tougher border control while increasing his anti-African sentiment⁷. At the height of the US-China trade war, Trump regularly called the COVID-19 virus the “Chinese virus” to polarize American nationals against China in support of the expensive war⁸.

This politicization of the COVID-19 crisis coupled with the rise of nationalism inevitably caused a spike in ethno-centered racism⁹. Racism against Asians – Chinese (or those thought to be so) in particular – increased and took on many forms, such as racial slurs, hate speech and physical attacks¹⁰. STOP AAPI HATE, a recently formed NGO tracking anti-Asian and Pacific Islander hate crimes, reported nearly 1,500 incidents of hate crime against Asians or Pacific islanders in the United States within a month¹¹. However, interpersonal racism or individual bad actors were not alone in their targeting of migrants. Monolithic national-level COVID-19 policies exacerbated structural and institutional racism, leading to disproportionate impacts on the public¹². The roots of structural racism can be traced back to the

¹ Ciotti, M., Ciccozzi, M., Terrinoni, A., Jiang, W. C., Wang, C. B., & Bernardini, S. (2020). The COVID-19 pandemic. *Critical reviews in clinical laboratory sciences*, 57(6), 365-388.

² Saab, S., Al Abbas, M., Samaha, R. N., Jaafar, R., Saab, K. K., & Saab Jr, S. S. (2021). Setting the boundaries of COVID-19 lockdown relaxation measures. *Library Hi Tech*, 39(3), 873-887.

³ Truelove, et al. (2022). Projected resurgence of COVID-19 in the United States in July–December 2021 resulting from the increased transmissibility of the Delta variant and faltering vaccination. *Elife*, 11, e73584; AfricaNews. (2022, May 23). WHO chief cautions against covid-19 resurgence. *Africanews*. Retrieved March 31, 2023, from <https://www.africanews.com/2022/05/23/who-chief-cautions-against-covid-19-resurgence/>

⁴ Bieber, F. (2020). Global Nationalism in Times of the COVID-19 Pandemic. *Nationalities Papers*, 1-13; Clarke, J. (2010). After Neo-Liberalism? *Cultural Studies*, 375-394.

⁵ Ibid.

⁶ Su, R., & Shen, W. (2021). Is Nationalism Rising in Times of the COVID-19 Pandemic? Individual-Level Evidence from the United States. *Journal of Chinese Political Science*, 168-187.

⁷ Tondo, L. (2020, February 24). Salvini attacks Italy PM over coronavirus and links to rescue ship. Retrieved from *The Guardian*: <https://www.theguardian.com/world/2020/feb/24/salvini-attacks-italy-pm-over-coronavirus-and-links-to-rescue-ship>

⁸ Dhanani, L. Y., & Franz, B. (2021). Why public health framing matters: An experimental study of the effects of COVID-19 framing on prejudice and xenophobia in the United States. *Social Science & Medicine*, 113572.

⁹ Elias, A., Ben, J., Mansouri, F., & Paradies, Y. (2021). Racism and nationalism during and beyond the COVID-19 pandemic. *Ethnic and Racial Studies*, 44(5), 783-793.

¹⁰ Wang, S., Chen, X., Li, Y., Luu, C., Yan, R., & Madrisotti, F. (2020). ‘I’m more afraid of racism than of the virus!’: racism awareness and resistance among Chinese migrants and their descendants in France during the Covid-19 pandemic. *European Societies*, 721-742.

¹¹ Choi, C., & Kulkarni, M. P. (2020, April 24). In One Month, STOP AAPI HATE Receives almost 1500 Incident Reports of Verbal Harassment, Shunning and Physical Assaults. Retrieved from Asian Pacific Policy & Planning Council: http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_4_23_20.pdf

¹² Elias, A., Ben, J., Mansouri, F., & Paradies, Y. (2021). Racism and nationalism during and beyond the COVID-19 pandemic. *Ethnic and Racial Studies*, 44(5), 783-793.

transatlantic slave trade and persist today, as evidenced by the overrepresentation of Black Americans in poverty, inadequate public schools, unsafe neighborhoods, food deserts, mass incarceration, police brutality, maternal and infant mortality, obesity and chronic health conditions¹³. These factors compounded in what some refer to as the COVID-19 "syndemic," resulting in significantly higher mortality rates among Black Americans and hospitalization rates among Latinos¹⁴. Even those who possess quality education, good employment and excellent health insurance coverage still face inferior care due to implicit bias among healthcare providers¹⁵.

Unfortunately, national COVID-19 policies did not address pre-existing inequalities within the healthcare system or socio-economic challenges when stay-at-home orders were issued¹⁶. Low-wage workers, particularly those in the gig economy, were hit the hardest and could not transition to working from home. Such policies failed to incorporate cultural, social or economic challenges, and thus reinforced debilitating racism against minorities and increased mortality rates¹⁷. Studies have shown that the national COVID-19 mortality rate for Black Americans in the US was 2.1 times higher than that of whites, while Latino Americans were hospitalized at a rate 4.6 times higher than their white counterparts. At the time, COVID-19 policies did not take into account the pre-existing structural racism and unequal access to healthcare that minorities faced.¹⁸ The variation in mortality and hospitalization rates throughout COVID-19 highlights the ineffectiveness of blanket policies that are not tailored to specific groups or relevant to the challenges faced by those who would benefit from governmental intervention. The weathering effect, caused by chronic stress due to lifelong exposure to discrimination and adversity, further exacerbates the COVID-19 syndemic among people of color, regardless of income level¹⁹.

Discriminatory national policies during COVID-19 were a symptom of the pre-existing disease of structural and institutional racism. Migrant communities worldwide have long been in a precarious state, often facing systemic socio-economic injustice through exploitative terms of employment. Moreover, most migrant workers in high-income countries are without papers or formal contracts of employment²⁰. This renders them at the complete mercy of their employers, who all too often force them into poor or dangerous working conditions under the threat of deportation²¹. This socio-economic injustice was all but legalized under COVID-19 national policies. Most migrant-dominant industries were labeled as essential industries and "allowed" to remain open despite COVID-19 regulations with little to no regulations on safety and health security procedures²².

Rather than being an equalizer, given its ability to infect anyone, COVID-19 has disproportionately affected migrants²³. Since December 2019, migrants have been made out to be scapegoats for political agendas and the target of racism and have been placed in increasingly vulnerable situations. This article aims to provide insight on how governments and politicians employed exclusionary rhetoric that translated into national

¹³ Johnson-Agbakwu, C. E., Ali, N. S., Oxford, C. M., Wingo, S., Manin, E., & Coonrod, D. V. (2020). Racism, COVID-19, and Health Inequity in the USA: a Call to Action. *Journal of racial and ethnic health disparities*, 1-7.

¹⁴ Ibid.

¹⁵ Fiscella, K., & Sanders, M. R. (2016). Racial and ethnic disparities in the quality of health care. *Annual review of public health*, 37, 375-394; Bulatao, R. A. (2004). *Understanding racial and ethnic differences in health in late life: A research agenda*. N. B. Anderson (Ed.). Washington, DC: National Academies Press.

¹⁶ Shim, R. S., & Starks, S. M. (2021). COVID-19, structural racism, and mental health inequities: Policy implications for an emerging syndemic. *Psychiatric Services*, 72(10), 1193-1198.

¹⁷ Ibid; Johnson-Agbakwu, C. E., Ali, N. S., Oxford, C. M., Wingo, S., Manin, E., & Coonrod, D. V. (2020). Racism, COVID-19, and Health Inequity in the USA: a Call to Action. *Journal of racial and ethnic health disparities*, 1-7.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Reid, A., Ronda-Perez, E., & Schenker, M. B. (2020). Migrant workers, essential work, and COVID-19. *American Journal of Industrial Medicine*, 73-77.

²¹ Sargeant, M., & Tucker, E. (2016). Layers of Vulnerability in Occupational Safety and Health for Migrant Workers: Case Studies from Canada And The UK. *Policy and Practice in Health and Safety*, 51-73.

²² The Lancet. (2020). The plight of essential workers during the COVID-19 pandemic. *The Lancet*, 1587.

²³ Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet*, 1194.

COVID-19 policies in line with institutional and structural bias. More specifically, we discuss interpersonal racism as a byproduct of political rhetoric and media framing; structural racism in circumstances and opportunities of employment; and institutional racism through discriminatory COVID-19 policies that were either purposefully ambiguous or exclusionary.

Incendiary Political Rhetoric and Media Framing

The framing of COVID-19 information by political elites, public figures and media outlets shapes prejudice and xenophobia. Political elites often have leveraged COVID-19 misinformation to stoke the fires of bias and prejudice in line with their political agendas²⁴. Politicians too often employ “othering” to shift blame to marginalized groups. By definition, othering is a practice where the majority treats the minority as if there is something wrong with them²⁵. Whenever a politician referred to the SARS-CoV-2 virus as the “Chinese Virus” they were “othering” the Chinese population. The term was first introduced by the 45th president of the United States through Twitter on March 16, 2020. From then on, the term saw a rapid ten-fold increase in usage at the national level of the US. In fact, after the tweet by the US president, others containing the term increased from a total of 16,535 to 177,327, most of which stigmatized and biased against Chinese²⁶. Concurrently, Senator Jon Cornyn, a Republican from Texas, remarked that China was to blame for the emergence of COVID-19 because they are a “culture where people eat bats and snakes and dogs and things like that.”²⁷

In Italy, Matteo Salvini wrongfully associated the COVID-19 outbreak with a recently arrived African ship. Salvini demanded stricter anti-immigration policies and to “iron-plate the borders” to prevent Africans from entering²⁸. Pauline Hanson, an Australian senator and founder of the right-wing ‘One Nation’ party, said “Any attempts to attack or criticize people for referring to COVID-19 as a “Chinese virus” should be pushed back on.”²⁹ In Nova Scotia, Canada, both Premier McNeil and Chief Medical Officer Strang identified African-dominant communities as areas of concern. The two claimed that “while we are using resources, doubling down on testing and trying to keep people healthy, the reckless and selfish few in some of these communities are still having parties.”³⁰ The usage of othering and condemnation of minority cultures as if they were inherently unhygienic or reckless due to their being minorities was an integral part of how politicians tried to reinvent their image in light of their failures to deal with COVID-19. This kind of political behavior was so prevalent during COVID-19 (and, in fact, had historic roots stretching back to the bubonic plague) that scholars labeled it as “politics of the pandemic.”³¹

While politics of the pandemic were on full display by politicians, media coverage contributed its fair share of incendiary anti-migrant framing. Misleading media coverage often misrepresented ethnic minorities, used provocative imagery and reiterated COVID-19 conspiracy theories. *The Daily Telegraph*, an Australian

²⁴ Sengul, K. (2019). Critical discourse analysis in political communication research: a case study of right-wing populist discourse in Australia. *Communication Research and Practice*, 376-392.

²⁵ Dionne, K. Y., & Turkmen, F. F. (2020). The Politics of Pandemic Othering: Putting COVID-19 in Global and Historical Context. *International Organization*, 213-230.

²⁶ Budhwani, H., & Sun, R. (2020). Creating COVID-19 Stigma by Referencing the Novel Coronavirus as the “Chinese virus” on Twitter: Quantitative Analysis of Social Media Data. *Journal of Medical Internet Research*, 19301.

²⁷ Wu, N. (2020, March 18). GOP senator says China 'to blame' for coronavirus spread because of 'culture where people eat bats and snakes and dogs'. Retrieved from *USA Today*: <https://www.usatoday.com/story/news/politics/2020/03/18/coronavirus-sen-john-cornyn-says-chinese-eating-bats-spread-virus/2869342001/>

²⁸ Lee, E., & Johnstone, M. (2020). Resisting the politics of the pandemic and racism to foster humanity. *Qualitative Social Work*, 225-232.

²⁹ Fang, J., Renaldi, E., & Yang, S. (2020, April 3). Australians urged to 'show kindness' amid reports of COVID-19 racial discrimination complaints. Retrieved from *ABC News*: <https://www.abc.net.au/news/2020-04-03/racism-covid-19-coronavirus-outbreak-commissioner-discrimination/12117738>

³⁰ McSheffrey, E. (2020, April 8). Premier faces backlash for singling out African Nova Scotian communities during COVID-19. Retrieved from *Global News*: <https://globalnews.ca/news/6793768/premier-faces-backlash-for-singling-out-african-nova-scotian-communities-during-covid-19/>

³¹ Lee, E., & Johnstone, M. (2020). Resisting the politics of the pandemic and racism to foster humanity. *Qualitative Social Work*, 225-232.

paper, published an article titled “China kids stay home” just as schools were set to reopen³². The 60-minute TV show propagated the conspiracy theory that COVID-19 was allowed to spread by the Chinese government as part of their biological warfare against the world³³. In France, the media focused on suburbs, where Persians and North and Sub-Saharan African migrants predominate. Some media accused these groups of not abiding by COVID-19 protocols, being uncivil and jeopardizing the entire nation³⁴. Right-wing media in the United States linked the COVID-19 virus to Wuhan’s Institute of Virology³⁵. Fox News ran a recurring segment claiming COVID-19 to be an engineered biological weapon that escaped. Social media actively engaged in the propagation of these conspiracy theories whether it was right-wing commentators or an individual who was convinced by them. Tweets containing hashtags such as “#Chinesevirus” and “#kung-flu” became common after then-US President Trump employed such words in his public addresses³⁶.

Asians and other racial minorities quickly became scapegoats for politicians and a generator of clicks for media employing incendiary and racially charged reports³⁷. Asians who were once seen as “exemplary migrants” and “integration models” were unfairly labeled as public enemies and COVID-19 super-spreaders³⁸. The notion of the “model minority” is rooted in a long-defunct concept that presented Asians as a monolithic group³⁹. Despite being regularly discredited, this idea is often used to argue that the success of Asian Americans proves that systemic racism is not a significant factor in minority communities⁴⁰. This absolves some white Americans of any responsibility to address racism and its ongoing impact. Essentially, Asian immigrants are used as “proof” that the current system works, while other minority groups are viewed as incapable of integration⁴¹. Unfortunately, as the COVID-19 pandemic spread globally, the trend of “othering” has expanded to include other ethnic and religious minorities. When the majority began to view migrants as the source of their pain and as irresponsible individuals allegedly not respecting COVID-19 guidelines, assaults and hate-crimes escalated. In France, African migrants and those of African descent were harassed, spat on, yelled at or assaulted⁴². This interpersonal violence – charged by politicians and misleading media – further disadvantaged an already vulnerable population.

Essentially Exploited Migrants

Globally, a large subset of migrants is without papers or proper employment contracts⁴³. Migrants without contracts or residency papers are often at the mercy of their employers⁴⁴. Most of these migrants work in agriculture, animal husbandry, healthcare and the service industry. During COVID-19, all these industries

³² Sun, W. (2021). The virus of fear and anxiety: China, COVID-19, and the Australian media. *Global Media and China*, 24-39.

³³ 60 Minutes. (2019). The great lie: Could China have reduced the global impact of coronavirus? Retrieved from nine now: <https://9now.nine.com.au/60-minutes/china-cover-up-coronavirus-12-missing-days-wuhan-60-minutes/d8426648-f9b3-4439-9089-b733b8e4a6c5>

³⁴ Metropop. (2020, March 30). Coronavirus: stop au banlieue-bashing. Retrieved from Enlargeyourparis: <https://www.enlargeyourparis.fr/societe/coronavirus-stop-au-banlieue-bashing>

³⁵ BBC News. (2019, May 27). Covid origin: Why the Wuhan lab-leak theory is being taken seriously. Retrieved from BBC News: <https://www.bbc.com/news/world-asia-china-57268111>

³⁶ BBC News. (2020, June 4). President Trump calls coronavirus 'kung flu'. Retrieved from BBC News: <https://www.bbc.com/news/av/world-us-canada-53173436>

³⁷ Gover, A. R., Harper, S. B., & Langton, L. (2020). Anti-Asian hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American journal of criminal justice*, 45, 647-667.

³⁸ Wang, S., Chen, X., Li, Y., Luu, C., Yan, R., & Madrisotti, F. (2020). ‘I’m more afraid of racism than of the virus!’: racism awareness and resistance among Chinese migrants and their descendants in France during the Covid-19 pandemic. *European Societies*, 721-742.

³⁹ Kat Chow. (2017, April 19). ‘Model Minority’ Myth Again Used As A Racial Wedge Between Asians And Blacks. Retrieved from NPR: <https://www.npr.org/sections/codeswitch/2017/04/19/524571669/model-minority-myth-again-used-as-a-racial-wedge-between-asians-and-blacks>

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Reid, A., Ronda-Perez, E., & Schenker, M. B. (2020). Migrant workers, essential work, and COVID-19. *American Journal of Industrial Medicine*, 73-77; Reid, A., & Schenker, M. B. (2016). Hired farmworkers in the US: Demographics, work organization, and services. *American Journal of Industrial Medicine*, 644-655.

⁴⁴ *The Lancet*. (2020). The plight of essential workers during the COVID-19 pandemic. *The Lancet*, 1587.

were deemed essential and allowed (read: forced) to maintain their regular operations despite high infection rates or restrictive local ordinances. Thus, the vulnerable migrant who had been exploited by their employer was now labeled an essential worker.

Meat processing factories in the United States soon transformed into COVID-19 hotspots⁴⁵. After years of consolidation and vertical integration in the meat industry, COVID-19 revealed the industry's lack of resilience. In fact, reliance on efficiency and low wages regardless of the impact on animals, workers and the environment for the sake of maximizing profit margins and shareholder profit has placed the entire global food system at risk⁴⁶. The industry's efficiency is achieved through conveyor belt production lanes, with workers in close proximity to animals and each other⁴⁷. Workers are discouraged from disclosing symptoms for fear of losing wages and are forced into coercive contracts with long working hours, no healthcare and often housed in overcrowded accommodations with limited or non-existent hygiene measures⁴⁸.

Agriculture workers in Spain fared no better than their meat packer counterparts in the United States, however. Many of the agricultural workers are sourced from a pool of migrants with temporary humanitarian rights to stay or refugees without papers due in part to a refugee dispersion strategy and the multiplication of refugee centers in rural and inland areas as promoted by national policies⁴⁹. They are often preferred by landowners due to their tenuous legal status within the country. This makes them more vulnerable to exploitation and less likely to submit or follow up with formal complaints⁵⁰. On the surface, this preference appears to originate from systemic, both covert and overt, racist policies that isolate migrant workers, allowing landowners to exploit them more easily. Tactics such as coercion and evasion of administrative and social security obligations are easier to carry out when the migrant worker is afraid of being deported⁵¹. This precarious situation has made these migrant workers prey to unscrupulous landowners who take advantage of their vulnerable position. Often underpaid and living in cramped, unsanitary accommodations, essential migrant workers in Spanish agriculture were forced to work without healthcare, protective gear or basic hygiene and often had to share tools⁵². The result of this system made agriculture the economic sector with most frequent COVID-19 outbreaks in Spain⁵³.

Additionally, the Australian elder care industry is primarily dependent on low-paid, poorly trained and non-English speaking migrant workers⁵⁴. These migrant workers are predominantly migrant Asian women, and the industry coerces them to work across multiple homes, greatly increasing the risk of occupational transmission⁵⁵, especially as most migrant workers are often without employment benefits (e.g., sick leave and annual leave) and are rarely provided with proper personal protective equipment⁵⁶. Migrant workers

⁴⁵ Lakhani, N. (2020, May 15). US coronavirus hotspots linked to meat processing plants. Retrieved from *The Guardian*:

<https://www.theguardian.com/world/2020/may/15/us-coronavirus-meat-packing-plants-food>

⁴⁶ van Dorn, A., Cooney, R. E., & Sabin, M. L. (2020). COVID-19 exacerbating inequalities in the US. *The Lancet*, 1243-1244.

⁴⁷ Middleton, J., Reintjes, R., & Lopes, H. (2020). Meat plants—a new front line in the covid-19 pandemic. *BMJ*, 2716.

⁴⁸ Ibid.

⁴⁹ Corrado, A. (2017). Migrant crop pickers in Italy and Spain. Heinrich Boll Foundation.

⁵⁰ Basok, T., Bélanger, D., & Rivas, E. (2014). Reproducing deportability: Migrant agricultural workers in south-western Ontario. *Journal of Ethnic and Migration Studies*, 40(9), 1394-1413.

⁵¹ Reid, A., Ronda-Perez, E., & Schenker, M. B. (2020). Migrant workers, essential work, and COVID-19. *American Journal of Industrial Medicine*, 73-77

⁵² De Schutter, O., Tomoya, O., Puras, D., Rajagopal, B., Gonzalez Morales, F., Heller, L., & Fakhri, M. (2020). Spain: Passing the buck on exploited migrant workers must end, says UN expert. Geneva: United Nations Human Rights Office of the High Commissioner.

⁵³ The national COVID-19 outbreak monitoring group. (2020). Open Access. COVID-19 outbreaks in a transmission control scenario: challenges posed by social and leisure activities, and for workers in vulnerable conditions, Spain, early summer 2020, 1.

⁵⁴ Russel, L. (2020, May 19). Nursing Homes at the Centre of the Coronavirus Pandemic. Retrieved from United States Studies Centre: <https://www.usssc.edu.au/analysis/nursing-homes-at-the-centre-of-the-coronavirus-pandemic>

⁵⁵ Wahlquist, C. (2020, Aug 25). Four out of five health and aged care workers in Victoria with Covid-19 contracted it at work. Retrieved from *The Guardian*: <https://www.theguardian.com/australia-news/2020/aug/25/four-out-of-five-health-and-aged-care-workers-in-victoria-with-covid-19-contracted-it-at-work>

⁵⁶ Russel, L. (2020, May 19). Nursing Homes and the Centre of the Coronavirus Pandemic. Retrieved from United States Studies Centre: <https://www.usssc.edu.au/analysis/nursing-homes-at-the-centre-of-the-coronavirus-pandemic>

were given the hollow title of “essential workers” not as recognition of their importance, but rather to enable their continued exploitation. Yet, the systematic exploitation of migrant workers would not have been possible if not for its sanctioning by or willful ignorance of governments.

Discriminatory COVID-19 Policies and Responses

As COVID-19 began to spread globally, governments scrambled to adopt measures to mitigate this pandemic. These measures came in the form of non-pharmaceutical interventions (NPIs) that ranged from mask-wearing to quarantine and lockdowns⁵⁷. While different combinations and intensities of these policies yielded different results worldwide, they were credited with mitigating the early effects of COVID-19. Even now with the discovery of vaccines and their widespread usage around the globe, NPIs are still being applied at varying levels to deal with COVID-19 variants⁵⁸. However, these same policies served to exacerbate ethnic and racial inequalities. According to Drexel University’s Sharrelle Barber, “Black communities, Latino communities, immigrant communities, Native American communities—we’re going to bear the disproportionate brunt of the reckless actions of a government that did not take the proper precautions to mitigate the spread of this disease.”⁵⁹ Professor Barber alludes to the increased vulnerability of the most economically and socially deprived: a vulnerability that is not accounted for by governments and national COVID-19 policies. Most COVID-19 models do not consider a population’s socioeconomic status or the structural vulnerability of a community⁶⁰. Therefore, these policies served to endanger already vulnerable populations – in particular, the migrant community. As the majority of migrants tend to be in precarious socioeconomic circumstances, they were quickly and adversely affected by COVID-19 mandates.

Migrants, documented and undocumented, formed the majority of essential workers as defined by most countries. This categorization prevented migrants from isolating in their houses; instead, they were forced onto the frontlines during a once-in-a-century pandemic. To make matters worse, poor migrants live in overcrowded and unsanitary houses that often do not have running water⁶¹. Accordingly, migrant housing quickly became COVID-19 super-spreaders. However, migrants seldom benefit from paid sick leave and are too underpaid to take time off. To that end, migrants quickly got stuck in a vicious cycle where they could not afford being sick⁶². Even if they were able to isolate themselves within their houses with what little savings they had, they were unlikely to be able to continue to pay rent, especially in countries like the US, where country-wide eviction stays omitted migrants⁶³. Similarly, in Australia, migrants were purposefully excluded from benefit packages and other aid provided to their national counterparts with the government often telling them “to go home.”⁶⁴ Australia, at the time, was home to over one million migrant essential workers spread across seasonal worker visas, student visas and temporary visas.

National COVID-19 policies made no effort to combat the systemic exclusion of migrants in healthcare. In the US, many migrants cannot afford healthcare and do not qualify for the Affordable Care Act, so they

⁵⁷ Saab, S. S., Al-Abbas, M., Samaha, R. N., Jaafar, R., Saab, K. K., & Saab, Jr., S. S. (2021). Setting the boundaries of COVID-19 lockdown relaxation measures. *Library Hi Tech*, 873-887.

⁵⁸ Karim, S. S., & Karim, Q. A. (2021). Omicron SARS-CoV-2 variant: a new chapter in the COVID-19 pandemic. *The Lancet*, 2126-2128.

⁵⁹ van Dorn, A., Cooney, R. E., & Sabin, M. L. (2020). COVID-19 exacerbating inequalities in the US. *The Lancet*, 1243-1244.

⁶⁰ Patel, J., Nielsen, F., Badiani, A., Assi, S., Unadkat, V., Patel, B., . . . Wardle, H. (2020). Poverty, inequality and COVID-19: the forgotten vulnerable. *Public Health*, 110-111.

⁶¹ Koh, D. (2020). Migrant workers and COVID-19. *Occupational & Environmental Medicine*, 634-636.

⁶² Reid, A., Ronda-Perez, E., & Schenker, M. B. (2020). Migrant workers, essential work, and COVID-19. *American Journal of Industrial Medicine*, 73-77.

⁶³ Benfer, E. A., Vlahov, D., Long, M. Y., Walker-Wells, E., Pottenger, Jr., J. L., Gonsalves, G., & Keene, D. E. (2021). Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. *Journal of Urban Health*, 1-12.

⁶⁴ Berg, L., Farbenblum, B., Huang, Y., Lee, D., Saleh, S., Sharma, A., & Kintominas, A. (2020, September 01). As if we weren’t humans. The abandonment of temporary migrants in Australia during COVID-19. Retrieved from Analysis & Policy Observatory:

<https://apo.org.au/sites/default/files/resource-files/2020-09/apo-nid308305.pdf>

generally avoid hospital care when possible⁶⁵. Additionally, migrants, specifically those who are undocumented, have been fearful of getting vaccinated either due to the threat of deportation or simply being unable to provide residency papers⁶⁶. The lack of protection and guarantees for migrants by both government and COVID-19 national policies has made them isolated. Ostracized by society, documented and undocumented migrants are now faced with an ever-vicious cycle of existence.

Conclusion

During COVID-19, migrant communities were subject to varying forms of racism. Structural, institutional and interpersonal racism became synergetic and led to a sort of COVID-19 syndemic. Migrants were ostracized from society but were asked to serve as essential migrant workers. They were targets of assault and discrimination and presented as scapegoats for public anger by politicians. Not only that, but they were also denied benefits and healthcare, and COVID-19 relief was made available for their national counterparts. The continued discrimination and othering of migrants served not only to harm migrant communities but in fact harmed the global community. Individually, these forms of racism are often combatted through revisionist, inclusionary and destigmatizing policies. However, during the COVID-19 pandemic, these three types of racism manifested in a self-sustaining and harmonized form.

Calls for the inclusion of migrants in COVID-19 national policies and planning have been made since the beginning of the pandemic⁶⁷. Scientists, healthcare professionals and academics were virtually unanimous on the importance of inclusionary practices to encourage undocumented migrants to seek aid and healthcare. Much like racism, healthcare is built on the interplay between different factors. For a country to be healthy and immune to COVID-19, herd immunity needs to be achieved. However, much to the dismay of certain politicians and nationalists, herd immunity includes all individuals residing within a country regardless of their migrant status. In fact, a primary reason that COVID-19 still exists to date, four years after it first emerged, is the lack of equitable vaccination and healthcare access between communities. This has hindered the attainment of herd immunity⁶⁸.

This article discusses how discrimination and racism at different levels have prolonged the threat of COVID-19 and may lead to a resurgence, as warned by the WHO⁶⁹. To eliminate COVID-19, policies promoting inclusivity, access to healthcare and culturally sensitive vaccine messaging are essential. Although COVID-19 has caused numerous fatalities, many of them could have been prevented if there were no institutional, structural or national policy barriers. To avoid repeating the same mistakes during future pandemics, governments must prioritize the inclusion of migrants regardless of their legal status in all national policies. It's important that policies aimed at combating pandemics do not discriminate and instead protect everyone.

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⁶⁵ Page, K. R., & Flores-Miller, A. (2021). Lessons We've Learned — Covid-19 and the Undocumented Latinx Community. *The New England Journal of Medicine*, 5-7.

⁶⁶ Teerawattananon, Y., Teo, Y. Y., Fung, J., Lim, Y., Hsu, L. Y., & Dabak, S. (2021). Vaccinating undocumented migrants against covid-19. *BMJ*, 373.

⁶⁷ Orcut, M., et al. (2020). Global call to action for inclusion of migrants and refugees in the COVID-19 response. *The Lancet*, 1482-1483.

⁶⁸ Malik, A. A., McFadden, S. M., Elharake, J., & Omer, S. B. (2020). Determinants of COVID-19 vaccine acceptance in the US. *The Lancet*; Laurencin, C. T., & Walker, J. M. (2020). A Pandemic on a Pandemic: Racism and COVID-19 in Blacks. *Cell Systems*, 9-10; and Turner-Musa, J., Ajayi, O., & Kemp, L. (2020). Examining Social Determinants of Health, Stigma, and COVID-19 Disparities. *Healthcare*, 1.

⁶⁹ WHO chief cautions against covid-19 resurgence. *Africanews*. Retrieved March 31, 2023, from <https://www.africanews.com/2022/05/23/who-chief-cautions-against-covid-19-resurgence/>