# IMMIGRATION AND EMMIGRATION DURING PANDEMIC

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**Abstract**

The article has focused on the various tenets of the challenges faced by the world when it comes to the immigration practices and policies during pandemics and epidemics. It has also put forth the inherent connection between the International Human Rights Law and Immigration and the reason behind the existence of such a strong interlink between the two tangents, mostly facing obstacles and hindrances at the time of global health emergencies. Migrants have been always subject to discrimination on the basis of their legal status in countries they migrate to. Apart from that, various reasons are responsible for pushing this part of the world population into the minority sector of countries across the world. These reasons mainly include those of economic, political and social nature. The article has also highlighted a short overview of how pandemics were dealt with during the early and the latter half of the 20th century along with the way UN and WHO further maintained the policies as certain pandemics continued on to early 21st Century. The article has, further, compared the measures taken in the cases of Spanish Flu and Tuberculosis with the steps initiated by the world in the current scenario of COVID-19. As we look at the historical timeline of pandemics, we can see there has always existed a link between the inherent fear of the local people to lose their position of luxury as migrants begin to take up their place in different jobs that usually require labor work and other such mechanical errands to be run. But this theory has been grossly manipulated by the government to close the gates of their countries, which by the way, has also been brilliantly countered by Abijit Banerjee with a different approach. There is dire need for a set of new strategic management policies that will help maintain the basic human rights of the immigrants. But, above all, the society needs to change its mindset as that forms the fundamental basis for xenophobic interference in the provision of right amount of facilities to the immigrants, be it on the basis of medical resources or economic opportunities.

## Keywords

**Migration, Immigration, Pandemic, Human Rights, Global Health.**

**Introduction**

Immigration and emigration have long thwarted the economic and political tangents of countries across borders. Substantive research work has shown that there still exists a problematic gap in understanding the connection between public health and immigration but certain studies have also proved that migration across international borders have little impact when it comes to the transfer of contagious diseases. On the other hand, certain data has proved the contradiction to this statement which will be discussed in the later sections of the paper.

One might wonder if active cross-border activities are at all responsible for the heightened version of transmission of such infectious diseases and ultimately leading to epidemics and pandemics. The response to this question cannot be very straightforward. It is complex and requires thorough research and understanding of how immigration affects an individual from the perspective of various tenets of economy and human rights. Mostly the whole concept, of quarantining migrants and immigrants, stems from the age long practice of holding a subconscious grudge against this part of the world population. That grudge, in turn, stems from the fear that feeds upon the conscience of the citizens of a country regarding migrant invasion.

According to Abijit Banerjee, the whole facade of fear that lingers in the minds of people, regarding migration in general, is well connected with the inherent fear of being subject to unknown work power and ability. As per him, the world is filled with people who belong to the poor and the urban poor tangent of the society and the people belonging to the more privileged sections fear that their invasion into the common workplace of the country might render the already existing working population unemployed. This argument is based on the very basic economic theory of supply and demand that states increase in labor supply will ultimately lead to an overall sink in the wages of the entire labor population resulting in migrants ending up with profits but the citizens facing huge amounts of loss. This was the reason behind the whole charade of “We are full” as was mentioned by Donald Trump on the account of playing host to Mexican immigrants.

Abhijit Banerjee contends this argument with the help of two solid counter statements. First, the purpose of migration has almost nothing to do with the existing wage differences amongst countries. Second, there is absence of proper evidence that supports the nearly ridiculous theory based on the idea of supply and demand. According to him, migration across borders has more to do with the persisting chaos in their respective home countries and certainly not in search of better paychecks. As examples we have migrants from Iraq, Syria, Guatemala and Mexico where the cost of living happens to surpass the countries the migrants move to[[1]](#footnote-2).

As the violence and suppression never ceases, even at the time of a pandemic, the distress level of such people reaches the peak when it comes to such health emergencies leaving them desperate to move out of their homes. But in case of pandemics, as the common perception procures, the whole scenario changes as such diseases are usually contagious and lead to a spike in the number of the cases and fatalities albeit, as explained above, researches show otherwise. But the recent situation of COVID-19 renders such researches as flawed. We cannot ever hold migrants and immigrants to be the sole reason for the increase in cases in certain areas but a country is obligated to avoid the risk of welcoming migrants for a part of the world where the disease is on the rise always harbor the possibility of at least one of its member being infected. The reason behind closing all gates during pandemics of similar nature, for hosting refugees, migrants and immigrants, is culminated deep into the very roots of the fear for migrants based on both the tenets of economic invasion and the infectious nature of most diseases that result in epidemics and pandemics alike.

This paper analyses the effect of Immigration or migration across borders, and emigration, on pandemics and the society at large. The analysis is focused on observation and case studies of past measures taken during fatal pandemics in the late 19th Century. The paper then compares the same with the current scenario, also, highlighting the importance of migration to cater to the needs of racial diversity as well as the legal support that the act of migration has when it comes to human rights. Finally, it discusses the current situation in India and the challenges of COVID-19.

# IMMIGRATION AND GLOBAL HEALTH

Migrants usually consist of people with a diversified set of needs including that of economic nature, educational and a fair population of the migrants belong to the refugees and asylum seekers. There are usually harmful consequences in the field of health and medicine on the basis of two different aspects of this issue. First, the home country happens to face a certain amount of degradation in the health tangent as better technical and scientific influences of the country leave their home in search for better economic facilities, hence, leading to their home country facing backdrop in skills and execution of medicinal expertise, especially, at the time of health emergencies. Second, the host country also happens to face certain disturbances in the public health of the citizens but the same is usually the case during pandemics and epidemics when migrants are bound to carry the infectious diseases that may lead to a spike in the already existing number of cases in the country, in case the migrants are not rightly quarantined. Further, migrants may happen to have pre-existing health conditions that may be found to be difficult to treat, in the right manner, in their current home. An example can be that of old migrants moving to Spain or Florida where the weather is usually on the warmer side, making it thereby stressful for the local public health care systems to treat such migrants in case they are unable to adapt to the drastic change in the climate[[2]](#footnote-3).

Below are given two tables that showcase the proportion of TB and HIV cases that have been contributed, by the migrants and immigrants alike, to certain host countries, especially Europe. The sources for both the tables is World Health Organization, Regional Office for Europe.

**Table 1:** Percentage of tuberculosis (TB) patients attributed by the migrants.

|  |  |
| --- | --- |
| Member State | People of foreign origin among TB case notifications (%) |
| Malta | 96.0 |
| Cyprus | 93.3 |
| Sweden | 89.8 |
| Slovenia | 36.4 |
| Czechia | 29.3 |
| Spain | 28.5 |
| Estonia | 21.9 |
| Ukraine | 0.1 |
| Belarus | 0.0 |
| Uzbekistan | 0.0 |

**Table 2:** Percentage of HIV AIDS patients attributed by the migrants.

|  |  |
| --- | --- |
| Member State | Migrants among total number of people living with HIV (%) |
| Andorra | 100 |
| Turkmenistan | 100 |
| Sweden | 80.9 |
| Malta | 74.6 |
| Portugal | 35.0 |
| Czechia | 30.4 |
| Republic of Moldova | 0.0 |
| Ukraine | 0.0 |

These percentage figures show that there is bigger reason for a strategic management plan to execute proper handling of such cases and avoid further spread, more importantly, one of the major concerns should be to provide proper healthcare facilities to the migrants. But that seems to be the biggest problem in most areas, hence, leading to poor medical treatment and further spread of such diseases. Below is an image summarizing the crisis that is faced by countries in the matter of health care and it is based on shortages of medical expertise.



World Health Organization in its Seventy Second World Health Assembly, in May 2019, declared that there was now a dire need for addressing the health of refugees and migrants alike, at the same time, taking care of their impact in the healthcare sector of the host country. This led to the formation of the Draft Global Action Plan (For Promoting the Health of Refugees and Migrants) 2019-23. Further, Article 13 of UN Declaration of Human Rights 1948, states clearly the importance of the freedom of movement across borders. The context of human rights in the lieu of migration across borders will be discussed later. For now, it is inherent to address the relationship between migration and global heath[[3]](#footnote-4).

To understand that better, i.e, the stance of migration in the field of public health, we need to have a closer look at the historical timeline of pandemics and the problems which were faced by the countries in addressing the same. Based on that we can draw a conclusion on what exactly should be the motive of the world in executing efficient research work in case of international migration in order to come up with resourceful policies.

# A HISTORY OF IMMIGRATION AND EMIGRATION DURING PUBLIC HEALTH EMERGENCIES

As we explore the timeline of global pandemics we see that mass movement by people has contributed to the high transmission of such contagious diseases as is still the case when we look at the current scenarios, explained in the last section. Although that should certainly be not the reason for an abrupt obstruction of intercultural activities across the globe. Now, let us have a look at the concept of pandemics from a historical standpoint.

Mass migration took place across the globe in the late nineteenth and early twentieth centuries, especially in US. The US was the hub for most immigrants, coming from various walks of life leading to major changes in the public policy forums. The late nineteenth century is responsible for the shaping of new innovations in the fields of technological and medicinal expertise. This was mainly triggered by the whole process of globalization and industrialization which, in turn, also resulted in a large group of people from different parts of the world to leave their home and migrate. The later decades of the nineteenth century saw the inception of scientific approach towards medicine and the Germ Theory of disease. The theory was provided by Robert Koch and it first interpreted the nature of specificity of germs. It stated that a particular disease can only be caused by one specific type of germ. This led to a massive reformation in the field of medicine and microbiology. Moreover, this enabled the world to have better understanding of how diseases are spread and how the microorganisms function which resulted in more principled public policy reforms responsible for executing a coping mechanism when it came to the management of the millions of migrants and immigrants without having to violate basic human rights. This was to be done while keeping in mind the importance of epidemics and pandemics in the context of migration across borders, hence, giving rise to the whole ideology behind public health[[4]](#footnote-5).

Now, we take a glimpse at the different types of outbreaks that took place globally over time and the effect that immigration had on such outbreaks. The bubonic plague left the world in utter distress when it began spreading across Central Asia, China, India and Middle East, in the 1330s. The disease was further transmitted to the ports of the Mediterranean Sea through the merchants who were travelling from Genoa and Venice in 1347. Diseases such as the yellow fever, hookworm and African malaria were introduced to the various regions of the world through the commission of activities in relation to African Slave Trade. Cholera began to spread across Ceylon, Afghanistan and Nepal from the region of northeast India in the nineteenth century. Towards the later part of the early decade of the said century, the disease had already spread its wings across a fair portion of the world population. Pandemic and epidemic outbreaks are not only responsible for economic and medical degradation in certain countries but also for sociological alterations in the lives of the citizens. An example would be that of the infamous Spanish Flue which, till date, is considered to be one of the most upsetting pandemics of all times and it resulted in the death of as many as 20 million people across the globe which was a number far greater than the fatalities of World War I. An image is provided below, depicting the spread of epidemics across the globe and their routes of origination.

(Source: TRP Corporation.)

But such transmission of diseases has given rise to an inherent fear amongst the people regarding migrants in general. As can be seen in the case of massive immigration that took place from Eastern Europe to the United States when almost 200 immigrants were found to be carrying the disease, Typhus. The immigrants were Russian Jews and immediate action was taken by the public health officials of New York in order to detain them. At the time of the cholera pandemic a large number of migrants were restricted from entering the port of New York in the year 1892 and were subject to a 20 day long quarantine[[5]](#footnote-6).

The UN Millennium Development Goals turned out to be the root cause for an ideological shift in the paradigm of policies and the same stated that certain health related circumstances maintain a close relation to the local socioeconomic activities that address education, poverty, hunger, gender equality and more along the same line. These circumstances or outcomes contain a methodical approach towards handling and improving the health of children and women alike in case of HIV, Malaria and Tuberculosis. But more pandemics such as the SARS, avian influenza and other similar type of contagious infections have raised further political and economic discord across the world regarding future epidemic crisis. Surely, right principles of management has never been discussed, since then, in the right manner which has led to the world crippling under the weight of the increasing impact of the recent pandemic, i.e.COVID-19[[6]](#footnote-7).

As we can see from the timeline of global pandemics and epidemics, the basic line of concern remains the same and that focuses around the necessity of treating every lives as equal while maintaining a strong medical equilibrium and ensuring right execution of medical facilities to diminish the spread of the disease and, at the same time, cure the vast population of the already infected. Before we begin to analyze the legal tangent behind the act of migration, and the intricacies of moral beliefs and ethics attached with that, we need to look at two different case studies in order to develop a better understanding of the measures and steps taken by the world in enabling health care development while not doing so at the cost of basic human rights.

It was in the early 20th century that a viral disease began to spread across the various regions of the world and the virus was responsible for infecting almost as many as one-third of the total mankind population. Spanish Flu is, till date, considered to be one of the most deadly and fatal diseases of all time. It continued for two long years and resulted in the death of 50 million people. This pandemic is considered to have impacted the world at a time when importance was to be given to the medical field as it was going through a massive evolution. Louis Pasteur was dedicated to the research concerned with the establishment of a connection between the microorganisms and the diseases. The Germ Theory, by Robert Koch, had begun to get implemented in case of various contagious diseases that took place prior to this infamous flu and it was also the period in the historical timeline when Spanish flue struck for the first time. Before Spanish flue, there were plenty of poor and urban communities that lost a great deal of employment, hence, that resulted in a requirement for a contribution by the healthy peasants situated in the countryside. This also meant there was now going to a steady influx of migrants.

One of the main reasons for immigrants to arrive in the different parts of the world, at the time of Spanish flu outbreak, was the need to shift to a more viable location after the end of World War I. When citizens of US were flocking the streets and celebrating the end of the war, health officials in the Western Europe already began to grow concern over the rising epidemic. But it took them considerable amount of time to get the word out in the right manner along with the directions about appropriate preventive measures which included social distancing. In the three decades post the World War, a considerable number of immigrants who stepped into the premises of US were blamed for being carriers of similar infectious diseases like Typhoid and Cholera, hence, leading them to derive an obvious conclusion at the time of the Spanish Flu pandemic as well[[7]](#footnote-8).

Spanish flu affected the cities more than the rural areas and the cities happened to be the areas supporting majority of the immigrant population. The worst aspect of the disease was that it did not see any age distinctions in case of affecting individuals. Moreover, the fatality rate was much higher compared to most diseases. Areas that were located remotely, suffered worse consequences. For instance, Brazil happened to be the country who was just subject to the 1st wave of the pandemic yet suffered much more fatalities than the crowded cities of the US. Quarantine was imposed in the year 1918 with also the application of isolation wards. Such measures were indeed taken but the pressure was on the physicians to treat the infected. The physicians owe a moral obligation towards all the infected, be it immigrants or citizens, but initially the case always so happened that citizens were treated earlier than the immigrants leading to a delay in the provision of proper health care facilities to the immigrants. This was, however, handled better at the time of Spanish Flu, especially by the US[[8]](#footnote-9).

Given below is a graphical depiction of the how fatal the disease was.



(Source: NCBI)

In the early twentieth century, the medical field, as explained above, was just beginning to get accustomed with the new ways of medicinal approaches and a flue with such high infection and fatality rates posed a great challenge, especially for doctors to handle such inhuman number of cases flooding into the hospitals every hour. This was more of a case in the rural and the countryside areas where the medical facilities were not as developed in the first place. Therefore, migrants happen to travel, from such areas, to the cities in search of better treatment but the problem was most of these immigrants happened to be the carriers of the diseases themselves being initially subject to poor medical expertise.

In US, the Bureaus of Immigration and Naturalization were responsible for ensuring the proper healthcare facilities for the immigrants and the citizens alike. They prepared strategies to combat the spread of diseases in case of employers as well as the immigrants and proper preventive measures were provided by the organizations such as masks and sanitation equipment[[9]](#footnote-10). What we need to understand here is that not all parts of the world were equally well equipped or organized. Countries like India were still struggling under colonization and had their own trouble of fighting off the ruling nation. A pandemic outbreak at a time like that shattered the country. As many as 18 million Indians ended up dying because of the pandemic which was later found to be the greatest loss when compared to the loss faced by the other countries of the world at that time[[10]](#footnote-11).

As can be seen from a brief statistical intake on the flu, provision of equal human rights indeed become a challenge when it comes to such massive outbreaks across different economic zones and in the presence of limited amount of workforce. In the earlier times, this seemed more of an issue than now. Some parts of the world were successful in providing equal treatment to both immigrants and migrants while some countries struggled to provide basic medical facilities even to their own citizens. We will get a clearer picture of similar challenges that were faced based on the tenets of human rights and immigration in the case of Tuberculosis pandemic.

Tuberculosis was declared, by World health organization, to be a ‘global health emergency’ in the year 1993. The main problem arose when substantial evidence proved that TB happened to have a higher mortality rate on the basis of race, place of birth and ethnicity. This resulted in concerns across the borders, especially the nation-state borders. In certain number of countries, higher number of cases were found amongst immigrants and the people belonging to ethnic minorities. So the question that came up at a situation such as this was how to address pandemics of this nature, affecting specific groups of population, while at the same time maintaining policies and equitable practices? The goal was to help sustain non-discrimination while providing an effective response to the Tuberculosis pandemic[[11]](#footnote-12).

The number of cases decreased in a lot of industrially advanced countries but the inclusion of immigrants amongst the existing population resulted in the increase of the disease again. The immigrants were mostly found to be from countries and areas that hosted higher rates of TB cases. One such example can be that of Denmark where similar rise in cases took place because of the influx of immigrants[[12]](#footnote-13).

Here is statistical representation of the cases in Denmark over a 125-year period.

(Source: NCBI)

The theory that gained a fair amount of popularity, at the time of this pandemic, was essentialism and the theory seemed attractive as it allowed for the reduction of a rather complicated problem, based on a numerous factors and causes, to a comparatively much simpler and distinct problem that supported only one cause as opposed to the multiple causal factors. Essentialism basically referred to the implication of the various differences that existed between different races and ethnicities, on the basis of specific essential features and the usage of the same in the manner of reference points to explain the health adversities in different parts of Asia and South Asia. This methodology was adopted by the European Colonials. Of course, Essentialism has never held the position of absolute answer to the whole situation of TB pandemic. This theory has been countered by the anti-essentialists who believed in the multi-factor perspective of the disease infection. These factors included lack of access of proper healthcare and nutrition, homelessness, usage of drugs and alcohol, presence of crowds in residential areas, and most importantly poverty with respect to economic disadvantage on a national scale. These dynamics are not neutral in nature, rather, are based on various social factors that portray variations on the account of historical and geographical factors[[13]](#footnote-14).

It is obvious that immigration has, therefore, been considered as primary source for the increase in the TB cases by a fair number of countries across the world. This, unlike in case of Spanish Flu, has substantial evidence to back up the claim regarding immigrants as TB was reportedly found to be carried through outsiders. In some of the cases reported, the contribution by the immigrants, to the hike in the overall cases of the country, has been absurd such as in case of Western Australia where the percentage was as high as 88%. There had also been changes in the rates of the cases in certain areas with the influx of immigrants, for instance, in US where the number of cases increased to as much as 25.8% which was reported to higher than the local cases by as much as 4%[[14]](#footnote-15).

After thorough research, the main cause behind the high rate of TB infection amongst the immigrants was found to be stemming from the immense amount of stress that they are subject to while having to migrate across borders[[15]](#footnote-16). As explained in the previous sections, immigrants are immigrants because they were somehow forced to leave their home because of extreme social and economic factors such as war and economic depression. As a matter of fact, a majority of the immigrants who were found to be the carriers of the disease were infected with the disease only after arriving in their new country. It was also discovered in a study that as many as eight out of ten immigrants in San Francisco were actually victims of transmission of the disease from the US natives and not the opposite[[16]](#footnote-17).

As we can see from the two case studies discussed, the imposition of an absolute blame on immigrants simply deny them their inherent right to leading a life of dignity and, further, deprive them of proper medical facilities leading to more increase in the number of cases amongst our foreign mates. This further leads to violation of basic human rights. In the following section an overview of the relation between human rights and immigration is given and the importance of the same.

# Migration and Human Rights

Throughout the history of migration across borders or immigration has led to violation of certain rights that are to be enjoyed by every person on this planet irrespective of what race or ethnicity they are from. Different countries, societies and various sectors, are affected by immigration. There has always been the close collaboration between the countries and the organizations, at an international level, in order to battle the pandemics. What we also need to understand is that not all of these migrants are migrant workers, some are victims of human trafficking, asylum seekers and refugees who are in dire need of a shelter and in search of basic human rights[[17]](#footnote-18).

It is the birthright of every individual on this planet to enjoy the right to basic necessities which are required to sustain a human life.Human rights are delivered across the world on the basis of various perspectives of the same, be it on grounds of economy, civil rights, polity, society etc. Not only are international instruments responsible for addressing human rights but also national bodies and legislations. The various rights of migrants and the distinction that they have with respect to the specific right to health is often not understood in the right manner because of the influence of different types of discrimination. The usual form of discrimination that is used by the States is the factor of legal status enjoyed by an individual which support the demarcation of citizens and migrants. However, International Human Rights Law provide for a unified stance in case of every individual on this planet when it comes to access to human rights. It specifically mentions that *all* persons are entitled to enjoy the basic tenets of human rights. This provides a protection to the migrants, irrespective of their legal status in a country[[18]](#footnote-19). The same is substantiated by the Article 1 of Universal Declaration of Human Rights[[19]](#footnote-20).

According to Article 12 of International Covenant on Economic, Social and Cultural Rights (ICESCR), the right to health refers to “*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[[20]](#footnote-21).*” This is considered to be one of the best definitions of right to health that best articulates the true essence of this legal right. Apart from this, there are other descriptions available in various treaties as well which more or less put forth a similar perspective of the right to health. Of course, the most important right enjoyed by any person belonging to the borders of this world is the right to life which is also an inherent right enjoyed by migrants. According to Article 6 of International Covenant of Civil and Political Rights (ICCPR) and Article 9 of International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICRMW) a State is obligated to ensure right to life in case of all migrants and is to look into whether any such minority groups are being deprived of the right. Moreover, the International Law of Sea has provided specific ground for saving migrants travelling across various international borders and these provisions are responsible for the protection of any individual, including any migrants, who happen to lose their way while travelling through sea. The same has been provided in Article 98 of the UN Convention of Law of The Sea (UNCLOS)[[21]](#footnote-22). The issue of non-discrimination, discussed above, has also been addressed in Article 2(2) of International Covenant on Economic, Social and Cultural Rights (ICESCR) where the following is stated:

“*The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status*.[[22]](#footnote-23)”

Coming back to the access to right to health, UN Committee of Economic, Social and Cultural Rights (CESCR) rightly determines the intensity or importance of the right to health when it comes to the migrants. According to General Comment no. 14 of CESCR, States hold the obligation to make sure that certain health facilities, services and goods are being accepted and accessed by the migrants in the rightful manner. The State should also ensure the availability of the right amount of health resources to the migrants. Other rights that the State should protect, in case of migrants, include right to adequate food, right to adequate housing facilities, which is according to Article 11 of ICESCR, right to work and labor, which has been put forth under Article 7 of ICESCR, right to social security, as per article 9 of ICESCR, right to family life, which is again as per Article 23 of ICCPR, and, last but not least, right to seek, receive and impart information according to Article 19 of ICCPR[[23]](#footnote-24).

It is of primary importance to understand that the reason behind so many countries coming together in various conventions to design policies for the protection of migrants is solely because they deserve to be treated like any other human being of this planet. The first and the foremost requirement is to acknowledge their existing rights at the local level. In the next section, I discuss the current scenario of India in battling COVID-19 from the perspective of immigration.

# INDIA AND THE CURRENT STATUS OF IMMIGRANTS AT THE TIME OF COVID-19

Today, the world is at a critical standpoint as it fights the new pandemic that has swept the planet off its feet. This has also further lead to migrants being subject to detention related to migration. A large number of migrant families are bound or forced to live within confined spaces along with a considerable number of other mates of theirs leading to the act of social distancing being completely out of their living standards. Nevertheless, they have still been made to comply with the rules of indefinite detention. However, a recommendation guideline has been prepared by The Working Group of Network for Detention Alternatives, which is led by UNICEF, UNHCR and the International Detention Coalition. This set of guidelines put forth the measures to be taken for addressing the problem of immigration with respect to valuing every rights of the immigrants[[24]](#footnote-25).

Like any other nation, India has also taken the initiative of implementing a nation-wide lockdown which has led to the migrant population of the country face a sort of dislocation problem. Industries have shut down, including other various types of workplaces, leading to many of such migrant workers getting stranded. However, as restrictions are being relaxed one by one, measures regarding confinement issues, in case of the vulnerable groups of the country, are being thoroughly discussed. These policies are mainly focused towards addressing the social and employment issues regarding further vocational opportunities for the marginalized sections of the society, including migrants and immigrants. These measures are also meant to provide appropriate resources in order to curb hunger and respect basic human needs and rights of the people belonging to the vulnerable sector[[25]](#footnote-26).

As is the case in most parts of the world, India has also suspended visa services and international flights. As a result many of the nationals are stranded in different countries. However, the problem in India is mainly concerning the internal migrants as has been explained above. As per the clauses **(d) and (e) of the Article 19 of the Indian Constitution**, free migration is allowed based on certain principles enshrined in the mentioned provisions. According to the constitution, any person is allowed to move freely across the territories of India along with the privilege to reside or settle in any part of the country[[26]](#footnote-27). This has been considered as a positive outlook towards maintaining a balanced environment in the country as internal migration is, often times, responsible for bolstering the existing economic framework of a country[[27]](#footnote-28). Hence, that is all the more reason for providing them with enough medical facilities and care at the time of global health emergencies. Contrary to the time of Spanish Flu, India is much well-versed with the execution of proper policies to control the spread of a contagious disease while taking equal car of all its citizens, albeit, the current scenario says there still needs to a drastic shift in the government initiatives. According to Abhijit Banerjee, migrants are currently absolutely clueless about what has been or are to be guaranteed to them, therefore, it is of utter significance that proper deliberation and resources are made to comply with this situation at hand. There is currently dire need to use each and every facility to accommodate the migrants and provide them basic health facilities. As per him, there is also possibility of migrants actually returning to their home villages with the disease in question, yet knowing nothing about even the basic symptoms. There is also requirement for provision of proper training in the field of medical health when it comes to the rural medical centers as they comparatively much less equipped and experienced[[28]](#footnote-29).

There is possibility of a dramatic effect on travel measures of the world. There can be a substantial change occurring in the international travel rules and more. At a situation like this it is important to understand that immigration and emigration will also not cease to exist and their rights are going to be challenged at every step. We need to understand that migration is also one of the prime causes behind keeping the global economy flowing which has inadvertently come to a halt because of COVID-19. According to some statistics, migrants are responsible for as much as 10% contribution to the global economy. Many migrants are shoved to refugee camps where social distancing holds little to no meaning at all. In the last section of the paper, concluding remarks about the situation at hand and measures, that are required to be taken, are discussed.

**CONCLUSION**

Till date, the bidirectional connection between the act of migration and public health remains rather feint based on poor research and understanding. Questions regarding this nexus should be addressed on various levels including national, regional and political. One way of enabling proper research work in this area is by getting associated with more complicated and vibrant migrant typologies rather than blatantly concluding on the basis of poor reductionist classifications, for instance, migrants belonging to the category of internals and those belonging to cross-borders or refugees and migrants looking for economic opportunities. We need more efficient ways of demarcating various aspects of migrants based on epidemiological and health factors[[29]](#footnote-30).

This uncanny link between the immigrants and the spread of the disease led to a rather despicable behavior towards immigrants and people belonging to different races. This further resulted in the inception of a strong hatred towards the immigrants and migrants leading to them being subject to stark social atrocities such as scapegoating for various problems related to societal factors. But we need to understand that a spread of disease cannot be a mere fodder for people’s prejudices and preconditioned notions about other races and ethnicities. The effort should be not in determining which race is carrying more number of the cases, instead, should be focused towards the different social and economic factors responsible for pushing certain population of the world into a more vulnerable position at the time of such pandemics. Again, pandemics are health emergencies on a global level, hence, should be addressed collectively. The need of the hour is to re-analyze the effect of geographical, social and economic differences leading to such transmission. Even though during pandemics proper implication of human rights in case of immigrants become a problematic situation, efforts should be made to not create a deliberate discriminating and stressful environment for the immigrants.

Migrants are not so because they wish to be a part of this minority population. They are forced to leave their sanctums because of unfortunate circumstances created by none other than their own kind. At the time of pandemics, such economic and societal pressures or downfall take a toll on the already suffering immigrants and migrants alike. It is then the collective responsibility of the countries to address the situation in the right manner. As we saw in case of Spanish flu and Tuberculosis pandemics, migrants are the ones facing the worst of the blows, many a times because of the lack of the ability of most of the countries to handle such situations at an inhuman rate while taking care of basic human rights. For now, we can say the situation has developed by a certain degree, although, the current scenario of COVID-19 speaks otherwise. We need stronger policies and much better collaboration to deal with pandemics and ensure proper human rights for migrants and immigrants all across the world.

The primary focus of the world has shifted from creating strategic disciplines, for proper control and management of public health issues, to finding ways of feeding in the fear of the unknown. The migrants, unfortunately, form the base for such fears. But what we need to understand is that migration across borders is a phenomenon that cannot be tackled by stranding them in the middle of nowhere and completely closing the gates of our countries. It should be our basic human conscience to understand that the mere reason behind migration is nothing but fragments of our own mistakes. We need to develop a different outlook towards the whole situation regarding migration during a global health crisis. Researches for new policy decisions should attain a globally oriented framework and the same should be addressed at the different levels, as explained above. There is requirement for the mobilization of the key constituencies which include that of civil, educational, political etc. There needs to be proper funding and academic freedom with the support of ethics and human rights which will ultimately lead to a proper execution of global health management in terms of migration from the perspective of multiple levels.

There is a dire need for not only a collaborative effort by the countries across the world but also a change in the mind of the society, a shift from xenophobia to at least a decent level of philanthropism as such is usually absent when the world faces its doomsdays and it still seems to be the case as I quote Antonio Guterres, UN- Secretary General, while says “*coronavirus pandemic keeps unleashing a tsunami of hate and xenophobia, scape-goating and scare-mongering.*” If this does not say that we need an immediate attention and a proper execution of the migration policies, then the mankind is yet to realize the trues essence of humanity, moreover, the path to a credible civilization.

## References

Abhijeet Banerjee and Esther Duflo, *Good Economics for Hard Times* (Juggernaut Books, 2019) pp12 and 13.

Rebecca Steinbach ‘Health and Social Effects of Migration’ (HealthKnowledge, 2009) <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/migration> as accessed May 6, 2020.

* ‘Refugee and Migrant Health’ (World Health Organization) <https://www.who.int/migrants/en/> as accessed May 6, 2020.
* Michel C. Limey, *Doctors At The Borders: Immigration and the Rise of Public Health* (Praeger, 2015) pp. 11.
* ‘Migration and Disease’ (Digital History, 2019) <http://www.digitalhistory.uh.edu/disp\_textbook.cfm?smtID=2&psid=3296> as accessed May 7, 2020.
* Douglas W MacPherson, Brian D Gushulak, Liane Macdonald, ‘Health and Foreign Policy: Influences of Migration and Population mobility’ (Bulletin of the World Health Organization: Past Issues, March 2007) Vol 85, No.3, pp. 161-244.

Julian A. Navarro, ‘Influenza in 1918: An epidemic in images’ (NCBI, 2010) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862330/> as accessed May 8, 2020.

* Laura Spinney, ‘Spanish Flu: The virus that changed the world’ (BBC World Histories: HistoryExtra, 2017) <https://www.historyextra.com/period/20th-century/spanish-flu-the-virus-that-changed-the-world/> as accessed May 8, 2020.
* ‘The 1918 Influenza Epidemic and the Bureaus of Immigration and Naturalization’ (US Citizenship and Immigration Services, 2018) <https://www.uscis.gov/history-and-genealogy/featured-stories-uscis-history-office-and-library/1918-influenza-epidemic-and-bureaus-immigration-and-naturalization> as accessed May 8, 2020.
* Mathew Gandy and Alimuddin Zumla ‘The Return of the White Plague’ (Verso: New York, 2003).
* Troels Lillebaek, Åse B. Andersen, Asger Dirksen,Else Smith,\* Lene T. Skovgaard, and Axel Kok-Jensen, ‘Persistent High Incidence of Tuberculosis in immigrants in a Low-Incidence Country’ (NCBI: Emerge Infect Dis., 2002) vol.8(7) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2730343/> as accessed May 11, 2020.
* ‘Immigration, Global health and Human Rights’ (CSP, 2018) <https://www.scielo.br/pdf/csp/v34n4/en\_1678-4464-csp-34-04-e00054118.pdf> as accessed May12, 2020.
* “Immigration and Migrant’s Rights’ (International Justice Resource Centre) <https://ijrcenter.org/thematic-research-guides/immigration-migrants-rights/> as accessed May 12, 2020.
* ‘International Migration, Health and Human Rights’ (International organization for Migration, 2013) <https://www.ohchr.org/Documents/Issues/Migration/WHO\_IOM\_UNOHCHRPublication.pdf> as accessed May 12, 2020.
* ‘Covid-19 and immigration Detention: What can Government and other Stakeholders do?’ (UNICEF, April 29 2020) <https://www.unicef.org/press-releases/covid-19-immigration-detention-what-can-governments-and-other-stakeholders-do> as accessed May 14 2020.
* ‘The impact of COVID-19 on informal and migrant workers in India’ (International Growth Centre, May 13 2020) <https://www.theigc.org/event/the-impact-of-covid-19-on-informal-and-migrant-workers-in-india/> as accessed May 14, 2020.
* Neeta Lal, ‘Covid-19 and India’s Nowhere People’ (The Diplomat, April 1, 2020) <https://thediplomat.com/2020/04/covid-19-and-indias-nowhere-people/> as accessed May 14, 2020.
* ‘Migrants are panicked as rules on ground not clear: Nobel Laureate Abijit Banerjee’ (IndiaToday, March 30 2020) <https://www.indiatoday.in/india/story/migrants-are-panicked-as-rules-on-ground-not-clear-nobel-laureate-abhijit-banerjee-1661166-2020-03-30> as accessed May 14, 2020.
Kolitha Wickramage,Jo Vearey, Anthony B. Zwi,Courtland Robinson, and Michael Knipper ‘Migration And Health: A Global Public Health Research Priority’ (NCBI, Aug 8 2018) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6083569/> as accessed May 6 2020.

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1. Abhijeet Banerjee and Esther Duflo, *Good Economics for Hard Times* (Juggernaut Books, 2019) pp12 and 13. [↑](#footnote-ref-2)
2. Rebecca Steinbach ‘Health and Social Effects of Migration’ (HealthKnowledge, 2009) <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/migration> as accessed May 6, 2020. [↑](#footnote-ref-3)
3. ‘Refugee and Migrant Health’ (World Health Organization) <https://www.who.int/migrants/en/> as accessed May 6, 2020. [↑](#footnote-ref-4)
4. Michel C. Limey, *Doctors At The Borders: Immigration and the Rise of Public Health* (Praeger, 2015) pp. 11. [↑](#footnote-ref-5)
5. ‘Migration and Disease’ (Digital History, 2019) <http://www.digitalhistory.uh.edu/disp\_textbook.cfm?smtID=2&psid=3296> as accessed May 7, 2020. [↑](#footnote-ref-6)
6. ## Douglas W MacPherson, Brian D Gushulak, Liane Macdonald, ‘Health and Foreign Policy: Influences of Migration and Population mobility’ (Bulletin of the World Health Organization: Past Issues, March 2007) Vol 85, No.3, pp. 161-244.

 [↑](#footnote-ref-7)
7. Julian A. Navarro, ‘Influenza in 1918: An epidemic in images’ (NCBI, 2010) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862330/> as accessed May 8, 2020. [↑](#footnote-ref-8)
8. Laura Spinney, ‘Spanish Flu: The virus that changed the world’ (BBC World Histories: HistoryExtra, 2017) <https://www.historyextra.com/period/20th-century/spanish-flu-the-virus-that-changed-the-world/> as accessed May 8, 2020. [↑](#footnote-ref-9)
9. The 1918 Influenza Epidemic and the Bureaus of Immigration and Naturalization’ (US Citizenship and Immigration Services, 2018) <https://www.uscis.gov/history-and-genealogy/featured-stories-uscis-history-office-and-library/1918-influenza-epidemic-and-bureaus-immigration-and-naturalization> as accessed May 8, 2020. [↑](#footnote-ref-10)
10. Laura Spinney, ‘Spanish Flu: The virus that changed the world’ (BBC World Histories: HistoryExtra, 2017) <https://www.historyextra.com/period/20th-century/spanish-flu-the-virus-that-changed-the-world/> as accessed May 8, 2020. [↑](#footnote-ref-11)
11. Mathew Gandy and Alimuddin Zumla ‘The Return of the White Plague’ (Verso: New York, 2003). [↑](#footnote-ref-12)
12. Troels Lillebaek, Åse B. Andersen, Asger Dirksen,Else Smith,\* Lene T. Skovgaard, and Axel Kok-Jensen, ‘Persistent High Incidence of Tuberculosis in immigrants in a Low-Incidence Country’ (NCBI: Emerge Infect Dis., 2002) vol.8(7) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2730343/> as accessed May 11, 2020. [↑](#footnote-ref-13)
13. Mathew Gandy and Alimuddin Zumla ‘The Return of the White Plague’ (Verso: New York, 2003). [↑](#footnote-ref-14)
14. Ibid. [↑](#footnote-ref-15)
15. Ibid. [↑](#footnote-ref-16)
16. Ibid. [↑](#footnote-ref-17)
17. ‘Immigration, Global health and Human Rights’ (CSP, 2018) <https://www.scielo.br/pdf/csp/v34n4/en\_1678-4464-csp-34-04-e00054118.pdf> as accessed May12, 2020. [↑](#footnote-ref-18)
18. “Immigration and Migrant’s Rights’ (International Justice Resource Centre) <https://ijrcenter.org/thematic-research-guides/immigration-migrants-rights/> as accessed May 12, 2020. [↑](#footnote-ref-19)
19. Article 1, Universal Declaration of Human Rights. [↑](#footnote-ref-20)
20. Article 12, International Covenant on Economic, Social and Cultural Rights. [↑](#footnote-ref-21)
21. “Immigration and Migrant’s Rights’ (International Justice Resource Centre) <https://ijrcenter.org/thematic-research-guides/immigration-migrants-rights/> as accessed May 12, 2020. [↑](#footnote-ref-22)
22. Article 2(2) of International Covenant on Economic, Social and Cultural Rights (ICESCR)**.** [↑](#footnote-ref-23)
23. ‘International Migration, Health and Human Rights’ (International organization for Migration, 2013) <https://www.ohchr.org/Documents/Issues/Migration/WHO\_IOM\_UNOHCHRPublication.pdf> as accessed May 12, 2020. [↑](#footnote-ref-24)
24. ‘Covid-19 and immigration Detention: What can Government and other Stakeholders do?’ (UNICEF, April 29 2020) <https://www.unicef.org/press-releases/covid-19-immigration-detention-what-can-governments-and-other-stakeholders-do> as accessed May 14 2020. [↑](#footnote-ref-25)
25. ‘The impact of COVID-19 on informal and migrant workers in India’ (International Growth Centre, May 13 2020) <https://www.theigc.org/event/the-impact-of-covid-19-on-informal-and-migrant-workers-in-india/> as accessed May 14, 2020.
 [↑](#footnote-ref-26)
26. Article 19 (d) and (e), Constitution of India. [↑](#footnote-ref-27)
27. Neeta Lal, ‘Covid-19 and India’s Nowhere People’ (The Diplomat, April 1, 2020) <https://thediplomat.com/2020/04/covid-19-and-indias-nowhere-people/> as accessed May 14, 2020. [↑](#footnote-ref-28)
28. ‘Migrants are panicked as rules on ground not clear: Nobel Laureate Abijit Banerjee’ (IndiaToday, March 30 2020) <https://www.indiatoday.in/india/story/migrants-are-panicked-as-rules-on-ground-not-clear-nobel-laureate-abhijit-banerjee-1661166-2020-03-30> as accessed May 14, 2020. [↑](#footnote-ref-29)
29. Kolitha Wickramage,Jo Vearey, Anthony B. Zwi,Courtland Robinson, and Michael Knipper ‘Migration And Health: A Global Public Health Research Priority’ (NCBI, Aug 8 2018) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6083569/> as accessed May 6 2020. [↑](#footnote-ref-30)