Impact of COVID-19 Virus on Displaced Communities

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Introduction

After a brief overview of the emergence, nature and the spread of the novel virus now identified as COVID-19, Section II examines the impact of this virus on the displaced populations, such as the refugees, migrants, asylum seekers and the internally displaced persons, living in camps or in shelters. This is followed by an examination of four displaced communities; Bangladesh (Rohingya refugees from Burma), Colombia (Venezuelan refugees), India (India's migrant workers), and Mexico (asylum seekers on U.S.- Mexico border).

COVID-19 Cases and Death

Source: World Health Organization (January 22 – July 5, 2020) 1/

Worldwide	Confirmed cases	11.1 million
	Deaths	528.,200
United States	Confirmed cases	2.77 million
	Deaths	129,226
Bangladesh	Confirmed cases	159,679
	Deaths	1,997
Colombia	Confirmed cases	109,505
	Deaths	3,777
India	Confirmed Cases	673,165
	Deaths	19,268
Mexico	Confirmed Cases	245,252
	Deaths	29,843

I. Background: COVID-19 Virus

On December 31, 2019 Wuhan Municipal Health Commission in China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province. In January 2020, the World Health Organization (WHO) published its first Disease Outbreak News on the new virus (WHO, 2020). A novel coronavirus was identified as COVID-19 which is caused by a coronavirus called SARS-CoV-2. Currently it is understood that older adults and people with medical conditions such as heart, lung disease, or diabetes may be at higher risk for developing complications from COVID-19 illness.

Spread of this Virus:
The United States Center for Disease Control (CDC) suggests that the virus that causes COVID-19 is spreading faster than influenza, but not as fast as measles, which is highly contagious (CDC, 2020). Medical professionals are still learning about the spread and severity of illness from this virus; however, it is understood to spread from person to person, through:

- Respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in mouth or nose of a person nearby or possibly be inhaled into the lungs. Spread is more likely when people are within 6 feet of one another.
- People may contract this virus by touching a surface or object with virus on it and then touching their own mouth, nose, or eyes.
- Virus can also spread by people who are asymptomatic.

Speed of spread:
How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious (measles), while other viruses spread at a slower speed (HIV/AIDS). Another factor is whether the spread is sustained, that is whether it goes from person-to-person without stopping. CDC reports that COVID-19 virus is spreading very easily and is sustainable between people.

Protection from spread:
CDC suggests that the best way to prevent illness is to avoid being exposed to this virus and taking the following precautions in order to slow the spread: maintaining good social distance (6 feet); washing hands often with soap and water or hand sanitizer w/minimum 60% alcohol; routinely cleaning and disinfecting frequently touched surfaces; and covering the mouth and nose when around others.

II. Impact on Refugee and other Displaced Communities

Around the world, more than 70 million people live in displacement as, refugees, Internally Displaced Persons (IDPs), stateless persons, or as asylum seekers (Rajput, 2019). Most often the displaced live in fear of violence, starvation and with compromised immune systems. Even under normal conditions, these persons live in cramped spaces, without access to running water, soap or medical facilities. The survival of these communities is largely dependent on

humanitarian groups, who in the midst of COVID-19 have had to determine how to adjust their operations in light of restrictions placed on them, in order to limit the spread of the virus. Although most governments consider the lifesaving humanitarian operations as 'essential services' however, not all groups have the resources to operate in this unprecedented public health crisis. Complying with 'physical distancing' now a universally prescribed preventive measure, has restricted the operations of many humanitarian groups and many have shut down, leaving a gap in the services that the displaced have come to rely on for daily survival. With non-essential workers required to stay home, public services strained, resources diverted, and charities operating at reduced capacity, displaced persons have become more vulnerable. Many have lost access to income, the rented space and food. The World Bank has cautioned the world of a sharp decline in growth and it estimates that as many as '71 million people may slip into extreme poverty' (World Bank, 2020). The United States Institute of Peace (USIP, 2020) suggests that the densely populated communities in South Asia [and elsewhere] located in economically deprived outskirts have complicated the response to this pandemic and have 'exacerbated societal fractures and structural problems, including religious, caste, ethnic divisions' and issue of minority communities, given the ineffective communication and the pre-COVID-19 tensions.

Medical guidance, in response to COVID-19, such as 'shelter-in place' 'social distancing', 'frequent hand-washing' and 'sanitizing the surroundings' have become taxing for the people, who have no space, water, soap, or sanitizing supplies. The former Pakistan's Ambassador to the United States, Ambassador Maleeha Lodhi, suggests that the 'distancing' may not only be a challenge for those in the displacement camps, but rather a 'challenge of the developing countries' (Lodhi, 2020). However, as is clear from the spectrum of public figures and others who have become victims of COVID-19, such as positive testing of England's Prince Charles, Hollywood celebrities, journalists, priests, teachers, doctors and nurses; the overall threat of this virus does not recognize borders of geography, political affiliation, race, age, gender, or a person's migration status.

In responding to COVID-19 pandemic, many nations have taken harsh measures against, refugees and migrant workers. These have included border closures, wire-fencing of the refugee camps, expulsions, lock-downs of migrant communities, stoppage of internet connections and the confiscation of SIM cards used for mobile phone. These communities have also been excluded from programs adopted by the countries to secure the health and economic well-being of their own citizens. Actions taken by countries, to control and prevent the spread of the virus have ignored the international human rights norms. The right to health and information, and non-return of refugees to areas with threat of persecution apply to all refugees and at all times.

However, many governments, such as the Colombian government and others have made sincere efforts to include their refugee population in the country's pandemic response, such as the right to testing and the treatment for those who test COVID-19 positive. Nevertheless, the virus has overwhelmed even some of the most well-developed health systems in the world and has in particular taxed the hosting nations that had already lacked the capacity to address the daily needs of the displaced communities within their borders.

The following section details the specific response to COVID-19 virus undertaken by several nations as it impacts the displaced communities.

III. Specific Displaced Communities

1. BANGLADESH: Rohingya Refugees in Bangladesh

Photo courtesy: Refugees International

Background

Since November 2016, with the initial arrival of about 65,000 Rohingya refugees fleeing Myanmar's Rakhine State, Bangladesh has been hosting the Rohingya community, with now an estimated 1 million Rohingyas in Bangladesh. Simultaneously about 125,00 Rohingyas are kept in 20 internment camps in five townships of Rakhine State within Burma.

Impact of COVID-19 on Rohingya Refugees

Amidst COVID-19 pandemic, Bangladesh government has been working closely with the humanitarian community on preparedness, response, isolation and treatment facilities within Bangladesh's Cox Bazar District refugee camps. Home to nearly 1 million Rohingyas, the population density of these camps is very high. However, recent Bangladesh policies, with some defended in the interest of 'slowing the spread of COVID-19 have added a new dark chapter in the story of this long-persecuted community' (Sullivan, 2020). Even prior to the onset of this pandemic, (since September 2019) Bangladesh authorities have prevented Rohingya refugees from obtaining SIM cards and had directed telecommunications operators to restrict internet

coverage in Cox Bazar District. About 12,000 SIM cards have been confiscated from refugees, and in some cases, authorities have prohibited the use of mobile phones for refugees and aid workers. In response to COVID-19, in April 2020, regional and international organizations as well as several NGOs had issued a joint letter to Bangladesh's Prime Minister, her excellency Sheikh Hasina, requesting the lifting of restrictions on the Rohingya Refugee Camps (Refugee International, 2020, a/). Among the signatories were the Amnesty International, ASEAN group on Human Rights, Burma Human Rights Network, Refugees International, and the United States Campaign for Burma.

The signatories urged the Bangladesh government to lift mobile internet restrictions and halt the construction of barbed wire fencing around the camps in Cox Bazar District. These measures threaten the safety and well-being of the refugees as well as Bangladesh host communities and aid workers, amidst the evolving pandemic. The signatories conveyed that in the event of a public health crisis, unrestricted access to information via mobile and internet communications is crucial for slowing the transmission of the disease and saving the lives of refugees, humanitarian workers, and the country's own population. Lifting these restrictions can enable the health workers to quickly share latest guidance during an evolving crisis, and help develop a coordinated response. The lifting of such restrictions is mandatory if the affected people are to abide by the instructions to contact the COVID-19 Disease Control hotline. Additionally, in the absence of mobile and internet communications, aid workers are forced to deliver critical health information in person, increasing the risk of exposure to the virus and slowing the effectiveness of the response. Refugees International's Human Rights Advocate points out that the lack of access to accurate information is fueling misinformation and rumors in the camps that 'this virus is fatal'. Exacerbating the impact from the pandemic is also the issue of the construction of a barbed-wire fence and guard towers around refugee camps. The purpose of the fencing may have been to keep the Rohingyas from entering the host community. Additionally, the signatories urged Bangladesh government to ensure protective gear for aid workers and those delivering food and medicine and balance the travel restrictions to ensure that humanitarian workers can safely enter the camps without impediments.

Bangladesh Concluding Remarks

In this unprecedent public health crisis, it is critical that Bangladesh authorities allow for humanitarian access to the camps. It is equally important to prepare the Rohingya community to act as first responders, with adequate protective equipment and training on health and hygiene matters. Such measures are not only in compliance of the international mandate relating to the protection and care of refugees, but these practices will safeguard the public health of the host community and most importantly the nation as a whole.

2. COLOMBIA: Venezuelan Refugees in Colombia

Photo courtesy: Refugees International

Background

The Republic of Venezuela, once an oil-rich country with a stable democracy and one of the fastest rising economies in Latin America, began collapsing in 2015, with a drop in the country's oil production from 'lack of maintenance and investment' (Refugees International, 2020, b/), resulting in the plunging of its gross domestic product. Among other establishments, the grocery stores and the resource-starved hospitals were forced to close down. This resulted in its 32 million inhabitants unable to meet their food and medical needs. Accused of voter fraud, the country's President Mr. Nicolas Maduro faced massive street protests and uprising after his 2018 reelection. 'Venezuelans living under Maduro's regime endured political turmoil, economic and institutional collapse, and human rights violations. Refugees International reports that by May 2020, more than '5 million Venezuelans had fled, creating a regional humanitarian emergency' and the second largest displacement in the world. The neighboring nation of Colombia now hosts more than 1.8 million Venezuelan refugees.

In response to this crisis, the Colombian government has undertaken a notable response from the start. It has kept its borders open, mobilized humanitarian aid, extended rights and services, and allowed many Venezuelans to regularize their status. The government coordinates its response with the international community and civil society through the United Nations-led regional and local agencies.

Impact of COVID-19 on Venezuelan Refugees

In response to the COVID-19 pandemic, in mid-March, Colombia declared a state of emergency and sealed all borders, including its border with Venezuela. The humanitarian impact of closing the border has been significant. Typically, when the border is open, around 40,000 people enter Colombia daily, with majority of those entering as "pendular migrants" (Refugees International, ibid.), who cross to and from Venezuela into Colombia on a daily basis to purchase goods, attend school and receive medical treatment. Venezuelans who cross through the unofficial routes are at the mercy of armed groups and risk getting caught in the crossfire. The inability to monitor these unofficial routes has meant that the Colombian authorities have an incomplete picture of people's entry into the country, in the midst of this pandemic.

However, in response to the pandemic, through presidential decrees, President Márquez of Colombia, has introduced several health, security, and economic measures. The government has also implemented the cash-based assistance to help Venezuelans pay rent. Although many migration services have been suspended, the processing deadlines for migrant permits has been extended, reducing the risk of deportation of those without legal papers. Nevertheless, Colombia's generous response had taxed its already strained institutions even before the COVID-19 outbreak. Venezuelans often, were not able to access the rights they have on paper. Many lack adequate healthcare, shelter, education, and work opportunities. More than half of Venezuelans in Colombia have irregular migratory status, deprived of the same protection, services, and opportunities as Venezuelans with regular status. In the context of a pandemic, this lack of legal status puts them and their host communities at greater risk.

The restrictions, in response to the public health crisis have disproportionately impacted the Venezuelan refugees. Many live in over-crowded conditions where social distancing and self-isolation are impossible. About 90 percent of Venezuelan refugees work in the informal economy, the lockdown has greatly affected these jobs. About 50 percent of Venezuelan households lost all sources of income. Unable to work and deprived of social protections, Venezuelans cannot afford food or rent. 'Although a presidential decree in April imposed a moratorium on evictions that also protects refugees and migrants, some landlords ignored the measures' (Refugees International) and expelled Venezuelans for non-receipt of rent. After mass evictions large number of Venezuelans protested in Colombia's capital, Bogota in March. Additionally, the many shelters and the soup kitchens on which the refugees and migrants had come to depend, also suspended their operations.

Refugees International reports that Venezuelan women and girls are especially vulnerable during this crisis. Rates of domestic violence against women have been on the rise during lockdowns across Latin America. Even before the public health crisis, the urgent need to support family members led many Venezuelan females to resort to negative coping mechanisms, such as, survival sex.

Amidst COVID-19 the level of xenophobia and discrimination against the Venezuelans has also risen among the locals, who point to Venezuelans as receiving special assistance and as those defying the quarantine orders. Some Venezuelans report that health workers discriminate against them and turn them away, others remain afraid of accessing the medical care. The rise in social tensions, undermines the government's efforts to prevent the spread of the virus and it complicates Venezuelan refugee's ability to access critical support during the pandemic. Even before this pandemic Venezuelans were often the victim of discrimination and labor exploitation, the pandemic has added another dimension to their fight for life.

A number of Venezuelans have attempted to return to Venezuela, an indicator of extreme desperation of Venezuelans in Colombia that is pushing them to return to a place that they view as unsafe. Such reverse migration undermines efforts to contain the spread of the virus and also sends people into an unsafe place. It is likely that on return the people will face the collapsed health care and other services in their country, pushing the returnees to return to Colombia once again.

Colombia Concluding Remarks

Colombia has been credited with extending genuine assistance to its Venezuelan neighbors who continue to flee, leaving their ancestral lands behind. Many Venezuelans have found good opportunities to contribute to Colombia's economy and hope to integrate with their host communities. However, Colombia's resolve will continue to be tested in how well it continues to respond to the COVID-19 crisis and embrace an inclusive response. An inclusive response will not only benefit the Venezuelan refugees but will also benefit Colombia's own most vulnerable people, the 8 million internally displaced people, uprooted during Colombia's own internal armed conflicts.

3. INDIA: India's Migrant Workers

Photo Courtesy: Indianlink.com (June, 2020)

Background

Migrant labor is the pillar of the Indian economy that supports urban localities of higher-income and developed states within India. Inter-state migration has been a livelihood strategy embraced by millions of people in India. Acharya and Das (2020) suggest that the more developed states of Delhi, Bangalore, Punjab and Gujrat, rely on high 'in-migration', conversely, the lower-income states of Bihar, Rajasthan and Odisha experience higher 'out-migration'. Out of the 454 million migrants in India (per 2011 India Census), a likely '54 million are inter-state workers, contributing to ten per cent of the national gross domestic product' (GDP) (Deshingar, 2020). As India's economic model heavily depends on the 'circulation' of these migrant workers from the less-developed states, these workers become incorporated into the urban and industrial sector, working on low-paying jobs and without formal contracts. These workers work as vendors, construction workers, domestic workers, tailors, cooks, and daily wage earners who keep urban life sprawling. They are also the 'breadwinners of their rural hometowns, who remit money to their villages, in order to sustain their families and to send their children to schools' (Nair, 2020). However, as migrant workers, they remain the underclass citizens, remaining in the margins of society, thus unprotected by the nation's labor laws.

Impact of COVID-19 on India's migrant workers:

Similar to other countries, India was forced to make a difficult trade-off between letting the COVID-19 virus spread throughout the country or letting its working population struggle to survive without income. Given the size of India's population, initially, infections were relatively small but in absolute numbers the numbers are stilling rising. The concentration of the virus has been more pronounced in India's urban centers, as compared to rural towns, given the density of urban areas. In response to the virus, on March 24, 2020, India's Prime Minister, Mr. Narendra Modi gave a four-hour notice of the lockdown, informing the 1.5 billion people that they could not leave their homes for 21 days, and that all public transport and shops were shutting-down. The former Indian ambassador to the United States (Singh, 2020) explained that the government quickly, mobilized nationwide awareness campaign, mandated social distancing and evacuated its people from Bangladesh, Maldives, and the UAE.

The onset of the virus affected all communities, the rich and the poor and people of different religions. However, the most visible impact of the virus has been on the daily wage migrant laborers who wanted to return to their homes on announcement of the country's lockdown. With the exception of the nation's mandatory lockdown announcement, the response to the virus was shaped by diverse regional approaches without further directions from the central government. The sudden announcement of the lockdown with four hours' notice placed the biggest burden on this 'migrant underclass' (Nair, ibid.), who are normally working away from hometowns. Fliegauf and Sethy (2020) opine that the lockdown caused a 'humanitarian crisis as millions of migrants across the country struggled to get back home', the pressure was immense as the migrant workers attempted to exit the cities. Deshinger (2020) equates the massive exodus of these workers from their urban workplaces, to the great migration during the partition of India, into India and Pakistan in 1947.

The unorderly mass movement of migrants, which was the largest mass migration in South Asia, severely compromised human security. These 'citizen-migrants' (Nair, ibid.) were left on their own to arrange for travel back home, facing grave risks from the virus on their journeys. Masses were moving in every direction from the major urban centers, crisscrossing the country on their way home across the country.

With the national transport systems shut down and other transports jam-packed, many resorted to walking, hitch-hiking, riding on top of trucks and sleeping on roadsides, enduring the hot temperatures. For many the journey back home to their villages was more than 500 miles long. Many of the buses that were scheduled to take the people to their villages left them more than 40 miles from their stops, completing the trip depended on generosity of strangers. In early May, special 'laborer' (*shramik)* trains began to transport migrants back to their villages, pleas from the opposition forced the government to reduce the bus fare as opposed to their demand of waiving the fare (Bhakto, ibid). Before end of May, over 130 migrants had died on the road (Bhakto, ibid.), many had fallen asleep on train tracks, run over by trains, perishing on their way home.

On reaching their villages, the migrants are being guided by their village councils (*gram panchayat)* to process the required forms in order to receive the financial relief, however, the wait has been long. These otherwise full-time working people of urban centers, now resort to begging and pleading for help, leaving the migrant workers astounded of 'how the rich treat the poor, when it is the poor man's turn to ask for help' (Bhakto, ibid.).

Once the country returns to 'normalcy', returning to the urban centers for work will be tricky for these migrant workers as employers will be preoccupied in becoming solvent themselves. In the interest of restarting livelihood for distressed migrant returnees who pre COVID-19 depended on the informal economy, some district level civil entities are attempting to link the migrants with suitable livelihood schemes and food security programs. Several of these programs are operating in the migrant-prone state of Odisha, where a large influx of migrant returnees have made their way, and are now being assisted through the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (counterview.net, 2020). These district level organizations have mobilized work for over 600,000 households.

Concluding Remarks on India's migrant workers:

Similar to other countries, Indian government faced tough trade-offs between protecting public health and protecting its economy. The government put several policies in effect aimed at food assistance, the manufacture of Protective Personal Equipment (PPEs), testing etc., supported by the stimulus package which was 10% of the country's GDP. The authorities also kept engaged with the global community learning and sharing COVID-19 related scientific developments. However, the picture of such effort becomes blurry when weighed against the neglect for the migrant workers, who found themselves trapped in their work cities. The nation-wide lockdown was likely imposed without a thought for migrant workers who were to lose their livelihoods and accommodation immediately upon announcement of the lockdown. Given the pace of development in India's export and domestic industries, it is crucial that the needs of the migrant workers, who once supported these industries, be addressed at the national level in a manner that can make the migrant workers whole once again. It is hoped that the plight of these workers will not become invisible and forgotten due to COVID-19 virus.

4. MEXICO: Asylum Seekers in Mexico

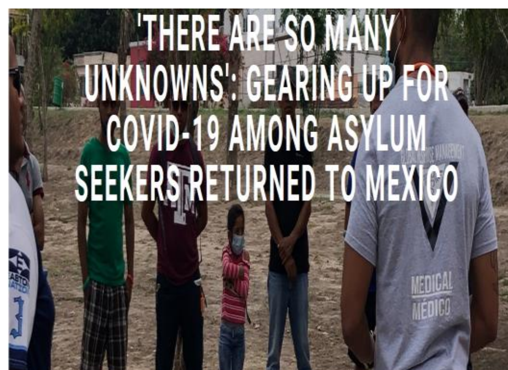

Photo courtesy: Refugees International

Background

For several decades, the southern border of the United States (U.S.) has been a crossing point for asylum seekers coming from Mexico or those coming through Mexico from other countries. Those illegally crossing the border as well as asylum seekers are often understood to be Mexicans, however, the Center for Disaster Philanthropy (CDP) reports that from the year '2000 to 2016 unlawful Mexican economic immigration reduced by almost 90 percent' (CDP, 2020) and that most of the asylum seekers and illegal entrants came to Mexico from the Northern Triangle of Central America: Honduras, Guatemala and El Salvador, fleeing their own country's brutal regimes and decades-long violence. The CDP reports that since 2014 the U.S. legislative and judicial changes, specifically aimed at discouraging the unaccompanied children and women from illegal crossings, has also reduced the flow of asylum seekers. During 2019, U.S. government (Trump administration) implemented the 'Migrant Protection Protocols (MPP) in many of its border states, such as California and Texas, per this program, nicknamed 'Remain in Mexico', asylum seekers are sent back to Mexico to await their hearing, rather than remain in the U.S. CDP informs that 'at least 42,000 asylum seekers have been sent to several Mexican cities along the border awaiting their trials. In turn, Mexico transports these people in buses to its own southern border, the Guatemala-Mexico border. In September 2019, the U.S. Supreme Court ruled that asylum seekers entering the U.S. will be denied asylum if they had not tried to seek refuge in the transit country on their way to the southern border. CDP suggests that in the year 2020, an almost 18,000 new asylum claims were largely from nationals of Honduras, Haiti, Cuba, El Salvador and Venezuela.

Impact of COVID-19 on Asylum-seekers

In response to the COVID-19 crisis, a number of countries throughout Latin America and the rest of the world have closed their borders and restricted movement to contain the spread of coronavirus. In April 2020, the U.S. Customs and Border Protection (CBP) had announced that personal protective equipment could not be exported or transported over the border to ensure that the much-needed supplies stayed in the U.S. The physicians that normally made rounds in the border area camps, were also hampered from making their routine rounds, as some could not travel and some were called back to serve in their home communities within the U.S.
Later in May, the U.S. government implemented the indefinite closure of the U.S.-Mexico border. Until this public health crisis, most asylum-seekers remained in the camps close to the bridge waiting while pursuing their claims in the U.S. immigration courts, a process that can take many months, however, due to the pandemic court hearings have been suspended or rescheduled.

United Nations High Commissioner for Refugees (UNHCR) reports that despite COVID-19 pandemic restrictions, people fleeing violence and persecutions from the Northern Triangle continue to enter Mexico to seek asylum into the U.S. as Mexico has continued to register new asylum claims from people fleeing brutal violence, helping them find safety. Such risk demonstrates the level of violence and persecution that people continue to face in their countries, even during the pandemic. By designating the registration of new asylum claims an 'essential

activity', and in compliance of the international principle of non-refoulement, Mexico is ensuring that people receive protection from being forced to return to their own countries, where their lives may be in danger (UNHCR, 2020). In response to the pandemic, Mexican authorities have also suspended the mandated processing times for asylum claims, however, in compliance with the 'social distancing' guidelines, UNHCR is helping Mexico's refugee office, to move to remote registration and the processing of asylum claims. Additionally, given the danger that this virus poses for detainees, UNHCR is supporting the Mexican authorities to release asylum-seekers from detention centers. Those released are housed in local NGO or Catholic Church-supported shelters, or are moved into rental accommodation, 93 such shelters are operating to prevent the spread of the virus. These shelters have become the front line of the humanitarian response during the pandemic. The experts from the World Health Organization (WHO) conduct webinars to help guide the shelters to take appropriate sanitary measures. Many shelters have established isolation areas for those with confirmed infections. To address the excessive burden on these shelters, UNHCR is exploring alternatives that will prevent the shelters from becoming overwhelmed and unable to protect the residents.

Mexico Concluding Remarks

On a regular basis, more than 3,000 residents of the make-shift encampment of asylum-seekers in Mexico, who hail from Central America, Cuba and Venezuela, face numerous challenges of basic necessities, essential services, and security. Now amidst the global outbreak of the COVID-19 pandemic, the struggles of everyday life for these asylum seekers waiting in Matamoros or other parts of Mexico have multiplied by a new fear of the potential spread of the deadly virus. The administrators of these camps also face a serious challenge of ensuring the universal compliance of 'social distancing' and personal hygiene, in an environment of overcrowded shelters and shared facilities. The future of these asylum-seekers remains uncertain in case the virus breaks out within such camps and detention centers.

V. Concluding Remarks

As authorities around the world grapple with the spread of COVID-19 virus, the global public health crisis that surfaced in early months of the year 2020, it is crucial that independent nations protect the displaced and the migrant communities along own citizens and residents, within their borders. Pre-COVID-19, the greatest challenges for the displaced populations had been the food security and socio-economic integration to which now health has been added as the top most priority. Generally, most national authorities pay minimum attention to the affordability and accessibility of the medical systems for their displaced and the migrant populations; however, the persistent presence of this virus mandates that authorities make the medical facilities accessible and affordable for all residents within their borders. Access to virus testing and treatment will not only protect the displaced populations but will also protect the overall health of a nation's own population.

Additionally, access to information for all citizens including the displaced populations needs to be part of the COVID-19 response throughout camps. Access to information is an essential component of an effective public health response to a pandemic. In response to COVID-19, the United Nations is calling on all governments to ‘ensure immediate access to the broadest possible internet service’. Restrictions on access to the internet cannot be justified on national security grounds, in a time of public health crisis.

Most importantly, in order to prevent the emergence of a new class of poor people, the restoring of the livelihood of migrant workers, who have been the backbone of their nation’s economies, need to be part of a nation’s response to COVID-19, through job-creation, skills-retraining, and facilitating the migrant’s return to their previous jobs.

References

Acharya, A. and Das, A. (2020). Rural options for Odisha's returnee migrants. Retrieved June 18, 2020 from: https://www.downtoearth.org.in/blog/economy/rural-options-for-odisha-s-returnee-migrants-71835

Bhakto, A. (2020). With little food or money, we tried to get home after India's lockdown. Retrieved June 20, 2020 from: https://www.opendemocracy.net/en/5050/with-little-food-or-money-we-tried-to-get-home-after-indias-lockdown/

CDC. (2020). Center for Disease Control. Retrieved June 16, 2020 from: https://www.cdc.gov/coronavirus/2019-nCoV/index.html

CDP. (2020). Retrieved June 10, 2020 from: https://disasterphilanthropy.org/disaster/southern-border-humanitarian-crisis/

Counterview.net (2020). As 5.22 lakh migrants return to Odisha, civil society sets up help desks in 16 districts. Retrieved June 20, 2020 from: https://www.counterview.net/2020/06/as-522-lakh-migrants-return-to-odisha.html

Deshingar, P. (2020). Circular migration and multilocational livelihood strategies in rural India. Retrieved June 20, from: https://www.downtoearth.org.in/blog/economy/faceless-and-dispossessed-india-s-circular-migrants-in-the-times-of-covid-19-71782

Fliegauf, E., and Sethy, P. (2020). Coronavirus in South Asia, June 2020: Cases in India, Bangladesh, and Pakistan spike. Retrieved June 18, 2020 from: https://www.cfr.org/blog/coronavirus-south-asia-june-2020-cases-india-bangladesh-and-pakistan-spike

Lodhi, M. (2020). COVID-19 South Asia: Regional responses: United States Institute of Peace June 17, 2020. Retrieved June 17, 2020 from: https://www.usip.org/events/covid-south-asia-regional-responses

Nair, P. (2020). India's internal migrants are citizens too – the government must protect them. Retrieved June 20, 2020 from: https://www.indianlink.com.au/indias-internal-migrants-are-citizens-too-the-government-must-protect-them/

Rajput, S. (2019). Internal Displacement and Conflict: Kashmiri Pandits in Comparative Perspective. Routledge, London, New York.

Refugees International (2020) a/. Retrieved June 25, 2020 from: https://www.refugeesinternational.org/covid19-and-the-displaced

Refugees International (2020) b/. Searing for home: How COVID-19 threatens progress for Venezuelan integration in Colombia. Retrieved June 20202, from:

https://www.refugeesinternational.org/reports/2020/5/21/searching-for-home-how-covid-19-threatens-progress-for-venezuelan-integration-in-colombia

Singh, A. (2020). COVID-19 South Asia: Regional responses: United States Institute of Peace June 17, 2020. Retrieved June 17, 2020 from: https://www.usip.org/events/covid-south-asia-regional-responses

Sullivan, D. (2020). Safeguarding Asia's most vulnerable during COVID-19. Retrieved July 1, 2020 from: https://www.refugeesinternational.org/reports/2020/5/7/safeguarding-asias-most-vulnerable-during-covid-19

UNHCR. (2020). Retrieved June 10, 2020 from: https://www.unhcr.org/en-us/news/briefing/2020/4/5ea7dc144/despite-pandemic-restrictions-people-fleeing-violence-persecution-continue.html

USIP. (2020). COVID-19 South Asia: Regional Responses: United States Institute of Peace Retrieved June 17, 2020 from: https://www.usip.org/events/covid-south-asia-regional-responses

WHO. (2020). Daily Situation Report. Retrieved July 6, 2020 from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

World Bank. (2020). Projected poverty impacts of COVID-19 (coronavirus). Retrieved July 1, 2020 from: https://www.worldbank.org/en/topic/poverty/brief/projected-poverty-impacts-of-COVID-19

Acronyms

CBP: Customs and Border Protection (United States)
CDC: Center for Disease Control (United States)
CDP: Center for Disaster Philanthropy
GDP: Gross Domestic Product
IDPs: Internally Displaced Persons
MPP: Migrant Protection Protocols (2019 United States policy for migrants)
NGOs: Non-governmental organizations
PPE: Protective Personal Equipment
UNHCR: United Nations High Commissioner for Refugees
U.S.: United States of America
USIP: United States Institute of Peace
WHO: World Health Organization