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Margins of an Epidemic: Migrants and Covid 19

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Abstract

In the present paper I examine the historical and contemporary intersection of pandemics with the persecution of different kinds of migrant populations, with a particular focus on the Covid-19 pandemic. The first part of this paper explores historical instances of the persecution of migrants during past epidemics, ranging from ancient Greece to the colonial and 19th-century global pandemics. Epidemics often led to the vilification of migrants, who were seen as vectors of disease. The second part focuses on the Covid-19 pandemic, analyzing global patterns of exclusion, surveillance, and dehumanization faced by migrants, refugees, and asylum seekers, including cases of forced confinement, pushback, and invasive medical practices. With examples from India, the U.S., and Europe, I highlight the enduring vulnerability of marginalized populations in the face of global crises. The pandemic exacerbated pre-existing inequalities, revealing the deeply entrenched suspicion and discrimination that migrants face. Migrant women experienced heightened risks of sexual violence, trafficking, and exploitation. Despite spectacular distress, migration continued nevertheless, exacerbated by new conflicts, economic slowdown and climate crisis. By connecting past and present, I call for a nuanced understanding of the relationship between migration, public health crises, and social exclusion.

Keywords: *Covid 19, pandemic, migrants, refugees, asylum seekers, persecution*

Much of the academic engagement with the Covid 19 pandemic during and afterwards, deals with the plight of migrants and refugees, during the pandemic. They range from (in India) immediate responses to the 'migrant workers' crisis' (Nayar 2020, Samaddar 2020a, Biswas 2020, Suresh 2020, Bhagat 2020 etc.) to detailed, global studies of the continuing and increased disenfranchisement of migrant and refugee populations around the world, increased persecution and pushback (UNHCR India 2021, Biswas 2022, Hintermeier 2024, Missbach and Stange 2023 etc.) from government agencies. It is now common knowledge that all over the world, Covid 19 unfolded as simultaneously a migrant crisis, a public health crisis and an economic crisis (Samaddar 2020b). The present paper, divided in two parts, considers this 'migrant crisis' historically. The first part locates the historical persecution of migrant populations throughout recorded instances of epidemics, ranging from the ancient to contemporary times. The second part takes into account specific, global instances of persecution of refugee and migrant populations during the Covid 19 pandemic, especially with references to instances of forcible confinement, pushback and invasive medical procedures.

An epidemic is a disease that affects or tends to affect a disproportionately large number of individuals within a population, community, or region at the same time. A pandemic is an epidemic that occurs over a wide geographic area and affects an exceptionally high proportion of the population (WebMD 2022). We can surmise that for an epidemic to reach pandemic proportions, there has to be movement of people to different parts of the globe, or across national and other forms of human-made boundaries. All pandemic situations

across the world (present case not exempted) also register spectacular suspicion of the migrant figure, the one who has traveled from a place beyond known borders.

One of the first expressions of this suspicion is Sophocles's play *Oedipus Rex*, first performed in Athens sometime between 430 and 426 BCE. In the play, citizens of Thebes visit their king Oedipus asking to be delivered from the plague that is killing the unborn children, the young and the old, flowers on the trees as well as crops. A messenger from the Oracle at Delphi tells Oedipus that the pollutant is a foreigner who has been living in Thebes. His sins have polluted the city, killing its people, flora and fauna. A migrant.

Greek politician and historian Thucydides was Sophocles' contemporary, recording in the second volume of his *History of the Peloponnesian War,* an epidemic in Athens. A disease that began in Ethiopia, traveled through Egypt, Libya into the Greek Mediterranean world, killing more than 70,000 people. Thucydides and Sophocles use similar terms when describing attempts to deal with the epidemic, as well as descriptions of the epidemic on the human body. "In the historical case (Athens) and the dramatic case (Thebes), the populace turned to the temples looking for a divine solution to the disaster" (Kousoulis et al 2012). It is not difficult to then surmise that Sophocles's treatment of the plague as something caused by the moral corruption of an outsider, also had ramifications in the real world that he sought to represent.

Around 250 AD, reportedly 5000 people were dying everyday in Rome. In historiography, this epidemic was named after Cyprian, the Bishop of Carthage, who wrote exhorting his populace to 'give aid to their persecutors and to care for the sick'. The plague had followed closely in the heels of emperor Decius's persecution of the Christians for their religious belief and practice, and Cyprian took to his discourse *On the Morality*, to enjoin them to live the tenets of their faith (Ahmad 2020). In this case, a population that is already persecuted and marginalised, got blamed for the disease and its spread.

The "Black Death of the fourteenth century", was believed to have originated in the Far East and was introduced into Europe in the 1340s by ships. It killed millions of Europeans and Asians, becoming one of the most fatal infectious disease outbreaks in recorded history. This plague prompted widespread attacks on Jews in Europe, historically persecuted across the continent. It was rumoured that the Jews, living in ghettos were poisoning drinking water—the fact that even the Jews were dying from the plague did not stop these persecutions (Freedman 2020).

Historically, during epidemiological crises, collectives turned against the foreigners, travellers, marginalised and all those who are not well integrated into a community. The case for colonialism and European 'discoveries' were, however, different. European contact with the 'New World' brought diseases to isolated communities, killing thousands at time time (Nunn & Quian, 2010), an aspect of the Columbian Exchange relegated to the margins of history. But Europeans who came to the tropics and quickly succumbed to mysterious fevers and to cholera, named the diseases after their supposed places of origin: Asiatic cholera, Oriental cholera, Asiatic flu, Asiatic Plague.

The Cholera, plague and malaria epidemics of the 19th century, all attested to the role played by power relations in attaching blame to as well as directing the response to the epidemics. The British called Hindu and Muslim pilgrims (since Cholera outbreaks were connected with spots of pilgrimage), a 'dangerous class', launching specific surveillance systems for pilgrimages.

In the 1890s, in New York, Eastern European Jews were singled out for quarantine because they were suspected of carrying Cholera and Typhus. In San Francisco the Chinese were confined to China Town fearing them to be spreading Bubonic plague and small pox, while in Honolulu in 1899 the China Town was burnt

down citing a spread of plague, the residents being packed into refugee camps. In Tulsa in 1921 and Los Angeles in 1924, authorities systematically quarantined and then dismantled black and Mexican-American neighbourhoods respectively, declaring them as public health hazards and eventually promoting real estate development that did not house the previous inhabitants. This seems to be a direct continuation of Carlo Ginzburg's claim that the ' prodigious trauma' of great pestilences created scapegoats, on which "fears, hatreds and tension of all kind could be discharged" (as cited in Cohen 2016).

In the early 1900s, Mary Mallon, an Irish immigrant working in New York was diagnosed as being an asymptomatic carrier of typhoid, and apparently was responsible for eight families contracting typhoid from her, while she worked with them as a cook. Mallon was nicknamed Typhoid Mary and quarantined for 26 years, till she died. If this so-called 'super spreader' was not an immigrant and poor person, would the name have caught on? Did the native population of South and North America stigmatize the Europeans who brought them disease and death?

The opposite continues till today. The HIV Aids pandemic saw entire African populations being vilified across Europe and the United States, and India was not very far. Even within Africa, the public health experts grappled with different understandings of the population deemed to be responsible for the epidemic: they seized upon the male migrant infector model as that appeared to be a way out of the model of African promiscuity—both models vilifying the same vulnerable group of people—people forced to move across the African continent to work in lowly paid, high risk jobs.

During the 2009 Swine flu, H1N1 epidemic, the Mexican and Hispanic immigrants into the US were being called 'mules', carriers of the Swine avian flu. The zika and ebola were both called African viruses, despite the origin of Zika in 2015 being Brazil. This hatred and suspicion of an external identity came to a fore when in 2020 US President Donald Trump called the novel Coronavirus or SARS COV 19 a Chinese Virus. A sentiment, shifting with the target, that was replicated across the world, including in India, where nurses from the North Eastern state of Manipur working in West Bengal reported racist taunts, Chinese Indians, including Indian Idol finalist Meyiyang Chang termed carriers of the virus, and migrant workers' train was termed 'Corona Express' .

In *Society Must Be Defended*, Michel Foucault claims that stigmatization and exclusion are basic dimensions of social normalisation. "We have to defend society against all the biological threats posed by the other race, the subrace the counterrace that we are, despite ourselves, bringing into existence" (Foucault 2003, 61-62), In the second part of this article, we examine how these attempts to defend society as we know it, from the 'alien', resulted in dehumanization of and increasing surveillance of migrants workers, forcibly displaced, refugee and asylum seekers, across the world, during the Covid 19 pandemic.

On 24th March 2020, the Prime Minister of India announced a complete lockdown in India, asking people to stay at home and defeat Corona. From 25th onwards, all bus and train stations witnessed massive crowds of migrant workers trying to get back home, but with the stoppage of all forms of transport, they had to resort to walking–towards home, thousands of kilometers away. The refusal of the government to acknowledge the presence of millions of migrant workers in different states, as well as the devastating effect the lockdown of employment and movement would have on them, only point at the margins of the epidemic.

In late March 2020, sanitary officials sprayed migrant workers returning to Uttar Pradesh with chemical disinfectants (BBC 2020). The image, which went viral, bore striking similarities to the treatment of the colonised who were forcibly disinfected in tubs in quarantine camps during an outbreak of plague in Karachi in 1897 (Wellcome Collection). Such practices were widespread in colonial India. In 1898, the British Medical

Journal reported that railway officials in Bombay had disinfected the clothes of all third-class passengers with "steam under pressure" and forced "the native … to bathe himself thoroughly in a disinfectant solution" (The Plague in India) . But just like the more stringent quarantine measures both now and then, were meant for the poorest people, the forcible spraying/ sanitation was also only meant for the poor.

On 14th September 2020, the same day that the Indian government denied any knowledge of migrant workers' death due to the lockdown, a nurse working in an immigration detention facility in Georgia, in the United States turned whistleblower and filed a complaint against the Immigration and Customs Enforcement, ICE, that most women were being made to undergo hysterectomy in the detention center, without any medical reason (Sholchet 2020). The excessive force used by the ICE and the deplorable conditions in the detention centers have been the in media notice for quite some time now—but the specific instance speaks more about an existing, patriarchal society's reactions towards women's bodies and the control of their reproductive health—also has really unfortunate connections with treating women in a camp-like situation as experimental objects, as well as colonial and later practices of forcibly sterilizing marginalized women. This example brings together almost all the crucial concerns of our societies: the distrust of migrants, the need to control women's bodies, and the repressive state mechanism that grows stronger.

The instance of the migrant workers in India and in the detention centres in the US may seem extreme, but a closer inspection of the condition of migrants and refugees during the pandemic across the globe would show that this condition was widespread, endemic. My discussion will revolve around the following four strands: stranded people, continuing work of migrant labourers despite distress, unsanitary conditions of camps and detention centres, and, the inevitability of migration.

In 2019 there were an estimated 292 million migrants in the world (United Nations, 2019), with India being the biggest producer of migrants and the US the biggest recipient. There were 50.8 million internally displaced people across the world, most of which as a result of conflict, but one fifth of it also as a result of natural disaster. When we look back at the condition of refugees, migrants (economic or otherwise) and displaced people in 2020, it is this population that we have to bear in mind. At the same time, it is also important to recognize the inherent heterogeneity of migrant groups—they include asylum seekers, refugees resettled with the support of United Nations High Commissioner for Refugees (UNHCR), refugees living in formal and informal camps in various countries apart from the country of their origin, without formal recognition by the UNHCR, migrant workers working within and beyond international borders, people displaced within or beyond national borders due to natural calamities such as flood, cyclone, landslide, forest fire, earthquake etc., as well as for conflict (war, riots, ethnic conflict–think Ukraine and Palestine, East Delhi in 2020 and Manipur, respectively). Moreover, migrants cut across class, gender, religion and other identities, their experience of migration/ immigration is not uniform, but is instead inflected by their specific intersectional identity.

1. **People stranded**: Between February 2020 (the declaration of lockdown and shutdown measures in different parts of the world, including 122,823 restrictions) and later 2020, various categories of migrants, especially irregular migrant workers (workers in the unorganised sectors, often performing manual labour, not governed by well-defined employment contracts), refugees and asylum seekers, historically, people on the move, were found to be stranded at various places. The International Organisation of Migration (IOM) report "Stranded Irregular Migrant Workers During the Covid 19 Crisis" consider them to have been "locked in and locked out", that is, locked in their spaces where they are employed (due to lockdown) and locked out of their countries (due to travel restrictions and the closure of borders). For example, Indian, Nepalese, Pakistani and Bangladeshi workers were stranded in various Gulf countries, having lost their jobs. Nepalese workers were stranded in India, Armenian workers in Turkey. Venezuelan refugees were stranded in Columbia, Brazil, Argentina,

Ecuador and other South American countries (FCIL-SIS 2020), Italy and Greece did not allow refugee boats to land on their beaches (EU/Italy 2020). The Moira refugee camp in the Greek island of Lesbos went up in flames, leaving 13000 without shelter (BBC News). Instances are simply too many to enumerate here. In countries that attempted to bring back their people from other countries, the distinction between citizen and non-citizen was stark. For example, Germany allowed its citizens to come back from Peru and Turkey, but not its longtime residents.

2. **Distressed migrant workers continued to work**: Despite strict lockdowns and movement restrictions, industries, aided by governments did employ migrant workers, who continued to work and reside in unsanitary and crowded spaces, as before. Women workers from different parts of the world as well as the continent continued to be in increased risk of sexual violence in Europe, risk of being trafficked rose for all migrants, in humane labour and living conditions exacerbated during the pandemic (Hundreds of Thousands of, n.d.). Crucial healthcare and sanitation services are performed by migrant workers around the world, for example, much of the healthcare in mega cities like New York is shouldered by immigrant nurses, who went back to their cramped homes at the end of their shifts, with increased vulnerability to the disease (CGFNS International INc., 2021).
3. **Unsanitary condition of camps and detention centres:** In 2020, Covid 19 reached the Rohingya camps in Bangladesh in June, despite stringent lockdown which also affected crucial food and aid supplied to these persecuted people. The fear of contagion among one million people, living in makeshift camps, posed acute public health challenges (Sengupta 2020). Same was the case in refugee camps in Syria and Greece, cramped conditions making the virus spread four times faster (International Rescue Committee, 2020). Multiple experts viewed immigration detention centres "extremely high-risk spaces for both infection and onward transmission" of Covid-19 (Chew 2020, 11). Karen refugees in the US living without any aid, refugees in Indonesia isolated themselves just fearing the infection, and lack of medical services on account of being undocumented.
4. **The inevitability of migration**: Despite stringent lockdown, India's migrant workers defied a bevy of government orders and restrictions to get back home. Home meant not having to pay rent they could not afford, food, and hopefully, respite from the pandemic. However, homes also did not have the jobs that lured them out in the first place. Slowly, but steadily, migrant workers re-established contacts with labour recruiters and contractors, relatives and friends who had ventured back earlier–and went back to the same or similar work that they had done before the lockdown. Our research shows, some had ventured only a little distance, others, made the long haul, but the horrible conditions of work, underpayment and absence of employment benefits did not change (Kaveri & Philip 2024). The takeover of the Myanmar government by the military Junta, the return of the Taliban after the US withdrew its troops from Afghanistan, the conflict between Ukraine and Russia, Israel's war on Palestine, coupled with the financial crisis in Sri Lanka, the recession of economies in various parts of the world, floods, cyclones and drought have all contributed to an ever increasing number of economic migrants, forcibly displaced people, and refugees. The pandemic brought important insights into the existing vulnerabilities which disproportionately affect migrant communities in the time of an epidemic, but the insights have to be used to generate any solutions.

Conclusion: Last among equals

This paper shows that migrant groups have historically been suspected of being the bearers of contagion. The present moment is no different. During the pandemic, the migrant continued to be doubly marginalised, locked in, and locked out. Among different kinds of migrants and refugees, women and gender marginal persons continued to be the worst affected–sexual violence within and outside the family, at workplace, increased risk of STDs and other infections, child marriage, trafficking etc. Our analysis above has tried to offer a generalised overview of the discriminatory conditions faced by migrants and refugees during the pandemic,

but we have not dealt with the different identities with this group. With the escalation of shock mobility across the globe, women and gender marginal migrants continue to be more vulnerable than others.

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