

TIME FOR A RESET?

This paper is part of a series of short “think pieces” by IOM’s Migration Research High Level Advisers on the potential changes, impacts and implications for migration and mobility arising from COVID-19. Designed to spark thinking on policy and programmatic responses to COVID-19 as the impacts continue to emerge globally, the papers draw upon existing and new evidence and offer initial exploratory analysis and recommendations.

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COVID-19 and the transformation of migration and mobility globally

Upscaling migrant sanctuary and solidarity policies and practices in times of COVID-19

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Introduction

The COVID-19 pandemic has revealed that protecting the most vulnerable members in our societies has been critical for controlling the spread of the virus; and that cities are centres of COVID-19 infections and thus hold the key to fighting the global pandemic.² In many cities, migrants – in particular irregular ones – are among the most vulnerable inhabitants and tend to have a higher risk of being exposed to the virus.³ So-called sanctuary and solidarity cities have long sought to protect such migrants and treat them as full members of their communities.⁴ Policy responses to COVID-19, however, have created new challenges for vulnerable migrants in cities, including sanctuary and solidarity cities.⁵ At the same time, the crisis offers opportunities to reframe sanctuary and solidarity policies and rethink the roles of regional and national levels of government. In this paper, we examine some of these challenges and opportunities.

Our thesis is that urban sanctuary and solidarity policies and practices can provide a blueprint for regional and national policies, addressing the structural issues that contribute to migrant vulnerabilities at a global scale. Below, we draw on examples from different parts of the world to explore this thesis. First, we outline urban responses to protect vulnerable migrants, especially those with irregular status during the ongoing health crisis. Then we highlight policy innovations and good practices at regional and national levels that emulate urban sanctuary and solidarity

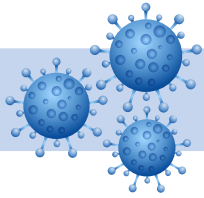
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² Muggah and Katz, 2020; WHO, 2020:4.

³ Doctors of the World, 2020:4.

⁴ Bauder, 2017:176; Bauder and Gonzalez, 2018:124.

⁵ Hudson, 2020.



policies and practices. In conclusion, we draw attention to the policy opportunities emerging from the crisis.

Conducting research during the COVID-19 crisis has presented conceptual and methodological challenges. Given the rapidly changing nature of this pandemic, we found it difficult to obtain reliable and systematic data. Instead, we are relying on examples we found primarily in publicly available online sources. In addition, the evolving and sometimes inconsistent government responses to the pandemic led us to revise our thesis as we were writing. The current paper should therefore be viewed as preliminary, subject to future verification and further exploration.

Urban migrant sanctuary and solidarity during the COVID-19 pandemic

Sanctuary and solidarity cities have for decades been responsive to the challenges of their most vulnerable populations, in particular irregular migrants. While there is no universal definition of what constitutes a sanctuary or solidarity city, there are overarching common strategies that these cities pursue.⁶ Sanctuary and solidarity cities reimagine the urban space as one of co-belonging for all inhabitants. Urban sanctuary and solidarity policies and practices ensure the inclusion of irregular migrants who live, work and contribute to the local community, and who should also have access to essential municipal services related to public health, emergency assistance, shelters, food banks, police services etc., while being protected from national immigration enforcement authorities.⁷ In addition, sanctuary and solidarity cities actively combat xenophobic attitudes and seek to rescript negative migrant discourses to highlight diversity and migrant inclusion.

The right to health is guaranteed by international human rights law and affirmed by the United Nations' Global Compact for Safe, Orderly and Regular Migration.⁸ However, in many countries around the world, public health-care services are either limited or completely inaccessible for irregular migrants. Sanctuary and solidarity cities seek to make municipal health services available to irregular migrants. During the COVID-19 pandemic, universal access to health care has been crucial to flattening the curve in many cities. The largest public health-care system in the USA, New York City Health + Hospitals, has offered free COVID-19 testing and care for all, regardless of legal status.⁹ In Portugal, the Lisbon Central Cluster of Health Centres has worked closely with volunteers and the Aga Khan Foundation to translate public health leaflets into Bengali, Hindi, Nepali and Urdu,¹⁰ while audio versions have been uploaded to YouTube to reach wider audiences.

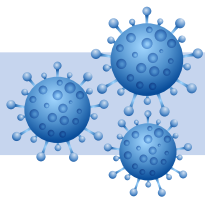
6 Bauder and Gonzalez, 2018:130.

7 Hudson et al., 2017:2.

8 UN General Assembly, 2018:24.

9 Rios, 2020.

10 James, 2020.



Employment loss has been another devastating outcome of the responses to COVID-19 around the world. The International Labour Organization projects that 1.6 billion workers in the informal economy risk losing their livelihoods as a result of COVID-19.¹¹ In response, the United States cities of Minneapolis and Washington, D.C. are providing emergency relief funds to irregular migrants who are otherwise excluded from government financial assistance and unemployment benefits.¹² Other cities are coming up with creative initiatives to extend in-kind emergency assistance to migrants in vulnerable situations. In Colombia, the municipality of Bogotá, home to many thousands of irregular Venezuelan migrants,¹³ is working to ensure that irregular migrants will benefit from the city's emergency relief fund, Bogotá Solidaria en Casa (Bogotá Solidarity at Home). While regular residents received cash transfers directly from the fund, migrants not registered for social assistance can receive in-kind assistance in the format of meals, groceries, and essential supply kits.¹⁴ In Brazil, São Paulo reaffirmed municipal legislation that ensures the same rights for all residents regardless of legal status, and that also opposes xenophobia and discrimination.¹⁵

Official calls to stay at home and self-isolate have led to increasing domestic violence worldwide.¹⁶ Migrant women with irregular status who are fleeing domestic violence are often turned away from shelters because they do not qualify for public benefits, and they may not go to the police to report domestic violence for fear of deportation. Sanctuary-city policies have mitigated these fears. A recent United States study reports that sanctuary-city policies have contributed to reducing domestic violence by up to 62 per cent for Hispanic women, because non-status women can report domestic violence to local police without fear of being detained or deported. Sanctuary policies also facilitate financial independence for women, which reduces domestic violence.¹⁷

Sanctuary and solidarity cities have offered critical solutions to many challenges related to COVID-19 that are compounded in urban areas, where many migrants in vulnerable and irregular situations live.¹⁸ However, these solutions also require the cooperation of other levels of government.

11 ILO, 2020a:1, 2020b.

12 Nesterak, 2020; Lang, 2020.

13 GIFMM, 2018; R4V, 2020:1.

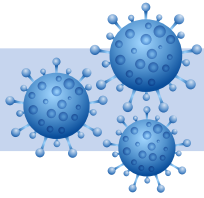
14 Carranza, 2020.

15 Governo do Estado de São Paulo, 2020.

16 Taub, 2020; NBC News, 2020.

17 Amuedo-Dorantes and Deza, 2020:11.

18 Migration Data Portal, 2020.



Upscaling migrant sanctuary and solidarity

Proponents of sanctuary and solidarity cities have long argued that providing access to services for irregular migrants benefits everyone. From a health-care perspective, for example, providing medical services to non-status children and adults enables them to get vaccinated and thus protects everyone from the spread of disease. Now, other levels of government also seem to be embracing this argument.

In response to the pandemic, the national government in the United Kingdom has made COVID-19 testing and treatment broadly available to everyone at no cost and with no immigration checks.¹⁹ This well-intended policy, however, is hampered by a history of “hostile” national policies that ranged from data sharing with the Home Office, immigration checks and charging user fees, which has created lingering mistrust and fear of detention and deportation among irregular migrants.²⁰ The Republic of Korea, too, has made free testing and COVID-19 treatment widely accessible across the country to all inhabitants, including irregular migrants;²¹ the Justice Ministry of The Republic of Korea declared that immigration status information will not be collected by hospitals or reported to the authorities.²² Additionally, irregular migrant workers who are receiving COVID-19 treatment are also eligible for partial income support from the government. In Portugal, the Government announced that it would temporarily regularize all migrants and asylum seekers with pending applications and grant them permanent residency status so they can access social welfare benefits and public health care.²³ Inspired by Portugal, Brazilian activists started a national campaign called “#RegularizaçãoJá” (#RegularizationNow).²⁴

Regional-level policies have also made significant advances in this regard. The Government of the Canadian province of Ontario expanded access to health care, hospital services, and some physician services in response to COVID-19 to all uninsured persons, including irregular migrants, although anecdotal evidence suggests that there have been implementation challenges of such policies.²⁵ Similarly, California, which became a “sanctuary state” in 2018,²⁶ was the first United States state to allocate dedicated funding to providing COVID-19 relief for migrants who are otherwise unable to receive financial assistance due to their immigration status.²⁷ Kerala state, where India’s first case of COVID-19 was reported, responded swiftly and decisively by offering free COVID-19 testing and treatment for all, and by putting

19 NHS, 2020.

20 Medact et al., 2020:9.

21 World Bank Group, 2020:32.

22 Nanthini, 2020.

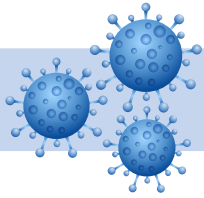
23 Waldersee, 2020.

24 Brotto, 2020.

25 Paling, 2020.

26 Raphelson et al., 2018.

27 Government of California, 2020.



in place a community care plan to support its most vulnerable populations, including migrant workers unable to support themselves.²⁸ Ontario, California, and Kerala are scaling up the sanctuary and solidarity model from the city to the regional level.

National and regional policies now complement and are increasingly coordinated with urban initiatives. In the United Kingdom, the Minister for Local Government and Homelessness wrote directly to local authorities, requesting that local leaders “utilise alternative powers and funding to assist those with no recourse to public funds who require shelter and other forms of support due to the COVID-19 pandemic”.²⁹ In response, the local councils of Birmingham and Liverpool worked with hotels and charities to secure accommodation for hundreds of people.³⁰ Many other local authorities followed suit, although the implementation has been inconsistent and over a dozen local authorities have still turned people at risk of homelessness away due to their ineligibility for public funds.³¹ On 30 March, the Mayor of the United Kingdom’s migrant gateway, London,³² wrote an open letter urging the national government to remove conditions imposed on irregular status residents so that all Londoners could access critical homelessness support and other financial assistance and social services.³³

In Spain, Barcelona’s City Council is working towards change at both regional and national levels. The #PadróSónDrets campaign calls upon all municipalities across the region of Catalonia to implement inclusive policies of active *empadronamiento*,³⁴ an administrative process involving residents registering with a municipality, thereby granting them access to essential services such as health care and education. By mobilizing all Catalan municipalities to engage in active and inclusive *empadronamiento*, irregular migrants residing across the region would gain access to critical social services and health care. Simultaneously, Barcelona’s City Council delivered a letter to the national government requesting the regularization of all irregular immigrants in the country.³⁵

28 UN-Habitat, 2020; Desai, 2020.

29 Hall, 2020; NRPFN, 2020:2.

30 Gentleman, 2020.

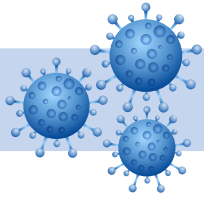
31 Gurnham, 2020.

32 Vargas-Silva and Rienzo, 2019.

33 Greater London Authority, 2020.

34 Ajuntament de Barcelona, 2020.

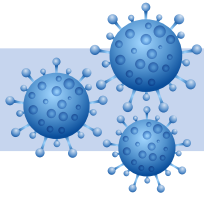
35 Triviño-Salazar, 2020.



Conclusion

The COVID-19 pandemic has drawn attention to the plight of irregular migrants. We suggest that expanding sanctuary and solidarity policies and practices are critical to address the pandemic effectively at the global scale. While the literature focuses on municipal sanctuary and solidarity policies, the situation during the COVID-19 pandemic highlights the fact that regional and national levels of government play key roles in mitigating the vulnerabilities of irregular migrants. Some national governments are providing irregular migrants with access to health care, financial relief, and sometimes even immigration status. Regional governments have also enacted measures that grant irregular migrants access to medical and financial assistance. In some cases, different levels of government are working together to offer housing assistance and other critical services to irregular migrants.

The COVID-19 pandemic presents a unique moment to push the reset button in the ways that various levels of government collaborate when it comes to the treatment of irregular migrants. Such collaboration is in the interest of society as a whole. The examples presented above illustrate that such collaboration “does not exacerbate vulnerabilities of irregular migrants” as noted in the Global Compact for Migration (Objective 15(b)). Rather, it promises to structurally address and reduce the vulnerabilities that COVID-19 has exposed.



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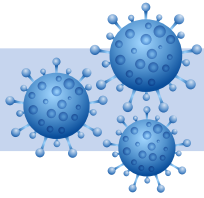
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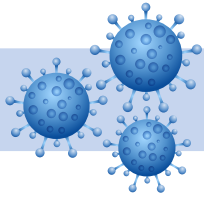
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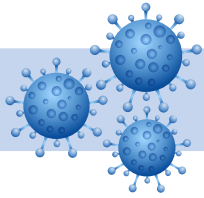
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