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THE PROTECTION OF MIGRANTS OF THE SUBREGION OF MEXICO AND CENTRAL AMERICA IN THE COVID-19 PANDEMIC

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MAY, 2020

INTRODUCTION

The world is going through one of the most serious crises of humanity: the coronavirus or COVID-19 outbreak that started on December 2019. The affected countries have taken measures to try to prevent contagion and protect their populations. However, some of those measures have had a negative impact on migrants, who were already in a vulnerable position and now the risks they face have worsened.

In the subregion of Mexico and Central America, irregular migration¹ is particularly important since the pandemic has left thousands of people stranded in migratory stations, shelters and even living on the streets, exposed to contagion and with a greater risk of mortality due to their conditions and their lack of access to health services, in addition to the increased unemployment on account of activities being halted for being considered as a high risk for public health. Likewise, discrimination and xenophobia towards them has become more evident and radical. Therefore, migrants must be included in health policies. Due to these factors, the situation of migrants during the COVID-19 outbreak is alarming and it becomes worse when their right to health is nonexistent and are rendered invisible for the health politics of the governments.

In that sense, this document has the purpose of identifying the main challenges faced by migrants of the Mexico and Central America subregion when facing the COVID-19 health crisis and being able to issue some recommendations that allow adhering to the current context and ensuring their protection.

CURRENT CONTEXT OF COVID-19

Amidst celebrations all over the world for the beginning of the 2020 decade, the world became aware of the coronavirus disease or COVID-19 for the first time in the city of Wuhan, China, on December 31st. On January 2020, the epidemic was spreading and the World Health Organization (WHO) declared a public health emergency of international concern. Later, on March, WHO finally declared it as a global pandemic, which meant that it had spread across several countries of the world and had affected a great many number of persons.

By March 11, there were already 118 000 cases in 114 countries and 4291 deaths caused by the disease². By May 11, the confirmed cases around the world were 4 006 257, while the number of affected persons in the Americas was 1 702 451 and 101 874 deaths. The country with the greatest number of sick persons due to COVID-19 in the continent is the United States with 11 271 645 confirmed cases to date, followed by Brazil with 155 939. Mexico ranks fifth with 33 460 confirmed cases and 3353 deaths. Honduras ranks 13 with 1830 and 108; Guatemala ranks 15 with 967 and 24 and El Salvador is in rank 16 with 889 and 17.³

1 Irregular migration is the one that happens outside the regulations of the countries, unlike regular migration which happens in accordance with the laws of the countries of origin, transit and destination. For example, work visas, entry and transit permits, etc. the International Organization for Migrations (IOM), "Términos fundamentales sobre migración". Available at <https://www.iom.int/e/terminos-fundamentales-sobre-migración>

2 WHO, "Preguntas y respuestas sobre la enfermedad por coronavirus (COVID-19)". Available at <http://www.who.int/es/emergencias/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>

3 PAHO, "Enfermedad por el Coronavirus (COVID-19)". Available at <https://www.paho.org/es/temas/coronavirus/enfermedad-por-coronavirus-covid-19>

The United States, first on the list, is the main migratory corridor of the world and takes in a significant number of migrant populations coming from El Salvador, Guatemala, Honduras and Mexico —in 2017 alone, more than 90% of Central America migrants lived in that country and by 2019, more than 11 million people were of Mexican origin—. On the other hand, as previously said, an important characteristic of the region is irregular migration. According to some estimates, by 2017 approximately 10.5 million irregular migrants were alive, out of which 1.9 million were mainly from El Salvador, Guatemala, and Honduras. In the case of Mexicans, they represented 47% of the total undocumented migration.⁴

According to WHO, COVID-19 is an infectious disease caused by the coronavirus, which is a large family of viruses that cause respiratory infections and that can range from a common cold to the sever acute respiratory syndrome (SARS).⁵ Some of the most common symptoms are cough, fever, headaches, troubled breathing, sore or burning throat, runny nose, red-eyes and muscular or joint pain. However, the symptoms have also been associated to other symptoms such as losing the sense of smell and diarrhea.

TABLE 1. COVID-19 IN THE AMERICAS TO MAY 11, 2020

Rank	Country	Confirmed	Deaths
1	United States	11 271 545	79 916
2	Brazil	155 939	10 627
3	Canada	67 996	4728
4	Peru	65 015	1814
5	Mexico	33 460	3353
6	Ecuador	29 559	2127
7	Chile	28 866	312
8	Colombia	10 495	445
9	Dominican Republic	10 347	388
10	Panama	8282	237
11	Argentina	5924	300
12	Bolivia	2437	114
13	Honduras	1830	108
14	Cuba	1766	77
15	Guatemala	967	24
16	El Salvador	889	17

Source: made by the authors with data from WHO, “Coronavirus Disease 2019 (COVID-19) Situation Report – 92, May 11th, 2020 report”. Available at <https://www.paho.org/es/temas/coronavirus/enfermedad-por-coronavirus-covid-19>

4 IOM “Informe sobre las migraciones en el mundo”. Available at <https://publications.iom.int/books/informe-sobre-las-migraciones-en-el-mundo-2020>

5 WHO “Questions and answers...”, op. cit. Available at: <https://www.who.int/es/emergencias/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>

The most common prevention measures dictated by WHO are washing one's hands frequently with soap and water or alcohol-based disinfectant; keeping a minimum distance of one meter from any person; avoid touching one's eyes, nose or mouth; remaining isolated in case of presenting any symptoms and staying informed. As for the irregular migrant population, it might experience the symptoms more acutely since it does not have access to any medical services whatsoever nor to the necessary elements that will allow them to maintain the recommended hygiene. Many times, people in transit do not have access to water, let alone health services.

In addition to the mortality rate, COVID-19 is a disease that can be transmitted easily and rapidly from one infected person to others; the contagion can happen by means of droplets expelled by a diseased person when coughing or sneezing, having physical contact with a person with the disease or putting one's hands in one's mouth, nose, or eyes after having touched an object or a surface that is contaminated with the virus.⁶ Some conditions increase the risks of the disease and, therefore, the following persons have been declared vulnerable: children, elders (aged 60+), pregnant women, persons with HIV or respiratory diseases and patients with diseases associated with kidney failure or vascular insufficiency. Recently, the director general of WHO,

6 Mexican Government, "Fase 2". Available at: <https://coronavirus.gob.mx/>

Tedros Adhanom Ghebreyesus, declared that the mortality rate of COVID-19 is ten times greater than influenza (flu) and, therefore, it is a pandemic that requires responses both from governments and society.⁷

In this scenario, the most affected countries started to take preventive measures to stop the virus from spreading. Among them, at a global level, some of the most important are to stay home and only going out for essentials. Due to this, schools have been suspended and the activities and jobs that do not require the physical presence of people started to be carried out at home. Nevertheless, when faced with the refusal of the population to remain in isolation, some countries —like Germany, Argentina, Italy, France and some states in the United States like New York, New Jersey Illinois and California— have chosen confinement, which implies not being able to leave one's home without a permit, as well as a surveillance system and penalties that range from paying fines to imprisonment.⁸ Other measures are closing borders, suspending flights, halting public service activities and productive activities in factories and various industries, and only allowing health establishments —such as pharmacies—, food supplies stores and basic services to remain open.

7 Xinhua News Agency, "OMS: Tasa de mortalidad de COVID-19, ten times greater than de la gripe", April 10, 2020. Available at: http://spanish.xinhuanet.com/2020-04/10/c_138962510.htm

8 La Vanguardia, "El mundo frena en seco: las medidas contra el Covid-19 implican perder libertades", March 22, 2020. Available at <https://www.lavanguardia.com/internacional/20200322/4816746422/coronavirus-impacto-paises-medidas-libertades.html>

Also, some governments have launched media campaigns addressed to the population with the purpose of informing, preventing, and encouraging people to stay at home and practice social distancing. These measures are almost impossible to follow for migrants, since they do not have a house to remain in or they live in poverty, share a household with many people or live in unsanitary places. On the other hand, closing borders has had an impact on the usual practices of irregular migration since surveillance prevents travelling. Regarding regular migration, these measures have prevented issuing visas and work permits.

Likewise, several global actions have been taken. On February 3rd, 2019, WHO published its first Global Strategic Preparedness and Response Plan for to stop COVID-19 from spreading and mitigating its related sanitary, social, and economic impacts. The plan—which addresses national governments, health workers and all other stakeholders involved in fighting the pandemic—was updated on April 14th, with the purpose of carefully adapting the response to local contexts and the most vulnerable populations.⁹

Other organizations have added their own plans to the WHO plan. Such is the case of the International Organization for Migrations (IOM), who launched its Global Strategic Preparedness and Response Plan on February 20th and consists of gathering financial support to guarantee the protection of migrants against COVID-19.¹⁰

The reason behind this, according to IOM, is that the plans must also be designed to respond to cross-border mobility and the mobility of this population and they must have inclusive approaches that consider migrants, refugees, displaced persons and travelers. In that sense, its aim is to raise awareness in governments and key stakeholders about global tendencies on human mobility and the need to direct and reinforce sanitary and public health measures by means of:

- Ensuring assessments about the barriers and measures that this population is facing, so as to guarantee broad and safe access to health.
- Helping stranded migrants to access services and defend their inclusion in preparedness and response plans.

⁹ IOM, "Global Strategic Preparedness and Response Plan Coronavirus Disease, 2019, February – August 2020", March 19, 2020. Available at: https://www.iom.int/sites/default/files/default/iom_covid-19_appeal_2020_final.pdf

¹⁰ IOM, "La OIM anuncia ampliación del Plan de respuesta para el COVID-19 por un monto de 499 millones de dólares que se usarán para enfrentar las graves consecuencias de la pandemia", April 14, 2020. Available at <https://rosnajose.iom.int/SITE/es/noticia/la-oim-anuncia-ampliación-del-plan-de-respuesta-para-la-covid-19-por-un-monto-de-499>

- Developing self-help tools designed for stranded and quarantined migrant populations, and deploying psychosocial mobile teams with the capability to provide linguistic and cultural services.
- Strengthening the existing protection mechanisms and social services, —including trans-border protection mechanisms and social services—, to identify and support persons with care or protection needs and refer them to more appropriate services.
- Establishing a centralized fund to review and respond to the requests of aid from vulnerable migrants and, with the support of IOM, establishing procedures on budgets and cases that require planning and providing services for this population.
- Establishing focal points to manage regional information and gather and distribute precise and up to date information.¹¹

In some countries like Mongolia, Iraq, Afghanistan, Rwanda and Tanzania, these actions have already been taken jointly with WHO, including travel restrictions or following-up on stranded migrant persons.

The Pan American Health Organization (PAHO) has also developed a response strategy to stop the virus from spreading and mitigating the impact of COVID-19 in the region through donations that total at least 94.8 million dollars to support the most affected countries until September 2020.¹²

Despite these efforts, the disease continues to spread quickly all over the world with serious social, economic and health consequences. According to the guide: “COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement”,¹³ the populations with the most risk of contagion are the ones that:

- Greatly depend on informal economy.
- Work dangerous jobs or in dangerous areas.
- Have inadequate access to social services or impact policies.
- Have limited capabilities and opportunities.
- Have limited or no access to technology.¹⁴

¹² OPS, op. cit.

¹³ Risk Communication and Community Engagement Working Group on COVID-19, “COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement “. Available at: <https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20-%20How%20to%20include%20marginalized%20and%20vulnerable%20people%20in%20%20risk%20communication%20and%20community%20engagement.pdf>

¹⁴ The Regional Risk Communication and Community Engagement, “COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement”. Available at: https://www.iom.int/sites/default/files/our_work/covid-19_communityengagement_130320.pdf

¹¹ Idem

In this context, amidst one of the greatest health emergencies in history, special attention must be paid to the most vulnerable groups, not just to the ones that are at the greatest risk of mortality due to the disease, but also to those who, even before the pandemic, were already in vulnerable conditions: migrants exposed to the risk of contagion without the guarantee to their right to health.

MIGRANTS FROM THE REGION OF CENTRAL AMERICA AND MEXICO WHO ARE FACING COVID-19

The complete migratory cycle — origin, transit, destination, and return— is full of risks for migrants and those risks increase when migration is irregular. One of the greater risks is the lack of access to human rights and, hence, migrants face extreme vulnerability conditions such as the lack of access to health —regardless of their migratory status and the territory they are in— risks related to the characteristics of displacements that affect their physical and emotional health, reproductive health problems, exposure to organized crime networks, nutritional disorders, exposure to sexual violence and exploitation and acts of discrimination in all forms.

In that context, migrants are affected the most by the measures taken by various countries to stop COVID-19 in the Americas, specially in the subregion of Central America and Mexico. In

this zone, the irregular portion of migration is particularly high, and the same can be said for the rate of migrant women and young boys and girls. The main reason for their journeys is economic, but the journeys due to violence, marginalization and, more recently, climate change¹⁵ have become important as well. Historically, migration from the subregion to the United States has been predominant: out of the 58.6 million migrants residing in that country, at least 26.6 million come from Latin America and the Caribbean.¹⁶ Migration containment measures, such as such separating families and hardening borders, have been taken since 2016, when Donald Trump became president.

In that sense, Mexico is still an issuing country, but has also become a transit and receiving country, mainly for people who come from Central America and are unable to get to the United States. On January, 2019, the Migrant Protection Protocol (MPP) was launched, also known as “Quédate en México” (“Stay in Mexico”), which consists of returning people who have entered the United States in an irregular fashion (i.e., without documents) to Mexico, where they will wait for their situation to be solved. In 2017, 54% of the requests for asylum in the United States came from people from Central America and Mexico, out of which the majority was from El Salvador and Guatemala.

¹⁵ IOM, “Informe...”, op. cit.

¹⁶ Ibid., p. 113.

By 2018, there were more than 700 000 applicants for asylum in the United States.¹⁷

Hardening containment measures has forced people to resort to other mechanisms that involve irregular migration and, therefore, their detainment, deportation or to remain waiting in migratory stations in the northern and southern borders of Mexico.¹⁸

This situation became particularly delicate in the outbreak of the pandemic because people cannot return to their countries and are even more exposed.

According to the information of the INM (National Migration Institute), more than 21 000 migrants were stranded in Mexico due to the measures taken against COVID-19. Out of those persons, 12 500 are in the north of the country and 9000 in the south.¹⁹

Guatemala, El Salvador and Honduras were some of the countries that requested halting repatriations in order to avoid more contagions, but the measure left their own citizens unprotected, since finding a shelter in Mexico has become an enormous task.

Conversely, the United States has also suspended migratory procedures and has ordered immediate deportations, some of them for unaccompanied children. To this day, more than 6300 persons have been deported through the Mexican border,²⁰ and by March 17, there were more than 3000 people detained in the centers in Tabasco.²¹

The emergency has surpassed the capacity in centers and shelters and the complaints due to the lack of preventive and sanitary measures have caused various incidents such as the incident that transpired on March 31 in the migratory station of Teno-sique, Tabasco: when protesting about the treatment they received and demanding to be returned to their countries, several persons caused a fire that costed the life of one person from Guatemala. In addition to this incident, there was a protest on April 2 at the facilities of the National Migration Institute of Hermosillo, Sonora, in which several persons rioted and took two officials hostage,²² as well as a protest in the Piedras Negras station in Coahuila on April 4, in which at least 163 persons were evacuated due to a fire.²³

¹⁷ Ibid., pp. 112-116.

¹⁸ Some of these new emigration mechanisms have been called "migrant caravans", consisting of persons who mainly come from the Northern Triangle -Honduras, Guatemala and El Salvador- who convene to emigrate to the United States and protect each other from risks such as violence, human trafficking and smuggling.

¹⁹ Aristegui Noticias, "Migrantes, los olvidados frente a la pandemia del Covid-19", April 14, 2020. Available at <https://aristequinoticias.com/1404/mexico/migrantes-los-olvidados-frente-a-la-pandemia-de-covid-19/>

²⁰ HispanTV, Nexo Latino, "EU usa el brote de COVID-19 para expulsar a miles de migrante", April 12, 2020. Available at: <https://www.hispantv.com/noticias/ee-uu-/463577/migrantes-mexico-coronavirus>

²¹ Rompe Viento, "Migrantes en riesgo y sin derecho a la salud ante emergencia sanitaria por covid-19 en México", April 4, 2020. Available at: <https://www.rompeviento.tv/migrantes-en-riesgo-y-sin-derecho-a-la-salud-ante-emergencia-sanitaria-por-covid-19-en-mexico/>

²² Expreso, "Controlan motín en las instalaciones del Instituto Nacional de Migración", April 2, 2020. Available at: <https://www.expreso.com.mx/seccion/seguridad/168440-reportan-motin-de-migrantes-en-las-instalaciones-del-inm.html>

²³ Idem

Under these circumstances, on April 27, authorities from the Mexican government, through the INM, returned 3759 people who were in migratory stations, leaving only 106 at said stations. The decision was made despite having closed the borders to avoid contagions. The persons were transported by air and land based on the sanitary recommendations of the Mexican authorities and national and international organisms so as to protect human rights of the most vulnerable groups.²⁴

The situation in the United States is similar since there are approximately 30 000 people in immigration detention centers among which, according to reports from the Immigration Service and Customs Control of the country, contagions have already been reported.²⁵ As a response to this situation, on April 15, the acting director of the National Security Department reported that they had identified 693 detainees that might be released on account of being a group at a greater risk of contagion of COVID-19.²⁶

24 PíedePágina, "Mexico vacía estaciones migratorias", April 27, 2020. Available at <https://enelcamino.piedepagina.mx/mexico-vacia-estaciones-migratorias/>

25 In that regard, at a press conference, the Secretary of the Health Department of Guatemala informed that between 50 and 75% of the Guatemalan flights has tested positive for COVID-19. Prensa Libre, "Entre el 50% y el 75% de deportados han dado positivo de coronavirus, según Salud", April 14, 2020. Available at https://www.prensalibre.com/guatemala/politica/entre-el-50-y-75-de-deportados-de-estados-unidos-ha-dado-positivo-de-coronavirus-segun-salud-ultima-hora/?fbclid=IwAR3Sewvlq4ihR_aR2YhZFLUwkkE5OloJpKZNtqR2NufPKAad37xJj-oHk

26 Debate, "Estados Unidos libera a cientos de migrantes vulnerables a Covid-19", April 15. Available at <https://www.debate.com.mx/mundo/Estados-Unidos-libera-a-cientos-de-migrantes-vulnerables-a-Covid-19-20200415-0173.html>

In the first three months of the year alone, approximately 57.475 persons of Mexican origin were deported, not counting voluntary returns. The American authorities argue that deportations have increased due to the spread of COVID-19. However, there is a great number of migrants who have been left without of any financial or sanitary assistance.²⁷

Likewise, migrant workers are at high risk. According to the International Labor Organization (ILO), up until 2017 there were 164 million migrant workers around the world, 20.6% of them concentrated in North America, mostly working informally in construction, the travel industry, hotels and restaurants or small businesses, which are sectors that have been greatly affected by the crisis²⁸ and, consequently, have suffered the increase of unemployment and have been left without financial means.²⁹ Additionally, there are also persons who work in critical activities or activities that imply a high risk of contagion such as transportation, distributing essential goods, the health sector, domestic work or cleaning services for some companies, factories and hospitals, among others, who are regularly forced to work under poor conditions without any protection or prevention.

27 La Jornada, "Deportó EU a 57,475 connacionales en la primera etapa de la pandemia", May 6, 2020. Available at <https://www.jornada.com.mx/2020/05/06/politica/014n2pol>

28 According to the numbers of the Labor Department of the United States, out of the 2.5 million agricultural workers of their country, 75% are migrants, mostly Mexican.

29 La Jornada sin Fronteras, "Migrantes en huelga de hambre en centros de detención de Eu piden liberación para evitar más contagios", April 14. Available at <https://www.jornada.com.mx/sin-fronteras>

Formal workers or workers with visas and work permits do not have the guarantee of being able to access medical insurance or other benefits such as unemployment insurance, despite being stipulated in their contracts.³⁰ Informal workers completely lack these services, there are even cases of persons that never know that they had the virus.³¹

Finally, it is important to mention that the COVID-19 global crisis has made discrimination and xenophobia towards the migrant population more evident and radical.

In this regard, IOM sustains that infectious diseases such as COVID-19 not only imply economic and public health risks, but they also cause severe discrimination towards people who travel or who come from other countries.

In the case of migrants from Central America, they are judged even by their physical appearance and the vulnerable conditions they are in, such as living on the streets or being crammed into shelters and migratory stations and those who go to hospitals and medical attention centers in the United States are discriminated. During the morning press conference of April 21 of Mexican president,

³⁰ According to data from the Washington Post, more than half of the agricultural workers do not have medical insurance and have limited access to health services, since out of the total of workers only 18% has been insured by their employers.

³¹ Incidentally, the Mexican Foreign Affairs Secretariat has confirmed the death of at least 181 Mexicans who were in the United States due to COVID-19.

Andres Manuel Lopez Obrador, the Secretary of Foreign Affairs, Marcelo Ebrard, informed that more than 300 Mexican nationals were reported to have died due to covid-19, most of them in New York, which is the epicenter of the contagions.³²

On the other hand, it is important to highlight that the access to basic services such as water, electricity and food can be even more limited when the governments of the countries are saturated, which is a situation that exacerbates the risk of the disease. For example, several difficulties to provide such services during the migratory process have been detected, especially the access to drinking water, a basic element to fight COVID-19. According to the data of the latest 2019 WHO report and UNICEF, 1 out every 3 persons in the world do not have access to drinking water; 2200 million do not have access to safely managed water services; 4200 million do not have access to managed sanitation services and 3000 million do not have access to basic facilities for hand-washing.³³

³² Mexican Government, "Resumen de la conferencia matutina del 21 de abril de 2020. Available at <https://lopezobrador.org.mx/temas/conferencia-matutina/>

³³ WHO, "1 de cada 3 personas en el mundo no tiene acceso al agua potable, según UNICEF y la OMS", June 18, 2019. Available at <https://www.who.int/es/news-room/Detail/18-06-2019-1-in-3-people-globally-do-not-have-access-to-safe-drinking-water-%E2%80%93-unicef-who>

TABLE 2. SITUATION OF MIGRANTS FROM MEXICO AND CENTRAL AMERICA WHO ARE FACING COVID-19

Situation	Main causes	Main consequences
Persons in shelters or migratory stations in Mexico	<ol style="list-style-type: none"> 1. Migrant Protection Protocol Program (MPP) or “<i>Quédate en México</i>” (“Stay in Mexico”). 2. Closing borders. 3. Deporting migrants from the United States to Mexico. 	<ol style="list-style-type: none"> 1. Saturated migratory stations. 2. Limited access to shelters due to saturation and social distancing measures. 3. Lack of preventive measures. 4. Lack of hygiene supplies and care for diseases. 5. Lack of medical staff. 6. Violent incidents and protests. 7. Limited access to information.
Persons in shelters or migratory stations in the United States	<ol style="list-style-type: none"> 1. Migration containment actions. 2. Persecution and detention of migrants with an irregular status. 	<ol style="list-style-type: none"> 1. Saturated migratory stations. 2. Lack of medical staff. 3. Language barriers 4. Detecting COVID-19 contagions. 5. Limited access to information. 6. Releasing persons who have nowhere to go to receive health services from the State.
Formal migrant workers	<ol style="list-style-type: none"> 1. Needing low-cost labor in the United States in the agricultural sector and other services. 2. Hiring migrant workers by means of visas or work permits. 	<ol style="list-style-type: none"> 1. Unemployment. 2. Reducing salaries. 3. No access to unemployment benefits and other types of economic support. 4. Lack of access to health services. 5. Are exposed to contagion since they continue to work without any prevention measures.
Informal migrant workers	<ol style="list-style-type: none"> 1. Migrants flee from violence and persecution. 2. Seeking to improve their social and economic conditions, they accept precarious jobs. 3. The containment measures of migration, specifically reducing the issuance of visas and work permits, promote irregular migration and accepting informal jobs. 	<ol style="list-style-type: none"> 1. Unemployment. 2. Reducing salaries. 3. No access to unemployment benefits and other types of economic support. 4. Lack of access to health services. 5. Are exposed to contagion since they continue to work without any prevention measures.
Xenophobia and discrimination	<ol style="list-style-type: none"> 1. Having travelled or coming from another country. 2. Their physical appearance and the conditions they are in (living on the streets, shelters or migratory stations). 	<ol style="list-style-type: none"> 1. They are left out of health services. 2. There are no public policies aimed at the migrant population who face COVID-19. 3. Rejection and stigmatization cause depression and exacerbate diseases.

Source: made by the authors.

Additionally, there are other risk factors such as providing supplies for hygiene and handle diseases —medications and sanitary supplies—, lack of medical staff, failure to comply with social distancing protocols, the language barrier in some cases, lack of official or reliable information, lack of documentation and financial resources, failure to include them in national policies, among others. Evidently, they are a highly vulnerable group for various reasons, but since they have extremely limited access to health services, their probabilities of dying also increase in case of contagion.



VULNERABLE GROUPS WITH LIMITED ACCESS TO HEALTH CARE

There are groups who are more vulnerable within the migrant population who are affected by the lack of access to health care. Based on the guide: “COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement”, we emphasize the following groups:

WOMEN AND CHILDREN

Children face greater barriers to access information and services, specially in the case of unaccompanied children. Additionally, the fact that they are unable to express their unease complicates providing them with timely care; in case their parents or guardians become infected or die from the disease, emotional problems can also ensue.

Likewise, the cases of abuse and sexual violence in shelters or refuges can increase due to isolation measures. On the other hand, for working migrant women, the conditions are also negative, since almost 74% of them are employed in the service sector; in Mexico, more than 70% of migrant women are domestic workers and are frequently forced to travel in precarious conditions to carry out procedures related to their migratory status and undertake greater workloads in addition to caring for their families;

their income is reduced, or, in the worst-case scenario, they are fired.³⁴ Furthermore, they are employed as caretakers or to clean hospitals and therefore are more exposed to the risk of contagion. Their increased participation in the informal sector also has negative consequences in their economy and they take greater risks due to gender violence and sexual exploitation, which is a situation that complicates their possibilities to resort to health care. They are also excluded more frequently from services in general.

PREGNANT WOMEN

Pregnant women are usually excluded from labor and, therefore, do not have access to health care. During their whole migratory cycle, they can have prenatal and postnatal complications that might result in maternal mortality and premature births.

ELDERS (60+)

The elderly have the highest COVID-19 mortality rate. Many of them are in neglect and do not have the physical conditions to go to healthcare centers by themselves. There is also social discrimination related to services.

³⁴ ONU Women, “Mujeres migrantes y refugiadas en el contexto de la COVID-19”. Available at: <https://mexico.unwomen.org/es/digiteca/publicaciones/2020-nuevo/abril-2020/mujeres-migrantes-y-refugiadas-en-el-contexto-de-la-covid19>

PEOPLE WITH HIV

Persons with HIV are excluded and are usually denied access to essential medications. They are also at risk from dying in case of contagion.

PEOPLE WITH OTHER DISEASES OR AILMENTS

People with other diseases or ailments are generally at a greater risk of developing more serious diseases that can become more complicated in case of contagion. They usually require specific medications that are probably scarce in hospitals and public healthcare centers. They also suffer from exclusion due to their health condition.

Among migrants there are high rates of acute and chronic infections, as well as parasitic, skin, and nervous system diseases. However, some of the problems they more frequently face —and are the least highlighted— are the ones related to mental health and nutrition. Migration implies radical changes in the life of people: severing family and sentimental ties, language barriers, their legal and labor status can affect their mental health and can cause isolation and even prevent them from seeking help in case of presenting COVID-19 symptoms. Also, poverty and inequality are linked to malnutrition, which are a prevailing condition in irregular migration that impact their health and, therefore, imply increased probabilities of mortality in case of contagion.

RECOMMENDATIONS

In this scenario, ensuring the protection of the migrant population from the subregion of Mexico and Central America against COVID-19 is urgent and we have therefore outlined some recommendations that we consider useful and might be implemented, where possible, and according to the capabilities of each State:

- Having medical care protocols in case of COVID-19 contagion, as well as differentiated treatment for sick persons in migratory stations and shelters. If they are already in place, ensuring their compliance.
- Ensuring the protection of migrants in shelters and migratory stations with contagion prevention measures.
- Creating gender-oriented action plans to care for the most vulnerable populations such as pregnant women, children, the elderly and sick persons.
- Urgently promoting migrant inclusion policies in health care; particularly to provide immediate access to them at least during the sanitary emergency.
- Fighting discrimination, xenophobia and hate speeches against migrants by means of promoting discourses and inclusion policies for migrants.

- Analyzing valid legal tools, both nationally and internationally relevant for migration and, specially, to have access and guarantee the right to health, demand its compliance, identify the strengths and opportunities for improvement, and vulnerabilities caused by omissions in the legal system.
- Creating a sub-regional fund specifically aimed at health care for migrants.
- Promoting international cooperation between governments, civil society organizations, international organisms, and organisms from the United Nations system, among others, to ensure the protection of migrants during the crisis.



FINAL THOUGHTS

The pandemic due to the COVID-19 outbreak has had significant repercussions in public health, but also in the economy and, in general, the wellbeing of people. In this context, special attention must be given to the most vulnerable groups, such as migrants from Mexico and Central America. The United States is the main recipient of the sub-region's immigration and is also the country that has reported more deaths and contagions in the continent. In addition to the discrimination that migrants face in hospitals and health centers, there are also deportations and migratory stations in poor conditions.

In this situation, international cooperation has become evident with various support programs like the ones from IOM. Conversely, however, there are actions that prevent their effectiveness, such as the statements made last Tuesday, April 7, by Donald Trump —withdrawing the US funds from WHO— or the various threats he has made through his Twitter account —among them, the threat of suspending immigration to the United States, allegedly to protect American citizens, by means of an executive order—. Additionally, among other things, there is the restriction to cross the border between Mexico and the United States by land, which not only aggravates the conditions of the migrant population, but also completely excludes them and makes them invisible.

In that sense, the global context demands, on one hand, a world in which the idea of globalization becomes more cooperative to face the effects of COVID-19 and, on the other, one that proves to us that the search to attain the particular interests of some nations are still present and becomes exacerbated in situations of crisis regardless of the consequences of leaving some of the most vulnerable groups unprotected, as if persons were merchandise that can be exchanged, rejected and discarded.

The disease continues to spread rapidly all over the world with serious consequences in public health, but it is also a crisis that, just like Antonio Guterres, Secretary General of the United Nations has said, is a human rights crisis. One that will have political costs as the stakeholders of the various governments make decisions and in which the capabilities of the States are not the same for all countries.

Therefore, coordinating efforts with governments, international organisms, civil organizations and other stakeholders is a priority to ensure the protection of the migrant population, with special emphasis on the need to urgently prevent contagions in shelters and migratory stations and ensuring equal access to health in any territory and with an appropriate design of gender-oriented and sectorial policies. Health is a right for all persons and guaranteeing it must be universal. Therefore we, from the Inter American Conference on Social Security (CISS) are working to turn this into a reality.



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