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Title:	<i>THE EFFECTS OF THE COVID-19 PANDEMIC ON IMMIGRANTS, REFUGEES AND ASYLUM SEEKERS IN THE EUROPEAN UNION: FROM THEORY TO PRACTICE</i>
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THE EFFECTS OF THE COVID-19 PANDEMIC ON IMMIGRANTS, REFUGEES AND ASYLUM SEEKERS IN THE EUROPEAN UNION: FROM THEORY TO PRACTICE

Claudia Anamaria IOV¹

ABSTRACT:

THIS PAPER EXAMINES THE SPECIFIC WAYS IN WHICH IMMIGRANTS, ESPECIALLY SEASONAL WORKERS, REFUGEES AND ASYLUM SEEKERS HAVE BEEN AFFECTED BY THE COVID-19 PANDEMIC AND PRESENTS A VARIETY OF MEASURES TAKEN IN HOST COUNTRIES TO PREVENT AND MITIGATE THE EFFECTS OF THE PANDEMIC. IN THIS CONTEXT, WE WILL ANALYZE SPECIFIC SITUATIONS IN DIFFERENT COUNTRIES, FOCUSING ON SOME WORRYING SITUATIONS FACED BY THESE CATEGORIES OF PEOPLE. OUR ATTENTION IS DRAWN TOWARDS THE ENTRY RESTRICTIONS IN SOME COUNTRIES THAT PREVIOUSLY ACCEPTED ASYLUM SEEKERS, AS WELL AS THE OBVIOUS AND HIDDEN FORMS OF EXCLUSION OF MIGRANTS FROM THE LABOR MARKET DUE TO RISING UNEMPLOYMENT AND THE EMERGENCE OF NEW FORMS OF DISCRIMINATION.

KEY WORDS: CORONAVIRUS PANDEMIC, IMMIGRANTS, REFUGEES, ASYLUM SEEKERS.

INTRODUCTION

The Coronavirus pandemic (also known as SARS-CoV-2 or Covid-19) and the global crisis generated by it have affected society from all points of view, from the economic-financial, social, health and political, to the educational, demographic or migration fields. The SARS-Cov2 pandemic was not the first health crisis to affect the human freedom of movement, this restriction being one of the most common measures for disease control since the time of pre-modern epidemics. The novelty brought by the current pandemic is given by the fact that it brought a completely new human experience, marked by tons of hand sanitizer, soap and Zoom. Laptops, mobile phones and a Netflix subscription have become man's "best friends." Airlines cancel flight after flight, while states compete in updating green, yellow or red lists, changing the legislation on the citizens' daily travel or applying for a vaccination passport.

The pandemic has led to a change in migration rules, from a local to a global level, with profound, sometimes irreversible effects on immigrants, refugees and evacuated or displaced people, as a result of major events or natural disasters.

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We do not intend to create a comprehensive analysis of all the effects of COVID-19 on the human freedom of movement in this paper, but we will highlight some worrying situations faced by immigrants, especially seasonal workers, refugees and asylum seekers. Our attention is drawn towards the entry restrictions in some countries that previously accepted asylum seekers, as well as the obvious and hidden forms of exclusion of migrants from the labor market due to rising unemployment and the emergence of new forms of discrimination.

THEORETICAL IMPORTANCE OF THE PAPER

The theoretical importance takes shape by expanding the knowledge base, the paper presenting different theoretical approaches and relevant issues caused by the COVID-19 pandemic in the field of migration. While the problems caused by the pandemic to the HORECA field have been prominently analyzed during this period, the implications for immigrants, seasonal workers, refugees and asylum seekers have been largely marginalized.

In this context, the paper aims to analyze the impact of the restrictions imposed by the COVID-19 pandemic on immigrants, seasonal workers, refugees and asylum seekers, by presenting specific situations.

RESEARCH METHODS

In order to elaborate the paper, we used the method of analyzing the specialized literature and the specific situations in different countries.

PURPOSE AND OBJECTIVES OF THE PAPER

The aim of the research is to examine the impact of the restrictions imposed by the COVID-19 pandemic on immigrants, seasonal workers, refugees and asylum seekers. We will analyze specific situations in different countries, focusing on the image created on immigrants, as alleged carriers of the disease, in order to make a descriptive analysis of the implications of the pandemic on migration.

THEORETICAL BASIS

The pandemic first occurred in Wuhan, Hubei Province in China in late 2019, when an inaugural group of cases showing symptoms of "pneumonia of unknown cause" was linked to the Huanan food market. The first deaths from this infection in China began in January 2020, and researchers conclude that the virus spreads mainly among animals, but is known to evolve and infect humans as with the severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS). The number of cases begins to increase on a daily basis in other countries like Thailand, South Korea, Japan, Taiwan, The United States of America, reaching Europe, where the harshest outbreak was in the Lombardy region, Italy. From that point on, the World Health Organization has issued a warning to all the states in the world to reduce unnecessary travel and test their population. After the WHO declared a state of pandemic on March 11th, 2020, the states took much more drastic measures and, depending on the incidence, one by one began to impose restrictions such as social distancing, wearing a protective mask, stopping recreational activities, as well as closing their borders, thus affecting whole sectors of the economy, especially tourism. Depending on the number of cases registered, the authorities decided to install quarantine for a determined period of time and home isolation, with the exception of Sweden. All these measures marked the beginning of a more significant global crisis than all other pandemics in history.

In order to slow down the transmission of the virus, EU leaders agreed on March 17th 2020 to reinstall controls at the internal borders of the Schengen area and to a coordinated temporary restriction of non-essential travel to the EU, which was applied until June 30th 2020² and affected especially refugees and asylum seekers. More precisely, on June 8th, 2020, more than 65,000 travel restrictions were issued for 220 countries around the world. The measure was taken in the context in which modern means of transport (plane, train, cars, ships,) allow long-distance travel in very short intervals of time, which favors the rapid transmission of the virus that has an incubation period longer than the duration of the journey, in various regions of the globe. This means that the disease occurs after the arrival in the state of destination. Travel restrictions and quarantine measures to limit the spread of the disease soon led to drastic reductions in traffic, especially by air³, causing colossal losses to transport companies.

In June 2020, the Council adopted a Recommendation regarding the temporary restrictions on non-essential travel to the EU and on the possible removal of these restrictions. The Recommendation was last updated on May 20th 2021 in response to ongoing vaccination campaigns by introducing certain exemptions for vaccinated people and by relaxing the criteria for restriction removal referring to third party countries⁴.

DISCUSSION

The new Coronavirus is currently one of the biggest threats faced by the world. The refugees, forcibly displaced people, asylum seekers and internally displaced people were among the groups that suffered the most from this pandemic. The share of refugees in the EU is 0.6% compared to the total population⁵.

According to statistics, as of April 4th, 2020, thirty-four countries with substantial resettlement of refugees have reported local transmission of the COVID-19 virus. Statistical data on the impact of COVID-19 on these groups are scarce, but the literature reveals that bureaucracy, poverty and discrimination threatened their well-being during the pandemic. For example, the measure of quarantine or solitary confinement at home could not be complied with by forcibly displaced people, refugees or asylum seekers because they do not have a home of their own, most of whom remained in the street without food, money, documents or clothes. Under these conditions, the guidelines of the World Health Organization (WHO) for protection against COVID-19 such as washing hands with soap and water, avoiding crowded spaces, wearing masks in public and social isolation when people show symptoms of illness⁶ are impossible to comply with inside refugee camps that are overcrowded, becoming real "outbreaks of infection".

In Italy, immigrants, refugees and asylum seekers face a mandatory quarantine process of two weeks and, even after those 14 days they will deal with little or no integration

²„COVID-19: călătoriile către UE”, Consiliul European, accessed October 30, 2021, <https://www.consilium.europa.eu/ro/policies/coronavirus/covid-19-travel-into-the-eu/>.

³„Mobility transport and coronavirus”, European Parliament, accessed November 01, 2021, [https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/651908/EPRS_BRI\(2020\)651908_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/651908/EPRS_BRI(2020)651908_EN.pdf).

⁴„COVID-19: călătoriile către UE”, Consiliul European, accessed October 30, 2021, <https://www.consilium.europa.eu/ro/policies/coronavirus/covid-19-travel-into-the-eu/>.

⁵„Statistics on the migration to Europe”, European Commission, accessed October 23, 2021, <https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life>.

⁶ “Coronavirus disease (COVID-19) advice for the public”, World Health Organization (WHO), accessed August 09, 2021, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>.

services due to restrictions on access to the labor market⁷. Paradoxically, they would have ensured the functioning of vital sectors during the pandemic, such as health, trade, agriculture and logistics. According to the Organization for Economic Co-operation and Development, migrants make up 24% of all doctors and 16% of auxiliary staff, such as care workers.

COVID-19 also highlighted barriers to accessing health care for these groups that do not have health insurance or money for treatment in private clinics. Their "luck", if we can call it that, is represented by the NGOs working in the field of assistance for the integration of refugees. LOGS Association - Group for Social Initiatives⁸, from Timișoara, Romania is one such organization, which, since 2019 promotes the integration of refugees and fights against human trafficking through the LOGS House projects for immigrants from Timișoara, the Regional Food Bank for immigrants or support (with clothes, medicines, food, blankets, English language courses) granted to the Quarantine Center and the Asylum Center, coordinated by the Timișoara City Hall.

With the economies affected by the pandemic, in the spring of 2020, some EU countries have taken exceptional measures on seasonal workers to support farmers who were at risk of being left with the harvest in the field. Germany accepted 4,000 seasonal workers (85% of whom were Romanians) to harvest asparagus and other seasonal produce, while Italy received 15,000 Romanians for agricultural work on farms in the north of the country, the epicenter of the pandemic. In this context, despite the mobility restrictions, on April 4th, 2020, the Romanian Government included a provision in the Military Ordinance no. 7 on lifting certain travel restrictions for seasonal workers, with the approval of the competent authorities of the destination state.

On the other hand, according to EU statistics, without migration, the European population would have shrunk by half a million in 2019, given that 4.2 million children were born and 4.7 million people died⁹. In 2020, the population of the European Union at 27 countries slightly decreased from 447.3 million to 447.0, interrupting a long growth led by a positive net migration. This time, the negative natural change (more deaths than births) outnumbered the positive net migration, most likely due to the impact of the Covid-19 pandemic. In 2020, in the EU, there were 534,000 more deaths than in 2019, 550,000 more than the annual average of the period 2016-2019¹⁰.

It is difficult to assess the extent to which the COVID-19 pandemic has affected the population of immigrants, refugees or asylum seekers in the EU, as there is a lack of relevant statistics that can be obtained from refugee camps or immigrant neighborhoods. Movement restrictions and the urge to maintain social and physical distance make it almost impossible for researchers to collect this data. Under these conditions, the analysis is based on statistics regarding the number of COVID-19 cases registered by national health systems regarding testing and hospitalization. These statistics are incomplete, defective, as not many countries require personal data from patients, such as immigrant status or nationality for registration or

⁷ "Asylum Information Database, Country Report (AIDA): Italy" ,European Council on Refugees and Exiles (ECRE), Last updated: June 03, 2021 , <https://www.ecre.org/aida-2020-update-italy/>.

⁸ Asociația LOGS - Grup de Inițiativă Sociale [LOGS Association - Group for Social Initiatives] ,<https://grupullogs.ro/>.

⁹ „Statistics on the migration to Europe", European Commission, accessed October 23, 2021, <https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life>.

¹⁰ „Population and population change statistics", Eurostat Statistics Explained, accessed November 02, 2021 https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_and_population_change_statistics#EU_population_shows_a_slight_decrease_in_2020.

hospitalization. For example, the United Kingdom or the United States require the patient's ethnicity or race, so they can compile statistics on the number of sick immigrants compared to native-born children with ethnic minority backgrounds. The same happened in Portugal, according to the Estudo Instituto Saude Publica, in 2020, where 24% of the COVID-19 infections in Lisbon occurred in immigrants (mainly from Africa), while foreign births represent about 11% of the population of the Capital-City metropolitan area¹¹. On the other hand, in Italy, a country disproportionately affected by the first wave of the pandemic, according to data collected by the Istituto Superiore di Sanità, only 5% of cases of COVID-19 were related to foreigners¹². Experience urges us to exercise caution when using the number of cases reported at national level as a basis for argumentation, as the population testing strategy, as a measure to prevent the spread of the new virus, especially in the early stages of the pandemic, differs from one Member State to another. We must not forget that even in countries such as Italy, Germany or the United Kingdom, where the test rate of the population was high, the test rate among immigrants was very low, and the 14-day quarantine method without testing was used among today's refugees and applicants.

Another category of vulnerable people which was severely affected by the pandemic, are asylum seekers. In 2020, 471,300 asylum applications were registered in the EU, 32.6% less than in 2019 and 21% less compared to the level recorded in 2014 (530,600). Syrians remained the largest group of asylum seekers in the EU in 2020, (15.2%), while Afghans accounted for 10.6% of all new asylum seekers, Venezuelans 7.3% and Colombians 7%¹³. The decrease in the number of asylum applications must be correlated with the increase in the number of applications rejected by the requested countries in the context of the restrictions imposed by the pandemic. Following the implementation of social distancing as well as travel restrictions, voluntary agencies such as the for Hebrew Migration Assistance Association, the International Rescue Committee or NGOs that help refugees placed in aid centers, have realized that their work will face new economic, social and psychological challenges posed by the situation of the pandemic. UN spokesman António Guterres recently highlighted the international community's obligation to support refugees and asylum seekers during the pandemic: "We all have a legitimate interest in ensuring that the responsibility to protect the world's refugees is shared equitably and that human mobility remains safe, inclusive and respectful of human rights and the international law regarding refugees"¹⁴.

Unfortunately, even now, as with other crises, today's refugees and applicants are proving to be extremely vulnerable to the direct and indirect effects of COVID-19. Their

¹¹ "What is the impact of Covid-19 pandemic on immigrants and their children?", Organisation for Economic Cooperation and Development, OECD, October 19, 2021, accessed July 07, 2021, <https://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/>.

¹² "What is the impact of Covid-19 pandemic on immigrants and their children?", Organisation for Economic Cooperation and Development, OECD, October 19, 2021, accessed July 07, 2021, <https://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/>.

¹³ „Asylum and migration in the EU: facts and figures”, European Parliament, Last updated July 13, 2021, <https://www.europarl.europa.eu/news/ro/headlines/society/20170629STO78630/azilul-si-migratia-in-ue-cifre-si-date>.

¹⁴ „UN chief underlines need to protect refugees and migrants in COVID-19 pandemic”, United Nations (UN) Department of Economic and Social Affairs, accessed October 27, 2021, <https://www.un.org/fr/desa/un-chief-underlines-need-protect-refugees-and-migrants-covid-19-pandemic#:~:text=%E2%80%9CWe%20all%20have%20a%20vested,Guterres>.

ability to avoid infection, to receive specialized medical care, to cope with the economic, social and psychological impact of the pandemic is very low due to the fact that they live in crowded settlements (camps or suburbs), have inadequate nutrition and perform hard work.

CONCLUSION

This pandemic has turned the lives of people all over the world upside down. A global crisis has overlapped many other "small", local, personal ones. SARS-CoV-2 has severely affected the global community, putting marginalized populations at high risk of getting COVID-19 and even losing the fight against it. The health crisis has affected many areas of activity and has left its mark on the phenomenon of migration, which by mid-2020 had been halved.

From the outbreak of the pandemic until mid-April 2020, countries around the world have operated in a state of emergency or have taken drastic measures to limit the spread of the virus, with effects on the immigration phenomenon in its entirety. Thus, as stated by the Organization for Economic Cooperation and Development, migrants have been and remain the most affected by this pandemic. In these conditions, it is essential to take measures at local and national level to improve access to health care, education, integration, as well as economic and legal protections for immigrant communities.

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