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Human Mobility and Covid-19 in the Andean Region

https://www.e-ir.info/2021/04/27/human-mobility-and-covid-19-in-the-andean-region/

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One year into the COVID-19 pandemic, it is now clear that migrants, and especially forcibly displaced populations, are amongst the hardest hit. This is especially true for countries in South America, where economies are in recession, and migrants and refugees are often excluded from already precarious public services. In the Andean region, the situation of over two million displaced Venezuelans fleeing hunger, violence, and human rights violations is especially concerning. Venezuelan displacement is the fastest escalating, and most underfinanced forced displacement crisis in modern history. By March 2021, around 1.74 million Venezuelans – of over 5.5 million displaced worldwide – had settled in Colombia, 1.04 million in Peru, and 443,000 in Ecuador. COVID-19 also intensified other migration flows such as the return migration of nationals, and the transmigration of extranational nationals trying to escape economic malaise in the region to reach North America. At the same time, there has been increasing politization of migration. In this article, we discuss the impact of Covid-19 on human mobility in the Andean region, with particular emphasis on Venezuelan nationals, as well as advancements and limitations of immigration policies and protection mechanisms.

Covid-19 and Migrant Vulnerability

In the context of the Covid-19 pandemic, migrants and refugees in the Andean region face numerous obstacles, in transit, in their host countries, and sometimes even in their countries of origin. Regarding effects on the modes of (im)mobility, forced immobility and increasingly dangerous migration routes, border closures, travel restrictions, and the recent militarization of borders, increased human mobility through irregular channels, which expose migrants and refugees to multiple dangers in addition to catching Covid-19. People who migrate forcibly are at a higher risk of being victims of forced labor, human trafficking, smuggling or sexual exploitation. Additionally, in situations of forced immobility, the overcrowding of bridges or other types of border crossings puts the health of migrants and refugees at risk due to the difficulty in maintaining social distance and adequate hygiene standards.

A particularly worrying example of the dangers of irregular migration is taking place along the Colombo-Venezuelan border, where illegal armed groups, such as the National Liberation Army (ELN) and the Patriotic National Liberation Forces (FPLN), violently control economic activities and the daily life of the civilian population, as well as irregular border crossings. Another examples is the case of a group of about 500 Haitian and African migrants and refugees, who left Brazil due to the mounting sanitary and economic crisis, and were trapped on the Bridge of Integration between Brazil and Peru between the 14th of February and the 8th of March 2021. As they tried to enter Peruvian territory in transit up north, they faced violent confrontations with the police and the separation of families. Forced migration through the deadly Darien Gap between Colombia and Panama has also intensified in the context of the Covid-19 pandemic. According to UNICEF, the number and proportion of migrant children in this area have risen dramatically from around 2% in 2017 to about 25% in 2020.

The effects of Covid-19 are also deepening social inequalities in migrant-receiving countries. Migrants and refugees have been deeply affected by economic hardship. Most of Venezuelan migrants and refugees in the Andean region work in the informal economy, which involves unsafe working conditions and limited access to labor rights. In July 2020, only 36% of the economically active Venezuelan migrants and refugees residing in Colombia, Peru, Ecuador, and Chile claimed to have an employment contract. The main economic sectors in which they were employed, such as ambulatory commerce and commerce in stores, were severely affected by lockdowns. Consequently, in

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December 2020, around 34% of Venezuelan migrants and refugees had become unemployed and 43% affirmed that they had lost more than 50% of their income.

Contrary to native populations, Venezuelans could not receive monetary transfers provided by governments to alleviate loss of income. In Ecuador and Peru, for example, a national identity card was required to access those transfers. The resulting dramatic decrease in income effects various aspects of their life, such as the access and quality of housing and the possibility of sending remittances to their families in Venezuela. In July 2020, around 45% of Venezuelan migrants and refugees affirmed that they were living with more than three people in a room, which made it difficult to comply with social distance measures. Even more worrisomely, in December 2021, around 70% perceived the risk of eviction due to unpaid rent. Furthermore, in October 2020, 28% of Venezuelans with schoolaged children in Colombia, Ecuador and Peru declared that their children were not enrolled in school, compared to 13% in June 2020.

The despair generated by the sudden loss of income led some migrants to take up high-risk occupations. During the most acute months of the pandemic in Peru, national and international media reported the high proportion of Venezuelan migrants working in funeral services, which implied the collection of bodies of Covid-19 victims in hospitals, private homes and even on the streets. After the reactivation of economic activities in May 2020, new jobs taken up by Venezuelan migrants and refugees included street hawking, construction, and delivery services, all of which pose a serious risk of infection. In a survey conducted by the Universidad del Pacífico in Lima in June 2020, 64% of Venezuelan women interviewed declared that since the start of the pandemic they had taken up work they never thought they would be willing to do, 37% street hawking, 23% domestic work and 4% other (Pérez & Freier 2020).

Venezuelan migrants and refugees also face barriers to access healthcare. In July 2020, only 24% of Venezuelan migrants and refugees residing in Colombia, Peru, Ecuador, and Chile had public health insurance, and 4% were insured in the private system. This situation relates to overwhelmingly informal employment. Difficulties in accessing regularization programs also played a role since often regular immigration status is required in order to register for health insurance. Even though most countries in the region extended public healthcare to those who presented symptoms compatible with Covid-19, cases of discrimination against migrants and refugees are widespread (Freier et al., 2020). All this has comprised not only migrants' physical, but also their mental health. A study carried out in Peru by researchers from the Universidad del Pacífico, after the first month of lockdown in April 2020, found that 46% of the Venezuelans showed symptoms of anxiety and 35% of depression.

Finally, many of those Venezuelans who saw themselves forced to return home during the pandemic faced mistreatment by their own government. Over the months, the Colombian government initiated numerous humanitarian initiatives in coordination with international organizations and regional and local governments to circumvent the arbitrary impediments imposed on migrants and refugee to enter back into Venezuela. However, Maduro's government continued to hinder safe mobility, through the reduction of daily quotas for returnees, and by criminalizing them as transmitters of the virus. Maduro referred to returnees as "bioterrorists", and returnees interviewed by Human Rights Watch reported overcrowding, lack of clean water, soap and electricity in quarantine facilities administered by the government. Also, the fact that some people are forced to stay in quarantine beyond the 14-day period recommended by the World Health Organization suggests that quarantine in Venezuela has become a new form of arbitrary detention.

Migration Governance and Protection Mechanism

Given the increased vulnerabilities of Venezuelan and extra-regional migrants and refugees described in the previous section, there is an urgent need to include them not only in the immediate policy responses to the pandemic, such as economic assistance and vaccination programs, but to facilitate their regularization and integration into the formal job market, as well as their access to as education, healthcare, and financial services. However, the Covid-19 pandemic hit South America at a time when effective migration governance was hindered by two factors: the lack of effective regional coordination and the increasing politicization of migration.

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Since the onset of the Venezuelan displacement crisis, migration governance has been predominantly shaped at the state level, neglecting existing regional organizations and consultative mechanisms such as the Andean Community (CAN), the Southern Common Market (MERCOSUR) and the South American Conference on Migration (SACM). Even the Quito Process, created in 2018 explicitly as a multilateral instance to address Venezuelan displacement in the region could not enforce any of the recommendations and good practices included in its declarations (Caicedo Camacho, 2020).

Second, in recent years the politicization of migration and negative public opinion increased in connection to three main factors: a perceived link between immigration and crime, economic competition stemming from immigrants, and the change in the number and social profile of migrants. While initial reactions to Venezuelan displacement were overwhelmingly welcoming, in case of the Andean region, Peru, Ecuador and Colombia were the countries that saw the highest decrease in public acceptance of migrants from 2016 to 2019. In Peru, a poll conducted by the IOP and IDEHPUCP in Lima found that agreement with the statement that "many Venezuelans are involved in criminal activities in Peru" increased from 55% to 81% in just one year from the end of 2018 to the end of 2019.

As we have previously argued in E-International Relations, in Ecuador and Peru, such negative attitudes increasingly led to restrictive policy responses. During the Covid-19 pandemic, assistance for vulnerable migrants and refugees in Ecuador and Peru was channeled mainly through civil society and international organizations. The militarization of their shared border in early 2021 deepened the already existing restrictive policy trend. In line with previous integration efforts, the Colombian government, and right-wing president Iván Duque, on the other hand, announced the creation of the Temporary Protective Status (TPS), which will provide regular status to nearly one million Venezuelan citizens for ten years and, at the same time, facilitating their socio-economic integration and access to public services.

Although Ecuador and Peru have taken timid steps towards migrant registration and regularization, the efficient execution of these processes have been hindered by domestic politics crises and polemic presidential elections in both countries. Resembling Colombia's decision, Ecuador's right of center president elect Guillermo Lasso has promised a sweeping migrant regularization, which is ideologically in line with his outspoken rejection of the Maduro regime. In Peru, the future of the country's migration governance likely depends on whether far-left Pedro Castillo, or right-wing Keiko Fujimori will win the second round of the presidential election on 6 June. Both show authoritarian tendencies and neither has a track record, nor proposes a political program that focuses on the protection of human rights. Nevertheless, a Fujimori presidency would be more likely than Castillo to follow in the footsteps of Duque and Lasso. In times of COVID-19, the puzzle of right-wing South American presidents promoting integration and protection of Venezuelan forced migrants persists.

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