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PANDEMICS AND MIGRATION: A HISTORICAL INTERPRETATION

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Abstract:

History can teach us about the relationship between pandemics and migration. There is always an action-reaction phenomenon involving the two. Migrations and mobility in general, foster epidemics and pandemics, which in turn call for restrictions on the freedom of movement. Through invasions, trade, wars and pilgrimages, the movement of people has always brought disease in faraway parts of the globe. At times migrants are also forced to leave their native places in search of better opportunities and earnings leaving behind their families. Epidemics and pandemics have almost always been used as opportunities to impose restrictions on new entries in several countries. Covid-19 pandemic was no exception to this trend in recent times.

An attempt is made in this paper to discuss the impact of Covid-19 pandemic on the mobility of the migrants across the globe. Population migration are potentially both affected by the impact of pandemic and were part of the response to the pandemic.

Keywords: Migration, Epidemic, Pandemic, Population, Mobility



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Introduction:

Pandemics in the past have prompted large-scale migrations. History can teach us about the relationship between pandemics and migration. There is always an action-reaction phenomenon involving the two. Migrations and mobility in general, foster epidemics and pandemics, which in turn call for restrictions on the freedom of movement. Through invasions, trade, wars and pilgrimages, the movement of people has always brought disease in faraway parts of the globe. At times migrants are also forced to leave their native places in search of better opportunities and earnings leaving behind their families. Epidemics and pandemics have almost always been used as opportunities to impose restrictions on new entries in several countries.

Human mobility has historically come in many forms. History has ample references when immigrants became the carrier of disease which eventually led to the spread of Pandemic affecting millions of people. During earlier epidemics, the foreign-born were often stigmatized as disease carriers whose very presence endangered their hosts. The Huns brought the Antonine plague to Europe. The terrible Black Death of the 14th century probably originated in Central Asia, and was disseminated through the Silk Road. Colonization and the slave trade brought a number of diseases into the Americas and the Pacific islands, with a devastating death toll. During the early 19th century, cholera spread from northeast India to the rest of Asia, Russia and Turkey, then Europe. In 1831, it reached the United Kingdom and, from there, North America. The Spanish Flu was disseminated by the movement of troops during the First World War. The



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influenza pandemic of 1918–1919 coincided with a major wave of immigration to the United States. More than 23.5 million newcomers arrived between 1880 and the 1920s, mostly from Southern and Eastern Europe, Asia, Canada, and Mexico.

Global migration has proven to be an integral and necessary part of our globalized economy. Migration between towns and cities, and even across the globe have become very common. Accelerated by the advent of the internet and the subsequent social media revolution, the desire and ability to move has increased tremendously. The Covid-19 pandemic has impacted migrants throughout the globe. Low-skilled migrants, refugees, and internally-displaced migrants were at a higher risk of contracting the virus. The pandemic has also aggravated the dangers of already-dangerous migration routes. Migrant workers tend to be particularly vulnerable, more than native-born workers, to losses of employment and wages during an economic crisis in their host country. Since the outbreak of COVID-19, international organizations have recorded a spike in human rights abuses suffered by migrants, especially in Africa, Latin America, and Asia.

Objectives:

1) To explore the connection between the pandemic and migration of people

2) To understand and analyse the impact of pandemic on migrant workers and low skilled labourers

3) To understand the measures adopted by the authorities to check the spread of pandemic in different times.

Hypothesis:

1) Pandemics in the past have prompted large-scale migrations.

2) There is always an action-reaction phenomenon involving the pandemic and migration of people in different times.

3) A common feature of epidemics is the scapegoating and discrimination against foreign migrants.

Methodology:

The research method used is a descriptive qualitative approach based on a literature review and analysis of several references. The references used in this study serve as a basis for providing valid information to discuss and draw conclusions on the relationship between pandemic and migration across the globe.

Literature Review:

According to the historians of antiquity, one of the first measures implemented to fight a pandemic date back to the Byzantine Emperor Justinian. He imposed isolation for both travelers and food coming to Constantinople from North Africa, hit by the terrible plague outbreak (541-542 A.D). The plague prompted the migration of Slavs to new areas or the spread of Islam to safer semi-desert regions, for instance.

Because of its diverse immigration history, the United States provides a good example. In the 1800s, Irish immigrants were blamed for bringing cholera, Italian immigrants for bringing polio, and Jews for bringing tuberculosis. During the plague of the 1890s, migrant workers were the subject of intensive scrutiny in the United States. Chinese immigrants were confined to their Chinatown enclave, partly due to nativist fears of infectious diseases such as smallpox and bubonic plague. In 1924, a pneumonia outbreak resulted in the quarantining of Mexican American immigrants. During the Asian influenza of 1957-58, migrant workers were the subject of intensive scrutiny, and their movements posed challenges to health authorities. In the 1980s, Haitians were considered a high-risk group for HIV transmission, and as a result, Haitian refugees were subjected to more stringent immigration controls. More



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recently, Latin Americans were blamed for Zika and Africans for Ebola.

During earlier epidemics, the foreign-born were often stigmatized as disease carriers whose very presence endangered their hosts. The foreign-born needed information and assistance in coping with influenza pandemic of 1918-19. Among the two largest immigrant groups, Southern Italians and Eastern European Jews, immigrant physicians, community spokespeople, newspapers, and religious and fraternal groups shouldered the burden. They disseminated public health information to their respective communities in culturally sensitive manners and in the languages the newcomers understood, offering crucial services to immigrants and American public health officials. The influenza virus responsible for the pandemic of 1918 killed an estimated 20 million and perhaps as many as 100 million people worldwide. In the United States, approximately 550,000 died, an estimate derived from reporting that was incomplete and uneven at best. In 1918, the United States was also a nation at war. Many of the young men who died were in the armed services. The flu did not respect borders and boundaries. Natives as well as migrants who had wandered far from home suffered and often died. However, while the former wrestled with the disease in familiar places, surrounded by family and familiar institutions, migrants sought to regain their health and cope with their mortality among strangers. **Findings:**

The economic crisis induced by COVID-19 is deeper and more pervasive than any other pandemic-induced crisis since the 1900s. Like previous epidemics and pandemics, the Covid-19 pandemic also has had a major impact on the lives of people around the world in general. It had negative influence on various aspects of human life, such as increased mortality rates, increasing unemployment rates, decreasing the number of visits to the tourism sector, and causing an economic recession because people cannot carry out production, distribution, consumption activities such as at normal times. On the other hand, there is a positive influence with the emergence of new creativity and innovation as an adjustment effort from humans.

The Covid-19 pandemic is still developing, forcing people to adapt to the current situation, which can allow us to continue to survive during the Covid-19 pandemic. Pandemic-triggered unemployment has affected citizens and migrants alike, but since migrants do not benefit from government relief packages, they become more impoverished and therefore more likely to contract the virus. The crisis has presented a challenge for the cross-sectoral mobility of workers, which could be particularly hard for lower-skilled migrant workers, especially informal and undocumented workers. Furthermore, low-wage migrants have limited familiarity with available health resources, whether because of language barriers or because they have limited exposure to official medical directives. Low-income migrants also lack access to the same levels of health insurance as citizens.

Refugees are among the most vulnerable to COVID-19, especially those residing in camps and temporary shelters. They are at heightened risk of contracting diseases because of their poverty, overcrowded living conditions limited access to medical services, and exclusion from benefits given to citizens. Refugees and asylum seekers make up about 10 percent of all international migrants, and according to the International Organization for Migration, the 20 countries with the highest number of COVID-19 infections are home to 9.2 million refugees, almost half of all refugees worldwide. Internally-displaced migrants - individuals displaced within their own country - are similarly vulnerable. The COVID-19 outbreak has placed many internal migrant workers in dire conditions, many losing their



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(mostly informal) jobs and unable to return home due to disruption to public transport services and movement restrictions. This is the reality for most migrant workers, especially those working in the informal sector and living in overcrowded slums.

Lockdowns, travel bans, and social distancing measures in response to the crisis have disproportionately affected internal migrant workers, who found themselves stranded, unable to return either to their places of work or their communities of origin. Without adequate access to housing, basic water and sanitation, health facilities, or social safety nets to help them survive such restrictions, these migrants have become even more vulnerable to contagion risks. If discrimination and xenophobic attitudes affected migrants before, the current crisis has exacerbated such social tensions. The crisis has created a chaotic and painful process of mass return for internal migrants in India and many countries in Latin America. As a result, the COVID-19 containment measures might even have contributed to spreading the epidemic. The loss of jobs and livelihood has also ruptured an important lifeline to rural households in many countries.

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