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COVID-19: immense necessity and challenges in meeting the needs of minorities, especially asylum seekers and undocumented migrants

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Dear editor,

COVID-19: immense necessity and challenges in meeting the needs of minorities, especially asylum seekers and undocumented migrants

At the best of times, there are immense challenges in meeting the public health, health and social care needs of migrant, ethnic, racial and other minority groups in modern societies globally. Over 50 years, scholars, researchers and practitioners have developed principles and exemplars of how to provide culturally competent and effective services for diverse societies. In the midst of the Covid-19 pandemic we are in the worst of times, and new thinking is required. We are already seeing the desperate plight of migrants, particularly those in camps and detention centres awaiting their asylum claims to be examined. Millions of people are on the march in countries such as India in scenes not seen since the partition of the country in 1947, when millions died.

There is, however, a group of migrants i.e. those labelled undocumented or irregular, or in a derogatory and inaccurate way illegal, at even greater need than other populations. The numbers and whereabouts of undocumented migrants are unknown, at least to the statutory sector, for self-evident reasons. The immigration authorities and the public usually judge the numbers to be substantial, for example with estimates in the hundreds of thousands in the UK. They have no legal rights to residence in the country they are in. They live in the shadows of society, fearful of authority, and with little access to services, which are mostly provided by the voluntary sector. Nonetheless, they contribute to the functioning of society usually through low-paid work in difficult settings. There are probably tens of millions of such people across the world. They are in danger of becoming the scapegoats, when they are going to be the foremost victims of the pandemic.

Undocumented migrants are at particularly high risk for obvious reasons including these: there is no prior bond of trust with the statutory authorities; there is no established means for communication of information to them through the public sector; there is often no suitable environment to observe the two-metre and other social distancing guidance relating to workplaces and homes; and there are minimal rights to health care. These obstacles apply globally. The needs of undocumented migrants and sometimes asylum seekers are usually provided by voluntary, charitable, non-governmental organisations, which themselves are struggling to cope with the burden. Donations are declining and charity shops are closed.

The needs of asylum seekers and undocumented migrants is a sensitive topic and opening up an objective dialogue is difficult at any time but especially problematic in the midst of a national emergency. In some places xenophobia and racism are already evident, although there is also, perhaps paradoxically but not unexpectedly given the communal response, goodwill.

Sparse statistical and much anecdotal evidence indicates that the pandemic is affecting all migrant and ethnic minority groups especially badly. To emphasise, statistical information about the impact of Covid-19 on ethnic and racial minority groups and asylum seekers is sparse and on undocumented migrants is not available and nigh impossible to collect.

The Migrant and Ethnic Health Section of the European Public Health Association, comprising of more than 1800 people, has issued a statement setting out the potential core elements of actions to protect undocumented (as well as all other) migrants including as follows:

‘Inclusion of all MEM (migrant and ethnic minority groups) in Europe into the ongoing protective measures, information campaigns and health services provision is essential. We call for temporary suspension of any policies that may exclude migrants from accessing these measures. It is imperative that no one should feel under the threat of prosecution or deportation during this period and safeguards need to be in place.’ The full statement provides the context:

https://eupha.org/repository/advocacy/MIG_statement_on_COVID19.pdf

The organisation PICUM which represents a European platform for those working on behalf of undocumented migrants has also released a statement setting out similar principles focused on undocumented migrants:

<https://picum.org/wp-content/uploads/2020/03/COVID-19-Statement-March-20...>

Everyone working on the COVID-19 pandemic whether in state or international policy, planning for health care and containment, or researching on the causes, consequences and trajectory of the pandemic needs to give immediate attention to the needs of ethnic, racial, indigenous and migrant minority groups. There is a danger that they will be largely forgotten in the present, and worse, that they will be unfairly blamed in the aftermath of the pandemic, once control has been achieved in most populations but is still lingering in these.

In desperate times we need to consider every possible solution. One that needs urgent consideration is to give temporary citizenship rights to every person in the country together with safeguards that by coming forwards people can expect confidentiality, respectful treatment and no detriment to their asylum and residency claims in the long term. We need everyone involved in the war against the pandemic-that includes asylum seekers and undocumented migrants. This is a radical proposal but what is better?

Competing interests: I am a contributor to the statement referred to in this letter that was issued by the Migrant and Ethnic Health Section of the European Public health Association.

Video: my video setting out the principles raised in this letter is available on the website of the Royal College of Physicians of Edinburgh:

<https://learning.rcpe.ac.uk/mod/page/view.php?id=7206>

Statement on prior publication of some ideas and content: This letter develops arguments I have raised in other forums and, given the emergency, with the agreement of the letters editor of the BMJ and the editor of Public Health draws upon some material in a recent publication in the BMJ where I briefly summarised the arguments developed here.

<https://www.bmj.com/content/368/bmj.m1213/rapid-responses>