



Critical perspectives on migrants, migration, and COVID-19 vaccination editorial for special issue

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ABSTRACT

The COVID-19 pandemic has exposed—and exacerbated—major health inequities around the globe including amongst many persons framed as ‘migrants whose lives are shaped by discursive legal, political, and social meanings and legal statuses that situate them within local, national, and global hierarchies. This special issue is dedicated to critical analyses of the roll-out of COVID-19 vaccinations in relation to migrants and other minorities associated with migration, and how migrant groups have been considered and neglected by national and global COVID-19 responses. Drawing from work with asylum seekers, internal and international migrants—both documented and undocumented—in countries ranging from Greece, Japan, and India to Thailand and Canada, authors in this special issue apply critical political economic, feminist, and intersectional lenses to examinations of migrants, migration, and COVID-19 vaccinations.

Introduction

The COVID-19 pandemic has exposed—and exacerbated—major health inequities around the globe including amongst many persons framed as ‘migrants.’ The [International Organization for Migration \(2019\)](#) defines a migrant as an individual who temporarily or permanently moves within or across national borders. Underlying this expansive definition, however, are myriad—and continuously shifting—discursive legal, political, and social meanings, together with legal statuses, that situate migrants within local, national, and global hierarchies. Migrants’ positions within these hierarchies inform policies and practices that structure their access to determinants of health writ large. Importantly, migrant mobilities and where migrants are ultimately situated must be contextualized by the conditions that propel out-migration from home communities that can include unequal development generated by the legacies of colonialism and neocolonialism and sustained by neoliberal globalization, the consequences of climate change and/or conflict, and/or experiences of gendered, sexual, or racialized discrimination.

Throughout the course of the COVID-19 pandemic, migrants—and members of other minoritized communities—have been over-represented amongst coronavirus cases and related deaths (c.f. [Hayward et al. 2021](#); [Ho and Maddrell 2021](#); [Machado and Goldenberg 2021](#)). This pattern has reinvigorated existing racist discourses wherein migrants have been constituted as carriers of contagion ([Spitzer, 2023](#)). Increased morbidities and mortalities are, however, often linked to migrants’ location in the labour market that reflects the intersections of axes of social differentiation including gender, racialized and migration status, nationality, and socioeconomic class, among others that underpin the globalized gendered division of labour. Generally, migrants and

members of other minority populations are most often relegated to occupations that are public facing (e.g., grocery workers, transit drivers), that put them in close proximity to others (e.g., meat-packing plant and agricultural sector workers, asylum seekers in transit centres), or that place them in contact with individuals with fragile health (e.g., long term care homes, hospitals) ([Foley and Piper, 2020](#); [Guttmann, et al., 2020](#); [Machado and Goldenberg, 2021](#); [Ryan and El Ayadi, 2020](#); [Spitzer, 2023](#); [Vosko and Spring, 2021](#)). Much of this work is described as precarious, that is, poorly waged and with no or limited workplace benefits; yet, much of this workforce was categorized as essential during the course of the pandemic ([Guttmann et al., 2020](#); [Machado and Goldenberg, 2021](#)).

Refugees, asylum seekers, and internally displaced populations (IDP) have also been more likely to contract COVID-19 as they are more often forced to reside in crowded camps or shared housing, and have often lacked access to essential services, water, sanitation, and healthcare, thereby increasing their vulnerability to the risks of coronavirus infection. Concomitantly, pandemic control measures had greater adverse consequences on asylum seekers and undocumented migrants than the general population, especially in terms of worsened mental health, social isolation conditions, and reduced access to health care ([Mengesha et al., 2022](#)). In 2020, over 160 countries had partially or fully closed their borders to contain the spread of the virus. At least 57 nation-states made no exception for people seeking asylum, hindering individuals from seeking protection and safety across borders, often criminalizing and detaining them at a time when migrants and other minoritized populations were rendered exceptionally vulnerable to the pandemic ([UNHCR, 2020](#)). Registration of asylum procedures were halted leaving asylum seekers in a state of irregularity, enhancing their precarity and potentially presenting as a risk for both themselves and the communities

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in which they live. Migrants being denied access to essential healthcare, including vaccination, reflected contradictory public health messaging and policy as the primary focus in most countries was to curb community transmission. The politics of border closures during this public health emergency have fed into a racialized discourse, violated human rights, and has been seen and used as a justification for stricter immigration enforcement measures. Given these contexts, migrants' access to COVID-19 vaccines has been challenging (UNSDG, 2020).

This special issue is dedicated to critical analyses of the roll-out of COVID-19 vaccinations in relation to people framed as migrants and other minorities associated with migration, and how 'migrant' groups have been considered and neglected by national and global COVID-19 responses. Authors in this special issue apply critical political economic, feminist, and intersectional lenses to examinations of migrants, migration, and COVID-19 vaccinations. Drawing from work with asylum seekers, internal and international migrants—both documented and undocumented—in countries ranging from Greece, Japan, and India to Thailand and Canada, authors explore how the discursive and juridical constructions of migrant and migration status, disciplined through bureaucratic measures and documentation, and intersecting with issues of gender, racialised status, and socioeconomic class, shape access to health and mobility rights. Moreover, they describe how linguistic, financial, informational barriers, and temporal constraints configure access to health services, including COVID-19 vaccines. A number of themes emerged across the articles: borders and documentation, brokerage, troubling vaccine hesitancy, and intersectional precarities.

Borders and documentation

As manifestations of bureaucratic and state power, borders act as mechanisms of control that delimit the flow of people, goods, and information across material, social, and territorial boundaries. The COVID-19 pandemic has had implications for the movement of select bodies across borders of nation-states, refugee camps, workplaces, and health services. For example, the closing of national borders trapped some migrants either in destination countries, in transit, or in their homelands unable to return to work, while demands for migrant labour, for instance agricultural workers in Canada, ensured those borders were semi-porous to allow for the intake of bodies deemed essential to the basic functioning of the economy (Khai, 2023; ILO, 2022; Solomos et al., 2023; Spitzer, 2023; Torre and Storer, 2023). Some migrants enclosed by restrictions on their mobilities lost their livelihoods, their documented migration status, and access to services, including vaccinations (Khai, 2023; Sanchez et al., 2023). For example, Khai (2023) writes of how undocumented Burmese migrant workers in Thailand were locked down in their factories while Solomos et al. (2023) describe how asylum seekers in Greece were also immobilized and relegated to the liminal space of refugee claimant transit camps. Sanchez et al. (2023) discuss how documented migrant workers were unable to renew work permits both due to their own immobility and the closure of some relevant government offices.

During the COVID-19 pandemic, the role of documentation as a means of patrolling borders and surveilling bodies has become increasingly evident. Torre and Storer (2023) describe how vaccines and vaccine certificates operated as a currency and mode of governance for undocumented migrants hoping to cross into France from the Italian Alps. In India, vaccine certificates only allowed for sex/gender identification as male, female, or 'other' thereby erasing transgender bodies whose identity is a legal category in that country; resultantly, this exclusion discouraged uptake of vaccinations (Acharya et al., 2023). The demand for identification documents, including photo IDs and proof of citizenship or legal migration status, contributed to further exclusions from COVID-19 vaccinations, and shored up the boundaries between vaccinated insiders and unvaccinated migrants who again posed threat of contagion further providing a rationale for their marginalization. In Italy, only citizens and those with permanent migration status had

access to vaccines while in Japan, a complex array of locally issued vaccine vouchers and bureaucratic processes available primarily to migrants on residential registries generated a host of barriers to vaccination access (Fujita et al., 2023; Torre and Storer, 2023). Even where documentation was not legally required for vaccination services, clinic signage and staff may have signaled expectations that proof of legal migration status and health insurance was required (Sanchez et al., 2023). Vaccination clinics that advertised low or no-barrier access where undocumented migrants were explicitly welcomed were regarded as successful (Holdbrook et al., 2023; Sanchez et al., 2023).

Brokerage

While bordering mechanisms that patrol the bodies of migrants further underpin social and health disparities, authors also noted the role of individuals and groups who brokered access to health and social resources. Asylum seekers in Greek transit camps were aided by non-governmental organisations (NGOs) who provided onsite care during the third wave of coronavirus infections (Solomos et al., 2023). Undocumented Burmese migrant workers in Thailand had been assisted by NGO representatives; however, during factory lockdowns, they were unable to contact migrants to provide information on free vaccines (Khai, 2023). In Japan, an array of NGOs, migrant community networks, and international organizations helped migrant workers navigate the maze of administrative and linguistic obstacles that served as barriers to vaccines, although these efforts were judged insufficient given the needs of the migrant population (Fujita et al., 2023). Reliance on non-governmental actors to broker access to COVID-19 vaccinations and healthcare was also common across a host of European countries (Sanchez et al., 2023); however, in some countries including Canada and Turkey, both governmental and non-governmental agencies, sometimes in collaboration, facilitated migrants' access to vaccines regardless of documented status (Holdbrook et al., 2023; Sanchez et al., 2023).

Troubling vaccine hesitancy

Despite the legal, social, geographic, and linguistic barriers that confounded migrants' access to COVID-19 vaccines, migrants were often cast as vaccine hesitant, a population often discursively homogenized and constructed as ignorant, stubborn, or selfish for failing to be vaccinated for the public good. The problem with the vaccine hesitant, therefore, has been located within the individual. As numerous authors in this special issue have shared structural issues facing migrants underpin what is often interpreted as vaccine hesitancy. Migrants have been subject to enclosures behind borders of nation-states, workplaces, transit camps, and residences, and segregated due to language, ethnicity, gender presentation, migration status, and socioeconomic class, often unable to access required information or documentation including work visas or COVID-19 vaccinations that would facilitate their passage across these walls (Acharya et al., 2023; Fujita et al., 2023; Holdbrook et al., 2023; Khai, 2023; Sanchez et al., 2023; Solomos et al., 2023; Torre and Storer, 2023). Moreover, experiences of racism, transphobia, and xenophobia in prior interactions with the health care system and state authorities have engendered distrust and avoidance of further engagement with health services and other relevant bureaucracies (Acharya et al., 2023). Holdbrook et al. (2023) description of their low-barrier pop-up vaccination clinic troubles the dominant narrative of the vaccine hesitant migrant. Hosted in a geographic region that had a high concentration of migrants and the lowest vaccination rates in the province who were targeted by public opprobrium as carriers of contagion, the clinic demonstrated that with the appropriate supports and community engagement, vaccines would be readily taken up.

Intersectional precarities

Importantly, critical perspectives on migrants, migration, and

COVID-19 vaccinations requires attention to the socio-political contexts that preceded the global pandemic. In the articles contained in this special issue, precarity is often a handmaiden to intersectionality. Socioeconomic class, caste, racialized status, gender and transgender identity, and occupation mutually constituted with migration status produce a range of social positionings that are embedded with precarity. Asylum seekers, undocumented migrants, and temporary migrant workers have contended with barred borders and pathways for years whilst doors, for permanent resettlement, have been open to certain migrants predicated on a classed and racialized hierarchy (Spitzer, 2023; Torre and Storer, 2023). Temporary and undocumented migrant workers—despite making contributions to local economies and to their families economic well-being—have often been excluded from accessing health services and social protections (Khali, 2023; Sanchez et al., 2023). Moreover, precarious migration status often precludes lodging complaints about dangerous or sub-standard living and working conditions, wage theft, contract substitutions, illegal confinement, or other forms of labour trafficking lest they be subject to deportation (Khali, 2023; Sanchez et al., 2023). The intersectional status of transgender migrant women in India has also contributed to precarious livelihoods and precarious lives where they face myriad forms of violence and exclusion (Acharya et al., 2023). Under the COVID-19 pandemic, these contexts have constrained access to COVID-19 vaccines and contributed to heightened vulnerability to coronavirus infection and mortality.

Conclusion

In the crucible of the COVID-19 pandemic, this special issue critically engages with the multifaceted challenges faced by individuals framed as migrants, providing nuanced perspectives on their experiences with COVID-19 vaccination. Authors featured in this special issue illuminate the profound health inequities exacerbated by the pandemic, revealing how migrants, often positioned at the intersections of gender, racialized status, and migration status, faced over-representation among coronavirus cases and deaths. Asylum seekers, refugees, and displaced populations encountered additional hurdles, grappling with heightened vulnerability to the virus while at the same time facing human rights violations. Delving into the critical analyses presented in this issue, we witness how borders, documentation, brokerage, the notion of vaccine hesitancy, and intersectional precarities shape and govern access to COVID-19 vaccines.

Borders, both physical and bureaucratic, emerged as mechanisms of control, influencing the movement of migrants, and determining their access to vaccinations. The role of brokers, be they government, non-governmental organizations, or collaborative efforts by governmental and non-governmental agencies, played a pivotal role in mediating access to healthcare services, including vaccination. Moreover, the notion of vaccine hesitancy was problematized, revealing structural barriers that underlie what is often misinterpreted as individual reluctance. Intersectional precarities emerge as a common thread, highlighting the entangled impact of socioeconomic class, racialized status, gender identity, and occupation on migrants' vulnerabilities. As we navigate the ongoing challenges posed by the pandemic, this collection of critical perspectives provides a foundation for understanding and addressing the complex interplay of factors shaping the experiences of migrants in the context of COVID-19 vaccination.

Declaration of generative AI in the writing process

We did not use any AI-technologies in the preparation or review of this manuscript.

Submission declaration and verification

This is an original editorial essay written to introduce the special issue and has not been published or submitted elsewhere.

CRedit authorship contribution statement

Denise L. Spitzer: Conceptualization, Writing – original draft, Writing – review & editing. **Anne-Sophie Jung:** Conceptualization, Writing – review & editing. **Sally Hargreaves:** Conceptualization, Writing – review & editing.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: We have been members of the journal's editorial board. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

- Acharya, A.K., Bryson Clark, J., Subhalaxmi Behero, S., 2023. COVID-19 pandemic and transgender migrant women in India: socio-economic vulnerability and vaccine hesitancy. *J. Migr. Health*. <https://doi.org/10.1016/j.jmh.2023.100204>.
- Foley, L., Piper, N., 2020. COVID-19 and Women Migrant Workers: Impacts and Implications. IOM, Geneva.
- Fujita, M., Kanda, M., Kiyohara, H., Ikeda, S., Iwamoto, A., Sudo, K., Teshima, Y., Nii, M., Murata, Y., Kato, J., Komatsu, A., Yumino, A., Sawada, T., Sato, H., Nakasa, T., 2023. Migrants' access to COVID-19 vaccination in Japan: progress and challenges. *J. Migr. Health* 7. <https://doi.org/10.1016/j.jmh.2023.100169>.
- Guttmann, A., et al., 2020. COVID-19 in Immigrants, Refugees, and Other Newcomers in Ontario: Characteristics of Those Who Tested and Those Confirmed Positive, As of June 13, 2020. ICES, Toronto.
- Hayward, S., Deal, A., Cheng, C., Crawshaw, A., Orcutt, M., Vandrevale, T., Norredam, M., Carballo, M., Ciftci, Y., Requena-Méndez, A., Greenaway, C., Carter, J., Knights, F., Mehrotra, A., Seedat, F., Bozorgmehr, K., Veizis, A., Campos-Matos, I., Wurie, F., McKee, M., Hargreaves, S., 2021. Clinical outcomes and risk factors for COVID-19 among migrant populations in high income countries: a systematic review. *J. Migr. Health* 3. <https://doi.org/10.1016/j.jmh.2021.100041>.
- Ho, E.L., Maddrell, A., 2021. Intolerable intersectional burdens: a COVID-19 research agenda for social and cultural geographies. *Soc. Cult. Geogr.* 22 (1), 1–10.
- Holdbrook, L., Hassan, N., Clarke, S., Coakley, A., Norrie, E., Yemane, Y., Youssef, M., Sahilie, A., Antonio, M., Ramirez Cerino, E., Pendharkar, S., Lake, D., Spitzer, D.L., Pottier, K., Edwards, S., Fabreau, G., 2023. Vaccines for all: a formative evaluation of a multistakeholder community-engaged COVID-19 vaccine outreach clinic for migrant communities. *J. Migr. Health*. <https://doi.org/10.1016/j.jmh.2023.100188>.
- International Labour Organization (ILO) (2022). Global mobility restriction overview, 28 February 2022. From: <https://migration.iom.int/reports/covid-19-travel-restriction-s-output-28-february-2022> Accessed 12 December 2022.
- International Organization for Migration (IOM). (2019). Migration factsheet no. 2 — migrants. From: https://www.iom.int/sites/g/files/tmzbd1486/files/documents/migration_factsheet_2_migrants.pdf Accessed 5 November 2023.
- Khali, T.S., 2023. Socio-ecological barriers to access COVID-19 vaccination among burmese irregular migrant workers in Thailand. *J. Migr. Health*. <https://doi.org/10.1016/j.jmh.2023.100194>.
- Machado, S., Goldenberg, S., 2021. Sharpening our public health lens: advancing im/migrant health equity during COVID-19 and beyond. *Int. J. Equity Health* 20, 57.
- Mengesha, Z., Alloun, E., Weber, D., Smith, M., Harris, P., 2022. Lived the pandemic twice": a scoping review of the unequal impact of the COVID-19 pandemic on asylum seekers and undocumented migrants. *Int. J. Environ. Res. Public Health* 19 (11), 6624. <https://doi.org/10.3390/ijerph19116624>. PMID: 35682211; PMCID: PMC9180209.
- Ryan, N., El Ayadi, A., 2020. A call for a gender-responsive, intersectional approach to address COVID-19. *Crit. Public Health* 15 (9), 1404–1412.
- Sanchez, M.C., Nyarko, D., Muji, J., Dzunić, A., Surti, M., Mangat, A., Mainali, D., Spitzer, D.L., 2023. Health care for all: undocumented migrants and the COVID-19 pandemic in Alberta, Canada—a scoping review. *J. Migr. Health*. <https://doi.org/10.1016/j.jmh.2023.100192>.
- Solomos, Z., Michaelidou Mothoneou, A., Boukouvalas, G., Niakos, I., Tsekoura, D., 2023. COVID-19 case management in a greek migrant camp: the hellenic red cross mobile health unit intervention in nea malakasa temporary accommodation. *J. Migr. Health*. <https://doi.org/10.1016/j.jmh.2023.100184>.
- Spitzer, D.L., 2023. COVID-19 and the intersections of gender, migration status, work, and place. In: McAuliffe, M., Bauloz, C. (Eds.), *Research Handbook on Migration, Gender and COVID-19*. Elgar, London, pp. 48–62. Pp.
- Torre, C., Storer, E., 2023. COVID-19 vaccines, mobility, and pandemic bureaucracies: undocumented migrants' perspectives from Italy's alpine border. *J. Migr. Health*. <https://doi.org/10.1016/j.jmh.2023.100189>.
- UNHCR. (2020). Beware long-term damage to human rights and refugee rights from the coronavirus pandemic. From: <https://www.unhcr.org/en-us/news/press/2020/4/5ea035ba4/beware-long-term-damage-humanrights-refugee-rights-coronavirus-pandemic.html>. Accessed 10 October 2023.

UNSDG. (2020). Policy brief: COVID-19 and people on the move. From: <https://unsdg.un.org/resources/policy-brief-covid-19-and-people-move>. Accessed 10 October 2023.

Vosko, L., Spring, C., 2021. COVID-19 outbreaks in Canada and the crisis of migrant farmworkers' social reproduction: transnational labour and the need for greater accountability among receiving states. *J. Int. Migr. Integr.* 27.

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