



STRESS TESTED: THE COVID-19 PANDEMIC AND CANADIAN NATIONAL SECURITY

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ISBN 978-1-77385-244-7

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National Security Lessons Regarding the Disproportionate Impact of COVID-19 on Migrant and Refugee Communities in the United States and Canada: A Bilateral Approach

Adham Sahloul and Diana Rayes

Introduction

The COVID-19 pandemic has illuminated the public health, economic, and political challenges facing minority communities. These challenges are particularly pronounced in high-income countries that are home to large migrant and refugee communities, such as the United States and Canada. Evidence revealing the disproportionate impact of the COVID-19 pandemic on migrants worldwide and the historic, cultural, and economic ties between the United States and Canada, the world's deepest bilateral relationship, presents opportunities to address this regional dynamic through unique channels of bilateral co-operation. Using a comparative approach, this chapter first examines how COVID-19 has disproportionately impacted migrant and refugee communities in the United States and Canada. We then assess how these outcomes could have been mitigated with higher-quality data, and how data can be integral to preventing future national and global security threats. We conclude by proposing enhanced bilateral co-operation when it comes to addressing health disparities among migrant communities.

Background

Migrant populations, refugees, asylum-seekers, and other foreign-born ethnic and racial minorities comprise one-seventh and one-fifth of the US and Canadian civilian populations, respectively. However, Western national security discourse overtly or unintentionally marginalizes these populations, with an overemphasis on the threats of terrorism and inter-state conflict, resulting in a misallocation of political, financial, and personnel resources away from addressing economic, climate, and human security (Hathaway 2020). Evidence-based, democratic national security frameworks prioritize the challenges facing migrants in times of calm and in national or global crises. While the US intelligence community's 2019 assessment of threats to US national security had dedicated space to human security issues such as public health, displacement, and climate, this paradigm shift has been catalyzed at a political and societal level by the reality of the COVID-19 pandemic (Coats 2019). The relationship between the United States and Canada is uniquely special in terms of how the migration policies of the two countries have shaped the societies, economies, and shared future of North America. How the United States and Canada each handle the COVID-19 pandemic bears heavily on their respective migrant communities, but also on the international community's ability to support migrants and refugees through and beyond the pandemic. As such, it is critical that US and Canadian policy-makers evaluate the national security implications of the COVID-19 pandemic's impact on migrant and refugee communities to develop sound and inclusive national security policies.

Characteristics of Migrant Populations in the United States and Canada

As of 2019, the United States was home to at least 44.9 million migrants, comprising 13.7 per cent of the population (Migration Policy Institute n.d.b). While 24 per cent of this total are unauthorized migrants, the majority of legal immigration to the United States is via family reunification and is largely represented by individuals from Latin America and Asia (Batlova 2021; Migration Policy Institute n.d.a). Historically, the United States has also hosted a robust refugee resettlement program that has

TABLE 14.1: Comparison of foreign-born populations in the United States and Canada

	US (% of total population)	Canada (% of total population)
Total population	328 million**	37.5 million**
Migrants	44.9 million (13.7%)	7.8 million (21.5%)
Unauthorized migrants	11 million***	28,000***
Refugees & asylum-seekers	46,500**	58,338*

Sources: World Bank 2019a, 2019b; Batlova 2021; OECD 2020a

* 2020

**2019

***2018

resettled a total of 3 million refugees since 1975. However, the Trump administration’s politically charged administrative assault on legal forms of immigration, including the US refugee resettlement system, has resulted in the lowest refugee resettlement rates since the passage of the *Refugee Act of 1980*, a fact especially notable following the announcement of a record-low refugee admissions ceiling of 15,000 for 2021 (Wolgin 2018; Batlova 2021). In 2020, a total of 11,800 refugees were resettled in the United States, representing only 66 per cent of the refugee admission ceiling of 18,000 set by the Trump administration for 2020 (UNHCR n.d.; Batlova 2021). In comparison, Canada, a country whose population is around 11 per cent of the United States’, accepted 320,000 migrants in 2018, the majority of which were economic migrants and their families. About 21.5 per cent of Canada’s total population are migrants with permanent residence—this includes humanitarian migrants or refugees, who comprise nearly 14 per cent of the total immigrant population (OECD 2020a). The Canada Institute at the Wilson Center in Washington, DC illustrates the difference

between the two systems: in 2017, Canada admitted 57 per cent of its legal migrants via economic immigration, while the United States admitted 68 per cent under family reunification (Sanders 2020). It is worth noting that this difference in scale and immigration patterns, in addition to the larger proportion of undocumented immigrants in the United States, portends divergent socio-economic priorities between the two countries' migrant health policies.

Financial, Economic, and Travel Impacts of COVID-19 on Migrant Populations

Migrants form an integral component of global and national economies. For example, migrants make up about 17 per cent of the US workforce and about a quarter of the Canadian workforce (Budiman 2020; OECD 2019). The impacts of COVID-19 on migrant communities illustrate the consequences for human security, but also the vital role these communities play in the post-pandemic global recovery (OECD 2020a; Tastsoglou 2020). According to the OECD, the United States and Canada are among the few countries where foreign-born populations experienced an increase of more than 4 per cent in unemployment rates in comparison to native-born populations following the onset of the pandemic. That these members of the workforce filled “essential worker” roles across sectors during the pandemic should be a reminder to policy-makers that they are essential to the economy and society beyond periods of crisis.

Statistics from the UN Department of Economic and Social Affairs also demonstrate that travel restrictions in response to the pandemic have shrunk global migration figures. In fact, the lifting of travel restrictions has resulted in return migration to countries of origin among tens of millions of migrants with few options in pandemic-stricken host countries (Le Coz and Newland 2021; *UN News* 2021). Addressing the travel-related impacts of COVID-19 will therefore be a key part of any successful global economic recovery. Just as challenging as repatriating, quarantining, and reintegrating migrants to countries of origin in line with the 2018 Global Compact for Safe, Orderly, and Regular Migration will be accounting for and ultimately replacing the economic vacuum caused by migrant labour flight.

The global economic suffering caused by the pandemic is compounded by migrants' relative inability to send critical remittances to family members in their countries of origin. The World Bank found that global remittances to low and middle-income countries (LMIC) will shrink by 14 per cent through 2021, a loss of \$78 billion (World Bank 2020a). This is nearly three times the decrease in remittances witnessed at the nadir of the 2009 global financial crisis (NPR 2021). In 2018, US remittance outflows were at \$68.5 billion, while Canada's outflow was \$6.6 billion (World Bank 2020b). This bears consequences for human security at home and abroad. In addition to migrants who have taken a financial hit and are unable to keep their families afloat, the lack of remittances will deepen cycles of poverty, as access to food, health care, and education in LMIC countries are affected, while maintaining a financial burden on migrants in the United States and Canada.

Public Health Impacts of COVID-19 on Migrant Populations

In the United States alone, there have been over 42 million reported cases of COVID-19 and over 681,000 associated deaths reported as of September 2021 (Johns Hopkins University 2021). Among these are a disproportionate number of ethnic minority groups, including Asians, Hispanics, Blacks, and Native Americans and Alaskan Natives—who have faced an unequal burden in COVID-19 incidence and mortality rates relative to the US population. Notably missing from demographic data breakdowns regarding COVID-19 impacts are data on migrant populations, including refugees, asylum-seekers, and undocumented migrants living in the United States (OECD 2020b). This is the case even though approximately 46 per cent of the Hispanic community are considered foreign-born migrants (OECD 2020b). This is also despite the fact that migrants to the United States comprise a significant portion of the essential workforce and have therefore been at greater risk of exposure to COVID-19 as well as pandemic-related job losses and slower rates in job recovery (Chishti and Bolter 2020). According to the OECD, migrants in the United States make up 30 per cent of workers in the security and cleaning sectors, 24 per cent in the hospitality sector, 17 per cent in the health sector, and 15 per cent in retail trade (2020b).

TABLE 14.2: Cases of and deaths from COVID-19 in the United States and Canada (as of 23 September 2021)

	United States	Canada
Cases	42,552,758	1,598,109
Deaths	681,253	27,596

Source: Johns Hopkins University 2021

The impact of COVID-19 on refugee and migrant populations in Canada is also not represented holistically through data at the federal level. Trends reported by provinces, such as Ontario and Quebec, have revealed greater risks of COVID-19 in neighborhoods with higher numbers of refugee and migrant populations (Guttman et al. 2020). The City of Toronto identified higher rates of COVID-19 cases among socio-economically disadvantaged households, as well as among individuals who identified as members of racial or ethnic minorities (Guttman et al. 2020).

Migrant populations in Canada also make up a significant proportion of the essential workforce, including 31 per cent of workers in the hospitality sector, 30 per cent in security and cleaning services, 28 per cent in retail trade, and 27 per cent in the health sector (OECD 2020b). As unemployment rates have climbed in both the United States and Canada following the onset of the pandemic, the OECD notes that the lack of retention schemes (which are available in Europe) have led to potentially higher rates of unemployment among migrants in both countries.

This has both short- and long-term implications for the labour market integration of migrant populations in both countries. Immigrants tend to work in the service sectors that have been most heavily impacted by the pandemic, resulting in significant risks of migrants losing access to their livelihoods as well as increased risk for exploitation or potential deportation. These trends will also reinforce disparities and disadvantages faced by these populations.

TABLE 14.3: Breakdown of migrants employed per service sector

	United States (%)	Canada (%)
Hospitality	24	31
Health	17	27
Retail	15	28
Security and cleaning services	30	30

Source: OECD 2020b

COVID-19 Data Disparities and Inequities: Implications for At-Risk Communities in the United States and Canada

In both Canada and the United States, health-care disparities have shed light on pre-existing health inequities for minority communities, particularly among migrants and refugees. These disparities have been made worse by the multiplicative impacts of the pandemic on the livelihoods and futures of these populations. Among these are socio-economic disparities, including higher rates of poverty and poor housing conditions among immigrant populations (OECD 2020b). In Canada, for example, more than half of all domestic service workers are migrants. Access to culturally and linguistically sensitive health-care services are another hurdle facing migrant communities; refugees in Canada are reported to experience challenges in accessing interpreters or securing eligibility for health insurance (Clarke et al. 2020). Researchers in Canada have highlighted the fact that, despite access to universal health care, migrant populations have historically experienced significant challenges when it comes to actually accessing that health care. This led to a call to address the structural racism and discrimination that underlie the Canadian health system and “reinforce inequities faced by racialized communities” as a key part of the COVID-19 response (Tuyisenge and Goldenberg 2021). In the United States, health-care access is complicated by eligibility criteria based on immigration status, which is particularly challenging for those who rely on

employer-provided insurance coverage and are at risk of unemployment (Capps and Gelatt 2020).

As Hacker and Hathaway (2020) note, the costly nature of the US health-care system is a national security threat in its own right, due to the effect on human security across communities—and especially minority communities—and due to high health-care expenditures coming at the expense of other items in the national budget critical to national security. The employment-based nature of US health care—that is, the lack of a universal health-care system—has meant that historically and statistically, underprivileged communities have had less coverage and have therefore lacked access to preventative health care. Structurally, the legacies of discriminatory housing, labour, and education policies have disproportionately affected minority communities. The lack of health-care coverage among such communities was made even more dire as more of the US workforce lost their jobs during the pandemic.

As the COVID-19 pandemic was spreading in North America, so too was the realization that particular communities were being disproportionately impacted by the disease. Traditionally, policy-makers were able to rely on federal data to capture trends regarding at-risk communities to inform smart decision-making and strategic resource allocation, especially during a crisis. However, the unavailability of ethnic and racial demographic breakdowns of COVID-19 incidence and mortality data has been a pervasive issue throughout the pandemic. These data disparities have had dangerous consequences for policy-making during and in anticipation of national security crises. In fact, policy-makers have noted that, had they had earlier access to data on COVID-19 disparities, many deaths could have been prevented (Keating, Ariana, and Florit 2020).

In the United States, this is best demonstrated by data reported to and by the US Centers for Disease Control and Prevention (CDC) regarding demographic trends of COVID-19 cases and deaths (CDC 2021). As of September 2021, age and sex breakdowns are made available for between 98 and 99 per cent of COVID-19 cases and deaths reported to the CDC by various states. In stark contrast, race and ethnicity data, which are sorted into five ethnic and racial group categories—not including migrants—is only available for 52 per cent of cases and 74 per cent of deaths (see tables 14.1 and 14.2). Disparities in racial and ethnic data are largely attributable

to shortcomings in data collection at the state level when it comes to identifying the racial and ethnic background of individuals at risk for COVID-19.

Data reported by the CDC continues to demonstrate that those most at risk for COVID-19 are white and/or Caucasian populations. However, as more attention was being paid to the disproportionate impact of COVID-19 on minority groups, the CDC was forced to reconcile with these data gaps. On 4 June 2020, during a committee hearing before the House of Representatives, CDC director Robert Redfield acknowledged that data disparities were “an inadequacy in our response” and promised to work toward improving socio-demographic data. On 1 August 2020, the reporting of race and ethnicity data for each COVID-19 test became a requirement across all states (Goldstein 2020). As of September 2021, 51 out of 56 states and US territories report on race and ethnicity data—almost double the number of states that were reporting ahead of the CDC mandate (COVID Tracking Project 2021). While the CDC acknowledges the increased risk of COVID-19 among refugee, immigrant, and migrant populations, there is no indication of what proportion of these populations are represented in the racial and ethnic surveillance data (HHS 2020; CDC 2020).

Most importantly, what are the implications of these data disparities? The lack of quality data with which to quantify the risks for vulnerable populations, which include migrants and refugees, provided policy-makers little direction as to how to manage already limited resources, including testing, access to health care, and regulations regarding social distancing. Another implication was that the data failed to identify underlying disparities leading to a disproportionate impact, including access to health care, the density of households, rates of unemployment and types of employment among communities of colour, as well as pervasive discrimination within the US health system, including access to insurance for most immigrant and refugee populations. It also failed to capture the nuances of potential barriers to COVID-19 care, including mistrust and fear, limited access to up-to-date and quality information, potential for vaccine hesitancy, and the lack of access to culturally and linguistically sensitive health care. More recently, the consequences of early disparities in data collection have had a significant impact on vaccine rollout. For

example, federal- and state-level data as of September 2021 has already demonstrated that Black and Hispanic populations have received smaller shares of vaccines in comparison to the proportion of COVID-19 cases and deaths identified in these groups; however data reveals that shares of vaccination are increasing with time (Ndugga et al. 2021).

These disparate impacts on racial and ethnic minorities in the United States led to increased pressure on local officials to understand similar disparities within the Canadian population. However, federal agencies, such as Statistics Canada, did not track impacts on particular racial and ethnic (“racialized”) or socio-economic groups early on in the pandemic (McKenzie 2020). This drew criticism from researchers who claimed that Canada failed to provide an equitable response to racialized groups throughout the pandemic, including by identifying risk factors that may have exacerbated COVID-19 rates in these populations (McKenzie 2020). Moreover, Canadian officials, including from the Public Health Agency of Canada, identified research gaps when it came to COVID-19 impacts on ethnic minorities in Canada relative to their US and UK counterparts (Public Health Agency of Canada 2020a, 2020b). As such, researchers opted to combine publicly available COVID-19 trends with census data to identify key geographic areas that were particularly vulnerable to the pandemic. One such study, conducted by Choi et al. (2020), studied the social determinants of COVID-19 in what the authors refer to as a “data vacuum” and the potential increased risk among marginalized communities. This analysis discovered that Black communities in Canada have been disproportionately impacted by COVID-19, and it provided explanations for why places like Montreal, with large numbers of Black migrants, have emerged as epicentres of COVID-19 (Choi et al. 2020). It also revealed that immigrant communities in Canada, of whom 90 per cent settle in cities with high population densities, are also particularly vulnerable to COVID-19.

These statistics led to a national reckoning across Canada, relating not only to COVID-19 disparities, but also the underlying inequities within the health system more broadly. In October 2020, for example, the Chief Public Health Officer of Canada acknowledged that COVID-19 has had an unequal impact on particular communities and proposed a health equity framework that explicitly mentions the importance of increasing Canada’s

capacity to conduct and publish rigorous data and research on this topic (Public Health Agency of Canada 2020c). Also embedded in the framework was a broader call to reduce stigma and discrimination against minority populations and to adopt an awareness-shifting approach in order to change underlying values and attitudes regarding health inequities.

National and Bilateral Security Implications

Despite systemic differences in US and Canadian migration and health-care policy, the deep bilateral relationship—which is receiving critical attention with the new working relationship between the Biden administration and Trudeau government, each of which view global health and migration and refugee policy through a similar lens—is an opportunity for coordination on issues of shared public health, economic, and social concern. This has already been observed: the February 2021 Roadmap for a Renewed US-Canada Partnership provided a joint framework for bilateral coordination on the COVID-19 response and called for addressing global migration and systemic racism in the post-pandemic economic recovery (White House 2021). Partnerships between the US Department of Health and Human Services, and particularly the National Institutes of Health, with Health Canada and the Public Health Agency of Canada on funding research and resource gaps on health disparities is an achievable lift for what has been identified as a shared challenge.

The Biden administration’s National Security Adviser, Jake Sullivan, outlined a US national security and foreign policy “for the middle class,” and the Biden administration has sought to put racial equity at the centre of its economic and COVID-19 policies. In theory, this would include a focus on human security and racial equity for the American middle class, of which the migrant community is a central pillar. US-Canada trade, which was valued at \$718.4 billion in 2019, will naturally be affected by supply and demand in both countries (USTR n.d.). The health of the North American economy, integral to global economic recovery in the post-pandemic period, is affected by the human security of migrant consumers, workers, and taxpayers. The economic impact of the pandemic affects the foreign policy priorities of both the United States and Canada, and particularly foreign aid and development assistance. It also impacts resource

allocation and strategic planning, as well as the domestic political bandwidth available to leaders in Washington and Ottawa for important, but not urgent, matters of national security and foreign policy. Additionally, the Biden and Trudeau governments, along with the relevant legislative, oversight, and regulatory bodies in each country, should stand poised to make human security a pillar of the implementation of the USMCA/CUSMA (US-Mexico-Canada Agreement, the revised North American Free Trade Agreement), which went into effect during the pandemic on 1 July 2020, particularly in managing drug pricing and in ensuring labour and environmental protections—facets of the trade framework that disproportionately affect communities of colour.

The shared challenges and opportunities of enacting public health and economic policies in a federal system provide another opportunity for bilateral coordination among the two neighbours. Moreover, the need for deepened public health and social policy diplomacy between US states and Canadian provinces and territories, as well as municipal governments, is less contingent on political tides in Washington and Ottawa. The Pacific NorthWest Economic Region, an organization of regional US states and Canadian provinces, for instance, directs policy working groups across shared priorities and provides an appropriate regional platform through which to address systemic challenges to public health access and COVID-19 recovery among migrant communities.

Importantly, the COVID-19 pandemic has spurred a conversation about racial disparities and human security. This has provided a larger opening for national security and foreign policy professionals to align their work on public health and domestic policy, and vice versa. This positive breaking of the “wall” between domestic and foreign policy is most pronounced in the personnel decisions of the Biden administration, which, for instance, named Ambassador Susan Rice, most recently the Obama administration’s National Security Adviser, as chair of the Domestic Policy Council. US government leadership stands to benefit from its allies in breaking the policy wall; in Canadian and European contexts, the rotations of ministerial portfolios at the political level are far from novel.

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