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FOCUSING ON ONE CONTEXT OR CORRIDOR OF MIGRATION, CRITICALLY ASSESS THE SECURITY RELATED ISSUES AT STAKE FOR DIFFERENT ACTORS AND HOW THESE DRIVE ACTION AND RESPONSES

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This working paper was written at the end of April 2020, while South Africa was amidst its Level 5 lockdown period. It analyses South Africa's initial migration controls in response to Covid-19, within a context of wider securitisation of migration.

The paper adopts a 'human security' theoretical lens and explores the security issues at stake for different populations involved in migration to SA during the pandemic; the host nation, surrounding regional nations, and migrants. It is argued that Covid-19 creates a unified health security risk that would benefit from an inclusive response, rather than exclusionary migration controls that may actually serve to undermine the security of all.

INTRODUCTION

It has long been argued that the fundamental function of a state is to ensure the security of those within its borders (Hobbes 1651). Immigration controls are increasingly legitimised in the name of maintaining national security, with migrants perceived as threats to the host society (Browning 2017). One such threat is the spread of infectious diseases (Greenaway and Gushulak 2017). The Covid-19 pandemic has introduced a heightened securitisation of migration, plunging the globe into a state of immobility and the perception of migrants as potential agents of virus contamination (Kluge, Jakab, Bartovic, D'Anna, and Severoni 2020). This paper will critically assess the security related issues at stake in relation to immigration into South Africa (SA) from surrounding African countries in the context of Covid-19. The relative scarcity of the exploration of the migration-security nexus in this regional migration hub, coupled with the health security issues presented by the greatest pandemic of this scale in the 21st century, presents an urgent and fruitful research field. This paper will firstly present a literature review of the securitisation of migration in general and in SA, before exploring the conceptual understandings of migration as a health security risk and the critical need for an inclusive focus on human security. It will then assess the security related issues at stake for different populations involved in migration to SA during the pandemic; the host nation, surrounding regional nations, and migrants. It will be argued that Covid-19 creates a unified health security issue that requires an inclusive response, as opposed to South Africa's current nationalistic exclusionary migration controls that may actually undermine the security for all populations.

MIGRATION AS SECURITY RISK

When an issue is securitised it is raised to the realm of threat-defence logic and constructed as a threat to the fundamental human need to stay safe (Wæver 1995). This process typically justifies exceptional counteracting responses, expelling the issue from the sphere of everyday politics and legitimising actions perceived as unacceptable in a low-threat environment (Buzan, Wæver and de Wilde 1997). Research in Europe and North America demonstrates that immigration rhetoric is increasingly securitised, with migrants constructed as threats to the host society (Browning 2017). The perceived security threats range from undermining economic stability, cultural cohesion, state sovereignty and physical safety amid the prospect of terrorism (Adamson 2006; Browning 2017). There is a critical body of literature that argues that national security risks are identified and socially constructed by state actors to legitimise actions that may promote wider state interests and agendas, rather than migrants posing substantive threats (Bigo 2002). These constructed threats justify the intensification of restrictive border practices, emulating a 'logic of exception' that enables violations of international human rights law (Bourbeau 2017, pp. 105; Léonard 2010).

FORTRESS SA

Research into the securitised framing of South-South migration is relatively scarce despite it representing the largest form of global international migration (UN 2013). Yet, there is evidence that these trends are not limited to the Global North. In light of SA's long-standing position as a region migration hub, analysis of government rhetoric since the end of apartheid demonstrates a persistent securitisation of African migrants as the threatening other (MacDonald & Alexander 2000; Hammerstad 2012). One of the few analyses on this topic concluded that SA has seen a discursive shift towards one that 'rejects pan-Africanism, (and) defines foreign Africans as the primary existential

COVID-19 CREATES A UNIFIED HEALTH SECURITY ISSUE THAT REQUIRES A MIGRANT INCLUSIVE RESPONSE NOT NATIONALISTIC EXCLUSIONARY MIGRATION CONTROLS THAT MAY ACTUALLY UNDERMINE THE POPULATION'S SECURITY.



75% OF THE GLOBE'S COUNTRIES

and territories were impacted by the spread of Covid-19. This spread is inextricably linked to human mobility across borders, legitimising the unprecedented closure of borders, travel bans and the cessation of visa applications (Salcedo, Yar and Cherelus 2020)



46,000 GOVERNMENT RESTRICTIONS

to human mobility worldwide (IOM 2020).



NEARLY 5000 CONFIRMED CASES

at the end of April (WHO 2020b): SA has the highest Covid-19 prevalence in sub-Saharan Africa.

Surrounding countries in the Southern African Development Community (SADC) region that have significantly lower COVID-19 prevalence (WHO 2020b).

SA's border closures may actually increase mass movement - to return home before closures.



23,000 MOZAMBIKAN MINeworkERS

estimated to have rushed to the main border port across a few days (All Africa 2020), and queues of up to 13,000 at one Zimbabwean crossing (Nyati 2020). The large gatherings may have increased virus transmission and put the region at greater risk.



R37-MILLION FENCE

across the Zimbabwean border aimed to keep out undocumented or infected (de Lille as cited in Zvomuya 2020)

Fence already destroyed in places (Head 2020)

Increased securitisation leads to greater irregular migration to potential greater health risk

POTENTIAL THREATS TO HUMAN SECURITY

- over-burdened health systems,
- immense loss of life,
- political instability
- prolonged economic recession (Mmotla 2020; Malik 2020; Roux 2020)



THREATS LED TO UNPRECEDENTED MIGRATION CONTROLS

- closing the vast majority of ports of entry
- building a R37-million fence across the Zimbabwean border to "ensure that no undocumented or infected persons cross into the country" (de Lille as cited in Zvomuya 2020)
- refugee offices suspending the granting or renewal of any visa permits for the purpose of limiting public interaction to flatten the curve (Scalabrini 2020).



THESE MIGRATION CONTROLS MAY NEGATIVELY IMPACT THE SECURITY AND INCREASED HEALTH RISK FOR THE SA POPULATION

- intensified border security does not necessarily prevent human mobility, but instead diverts migration towards irregular routes (Anderson 2009; Pickering and Weber 2006; Andersson 2015)
- for example new Zimbabwean fence has already been destroyed in many places (Head 2020).
- increased irregular migration during a pandemic could exasperate exposure risks, reducing the possibility of migrant health screenings or enforced quarantine.
- The infectious disease literature demonstrates immigration health checks as pivotal to pandemic control strategies, particularly during the Ebola outbreak (Greenaway and Gushulak 2017).

threat' (Ilgit and Klot 2014, pp. 149). The heightened perception of African immigrants as security threats, particularly to the safety and job-opportunities of the South African working-class, are reflected in extreme antiforeigner public discourse and action, as well as government policy (Moyo and Nshimbi 2017). The escalation of the securitisation of regional migration is evident from the government's decision to subsume Home Affairs under the newly created National Security Council, as well as official statements that porous borders are South Africa's most significant threat (Duncan 2020). This corroborates policy changes that have made it increasingly difficult for African migrants to be granted asylum or work visas, as well as the curtailment of previously held rights (Moyo and Nshimbi 2017). A Refugee Act amendment in early 2020 enabled the immediate detention and removal of any migrant deemed a national security risk (Nyoka 2020). One legal analyst argued that this measure undermines the enshrined right to a trial, enabling an unprecedented circumvention of the SA constitution (Shivji 2020). This demonstrates SA's increasing use of exceptional suspension of ordinary societal procedures to protect the nation against certain groups of migrants constructed as undesirable and threatening (Moyo and Nshimbi 2017).

MIGRANT AS HEALTH SECURITY RISK

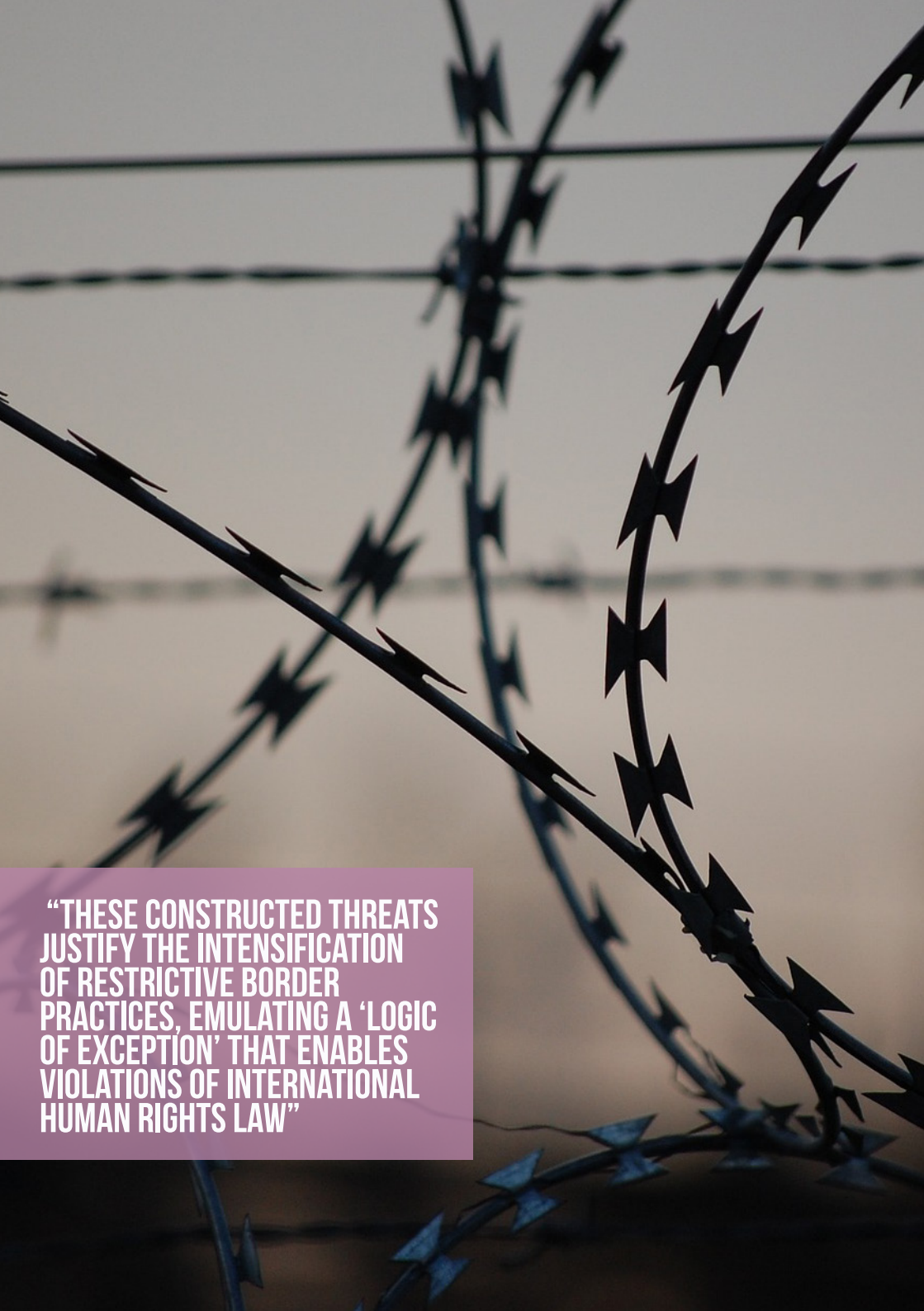
One security risk posed by migration that is more likely to be viewed as a legitimate societal threat, as opposed to a socially constructed one, is the potential transmission of infectious diseases across borders (Greenaway and Gushulak 2017). This association has been in the public consciousness for millennia; the black death of the 1340s is believed to have reached Europe through ships from the Far East and just under $\frac{3}{4}$ of indigenous populations in regions in Central America are estimated to have been killed by small pox introduced by Spanish colonialists (Morens, Folkers, and Fauci 2008). The appreciation of the potential for infectious diseases to drastically undermine national and global security, with devastating impacts on the economy and societal

development, was starkly illuminated by the Spanish influenza of 1918 that killed over 50 million people (Taubenberger and Morens 2006). More recently, HIV, SARS and Ebola outbreaks have demonstrated modern society's heightened vulnerability to emerging pathogens amid increased ease of travel (Semenza et al. 2016). These pandemics have contributed to a collaborative effort to utilise border controls as a health security protection strategy (Greenaway and Gushulak 2017). The high prevalence of SARS-CoV-2, with over 3 million confirmed cases in only a few months, has created a public health security threat unparalleled in the 21st century (WHO 2020a). The spread of Covid-19 to 75% of the globe's countries and territories is inextricably linked to human mobility across borders, legitimising the unprecedented closure of borders, travel bans and the cessation of visa applications (Salcedo, Yar and Cherelus 2020), with 46,000 government restrictions to human mobility worldwide (IOM 2020).

A UNIFIED HUMAN SECURITY ISSUE

Yet, the pandemic literature demonstrates the redundancy of responses that exclusively prioritise citizens and national security. Heymann et al. (2015) argue that health security is a spectrum stretching from the individual to the international, and that amid a pandemic the globe is 'only as safe as our most fragile state' (2015 pp. 1889). Supporting this, Greenaway and Gushulak (2017) demonstrate how shortfalls in the Ebola response shed light on the necessity of an inclusive health security strategy; one that looks beyond nationalised agendas of border practises that have historically screened migrants for infectious diseases from an angle of exclusion. Rather, this outbreak highlighted the need to extend services to marginalised groups that may fall outside nationalistic categories of citizen (IOM 2015), surpassing boundaries of included and excluded.

This inclusive paradigm aligns with the 'human security' theoretical lens used within the migration-security literature (Browning 2017).



**“THESE CONSTRUCTED THREATS
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This model recognises the need to decentralise national security as the object of protection and move towards a more equitable lens where the security of all humans is considered by definition of their humanity (Duffield 2010). Yet, Zapato-Barrero and Gabrielli (2017) note that the term ‘human’ is often used as a catch-all phrase and exploited to prioritise state security agendas. In light of this, the authors promote an ethical policy framework that considers security issues for ‘all individuals involved, independent of their nationality’ (p.133); those residing in the destination and origin state, and migrants themselves. Extrapolating this inclusive human security paradigm seems particularly useful when assessing the security related issues of migration amidst the united public health threat of a pandemic. This paper will now apply this inclusive analysis to assess the human security threats faced by a variety of populations in the context of migration in SA during Covid-19.

SA POPULATION

SA has the highest Covid-19 prevalence in sub-Saharan Africa, with nearly 5000 confirmed cases at the end of April (WHO 2020b). With a large proportion of the population living in high-density shack settlements, coupled with one of the highest global burdens of tuberculosis and HIV (WHO 2018; UN AIDS 2020), the potential devastation of an uncontrolled spread of Covid-19 is extremely concerning. Potential threats to human security have been widely discussed, including over-burdened health systems, immense loss of life, political instability, and prolonged economic recession (Mmotla 2020; Malik 2020; Roux 2020). These threats have led to the SA government issuing unprecedented migration controls, closing the vast majority of ports of entry and building a R37-million fence across the Zimbabwean border to “ensure that no undocumented or infected persons cross into the country” (de Lille as cited in Zvomuya 2020). Restrictions have extended to migrants already within SA, with refugee offices suspending the granting or renewal of any visa permits for the purpose of limiting public interaction to flatten the curve (Scalabrini 2020). However,

these responses may negatively impact the security of the SA population. Firstly, there is evidence that intensified border security does not necessarily prevent human mobility, but instead diverts migration towards irregular routes (Anderson 2009; Pickering and Weber 2006; Andersson 2015). Indeed, the new Zimbabwean fence has already been destroyed in many places (Head 2020). Increased irregular migration during a pandemic could exasperate exposure risks, reducing the possibility of migrant health screenings or enforced quarantine. The infectious disease literature demonstrates immigration health checks as pivotal to pandemic control strategies, particularly during the Ebola outbreak (Greenaway and Gushulak 2017).

A recent Migration Policy Institute editorial argued that restrictive border policies during infectious disease crises rarely succeed in achieving their public health goals, and may instead represent ‘fig leaves for broader aims’ of restricting undesirable regional migration (Banulescu-Bogdan, Benton and Fratzke 2020). In view of SA’s recently heightened anti-migrant policy trajectory, there is a substantial argument for viewing the unprecedentedly restrictive bordering practises during Covid-19 as an exploitation of a health crisis to justify an extension of SA’s pre-corona securitisation agenda. This aligns with Bigo’s (2002) argument that security threats are constructed to justify emergency responses that promote government agenda. Yet, whether or not the policies are opportunistic or genuine reactionary protective measures, they may undermine the overall health security of South Africans.

REGIONAL POPULATIONS

It is critical to assess the human security risks for the populations of the surrounding countries in the Southern African Development Community (SADC) region that have significantly lower COVID-19 prevalence (WHO 2020b). Regional countries have the same vulnerabilities as SA, albeit with significantly weaker health systems (SADC 2020), so must maintain current lower rates. Zimbabwe is confronting a Malaria

outbreak and an already crippled health system as a result of prolonged economic collapse and severe lack of medical supplies (Zvomuya 2020). Furthermore, there is an acute lack of ventilators, personal protective equipment and intensive care units in the region (SADC 2020). The SADC's particular vulnerability has led to a regional response of 'limiting unnecessary and mass movement of passengers across borders' (SADC 2020a). However, SA's border closures may actually increase contexts of mass movement. Many migrant workers unemployed in the recent lock-down have had little choice but to return home before closures, with 23000 Mozambican mineworkers estimated to have rushed to the main border port across a few days (All Africa 2020), and queues of up to 13,000 at one Zimbabwean crossing (Nyati 2020). The large gatherings may have increased virus transmission and put the region at greater risk. Additionally, the drastic border closures, coupled with the significant number of undocumented regional migrants in SA due to the difficulty of gaining secure migration status in recent years (Crush and Williams, 2018), will have encouraged returnees to take irregular routes. Irregular journeys without health screenings increase the risk of returnees unknowingly transmitting the virus to their home communities. Finally, these closures may prevent health care workers crossing from SA to surrounding countries to support vulnerable health care systems. Heymann et al. (2015) demonstrate the detrimental impact of travel restrictions from higher income countries to West African states during the Ebola crisis that limited the flow of much-needed medical workers and supplies. The continued flow of crucial resources to surrounding countries, as well as the opening of regular routes for returning migrants will enhance health security for the region's population.

MIGRANT POPULATIONS

The impacts of exceptional border restrictions on migrants must be considered. As noted, securitised borders may diverge migrant journeys towards more dangerous routes (Andersson 2015). The security risks that migrants face in order to cross between Zimbabwe and SA are extremely high, often wading through crocodile infested rivers (Smith 2016). As there are still contexts of conflict, persecution and economic collapse across the SADC and further regions in Africa (Maeresera 2020; Chikanda 2019; Schmidt, Kimathi, and Owiso 2019), it is likely that people will continue to migrate into SA to protect their personal or family security. Yet, the cessation of the renewal or granting of asylum or visa permits may contribute to many migrants losing their legal status, as well as arriving migrants being forced into a context of illegality (Vearey and Gandar 2020). The repercussions for illegal status during or after the Covid-19 crisis may result in substantial undermining of security for migrants. Migrants may be deported back to extremely high-risk situations, or detained across South African facilities, many of which are known for their inhumane conditions and treatment of migrants (Sutto and Vigneswaran 2011). Fear of such repercussions, as well as experiences of discrimination, contribute to a context where undocumented migrants have cited avoiding seeking medical care (Human Rights Watch 2009). During COVID-19, this fear will reduce the likelihood of migrants accessing health services if they were to acquire symptoms, which undermines the overall health security of migrant populations. This is particularly concerning as expired or non-existent documentation is likely to facilitate a context of economic marginalisation for migrants, whom have been shown to be particularly vulnerable to exposure and spread of infectious diseases (Toole & Waldman 1997). In SA, bank accounts are frozen the day a visa runs out (Bornman 2020), leaving migrants with no access to funds during an already precarious context of mass unemployment. This may perpetuate high-density living situations with limited access to clean water or hygiene provisions. Although, there has been some respite for certain migrant populations. For example, the Department of Small Business Develop-

ment confirmed that all Spaza shops operated by migrants, regardless of the owner's nationality, should remain open during lock-down, subject to certain requirements issuing directions accordingly (Scalabrini 2020; Government Gazette 2020). However, overall, the current securitisation of migration presents significant security threats for migrants by increasing the context of irregular journeys and status.

CONCLUSION

In view of the current analysis, it is clear that the heightened securitisation of migration in SA during the Covid-19 crisis that has legitimised unprecedented restrictive bordering processes, may undermine the human security for all three populations discussed: host state populations, surrounding region populations and for migrants entering, leaving, or remaining in SA (Vearey and Gandar 2020; Banulescu-Bogdan, Benton and Fratzke 2020). Covid-19 presents a unified health security interest of controlling the transmission of the virus that intersects the individual, national, international, and global (Mbiyozo 2020). The unified human security agenda makes SA's exclusionary border security enhancements, which increasingly push migrants into a context of irregularity and invisibility and essentially further away from public health interventions, counterintuitive to the collective fight against Covid-19 within and beyond national borders (Kluge et al. 2020). SA should assimilate evidence from around the world of the detriment of excluding migrants in Covid-19 responses; from mid-April, Singapore has seen significant upsurges in confirmed cases in migrant worker dormitories after being celebrated for their successful early virus containment (Ratcliffe 2020). Vice president of rights organisation Transient Workers Count Too argues that this phenomenon 'reflects the deliberate invisibilization of the foreign worker' (Au as cited in Mahtani 2020). Hence, this paper echoes demands of NGOs that push for a blanket amnesty for migrants in SA, with an assurance of no detrimental consequences for visa expiration and non-documentation, particularly when engaging with health authorities (Vearey and Gan-

dar 2020). This corroborates advice from WHO executive director that ‘we cannot forget migrants...The only way to beat [coronavirus] is to leave no one behind’ (Ryan as cited in WHO 2020c). Business as usual in SA’s hostile treatment of migrants constructed as threats to national security, may undermine the human security of national, regional and global populations. As SARS-CoV-2 does not discriminate according to migration status, neither should an effective response.



**“SOUTH AFRICA SHOULD ASSIMILATE
EVIDENCE FROM AROUND THE WORLD
OF THE DETRIMENT OF EXCLUDING
MIGRANTS IN COVID-19 RESPONSES”**

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SIHMA

The Scalabrini Institute for Human Mobility in Africa (SIHMA) was established in Cape Town, South Africa, in 2014.

Our Vision is an Africa where the human rights of people on the move are ensured and their dignity is promoted.

Our Mission is to conduct and disseminate research that contributes to the understanding of human mobility and informs policies that ensure the rights and dignity of migrants, asylum seekers and refugees in Africa.

We disseminate the findings of our research through our Journal AHMR (African Human Mobility Review), social media and our website www.sihma.org.za.

SCALABRINI NETWORK



SIHMA is part of the **Scalabrini International Migration Network (SIMN)**, and joins an existing **Network of Scalabrini Study Centres** around the globe:

CSER (Centro Studi Emigrazione Roma), established in 1964 in Rome (Italy)

Journal: Studi Emigrazione

www.cser.it

CIEMI (Centre d'Information et Études sur les Migrations Internationales), established in 1971 in Paris (France)

Journal: Migrations Société

www.ciemi.org

CMS (Center for Migration Studies of New York,) established in 1969 in New York (USA)

Journal: International Migration Review (IMR)

and Journal on Migration and Human Security (JMHS)

www.cmsny.org

SMC (Scalabrini Migration Center,) established in 1987 in Manila (Philippines)

Journal: Asian and Pacific Migration Journal (APMJ)

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