

Solidarity in times of social distancing: migrants, mutual aid, and COVID-19

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Stories on communing prompted us to write this manuscript. As we ventured into emerging reports, articles, and other readings about organizations and grassroots community groups on the forefront of the ‘fight’¹ against the pandemic, bringing support to people in need, we felt provoked to explore the strategies and networks that are working with, for, and amongst migrants.

The necessity of solidarity in addressing the COVID-19 crisis:

“Mutual aid” has become a mantra across the globe. Despite pressures to adopt a neoliberal, individualistic and protectionist worldview, with the rapid spread of the virus, ordinary people all over the world have begun to recognise the practical necessity of mutual assistance and cooperation. Government and industry pressure to re-establish the flow and exchange of goods and capital has reified the figure of the autonomous ‘worker’ as fundamental to the global recovery project—one oriented principally toward the health of the ‘economy’ Particularly for those at the bottom of the socio-economic scale, the irony here is profound: as we are writing this today, the novel-Coronavirus has affected 4.66 million people, with hundreds of millions of job losses and layoffs in formal sectors, as well as devastating impacts on the informal economy. COVID-19 has produced the rapid aggravation of inequities, trapping untold millions in many layers of marginalization and exploitation². These desperate circumstances have not gone without a progressive response. Around the world, activists and grassroots community members are demonstrating that COVID-19 has not prevented them from forming alliances and reaching out to those in need, crossing the boundaries of quarantine, lockdown, administrative bottlenecks, and, in some cases, rigid exceptionalism (see pp.2).

Informal, local, community initiatives and alliances often emerge at times of crisis, emergency and natural calamity. As we have seen both historically and in the present moment, ordinary people—those without activist or clearly articulated cooperative political backgrounds and experiences—have shown an empathic response to the suffering of others during the crisis. In such cases, people are motivated to act without having connection to a formal institutional or organisational body. In many cases, involvement begins as simply responding

¹⁴ The discursive frame through which ‘war’ is invoked as the dominant orientation to COVID, simultaneously reinforces patriarchy and the power of the state. As we shall discuss, radical and feminist alternatives are available through a language of mutuality and cooperation.

²⁵ https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743036/lang-en/index.htm Last Accessed May 17, 2020

to expressions of need by running errands, empathic listening over the phone or via online connections, or helping to shovel a driveway³. In the case of migrants, the homeless, those struggling with mental illness, disability and/or domestic violence, the range and extent of daily needs is compounded by their relative dispossession before the virus emerged. For these populations, needs can include having access to appliances, clothing, or critical infrastructure including a reliable internet connection, making connections with supportive people who can offer words of care and encouragement from a distance, or help organising resources such as transportation or access to medical help when pre-existing challenges become acutely magnified. Where clinically trained NGOs, such as *Médecins Sans Frontières (MSF)* have obeyed border restrictions implemented during COVID-19, there has been a withdrawal of the organizational support systems that were in place before the arrival of the virus. For migrants, this has proved disastrous in terms of cutting off critical medical care to those crossing borders by land and sea. Instead, mutual aid support for migrants has been provided to those managing such things as chronic heart or pulmonary disease, cancer, heart disease, diabetes or immune disorders, through social media, phones, and other online supports.

The tragedy of Flint Michigan and Hurricane Katrina are readily pointed to as evidence of the ways that disaster capitalism seeks opportunity in catastrophe, both in terms of profiteering and fortifying the mechanisms of state repression and capitalist exploitation. But, at the same time, the resistance notable across time and space to such aggravations of structural violence, oppression, economic exploitation and bureaucratic disciplining, testifies to the strength of ordinary people, to engage deeply and collectively in moments of deep crisis. Especially for these reasons, both MSF and *SOS Méditerranée* have partnered in the past, to address the vital needs of migrants crossing the dangerous Mediterranean Sea. In the face of COVID-19, these groups are no longer in cooperation as they have taken on different approaches to the crisis. Where SOS Méditerranée has lobbied for more solidified legal and political assurances by receiving countries that they would, for instance, commit to having fully-equipped search and rescue ships in ports to assist - these efforts have been slow-moving in a context where the political apparatus for making such decisions is presently difficult to access. Contrarily for MSF, the humanitarian imperative to act was immediate. MSF has taken the position that its work is vital as people continue to flee severe dangers in countries such as Libya and face the risk of drowning. Since European states have placed extreme restrictions on NGOs doing work with migrant populations, the search and rescue operations have been severely hampered. Accordingly, these organizations are demanding that individual governments take full responsibility for the humanitarian catastrophe at sea that they are enabling through their closed border policies. Specifically, pro-migrant organizations are

³ As we write from Nova Scotia, Canada, the issue of accessibility in the snow which continued well into the month of May, was of a challenge to accessibility for persons with disabilities and older people.

insisting that the EU take immediate measures to stop the further loss of life and suffering of so many by reinstating search and rescue capacities, and by ending the flow of state-sanctioned resources to the Libyan coastguard which actively terrorizes border-crossers through forcible interdiction and return of refugees.

Times of prolonged and profound crisis, like the current pandemic, engender the discovery of a variety of alternative arrangements of protest, mutual aid, solidarity, self-management, self-mobilization and self-organization. The pandemic has introduced a plethora of new technologies for online mobilizations by ordinary people, workers, unions, alliances, and NGOs. Strategies have included but are not limited to e-petitions and other forms of mass-appeals that have forced governments and institutions to, for instance, suspend rents for students and low-income wage-earners, as well as to push for emergency student benefits and grants. To highlight a specific example, in mid-April the Malawi high court backed a petition by the Malawi Human Rights Defenders Coalition (HRDC) seeking to block a 21-day lockdown by the government. With no clear protocols or clarity on how the social and economic impacts would be mitigated for the most vulnerable, the HRDC were successful in convincing Justice Kenyatta Nyirenda that more consultation was needed to prevent disproportionate harm to the poor. Strikingly, the success of the HRDC was followed by satellite protests in other cities, led largely by small-scale traders and young people concerned about access to employment and relatedly, food resources should a lockdown be implemented⁴.

While the Kenyan government adopted draconian measures to enforce the quarantine measures of coronavirus patients⁵, in Nigeria, patients suffering from the virus forced their way out of isolation to object improper care and their worsening health conditions⁶. In Rwanda, relocated refugees from Libya living in overcrowded camps also rose in dissent,⁷ while in Israel, hundreds of cars raising black flags headed to Jerusalem in opposition of the government's restrictions on movement and its authorization of the cyber-tracking of civilians. Such protests are not the expression of entitlement but rather expose the possibilities⁸ in terms of collective interference in state-sanctioned, anti-democratic measures and the authoritarian suppression of resistance. Around one hundred parents disputed in Karachi, Pakistan demanding that the government assist in the return of their children who had been studying in the

⁴ [Malawi high court blocks coronavirus lockdown](#) Last Accessed May 15, 2020

⁵ [Kenyans held for weeks in quarantine were then told to pay to get out](#) Last Accessed May 15, 2020.

⁶ [Nigeria: COVID-19 patients protest over 'ill treatment](#) Last Accessed May 15, 2020.

⁷ <https://www.voanews.com/covid-19-pandemic/refugees-protest-under-coronavirus-lockdown-rwanda> Last Accessed May 15, 2020.

⁸ Bauder, Harald. 2016. *Migration Borders Freedom*. London: Routledge.

Chinese province of Hubei, and due to the lockdown, were now stranded there⁹ Grassroots feminist organizers have set up support funds for sex worker and survivors of the sex trade in Hawaii¹⁰. In countries like Finland, public transportation drivers declined to monitor tickets. And right across Europe and Asia, collective messages of contestation and solidarity have been swapped from balconies, windows, and rooftops. In Iraq, activists voiced their resistance to gender relations of power in terms of state led violence towards women¹¹. Here in Canada, at the Saskatchewan Penitentiary resistance has emerged around newly implemented practices in which inmates have been placed in cells for more than 20 hours a day. In India, protests were provoked by Prime Minister Modi when he officially extended the lockdown in a live television address, this extension was understood by many to be a threat to the lives of temporary, migrant, gig workers¹² and small and local entrepreneurs. These examples offer just a small window into the various issues, strategies and techniques through which collective action has brought pressure to bear on governments around the world.

All of this said, in the face of the glaring necessity for radical and complex social transformation, movements often include protests without being limited by them. First, social movements create and reinforce alliances, while building upon existing social and community networks. But also, in practice, movements are about making connections, reinforcing pre-existing associations and solidarities, and reproducing what has already been established as a community's strength in the face of adversity/ies. Confronted and challenged by the manufactured inequalities of nationalized state systems and, even more, the capitalist market, social movements often find their legitimacy in justice-based values that flourish and multiply in contexts that support political innovation and creativity. We can see how this is so in terms of contemporary mutual-aid responses to the pandemic where the organic emergence of devoted support groups have begun to promote direct social action to assist those left behind by government. Moreover, movements produce resilience by resisting in imaginative and inspired ways that flow from the 'bottom-up', rather than the typical imposition of 'top-down' policies familiar to state and business organizational settings. This 'movement' from the bottom is in fact a metaphor

⁹ <https://www.reuters.com/article/us-china-health-pakistan-idUSKBN20A0J9> Last Accessed May 15, 2020.

¹⁰ <https://ca.gofundme.com/f/supportsurvival> Last Accessed May 15, 2020.

¹¹ [The Iraq Report: Protest movement revives as coronavirus lockdown eased](#) Last Accessed May 15, 2020.

¹² [India's migrant workers protest against lockdown extension | India News](#) Last Accessed May 15, 2020.

for the structural prerequisite for the emergence of broad coalitions of collective solidarity (Della Porta 2020)¹³.

Crisis also opens windows of opportunity for social change by intensifying the critical need for a truly public responsibility and civic sense, and for clear opportunities for broad civic engagement and acts of solidarity. If crises have an immediate effect on concentrations of power, up to and including militarization, they also validate the ineffectiveness of sovereign states acting merely through force (Della Porta 2020). As argued by Wendy Brown in her recent book, *Walled States, Waning Sovereignty*¹⁴, the building of walls at the perimeter of nationalized territories is indicative of the decline of a state's sovereignty rather than its aggrandizement under conditions of globalization. And so here we can recognise the various failures of state-sanctioned power to halt the movement of people through establishing circuits of curtailment including, orchestrated administrative dead-ends, border walls, surveillance systems and other means by which the desperate and the poor become entangled. So, while walls have been the focus of most resistance, we may also recognise that symbolically, they stand as a crude depiction of psycho-political ambiguity and a defensive acknowledgement by the state itself to its own profound vulnerability. Fortifications emerge only when sovereignty dissipates; even walled states cannot completely interdict those who are determined enough or desperate enough to cross (consider Calais in Northern France, the Mexican and United States Border zone, the Mediterranean, the Schengen territory, and the list continues).

Here, the need for the redistribution of resources and widespread support in order to address the pandemic might bring forth an acknowledgement of the productivity of mobilizations from within civil society. Such collective solidarity movements might thus provide a necessary contrast to the measures taken by authoritarian states in their repressive response to the crisis of the pandemic. What is more significant is that the COVID crisis has shown the value of a fundamental public goodness of citizens to mobilise not only on behalf of their own, but in the interests of non-citizens as well. The crisis has illuminated how solidary work requires creativity, cooperative input on aims and goals and participatory action, from-below. In any of the mobilizations that have occurred during the pandemic, the value of a universally accessible system of public health has been made readily apparent as a matter of justice. We know that trade unions have traditionally argued for health care for workers, and those on the political Left have long fought for even broader universal health protections as a public good. The COVID-19 pandemic has undoubtedly demonstrated the need to reaffirm these demands and to expand them to include protections for the most vulnerable including migrants. Indeed, this is not simply a state-based issue as the pandemic triggers reflection on the need for a globally-established

¹³ Della Porta, Donatella. 2020. Social Movements in times of Pandemic: Another world is needed. <https://www.opendemocracy.net/en/can-europe-make-it/social-movements-times-pandemic-another-world-needed/> Last Accessed May 10, 2020.

¹⁴ Brown, Wendy, 2010. *Walled States and Waning Sovereignty*, NY: Zone Books.

set of health protections—a view espoused by civil society organizations such as *Médecins Sans Frontières* (Global), Food Not Bombs (North America), No One is Illegal (Canada), Black Lives Matter (North America), Emergency (Global), South Sudanese United Refugees Association (Africa), *Médicos Unidos* (Venezuela), Seva (India), to list a few.

The specific struggles of migrants and organizations from below

With this snapshot of the intersection between the COVID-19 crisis and solidarity initiatives around the world, we have thus far, offered a brief exploration of both the challenges and innovative initiatives that have sought to respond to the needs of the most vulnerable during this crisis. Although in a limited fashion, we have tried to hone in on some of the creative and spirited ways in which mutual aid, and other forms of popular resistance have formed a counter-hegemonic orientation to the COVID-19 crisis. We have touched upon various expressions of autonomy and the agency of ordinary people engaged in mutual aid, as well as migrant justice organizations and NGOs—each in their own way advocating for human rights during a time in which such rights are being placed at increasing risk, particularly for those at the bottom of the hierarchy.

Hannah Arendt's (1976)¹⁵ most quoted phrase, often interpreted as the “right to have rights”, sums up her skepticism towards the concept of human rights where in theory, those rights are afforded every person by virtue of being human, while in practice are denied to those who do not have citizenship or legal status to stay. The migrants, we have talked about in this manuscript are but a handful of the 65.6 million people forcibly displaced by war, conflict, and political persecution. They join the ranks of 22.5 million refugees and ten million stateless people currently denied basic human rights to shelter, benefits, education, and freedom of movement.¹⁶ From Western Europe to Australia, the United States to East Asia, undocumented migrants, refugees, and asylum seekers spend their days simply existing, waiting to be granted the legal acknowledgement that they are human.

The blatant hardening of borders through regulatory measures designed specifically to keep migratory labor cheap, disposable, and controllable, is not new or particular to COVID-19. It has long served the interests of the ruling class both in the feudal period and became aggravated with the advent of capitalism. In recent decades, the exploitation of global migrant populations has been fortified with increasing technological sophistication, the spread of globalization, and the hegemony of neoliberalism. Borders establish the political boundaries of various exclusionary state policies that internally, legitimize both

¹⁵ Arendt, Hannah. 1976. *Origins of Totalitarianism*, Orlando: A Harvest Book.

¹⁶ United Nations. 'Refugees'. <https://www.un.org/en/sections/issues-depth/refugees/> Accessed May 21, 2019.

domestic police repression of vulnerable populations and the super-exploitation of migrant labour, while externally, surveil and criminalize refugees seeking to escape poverty, hunger, and violence. Such practices are not unique to the circumstances presented by COVID-19 but are rather exacerbated by the current crisis. Viewed in this way, we can see that calls for compassion by state-bodies or multi-national corporations for migrants at this time—to enable access to food, sanitary accommodations, safe housing, health-care facilities, and information—is highly unlikely.

That Black American communities have disproportionately contracted and died of the novel-coronavirus, or that around the globe, indigenous communities have contracted the virus, or that migrants, refugees and other marginalized folk are being stigmatized and unjustly discriminated against for supposedly spreading the virus, that these populations are also, disproportionately underserved or outright neglected by medical services—all is related to the systemic oppression, racism and colonial biopolitical practices that pre-figured the arrival of COVID-19. Moreover, increasing neoliberal cuts to healthcare systems as well as the constant drive towards privatization have meant that even basic healthcare is increasingly out of reach for the poor. Xenophobic responses to COVID-19 from both governments and the public rings familiar: consider the response to other health crises like SARS, swine flu, Ebola. What is not well known is that such responses—those that underpin racist, classist, and sexist orientations—are not uni-directional. They also convey negative health outcomes to the wider public¹⁷. Moreover, these claims are not only based in hate, they are also divorced from facts: estimates show that transmission of the disease from refugee and migrant populations is low. Considering these data, we fail to see how increased border closures, including to asylum seekers here in Canada, as well as forced returns and refoulement of migrants globally are justifiable. In what follows, we briefly expand on the relevant work of some pro-migrant organizations.

On one side of the Atlantic Ocean is Florida and on the other is the inhospitable Hamada region of the vast Sahara Desert where lies the former Spanish colony of the Sahrawi country, now annexed by Morocco after Spain. The Sahrawi refugee camp is only a few kilometers from Tindouf in Algeria, between the Mediterranean Sea and Sub Saharan Africa. The lives of colonized Sahrawians who were already isolated by the so called “Wall of Shame”¹⁸ are now lives of hyper-isolation with reduced access to humanitarian aid, sanitary supplies, health care, and food. Worse still, those confined in the overcrowded and squalid conditions, sleeping in tents, have no options for “social distancing” aside from full isolation making detainees particularly vulnerable to the spread of the disease. Since March 19, the Algerian government has suspended the

¹⁷ <https://www.utoronto.ca/news/coronavirus-not-great-equalizer-race-matters-u-t-expert> Last Accessed May 10, 2020.

¹⁸ An approximately 2,700 km long structure running through Western Sahara separating Moroccan-occupied areas (the Southern Provinces) on the west from the Polisario-controlled areas (Free Zone, nominally Sahrawi Arab Democratic Republic) on the east.

collective expulsion of irregular migrants¹⁹ yet continues to remove migrants from Africa, while reducing the possibility of refugees crossing the border. No new asylum policies or practices have been adopted in response to the virus. On April 2020, 5,037 prisoners were released by the Algerian president. Migrant detainees are now being confined in facilities with inadequate sanitary provisions and limited health care and are being forced to share rooms with countless others. As in many refugee camps around the world, restrictions around COVID-19 have meant that these liminal spaces have become places of long-term settlement with complex economic systems and alliances. In Saharawi, capital inflows have been produced by remittances and informal economic activities. The Sahrawians in exile and in refugee camps have converted parts of the bleak desert into planned vegetable gardens through initiatives of young Sahrawi agronomists as well as technicians versed with irrigation. By their own resourcefulness, Sahrawians have also drawn on the generational knowledge of elderly Sahrawis in order to incorporate traditional soil and plant protection techniques. They have established self-supporting health care facilities honing the technical and medical skills of exiled traditional healers, doctors, and nurses. The stories of hope amidst dismay, precarity and extreme vulnerability long-predicate the spread of the virus, but we can recognize how, with the establishment of these practices and skills, resilience continues to manifest even in the bleakest situations. As Eric Werker has noted, the main economic actors in any refugee camps are “the refugees themselves, many of whom possess skills and access to networks and commercial capital acquired either before or during their residence in a camp” challenging the normal description of refugees as “passive, paralyzed victims who are totally dependent on international aid” and refugee camps as “places of stasis, and of refugees as passive, paralyzed”²⁰

Over the past few years, Venezuela remains mired in economic, political, and social turmoil as well as the threat of imperialist intervention, has meant the rapid depopulation of roughly 4.5 million people including much needed medical professionals, by foot into Columbia and Brazil. Hyperinflation and economic sanctions have caused shortages of basic food and medical supplies. According to local Venezuelan NGO *Médicos Unidos*²¹ hospitals are regularly faced with repeated power outages, shortages of staff, gloves, antibiotics, protective gear and other medical supplies or potable water. While the borders remain closed due to the virus, informal crossings continue.

In Uganda, home of 1.4 million refugees, lockdown has been in place since March 30th. Many in the country are faced with challenges posed not only by

¹⁹ Defined generally as a person who, owing to what is considered a breach of a condition of entry or the expiry of their legal basis for entering and residing, has no legal status in a host country.

²⁰ <https://www.ethicsandinternationalaffairs.org/2017/rethinking-concept-durable-solution-sahrawi-refugee-camps/> Last Accessed May 9, 2020.

²¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30718-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30718-2/fulltext) Last Accessed May 9, 2020.

the virus, but by its secondary consequences including a lack of food, medicine, and basic services. Arua, a bustling town located on the West Nile, is now surrounded with refugee camps facing severe shortages of food due to restrictions on mobility. Although bound by policies that prevent them from feeding refugees, a refugee-led organization called *South Sudanese United Refugees Association (SSURA)* has been drawing upon the help of refugee families who pick food on behalf of those stuck in Arua. Another community-based organization known as *Young African Refugees for Integral Development (YARID)* has “distributed baskets of flour, soap, beans, sugar, and cooking oil to vulnerable refugees in Kampala, identifying recipients through community networks and reaching over 200 households”²². Similar organizations are making efforts to dispel the myths of COVID-19 via social media and cellphones. It has been noted that, “The current crisis may lead to lasting models of participatory and inclusive refugee assistance – and in turn more sustainable and localized humanitarian governance.”²³ Similarly, Milan (2020, 2-3)²⁴ writes that in the Balkans which is in a State of Emergency like many other places, contact with or access to refugee centers, camps, squats or housing is restricted except for a few international organizations like the *Red Cross*. Yet informal solidarity groups have sprung up to provide such things as cooked hot meals, online vouchers that migrants can use to buy food locally, first aid support and much-needed information on the virus. One independent organization that is relentlessly working with refugees and illegalized border crossers in the Western Balkans migratory passage is *ŠID – Velika Kladuša or No Name Kitchen (NNK)*. Having established a “solidarity market”, the NGO manages to provide food for approximately 500 people on a weekly basis. This sort of an activity also supports the local economy, which is emulated by other grassroots collectives, such as the Italian Bozen Solidarity. This group uses social networks to provide resources and aid to people on the move along the migratory path.

Another organization like NNK is *Food Not Bombs (FNB)*. This organization works around the clock and 365 days in some cities in the United States. They usually cook and serve weekly public meals and are now cooking and canning food and dropping it off to those in need. As many in the group are in isolation in their homes, they quickly set up a fundraising app to raise money in order that their membership could participate in making masks and bottles of bleach cleaner/disinfectant in their confinement. The bags of food put together for distribution by FNB, contain a mask and a spray bottle of disinfectant. With the help of another organization called *ON A MOVE*, FNB includes a printout of information on the virus in the food bags. FNB also partners with other

²² Why Refugees are an asset in the fight of coronavirus. <https://theconversation.com/why-refugees-are-an-asset-in-the-fight-against-coronavirus-136099> Last Accessed May 10, 2020.

²³ <https://www.thenewhumanitarian.org/opinion/2020/04/29/coronavirus-response-refugee-camps-humanitarian-aid> Last Accessed May 9, 2020.

²⁴ <https://www.interfacejournal.net/wp-content/uploads/2020/05/Chiara-Milan.pdf> Last accessed May 19, 2020

organizations like Philly IWW [Industrial Workers of the World], *Philly Trans March*, *Socialist Rifle Association*, *SHARE Food Program*, *Philly REAL [Racial, Economic and Legal] Justice*, *For the People* and the *Revolutionary Abolitionist Movement*, each of which are pushing for social justice for the marginalized during the pandemic.

In late January 2020, France confirmed a positive case of the COVID-19 respiratory disease. In France, roughly 3000 migrants live in temporary makeshift camps, communal housing, on the street, or in public parks and face poor sanitary conditions and a lack of access to basic medical care. The same people have also been confronting harassment from police, exploitative working conditions, and repeated evictions by the authorities. The northern city of Calais nicknamed “the jungle,” houses more than 10,000 migrants, living in sordid conditions. Véga Levaillant, Communications and Advocacy Officer for the migrant aid organization [Utopia 56](#), has said that migrants in Calais “live in such poor conditions that the virus is not such a fear. Because they are afraid of dying in so many other ways, like lack of food, or lack of water, or just any disease they could have by living in the street. But yes, a lot of them are also very scared.”²⁵ [Care4Calais](#) is one of the only organizations still providing emergency services to migrants and refugees in [Calais](#). Local authorities started to move migrants from makeshift camps to accommodation centers, but the process has been slow, and the centers are already over-crowded. Grassroots aid groups have reported that the camps are faced with limited water and food supplies. Migrants are under strict quarantine, without access to the proper paperwork, and cannot access the supermarkets to buy food for themselves. “Refugees living in northern France already have weakened immunity from chronic stress and the deplorable conditions they are forced to live in,” said Sarah Story, co-founder and director of [Refugee Info Bus](#).

Undocumented workers make up an often invisible part of the Canadian workforce. From construction labourers, to seasonal farm workers, to house cleaners, they are often paid in cash and can face discrimination from employers or other workers over their undocumented status. Even more concerning, thousands of undocumented migrants and asylum seekers have been working on the front lines of the COVID-19 crisis in Quebec’s understaffed long-term care homes²⁶. In southwestern Ontario, approximately 14,000 temporary migrants work in the agricultural sector each season. The towns of Leamington and Kingsville alone see an annual intake of 5,000 to 6,000 workers a year, the vast majority of whom are from Mexico, Jamaica, Indonesia, or the Philippines. The growth in the migrant worker population in this area has been triggered by the rapidly growing \$1-billion greenhouse industry. With 2,000 acres under glass or plastic, this region represents the largest concentration of greenhouses in North America. There have already been problems reported in terms of

²⁵ <https://qz.com/1834508/what-dealing-with-covid-19-is-like-for-homeless-migrants/> Last Accessed May 9, 2020

²⁶ <https://www.theglobeandmail.com/canada/article-asylum-seekers-on-front-line-of-quebecs-covid-19-battle-in-care-homes-2/> Last accessed May 19, 2020

discrimination by employers and locals toward the migrants, yet with COVID-19, there is great concern that these negative attitudes towards migrant workers by the wider community will deepen, particularly for those from Asian countries like Indonesia or the Philippines. For example, one video shared over social media by the activist group Justice4MigrantWorkers²⁷ shows migrant farmworkers at one Ontario farm, housed in a warehouse, sleeping on wooden pallets with cardboard boxes for storage²⁸. Cast as temporary labourers and not citizens, migrant workers already experience mental health struggles that are, according to health care workers, “situational”—that is, produced in the context of their conditions in the Canadian migrant labour force. This is reinforced by a study in British Columbia²⁹ that found feelings of unworthiness, loneliness, and social isolation are common among migrant workers, predisposing them to increased rates of depression and anxiety. Certainly, depression and anxiety are likely to intensify given the restrictions associated with the pandemic.

In all, the situation is both bleak and promising. We cannot ignore the profound hardships and struggles forced upon the most marginal at this time. Yet, innovative and creative responses and resistance to Coronavirus have emerged as effective interventions in critical situations facing the most vulnerable. These grassroots, collectively based efforts have had important impacts, the most apparent being those which have coordinated and distributed critical resources to people most in need. In addition, local mutual aid groups, pop-up food banks, community sourced medical gear, and free online medical-consultation³⁰ clinics have all been used as methods that people developed in the past several months to address what more formal organisations and institutions have been structurally unable, or politically unwilling to do. What is certain is that the actions of social movements and communities around the world have already saved countless lives. Where migrants stand out as a particularly vulnerable group, we note that they are not in any regard, helpless. Broad reaching commitments across all of civil society, including from the migrant community, promises to be a source of resilience and support for us all. It also is the basis for the development of unified resistance to state sanctioned tyranny and dispossession, through which local groups and communities cohere around not just local interests but establish global political demands such as health care and human rights for all.

²⁷ http://www.justicia4migrantworkers.org/?source=post_page----- Last Accessed May 19, 2020

²⁸ <https://twitter.com/martinezdefence/status/1262026764643164160> Last Accessed May 19, 2020

²⁹ http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0188-70172016000100085

Mendliburo, Aaron Diaz and Janet McLaughlin. 2016. “Structural Vulnerability and Health among Seasonal Health Care Workers in Canada”, *Alteridades* 6, (51).

³⁰ <https://www.pna.gov.ph/articles/1099363> Last Accessed May 18, 2020.

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