Open Borders in the Time of COVID-19

Published: April 7, 2020

The mission of Free Migration Project is to advocate for the right of all people to freely migrate. To that end, we advocate for open borders. We hope to clarify what open borders would materially mean in the face of a pandemic like COVID-19. We reject the xenophobic and racist idea that immigrants, especially those entering through the U.S.-Mexico border, are a public health hazard. We believe that this hate-filled rhetoric is not only false but a central part of the ongoing effort to eliminate immigration to the U.S. and other wealthy countries and eviscerate the basic right of all people to migrate and remain.

Why "open borders"?

There are many arguments for open borders, from economic to ethical, from the left and from Libertarians. Free Migration Project advocates for the right of all people to freely migrate for many of these reasons. Open borders would effectively mean the abolition of ICE and with it the practice of migrant detention, halting the discriminatory deportation machine that kills so many people and puts many more at risk.

Why does it matter right now? - Travel bans and restrictions

The current administration, with its insistence on calling the novel coronavirus a "Chinese" virus and its racist rhetoric, would have us believe that in times of a pandemic, closing the borders is a public health priority. But the reality is that as of April 1st, 2020, Mexico confirmed 1,378 positive cases of COVID-19 within its borders, while the U.S. has 213,144 and rising. While some restrictions on travel may be necessary during an epidemic or pandemic, the focus should be on the preservation of life, which border closures and deportations ignore. The United Nations High Commissioner for Refugees said recently in a press release:

> "*While countries are closing their borders and limiting cross-border movements, there are ways to manage border restrictions in a manner which respects international human rights and refugee protection standards, including the principle of non-refoulement, through quarantine and health checks.*"

Temporary restrictions on movement, if necessary, could also be implemented regardless of the immigration or citizenship status of a person. So far, the administration's COVID-19 travel bans have not actually stopped people from traveling to the U.S. from COVID-impacted areas as long as those people are U.S. citizens or permanent residents. Common sense would tell you that this virus does not care if you are a U.S. citizen or not, citizens returning from COVID-affected countries, might very well be "bringing in disease". Conversely, deportees -due to the

unsanitary conditions of detention- are at higher risk for contracting and spreading the virus in the countries where they are returned.

In addition, a travel ban between New York and Quebec has no greater public health benefit than a travel ban between New York and New Jersey. Interstate travel bans have been discussed, but strict interstate travel bans would likely be resisted by the U.S. public. In any case, no one is proposing to implement indefinite or permanent internal travel bans or restrictions on free movement inside the U.S., since it is clear those measures would only be temporarily needed in order to stop the spread of the virus. The public health rationale for indefinite international travel bans or restrictions on movement is similarly weak. Some might argue that if no one traveled anywhere, ever, including inside of the U.S., the public would be better protected against a future pandemic. But in our highly interconnected world, such a policy would swiftly be rejected by a public accustomed to freedom of movement.

Furthermore, some practices during this crisis, like U.S. citizens driving to Mexican pharmacies to buy up COVID-related drugs reflect that citizens of wealthy countries already enjoy functional open borders. Why should this be so for U.S. citizens depleting Mexican pharmacies and not people fleeing violence and seeking refuge? It is also appropriate to remember that the unrest in many Central and South American countries have roots in American interference.

What are the implications for public health?

As reported by The Nation, at a March 20 press conference, the President claimed that the U.S. needs to close its borders to "prevent migrants from infecting Americans". It is true that some public health experts support travel restrictions, but they also point out that deportation only increases the risk of spread both inside and outside the country. In fact, detention and deportation not only increase the risk of transmission for immigrants in ICE custody—they also risk exporting the virus from the United States to countries unprepared to deal with mass outbreaks.

Closing the borders, detention, and deportations have little to do with public health concerns for this administration. In fact, during the start of the widespread COVID-19 outbreak, ICE was infringing on its own sensitive locations policy by issuing new civil fines to people in church sanctuary and by making an arrest at a hospital. The latter has serious consequences for the health and safety of undocumented immigrants in the U.S., who could be deterred from seeking medical help due to fear of deportation or retaliation.

On March 18, 2020, ICE announced a return to Obama-era prosecutorial discretion enforcement guidelines, focusing enforcement "on public safety risks and individuals subject to mandatory detention based on criminal grounds," and "exercising discretion to delay enforcement actions until after the crisis." This shift acknowledges that ICE enforcement activities--raids, arrests, and incarceration of immigrants--are not necessary for public health and safety, and that raids and detention can actually result in increased transmission of contagious diseases.