

2022



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# The Return Migration, Health Threat and Conflict Nexus: Insights from India and China

## **ABSTRACT**

Over the last few decades, research on migration and conflict has flourished. However, most of these studies have focused on international migration, despite the fact that the global numbers of internal migrants vastly surpass that of international migrants (740 vs 281 million, as per IOM, 2021:21). What is more, they have also largely focused on the intervening role of climate change in connecting migration to conflict, sidestepping the potential role played by health threats like pandemics, another important unconventional threat to security. This paper seeks to reconceptualise the migration/conflict nexus by accounting for the intervening role played by pandemics on return migration – whether they return from abroad or from a different region of the country and group conflict in the home area. We start by reviewing the literature on the topic, examining both the theoretical links between pandemics and migration, and those between migration and conflict. Then, drawing from recently published reports and news articles, we offer a comparative empirical analysis of China and India, the two largest countries in the world in terms of their population, and both with a long history of domestic and international population movements. We show how pandemic-induced population lockdown has amplified return migration, ultimately generating opposition to migration and even outright group conflict in some regions in democratic India and in authoritarian China. By focusing on the role of pandemics, population control measures and return migration in conflict studies, this paper contributes to the growing literature on unconventional security challenges in the Asia-Pacific.

## **KEYWORDS:**

return migration, pandemic, conflict, India, China

This Working Paper was funded by the Defence and Security Foresight Group which receives funding from the Mobilizing Insights in Defence and Security (MINDS) program designed to facilitate collaboration and mobilize knowledge between the Department of National Defence, the Canadian Armed Forces, and academia and other experts on defence and security issues. Through its Targeted Engagement Grants, collaborative networks, scholarships, and expert briefings, MINDS works and collaborates with key partners to strengthen the foundation of evidence-based defence policy making. These partnerships drive innovation by encouraging new analyses of emerging global events, opportunities, and crises, while supporting a stronger defence and security dialogue with Canadians.

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## **Introduction**

With over 450 million people infected and another 6 million people dead (Worldometers, 2022), the COVID-19 pandemic has seriously threatened global security. Since the pandemic started to unfold in early 2020, several governments have rapidly enacted a series of mobility and activity restriction policies to control its spread. Although such policies helped to delay the spread of COVID-19, many scholars claimed that they simultaneously contributed to increasing economic, social, and health inequality, especially affecting vulnerable groups such as migrants (Abedi et al., 2021; Bambra et al., 2020; IOM, 2020). Indeed, reports indicated that the pandemic exacerbated migrants' existing vulnerabilities as they had to simultaneously bear three crises: health, socio-economic, and protection crisis (United Nations, 2020). In China, the COVID-19 outbreak has caused internal migrant workers not just to struggle with sudden losses of incomes but also to face discrimination regarding health care given the hukou<sup>1</sup> system (Liu et al. 2020). On the island of Java, Indonesian migrant workers contributed to a greater proportion of COVID-19 cases and deaths because, compared to permanent residents, they were more highly associated with non-communicable diseases as well as chronic infectious diseases such as tuberculosis and HIV (Astiarani, 2020). And in India, the combination of interstate migrants' existing poverty and inequality with the pandemic led to a migrant crisis and a subsequent humanitarian crisis as millions of migrant workers lost their job, food, housing, and even their lives (Barhate et al., 2021).

While migrants were heavily affected by the pandemic, they were also blamed for the pandemic. The association between minority populations, international migrants and the spread of infectious disease is nothing new in the history of epidemics (Dionne and Turkmen, 2020). In 2003, the SARS epidemic was blamed on Asian Americans (Person et al., 2004); the 2009 H1N1 flu was blamed on Mexican Americans (McCauley, Minsky, and Viswanath, 2013), the 2014 Ebola crisis was blamed on African migrants (Lin et al., 2015; Onoma, 2019), and now, the 2020 COVID-19 pandemic is blamed on individuals of Asian and Chinese descent (Misra et al., 2020). All of these examples, it is important to point out, pertain to a virus being allegedly carried by 'outsiders' –i.e., international migrants. But what happens when migrants are very much 'insiders' –that is, when they are return migrants, or people who have temporarily relocated outside of the village/region of origins, be it to a different country or a different region of their country, and who share identity markers with the local populations as well as legitimate claims of 'belonging'? How have epidemics transformed return migrants into a threat to their home community's security?

Although numerous studies explored the role of migration in diffusing the COVID-19 virus globally (Sirkeci and Murat Yüceşahin, 2020), in China (Luo et al., 2021; Song et al., 2020), in Italy (Valsecchi & Durante, 2020), and in South Asia (Lee et al., 2021), the role of pandemic-induced return migration in generating conflict in the home communities has not yet been sufficiently examined. What is more, the widespread closing of international borders and the imposition of restrictions on domestic movements affected the return migration of both international and internal migrants. For these reasons, this paper will explore how the COVID pandemic has affected the likelihood of conflict between return migrants (including both those coming from abroad and those returning from cities around the country) and the non-migrant population in the home area.

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<sup>1</sup> Also known as household registration, the hukou is an official document issued by the household administration of the public security authority to identify a person as a resident of a particular area and record basic information on the Hukou holder.



We do so by reviewing the available literature on the COVID pandemic-induced migration and that between migration and conflict. We then investigate how population lockdowns, a widespread measure used to curb the spread of COVID, have in fact amplified return migration to rural areas, ultimately transforming return migrants into a health threat that generated opposition and even outright group conflict. To do so, we focus on authoritarian China and democratic India, the two largest countries in the world in terms of their population, and both with a long history of domestic population movements and examine their respective lockdown policies in the first wave of the pandemic (January 1st to July 1st, 2020), a period of intense uncertainties and policy experimentation as both countries attempted to stop the spread of the virus.

The remainder of our paper is organized as follows. Section 2 briefly discusses the literature on COVID-19-induced migration and the migrant/conflict nexus. In Section 3, we present a comparative analysis of how the COVID-19 pandemic played a role in connecting return migration and conflict in China and India. We conclude in Section 4 by discussing some key policy implications and suggesting some ideas for further research and discussion.

## **Background**

In order to control the spread of COVID-19, governments across the world have adopted various measures, including the closing of non-essential businesses, restrictions on domestic mobility, as well as lockdowns and border closures (ACAPS, 2020). Such policies, combined with a broader economic shutdown, created a crisis among migrant communities globally who overnight found themselves without a job and forced to return to their country or region of origins (Coz and Newland, 2021). According to Migration Data Portal (2021), at least two out of five migrant workers in Western Europe and North America lost their jobs because of COVID-related restrictions. A study by Jones, Mudaliar, and Piper (2021: 7-8) shows that since movement restrictions and COVID-related lockdowns started, thousands of migrant workers in Thailand, Malaysia, Sri Lanka, Pakistan, and Mexico have lost their jobs. In India, more than 10 million internal migrant labourers were unemployed by March 2020 due to the first national lockdown meant to contain the spread of COVID-19 (Khanna 2020: 184) while in China, an estimated 30 to 50 million internal migrants lost their jobs due to the government's prevention and control measures to stop the disease (Che, Du, and Chan, 2020).

Along with job losses, many migrants faced income losses due to the COVID-19 pandemic. Indian migrant workers in Saudi Arabia were claimed to have lost about 36% of earnings due to the pandemic (Abella and Sasikumar, 2020). In China, only 8% of the migrants laid off during the pandemic were eligible to receive unemployment insurance (He, Zhang, and Qian, 2022: 5). What is more, when some states offered relief packages to partly compensate for workers' income losses due to COVID, the migrant population were often excluded. For example, in Saudi Arabia, when the government offered relief packages, relief packages were mainly for their citizens, excluding most foreign workers or international migrants (Zeeshan and Sultana, 2020: 135-136). In many countries in the Horn of Africa, international and internal migrants working in informal sectors were not eligible for government bailouts and stimulus packages (REF, 2020: 9-10). In Vietnam, internal migrant workers found it difficult to receive the government's financial supports due to the household registration system (Di, 2020), and in China, the one-off living allowance provided by the central government only supported unemployed migrants working in formal sectors (He, Zhang, and Qian, 2022: 5).

While the COVID-19 pandemic forced the return migration of many migrants to their home country/region due to job loss, many migrants also opted to return home for health reasons. According to the IOM (2020), migrants, especially refugees and domestic migrants, are often directly influenced and more vulnerable to the spread of COVID-19 due to personal, social, situational, and structural factors. Migrants also face higher risks of being infected by COVID-19 because of their living and working conditions as well as their lack of access to healthcare services and hygiene facilities (Kluge et al., 2020). A report by IFRC (2020) also shows that migrants often find it harder to find help and support when sick due to COVID-19. Health concerns related to COVID-19 are thus one of the root causes of a large number of migrants fleeing back home (Jones, Mudaliar, and Piper, 2021: 9).

The scale of COVID-related return migration worldwide is enormous (Coz and Newland, 2021). Approximately 2.7 million Indian migrants had returned home as of October 2021; over 1.6 million Afghans had returned from Iran and Pakistan between March 2020 and September 2021; more than 136,000 Venezuelan migrants had returned to their home country by October 2020; and over 100,000 Cambodian migrants returned from Thailand between March and July 2020 (Migration Data Portal; 2021; Coz and Newland, 2021), among others. But the scope of COVID-induced internal return migration is just as substantial. In India, an estimated 10 million domestic migrants returned to their village of origins as a result of the Modi administration's nationwide lockdown order of March 2020 (Rajan and Bhagat, 2021); and in Vietnam, 1.3 million migrant laborers returned to their hometowns between July and September 2021 (Chieu 2021).

The pandemic has not only fuelled waves of return migration (Jones, Mudaliar, and Piper, 2021: 9) it has also led to increasing opposition against migrants, both internal and international. For example, by investigating public discourse about migration and COVID-19, Niklas Sievers et al. (2021), indicate that COVID-19 increased the stigma and discrimination towards international migrants. Similarly, Xu et al. (2021) found that in China, the pandemic also led to stigma and even hate crime against migrants who returned from Hubei and Wuhan. Stigma, xenophobia, discrimination may create an environment where conflict and violence can rapidly be triggered. As in a VOA's press release, Megan Janetsky quoted Rosario Martínez, a researcher at Guatemala's Latin American Faculty of Social Sciences, who has been documenting the threats that Guatemalan migrants who returned from the United States experienced:

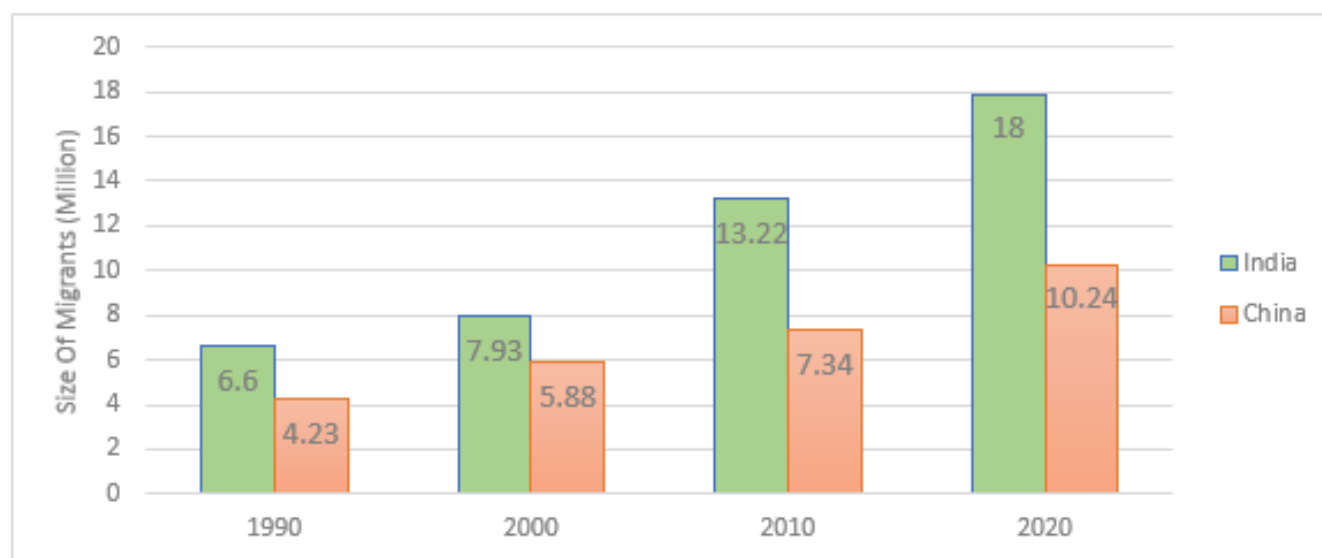
They say that these people should be detained," Martínez said. "Then later, comes the community violence. They attack their families, they throw rocks, they want to set their houses on fire. (Janetsky, 2020)

The COVID-19 pandemic had several multifaceted impacts on migrants returning both from abroad and from elsewhere in the country. Not only did it affect the economic, health, and social aspects of their lives, but it also generated stigma and discrimination against them. In this context, this paper examines the connections between the COVID-19 pandemic, migration and conflict in China and India, two countries with a long history of population movements within and across their borders. More specifically, we zoom in on the role of lockdowns introduced early in the pandemic in amplifying return migration that unexpectedly transformed migrants into a health threat for the host communities and, on occasions, generated clashes between migrant workers and local non-migrant populations. While the group tensions and clashes reported so far in China and India were relatively minor and mostly non-violent, they point to the creation of a new and possibly long-lasting COVID-generated cleavage in the home communities between local and returnee population.

## Findings and Discussion

Migration in India and China has been a prevalent phenomenon throughout history (Bhagat and Keshri, 2020; Mallee and Pieke, 1999). Both countries have witnessed massive international and internal population movements over time. Figure 1 shows that between 1990 and 2020, both countries witnessed dramatic increases in the size of their diaspora population, which increased from 4.23 million to 10.24 million for China and from 6.6 million to 18 million for India. In the meantime, the population of internal migration of India grew from 201 million in 1981 to 450 million in 2011 and it is estimated at 590 million in 2021 (Rajan and Bhagat, 2021: 228), whereas in China, the scale of internal migrants increased nearly 35 times, from 6.57 million in 1982 to 244 million in 2017 (NBS and UNFPA, 2018: 3). The data also reveals that, despite its smaller size, the numbers of India's international and internal migrants were always larger than those of China's.

**Figure 1. Size of international (diaspora) population and internal migrant population in China and India, 1990-2020**



Source: United Nations, Department of Economic and Social Affairs (DESA) (2020), Population Division, “International Migrant Stock 2020”

Given this context, managing, and controlling population movements has become a crucial part of both countries' population policy. In the Democratic Republic of India, for instance, freedom of movement is protected by the constitution,<sup>2</sup> and while it may not allow its constituent units to pass formal bylaws restricting population mobility, the constitution does grant states the right to control important aspects of everyday life, such as ration cards and access to services within their own borders. Access to a ration card, a form of documentation necessary to prove not only one's Indian citizenship but also one's belonging to a state, is particularly important; without it, one cannot access banking systems, health services, voting, and perhaps most importantly, food and oil rations (Côté and Raatikainen, 2020: 198). Moreover, a host state's domicile requirements for public sector employment and for access to higher education are also administrative barriers limiting internal migration in India (Kone et al., 2018: 753-756).

<sup>2</sup> Article 19(1)(e) of the Constitution of India regulates: “every citizen of India has the right to reside and settle in any part of the territory of India.”

In contrast, in authoritarian China, internal migration controls are implemented by the central government through the hukou system. Under the hukou system implemented in 1958, all Chinese citizens are assigned a household registration based on their locality (urban or rural) and type/occupation (agricultural or non-agricultural), which affects where they may access public services. It is difficult for those with a rural hukou to obtain an urban hukou since the government aims to restrict rural-urban migration and the hukou system is largely considered to be discriminatory towards rural Chinese. The hukou system has been reformed on multiple occasions but to this day it continues to dominate where rural, and to a lesser degree, urban, Chinese are allowed to live and join the labor market (Côté and Raatikainen, 2020).

However, the COVID-19 pandemic sharply changed these dynamics, transforming what used to be a fairly unique population control policy often used only by authoritarian regimes into an increasingly common practice across political regimes. After the first case of COVID-19 was recorded on December 30, 2019, in Wuhan, Hubei province, and then quickly spread across China and the rest of the world, China implemented internal movement restrictions by locking down cities in Hubei province as a control measure (Liu et al., 2021: 2), something that several other countries including Spain, Germany, South Korea, Italy, Iran, Israel implemented as well (Kaplan, Frias, and McFall-Johnsen, 2020). In India, the first case of COVID-19 infection was reported in Kerala on January 30, 2020. Nearly two months later, on March 23rd, Kerala announced a lockdown, and the day after, the Modi administration declared a nation-wide, 21-day lockdown (Ray and Subramanian, 2020). The nature of the lockdown in China and in India varied substantially in length, scope and implementation. Between January 23rd and April 8th, China implemented city-wide lockdowns in various cities in Hubei and Zhejiang that lasted between 40 to 76 days long (see details in Table 1). In contrast, India implemented a nation-wide lockdown in four different phases between March 25th to May 31st (see detail in Table 2).



**Table 1. Lockdown in China, between Jan 23rd and Apr 8th, 2020**

Timeline	City	Province	Detailed measures
23/1-08/4	Wuhan	Hubei	- Travel bans (both within and going in and out of the city) by the closure of public transit, trains, airports, and major highways
23/1-25/3	Huaggang, Ezhou,	Hubei	
24/1-13/3	Huangshi, Qianjiang,	Hubei	- Quarantine people at home
24/1-17/3	Jingzhou	Hubei	- Strict travel restriction
24/1-25/3	Xiaogan, Suizhou, Xiangyang, Yichang, Jingmen, Shiyan, Xiantao, Tianmen, Enshi, Shennongjia	Hubei	- Close schools, entertainment venues, and nonessential companies- Cancel conferences and stop all public gatherings - From 14/3, cities/ districts were divided into: + High-risk area (new cases and have a cumulative number of more than 50 confirmed cases) □ stay at home order + Medium-risk area (new confirmed cases within the previous 14 days but the cumulative number is not o 50 confirmed cases) □ may apply some relaxations (e.g., Resume business activities)
28/1-25/3	Xianning,	Hubei	+Low-risk area (no (new) confirmed cases for 14 consecutive days) □ restore back to normal
2/2 -2-/2	Wenzhou	Zhejiang	

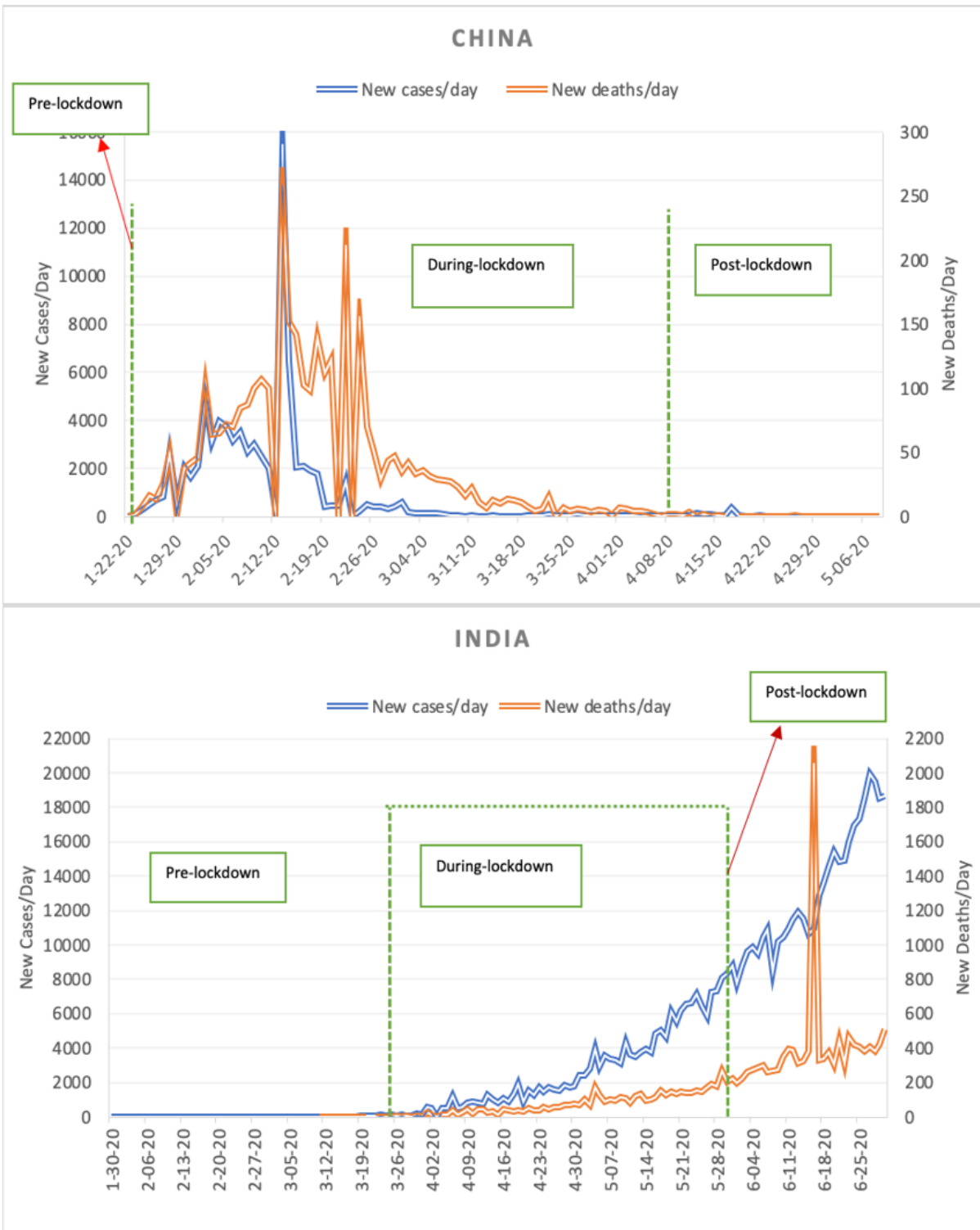
**Table 2. Lockdown in India in four phases, between Mar 25th and May 31st, 2020**

Phase	Timeline	Detail measures
1	25/3-14/4	-Close all stores, commercial establishments, offices, markets - Suspend all non-essential activities
2	15/4-03/5	The lockdown districts were classified as: + red zone (infection hotspots) □ stay at home order + orange zone (some infection) □ may apply some relaxations (including opening agricultural businesses and shops, banks and government centers distributing benefits; and removing travel restrictions for cargo vehicles, including trucks, trains, and planes) after Apr 20th + green zone (no infections) □ lift the lockdown after Apr 20th

3	4/5-17/5	<p>The country has been divided into:</p> <ul style="list-style-type: none"> <li>+ red zones (high coronavirus cases and a high doubling rate) □ stay at home order</li> <li>+ orange zones (fewer cases than red) □ only remove restrictions for private and hired vehicles</li> <li>+ green zones (no cases in the past 21 days) □□ remove restrictions for public transportation but limited to 50 percent capacity</li> </ul>
4	18/5-31/5	<p>States were given the authority to classify green, orange and red zones</p> <p>Districts were given the authority to divided red zones into:</p> <ul style="list-style-type: none"> <li>+ containment zone (large outbreak or cluster)</li> <li>+ buffer zone (the area around containment zone)</li> </ul>

Figure 2 illustrates the relationship between the lockdown measure and daily new cases/deaths in China and India, based on data from Our World Data – COVID-19 Cases database that recorded daily new cases and deaths from January 22nd, 2020. Overall, it can be seen that the lockdown strategy in China was more effective in decreasing new daily COVID-19 cases and death than in India. China had its highest number of new cases/deaths, with over 15000 cases and 252 deaths within the early phase of the lockdown period (on Feb 13rd), whereas, in India, the peak daily incidence (at nearly 20,000 new cases and 2000 deaths per day) came in after the lockdown ended (June 28th and June 16th respectively). Besides, although India’s population is smaller than China’s, both new daily cases and deaths were higher in India than those in China.

**Figure 2. The lockdown measure vs. daily new cases/deaths in China and India**



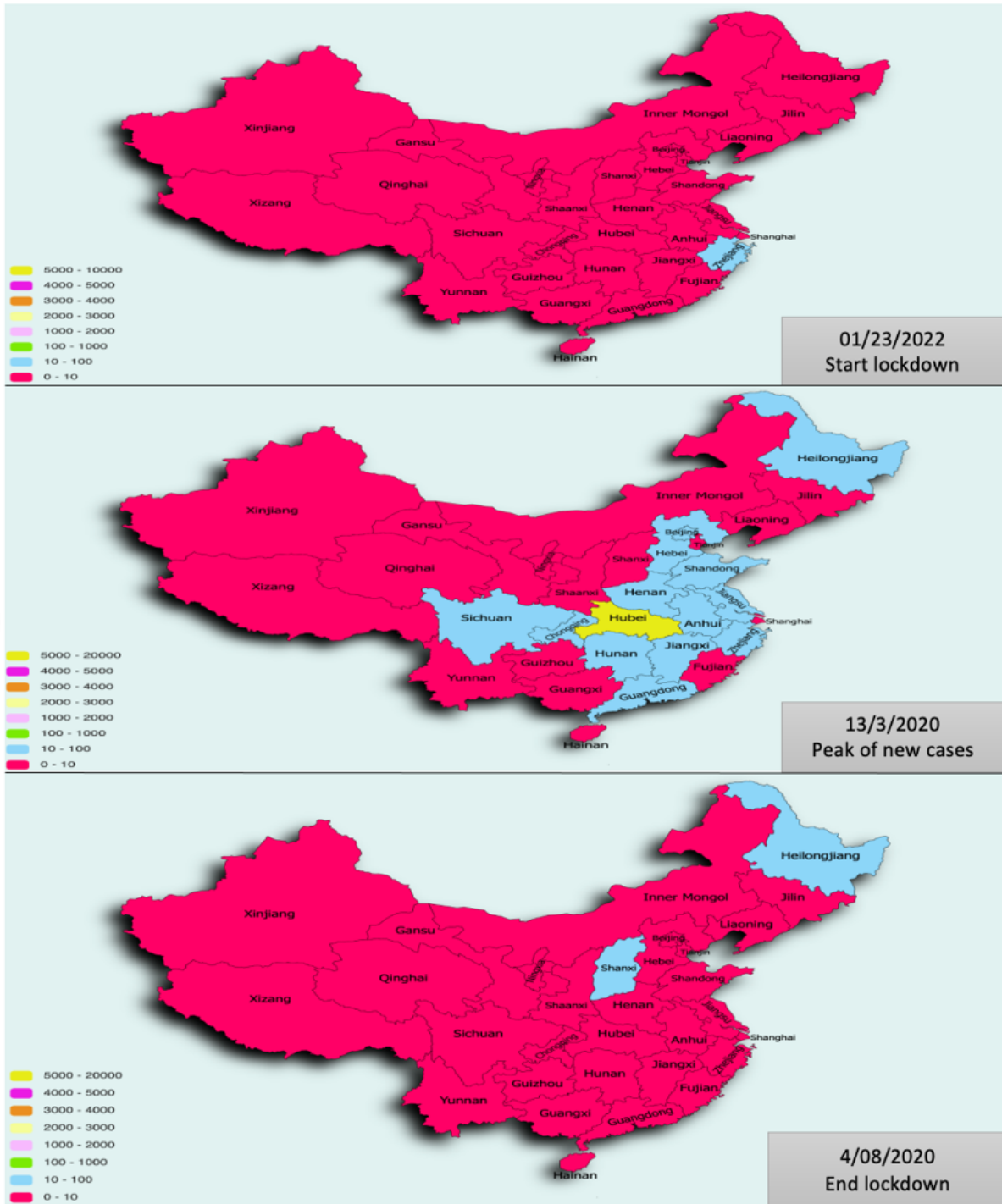
Source: Synthesized from Our World in Data - COVID-19 Cases

Moreover, China's lockdown measures were also more effective in controlling the spread of COVID internally than India's. As shown in Figure 3, all Chinese provinces that experienced an increase in new cases per day were located around the outbreak province (i.e., Hubei), except for Heilongjiang. Once the lockdown was lifted, most provinces went back to a low case number (under 10). In contrast, Figure 4 indicates that India's lockdown did not decrease the number of daily new cases in the various states. In fact, during the lockdown from March 25 to May 3, many Indian states witnessed a sharp increase of daily new cases (e.g., Delhi from 1 to 1,163 cases, Tamil Nadu from 3 to 938 cases, and Maharashtra from 2 to 2,940 cases). After the lockdown was removed, most Indian states have experienced a continuous increase in the number of daily new cases.

So, why was China allegedly more successful than India in controlling the transmission of COVID-19 via mobility restrictions? Many of the first research papers on COVID-19 were written by Chinese researchers, and closely investigated the role of internal population movement in spreading the virus. Among them is a study by Kraemer et al. (2020) who found that the spread of COVID-19-19 in China was associated with population flows to and from Wuhan. Similarly, by observing the number of migrants moving in and out of Hunan and Guangdong, two Chinese provinces, before and after the Spring Festival and the number of people infected with COVID-19, Xing, Li, Li, & Sun (2020) also found that the number of cases of COVID-19 was proportional to the number of people migrating to a province.

From the start of the pandemic, the Chinese government aimed to take whatever measures necessary to slow the spread of the virus. The country, therefore, became the first country to implement internal movement restrictions by locking down cities in Hubei province. According to Fang, Wang, & Yang (2020), locking down the city of Wuhan reduced the total infection cases outside Hubei province and outside Wuhan but inside Hubei by 64.8% and 52.64%, respectively. Other scholars found that the lockdown in Wuhan on 23 January 2020 effectively delayed the progression of COVID-19 in China by about 3 to 5 days (Tian et al. 2020; Chinazzi et al. 2020). Yang (2021) also argued that the reduction in new cases was a result of a decreasing mobility inflow of about 60% and outflow of 50% due to the lockdown strategy in Wuhan. It is important to recognize, however, that part of the success of China's lockdown measure came from the nature and characteristics of its political system in which Chinese citizens complied strictly with all authorities' orders without room for dissent and public debate, and consequently, the residents of Hubei and Wuhan either had to comply rules or face risks of criminal prosecution and even detention if they broke rules. (Wang and Snape, 2021).

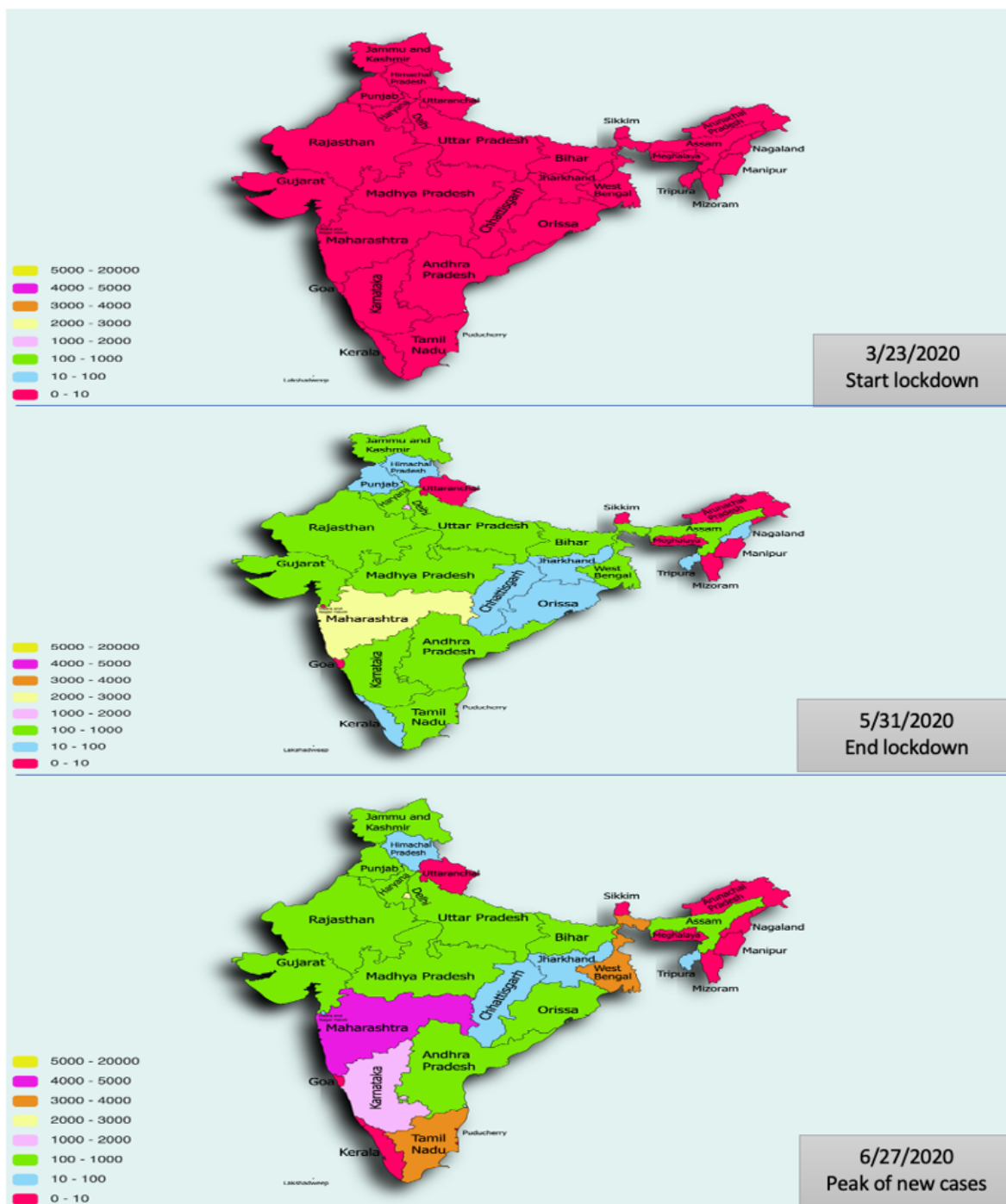
**Figure 3. Daily new Covid-19 cases by province in China**



Source: The authors with data synthesized from JHU CSSE COVID-19 Data



**Figure 4. Daily new Covid-19 cases by state in India**



Source: The authors with data synthesized from PRS Legislative Research

China applied a regional lockdown model focusing on highly infected zones identified by public health authorities. Local governments were allowed to adjust response levels classified as high-, medium-, and low-risk areas (see detail in Table 1) according to local circumstances (Poweżka et al., 2020: 927). In contrast, India implemented a nationwide lockdown that failed to keep the caseload under control, resulting in India becoming the second country in the world, only behind the United States, in total caseload and deaths due to COVID-19. According to Kumar and Choudhury (2021), one of the reasons for the failure of India's national lockdown was that the government implemented a "sudden lockdown" without sufficient planning or preparation. Implementing a nation-wide lockdown can have far-reaching and unforeseen consequences: one of them was that the introduction of a sudden lockdown led to the return en masse of migrant workers to their home villages (Kumar and Choudhury, 202: 5). It has been shown that India's policy responses to COVID-19 led to 7.5 to 10 million migrant workers suddenly losing their jobs and being forced to move from the cities back to their home villages (Roy and Agarwal 2020), the largest internal mass movement since India's partition. The mass exodus and reverse migration resulting from the unplanned lockdown of the Indian government played a significant role in spreading COVID-19 to India's countryside (Henderson, 2020), which directly undercut the lockdown's very purpose. Even the Indian government's use of special trains (known as Shramik Special Trains) to relocate migrants who were stranded in cities back to their rural homes was shown to be a major factor contributing to the spread of COVID-19 across every corner of India (Gettleman et al., 2020)

The COVID-19 pandemic and the national lockdown thus transformed internal migrants into a health threat to the local non-migrant communities in India. Fears of transmission of COVID-19 to the local community led to an increasing stigma and discrimination against migrants (Sengupta and Jha, 2020; Jha and Lahiri, 2020). In their writing, Naqvi and Trivedi quoted a freelance editor in New Delhi:

"Most people are reacting out of fear, banning migrant, daily wage labor from their gated societies, locking them out without monthly payments, blaming them for spreading the virus." (Naqvi and Trivedi, 2020)

Similarly, an internal migrant returning home in Dumka district shared his experience when he was socially ostracised due to COVID:

"They (villagers) claim that all of us are carriers of the virus and will infect them all. They have put barricades outside her house with a poster saying our house is infected with corona [sic]," (C. Kumar and Mohanty, 2020).

In some villages, such as in Durdih, returnees and their family members who are non-migrant natives also faced ostracism by other villagers (Agrawal, 2020). A migrant man who returned to Karwar from Goa killed himself even though he recovered from Covid-19 a month before as the result of ostracism by his co-villagers (TNN, 2020).

In May 2020, India recorded some protests against the district administrative converting school buildings into quarantine centres where return migrants would stay during the quarantine time (C. Kumar and Mohanty, 2020). Other villages barricaded their entry and exit points and prominently displayed posters proclaiming, "outsiders are not allowed", despite return migrants having completed the mandatory 14 days quarantine and being natives of these villages (Agrawal, 2020). In some cases, fears of COVID-19 even caused violence. A man in Bihar was beaten to death by villagers after he informed the police about returnees who should have quarantined is a such example (The Economist,

2020). Migrant workers sometimes responded to mobility restrictions with resistance or outright violence. Protests emerged in India in April 2020 for instance, as police clashed with thousands of migrant workers who were gathered at railway stations and demanded an end to the nation-wide lockdown in order to return home, or to obtain government assistance (Miglani and Jain 2020). India's caste system also aggravated discrimination against return migrants. For example, in a Hindustan Times press release, a migrant worker who returned from Prayagraj via a 'Shramik Special' train, said:

"Most of the villagers who have returned home belong to the lower castes and therefore, upper caste villagers harass us more," he said, adding that one day he was abused by the upper caste men when he was standing on roof of the house. "They said that I can spread coronavirus even by standing on the roof of my house." (C. Kumar and Mohanty, 2020).

Another example of discrimination against return migrants by higher caste members in India is the case of Dalit migrants who are referred to as belonging to "backward castes." In his statement on May 25, Yogi Adityanath, the chief minister of Uttar Pradesh state, blamed returning migrant workers, most are Dalits, for spreading the coronavirus in his state. PL Punia, all India Congress Committee (AICC) office bearer, then, criticized Yogi Adityanath's statement that misled and could cause "social hatred" (NDTV, 2020).

Compared to India, the Chinese authorities of Wuhan and Hubei were somewhat more successful in containing the spread of the first wave of COVID-19 and by default, lowered the perception that return migrants presented a health threat for the home communities. Yet, part of this may be related to the fact that before Wuhan announced the lockdown in the city, about five million residents, most of whom internal migrants, had already left the city because of the Lunar New Year (CGTN, 2020). Even then, there was a degree of distrust and stigma associated with Wuhan, the epicenter of the pandemic. By conducting a range of interviews with returnees from Wuhan and Hubei, Xu et al. (2021: 56-59) showed that the fear of being infected with the coronavirus had led to stigma and discrimination against not only Wuhan and Hubei residents but also against products made in Hubei. The authors mentioned the following two comments on products made in Hubei on an online shopping site:

The first comment wrote: "It is terrible. The place of production is Hubei. I was afraid that the product could bring the virus to me after I received the product." The second was: "The product from Hubei could be delivered to Guangdong in one day. I washed hands six times after I opened the express box. This was my worst shopping experience."

According to Gan (2020), following the lockdown, in many parts of China, local hotels and guesthouses refused customers who were Wuhan residents. The author cited the story of Ludougao, a Wuhan tourist, who was kicked out from her guesthouse in Changsha, Hunan province. She wrote on Weibo as follows:

"I don't understand it. Even if all of us Wuhan people are 'walking dead,' to contain the outbreak's spread, shouldn't I be allowed to stay indoors? Now I'm forced to go out, and I've got nowhere to go."

Similar to India's rural areas, in some villages in China, the locals blocked roads with trucks, excavators, rocks, and felled trees to prevent returnees from Wuhan from entering. And in some cases, Wuhan returnees were the target of discrimination by the native villagers. Gan (2020) cited a

video showing homes of Wuhan returnees where banners read: this household has Wuhan returnees, please do not come into contact with them.” Another example was a discrimination banner created by the Jiangxi government (Street Office) to remind its residents that “All returnees from Hubei are time bombs” (Xu et al., 2021:58). Even after the lockdown was lifted, opposition to Hubei residents continued in some Chinese provinces. For instance, a violent confrontation took place between the police forces of Hubei and those of Jiangxi’s, as Jiangxi’s police and residents prevented the entry of Hubei vehicles (Xu et al. (2021: 59).

Also, according to Vanderklippe (2020), along with movement restrictions and bans on gatherings, in order to control the spread of the coronavirus, some local governments used reward policies to encourage residents to provide information on people returning from Wuhan and Hubei. For example, in the nearby city of Jinan, residents who reported unregistered people entering from Hunan were offered twenty face masks; and the southeastern city of Fuzhou awarded \$60 to anyone who reported those who contact people from Hubei or Wenzhou without registering. Commenting on this measure, Prof. Wu, a former Tsinghua University scholar, said: “This is something the Communist Party is good at when it comes to social control – it’s like creating class enemies of all people in China” (Vanderklippe, 2020). Residents from Wuhan and the Hubei province have faced growing scrutiny not only from the local authorities but also from the public.

From the above examples, it can be seen that health risks due to the COVID-19 pandemic led to negative attitudes toward returning migrants, associating them with carriers of the COVID-19 pandemic, and subsequently increased tensions between return migrants and local communities in both China and India. Although opposition to return migrants came from the fear of transmission of COVID-19, in India, the failure of the government’s policy response to the pandemic added fuel to the fire. The quick spread of the coronavirus across the whole country of India is the result of the lack of planning that went behind the national lockdown, which generated a giant process of reverse migration. While China’s strategy was overall more successful in containing the spread of COVID-19 within its borders, however, there were still a large number of migrants who returned home from Wuhan and Hubei before the lockdown was implemented. As a result, return migrants were still held in suspicion as possible carriers of the disease to their native villages.

As mentioned earlier, there is a long history of blaming foreigners, international migrants, and various “others” for the spread of pandemics. But what is unusual in this particular case is that the perceived health threat came from individuals who were born in that rural region/have legitimate claims of ‘belonging’ to that village/home, who share several/all identity markers with the local populations, but whom temporarily relocated away for work/to make a living. For this reason, instances of violence between recently returned migrants and local non-migrant population do not neatly fit under the “Sons of the Soil” conflict label, which usually refers to clashes between ethnically-distinct local and internal migrant populations, but point to a new within-group cleavage generated or intensified by the COVID-19 pandemic.

## **Implications for Policy and Areas of Future Work**

In this working paper, we focused on two ways in which return migration interacted with security issues: 1) by spreading the virus to the rural home areas and 2) by leading to violence against those who return. But it is important to acknowledge that other impacts are also worthy of more exploration. For instance, return migration may result in an increase in insecurity for women and children, as men who

have lost their jobs in the city may rejoin their wives and children in the countryside. Preliminary data already show major upticks in domestic violence in many countries and more work should be done to protect vulnerable members of the population. Returnees may also strain already overburdened resources and services in rural areas, as a rapid increase of residents may especially overwhelm rural health systems (see Cliffe, Zamore and Noel, 2020).

Given the increasing use of population controls strategies in limiting the spread of COVID-19, we focused on the implications of lockdown strategies for migration patterns and conflict dynamics. We showed that lockdown policies implemented in India and China often ended up amplifying return migration dynamics, transforming migrants into health threats for the local (non-migrant) communities and occasionally resulting in clashes between return migrants and the home communities. It is important to point out, however, that this paper has only investigated one such mechanism connecting pandemics, migration and conflict: i.e. the introduction of population lockdown.

Future research projects would do well to further our investigation of regime effects on lockdown implementation, as well as the socio-economic and political factors most likely to fuel attacks on return migrants. Are better-off regions more likely to successfully re-integrate migrants into their home communities in times of global pandemic? Is there a minimum duration for which return migrants need to be away before they are seen as a potential threat by their fellow (non-migrant) community members –are migrants who work away for one month seen as less of a threat than those who work away for say five years? Are there other countries in the world where returning migration may play a role in threatening security? For example, return migrants are referred as “Covid-19 importers” in Bangladesh (Uddin, 2020) while in Nepal, the Prime Minister of Nepal, K.P Oli claims that unchecked return migrants from India are responsible for the increased cases of COVID-19 in this country (ANI, 2020).

Still, several measures can be taken to mitigate some of the negative impacts of lockdowns and pandemic-related migration in the rural home regions. For instance, lockdowns and other internal mobility restrictions need to be planned carefully to avoid sudden large-scale movements to areas that are not under restrictions. In addition, states should make sure to properly integrate return migrant workers into their national COVID-19 policy to lower threats to their human security, provide them with financial relief measures or health protections, and avoid confining them into crowded temporary housing where COVID-19 can easily spread. Policymakers should also aim to work with community leaders to develop measures that can help protect migrants and local populations. Measures are more likely to be effective if they are developed in collaboration with the communities themselves.

As the pandemic slowly subsides, it is important to contemplate what states will decide to do with these policies of population control. Will states happily remove this added responsibility once the health risks decrease? Will they seek to continue exercising restrictions on population movement in situations of extreme emergencies? Or has the COVID-19 pandemic established a precedent, allowing states to reassert this newfound power whenever convenient, barring or opening regions to population movements as they see fit? What will the long-term consequences be for return migration? In light of the mounting anti-migration hostility and nativism occurring in several regions of the world, scholars, public servants, and anyone interested in intra-state and transnational security issues in the Asia Pacific and beyond will do well to keep a close eye on these developments.



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