Statelessness in the COVID-19 pandemic

Millions of people have no nationality and are being overlooked in the response to COVID-19. Talha Burki reports.

There are several ways that you can become stateless. You could have your nationality revoked. Perhaps your father has disappeared, and you live in a place which does not permit mothers to pass on their nationality. Perhaps your country of origin has broken up or been otherwise transformed. Thousands of residents of Kuwait were not granted citizenship after the Gulf state gained independence from the UK in 1961. After the dissolution of the Soviet Union, Estonia and Latvia demanded that ethnic Russians living within their borders pass a language test to become citizens. The two Baltic republics are now home to roughly half of Europe's estimated 528 000 stateless people. But for the most part, statelessness is inherited. If your parents have no nationality, it is extremely hard for you to acquire one.

According to the UN High Commissioner for Refugees (UNHCR), 4·2 million people across 76 countries are known to be stateless. However, this figure is likely to represent no more than a third of the overall stateless population. Three-quarters of people without a nationality are from minority groups. The Rohingya were stripped of Burmese citizenship in 1982. The 500 000–600 000 who remain in Myanmar's Rakhine State are subject to discriminatory laws and sporadic pogroms. 2017 saw a brutal crackdown by the Burmese army. Reports emerged of murder, arson, mass rape, and torture. The violence prompted several hundred thousand Rohingya to flee to Bangladesh. The country now hosts almost 1 million Rohingya, 600 000 of whom live in the 23 settlements that make up the Kutupalong-Balukhali Expansion Site.

Whether settled or part of refugee or migrant communities, to be stateless is to be vulnerable. Rohingya who attempt to leave Myanmar face an astonishing array of risks from people traffickers, ranging from debt bondage and extortion to slavery. Roma communities in Europe are subjected to xenophobia and hate speech. The invisibility of stateless populations can result in children being excluded from immunisation campaigns, and the lack of documentation makes it difficult to find jobs. If stateless populations have any access to health care, it is usually limited to emergency care. If their residency status is unsettled they risk lengthy periods of detention, and in times of crisis, their vulnerability only increases.

> "'There is a very real risk that a lot of stateless people will not get the vaccine'…"

A new report from the European Network on Statelessness (ENS) has outlined how Europe's stateless populations have fared during the COVID-19 pandemic. The authors heard from stakeholders in 20 countries. Respondents described the difficulties inherent in maintaining physical distancing in overcrowded settlements and in apartments accommodating several families. An interviewee in Bulgaria noted that the pandemic has been expensive. "You pay to visit the doctor, you pay for the PCR test, you pay for medicine. We have to pay for masks, gloves", they said.

The social security schemes and aid packages that European governments rolled out in the wake of the pandemic have usually been restricted to citizens. "Stateless populations are deprived of a lot of welfare support that others are entitled to", explains Nina Murray, head of policy and research at the ENS and coauthor of the new report. "They have struggled to mitigate the spread of the virus with non-pharmaceutical interventions and they have to keep working, if they can, which makes it even more difficult to keep their community safe from infection." Stateless people tend to be in the informal economy, in sectors where pay is contingent on work. For example, they could work as day labourers or sell scrap metal. "A lot of people have suddenly lost their sources of work. They have been pushed into extreme poverty", Murray told *The Lancet*.

An interviewee for the ENS report recounted the story of a man who had been refused cancer surgery by the UK National Health Service before the pandemic. He was instructed to return to his country of origin for treatment, although the country in question had twice refused to accept him. The report added that there have been instances in which people with severe COVID-19 have died after being unwilling or unable to obtain medical care in the UK. "The British Government has guaranteed that no-one will be charged for COVID-19 care, but there is still a great deal of concern among people with insecure immigration status that they will be billed if they access health care", said Murray.

A survey by R2P, a Ukrainian non-governmental organisation, found that 46% of stateless respondents had been refused access to a community doctor over the course of the pandemic because they lacked identification. Non-citizens often worry that if they make themselves visible to health services, they will be reported to immigration services. The Irish Government has taken steps to ensure that information on patients does not leave the health department, but such measures are rare.

Amal de Chickera is co-director of the Institute on Statelessness and Inclusion.

For more on **statelessness in a global pandemic** see https://www.refworld.org/docid/5f50a81e4.html

Talha Burki was on the expert advisory group for the European Network for Statelessness report but was not involved in researching or writing it.

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Rohingya refugees off the coast of Indonesia

He says that the pandemic has put a great deal of pressure on populations that were already over-stretched. In 2019, 1·9 million residents of the Indian state of Assam were left out of the National Register of Citizens. "They have been told they are not citizens, because they cannot prove, through a process that is both arbitrary and discriminatory, that they have been in Assam since before 1971", explains de Chickera. "They have expended all their resources trying to appeal the decision, getting more and more into debt, and then COVID-19 arrives, and they are not eligible for state relief because they are now viewed as being non-citizens." By contrast, Sudan has distributed food to vulnerable families during the pandemic without requiring identification.

The atmosphere in Malaysia appears to have become more hostile towards immigrants and refugees. A photograph of a sign outside a mosque in Johor state telling Rohingya they were not welcome went viral. At the end of February, 2021, more than 1000 Rohingya were deported from Malaysia to Myanmar. "There is a real fear among refugees and migrants in Malaysia that if they try to access COVID-related care, they will be detained", said de Chickera. Many countries shifted services online during the pandemic, which has been problematic for stateless people without stable internet connections.

25 of 45 European countries have confirmed plans to vaccinate stateless populations against COVID-19. They will have to overcome vaccine hesitancy in some communities, including among Roma, who have good reason to distrust the authorities. Countries with small numbers of stateless people might simply vaccinate them along with the general population. However, some nations are actively discriminating against non-citizens. The president of the Dominican Republic has said that those without documents will be excluded from the COVID-19 vaccination campaign, resulting in concerns for the 210 000 residents of Haitian origin who had their nationality rescinded in 2013. An incomplete campaign could be costly, particularly as the Dominican Republic has reported by far the most cases of COVID-19 of any nation in the Caribbean.

Most countries with sizeable stateless populations are unlikely to be able to start mass vaccination campaigns this year. Furthermore, the number of stateless people living in the country might be unknown. Issuing information on the vaccines in languages that minority groups can understand might not be a priority. "There is a very real risk that a lot of stateless people will not get the vaccine", de Chickera told *The Lancet*.

UNHCR is working to ensure that this does not happen. "There are two key considerations", explains Ann Burton, Chief of the Public Health Section at UNHCR. "The first is whether or not stateless populations are mentioned in national plans. The second is whether they are able to get vaccinated, even if they are mentioned." Countries that require a national identification number for those who wish to obtain a vaccination could issue temporary numbers to irregular populations. The COVAX Facility aims to ensure that all participating nations have enough vaccines to cover 20% of their population. For cases in which supplies are limited, many governments might not prioritise non-citizens.

Gavi, the Vaccine Alliance, has set up a humanitarian buffer, to be deployed in places which have not included populations of concern in national vaccine plans. "The buffer is designed as a last resort, to ensure access to COVID-19 vaccines in settings when there are unavoidable gaps; for example, if the plans do not allocate vaccines to displaced people, including refugees, and asylum seekers", explains Burton. "It could potentially be used for stateless populations as well."

The diverse nature of statelessness means interventions need to be tailored. Ethnic Russians in Latvia are deprived of political rights, but they are well documented, with full access to health care. They are unlikely to be missed by public services. The same cannot be said of uninsured Roma living in ramshackle settlements, or stateless people who are part of undocumented migrant communities. Murray stresses the importance of extending visas and residency permits during periods of emergency, such as pandemics. "If you regularise stays as, for example, Portugal has done, then you remove a lot of the barriers for accessing health care, state aid, and vaccination drives", she said. "It is a straightforward measure and it would make a big difference."

Talha Burki