

MIGRANTS, REMITTANCES, AND COVID-19

Remittance Behavior and Economic and Health
Vulnerabilities

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Introduction

Thirty-six countries in the world had 94 percent of all Covid-19 cases as of May 15. Migrants in these countries represent 90 percent of all remittances to Latin America and the Caribbean. Over 200 million migrants are living in host countries with an elevated number of Covid-19 cases (Table 1). Hot spots of the global pandemic are home to the majority of migrants from Latin America and the Caribbean.

Migrants, particularly those from Mexico and Central America, are uniquely vulnerable to the economic and health impacts of the pandemic. Migrants are concentrated in occupations that are suffering massive job losses due to shelter in place mandates. Employed migrants are experiencing high exposure to Covid-19, and we now know that migrants do not necessarily have a health advantage if they do get infected with Covid-19.

Migrant workers generally have limited access to their host countries' public assistance to protect their incomes in the event of job loss or inability to work. Migrants' positive financial behaviors, such as saving and budgeting, may often prove insufficient to protect their incomes during the current pandemic.

As of April 2020, the Dialogue estimated a 17 percent decline in remittances relative to 2019.ⁱ Declines in remittances of this magnitude will most certainly harm those living in Latin America and the Caribbean. In Mexico alone, remittance declines during the 2009 crisis were associated with increased poverty, infant mortality and school drop-out rates.ⁱⁱ To prevent these devastating consequences to receiving countries, public policies in host countries should provide immediate income assistance to migrants who lost their jobs due to shelter in place mandates and adequate health protections and free care to those working in high exposure occupations.

TABLE 1: Covid-19 CASES, REMITTANCES, AND UNEMPLOYMENT PROJECTIONS, GLOBAL OUTLOOK

Source: Data compiled by the authors, UNDESA; World Bank development indicators, and Covid-19 CORONAVIRUS PANDEMIC, <https://www.worldometers.info/coronavirus>

Covid-19 Case Categories	Covid-19 Cases As of May 15, 2020	Number of Migrant Hosts	Remittances 2019 (USD)
Under 50	689	3,434,521	35,362,960,920.00
Fifty to 500	9,113	10,347,455	37,883,900,880.00
500 to 5000	106,684	34,273,508	112,054,713,120.00
Over 5000 (36 countries)	4,121,129	220,552,157	491,589,680,400.00
Total	4,237,615	268,607,641	676,891,255,320.00
China	82,249	1,030,871	
Share among main countries		82%	
United States (foreign labor force)	605,354	33,000,000	148,665,000,000.00



Migrants in the United States

Occupations: Unemployment and Risk of Exposure

Roughly 75 percent of all remittances received in Latin America and the Caribbean originate from the United States.ⁱⁱⁱ Over three million of migrants in the United States will become newly unemployed as a result of the pandemic (Table 5). Compared to their US-born counterparts, immigrants have been disproportionately affected by the pandemic's impact on unemployment, especially in transportation and utilities, and leisure and hospitality (Table 2).

Immigrants have shown to be willing and able to readily switch between industries and occupations to continue working as opposed to staying home without employment.^{iv}

In the context of the pandemic, however, migrants have limited options to switch occupations, as retail and service industries are largely shutdown.

On the other end of the spectrum, essential workers are earning wages but are at higher risk of exposure to Covid-19. As Table 3 shows, roughly one out of every ten migrants from the Caribbean have positions in healthcare (13.6 percent). Nearly 40 percent of food preparation and serving workers are foreign-born and 36 percent of building cleaners are foreign-born.^v

TABLE 2: UNEMPLOYMENT RATES AMONG IMMIGRANTS AND UNITED STATES-BORN ADULTS OVER 16 YEARS OLD

Source: Authors' own based on Migration Policy Institute, June 2020, "Covid-19 and Unemployment. Assessing the Early Fallout for Immigrants and Other US Workers", which uses data from the US Census Bureau's January 2020 and April 2020 monthly Community Population Survey (CPS). Calculation of differences between January and April are authors' own.

	January 2020 (%)		April 2020 (%)		Difference January vs. April (%)	
	Immigrants	US born	Immigrants	US born	Immigrants	US born
Agriculture	19.5	6.2	11.6	5.5	-7.9	-0.7
Mining, quarrying, and oil and gas extraction	2.0	2.7	7.9	10.2	7.9	10.2
Construction	4.9	5.5	16.8	15.1	11.9	9.6
Manufacturing	3.0	3.5	13.0	13.1	10.0	9.6
Wholesale trade	3.6	3.0	12.5	8.8	8.9	5.8
Retail trade	5.2	5.0	19.8	17.9	14.6	12.9
Transportation and utilities	1.2	3.3	20.8	10.2	19.6	6.9
Information	1.7	2.4	11.7	12.1	10.0	9.7
Financial activities	2.4	2.8	6.0	5.3	3.6	2.5
Professional and business services	4.0	3.9	10.5	9.4	6.5	5.5
Education and social assistance services	2.8	2.4	15.7	14.3	12.9	11.9
Health services	1.2	2.0	8.1	8.1	6.9	6.1
Leisure and hospitality	4.0	6.4	39.1	37.6	35.1	31.2
Public administration	1.5	2.1	3.8	4.8	2.3	2.7
Personal and other services	3.3	3.70	26.0	21.1	22.7	17.4

CONSTRUCTION

Roughly one out of every three migrants from Mexico and Central America work in construction (Table 3). The US construction industry has lobbied government to deem construction an essential industry and to keep construction projects operating during the pandemic.^{vi} For this reason, indoor residential workers, such as those who drywall and paint, are more in danger of losing their work compared to roofers or masons. While continued construction creates opportunity for workers to avoid losing their income, maintaining construction during the pandemic might put some workers at considerable risk for high healthcare outlays due to Covid-19 infection.

AGRICULTURE

While the United States has suspended some requirements to get temporary work visas, border closures and aggressive actions against undocumented migrants are likely to lower the number of migrant agricultural workers in the United States for the upcoming harvest season. Among those migrants that do come into the US for harvest season, most will be unable to practice social distancing guidelines in work.

TABLE 3: MIGRANTS' OCCUPATIONS IN THE UNITED STATES, BY REGION OF ORIGIN, 2017

Source: Pew Research Center tabulations of 2017 American Community Survey (1% IPUMS). In "Statistical Portrait of the Foreign-Born Population in the United States, 2017"

	Mexico (%)	Caribbean (%)	Central America (%)	South America (%)
Management, Administrative & Professional Services	13.0	21.8	14.8	25.7
Other services	4.1	8.3	4.2	6.2
Construction				
Construction and extraction	16.2	5.7	16.4	7.9
Installation, repair and production	14.9	9.1	12.3	7.8
Commercial cleaning & maintenance	13.1	7.7	16.8	9.7
Transportation and material moving	9.4	10.4	9.5	6.8
Health Care	2.3	13.6	3.3	6.2
Science and Engineering	1.2	2.7	1.5	4.8
Sales	6.0	8.3	6.2	10.0
Food preparation and retail	10.3	5.7	9.7	6.4
Farming, fishing and forestry	5.8	0.4	1.7	0.3
Education, arts and media	2.6	4.9	2.6	7.3
Unemployed	0.9	1.3	1.0	0.8
Military	0.1	0.2	0.1	0.1
Total	100	100	100	100

Migrants' Health Vulnerabilities: Disease Profiles and Healthcare Utilization

Migrants' disease profile and potential for undiagnosed chronic diseases put them at greater risk to need acute hospital care if infected by Covid-19. Total hospital inpatient treatment costs are estimated to be \$9,763 for uncomplicated infections and \$20,929 for those with major comorbidities.^{vii} Once a ventilator is needed for 96 days or longer, the cost of treatment skyrockets; median costs of treatment for those that require more than 96 days on a ventilator are over \$80,000.^{viii} The negative financial consequences of migrants' contracting Covid-19 are compounded by migrants' low access to health insurance or public assistance to buffer sudden loss of income or unexpected expenses.

New data suggest that migrants do not have a health advantage just by virtue of being younger if they do get infected with Covid-19. According to the Center for Disease Control, people with uncontrolled diabetes are likely to become severely ill due to Covid-19.^{ix,x} Migrants from Mexico bear a large disease burden due to diabetes.^{xi} One study estimated that 30 to 40 percent of Mexican immigrants with diabetes go undiagnosed until a major clinical event.^{xii}

Migrants' low rates of healthcare utilization place them at higher risk for having uncontrolled or undiagnosed chronic conditions.^{xiii} Migrants from Mexico and Honduras have particularly low preventative healthcare use. A 2015 survey found that just one out of every ten Mexican migrants and one out of every twenty Honduran migrants reported going to a doctor's office in the past year.^{xiv}

Protection Against Financial Shock Due to Infection with Covid-19

The vast majority of migrants will have no protection against catastrophic healthcare costs if they need care for Covid-19.^{xv} Health insurance is the primary mechanism to protect immigrants from catastrophic healthcare costs. Uninsured migrants could end up with medical bills for thousands of dollars if they require inpatient care to treat infection with Covid-19.^{xvi}

Nearly one-fifth of migrants in the US lack health insurance.^{xvii} Immigrants' low health insurance coverage is due to low access to employer-provided insurance and public health insurance eligibility restrictions.

Despite having relatively similar employment rates between foreign- and native-born populations, immigrants have historically experienced lower rates of employer-provided health insurance.^{xviii} Immigrants' low employment-provided health insurance coverage is due to them being concentrated in industries where firms do not offer employer-based insurance and occupy jobs within these industries that lack benefits.^{xix}

Because of restrictions based on immigrants' status and length of residency in the United States, immigrants have consistently lower rates of public health insurance enrollment relative to their US-born counterparts.^{xx} Approximately 64 percent of Mexican immigrants without citizenship were uninsured from 2008 to 2015.¹ Over a third of workers in drywall and painting and a quarter of domestic housecleaners are undocumented; these workers are ineligible for any public assistance or public health insurance to support them during this time.^{xxi}

Data indicate that a majority of migrants have savings and that the most common reason for saving was to pay for a sudden illness.^{xxii} Migrants' savings behavior in anticipation of sickness makes sense in light of their limited access to health insurance.

Many immigrants will have to rely primarily on savings to pay for unexpected health expenditures and/or substitution of wages lost due to unemployment.

In 2013, survey data indicated that the median amount saved among migrants was \$4,500. Given that medical bills for Covid-19 could readily exhaust savings, the level to which migrants can mitigate catastrophic consequences of medical bills depends on their access to credit and ability to convert assets to liquidity.

Immigrants' low health insurance coverage is due to low access to employer-provided insurance and public health insurance eligibility restrictions.

¹ Analysis based on NHIS data 2008 – 2015. Sample adults that answered to being not a citizen, foreign-born and the detailed Latin Sub-group question. Insurance is any health insurance coverage at the time of the interview.

For migrants working in high exposure occupations, the capacity for personal risk mitigation and savings to compensate for healthcare costs depends on whether being infected with Covid-19 is associated with a temporary loss of wages or with a loss of wages and substantial healthcare expenses to overcome illness from Covid-19. For migrants that stop working and become relatively protected from becoming infected by Covid-19, we estimate that average liquid assets could support them for up to six months.

Bank account ownership is associated with financial resilience in that banked migrants have been observed to be more likely to access lines of credit.^{xxiii} While direct comparisons are impossible, data suggest that a slightly smaller share of Latino migrants have bank accounts compared to national averages for people in the United States. In 2013, approximately 92 percent of all households in the United States had a bank account.^{xxiv} 67 percent of 2,000 migrants surveyed in 2013 had a bank account.^{xxv}

Bank account ownership is associated with financial resilience in that banked migrants have been observed to be more likely to access lines of credit.

Domestic workers experienced a massive surge in unemployment virtually overnight due to shelter in place mandates across the country and rarely have access to employer-provided health insurance. In the face of loss of wages, domestic workers’ resilience stems from ability to manage their income, personal savings, access to credit, personal assets and low debt.^{xxvi}

Table 4 shows US domestic workers’ savings, income, access to credit cards and bank ownership. Domestic workers in the United States had the highest average stock of savings and highest annual incomes with over half of domestic workers owning a bank account.

TABLE 4: FINANCIAL SECURITY AMONG FEMALE MIGRANT DOMESTIC WORKERS

Source: Orozco, Manuel. Migration, Remittances and Financial Inclusion: Challenges and Opportunities for Women’s Economic Empowerment. UN Women 2017.

	Hong Kong	Madrid, Spain	San José, Costa Rica	Washington, DC, USA
Average Monthly Income (USD)	500	885	358	1,405
Average Amount Remitted Annually (USD)	2,614	5,387	1,177	3,058
Average Remittances/Annual Income (%)	43	37	31	19
Workers Who Save (%)	66	31	22	48
Average Stock of Savings (USD)	546	1,221	235	2,023
Average Savings/Annual Income (%)	9	11	5	12
Owning a Bank Account (%)	50	70	6	55
Owning a Debit Card (%)	8	34	4	56
Owning a Credit Card (%)	2	23	1	21

Decline in Remittances from the United States

Migrants' potential health outlays due to Covid-19 as well as the spikes in unemployment among immigrant-concentrated occupations will lead to a substantial decline in remittances from the United States to Latin America and the Caribbean.

While the average amount is expected to stay the same among those who continue to remit, the reduction in the number of people remitting will have significant consequences (Table 5).

Estimates suggest that due to unemployment alone, remittances in 2020 will decline by over 10 billion dollars compared to 2019 (Table 5). In April 2020, the Dialogue estimated a 16 percent drop in the volume of remittances sent from the US to Latin America and the Caribbean relative to 2019. Central Bank numbers available on remittances for the second quarter of 2020 support these projections.

TABLE 5: ESTIMATES OF REMITTANCES FROM THE UNITED STATES IN 2020

Source: Author's own, Manuel Orozco

	AGES 16-60	OVER 60	TOTAL
Population (volume)	19,139,450	3,377,550	23,192,510
Population (%)	82%	12%	94%
Population at risk from the pandemic (%)	15%	70%	
Labor force	12,361,608	1,809,016	15,075,132
Expected job loss	2,557,961	451,405	3,009,365
Unemployment rate resulting from the pandemic and recession (excluding those already unemployed)	13%	13%	27%
Migrant remitters in 2020 (excluding the unemployed)	10,717,514	1,568,417	12,285,931
Average remitted	385	385	385
Remittances sent in 2019 (USD)	\$66,019,886,170	\$9,661,446,757	\$75,681,332,926
Remittance behavior (% unemployed who would stop remitting)	1,841,732	325,011	2,166,743.08
Amount sent among unemployed who would try to send (USD)	\$70,906,667	\$12,512,941	\$83,419,609
Remittance behavior (others, 35% of people would send 10% less)	3,751,130	548,946	4,300,076
Amount sent among those sending less (USD)	\$20,796,264,143	\$3,043,355,728	\$23,839,619,872
Amount sent among all others (USD)	\$42,912,926,010	\$6,763,012,730	\$49,675,938,740
Total 2020	\$55,271,296,752	\$8,317,328,446	\$63,588,625,197
Remittance behavior (amount lost among unemployed who would stop remitting, USD)	\$ 8,508,800,070	\$ 1,501,552,953	\$ 10,010,353,023
Growth in Remittances sent from the US, 2020			-16%



Migrants Globally:

Spain, Italy and Canada

Occupations: Unemployment and Risk of Exposure

In Italy and Spain, industries with high concentrations of migrants, notably domestic workers, are experiencing massive job losses, whereas food service and healthcare workers are at higher risk of exposure to Covid-19. In both Spain and Italy, non-European Union (EU) migrant workers are overrepresented in healthcare, food processing, manufacturing and transportation, where workers are at higher risk of exposure to Covid-19.^{xxvii}

In Spain, foreign-born workers represent large shares of the construction and service sectors of the economy, which have been shut down to stop the spread of the virus.^{xxviii} In Italy, non-EU migrants represent 40 percent of personal care, cleaners, healthcare and teaching professionals, whereas native-born workers account for only 31 percent of these workers.^{xxix}

One out of every ten health workers in Italy is foreign-born and 5 percent of nurses are foreign-born^{xxx}; these workers are likely to come in contact with disease frequently and are unable to practice social distancing in their positions.^{xxxi,xxxii}

Agricultural workers will face barriers in Canada and Europe, despite differences in the Covid-19 spread. Canada is not one of the countries hardest hit by the coronavirus pandemic^{xxxiii}; however, recent border restrictions might have a negative impact on the country's food supply chain.^{xxxiv} In contrast, the EU has issued regulations that call for the mobility of agricultural workers across countries.^{xxxv}

Migrants’ Health Vulnerabilities: Disease Profiles and Healthcare Utilization

AMONG MIGRANTS IN ITALY, SPAIN, AND CANADA

In both Italy and Spain, the age of the population is the largest contributing factor to severe illness due to Covid-19. While not a panacea, compared to their older native-born counterparts, migrants’ youth is a protective feature against severe illness in Italy.

In Spain and Canada an estimated 7 to 9 percent of migrants have type-2 diabetes; in Italy the share is even lower, between 5 to 7 percent.^{xxxvi} Italy and Canada have some of the lowest asthma related deaths among developed countries, suggesting that immigrants with asthma in these countries also fair similarly well.^{xxxvii}

AMONG MIGRANTS IN LATIN AMERICA AND THE CARIBBEAN

For the first time in the history, nearly half of migrants from Latin America and the Caribbean are living within the region. Roughly 15 percent are living in eight countries that have been hit hard by the pandemic, such as those specified in Table 6. This is especially the case for Salvadorans and Nicaraguans; respectively, 94 and 93 percent of migrants are living in those eight countries (Table 6). Notably, some Venezuelans in Colombia are said to have already returned to Venezuela or are returning immediately when borders and ports open.^{xxxviii} Migrants that have lost their jobs and have been exposed to Covid-19 but lack access to public support will have limited ability to send money.

TABLE 6: MIGRATION FROM FRAGILE OR UNSTABLE COUNTRIES (2017)

Source: UNDESA; Costa Rica, http://migracion.go.cr/integracion_desarrollo/Diagnostico%20Contexto%20Migratorio%20de%20Costa%20Rica%202017.pdf; UNDESA; <https://www.laprensa.hn/honduras/1210397-410/puede-honduras-brindar-tps-venezolanos-crisis-humanitaria>; Panama: <https://www.migracion.gob.pa/inicio/estadisticas>; Chile: <https://gestion.pe/mundo/chile-otorgara-visa-especial-venezolanos-huyen-del-gobierno-maduro-231056>; https://es.wikipedia.org/wiki/Inmigraci%C3%B3n_haitiana_en_Chile; Colombia: https://robuenosaires.iom.int/sites/default/files/Informes/Tendencias_Migratorias_Nacionales_en_Americas__Venezuela_EN_Julio_2018_web.pdf; <https://www.lafm.com.co/colombia/en-medio-de-la-crisis-cuantos-venezolanos-hay-en-colombia>. As of 2018 there are over 700,000 Venezuelans in Peru.

MIGRANT DESTINATION COUNTRY	MIGRANT HOST COUNTRY									
	BRAZIL	CHILE	COSTA RICA	COLOMBIA	DOM. REP	ECUADOR	PANAMA	UNITED STATES	ALL COUNTRIES	SHARE
Colombia	8,395	146,582	26,739	..	3,687	200,539	98,253	753,847	2,736,230	47%
Cuba	2,544	3,173	5,791	1,945	3,927	3,083	2,917	1,251,037	1,558,312	83%
El Salvador	279	242	13,984	409	273	537	3,330	1,392,663	1,559,924	94%
Guatemala	357	236	2,676	490	438	442	1,658	975,504	1,117,355	89%
Haiti	10,000	179,338		122	336,729	98	559	671,499	1,364,492	87%
Honduras	155	249	3,947	376	433	482	1,553	597,647	722,430	85%
Nicaragua	449	249	340,298	611	298	403	13,335	275,909	689,978	93%
Venezuela	57,000	288,233	39,000	870,000	5,539	200,000	79,990	351,144	3,000,000	74%
Total selected countries	79,179	614,153	432,435	873,953	351,324	405,584	201,595	6,269,250	12,048,721	76%
LAC region	286,092	1251,225	458,237	911,290	359,347	447,254	239,173	23,362,654	39,026,446	71%
Share (% of all migration from LAC region)	28%	45%	94%	96%	98%	91%	84%	27%	31%	

Protection Against Financial Shock Following a Covid-19 Infection

The first potential financial shock that migrants face in the pandemic is catastrophic medical care costs if they need treatment for Covid-19 infection.

Temporary foreign workers represented one-fifth of Canada’s agricultural labor force, with workers coming most commonly from Mexico, Guatemala and Jamaica. Although health insurance and social protections are extended to immigrants within the first year of residency^{xxix}, temporary workers often face considerable barriers to healthcare and are not eligible to the same services as other immigrants.^{xi} Due to the nature of employer selection of migrants participating in Canada’s Seasonal Agricultural Worker Program, workers are disadvantaged in terms of advocating for safe working conditions or access to occupational safety protections.^{xii}

Other financial shocks will be due to loss of wages and ability to offset wage losses with savings or credit. The extent to which migrants have access to credit within these countries is also a factor that can help protect them from financial shocks during the pandemic. Unemployment rates in Canada are relatively the same for native-born and foreign-born workers^{xlii}, but Italy and Spain unemployment for foreign-born workers is the face of the crisis is much higher.^{xliii} Because of lockdowns in Italy and Spain, migrants in agriculture, manufacturing and retail positions are unable to work.

In Italy, migrants that work as private home caretakers suffering massive job losses may not be eligible for emergency public assistance.^{xliiv} Italy offers free healthcare services to refugees or those seeking asylum via their “reception centers”. Since 2019, Italy has reduced the number of migrants that qualify for asylum and refugee status and the associated benefits and healthcare access that these immigration statuses imply.^{xlii} Immigrants in Italy without formal protections or documentation are known to live in poor conditions and in areas where social distancing and other appropriate preventative measures to stop coronavirus spread are impossible.^{xlii}

Foreign-born informal workers in Spain far outnumber Spanish informal workers.^{xlii} Spain, in contrast, has specific health services that are targeted to immigrant populations (i.e. testing for tuberculosis and other diseases where migrants have a high disease burden).^{xliii}

The extent to which migrants have access to credit within these countries is also a factor that can help protect them from financial shocks during the pandemic.

CONCLUSIONS

- Host countries with an elevated number of Covid-19 cases are home to the majority of migrants from Latin America and the Caribbean.
- Migrants are concentrated in occupations that are either suffering massive job loss due to shelter in place mandates or experiencing high exposure to Covid-19.
- As of April 2020, the Dialogue estimated a 16 percent decline in remittances from the US to Latin America and the Caribbean relative to 2019.
- Declines in remittances of this magnitude will most certainly negatively impact those living in Latin America and the Caribbean.

POLICY RECOMMENDATIONS

- Public policies in host countries should provide immediate income assistance to migrants who lost their jobs due to shelter in place mandates, including adequate health protections and free care to those working in high exposure occupations.
- Corporations can also help those migrants working to minimize their risk of exposure by providing free personal protective equipment, implementing social distancing measures where possible in the workspace, and increasing wages to accommodate for the additional hazard workers are facing in workplaces where social distancing is not possible.

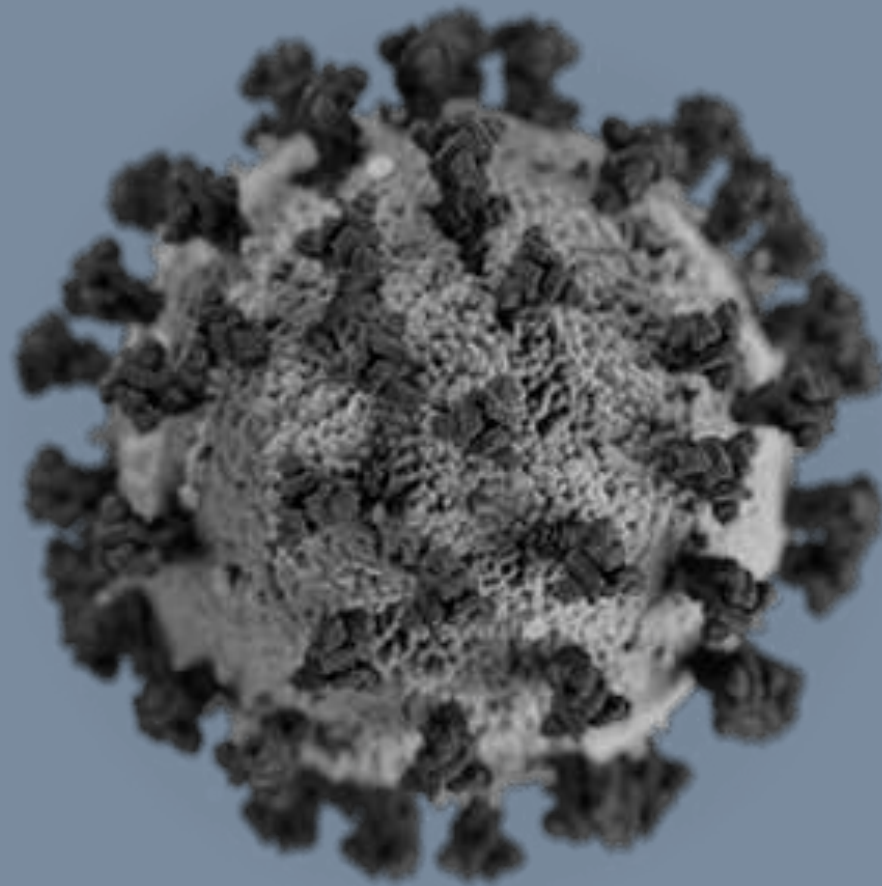
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