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# HUMAN MOBILITY, COVID-19, AND POLICY RESPONSES: THE RIGHTS AND CLAIMS-MAKING OF MIGRANT DOMESTIC WORKERS

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*Smriti Rao, Sarah Gammage, Julia Arnold, and Elizabeth Anderson*

## ABSTRACT

This article aims to explore policy responses to the early phase of the COVID-19 crisis, with a particular focus on disparate outcomes for international migrant domestic workers (MDWs). Through an analysis of interviews conducted with health and humanitarian organizations and experts in key migration corridors, it surfaces the central role that MDWs play in social provisioning and in mediating care responsibilities between the state and the family, particularly during lockdown and shelter-in place orders, and calls attention to the essential but excluded nature of migrant labor. The study investigates how states' responses to COVID-19 intersected with existing institutions of social provisioning and immigration laws, and with claims-making by MDWs to shape the impact of this crisis upon the well-being of these workers. It emphasizes that understanding what is happening to migrant care workers can help rebuild stronger, more effective social protection systems after the crisis.

## KEYWORDS

Migrant domestic workers, social provisioning, stringency, claims-making

JEL Codes: F22, O15

## HIGHLIGHTS

- Migrant domestic workers (MDWs) perform labor essential for social protection systems.
- The COVID-19 crisis revealed their exclusion from those social protection systems.
- Stronger pre-crisis social protection systems were more inclusive of MDWs.
- Countries of origin largely failed to advocate for these workers during the crisis.
- Claims-making by worker organizations emerged as workers' main source of support.

- Greater social protection for MDWs is a public health and human rights imperative.

## INTRODUCTION

It is now clear that the novel coronavirus (COVID-19) attacks our biological and socioeconomic vulnerabilities. Sharp variations in mortality rates have forced us to acknowledge preexisting inequalities of class, race, and gender in the ability to “be safe, be well,” even as a disproportionate amount of the economic pain and suffering of this crisis is being visited upon the poorest and most vulnerable. One unique feature of the COVID-19 response is the need to curb mobility to reduce disease transmission. These curbs on human mobility (notably not matched by curbs on flows of capital) directly impact the vast flows of human migration that the global economy is built upon today. And, while the bulk of public attention and policy intervention in most countries has been focused on domestic effects, international migrant workers have long been “essential but disposable” workers of the kind most affected by the health and economic effects of the pandemic.

Within economics, feminist economics has had the earliest, most acute analysis of the phenomenon of care work (and workers) as at once vitally essential and simultaneously treated by those with economic power as entirely disposable (Williams 2012). Following Marilyn Power (2004), the social provisioning approach we employ in this paper embeds within it universal social provisioning as a desired outcome. The case for state-funded access to programs of social protection and welfare provision, including labor laws that protect workers, has only become more urgent in the aftermath of COVID-19. There is some limited recognition of this urgency in what are thus far temporary expansions of social provisioning by governments across the world (Gentilini et al. 2020; International Labour Organization [ILO] 2020).<sup>1</sup> Understanding what is happening to the care workers whose labor is central to ensuring social provisioning, and how they are responding to their exclusions through “sustenance, cooperation, and support” (Power 2004: 6), can help rebuild stronger, more effective social protection systems.

Immigrant women perform an increasing share of care labor in the Global North so that the ability of more privileged women (and men) in the North to earn and learn depends upon the global inequalities that sustain flows of South–North migration (Ehrenreich and Hochschild 2003; Benería, Deere, and Kabeer 2012; Pérez Orozco 2016). Migrant workers have played the key role of lowering the costs of social provisioning in Northern countries, either allowing private households to continue to bear these burdens or enabling the state to subsidize these burdens (Altman and Pannell 2012; Yeates 2012).

In the aftermath of COVID-19, while many migrants lost their livelihoods, the ability to draw on migrant workers to continue to provide essential goods and services emerged as an important strategy that countries used to manage these lockdowns. The essential and disposable nature of migrant workers, including MDWs, allowed some countries to implement less stringent lockdowns by exposing migrant workers, rather than citizens, to the greater risks of working through the lockdowns. In fact, migrant communities in the Gulf states and in the Americas have seen a large number of COVID-19 cases compared to the general populations in the same countries (Sherlock 2020).

Migrant domestic workers (MDWs), in particular, constitute a core of workers most at risk of suffering negative health and economic impacts and are least likely to be assisted by domestic policy responses during past crises (Varia 2007; ILO 2016; World Health Organization [WHO] 2017). They are a uniquely intersectional category of workers who labor in a sector that is frequently beyond the realm of labor law and social protection. Gendered notions of who can perform this labor mean that almost 75 percent of domestic workers across the world are women, typically women of color, so that the vulnerabilities and exclusions they experience are gendered, classed, and raced (ILO 2016; Oliviera 2017). Unlike MDWs who are citizens, the rights of MDWs are further circumscribed by immigration law and practice (Kontos 2013). And in comparison to migrant workers more generally, MDWs are much more likely to be isolated as workers, working alone for and, in some cases, living with private employers.

Understanding how and when MDWs have attempted to seek protections from host and home countries in this time of heightened isolation and vulnerability provides insight into rights and claims-making in the gray areas of global governance during crises (Boris and Undén 2017). Where MDWs become essential extensions of care systems with different degrees of enfranchisement and inclusion or recognition, it is important to make their work visible and support this claims-making (Altman and Pannell 2012).

We explore these issues through a textual analysis of interviews we conducted with fifteen Subject Matter Experts (SMEs) engaged with and representing migrant women workers in the labor movement and in health and humanitarian organizations in key migration corridors. We interviewed SMEs in, or associated with, a number of host countries (Hong Kong, Lebanon, Qatar, Jordan, Kuwait, UAE, United States, Mexico, Spain, Italy, Germany, Costa Rica, and Canada), as well as some associated sending countries (Philippines, Bangladesh, Nepal, Morocco, and Mexico). The host countries were chosen to be representative of major migration corridors for MDWs who are concentrated in North America, Western, Southern, and Northern Europe, and the Gulf States (ILO 2016). We recruited SMEs voluntarily through networks such as the Women in Migration Network, the Solidarity Center, Mercy Corps, Human Rights

Watch, the International Domestic Workers Federation, the ILO, and the International Organization for Migration (IOM).

Our analysis here is updated as of the last week of May 2020. At that time, COVID-19 had spread the most in relatively high-income countries, influencing our choice of case study countries. In most countries, COVID-19 lockdowns/mobility restrictions had not yet been eased by the last week of May, so our analysis covers a phase of particularly pervasive lockdowns.

Our qualitative interviews confirm the essential-but-disposable nature of MDWs. We show that outcomes for MDWs have tended to be better where the pre-COVID-19 infrastructure of social provisioning was stronger. The relationship to the larger environment of democracy is complex. While more authoritarian regimes in host countries are more likely to restrict the rights and mobility of MDWs, this is not necessarily the case, and opportunities may have opened up for more coordinated claims-making in home and host countries as a result of the pandemic.

#### MIGRANT WORKERS, SOCIAL DISTANCING, AND SOCIAL PROVISIONING: UNDERSTANDING THE IMPACTS OF COVID-19

From 1980 to 2019, the number of global migrants more than doubled from 101 million to 272 million (IOM 2020). Currently, women make up almost half of all international migrants, accounting for almost 80 percent of migrants from some countries (Donato and Gabaccia 2015; ILO 2016). Of the 150 million migrant workers worldwide, around 8 percent are domestic workers in private homes, a figure that rises to 13 percent for women migrant workers. Almost one in five domestic workers across the world are migrants, with that share rising to 83 percent of all domestic workers in Arab states, 71 percent in North America, and 55 percent in Western, Southern, and Northern Europe (ILO 2016).

The essential nature of the work MDWs undertake begins with its importance in sustaining patterns of high labor force participation for women and men in high-income countries, as they outsource cleaning, cooking, and direct care of elderly and children to MDWs. Demographic changes in high-income countries have contributed to an increase in demand for MDWs over the last two decades. Aging populations increase the need for eldercare, and relatively high women's work force participation rates, together with relatively inflexible gender divisions of labor, increase demand for paid care labor. The high rates of COVID-19 mortality within eldercare facilities across North America and Europe may further increase the demand for home-based care of the elderly.

COVID-19 social distancing could have potentially varied effects upon MDWs depending in part upon whether they are live-in. The ability to work from home and the job losses that accompany this crisis could reduce the

*Table 1* Graphical summary of migrant-related COVID responses, case study countries

	Definition	USA	Canada	Spain	Italy	Germany	UAE	Lebanon	Jordan	Qatar	Kuwait	Hong Kong	Mexico	Costa Rica	
A. COVID travel Restrictions	Specific consideration to migrant well-being in travel restriction design		Black	Stripes	Stripes				Stripes	Stripes	Stripes	Stripes	Stripes	Stripes	Black
B1. Pre-COVID access to social protection	Workplace regulations (min wage, safety etc.); social protection (including healthcare)		Black	Stripes	Stripes	Black			Stripes		Stripes	Stripes	Stripes	Stripes	Black
B2. Access to post-COVID relief	Ability to access unemployment insurance, food stamps, cash, or other forms of relief		Black	Stripes	Stripes	Black				Stripes		Stripes			Black
C. Any home country responses reported	Direct (travel arrangements, food relief, etc.)									Stripes					
	Indirect (policy advocacy)									Stripes					

*Notes:* Black = Adequate; Stripes = Provisions exist but inconsistent; White = Inadequate/No provision.

*Sources:* Based on qualitative interviews, media searches, and analysis of official social provisioning policies.

willingness of households to hire or retain MDWs. Lockdowns can also increase the burden of care work that needs to be performed within the household. As we discuss below, the work intensity of some live-in MDWs increased, as did their dependence upon their employers. For MDWs who are not living with their employers, lockdowns could mean an inability to get to work and thus a loss of employment and income. These are MDW-specific impacts, in addition to the impact of international travel restrictions upon all migrant workers. As a result, the specific design of mobility restrictions plays an important role in shaping outcomes for MDWs (Table 1).

The extent to which preexisting systems of social provisioning include migrant workers matters greatly. Greater access to social protection programs, including subsidized healthcare, disproportionately helps MDWs, given that they are less likely to be covered by labor laws. But countries varied in the extent to which post-COVID relief programs specifically included migrants, in ways that we discuss below (Table 1).

Host country advocacy and action also has a role to play. Remittance income is a critical source of expenditure and investment for receiving households in the Global South (Ratha et al. 2020). Remittances have helped “recruit” foreign exchange earnings (Gammage 2006) for Southern governments, with remittances from women migrants, including MDWs, being especially stable sources of foreign exchange (Benería, Deere, and Kabeer 2012). And yet, we found few examples of host country governments mobilizing to provide direct or indirect support to MDWs. Instead, MDWs’ own mobilization, with the support of migrant advocacy groups, turned out to be more substantial.

In the host country analysis that follows, we investigate how these different factors, overlaid upon the context of immigration laws, shaped the impact of this crisis upon the well-being of MDWs.

## HOST COUNTRY ANALYSIS

In what follows, we draw on the key informant interviews as well as media searches and documentation of country-level immigration, social distancing, and social protection policies (Gentilini et al. 2020; ILO 2020). In investigating the impacts upon MDWs, we focused on: 1) the extent to which their well-being was considered in the design of travel restrictions; 2) their access to social protection both before and during COVID-19 lockdowns; and 3) the impact of host country interventions post-COVID-19, as summarized in Table 1.

### **Mobility restrictions and work**

The most common national-level response to COVID-19 in the period between February and May 2020 was the imposition of a lockdown. The Blavatnik School of Government, University of Oxford Stringency Index shows the variations in the strictness of lockdowns in the countries we studied (Hale et al. 2020). The index collates publicly available information on containment and closure policies, such as school closures and restrictions in movement, reporting a number between 1 and 100 to reflect the scale and depth of lockdown measures.

Countries imposed lockdowns at different points in time and with different degrees of severity (Figure 1). As a consequence, migrants were caught between differential degrees of lockdowns in home and host countries. More stringent lockdowns included measures that were especially harmful to MDWs, including bans on international travel. Thus, in the case of MDWs working in Hong Kong:

Those who had returned home for holidays were stranded. Some managed to come back [to Hong Kong] later on, but they had to

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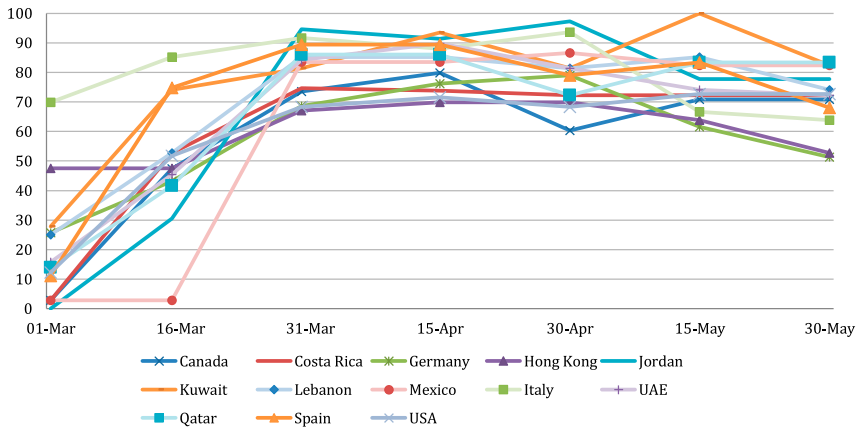


Figure 1 Stringency index over time, case study countries

Source: <https://covidtracker.bsg.ox.ac.uk/stringency-scatter>; see Thomas Hale et al. (2020) for explanation.

submit to a fourteen-day quarantine. During quarantine, they didn't get wages. MDWs have debts [due to paying for their own travel to the host countries], and they are mandated to live with their employers. [Hong Kong] made no arrangement for MDWs during their mandated quarantine and employers didn't allow them in, so many didn't know where to go, they got desperate, no one wanted them, and the government was never clear about where they should go. (SME, Hong Kong)

Others were trapped in destination countries:

Many of the people who would maybe want to go home cannot due to travel restrictions. For mixed immigration status families, they have been here on average 10–15 years, so going back to the home country is not a viable option. (SME, US)

Their mobility within the host country was restricted, and they were confined to employers' houses and places of work or to their communities. In Italy, for instance, during peak stringency all individuals were required to produce permits to enable them to be out on the streets. In Lebanon, curfews were imposed at certain times with no exceptions (SME, Geneva).

SMEs shared that neighborhoods densely populated by migrants were disproportionately deprived of services and faced more severe lockdowns. Once confined to these neighborhoods migrant communities had more limited access to food, healthcare, and other services than non-migrant neighborhoods (reported for Jordan, Lebanon, Kuwait, Singapore, and parts of Spain and Italy).



## MIGRANT DOMESTIC WORKERS

Many MDWs travel on sponsored visas linked to specific employers in host countries. These sponsorship visas mandate an exclusive relationship where the migrant either lives with the employer or works exclusively for them. Ostensibly, this link provides security for both the worker and employer. However, it also limits worker freedoms if the terms and conditions of employment are not favorable to the worker.

Workers are not seeking healthcare because they are worried about being deported. Because their jobs and visas are tied to one employer, they are worried that if they do leave, they cannot come back to their jobs in the Middle East. We heard this directly from our migrant domestic network in Jordan. (SME, Jordan)

During COVID-19, this link caused a particular vulnerability, with employers abruptly working from home and no longer having the daily need for the worker. With a visa linked to one employer, migrants were in legal limbo – largely unprotected by emergency pandemic response measures, unable to look for new work, unable to qualify for protections like unemployment insurance, and unable to leave the country due to travel restrictions.

This reality underscores the intimate link between labor and migration policies: where countries did not extend visas and work permits for migrants, social distancing measures left many MDWs without jobs and without legal status in the host countries; some were expelled from their employers' houses, and some have even been detained in government facilities. “Freelance”<sup>2</sup> MDWs, those with multiple employers, were especially hurt in the US, Hong Kong, Jordan, Lebanon, and in those countries where their migration status is linked to their employment status or where welfare and social assistance payments required migrants to present evidence of employment loss.

Conversely, mobility restrictions caused some employers to formalize their relationships with their workers so that they could continue in their employment, as in Italy where police strictly enforced checks of work permits including the name and number of the employer. “If the police stopped the person, they would be jailed. So employers have regularized contracts because of this fear of control that wasn't there prior to COVID” (SME, Geneva).

Among live-in workers where employment loss did not lead to loss of shelter, SMEs reported a higher risk of MDWs being trapped in abusive employment relationships without wages or sufficient compensation (reports from Kuwait, Jordan, Hong Kong, and Italy).

The documented ones are not asking for emergency paid sick leave because they work for such small employers and the unequal power

dynamic leaves them afraid for their jobs if they do so . . . Not having access to [personal protective equipment] has been a big issue for those continuing to work, especially because they cannot access emergency paid leave . . . Nannies who previously did not live-in are in many cases being forced to become live-in or else will lose their jobs, their ability to renew visas. (SME, US)

Sources reported that live-in MDWs in Jordan, Italy, and Lebanon were not getting paid, were unable to send remittances home, and were prohibited from leaving their work under the pretext of protecting the host family's health. In the US, many workers had no choice but to move in with their employers to shelter in place together or else lost the job entirely. "Confinement with families means that the migrant domestic workers' rights depend entirely on the family. Some are reportedly not allowed rest days. Some are not even able to connect with [their own] families" (SME, Middle East).

SMEs informed us that a few host countries provided amnesty to undocumented migrant workers (Kuwait) or regularized their status (Italy) as public health safety measures. Others are automatically extending visas to those who had a tourist or work visa (Costa Rica) or allowing workers to apply for extensions without having to return home (US). However, more often than not these provisions came about after a home country negotiated with a host country on behalf of migrants. In most cases, MDWs are fending for themselves in increasingly hostile environments to foreigners. SMEs stated that stories of migrants being deported further contributed to this fear, such as in the US where deportations increased over 6,000 in March 2020, or in Costa Rica, Hong Kong, Kuwait, and Jordan where all non-native migrants were told that if they returned home they would not be allowed back into the country (Kassie and Marcolini 2020).

### **Social protection access: Patchwork responses and evidence of exclusion**

In many countries, MDWs who lost jobs were not eligible for income support, and yet those who remained working, some in very precarious conditions, continued to bolster systems of social protection and welfare provision they themselves could not access. Italy best exemplifies this tragic situation, where harsh mobility restrictions included requiring a permit in order to leave the house, as domestic workers were excluded from income replacement schemes (SME, Geneva). Yet domestic workers were also declared essential workers – and were allowed to be mobile and given permits to work.

Host countries provide varying degrees of social protection for MDWs (Table 1). Canada has arguably the most robust system, which pre-COVID was estimated to cover about 99.8 percent of its population effectively

(Gentilini et al. 2020; ILO 2020). Anyone working in Canada who loses their employment because of COVID-19 and can prove that they were working is entitled to a federal support program (channeled through employment insurance) and emergency unemployment insurance.

Costa Rica also has social protection system, which covered about 72 percent of its population and is particularly well-developed for a middle-income country (ILO 2020). The country has now implemented an emergency social protection measure that applies to domestic workers and even migrants, including monthly cash payments for three months that cover loss of work or reduction in hours (Gentilini et al. 2020).

In Costa Rica, there were targeted measures such as the Protect Bonus, which is a bonus for loss of work or reduction of working hours. It would apply to domestic workers and even migrants, it is around \$200 for three months and can be extended if necessary. (SME, Costa Rica)

Other host countries include MDWs under the same legal protections that native-born workers enjoy (Hong Kong) or, if the paperwork is there, allow employers to contribute to social security and accumulate pensions and unemployment insurance (US). In the wake of COVID-19, Qatar was also considering asking all the national banks to give MDWs an account for electronic salary payments, which could reduce “under-the-table” payments (SME, Middle East).

The unwillingness to extend healthcare to undocumented workers even in the midst of a pandemic starkly revealed the limitations of many formally democratic contexts. Thus, in the US, “some money has been allocated to [federally qualified health centers] to cover testing for undocumented workers, but when there are not enough tests, what is the point?” (SME, US). Interestingly, while few of the social protection measures put in place were targeted at migrant workers and MDWs in particular, some countries provided additional support to households regardless of residency status and provided financial transfers for caring for children and the elderly. Germany, Spain, Costa Rica, and the US provided childcare-related transfers subsidies in recognition of the need to care for children (Gentilini et al. 2020). These measures may have enabled host countries to ensure that some MDWs retained their jobs.

The pandemic highlights the difficulties of enforcing workplace regulation of private households. Workers who apply for coverage under any existing provisions are the few who have internet access, sufficient knowledge of their rights, and access to the necessary documentation. Even where there are some protections, as in Costa Rica, employers may force workers to renounce their claims for additional benefits in exchange for corroborating unemployment (SME, Costa Rica). SMEs concurred that workers are largely at the whim of their employers who may or may not

continue to pay them while they shelter-in-place, putting them at risk of exposure to the virus or the police in order to look for work. Medical costs are often the responsibility of the employer, but the sponsorship system in these countries means workers are at the mercy of employers.

### **Inadequate home country responses**

Countries of origin with large migrant diaspora have responded to the pandemic in an uncoordinated fashion, with conflicting and confusing policies. Some governments appear to be seeking indemnity and actively refusing to help migrant workers in host countries. In Canada, one group of activists and academics reported that Jamaica had required outgoing migrants leaving on care visas to sign waivers that do not oblige them to be repatriated and cared for if they fall sick. “For example, the Jamaican government is making migrants sign a waiver, stating that the Jamaican government does not have to look after them if they get sick in Canada” (SME, Canada). In Costa Rica, primarily Nicaraguan migrants have had no support from their home country government. “In Costa Rica we have not seen interventions by Nicaragua. The case of Nicaragua is very dramatic . . . this is very worrying” (SME, Costa Rica).

Very few countries of origin responded to the emergency by bringing MDWs home. Repatriation is hotly debated within home countries, largely centered around who pays for the flights and how and where migrants will be quarantined upon returning home. These constraints have led to stalemates, such as in Nepal where courts have ruled that the government must bring back all migrants, but the government has not made any steps toward this. In India, the government organized flights home but asked migrants to pay for them two months into a lockdown that resulted in the loss of income for many of those migrants (Nair 2020).

The Philippines and Bangladesh appear to be engaging with host country governments in some of the Gulf countries to support their migrant workers, but few flights had been made available for returning migrants, and the responsibilities for payment remain unclear. The Filipino government did reach an agreement with the Kuwaiti authorities to implement amnesty for those workers who are or have become undocumented. The hope is that undocumented migrant workers will not be afraid to go to their embassies to register for financial assistance or to seek help to fly them back home. A few home countries sought to bring information to migrants: an emergency online portal (Sri Lanka in host countries), emergency phone lines (provided by consulates in Jordan), or free access to the internet (negotiated in Qatar) for migrants to access health information and connect with embassies. Sri Lanka’s online portal, *Contact Sri Lanka*, registered around 17,000 migrant workers by the end of April 2020, over 6,000 of whom work in the Gulf. The Sri Lankan embassy

in Kuwait was also making travel documents available online so that migrant workers do not need to apply for them in person (SME, Kuwait).

### **Claims-making by migrant groups in home and host countries**

Without systematic or reliable help from home countries, migrants and migrant rights organizations have responded ad hoc to fill the gaps created by their exclusion from social protection systems. Migrants are organizing food drives for others unable to leave lockdown neighborhoods, creating cash relief funds, and working with civil society organizations to organize donations online. The biggest and most immediate impact has been in terms of provision of direct relief to MDWs in distress.

MDWs have lost jobs, [it is a] crisis situation. Many have no food, no money, no social protection, no health care, and they are also afraid to reveal their identities. We decided to spend our funds to set up a solidarity fund, to send our funds to affiliates. In the beginning we said we were not [a] humanitarian organization, but we changed our minds because the situation was so bad. (SME, Hong Kong, talking about the situation in Singapore and parts of Asia)

Before the virus, Lebanon was in economic crisis; since October they have had a massive devaluation, [the] financial crisis has affected everyone, wages were cut, a huge economic crisis, many migrant domestic workers lost jobs and now the virus is only making it so much worse. Luckily some NGOs in Lebanon work with us and have tried to give out cash and find shelters and organize local people to help them. . . . drive them to work, offer collective transport, provide food and shelter. We are providing support as well, financially. (SME, Hong Kong, speaking about the situation in Lebanon)

In home countries, some nongovernmental organizations (NGOs) are also mobilizing to support returnees. In Bangladesh, BOMSA, a migrant rights NGO, created COVID-19 awareness-raising leaflets specifically for MDWs returning to Bangladesh from abroad. Members of BOMSA are distributing soap, disinfectant, and other cleaning supplies and are encouraging workers to maintain social distance.

In the face of inadequate social protection systems and COVID-19 responses that do not take migrants and undocumented workers into account, many migrant rights organizations are also beginning to make claims on home and host country governments. One such alliance of organizations is in Jordan and is demanding that the government grant migrant workers legal residency during COVID-19, as many visas and work permits will expire during lockdown. The alliance is calling for the

government to grant financial assistance to migrant workers, who have little or no pay but cannot return to their country of origin. The alliance also asks for safety gear for migrant workers still on the job.

In addition to their advocacy for worker rights and social protection, the International Domestic Workers Federation, a global federation of domestic worker unions, has begun to send money to affiliates in different countries and has redefined some of their work as humanitarian in response to desperate calls for support.

Migrant organizing has also become virtual in the lockdowns. The domestic workers solidarity network in Jordan shares information about COVID-19 and its impact on workers in multiple languages on its Facebook page. Venezuelan immigrants in Costa Rica are organizing virtual migration and asylum workshops with immigration lawyers, NGOs, and United Nations organizations. US advocates have leveraged online support resources including counseling, PPE-use training, and know-your-rights training. SMS campaigns in Qatar provide MDWs and their employers with information about rights and protections.

Authoritarian contexts did constrain these responses. The SMEs we spoke to often requested anonymity due to the fear of reprisal, and bans on unions made organizing difficult. Nevertheless, claims-making did occur, even if it took more informal forms.

There is a network of migrant domestic workers in Jordan. They are not allowed to join unions in Jordan. They created a network of . . . migrant community leaders. These leaders share information about COVID-19 and have a Facebook page. All organizing is virtual. (SME, North Africa Region)

Where the MDWs engage with unions and social movements in host countries, they necessarily articulate a longer process of claims-making around labor rights, decent work, family reunification, or pensions. Hence the claims-making will likely live on beyond the pandemic. If they are deported and their employment relations severed, MDWs as a whole will have less ability to continue to make claims in host countries. While the long-term impact of these mobilizations remains to be seen, their energy and urgency is undeniable.

## CONCLUSIONS

COVID-19 has brought to the fore the critical role of care work undertaken by MDWs who are both essential and excluded workers – essential to social protection systems yet excluded from many rights and protections afforded other, native workers. Ten years after the signing of ILO Convention 189, which set labor standards for domestic workers, decent work for domestic

workers and particularly MDWs remains elusive. This crisis has thrown the exclusions and discrimination into sharp relief.

Stringent lockdowns without social protection left many migrants and particularly MDWs without employment and livelihoods and left others even more dependent upon their employers for shelter, as well as food and income, during the lockdowns. As well, migrant communities have been hit hard by COVID-19. To date, few home countries have attempted to bring migrants home, and where they have, migrants have had to bear at least some costs.

Yet, claims-making is occurring, even under these conditions. In many contexts, organizing has become virtual. NGOs and unions are working together to provide shelter and food, to ensure access to information, or to demand host country governments react to abuses. Countries with more robust social protection systems and more inclusive migration regimes have responded better to the needs of MDWs in Canada, Costa Rica, and Germany. With the plight of millions of women migrants in the balance, we surface the following recommendations from MDW groups and rights organizations:

- **Revisit the sponsorship system.** COVID-19 puts the risks of this system into the starkest terms – tying employees to specific employers restricts MDWs freedoms of choice and puts them entirely at the whims of that employer. Migration and labor policy must uphold rights-based tenets that enshrine fundamental rights and freedoms such as decent work and the right to organize.
- **Social protections must include all migrants.** COVID-19 heightens the vulnerabilities of migrants, particularly those excluded from the protections of labor and immigration law. Expanding social protections to all regardless of immigration or employment status is essential for migrants' well-being, which remains of crucial intrinsic importance. Prior research also indicates that more inclusive healthcare systems are better able to address public health emergencies such as the current pandemic (Galvani et al. 2020).
- **Formalize payment systems and wages and social security payments.** All employers benefiting from state-sanctioned visas should be required to formalize wages and employment, pay pensions and healthcare benefits, and open bank accounts for workers.
- **Prioritize human dignity in public health crises.** COVID-19 underscores the truism that all health is public. There is no social benefit to only protecting some essential workers while implicitly or explicitly risking the lives of others based on migration or citizenship status, as this ultimately increases risks (either directly, through infection, or indirectly, through loss of access to provision of the latter) to overall public safety that are far costlier than preventive measures.

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### NOTES

- <sup>1</sup> Please consult our Online Appendix for additional relevant newspaper articles and reports.
- <sup>2</sup> This term was used by MDW organizations and unions to emphasize that they are not independent workers but have multiple employers and multiple employment relationships.

### SUPPLEMENTAL DATA

Supplemental data for this article can be accessed at <https://doi.org/10.1080/13545701.2020.1849763>.

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