



Latin American Program

Working Paper

December 2020

BOGOTÁ - COLOMBIA, 04-06-2020: Venezuelan migrants seeking to return to Venezuela during the coronavirus pandemic.
Photo Credit: shutterstock.com/ Daniel Andrés Garzón

Venezuelan Migrants Under COVID-19: Managing South America's Pandemic Amid a Migration Crisis

Jacqueline Mazza¹

When the first case of COVID-19 was recorded in Brazil on February 28, 2020, Venezuela was neck and neck with Syria as the world's top migration crisis. When borders and business were shut across the region in mid-March, a record 4.3 million Venezuelan migrants came under quarantine in South America. What happens to a migration crisis when previous movements in search of work, food, and shelter are suddenly shutdown?

Latin American countries moved quickly and under great fiscal strain to enact emergency assistance programs, prominently in the form of cash transfers, small business loans, access to health care, and some protection from evictions. Venezuelan migrants and refugees were already in more insecure situations in informal work and precarious housing as the pandemic hit. This review looks at eligibility and access to emergency assistance for Venezuelan migrants across social assistance, employment, health care and housing in the six top host countries in South America.

With the coronavirus yet under control, South America is now faced with applying policy responses in the midst of multiple and interlocking crises – experimenting with COVID-adapted economic recovery while integrating historically large migrant populations, ever fearful of the

next wave of chaos and outmigration from imploding Venezuela. Colombia President Iván Duque characterized Venezuela as a “ticking health time bomb.” How well does emergency pandemic support cover migrants and what impacts may that have in tackling the next stages of the virus and economic recovery?

Migration in a COVID-19 World

Beginning in mid-March 2020, all South American top receiving countries officially closed their borders, including some, temporarily, to their own citizens. Colombia’s seven official border crossings with Venezuela closed on March 14, 2020. Prior to that, as many as 40,000 Venezuelans a day were crossing at just the most frequented single crossing, Cúcuta.² The closing of official land border crossings quickly followed Colombia’s lead: Peru and Ecuador (March 16), Chile (March 18), and Brazil (March 19). Air travel was also sharply restricted, although its impact on migration was already low, as the more recent waves of Venezuelans were poorer and travelled by land. No one can be certain how many migrants continued crossing across porous jungle borders during the shutdown, particularly along the 1,378-mile land border between Colombia and Venezuela and in the indigenous region between Brazil and Venezuela; but there is every indication of a dramatic reduction in movements.

No one can be certain how many migrants continued crossing across porous jungle borders during the shutdown...but there is every indication of a dramatic reduction in movements.

International, non-governmental organization (NGO), and national support programs to Venezuelan migrants throughout the region also went through their respective major modifications. The United Nations High Commissioner for Refugees (UNHCR) had to shut down its important relocation programs in Brazil, which were moving poor Venezuelans away from isolated border areas to interior locations where there was a better chance for housing and jobs. This put great strain on border regions in Brazil such as Roraima, where shelters became overcrowded and food was scarce. Just recently, some relocation programs are resuming under strict COVID-19 guidelines.

The quarantines hit particularly hard those migrants and the poor who depended on daily informal work on the streets and in fields to feed their families and pay rent. Without income, the poorest migrants throughout the region faced food scarcity and evictions; some of the more desperate began making their way back to Venezuela.

Going Back to Venezuela?

Beginning in March 2020, Venezuelans started travelling by foot to the Colombian-Venezuelan border, some more than 2,100 miles from Peru and Chile. The Colombian government organized buses for those who wanted to return, but unauthorized buses and vans are also making the trip. Colombian authorities reopened five official borders for

returnees to Venezuela on a defined schedule. On the streets of Santiago, photographs showed Venezuelan migrants camped out on the street outside the embassy of interim President Juan Guaidó's opposition government, hoping to put pressure on authorities to enable them to travel back to Venezuela.³

Officially, the Venezuelan government permits only 1,200 returnees a week on Mondays, Wednesdays, and Fridays.⁴ Migrants are then subject to additional quarantine requirements in isolation centers just inside the Venezuelan border before being allowed to travel on to family homes in the interior. The Colombian government set up facilities on its side of the border for COVID-19 isolation and testing of returnees, providing colored bracelet coding prior to crossing to fulfill the Maduro government's requirements.

Despite these measures, returnees are facing extreme discrimination and dangerous conditions upon reentry to Venezuela. Maduro claims that migrants have been "deliberately infected" with the coronavirus,⁵ although the Venezuelan government knows of the strict measures taken by Colombian and international agencies prior to their return. Human Rights Watch (HRW) documented overcrowding and unsanitary conditions in makeshift isolation centers, hastily created in abandoned schools and cordoned-off sections of bus stations. HRW found some detainees staying for months before being allowed to travel on to family homes.⁶ As COVID-19 progressed in Venezuela, Maduro converted the coronavirus into a weapon against the political opposition, criminalizing having the virus and discouraging the sick from seeking care.⁷

It is not just the Venezuelan government who identified returning Venezuelan migrants as particular carriers of the virus. Media coverage in Brazil, Colombia, Chile, and Peru blamed



Illegal and improvised boarder crossing between Colombia and Venezuela.
Photo Credit: shutterstock.com/ Sebastián Delgado C

Venezuelans for not isolating or for spreading the virus.⁸ Prior to the pandemic, UNHCR had already initiated projects to combat rising xenophobia against Venezuelans. A UNHCR spokesman characterized the rise in xenophobia in the region early in the pandemic as not yet excessive. However, he feared this would change in the near future, as the economic crisis deepens and migrants increasingly become targets, as they are around the world.⁹

Just how many Venezuelans are making the trip back to a collapsed health care system with food and fuel shortages only to find themselves vilified in their own country? Official government (Colombian, Venezuelan) and non-governmental sources all record the largest flows of returnees in the month of March. Estimates of total returnees from March to September 2020 range from 60,000 to 100,000. An Organization of American States report in October 2020 estimates the number to be 75,000.¹⁰ The UNHCR has the largest official presence in the region; their estimates are from 70,000 – 100,000 return migrants.¹¹ The Venezuelan government's official estimates are that 56,000 have crossed from Colombia from mid-March to early June. A concentration of return migrants in March was also reported by the NGO International Medical Corps (IMC). IMC reported 80,000 returnees total as of July 15, half of whom returned as the Colombian border was closing in mid-March. IMC reported approximately 500 cases of COVID-19 among returnees.¹² Monthly totals from the Colombian Migration Director, Juan

Francisco Espinosa, also showed the largest group crossing in March: 30,000; April: 16,000; May: 23,000, and June 1-12: 4,600.¹³ With return routes principally through Colombia, the Colombian government does not recommend or even encourage Venezuelans to return. They cite both the conditions in Venezuela

and the difficulty and safety of the journey, particularly as municipal Colombian authorities may not be permitting travel between localities. Even at 100,000 returnees, return migration would constitute approximately 2 percent of the 4.3 million Venezuelan migrant population in South America.

A UNHCR spokesman characterized the rise in xenophobia in the region early in the pandemic as not yet excessive. However, he feared this would change in the near future, as the economic crisis deepens and migrants increasingly become targets, as they are around the world.

Migration in the Top Six Receiving Countries: Pre- and During COVID

Venezuelan migration—already at historic levels—stayed relatively stable during the first seven months of the COVID-19 period. Table 1 presents UNHCR data for Venezuelan migrants by country location tracking through the first months of the pandemic. UNHCR's official data presented here in descending order of the size of the Venezuelan population include migrants, asylum seekers, and refugees from Venezuela, compiling official governmental and non-governmental sources.

Table 1: Migration Patterns in Top Six LAC Receiving Countries: 2018-August 2020

Country	2018[i]	2019[ii]	February 2020[iii]	March 2020[iv]	April 2020[v]	May 2020[vi]	June 2020[vii]	July 2020[viii]	August 2020[ix]
Colombia	1,100,000	1,600,000	1,600,000	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000	1,800,000
Peru	506,000	863,600	861,700	861,000	861,000	861,000	829,700	829,700	829,700
Chile	288,000	371,200	371,200	371,200	455,500	455,494	455,500	455,500	455,500
Ecuador	221,000	385,000	385,000	366,600	366,600	363,023	363,000	362,900	362,900
Brazil	50,000	224,100	253,500	253,500	253,500	253,500	253,500	264,600	264,600
Argentina	130,000	145,000	145,000	145,000	145,000	145,000	179,100	179,100	179,100
Other LAC Countries	359,000	456,100	383,600	302,700	418,400	421,950	419,200	408,200	408,200
Other countries	700,000	825,500	825,500	825,500	837,200	837,200	837,200	885,400	885,400
Total									5,185,400

Source: Data compiled by the author from the following: UNHCR, *R4V Venezuelan Refugees and Migrants in the Region*, January 4 and December 6, 2019 reports; and February 7, March 6, April 9, May 11, June 8, July 6, and August 7, 2020 reports.

- i. Regional Inter-Agency Coordination Platform, (R4V), Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – January 2019, (UNHCR, January 11, 2019), <https://data2.unhcr.org/en/documents/download/68069>.
- ii. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – December 2019, (UNHCR, December 6, 2019), <https://data2.unhcr.org/en/documents/details/72764>.
- iii. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – February 2020, (UNHCR, February 7, 2020), <https://data2.unhcr.org/en/documents/details/73856>.
- iv. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – March 2020, (UNHCR, March 6, 2020), <https://data2.unhcr.org/en/documents/details/74432>.
- v. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region –April 2020, (UNHCR, April 9, 2020), <https://data2.unhcr.org/en/documents/details/75315>.
- vi. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – May 2020, (UNHCR, May 11, 2020), <https://data2.unhcr.org/en/documents/details/76206>.
- vii. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – June 2020, (UNHCR, June 8, 2020), <https://data2.unhcr.org/en/documents/details/76910>.
- viii. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – July 2020, (UNHCR, July 6, 2020), <https://data2.unhcr.org/en/documents/details/77513>.
- ix. R4V, Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – August 2020, (UNHCR, August 7, 2020), <https://data2.unhcr.org/en/documents/details/78159>.

Data collection has been particularly challenging during the pandemic, so UNHCR figures should be used cautiously, and principally to assess broad trends. The data show that while there were shifts between LAC countries and outside of the region during the pandemic, the ranking among the region's top receiving countries from March to August 2020 remained the same. Return migration to Venezuela or movements between Latin American countries is not on a scale that affects the macro-dimensions and distribution of Venezuelan migrants in the region.

Colombia remains the largest host country of Venezuelan migrants, and return migrants constitute 0.9 percent of the 1.8 million in the country.

Colombia remains the largest host country of Venezuelan migrants, and return migrants constitute 0.9 percent of the 1.8 million in the country. Argentina and Chile reported some increased numbers of Venezuelan migrants during the pandemic despite some return migration to Venezuela. Official figures for migrants in Peru and Ecuador appear to be decreasing somewhat, although many believe the numbers of migrants in both countries may be undercounted. Migrants who had crossed at unofficial borders in 2019 may not be registered with local authorities.

Select Border Controls Opening to Nationals

By June and July 2020, select official border crossings in the region were opening to permit nationals to return home. On June 23, Colombia opened the Rumichaca International Bridge in Nariño, but only to nationals repatriating between Ecuador and Colombia.¹⁴ Border openings as of September 2020 are only for repatriating nationals trapped during the pandemic; new Venezuelan arrivals, along with other nationalities, are explicitly barred from crossing. South American countries had agreed jointly to facilitate the return of nationals as part of a number of cooperative agreements signed on March 16 under the auspices of the Forum for the Progress of South America (*Prosur*). Limited relocation of Venezuelan migrants who had crossed into northern Brazil began in June. The Brazilian federal government, working with the key United Nations (UN) agencies (UNHCR, International Organization for Migration (IOM)) under strict COVID-19 procedures, began limited relocations from Roraima and Amazonas, relocating migrants to the interior, particularly to Manaus and São Paulo.

As of early October 2020, most land borders in the region still restricted non-nationals from crossing due to the pandemic. There was a brief reopening of the busiest official border crossing in Cúcuta from late August through September 2020, but borders were officially reclosed until November 1. Air traffic resumed in late September for tourism for Brazil and Colombia but under strict protocols. A humanitarian land corridor at the Colombia-Venezuela border is open on a defined schedule for those Venezuelans wishing to return home. The resurgence of the virus in the region has made the stable opening of land borders particularly uncertain.

Job Loss and Legal Status during a Pandemic

In the first month of the pandemic, March 2020, nearly all of the Latin American countries receiving Venezuelan migrants except Mexico announced temporary suspensions of visa procedures. In practice, this extended the legal right of Venezuelans to be in the destination country until visa offices could be officially reopened under safe conditions. Reopening visa processing for migrants, however, has been slower and less complete than hoped for with the continued advance of the coronavirus in the region.

Even as late as November 2020, only select and limited visa processing was reinstated. In Colombia, the government officially suspended expiration terms and processing deadlines for both migrant work (*Permiso Especial de Permanencia*, PEP) and residency permits for the duration of the health crisis. On July 6, Colombia facilitated online work permit renewals for 281,000 Venezuelans who were at their two-year renewal dates.¹⁵ Brazil reopened visa processing for migrants and refugees in mid-July, but the limited number of office appointments are hard to come by and on-line platforms are not fully functioning.

To be clear, South America's suspension of visa requirements is temporary for the health emergency period. No country permanently changed visa requirements or granted new types of work permits as some European countries have done. "Regularization" of Venezuelan migrants was advancing prior to the pandemic in South America, albeit with different rules and timing in each country. Near the end of 2019, Brazil began providing any Venezuelan applicant presumptive, or *prima facie*, refugee status given the backlog of applications. Brazil and Peru provided asylum applicants with temporary work visas.¹⁶ Peru, Colombia, Chile, and Brazil instituted temporary residency visas. Most significantly, South American host countries had made efforts for "mass regularization" of Venezuela migrants from 2017-19, Colombia

in particular. But by late 2018-2019, three countries—Ecuador,¹⁷ Chile, and Peru—had become more restrictive for incoming Venezuelans by increasing visa requirements. Ecuador and Peru required passports with visas for official entry, which were often difficult for fleeing Venezuelans to obtain. By all accounts, the 2018-19 restrictions principally led more Venezuelans to choose dangerous land routes away from official entry points. Official migration figures of these three countries during the pandemic may be underestimated as a consequence of an increase in unauthorized inflows during 2018-19.¹⁸

Reopening visa processing for migrants, however, has been slower and less complete than hoped for with the continued advance of the coronavirus in the region.



Venezuelan Refugee living on the streets in Porto Viejo, Ecuador.
Photo Credit: shutterstock.com/ Glenn R. Specht-grs photo

The pandemic did not change some basic humanitarian features of South America's treatment of Venezuelan migrants. In no country in Latin America are migrants deported against their will back to Venezuela due to lack of legal residency or unauthorized entry. The contrary is true of the United States even during COVID-19, including deportations of migrants testing positive for the virus.¹⁹ In the case of Guatemala, an estimated 20 percent of the Guatemalans deported from the United States during the pandemic had COVID-19, contributing to the spread of the virus in the region.

Disproportionate Job Impacts on Migrants and Informal Workers

Work in Latin America is highly segmented between formal and informal employment, with Venezuelan migrants disproportionately concentrated in informal work. Informality took on new disadvantages during the pandemic; informal workers were harder to reach and identify for aid, and the aid is not as substantial as what is available to formal workers. The high concentration of Venezuelan migrants in informal work, particularly in selling goods on the streets and agricultural work, meant an immediate cutoff from their daily source of income.

Formal workers have access to better pandemic job protections as well as the advantage of already higher incomes and benefits, including sick leave. Argentina explicitly prohibited layoffs from formal jobs, while most other South American countries enacted some new emergency work benefits, employee cost reductions or extended the length of existing labor market programs. COVID-19 benefits for formal workers included: wage subsidies in Brazil; small business subsidies and tax deferrals in Colombia; extended

unemployment insurance (UI) in Brazil, Argentina, and Chile; and wage subsidies for employees in Chile who could not telecommute. None of these work benefits were as generous as in Europe or the United States, but they provided important income support. Migrants were not barred from receiving these formal benefits. Rather, only a small percentage of Venezuelan migrants held formal jobs or were registered in formal labor benefit programs.

The high concentration of migrants in informal work was prevalent well before the pandemic, even in those countries that made an effort to provide migrants with work visas. A five-year study (2014-19) by the Universidad Externado de Colombia found a rate of 75 percent informality among Venezuelan migrants in Colombia. The high rate of informality exists despite Colombia's efforts to provide special work permits, called the PEP. As migrant flows swelled, though, the PEP came to cover an increasingly smaller percent of the Venezuelans in the country. By Colombian government estimates, the PEP covered only 37 percent of the 1.4 million Venezuelans in the country as of the first semester of 2020.²⁰ Secondly, even if one obtains the PEP and the permit is reauthorized when needed, few Colombian businessmen ended up hiring Venezuelans for the few formal jobs available. Only 4 percent of PEP holders in Colombia in March 2019 had a formal sector job. The trend of high informality even among formal work permit holders holds true as well in Peru. In Peru, less than 1 percent of Venezuelans held a formal-sector job as of October 2019, despite the over 414,000 with work permission (PTPs) or other legal residence status.²¹ There are multiple reasons that employers did not readily hire migrants into formal jobs; first, such jobs were not numerous, and second, the renewal of work permits added additional bureaucracy and uncertainty compared with national hires.

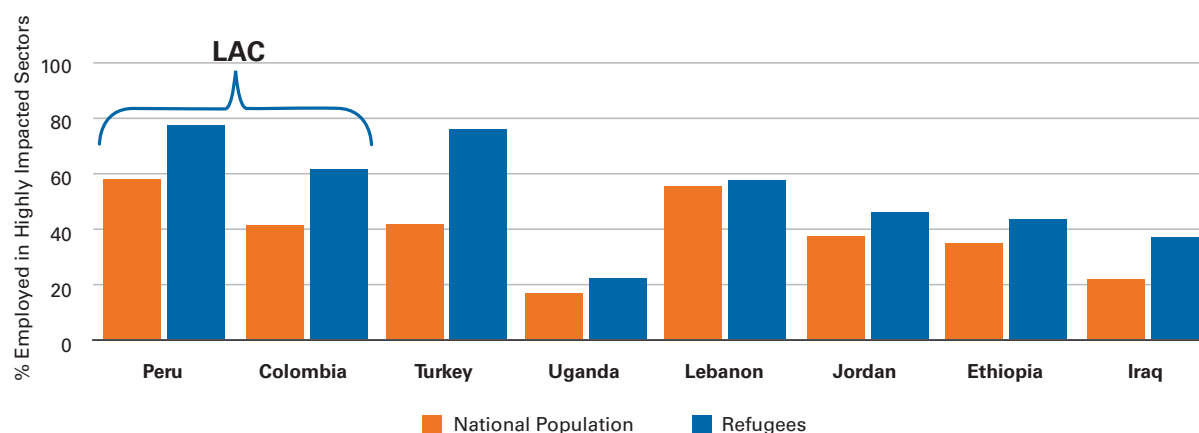
Many informal jobs literally disappeared during the lockdown, as authorities banned selling on the streets and restaurants and hotels were closed. Before the confinement measures, paid work was the main source of income for 91 percent of Venezuelan migrant households in Colombia. By May 2020, only 20 percent of Venezuelans had paid work and 48 percent of households reported having no source of income (e.g. no remittances or savings). A full 97 percent of Venezuelans in Colombia had no computer access for telework or schooling.²² In a survey of members of the Association of Venezuelan migrants, 82 percent indicated they had no form of income during the quarantine.²³

Not only was informal work more vulnerable during the shutdown, but migrants appear to be disproportionately working in the informal sectors most heavily impacted by COVID-19 shutdowns. The International Labor Organization (ILO) classifies the following sectors as highly impacted by COVID-19: accommodation and food services, manufacturing, real estate, business services, wholesale and retail trade, and motor

vehicle repair. Transport, entertainment, and construction—other areas of migrant informal work—are classified as medium impact.²⁴ A 2019 study of Venezuelan migrants in Peru found a 90 percent rate of informality, 33 percent in agriculture, and 32 percent in services.²⁵ According to the Peruvian Bureau of National Statistics and Ministry of Labor, about 55 percent of Venezuelan migrants work in the services sector, with tourism and restaurants being the largest subsector of services of migrant employment although only 7.2 percent of Peruvians work in this subsector.²⁶ An estimated comparison of employment differentials in highly-impacted sectors between refugee populations and national populations by the Center for Global Development is provided in Graph 1.

Graph 1. Employment in Highly-Impacted Sectors: Refugees vs. National Populations

LAC vs. Non-LAC Countries



Source: Author adaptation based on data from Center for Global Development, *Policy Paper 178*, July 2020, 13.

While the statistics for Colombia and Peru include only Venezuelan refugees, not all migrants, they show Venezuelan refugees with a higher presence in highly-impacted sectors. These differences were higher in the two LAC countries than any of the six other major refugee-hosting nations. In Lebanon, by comparison, the difference in jobs held between refugees and national populations in the highly impacted sectors is relatively minimal. Agriculture, defined as a low-medium impacted sector, dominates employment in Africa, particularly Uganda; this likely explains why the differences between refugees and the native-born population are much lower in that country. The South American economies nearly universally have higher percentages of employment in services where refugees are concentrated.

Even under partial reopening, informal sector work is often the least amenable to social distancing. Access to running water for handwashing is also limited. Press reports indicate that Venezuelans take on jobs that nationals are reluctant to do. A funeral director in Lima, Peru, for example, reported that 70 percent of his new hires were Venezuelans who took on the grim task of collecting cadavers.²⁷

Emergency Flexibility to Hire Venezuelan Doctors Limited

To respond to the severe demands on health workers, nations everywhere are trying to bring on more doctors and medical personnel to combat the extreme exhaustion, contagion, and mortality among the medical workforce. South America has one particular advantage over other regions: Venezuela's shutdown of more than 80 percent of its hospital sector led to an outmigration of thousands of licensed, Spanish-speaking doctors, nurses, and skilled technicians to other countries when the pandemic hit. The majority, however, have been working in unrelated low-paid, informal jobs, not in health care.

A handful of South American countries—Argentina, Chile, Peru, and Ecuador—made specific allowances for the emergency hiring of doctors. Only some of these emergency provisions related to the hiring of foreign doctors, and several retained the requirement for completing the pre-COVID-19 national recertification process before practicing. Overall, adapting existing processes to the health emergency has been fraught with delays and limitations in the region, with relatively limited results.

Chile's Emergency Decree 6 in March 2020, for example, explicitly allowed for the hiring of foreign doctors with degrees earned outside Chile (provision 14) along with the emergency hiring of retired doctors as well as students in their last year of medical school.²⁸ The initiative "I Serve My Country in an Emergency" had 13,000 applicants, 1,000 of them foreigners, 99 percent of whom were ready to work immediately, including 70 percent who were willing to be transferred anywhere.²⁹ There is not yet a published figure on how many foreign medical professionals are now working in Chile but was reportedly slow. Ecuador

Venezuela's shutdown of more than 80 percent of its hospital sector led to an outmigration of thousands of licensed, Spanish-speaking doctors, nurses, and skilled technicians to other countries when the pandemic hit. The majority, however, have been working in unrelated low-paid, informal jobs, not in health care.

reports that by June 2020, the Health Ministry had contracted only an additional 78 foreign doctors under emergency provisions, principally Venezuelans and Cubans.³⁰

Peru did not accelerate foreign medical doctor certification for the health emergency until early August 2020. By then, 200 medical workers had died and another 7,000 had

been infected. Adding to the frustration, a list of 1,000 Venezuelan medical doctors and 4,000 nurses available but not authorized to work in Peru had been compiled by the Lima-based ambassador to the government of Venezuelan interim President, Juan Guaidó.³¹ Peruvian authorities first took a smaller step in late April that permitted foreign doctors to be hired for COVID work, but only if they completed the lengthy Peruvian national certification process in effect before COVID.³² The national process requires a written reexamination, substantial fees, and then national licensing. From April to August 2020, this modification had only limited success in bringing on Venezuelan doctors. The U.S. Agency for International Development (USAID) funded a local NGO to help 50 Venezuelan doctors navigate the national exam and credentialing in Peru. Despite help with paying their fees, studying for the exam, and completing certification, the process worked slowly during the pandemic. Five months later, in July 2020, only 21 of the 50 doctors were registered to practice; 16 were still awaiting certification even though they passed the exam; and another 13 were still earlier on in the process.³³ In August 2020, President Vizcarra signed the more significant decree allowing foreign doctors with foreign diplomas to be incorporated in COVID-19 work more quickly by-passing Peruvian recertification requirements.³⁴ Argentina has worked through the local association of Venezuelan doctors and the association of nurses to hire foreign personnel through specific public calls for job applications, or *convocatorias*. Under this procedure, 290 nurses had been hired as of July 2020, 250 in Buenos Aires, the remaining in the provinces.³⁵

The health emergency put a spotlight on the cumbersome nature of the existing medical certification processes in the region particularly in the case of national emergencies. There is no common regional process, only individual country requirements, although the value of region-wide professional standards has been openly discussed for years.

Only Chile had on the books an emergency decree developed for the 2010 earthquake. The typical national recertification process involves a retaking of a national exam, regardless of the origin of the previous diploma

The poor adaptation of South American labor certification processes to emergency conditions is one policy area ripe for change.

(e.g. including for internationally recognized diplomas such as that of Harvard Medical School). In Chile, each foreign doctor must take the Chilean national exam (*el Examen Único Nacional de Conocimientos de Medicina* [Eunacom]), and then wait his or her turn to receive an assignment for four practical residency parts of the exam. A key problem has been that residency slots are often highly limited. Ecuador's process is similar, and even before COVID-19, Ecuador was experiencing shortages of medical doctors. In 2018, Ecuador's Ministry of Health certified only 1,814 foreign doctors among its total pool of 30,000 nationals, even though in 2018 it was experiencing substantial shortages of doctors, particularly in anesthesiology and surgery.

Modifying national certification processes to help fight the pandemic is not universally accepted in the region. National medical associations argue that accelerating national certification processes could affect the quality of medical care. There has been a concern with more recent medical school graduates from Venezuela suffered from poor training and limited patient interaction under the Maduro government. Colombia's initial decree was retracted with medical doctor opposition, and debate reignited in July 2020 about possible changes to permit the hiring of foreign doctors for the emergency. The Guaidó government's embassy in Colombia is developing a registry of available Venezuelan doctors and nurses in anticipation of a change in Colombian policy.³⁶ The authority to hire doctors in South America is controlled principally by national authorities, limiting the power of local authorities to move more quickly to address medical shortages. When the mayor of Medellín asked to hire Cuban and, to a lesser extent, Venezuelan doctors to address its surge in COVID patients, press reports claimed the mayor was advancing a "*castrochavista*" agenda. The poor adaptation of South American labor certification processes to emergency conditions is one policy area ripe for change. Advancing more agile, region-wide standards would better equip the region for future emergencies and more easily address shortages of key skilled professionals across borders.

Emergency Pandemic Assistance: Does it Cover Venezuelan Migrants?

In response to the health emergency, all Latin American countries expanded a range of assistance to attend to both immediate health care needs and the loss of jobs and income during the lockdown. This section reviews the key pandemic assistance for the top six host countries in South America. It looks specifically at whether and in what ways Venezuelan migrants were covered by national assistance. Table 2 summarizes pandemic social assistance and Table 3, health care and housing measures; both tables list the top six South American host countries in order of the size of the Venezuelan migrant population. The UN agencies coordinated through UNHCR and IOM's RV4 Platform which also led important programs of cash aid and other assistance. This review examines particularly coverage via national programs to spotlight the integration of migrants within wider and more national-based programming.

Anti-Poverty Aid – Often Related to Migration Status

As the pandemic hit, nearly every Latin American and Caribbean country had in place a monthly cash assistance program for the poor in the form of a conditional cash transfer (CCT). CCTs are a social policy innovation born in Latin America in the 1990s and 2000s and have now spread across the globe. Over the last two decades, LAC countries have built reliable administrative systems to deliver this cash aid every month to poor families.



Tents of Venezuelan migrants in Manaus, Brazil,. Photo Credit: shutterstock.com/ guentermanaus

Families must meet conditions such as school attendance of their children and doctor visits for those pregnant and lactating mothers to receive anti-poverty aid. The conditions part of CCTs were suspended during the pandemic and coverage was widened to offer cash aid to even more people who had become newly poor and unemployed as a result of the pandemic. Other forms of social assistance were also expanded, particularly for the elderly and disabled. Brazil, for example, tripled its level of *Bolsa Família* benefits and created a new coronavirus “voucher.”

Countries expanded CCT and other social assistance coverage by first using existing civil registry or social insurance data bases to identify new recipients. Peru had built one of the region’s best national civil registry and identity card systems. With this large database, Peru was able to identify new recipients to provide cash aid to an estimated 85 percent of the population.³⁷ Brazil used its civil registry (*cadastro único*) to identify new recipients plus added on online registry on April 1, 2020. They also accepted new *Bolsa Família* applications in local offices. Table 2 provides a summary of the key social assistance measures by host country and indicates whether and how Venezuelan migrants and refugees were covered, starting with Colombia, which has the largest Venezuelan migrant population in the region.

**Table 2: Emergency Social Assistance by Host Country:
Coverage for Venezuelan Migrants**

Host Country	Type(s) of Social Assistance	Eligibility for Migrants	Additional Provisions
Colombia	<ul style="list-style-type: none"> • CCT • In-kind (in-kind/school feeding) 	Possession of a Permiso Especial de Permanencia (PEP) is necessary to be eligible.	Additional bonuses and new programs were based on one-off payments.
Peru	<ul style="list-style-type: none"> • CCT • In-kind (in-kind/school feeding) • Utility and financial support 	Migrants and refugees are not eligible	Additional bonuses, and new programs were based on one-off payments.
Chile	<ul style="list-style-type: none"> • CCT • In-kind (in-kind/school feeding) • Utility and financial support 	Migrants must be registered in the Registro Social de Hogares in order to be eligible.	Additional bonuses, and new program originally expected to last three months were extended.
Ecuador	<ul style="list-style-type: none"> • CCT • In-kind (in-kind/school feeding) 	None of these measures are extended to non-nationals.	Additional bonuses, new programs and one-time payment were extended to end of 2020.
Brazil	<ul style="list-style-type: none"> • CCT (Bolsa Família) • Social insurance for elderly & disabled plus coronavirus vouchers • In-kind (in-kind/school feeding) • Utility and financial support 	Federal government introduced a monthly emergency basic income of 600 BRL (USD 120) for persons who lost their livelihoods because of the pandemic, regardless of nationality.	600 BRL represents tripling of pre-pandemic benefit, benefit reduced in Sept 2020 to 300 BR till Dec 2020. Access to benefits constrained by local government capacity.
Argentina	<ul style="list-style-type: none"> • CCT • In-kind (in-kind/school feeding) • Utility and financial support 	Foreigners are eligible to receive social assistance if they have lived in the country legally for at least two years. ³⁸	Additional bonuses, and new programs paid in April and June

A quick summary of the coverage of Venezuelan migrants under pandemic CCTs reveals that only Brazil provided CCTs and other social insurance universally without regard to immigration status. Colombia, Argentina, and Chile provided cash aid but to only a defined

A quick summary of the coverage of Venezuelan migrants under pandemic CCTs reveals that only Brazil provided CCTs and other social insurance universally without regard to immigration status.

sub-group of migrants who were readily identified through an existing registry. Eligibility ranged from those who held *PEP* work permits (Colombia), those in the social assistance registry (Chile) or those with a demonstrated length of time in the country (two or more years in Argentina's case).³⁹ Non-nationals are not eligible for either Ecuador or Peru's national cash assistance program.

How did these different approaches work in practice? While Brazil was the only country that provided social pandemic benefits universally to migrants, Brazil has a comparatively smaller migrant population than its neighbors, particularly Colombia. Social benefits in Brazil are administered through local governments if individuals are not already in the national civil registry. Local offices were often overwhelmed with new claimants and could not attend to all the demand. As migrants had little access to online registries, a lot of migrants had trouble accessing cash aid even though they were eligible. Institutional capacity was the most limited in the border states of Roraima and Amazonas, which receives the majority of Brazil's Venezuelan migrants.

Colombia also expanded the amount and coverage of its *Familias en Acción* CCT but only those Venezuelans who held a valid *PEP* work permit were eligible to receive the cash aid. By government estimates, this meant that more than 63 percent of the Venezuelans in the country were ineligible. In Chile's case, social assistance recipients needed to be previously registered in the *Registro Social de Hogares*, which has relatively strong levels of national coverage but uncertain coverage for migrants. Using the social registry enabled Chile to reach many poor households (75 percent), but information is not publicly available as to how many Venezuelans qualified. Certainly, those migrants who had crossed unofficially into Chile under the tighter visa restrictions in 2018-19 would not be registered. A survey of regional non-governmental organizations (NGOs) serving migrants confirmed that many Venezuelans in Chile did not qualify for social assistance checks.⁴⁰

Ecuador explicitly bars non-nationals from its social assistance programs. In Peru non-nationals also end up being ineligible for cash aid as non-citizens are not eligible for a national identity document (DNI) which was used to qualify for aid. Individuals with a DNI number could use this to receive the allotted 320 soles (about \$115) a month.⁴¹ Panama is an example of a country explicitly opening its social assistance to an estimated 20,000 asylum seekers and refugees.

Both the fiscal and administrative demands of rapidly incorporating new populations into social assistance were dramatic throughout the region. UN agencies with an established

presence stepped in to try to fill emergency gaps enacting noteworthy programs to Venezuelan migrants, running programs in coordination with national governments and with Venezuelan embassies representing Juan Guaidó. Measures included electronic payments for rent, food, and housing in Chile, and blankets and social assistance in Peru.⁴² The funding gap for UN agencies to serve Venezuelan migrants in the region continues to be severe, estimated in May 2020 at \$1.41 billion for both Venezuelan refugees and migrants.⁴³

In the rush to provide emergency aid, excluding non-nationals from more universal national cash assistance programs assuredly reflected fiscal constraints. Latin America had notably poor fiscal space in early 2020 and a much more limited ability to raise debt as did the United States, Europe, and multilateral institutions. Aid to non-nationals likely appeared a less politically viable use of limited resources. What is different in the highly infectious COVID-19 crisis is that not having access to income during quarantine meant millions of Venezuelan migrants had to make risky choices stemming from unsafe informal work, life on the streets, and potentially making the perilous trip back to Venezuela. All of these had negative consequences for efforts to contain the virus.

The responsibilities for financing extraordinary expenses for large migrant populations fell disproportionately on host countries with limited fiscal and administrative capacity. Without attention to this fiscal gap, it will be more difficult in future crisis to encourage countries to incorporate migrants into national programs. UN agencies had to establish new systems of cash assistance implemented in areas where migrants were concentrated rather than being able to tap into existing programs that had national reach. With an eye toward future crises, channeling international donations through more comprehensive national programs would enable much greater efficiencies of scale and coverage. To accomplish this in the future, there would be a need to incorporate migrants more systematically in civil and social registries and to create financing channels for international donations directly into national social programs to cover the additional costs of incorporating migrants.

Access to Non-Emergency Health Services Limited

All South American countries provided emergency medical care during COVID-19 regardless of immigration status. What was rarer for poor and uninsured migrants was access to non-emergency care and testing, so critical to catching the virus early and staving off its worst effects. Which non-emergency health services were available to migrant populations and whether there was access to scarce hospital beds varied again by South American country, not just for migrants but for poor citizens as well. Table 3 summarizes key health and housing measures adopted during the pandemic. Countries again are ordered based on the size of their Venezuelan migrant population.

Table 3. Health and Housing Emergency Measures by Host Country with Coverage for Venezuelan Migrants

Country	Health Access / Benefits Eligibility	Housing	Barriers to Access/ Special Concerns
Colombia	Emergency health care is granted to anyone regardless of migratory status, access to COVID-19 testing and treatment in public hospitals for PEP holders.	April 2020 national decree for the suspension of evictions.	<ul style="list-style-type: none"> • Uncertainty over whether evictions decree applies to migrants, evictions of migrants noted • Capacity barriers to access health services
Peru	Government decree for the temporary affiliation of refugees and migrants to the health insurance system.	Law pending in Congress since March 2020.	<ul style="list-style-type: none"> • Evictions of Venezuelans for lack of rent payments evident • Barriers to access of essential health services
Chile	Refugees and migrants registered are eligible to access emergency and basic health services	March 25 eviction provision still pending	<ul style="list-style-type: none"> • Evictions for lack of rent payment • Barriers identified to access essential health services
Ecuador	Legislation in Ecuador guarantees all foreigners access to emergency health services but not non-emergency services	Enacted a suspension of evictions in April, extended to mid-November 2020.	<ul style="list-style-type: none"> • Despite law, evictions of migrants observed • Denial of access essential health services for poor and migrants observed
Brazil	Refugees and migrants are technically eligible to receive both emergency and non-emergency services but only from public healthcare services.	Brazil has offered shelters to vulnerable migrants, no eviction provision	<ul style="list-style-type: none"> • Limited local health capacity is a barrier to access, particularly non-emergency services • Overcrowded shelters reached capacity, spontaneous occupation in Roraima, Amazonas
Argentina	Foreigners have offered access to the medical services regardless of the migratory status. ⁴⁴	Government enacted decree prohibiting evictions for lack of payment, extended to March 2021	<ul style="list-style-type: none"> • Eviction coverage applies only to legal, contracted housing

In Colombia, health care access for migrants was formally limited to emergency services only, but with more coverage for migrants who were previously enrolled in the national health insurance program or possessed a PEP work permit. On March 28, 2020, Colombia's Ministry of Health and Social Protection announced specific guidelines for the protection, detection and treatment of COVID-19 for migrants. In addition, as for all countries in the region, health care programs for migrants were often implemented jointly with UN agencies. Under the Interagency UNHCR-IOM-led coordination group, for example, food and health care services are being delivered to Venezuelan migrants across the departments of Colombia along with surveys of conditions of migrants.⁴⁵ Colombia's health care guidelines for migrants were more specific than in the other six countries examined in this study but there were health initiatives for migrants throughout the region, including in Peru, Brazil, and Panama.⁴⁶ Lack of clarity about eligibility for non-emergency health services became a concern throughout the region. In the next three largest receiving countries of Chile, Peru and Ecuador, there were frequent press and NGO reports of denials of services to migrants or discrimination against migrants in the provision of services. Chile limited non-emergency health services to those who were insurance holders, but it provided a level of basic, non-emergency service to all the poor including migrants. A survey of Venezuelan migrants in Peru found that they were denied services if they lacked the foreign residency card called the *carne de extranjería*.

In Brazil, while Venezuelan migrants are technically eligible to receive non-emergency assistance, the quality and access to health services for the poor is highly dependent on regional capacity. Roraima in the Northeast of Brazil is the key crossing point for Venezuelans to Brazil, particularly indigenous Venezuelans. As of May 2020, Brazil was home for approximately 4,000 indigenous Venezuelans (Warao, Eñepa, Pemón) who face greater risks during COVID-19 given their precarious health status and higher levels of malnutrition, infections and respiratory diseases. These indigenous migrants are concentrated in the isolated northeast states of Roraima and Amazonas, which have limited infrastructure and just over 600,000 local inhabitants. As a consequence of its poor economic base, Roraima depends extensively on federal government support; and it has very poor basic services, including an average of only four ICU beds per 100,000 inhabitants, the lowest ratio in Brazil.⁴⁷ Overall, the pandemic has revealed weaknesses in the health infrastructure and services across all countries in the region, something that affects both national populations dependent on public services as well as the large populations of Venezuelan migrants. Health services limitations became even more dire with the loss of housing and shelter, putting migrants at even greater risk for exposure to the virus.

Lost Housing Drives Venezuelans to the Streets

When national lockdowns required shelter in place orders, many Venezuelan migrants encountered additional challenges in remaining in their already precarious living quarters. Protection from evictions and deferred payment of rent and utility bills were less universal in South America; those protections that did exist often only covered legally contracted housing. Migrants and the poor were already living disproportionately in housing without a legal contract or paying by the day. What matters most for housing and evictions protections are the housing contract itself together with the nation's enforcement and the availability of legal assistance. Protections for precarious housing is even harder to cover. While migrants in previous waves (2015-17) may have indeed been in contracted housing by March 2020, more recent and often poorer migrants were more likely to be in month-to-month or daily rentals that depended on daily earnings.

As indicated in Table 3, Argentina, Ecuador and Colombia approved legislation or decrees prohibiting evictions for lack of rent payment during the emergency, but there were immediate issues with applicability to temporary housing and enforcement. Argentina's ban on evictions does not cover informal lodging, only those with a contract or in hotels. A survey of NGOs supporting migrants found that a majority of Venezuelans were not covered by the Argentine ban on evictions and were in danger of being forced from their homes.⁴⁸ While Colombia and Ecuador's laws technically cover all forced evictions, evictions of Venezuelans have been widely reported particularly after now months of non-payment of rent.⁴⁹

Colombia's national eviction decree came in April 2020. Although the decree does cover housing paid on a daily or weekly basis, its preamble citing Colombian families has created some confusion on whether Venezuelan migrants are covered. A previous Bogotá city decree explicitly covered vulnerable populations, but when that local decree expired in July, over 1000 Venezuelan migrants were evicted.⁵⁰ Peru and Chile had laws or decrees pending but there was no official action recorded as of early November 2020.

In the understandable haste to enact housing protections during the pandemic, it turned out that those in the most precarious housing—those who needed protection the most—were often the least safeguarded by national actions.

Existing shelters and temporary housing for migrants were strained to the breaking point during the lockdown. Evicted from their housing and suspected of carrying the virus, some Venezuelans were turned away from temporary shelters and forced to the streets. In the northern Brazilian states of Roraima and Amazonas, overcrowded temporary shelters were forced to turn people away. Desperate Venezuelans spontaneously

occupied shelters even though the temporary facilities lacked basic sanitation.⁵¹ In Ecuador, some temporary shelters hosting migrants and refugees either closed or turned away Venezuelans, claiming that Venezuelans were carrying the virus.⁵²

In the understandable haste to enact housing protections during the pandemic, it turned out that those in the most precarious housing—those who needed protection the most—were often the least safeguarded by national actions. The UN agencies stepped in with rent subsidies and temporary housing but not all the needy could be covered. Loss of housing aggravated the region's pandemic response, leading to increased sleeping on the streets, changes in housing with non-family members, and movements within and across countries. Homelessness was one of the principal reasons driving Venezuelans to shelter with family, although many have been trapped for months in dirty, crowded shelters in Venezuela.

The Venezuelan Health “Time Bomb” – a Growing Threat to South America?

Prior to the first officially reported case in March 2020, Venezuela was in the worst position in the region to combat the virus. Venezuela has lowest health security ranking in Latin America and the Caribbean and is among the bottom 20 countries in the world in terms of health care insecurity. This is due to the lack of reliable running water in dense urban areas, the exodus of qualified doctors and medical personnel, and the collapse of its major hospitals; the remaining few in operation have poor facilities and lack basic sanitation.⁵³ Venezuela's chronic food and fuel shortages predated the pandemic by several years. Not without reason, Colombian President Iván Duque called Venezuela a “health time bomb.”⁵⁴

No international actor views as credible the Maduro government's current estimates of infections, deaths, and health care capacity. Testing is at extremely low levels and many deaths do not get attributed to

the coronavirus. The Johns Hopkins University data tracks 92,013 cases and 798 deaths as of early November 2020, above the Maduro government's report of 444 deaths.⁵⁵ Before the

No international actor views as credible the Maduro government's current estimates of infections, deaths, and health care capacity.

COVID-19 outbreak, a February 2020 survey of Venezuelan healthcare providers found that 31.8 percent of hospital workers reported their hospitals lacked potable water and 64.2 percent reported only intermittent access to potable water.⁵⁶ At one of Venezuela's largest hospitals, the University Hospital in Caracas, 80 percent of health care workers reported being without protective equipment.⁵⁷ Even an official national survey published on May 16, 2020 via Twitter,⁵⁸ showed that only 5 percent of hospitals reported electricity

on a regular basis and only 3 percent with regular access to clean water. Hospitals in the survey reported there were shortages of gloves in 57.1 percent of the health sector, face masks in only 61.9 percent, soap in 76.19 percent, and alcohol gel in 90.5 percent.⁵⁹

The Maduro government has converted COVID-19 into a weapon against the political opposition. The police and military check and arrest people for signs of illness. Doctors have been detained for making public comments on the coronavirus that are at odds with the official version. Armed pro-government militias enforce lockdowns in the poorest communities while the wealthy are untouched as they move about and eat in high-priced restaurants. The armed forces tweeted out a call for people to report “bioterrorists” who had returned from abroad.⁶⁰ An August 2020 Human Rights Watch report details the ways a COVID-19 state of emergency has been used to detain and jail journalists, health care workers, and political opponents.⁶¹

For the first time in the long history of Venezuela’s humanitarian crisis, interim president Juan Guaidó and the leader of the Venezuelan Constituent National Assembly agreed on June 1, 2020, to begin to release millions of dollars in health aid to Venezuela through the Pan American Health Organization (PAHO).⁶² The assistance, which began arriving at the end of June 2020, includes support for COVID-19 treatment, protective equipment for health care workers, and public information around preventative measures to limit the risks of transmission.

This international assistance, while vital, can only be palliative given the ongoing collapse of Venezuela’s health care system and economy. The cumulative impact of the global collapse of oil prices in March–April 2020, years of extensive corruption, mismanagement, and international criminal activity by Venezuelan officials and international sanctions have led to a social and humanitarian crisis of staggering proportions. The IMF predicts GDP will decline an additional 10 percent decline on top of the historic two-thirds contraction since Nicolás Maduro took power in 2013. The World Bank estimates a lower rate of inflation of “only” 500,000 percent in 2020, largely due to the further contraction of economic activity. South American officials openly worry about the prospects of further deterioration in Venezuela that could collide with, and even undermine economic and health recovery in the rest of South America.

Emergency Policies and Migrants under the Pandemic – What Are We Learning?

No country in the world was prepared with a sufficient emergency health, social or economic policy framework adequate to combat the coronavirus outbreak. South America faced enormous additional challenges from its own structural inequalities, record numbers of Venezuelan migrants, and already inadequate funding for migrant host countries even before the pandemic hit. COVID-19 spread without regard to migration status, nationality or borders.

An ideal pandemic emergency response would have been to execute emergency politics to all residents based on need not migration status. But South America faced three key constraints: (1) fiscal – both national and international resources; (2) informational – a patchwork of different, partial data bases of migrants based on eligibility for different programs; and, (3) institutional – overwhelmed hospital systems and assistance programs. Despite important efforts, most of South America’s emergency programs varied eligibility based on immigration status which undermined the region’s response and led to negative impacts on the Venezuelan migrant population.

With a bit of hindsight, what are we learning about emergency policies in the South American context of high migration?

- **Cash Social Assistance Programs: Latin America’s Investment Becomes its Best Emergency Response.** The decades of investment in social protection programs, particularly conditional cash transfer programs, became the foundation of Latin America’s emergency aid response. All countries significantly expanded eligibility for cash aid, making lockdowns more survivable. Social assistance was expanded to new groups of national recipients using social registries (Chile, Colombia), civil registries (Peru), on-line and new applicant registration (Brazil, Ecuador), and filling gaps using census data (Ecuador).
- **Unfortunately, Most Migrants Were Not Eligible for National Cash Assistance.** While there was an equally pressing need to get cash aid to migrants already living in situations of high vulnerability, very few countries accommodated or could accommodate migrants into their cash assistance programs. Expansion of cash social assistance to migrants was hampered by all three constraints: fiscal, informational and institutional. Brazil was the only country that universally provided cash aid without regard to migration status, but it had a relatively smaller migrant population. Brazil’s local authorities, however, were often overwhelmed and universal access could not always be assured. Colombia, Chile, and Argentina provided cash assistance to a defined sub-group of migrants already registered via work permits (Colombia), social assistance (Chile) or had proof of two-year residency (Argentina). Non-nationals were not able to receive national cash aid in Ecuador and Peru. This left international agencies, non-governmental organizations and sub-national governments struggling with limited resources and data bases to provide cash aid through smaller range programs created during the crisis. Some national governments were separately supporting local UN or NGO-executed cash aid programs to migrants. In the future, channeling international donations for cash assistance through national programs would offer greater coverage and ease of administration to support migrants.

- **Employment Protection a Limited Tool when Informality is High.** Most South American countries moved to implement employment protection policies (e.g. wage subsidies, layoff protections, furloughs) to reduce the amount of formal unemployment during the pandemic. This was the route taken by European nations in contrast to the United States which compelled mass unemployment by relying so heavily on unemployment insurance rather than employment protections. Only Argentina, Brazil and Chile have unemployment insurance programs and while used, these could cover only a limited number of laid-off workers. Informal workers were excluded by definition from these stronger and more generous labor policy benefits; and migrants were disproportionately working in the informal sector. With informality high, good employment protection measures have limited reach which put added weight in South America on cash emergency aid as a pandemic tool. While all six South American countries⁶³ included in this study expanded the use of cash assistance for informal workers, as discussed above, migrants were disproportionately left out of national programs.
- **Major Shortfalls in International Assistance.** With escalating demands for social, health and economic assistance, South American governments did not have the fiscal resources to compensate for the inadequate assistance provided by the international community, including the United States. United Nations agencies increased their outreach as much as they could but resources to support migrants on a scale commensurate with needs were simply lacking. This highlights the need for rethinking both the scale of international support needed and the institutional delivery mechanisms to provide it to such a large population.
- **Eviction Protection Particularly Needed but Weakest for Migrants and the Poor.** There are no international precedents nor are there best practices for effective eviction protection during a pandemic like COVID-19. Governments—and private sectors—did not protect vulnerable groups in greatest need of protection, nor is it easy to do so. The lack of strong evictions protections led to a cascade of negative effects that undermined South America's control of the virus: large scale evictions in the cities, overcrowding in shelters, migrants living on the streets, and migration back to Venezuela, where return migrants faced additional threats to their health and safety.

Some additional learning regarding pandemic health care delivery under conditions of high migration include the following:

- **Distinctions between Emergency vs. Non-Emergency Health Care Undermined the Response.** Health care systems across the region have clearly been overwhelmed in responding to COVID-19. Making decisions to ration

care by immigration status and distinguishing between emergency and non-emergency services and between those with public and private insurance, led inevitably to greater inequality in access to and quality of care. Most importantly, this tiered system of health care access – in which most migrants and the poor were eligible for emergency services only – worked against getting the prompt treatment of those with early symptoms.

- **The Need for More Rapid and Flexible Procedures for Employing Medical and Other Essential Personnel.** Due to the collapse of 80 percent of the Venezuelan health care system, Latin America had a potential migrant talent pool of physicians and health care workers who spoke the same language. South American governments, however, had only limited information at the outset of the crisis about how many doctors or nurses lived within their borders as informal sector migrant workers. The crisis put a spotlight on the region's antiquated processes for labor certification, a lag impeding in the region the better functioning of a regional labor market in both emergency and non-emergency times.

Well before COVID-19, developed countries had special migration programs in place to welcome medical professionals, particularly in areas of key shortages. Under these programs, doctors and nurses in Latin America and the Caribbean were drawn away from working in the region where their skills were desperately needed, and they would be closer to home. The region's poor record on quickly bringing on qualified migrant doctors and nurses in the face of acute shortages during COVID-19 underscores the need for new measures to recognize credentials at a minimum on an emergency basis. Skilled migrant professionals are needed during emergencies not only in medical fields, but also in engineering, oil and gas, and infrastructure repair, to name a few. Non-emergency skilled labor shortages were already evident in South America before the pandemic.

A better functioning regional labor market would serve both migrants and national governments. Starting in early 2019, there were multi-country discussions on creating regional work permits; this would have eased the bureaucratic inefficiencies in individual countries in filling labor shortages. But progress slowed during 2019. Revival of a regional work permit program would enable the region's talent to be harnessed more effectively for economic recovery as well as for when the next crisis comes.

Rethinking Economic Recovery in a World of COVID and High Migration

With the coronavirus still not under control, South America has no choice but to adopt policies amid multiple and interlocking crises. The task before the region seems overwhelming: containing a highly contagious and deadly virus while managing a COVID-adapted economic recovery that incorporates a migrant population of historic proportions.

The United Nations estimates that migration flows out of Venezuela will reach 6.5 million worldwide by the end of 2020, 5.5 million in Latin America.⁶⁴ Even more ominous, migration could nearly double again by 2023 to 10 million, according to the International Monetary Fund (IMF).⁶⁵ The region is facing its deepest recession in a century, a predicted 9 percent decline in GDP, far greater than the 2009 financial crisis and larger decline in GDP than any other developing region.⁶⁶ The Economic Commission on Latin America and the Caribbean (ECLAC) predicts a rise in formal unemployment to 13.5 percent and at least a 5 percent increase in poverty to 37 percent, rolling back 15 years of progress in poverty reduction.⁶⁷ The heart of Latin America's employment base – small and medium enterprises – will be the least able to recover without massive support.

In a COVID-adapted recovery, Latin America will need to think more as a region of many migrants and interrelated national economies. ECLAC's October 2020 report argues that, with global trade stagnating, the region must emphasize regional integration, making logistics, trade and transport more

efficient so that Latin Americans buy more from their neighbors.⁶⁸ ECLAC advocates expanding sectors such as agriculture, livestock, and "paperless and digital" services in the next phases of recovery under COVID-19. Latin America and the

In a COVID-adapted recovery, Latin America will need to think more as a region of many migrants and interrelated national economies.

Caribbean are suffering more from the decline in global trade because of lower investments in the region's own internal market. If the region does not want to see a massive expansion of the inefficient informal sector, it will have to think bigger about investments in jobs and infrastructure to support recovery and stimulate demand for local goods.

To achieve economic recovery in Latin America under such conditions, small increments in international financing will be wholly inadequate for the task. The October 2020 ECLAC report argues that major fiscal expansion is needed for Latin American recovery. But because of limited domestic fiscal space, Latin America must get more financial support internationally for domestic programs in order to maintain fiscal stability. This means international support is needed not only to fully fund the UNHCR-IOM RV4

partnership but also to support national economic and social programs for COVID-19 recovery that fully incorporate Venezuelan migrants.

Given the triple economic, health, and migration crises, there has been a mismatch between the response from the Trump administration, the dimensions of the simultaneous crises, and the U.S. stake in South America's stability. In September 2020, Secretary of State Mike Pompeo announced a relatively small increase in U.S. funding for Venezuelan migrants and an even smaller amount for COVID-19 support. Total proposed U.S. FY 2020 COVID-19 relief for Venezuelan migrants is \$32.3 million; this amount includes the September increase and is divided among 13 Latin American and Caribbean countries.⁶⁹ By contrast, the European Union and the government of Spain convened an international donor forum in late May 2020; this resulted in the approval of a 2.54 billion euro grant for COVID-19 support for Venezuelan migrants to which the United States made no commitment.⁷⁰ Secretary Pompeo stated accurately that the United States is still the single largest contributor to the UNHCR-IOM RV4 partnership, although that is not true of COVID-19 assistance for migrants. The U.S. contribution of \$271.9 million in calendar year 2020 constitutes 60 percent of international contributions to the RV4 partnerships as of late October 2020.

Compared to what the UNHCR says is needed, however, U.S. financial commitments are still low: the UNHCR estimates it needs \$1.41 billion in 2020 alone to support Venezuelan migrants, but as of late October 2020, donors, including the United States, had committed only 30 percent of the total amount needed.⁷¹ Put another way, the U.S. contribution to the UN's 2020 Venezuelan Refugee and Migrant Response Plan



BOGOTÁ - COLOMBIA, 04-29-2020:Venezuelan migrants sleeping on the ground
Photo Credit: shutterstock.com/ Daniel Andrés Garzón

constitutes only 19 percent of what the UN calculates it needs just in 2020. This underfinancing has real consequences. At its current 30 percent operating budget, the UNHCR says it can reach only two million of the 4.8 million target population of Venezuelan migrants in need.⁷²

Limited U.S. financial assistance to South American host countries⁷³ should also be evaluated alongside the U.S. record for hosting Venezuelan migrants within the United States. This record includes a reduction in the annual quotas for Venezuelan refugees (less than 20,000 compared to the millions hosted by South American countries), the denial of Temporary Protected Status (TPS) to Venezuelan migrants and refugees, and forced deportations of Venezuelan migrants. According to U.S. Immigration and Customs Enforcement (ICE) figures, the United States deported at least 180 Venezuelans in Fiscal Year 2020, not including an unknown number of others who were deported through Trinidad and Tobago in early 2020 in possible violation of U.S. law.⁷⁴

The incoming Biden administration has the opportunity to make key changes to the Trump administration's policy towards Venezuelan migrants, changes that President-elect Biden clearly outlined during the presidential campaign. Biden committed to authorizing Temporary Protected Status (TPS) for Venezuelan migrants and to implementing a more generous humanitarian policy for countries hosting Venezuelan migrants. He also indicated that U.S. sanctions against Venezuela should be implemented more strategically, particularly given their impact on the humanitarian situation inside Venezuela. Key first steps would involve a rapid authorization of TPS and a significant increase in U.S. support for the UN effort on behalf of Venezuelan migrants, including COVID-19 relief.

South America has shown generosity and openness to a growing migration crisis that now trembles under the weight of its newest challenges—the health and economic impacts of COVID-19. This next stage urgently requires rethinking the level of international and U.S. support together with a stronger regional policy platform for incorporating Venezuelan migrants into a more integrated South American regional economy. Eduardo Stein, joint UN Special Representative for Venezuelan Refugees and Migrants, described the situation succinctly: “National capacities and host communities are being stretched to a breaking point and regional solidarity and political will are being challenged in the face of limited international support, particularly as the economic impact of the pandemic begins to be felt across the region.”⁷⁵

Endnotes

- 1 The author would like to thank Nicolás Forero Villarreal and Miranda Bain of Johns Hopkins University, SAIS for their superb research assistance. A special thanks is extended to Cynthia Arnson, Director of the Latin American Program of the Wilson Center for her invaluable technical and editorial oversight.
- 2 Andrea Saglietto, Fabrizio Ascenzo, et al. "COVID-19 in Europe: The Italian Lesson," *Lancet* 395 (2020): 1110-11.
- 3 "In Pics: Chile Lockdown Leaves Venezuelan Migrants Stranded Amid Virus Fears," *The Santiago Times*, May 18, 2020, <https://santiagotimes.cl/2020/05/18/in-pics-chile-lockdown-leaves-venezuelan-migrants-stranded-amid-virus-fears/>.
- 4 Saverio Vivas, "Unos 74 Mil Venezolanos Han Regresado a Venezuela: Migración Colombia," *Punto De Corte*, June 12, 2020, <https://puntodecorte.com/unos-74-mil-venezolanos-han-regresado-a-venezuela-migracion-colombia/>.
- 5 Stefano Pozzebon, "Covid-19 Forced Tens of Thousands of Venezuelans to Go Home but Crossing the Border is no Easy Task," *CNN*, July 14, 2020, <https://edition.cnn.com/2020/07/13/americas/latam-venezuela-migrants-cucata-intl/index.html>.
- 6 Human Rights Watch, "Venezuela: Abusive Treatment of Returnees, Poor Quarantine Conditions May Spread Covid-19 (Washington, D.C.: Human Rights Watch, October 13, 2020), <https://www.hrw.org/news/2020/10/13/venezuela-abusive-treatment-returnees>.
- 7 Anatoly Kurmanaev, Isayen Herrera and Sheyla Urdaneta, "Venezuela Deploys Security Forces in Coronavirus Crackdown," *New York Times*, August 19, 2020, <https://www.nytimes.com/2020/08/19/world/americas/coronavirus-venezuela.html>.
- 8 "Venezolanos Refugiados En Peru no Respetan Cuarentena Por COVID-19," *Tribuna*, March 22, 2020, <https://www.tribuna.pe/venezolanos-refugiados-en-peru-no-respetan-cuarentena-por-covid-19>.
- 9 "Acnur Asegura Que La Pandemia Volvió 'más Vulnerable' el Éxodo Venezolano," *CE Noticias Financieras: Español*, June 18, 2020, <https://infoweb-newsbank-com.proxy1.library.jhu.edu/apps/news/documentview?p=AWNB&docref=news/17BAE469EC386770>.
- 10 Organization of American States, "Situation of Venezuelans who Have Returned and are Trying to Return to Their Country in the Context of COVID-19" (Washington, D.C.: OAS, September 10, 2020), http://www.oas.org/documents/eng/press/OAS_Venezuelan-Returnees_ENG.pdf. A number of sources, including the U.S. government, cite the figure of 110,000 returnees based on this OAS report. On careful review of the OAS report, the data appear to be based on a Colombian news article from June that estimated 75,000 return migrants to Venezuela, not 110,000.
- 11 Regional Inter-Agency Coordination Platform, (R4V), "Venezuelan refugees and migrants' figures update- October 2020" (Panama City: UNHCR, October 12, 2020), <https://data2.unhcr.org/en/documents/details/79560>.
- 12 International Medical Corps, Venezuela Complex Emergency Situation Report N. 10, <https://reliefweb.int/port/venezuela-bolivarian-republic/venezuela-complex-emergency-situation-report-10-june-23-2020>.

- 13 Saverio Vivas, “Unos 74 Mil Venezolanos Han Regresado a Venezuela: Migración Colombia.” *Punto De Corte*, June 12, 2020, <https://puntodecorte.com/unos-74-mil-venezolanos-han-regresado-a-venezuela-migracion-colombia>.
- 14 “Colombia and Ecuador to Allow Humanitarian Transit Across Overland Border,” *The City Paper*, June 23, 2020, <https://thecitypaperbogota.com/news/colombia-and-ecuador-to-allow-humanitarian-transit-across-overland-border/25484>.
- 15 Migración Colombia, “Proceso De Renovación PEP 2020,” Bogotá, 2020, <https://www.migracioncolombia.gov.co/noticias/inicia-proceso-de-renovacion-de-mas-de-281-mil-permisos-especiales-de-permanencia-para-venezolanos>.
- 16 For a systematic and thorough review of the pre-COVID legal entry requirements, see Andrew Selee and Jessica Bolter, “An Uneven Welcome: Latin American and Caribbean Responses to Venezuelan and Nicaraguan Migration,” Migration Policy Institute, February 2020, <https://www.migrationpolicy.org/research/latam-caribbean-responses-venezuelan-nicaraguan-migration>.
- 17 For example, Ecuador’s July 2019 Decree 826 required Venezuelans to present a passport, visa, and police record to obtain a “temporary exceptional humanitarian residence visa,” but the visa can only be applied for in third countries.
- 18 Oriana Van Praag and Cynthia J. Arnson, “A Crisis within a Crisis: Venezuela and COVID-19,” Woodrow Wilson International Center for Scholars, May 2020, https://www.wilsoncenter.org/sites/default/files/media/uploads/documents/A%20Crisis%20Within%20a%20Crisis_Venezuela%20and%20COVID-19%20%281%29.pdf.
- 19 No Venezuelan was subject to deportation for lack of legal residency or subjected to forced deportation during COVID-19, as has occurred with U.S deportations to Central America both prior and during COVID-19.
- 20 Migración Colombia, “Proceso De Renovación PEP 2020.”
- 21 Andrew Selee and Jessica Bolter, “An Uneven Welcome,” 48.
- 22 Grupo Interagencial de Flujos Mixtos Migratorios, GIFMM Colombia: Joint Rapid Needs Assessment - COVID-19, (Bogotá: UNHCR, May 2020).
- 23 Asociación de Venezolanos en Argentina (ASOVEN), *Breve Exposición De Nuestro Trabajo Frente a La Emergencia Sanitaria COVID-19*, (Buenos Aires: Asociación de Venezolanos en Argentina (ASOVEN), June 4, 2020), <https://data2.unhcr.org/en/documents/download/77166>.
- 24 International Labor Organization, *ILO Monitor: COVID-19 and the World of Work* (Geneva.: ILO, April 29, 2020).
- 25 Miguel Juape, “El 90% De Migrantes Venezolanos Tiene Trabajo, Pero En Su Mayoría Es Informal,” *Gestión*, August 7, 2019, <https://gestion.pe/economia/el-90-de-migrantes-venezolanos-tiene-trabajo-pero-en-su-mayoria-es-informal-noticia/?ref=gesr>.
- 26 Instituto Nacional de Estadística e Informática (INEI), *Condiciones De Vida De La Población Venezolana Que Reside En Peru 2018*, Lima, June 2019, https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1666/libro.pdf.

- 27 Yurany Arciniegas Salamanca, "Peru: La Lucha De Los Trabajadores Funerarios Cuando Aumentan Las Muertes," *France 24*, June 13, 2020, <https://www.france24.com/es/20200612-trabajadores-funerarias-peru-migrantes-venezolanos-pandemia-coronavirus>.
- 28 Tahiana González, "Médicos Venezolanas Que Luchan en Primera Línea Contra El Covid-19 en Chile," *El Diario*, June 3, 2020, <https://eldiario.com/2020/06/03/medicos-venezolanas-que-luchan-en-primera-linea-contra-el-covid-19-en-chile/>.
- 29 Aislinn Laing, "Chile's Migrant Medics Move to Frontlines in Pandemic Battle," *Reuters*, July 3, 2020, <https://www.reuters.com/article/us-health-coronavirus-chile-medics/chiles-migrant-medics-move-to-frontlines-in-pandemic-battle-idUSKBN2441UB>.
- 30 Valeria Heredia, "Médicos Extranjeros Ayudan En El Combate Al Coronavirus En Ecuador," *El Comercio*, June 7, 2020, <https://www.elcomercio.com/actualidad/medicos-extranjeros-combate-coronavirus-ecuador.html>.
- 31 "Peru contratará médicos y enfermeros extranjeros por COVID," *Chicago Tribune*, August 3, 2020, <https://www.chicagotribune.com/espanol/sns-es-coronavirus-peru-contratara-medicos-enfermeros-extranjeros-20200803-2k3kuujxnzddveeiqqzgccrm4e-story.html>.
- 32 Ministerio de Salud de Peru, *Minsa Se Reúne Con Enfermeros Y Gremio Médico En El Marco De La Estrategia "La Salud Nos Une"*, Lima, April 24, 2020, <https://www.gob.pe/institucion/minsa/noticias/128061-minsa-se-reune-con-enfermeros-y-gremio-medico-en-el-marco-de-la-estrategia-la-salud-nos-une>.
- 33 "Venezuelan and Peruvian Doctors Join Forces to Fight COVID-19 in Peru," *World Vision International*, July 20, 2020, <https://www.wvi.org/stories/venezuela-crisis/venezuelan-and-peruvian-doctors-join-forces-fight-covid-19-peru>.
- 34 Marco Aquino, "Gobierno peruano autoriza contratar médicos extranjeros," *Reuters*, August 3, 2020, <https://lta.reuters.com/article/salud-coronavirus-peru-medicos-idLTAKCN24Z222>.
- 35 Claraynes Van Strahlen, "La oportunidad que brinda Argentina a médicos y enfermeros venezolanos," *El Diario*, July 22, 2020, <https://eldiario.com/2020/07/22/la-oportunidad-que-brinda-argentina-a-medicos-y-enfermeros-venezolanos/>.
- 36 Frontera Viva, "Registro único permitirá a médicos y enfermeros venezolanos combatir la pandemia en Colombia," *Frontera Viva*, August 2, 2020, <https://www.fronteraviva.com/registro-unico-permitira-a-medicos-y-enfermeros-venezolanos-combatir-la-pandemia-en-colombia/>.
- 37 Peru's social registry coverage expanded to the region's highest at 85 percent, Chile to 75 percent, and Ecuador's 47 percent. All three countries used the social registry to expand CCT coverage under the pandemic. See Gentilini, Ugo, Mohamed Almenfi, Ian Orton, and Pamela Dale, "Social Protection and Jobs Responses to COVID-19" (Washington, D.C.: World Bank, May 15, 2020), <https://openknowledge.worldbank.org/handle/10986/33635>.
- 38 María Laura Chang, "Migrantes Venezolanos En Argentina Aguantan Con Fe," *El Efecto Cocuyo*, March 27, 2020, <https://efectococuyo.com/coronavirus/venezolanos-en-argentina/>.
- 39 Ibid.

- 40 “Respuesta de los Estados a la situación de personas migrantes y refugiadas en el marco del COVID-19,” (Caracas: Centro de Derechos Humanos, Universidad Católica Andrés Bello, June 2020).
- 41 Ángel Mendoza, “Venezolana En Peru: Solo Me Escucharon Tosiendo y Me Echaron,” *Panorama*, April 4, 2020, <https://www.panorama.com.ve/mundo/Venezolana-en-Peru-Solo-me-escucharon-tosiendo-y-me-echaron-20200404-0054.html>.
- 42 “La Llegada del Invierno al Hemisferio Sur y el Coronavirus son la Próxima Amenaza Para Los Refugiados y Migrantes Venezolanos,” *United Nations News*, May 27, 2020, <https://news.un.org/es/story/2020/05/1475152>.
- 43 Regional Inter-Agency Coordination Platform, Refugee and Migrant Response Plan 2020, 8.
- 44 Ley 25.871: Política Migratoria Argentina, (2004), https://www.oas.org/dil/esp/Ley_de_Migraciones_Argentina.pdf.
- 45 Ibid.
- 46 Mayté Zachrisson, “Panamanians, Migrants Closer to Health Services, Better Coexistence,” IOM Press Release, July 3, 2020, <https://reliefweb.int/report/panama/panamanians-migrants-closer-health-services-better-coexistence>.
- 47 Liliana Lyra Jubilit and João Carlos Jarochinski Silva, “COVID-19 at the Brazil-Venezuela Borders: The Good, the Bad and the Ugly,” Open Democracy, June 18, 2020, <https://www.opendemocracy.net/en/pandemic-border/covid-19-brazil-venezuela-borders-good-bad-and-ugly/>.
- 48 Regional Inter-Agency Coordination Platform, Refugee and Migrant Response Plan 2020, 43.
- 49 Ángela Méndez Triveño and Ilaria Rápido, “As COVID-19 Roils Latin America, Venezuelans face wave of evictions,” UNHCR, October 20, 2020, <https://www.unhcr.org/en-us/news/stories/2020/10/5f6929854/covid-19-pandemic-roils-latin-america-venezuelans-face-wave-evictions.html>.
- 50 Proyecto Migración Venezuela, “Vuelvan los desalojos de migrantes,” July 21, 2020, <https://migravenezuela.com/web/articulo/vencio-decreto-093-y-desalojaron-a-mas-de-1000-venezolanos-en-bogota/2045>.
- 51 Regional Inter-Agency Coordination Platform, Refugee and Migrant Response Plan 2020, 29.
- 52 Ibid., 34.
- 53 For greater detail on conditions in Venezuela, see Van Praag and Arnson, “A Crisis Within a Crisis”; and Human Rights Watch, “Venezuela: A Police State Lashes Out.” See also, Global Health Security (GHS), *2019 GHS Index Country Profile for Venezuela*, Global Health Security Index, October 2019, <https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf>.
- 54 Julia Symmes Cobb, Luis Jaime Acosta, “Venezuela is a Health ‘Time Bomb,’ Colombian President Says,” *Reuters*, June 26, 2020, <https://www.reuters.com/article/us-health-coronavirus-colombia/venezuela-is-a-health-time-bomb-colombian-president-says-idUSKBN23X2UA>.
- 55 Johns Hopkins University, COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE), reviewed in early November 2020, <https://coronavirus.jhu.edu/map.htm>.

- 56 *Encuesta Nacional De La ONG Médicos Unidos De Venezuela Sobre Capacidades Del Sistema De Salud Para Afrontar La Posible Epidemia De COVID-19 En Venezuela* (Caracas.: Médicos Unidos de Venezuela, March 8, 2020), <https://sfo2.digitaloceanspaces.com/estaticos/var/www/html/wp-content/uploads/2020/03/ENCUESTA-MUV-COVID-19.pdf>.
- 57 Ibid.
- 58 Presidencia de la República Bolivariana de Venezuela, “Resultados De La Encuesta Nacional Sobre El Impacto De COVID-19 En Venezuela,” *Twitter*, May 16, 2020, https://twitter.com/Presidencia_VE/status/1261997034426511360.
- 59 Human Rights Watch, “Venezuela: Urgent Aid Needed to Combat Covid-19” (Washington, D.C: Human Rights Watch, May 26, 2020), <https://www.hrw.org/news/2020/05/26/venezuela-urgent-aid-needed-combat-covid-19>.
- 60 Kurmanaev et al., “Venezuela Deploys Security Forces in Coronavirus Crackdown.”
- 61 “Venezuela: A Police State Lashes Out” (Washington, D.C.: Human Rights Watch, August 28, 2020).
- 62 “Venezuela: Deal to Distribute Aid through UN,” *The Santiago Times*, June 6, 2020, <https://santiagotimes.cl/2020/06/06/venezuela-deal-to-distribute-aid-through-un/>.
- 63 Mexico is an exception in Latin America.
- 64 Joint UNHCR – IOM Press Release, “\$1.35 Billon Needed to Help Venezuelan Refugees and Migrants and Host Countries,” November 13, 2019, <https://www.unhcr.org/news/press/2019/11/5dcdbd7284/us135-billion-needed-help-venezuelan-refugees-migrants-host-countries.html>.
- 65 Emilio Fernandez Corugedo and Jaime Guajardo, “For Venezuela’s Neighbors Mass Migration brings Economic Costs and Benefits” *IMF Blogs*, November 21, 2019, <https://blogs.imf.org/2019/11/21/for-venezuelas-neighbors-mass-migration-brings-economic-costs-and-benefits/>.
- 66 Economic Commission for Latin America and the Caribbean (ECLAC), *Economic Survey of Latin America and the Caribbean 2020* (Santiago: ECLAC, October 2020), <https://www.cepal.org/en/publications/46071-economic-survey-latin-america-and-caribbean-2020-main-conditioning-factors-fiscal>.
- 67 ECLAC, *Addressing the Growing Impact of COVID-19 with a view to reactivation of Equality: New Prospects, COVID-19 Special Report No. 5* (Santiago: ECLAC, July 2020), <https://www.cepal.org/en/videos/launch-special-report-covid-19-5-addressing-growing-impact-covid-19-view-reactivation>.
- 68 ECLAC, *Economic Survey of Latin America 2020*.
- 69 USAID, “Venezuela Regional Crisis – Complex Emergency,” Fact Sheet #3, September 25, 2020. This figure excludes \$13.6 million provided to organizations working in Venezuela.
- 70 *EU mobilizes international donors to support Venezuelan refugees and migrants and countries in the region*, EU (Brussels: European Union Commission May 26, 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/EU_mobilises_international_donors_to_support_Venezuelan_refugees_and_migrants_and_countries_in_the_region.pdf.

- 71 RV4 Coordination Platform, Financial Tracking System, figures as of October 22, 2020, <https://r4v.info/en/situations/platform>.
- 72 Ibid.
- 73 Claire Ribando Seelke, *Venezuela: Political Crisis and U.S. Policy* (Washington, D.C.: Congressional Research Service, September 15, 2020), <https://crsreports.congress.gov/product/pdf/IF/IF10230>; USAID, “Venezuela Regional Crisis,” September 25, 2020.
- 74 Joshua Goldman and Gisela Salomon, “Venezuelans Deported through Third Country Despite Risks,” Associated Press, October 16, 2020, <https://apnews.com/article/virus-outbreak-travel-air-travel-latin-america-colombia-2d3583f4df7d55e41522b1e23ea02a09>.
- 75 Regional Inter-Agency Coordination Platform, Refugee and Migrant Response Plan 2020, 5.

About the Author

Jacqueline Mazza is Senior Adjunct Professor of Latin American Studies and International Development at The Johns Hopkins University School of Advanced International Studies (SAIS). She teaches U.S. foreign policy towards Latin America and labor markets in developing countries at both the Bologna, Italy, and Washington, D.C. campuses. She is the former principal labor markets specialist at the Inter-American Development Bank in Washington, D.C., and specializes in employment services, migration, and labor market programs.



 @LATAMProg

 facebook.com/LatinAmericanProgram
wilsoncenter.org/program/LatinAmericanProgram

Woodrow Wilson International Center for Scholars
Latin American Program
One Woodrow Wilson Plaza
1300 Pennsylvania Avenue NW
Washington, DC 20004-3027

