

Introduction to Symposium

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A little over one year ago, the scope and scale of the COVID-19

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pandemic was becoming apparent, as first China, and then Italy and the United States grappled with the spread of the virus. We began to witness a number of trends in national responses that raised profound implications for all of us, but in particular for migrants, refugees and asylum-seekers.

First was the reflexive and default response on the part of States to unilaterally close international borders and limit mobility, both international and internal. Second, we saw attempts by politicians to assign a nationality to the virus and to scapegoat certain groups, usually foreigners or marginalized groups. There have been many examples of stigma and xenophobic violence during the current pandemic, which the UN Secretary-General has described as a “[tsunami of hate](#).” And third was the sense, in those early days, by States and even amongst the general public, that to battle a public health emergency, anything was permissible in terms of restrictions on rights and civil liberties.

These troubling developments made apparent the need for a human rights-based approach to State responses to the pandemic. It was not just the “right” thing to do; it was, and continues to be, a necessary part of an effective public health strategy, both to build predictability into the response—to the extent that it can be cabined within the boundaries of State commitments and duties—and to ensure that everyone in society feels safe being voluntarily tested, treated and vaccinated.

A group of international lawyers came together to spell out some key human rights principles that should guide policy responses to the pandemic. These “[14 Principles](#),” as they have become known, garnered [over 1,000 signatures](#) from legal and migration scholars across the globe, endorsing the document as an authoritative restatement of the law, and have been translated into [multiple languages](#).

To some degree, the *14 Principles* have served as an effective tool in advocacy and outreach. They have, for example, been [invoked](#) by the United Nations Secretary-General. But significant encroachments on human rights have not abated. Restrictions on cross-border movement, though eased to some extent, remain in place throughout much of the world. These measures fall with particular harshness on asylum-seekers who are denied access to territories in which they seek safety and protection from *refoulement*. Also, in many States, refugees and other migrants continue to be excluded from medical treatment and pandemic-related benefit programs or have difficulty accessing them.

Equally important, as the pandemic and responses to it have evolved, new challenges to fundamental rights of refugees and migrants have arisen. Central among these is nondiscriminatory access to vaccines. COVID-19 has also been the impetus for new forms of bio-surveillance, particularly as an aspect of border control, which raises fundamental issues of the right to privacy, among others. And an emerging issue—not foreseen in the drafting of the 14 Principles—is whether States may condition admission on proof of vaccination or whether such measures would violate the right to refuse medical treatment.

The four papers in this Symposium, some of them written by co-authors of the *14 Principles*, along with two closing essays, take up these challenges and provide new thinking on the scope of the human rights of refugees and other migrants in a pandemic. They should also be of relevance to conscientious government policy-makers as they continue to fashion responses to COVID-19. These papers were also the subject of a three-day symposium jointly hosted in the spring of 2021 by the [Zolberg Institute on Migration and Mobility](#) at The New School, the [Migration and Human Rights Program](#) at Cornell Law School, and the [Program on Forced Migration and Health](#) at Columbia University's Mailman School of Public Health (the recordings of which can be viewed [here](#), [here](#) and [here](#)).

We would like to thank symposium authors for the opportunity to edit their work and the editors of the *Cornell International Law Journal* for their partnership in publishing the Symposium.