

Uncanny and Displacement: Forcibly Displaced People Living in the State of Uncanny Amid the COVID-19 Pandemic¹

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Abstract

The COVID-19 pandemic caused a massive humanitarian crisis across the globe. In times of emergency response, such as the pandemic, forcibly displaced people are among the most vulnerable groups who often face socio-economic marginalization, and other forms of intersecting oppression and discrimination, such as xenophobia and racism. In refugee camps, they are more susceptible to contracting the virus because of their poor living conditions in overcrowded camps and/or substandard housing, difficulties in adopting social distancing and self-isolation, and lack of adequate public health services. Using predetermined inclusion criteria for the studies, we searched databases, including JSTOR, Social Work Abstract, Social Sciences Abstract, EBSCOhost, ProQuest, and PsycINFO, to find relevant literature. We employed a theoretical construct of “*uncanny*,” often used by postcolonial thinkers, to critically analyze the selected studies. We identified four overarching themes: a) crisis within crises amid the pandemic, b) racism and xenophobia amid the pandemic, c) international solidarity and sharing responsibility, and d) neoliberal global regime and displacement. Our paper concludes with policy recommendations and action plans to be implemented by international communities, governments, and civil

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society targeting forcibly displaced people to mitigate the impacts of COVID-19 and future pandemics.

Keywords: COVID-19, emergency response, forcibly displaced people, global displacement, humanitarian crisis, public health, social justice, uncanny

Background

Global pandemics have threatened humanity in multiple ways throughout human history. The COVID-19 pandemic, which is said to have started in late 2019 in China, has paralyzed socio-economic, health, and political domains worldwide. It caused a massive humanitarian crisis affecting more than 220 countries and territories across the globe. As of March 2024, the virus infected over 704 million people and resulted in over 7 million deaths (Worldometer, 2024). Amidst the pandemic, displaced people were particularly vulnerable, often faced with socio-economic marginalization, xenophobia, and discrimination. Many were often compelled to live in densely populated areas with inadequate housing that did not allow for effective self-isolation and social distancing. Moreover, their access to clean drinking water, sanitation, and primary healthcare was severely restricted, increasing their risk of infection.

The financial hardship caused by the COVID-19 pandemic forced many displaced people to work in contravention of government restrictions, including child labour, thus putting them at a greater risk of violence, abuse, trafficking, and early or forced marriage (UN OCHA, 2020). The pandemic's lockdown and border closures severely disrupted the humanitarian supply chain. Studies have found that displaced people were "stigmatized, scapegoated and neglected in the emergency response" (Lau et al., 2020, para 1). They often experienced deplorable living conditions in overcrowded camps and settlements lacking adequate services. These conditions, compounded by a scarcity of basic necessities such as health services, clean drinking water, nutrition, and sanitation, significantly increased their risk of infection (Alam, 2020; Norwegian Refugee Council, 2021). This paper aims to examine the available literature on the impact of the COVID-19 pandemic on forcibly displaced people, with a particular focus on the myriad forms of intersectional oppression they endured during this period. From a humanitarian perspective, this analysis is crucial as it will inform policy recommendations and action plans. It aims to guide international communities and countries in the global North to equitably fulfill their humanitarian responsibilities.

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Statistics on forcibly displaced people

The UNHCR (2023) reported that an estimated 117.2 million people were forcibly displaced worldwide by the end of 2023. This total includes 61.2 million internally displaced people (IDPs), 29.3 million refugees, 5.6 million asylum seekers, 5.6 million others in need of international protection, 5.1 million stateless persons, and 4.4 million additional individuals of concern. As shown in Figure 1, the number of displaced people in 2010 was approximately 43 million, which increased to 82.4 million by 2021. Figure 1 shows the upward trend in the number of forcibly displaced people, including IDPs and refugee populations, from 2010 to 2021.

Figure 1

Forcibly displaced people, 2010-2021 (population in millions)

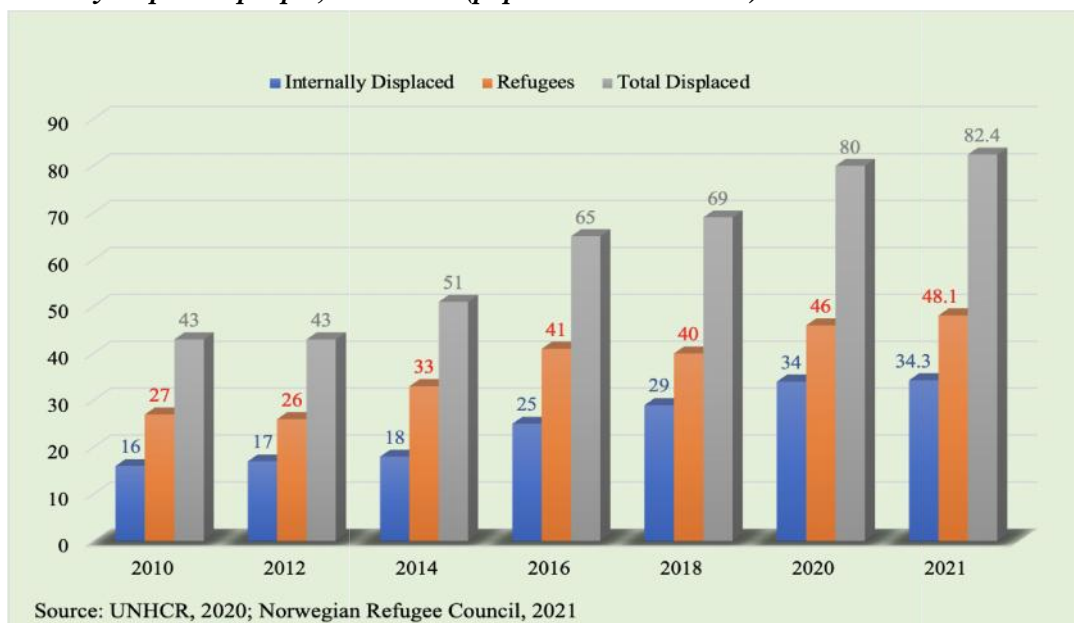
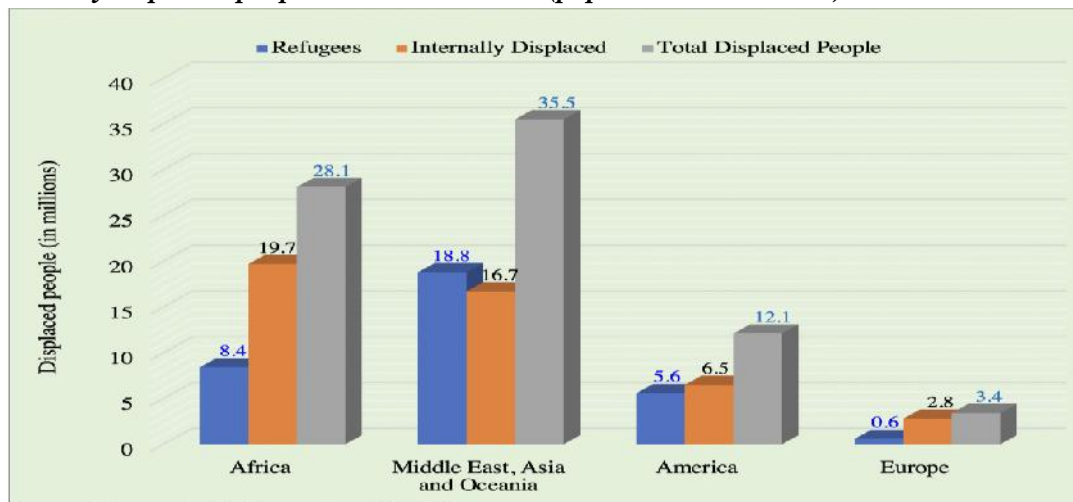


Figure 2 shows a breakdown of forcibly displaced people across continents in 2020. The data shows over 35.5 million displaced people came from the Middle East, Asia, and Oceania. This figure suggests a significant level of volatility in the Middle East, where periodic escalations of violence have frequently resulted in mass displacement.

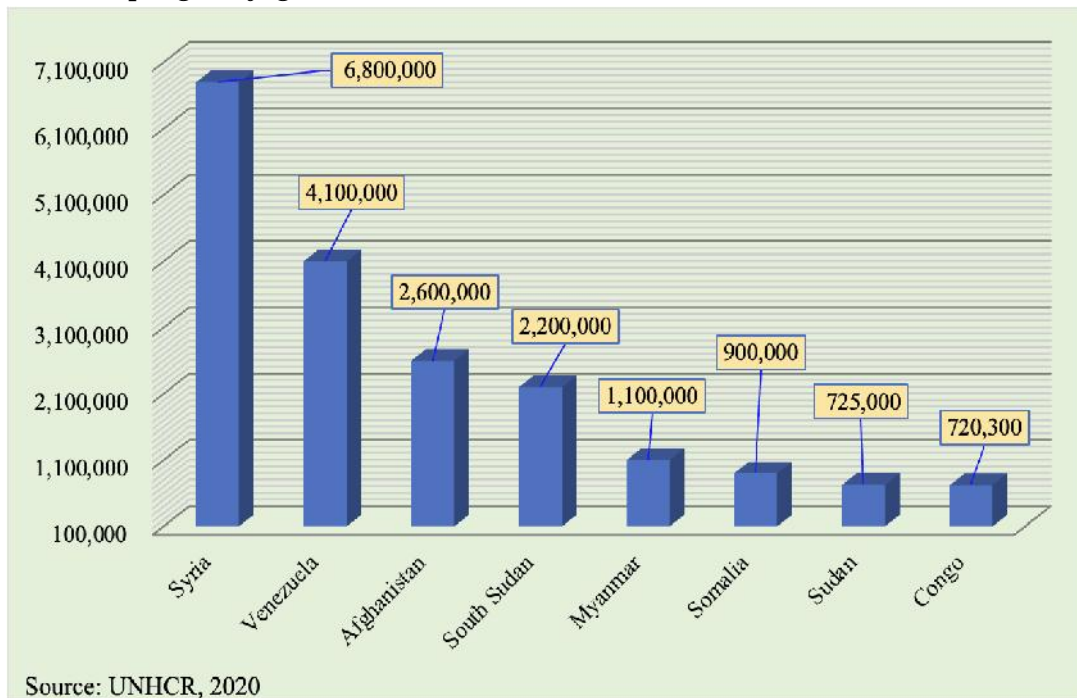
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Figure 2***Forcibly displaced people across continents (population in millions)***

Source: Norwegian Refugee Council, 2020

Anderson (2020) reported that most displaced people face significant mental health and psychological challenges, including being “exhausted, stressed, exposed to the elements with insufficient shelter, and malnourished” (para 3). Similar concerns have been observed among asylum seekers at the US-Mexico border and in various South American localities (Anderson, 2020). Figure 3 illustrates the top eight countries from which the largest numbers of people have fled from conflict, further emphasizing the widespread nature of these challenges.

Figure 3
World's top-eight refugee source countries



As shown in Figure 3, Syria remains the epicentre of significant displacement, with over 6.8 million people urgently requiring humanitarian support. Simultaneously, more than 4.1 million people have fled Venezuela. Kibego (2020) highlighted that displaced people in Africa are experiencing heightened food insecurity due to aid disruption and escalating food prices triggered by the COVID-19 crisis. Similarly, the Palestinians in the West Bank and Gaza Strip desperately needed urgent humanitarian reconstruction (Jakes & Kershner, 2021). Collectively, these observations indicate that displaced people face multiple intersectional oppressions, including extreme poverty, inequalities, lack of public health measures, poor healthcare services, food insecurity, discrimination, and prejudice. The COVID-19 pandemic has undoubtedly further heightened the humanitarian crisis in a multitude of ways.

The state of uncanny and displacement

We conceptualized global displacement through a theoretical construct of “*uncanny*” often used by postcolonial thinkers to describe postcolonial modernization, which has resulted in millions of people losing their homes and homelands (Bhabha, 1992, 2006; Ghosh, 2004; Rushdie, 1991). The uncanny is a space of uncertainty and confusion “resulting partly from the confusing narratives that generate both familiarity and strangeness” (Ghosh, 2004, p. 98). In the context of this paper, the term ‘uncanny’ refers to the events of global displacement, a situation where the displaced people are forced to live in unhomely spaces - making them feel ‘other.’ These displaced people, often marginalized and made vulnerable by their (dis)location in refugee camps, detention facilities, border areas, or informal settlements, are subjected to intersectional oppressions that oblige them to live in isolation and fear. Thus, the notion of ‘uncanny’ is not merely a psychological state but a tangible condition of existence, where displaced individuals live without dignity, constantly feeling “out of place and seeking a home” (Bhabha, 1992, p. 143). This concept underscores the role of oppressive socio-political structures in perpetuating injustice and inequality, intensifying the vulnerability of displaced populations. The uncanny, in this analysis, embodies the systemic neglect of human rights and justice - social, political, and civic.

The term “uncanny” was first coined by German psychiatrist Ernst Jentsch, who introduced it in his exploration of the human psyche. Jentsch (1906, p. 3) defined uncanny from a psychological perspective to investigate the human psyche on how “the psychical conditions must be constituted so that the uncanny sensation emerges.” Sigmund Freud later expanded on this concept extensively. In his 1915 essay, Freud described the uncanny as a disturbing experience that “takes back to what is known of old and long familiar” (Freud, 1915, para 9). In other words, it uncovers how exactly the familiar can become uncanny and frightening. In Greek, the term uncanny refers to strangeness or foreignness. According to Masschelein (2003), “the sensation of the uncanny lies in the fact that something is frightening, not because it is unfamiliar or new, but because what used to be familiar has somehow become strange” (p. 3). Freud’s (1915) theorization of the “uncanny is about the human sense of house and home – a perception of a space where individuals find themselves simultaneously at home and not at home” (p. 23). This underlines the unsettling duality within familiar spaces,

emphasizing the complex interplay between comfort and alienation in our perceptions of everyday environments.

Many countries in the global North are tightening their borders, citing safety concerns that often intertwine with nationalist sentiments. This reluctance to provide refuge to displaced populations became particularly evident during the COVID-19 pandemic. Notably, nations such as Canada, the USA, Australia, and the UK facilitated the return of their citizens abroad through chartered flights, making exceptions to travel bans that did not extend to asylum seekers, who were left abandoned and excluded. This selective application of border policies raises some critical humanitarian questions: What is in this piece of paper (i.e., a citizenship card) that distinguishes humanity even though we all breathe the same air and share the same planet? Why are the countries that profess a commitment to human rights so hesitant to fulfill their humanitarian responsibilities? Are displaced people not entitled to refuge? Why are nation-states so polarized in a world that claims to be increasingly interconnected? Although answers to these questions are complex, we argue that neoliberal global capitalism is a common denominator of these questions. Neoliberal global capitalism has made nation-states polarized rather than interconnected and has raised issues of national sentiment and populism. The nation-states need to develop permissive refugee-integration policies to encourage a society of free expression and prosperity, ultimately leading the globe to see refugees not through a sharing burden but as a sharing opportunity (Author, 2021).

Methodological Approach

We identified, collected, and screened extant publications about the impact of the COVID-19 pandemic on forcibly displaced people. Shortlisted publications were critically reviewed and analyzed using a thematic synthesis (Thomas & Harden, 2008). Webster and Watson (2002) suggest that a literature review should begin with a search for relevant studies in leading journals. We searched databases, including JSTOR, Social Work Abstract, Social Sciences Abstract, EBSCOhost, ProQuest, and PsycINFO. In addition, we obtained grey literature from Google Scholar to complement empirical literature. Keywords used to conduct the search were: “displaced people,” “global displacement,” “asylum seekers,” “humanitarian seekers,” “internally displaced,” and “refugees.” These key terms were searched individually and in combination, along with the phrase “COVID-19”. For this review, the search focused on peer-reviewed journal articles published in English between March 2020 and January 2023. The articles were

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selected purposefully based on their relevance to the topic. We also relied heavily on grey literature from government and non-government reports and national and international daily news articles to build context and ensure a robust discussion of our findings. In the subsequent sections, we discuss the major themes that emerged in our analysis of the selected literature.

Findings and Discussion

Crisis within crises amid the pandemic

Many countries have been dealing with a persistent humanitarian crisis coupled with economic, health, and human rights crises due to conflicts, natural disasters, and the coronavirus pandemic. Conflict and war, in particular, have grave implications for humanity, an impact further intensified by the pressures of COVID-19. Years of warfare and natural disasters have pushed countries such as Afghanistan, Nagorno-Karabakh, and Haiti to the brink of tragedy. For instance, since the Taliban seized Afghanistan in mid-August 2021, Afghanistan has witnessed the worst humanitarian crisis. Prior to the takeover, the United Nations had already recognized Afghan refugees as the largest refugee group in Asia and the second-largest group globally, surpassed only by displaced Syrians. The crisis deepened rapidly: between August and September 2021 alone, over 120,000 people, including more than 75,000 children, were forced to flee their homes. Concurrently, the economic crisis in Afghanistan has added another layer to displaced Afghans amid the pandemic. The World Bank and the International Monetary Fund (IMF) have paused their funding to Afghanistan. Moreover, the United States froze approximately \$9.9 billion in assets belonging to the Afghan Central Bank that were held in American accounts (Kullab, 2021). These volatile circumstances are happening amidst the COVID-19 pandemic, placing Afghanistan in desperate need of substantial international support. This support is crucial to assist the most vulnerable people at this critical juncture. To facilitate this, it is imperative that the Taliban allow humanitarian organizations to continue their work unimpeded and engage in negotiations with the international community to ensure the health and safety of Afghans, including humanitarian workers.

The conflict and war invariably lead to widespread human suffering and population displacement. During the autumn of 2020, the six-week war in Nagorno-Karabakh resulted in over 90,000 displaced people - nearly the entire population of the region (Balalian et al., 2021; *The Guardian*, 2020). The unrelenting attacks in hospitals,

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churches, and schools put the region's healthcare systems under pressure due to a surge of new COVID-19 cases (Kazaryan et al., 2021). Consequently, adhering to public health safety guidelines, such as mask-wearing and social distancing, became nearly impossible. Further, military aggression adversely affected the region's humanitarian relief efforts in the healthcare system amid the pandemic (Kazaryan et al., 2021).

During the COVID-19 pandemic, Haiti was hit by both political turmoil (i.e., the assassination of the president on July 7, 2021) and natural disasters (e.g., the earthquake on August 14, 2021), displacing thousands of citizens who fled the country and came to the US-Mexico border. According to Solomon (2021), many Haitians, including pregnant women, children, and older adults, gathered at the US-Mexico border seeking refuge; however, the US government continued to send them back to Haiti. Disheartening images appeared on social media and other news outlets showing footage of border guards on horseback whipping their reins at Haitians at the US-Mexico border. Human Rights Watch criticized the act as an abusive and racially discriminatory immigration policy (Human Rights Watch, 2021). Alison Parker, the managing director of the US-based Human Rights Watch, described the treatment of Haitians at the border as a "racially discriminatory, abusive, and humanitarian disaster" (Human Rights Watch, 2021, para. 3). Additionally, rather than providing basic needs such as food, shelter, and medical care, the Mexican government transported many of these individuals by plane and bus to its southern border with Guatemala. Such expulsions to a volatile situation not only exacerbate the plight of these displaced people but also potentially violate international law.

A massive public health crisis was reported in the Middle East during the COVID-19 pandemic. For instance, a 33-year-old Syrian refugee residing in Azaz with his family highlighted the dire circumstances. He told the Middle East *Reuters*, "We don't wash our hands much because water is in short supply. Gloves and masks are not available, and if they are available, they are very expensive" (*Reuters*, March 28, 2020, para 19). This scenario was not unique to Syrian refugees but was echoed among displaced people in other regions as well. For example, in Burkina Faso, approximately 70,000 refugees were living in cramped conditions at the Barsalogo camp, facing similar dire circumstances. (*Reuters*, March 28, 2020). The reporter further claimed that "the situation in densely populated camps such as Barsalogo with poor healthcare is the perfect storm for a devastating outbreak. Facilities are shared, and shelters are shared. If

one case is reported on the site, it can spread like wildfire” (*Reuters*, March 28, 2020, para 28). Anderson (2020) indicated that these conditions in camps created difficulties in practicing public health measures and access to COVID-19-specific healthcare services such as quarantine and personal protective equipment. Echoing this concern, a 25-year-old Rohingya refugee describes his experience of living in a refugee camp in Bangladesh, “we are living in tiny, crowded shelters, we are sharing toilets. It’s very difficult to protect ourselves. It’s too crowded, people can’t breathe well” (*Reuters*, March 28, 2020, Para 3). Moreover, the vulnerability of these refugee populations extends to severe risks such as human trafficking. On April 16, 2020, the Bangladesh Coast Guard rescued 396 refugees, including 182 women and 64 children, who had desperately tried to flee to Malaysia in a fishing boat (Alam, 2020). This incident underscores the multifaceted nature of the challenges faced by refugees during the pandemic, highlighting the urgent need for comprehensive interventions to address their health, safety, and well-being (Karki & Moasun, 2023).

Racism, xenophobia, and the pandemic

Cowper-Smith et al. (2020) state, “pandemics have historically been and continue to be a thinly veiled excuse for latent xenophobia and nativism” (para 1). Across the globe, there have been numerous reports of xenophobic stigmatization and violence targeted at refugees, asylum seekers, immigrants, and religious minorities. Similarly, Devakumar et al. (2020) observed that “the COVID-19 pandemic has uncovered social and political fractures within communities, with racialized and discriminatory responses to fear, disproportionately affecting marginalized groups” (para 1). This rise in xenophobic confrontations, stigmatization, anti-migrant/anti-refugee sentiments, and hate-based or biased discourse was observed in different parts of the globe (Karki & Moasun, 2023; Karki, Mullings, & Giwa, 2023). For example, the Asia Pacific Policy and Planning Council reported more than 1,500 discrimination and xenophobic incidents amid the COVID-19 pandemic in the United States (<http://www.asianpacificpolicyandplanningcouncil.org>). In Europe, populist politicians have exploited the pandemic to incite fear against migrants. Further, Sicily’s regional president, Nello Musumeci, announced the shutdown down all the migrant centres, blaming migrants for spreading the virus (Craze & Tubiana, 2020).

Several historical instances have demonstrated that epidemics or infectious diseases often lead to the ‘othering’ of certain groups of people across centuries. For

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example, during the Yellow Fever epidemic from 1792 to 1793 in the United States, African Americans were disproportionately impacted, although other minorities, including Latinos and Asians, were among the hardest hit. By referring to an article titled “Germs know no colour line” written by Galishoff(1985), a Harvard professor, Evelyn Hammonds, reflects on “how false theories of innate difference and deficit in Black bodies have shaped American responses to diseases, from Yellow fever to Syphilis to COVID-19” (Chotiner, 2020, May 7, 2020: *The New Yorker*). Similarly, during the Bubonic plague epidemic in South Africa in 1901, most Black people were forced from Cape Town to a racially segregated quarantine camp (White, 2020). Further, Muslim pilgrims travelling from India to Mecca were perceived as a link to the spread of the disease as they could potentially meet European Muslims during Hajj, who then would return to Europe by passage through the Suez Canal. White (2020) further states that “quarantines and controls were enacted for Muslim pilgrims who travelled both from India to Mecca and back to Europe after the pilgrimage” (p. 1250). These instances demonstrate the legacy of racist and xenophobic responses, which have historically been carried out in the name of either epidemic or health control against racialized and religious minority people.

The United States has a long history of anti-Chinese sentiment in response to epidemics, which is evident from several instances. For example, when health officials thought they had discovered the spread of plague in Chinatown in San Francisco in 1900, and Chinese-specific quarantines were enacted, “anti-Chinese responses occurred” in the city of San Francisco (Risse, 2012). During the COVID-19 pandemic, one can see the continuation of the same legacy of intrusive, controlling, and arbitrary measures that provoked a sociocultural class in North America and Europe. Human Rights Watch (2021) reports xenophobic violence associated with COVID-19 in countries across Europe and North America. For instance, the US, the UK, Italy, Greece, France, and Germany “latched onto the COVID-19 crisis to advance anti-immigrant, ultra-nationalist, white supremacist, ultra-nationalist, xenophobic conspiracy theories that demonize refugees, foreigners, and immigrants” (Human Rights Watch, 2021, para 2). In the United States, social media and news outlets almost routinely reported racist and xenophobic insinuations on calling COVID-19 the “Chinese virus” or “Wuhan virus.” Such derogatory language fueled more “bigotry and xenophobic attacks on people of Asian descent connected to coronavirus disease” (BBC, March 17, 2020). *The New York*

Times reported that a Chinese American woman was “spitted on, yelled at, and attacked” while walking to her gym in San Francisco (Tavernise & Oppel Jr., 2020). Similar incidents of hate, crime, and racism were reported in the media in Canada (Heng, 2020), the UK (Woodyatt, 2020), and Australia (Zhao, 2020). When a disease is racialized, it amplifies xenophobia and racism targeted to certain groups of people in public spaces, transit, workplaces, and schools, adding to their trauma and anxiety, and making these people more vulnerable.

COVID-19-related xenophobia and social stigmatization may have several negative consequences on public health that endanger both the targeted groups and the public. For example, targeted patients may conceal their illness and distrust health authorities, leading to delays in early detection and treatment. This may also risk the efficiency and efficacy of public health measures. Moreover, displaced people, refugees, and asylum seekers have limited access to health services, including information, testing, and treatment. Eiset and Wejse (2017) found that the available healthcare facilities in refugee camps were inadequate to accommodate the COVID-19 patients in such congested camps. This shows that displaced people are living in a state of “uncanny,” where little or no attention is given to their human rights and social and civic justice. As Mbembe (2018) argues, the artificial border operates as a principle of the economy of life; the border operates as a threat to public health. In the pandemic, displaced people are deprived of a safe “home” and occupy an “unhomely” space in refugee camps. The deplorable condition of refugees in overcrowded camps with an inadequate supply of public health measures suggests the uncanny as a “dispossession” itself – the displaced people haunt a place that is unfamiliar and unhomely.

Thus, it is critically important to call for solidarity to fight against the racism and discrimination that most displaced people and refugees experience amid the pandemic. International human rights norms prohibit discrimination against people based on their race, gender, ethnicity, and citizenship status (Karki & Nepuane, 2021). Refugee host countries must restrain from measures that perpetuate stigma against refugees. Host countries must ensure that displaced peoples are treated equally as their citizens to provide public health services and responses to COVID-19. The camps are overcrowded and are more likely to spread infectious diseases. Reducing infectious contacts requires effective and radical public health strategies, such as the availability of masks, sanitizer, soap, personal protective equipment, and access to national health systems.

International solidarity and sharing responsibility

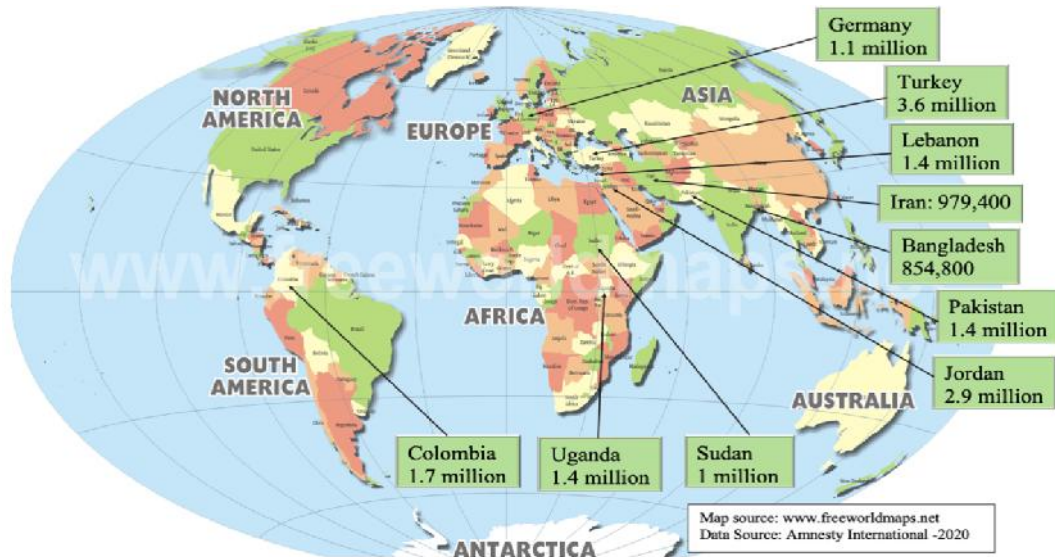
As the global South's humanitarian crisis continues at an unprecedented rate fueled by the pandemic, countries in the global North are closing their borders to displaced people, and those crossing the borders are turned back to the countries they came from. For instance, Browne (2020) indicated that the US reverted more than “60,000 asylum seekers to northern Mexico to wait for their immigration court proceedings” (para. 14). They were returned to “unsafe conditions in Mexico and left to await their hearings in ill-equipped shelters and informal open-air encampments where disease could spread rapidly” (Browne, 2020, para 21). In Greece, “more than 40,000 asylum seekers were trapped on the Aegean Islands with no significant measures undertaken by the government to prepare for a potential outbreak of the pandemic in the refugee camps” (Browne, 2020, para 13). On March 20, 2020, Canada announced that anyone crossing the Canada-US border illegally would be “sent back to the US, whose plan was to send them back to the countries they came from” (Russell, 2020).

During COVID-19, travel ban policies were rapidly evolving across the globe, and borders were tightened in countries in the global North on the pretext of their citizens' safety and well-being. Gomasasca (2020) stated that displaced people, including refugees and asylum seekers were “criminalized and targeted as a dangerous threat to border security,” especially in the global North (p. 53). These actions, arguably, are a violation of *non-refoulement* – the core principle of the 1951 Refugee Convention (see <https://www.unhcr.org/1951-refugee-convention.html>), which proclaims that “a refugee or asylum seeker should not be returned to a country where they face serious threats to their life or freedom” (UNHCR, 1951, p. 3). While these displaced people are already vulnerable in many ways, sending them back (where they were being uprooted) will make them doubly victimized, and it is in violation of the “fundamental principle of non-derogable human rights” (UNHCR, 1951).

Similarly, refuging people from neighbouring countries added extra social and economic challenges to countries in the global South. The UNHCR (2020) indicated that more than 85% of the forcibly displaced people are hosted by lower-and middle-income countries in the global South. The report further stated, “the host countries in the global South are doing much more than their fair share – hosting more than double the number of refugees than high-income countries in the global North” (p. 46). Most of these host countries in the global South are facing extreme social, economic, and political

challenges. Therefore, the countries in the global North must share this responsibility on a humanitarian basis. Figure 4 shows the world's top ten refugee host countries and the number of refugees within each country by the end of 2020.

Figure 4
World's top-ten refugee host countries



The global North's response to the refugee issue is how they frame and represent the current problem in rhetoric and language, action and practice, and political and policy debates (Karki & Nepuane, 2021). To further elaborate, global displacement is commonly understood as a *crisis* of an unprecedented magnitude. In the meantime, the politics of fear, especially in the global North, is at its height. Politicians in several resettling countries resort to scare tactics, conveying a sense of, and creating a popular sentiment, that their national values, identity, and security are at risk, even basically invaded by undocumented immigrants (for example, USA) and refugees. As Marlowe (2018) summarized, “[p]oliticians and the wider society are asking questions about the implications of welcoming refugees and what this might mean for the protection of national values, identity and security” (p. xi). This is not the first time forced migration (and undocumented numbers) has been seen as a crisis, threat, and invasion to host societies. Refugees and undocumented immigrants are often perceived as threats to social

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cohesion and harmony, perpetuating the stereotypical rhetoric of an anti-immigrant mindset. Thus, the countries in the global North must uphold the principles of the UN refugee convention, i.e., the core principles of global responsibility-sharing and solidarity.

Neoliberalism, pandemic, and displacement

Neoliberalism is defined as an ideology and set of policies favouring a sharp “reduction of state interventions in economic and social activities and the deregulation of labour and financial markets, as well as of commerce and investment” (Navarro, 2007, p. 47). It prioritizes economic efficiency over human life and social welfare. Central to neoliberalism is the promotion of privatization in sectors like health care and education, the pursuit of cost minimization in production, the provision of substandard services, diminished government involvement in public services, and the reduction of labour costs. These policies stand in stark contrast to the principles of a welfare state, which aims to provide comprehensive social services and protect workforce rights (Karki et al., 2018). This paradigm shift has largely impacted global health structures, social welfare, and workforce protection measures by significantly neglecting the social life of human beings.

Neoliberal policies have significantly impacted public services, especially health and education systems. In the UK, for example, the government cut the budget for the public health service by 850 million pounds between 2015 and 2019, which is approximately a 25% cut from its 2015 level in real terms (Perry, 2019). Similarly, in Italy, the public health services dropped by 9% (i.e., approximately 37 billion Euros were taken from the nation’s public health system. The number of hospitals was reduced by 15%, resulting in more than 70,000 hospital beds being cut (Rosa, 2020). The leading cause of Spain's global pandemic hotspot is a massive budget cut in the healthcare system. As Tremlett (2020) observed, “the country lacked essential equipment. Ventilators, protective clothing for doctors and coronavirus tests are still only just being sourced” (para 9).

The current neoliberal global regime has divested the health and well-being of human life during the COVID-19 pandemic. Thus, we argue that capitalist nations worry more about the overall economy than paying the closest attention to changing public health priorities and bringing about public health solutions. In this regard, forcibly displaced people are at risk of losing access to public healthcare services. Mbembe

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(2018) argued that the world is globalized, meaning that nation-states and their respective citizens are interconnected because of the proliferation of science and technology. The other side of “globalization” is that the nation-states are on the verge of segregation; they are polarizing one another as they are redrawing the boundaries for their nationalism, sovereignty, and citizenship (Mbembe, 2018). This has shaped a new global order, representing a victory for nationalism over globalism and open borders.

The discussion above supports the application of the uncanny in the context of the COVID-19 pandemic, particularly with the forcibly displaced people who are estranged from the land they pursued as ‘home.’ The states’ actions doubly expel the displaced people: first through violent wars/calamities and then through evictions. Going back to Bhabha and Ghosh’s notion of uncanny, displaced people are in “an unhomely state not only in a sense they are out of place, without a place on the land or in history but that the land itself is unhomely by virtue of being inhospitable” (Nayar, 2010, para 2).” This is the dilemma that displaced people experience, “a double perception of a space that is at once safe and threatening, mine and not mine, and familiar and strange” (Bhabha, 1992, 2006; Ghosh, 2004).

As the humanitarian crisis unfolds, the harrowing plight of forcibly displaced people continues to surface in the media and are stranded at sealed borders during the COVID-19 pandemic. Globalization has privileged only certain nation-states and their respective citizens in the global North; however, it is not the case with many countries in the global South. Arguably, globalization has become a curse rather than a boon. The borders in the global North are becoming stiffer and more rigid as nationalist agendas have flourished in those countries.

Recommendations

The review of the existing literature indicated that governments, humanitarian aid societies, and non-governmental organizations have taken initiatives to respond to the pandemic. However, the humanitarian crisis amid the COVID-19 pandemic in refugee camps indicates the need for global action and solidarity to address the crisis, specifically the displaced populations. Therefore, the following recommendations for policy and action plans could be part of effective humanitarian responses to COVID-19 and future pandemic/s.

Strengthening global solidarity to respond to the pandemic

Studies in this review clearly articulated that several global policy responses have been initiated to respond to the humanitarian crisis, particularly in the pandemic era. For example, Canada has “pledged \$50 million to help the world’s most desperate people, including those displaced populations and \$8 million to humanitarian partners, including the WHO” (Government of Canada, 2020). However, studies also have indicated that countries in the global North are becoming more nation-centric in helping low-income countries in the global South fight against the pandemic. It is critically important for advanced countries and international communities in the global North to embrace humanitarian solidarity and increase funding to strengthen the public healthcare system and services to combat COVID-19 in refugee-host countries, particularly in host countries in the global South. There must be global solidarity and inclusivity among nation-states, international communities, humanitarian aid agencies, and civil society to respond to the pandemic effectively and efficiently for displaced populations. It is a critical part of overcoming the pandemic for countries in the global North to embrace the determination to share responsibility for the global humanitarian crisis to host and support the world’s displaced populations.

Equitable distribution of vaccines to low-and middle-income countries

Studies also concluded that low-and middle-income countries were disproportionately deprived of equitable distribution of vaccines during the pandemic. For example, Gill and Ruta (2022) state, “fewer than 10% people in low-income countries received the first dose of vaccine compared with more than 80% in so-called developed countries” (para 1). Low-income countries, particularly those struggling with conflicts and calamities, do not have a robust healthcare system (Dyer, 2020). Against this fragility and conflict, the COVID-19 pandemic has added another layer of the crisis to their healthcare system. The more resourceful countries in the global North and international communities, including UNHCR, UNICEF, the World Bank, and other agencies, should equitably and efficiently provide COVID-19-specific resources. Resourceful countries must design and implement a fair allocation framework for the equitable distribution of vaccines across all countries to control the acute phase of the pandemic and rebuild societies and economies.

Availability of public health services

As discussed previously, displaced people in camps, detention centres, and other informal settlements could not easily access COVID-19 testing and referral. In this respect, governments, international communities, and human rights organizations must pay heed to effective public health services, supply-chain management, and implementation of public health measures before the situation reaches a critical state. An exemplary policy initiative is seen in Ethiopia, where “all refugees have the right to basic health services and are treated like their host communities” (d’Orsi, 2020, para. 8). It is thus recommended that policies instigate equal healthcare services by providing accessible, timely, culturally, and linguistically relevant information on the COVID-19 pandemic. In addition, immediate action plans are needed to ensure access to clean water, basic toilets, sanitation, food, shelter, and equipment for displaced populations in refugee camps, detention facilities, and informal settlements.

Developing adequate quarantine, isolation, and testing capacities

Studies in this review also indicated that one of the biggest challenges in refugee camps was maintaining social distancing during the pandemic. Indeed, this requires a significant amount of work and funding. An adequate and rapid testing capacity must be deployed to refugee camps and other settings. It is recommended that host government and humanitarian agencies develop a locally relevant pandemic preparedness and response plan that addresses the current capacity and anticipated needs on the ground. International communities, governments and humanitarian aid societies should focus on deploying qualified medical personnel, healthcare workers, and healthcare services effectively and efficiently.

Proactive advocacy against racism and xenophobia

Studies have concluded that racism and xenophobia impeded the effectiveness of public health response to the pandemic, highlighting the vulnerability of displaced people. Borders have been tightened, artificial walls have been constructed, and nationalist agendas have flourished, particularly in the global North. A wave of populism has swept in on the strength of xenophobic beliefs and stereotypes to reinforce territorial boundaries in the current COVID-19 pandemic (Correa-Cabrera & Konrad, 2020). To mitigate the further vulnerability of displaced people, there is a need for proactive advocacy against xenophobia, racism, and stigma. Social protection policies and programs are needed to minimize the effects of the pandemic. It is also critical to note

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that the deportation of asylum seekers without prior medical testing can risk spreading the virus to other countries. Thus, the government should develop alternative plans for detention policies to ensure that displaced people have easy access to COVID-19 testing and healthcare services, irrespective of their citizenship status.

Conclusions

This paper has identified that the COVID-19 pandemic has almost paralyzed the globe, creating a severe humanitarian crisis, especially among displaced populations. Displaced people struggled to get vaccinated against COVID-19 due to having no/limited access to health facilities and/or being undocumented. It was also noticed that one of the pressing needs was global solidarity across borders to solve a common humanitarian crisis, especially in the global South. As the world is grappling with the pandemic, global solidarity to protect every individual is needed now, recognizing and protecting every individual's right to health regardless of nationality and citizenship status. However, stigma, xenophobia and discrimination against displaced and racialized people are reaching new levels of concern in the global North (Karki & Dhungel, 2022). Forcibly displaced people are often the “first to be stigmatized and unjustly blamed for the spread of the disease, yet they are also among the most vulnerable people during the COVID-19 pandemic” (Lau, et al., 2020, p. 648).

It was evidenced in this paper that displaced people are often neglected in emergency responses to the COVID-19 pandemic. Although international communities and humanitarian aid agencies have increased their responses to the pandemic, evidence shows that the supply of essential public health measures and healthcare services to displaced people are inadequate. Lau et al. (2020) suggest immediate attention to “the health needs and priorities of displaced populations and for contingency planning to ensure service continuity” (p. 647). This requires governments and humanitarian agencies, activists, social workers, and communities at large to work with and advocate for forcibly displaced people (be hospitable) from the location of dispossessed and displaced so that they can feel safe, homely, and belongingness in this shared planet.

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