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Editorial Brief

The Centre of Excellence in Global and Migration Studies (CEMGS) is a 2019 Tertiary Education Trust Fund (TetFund) intervention that commenced operation in March 2020. It was founded by Professor Abdallah Uba Adamu, who from 2016-2020, was the Vice Chancellor of National Open University of Nigeria (NOUN). This Journal is one of the academic publications of the Centre that is deemed crucial to fulfilling the vision of the founder. We should note that global migration and mobility has become part of human history and cannot be divorced from developmental plan, economics, politics, social life, and education of the citizens. Both internal and external migrations have come to influence who we are, what we do, and our future. NOUN's CEMGS is therefore a milestone in the history of the institution. The Centre serves as the fulcrum of research on migrations, both internal and external; and its conceptualisation, contextualisation, and decolonisation as essential to multidisciplinary analyses of global studies.

The International Journal of Migration and Global Studies (IJMGS) is a critical and Afrocentric-centred Journal that engages theories, concepts, and real life narratives on migrations in the locale, national, or global dimension. The Journal articles are policy oriented, adaptable for teaching, and solution driven in analysis; they are useable nationally and globally.

With several factors responsible for internal, intra-regional, continental, and global movement of peoples, the Centre with the birth of its academic Journal, hopes to sustain documentation of experiences through arts methods, science and health methods, other social science methods for use in the classroom, policy making, and for experiential learning.

It is hoped that the articles in this maiden edition, and subsequently, will fulfil the purpose, rationale, and aspiration of the Journal.

Hakeem I. Tijani
Editor

COVID-19 Policy Responses and Human Rights of African-Black Migrants in CUSA: Implications for Africa-CUSA Relations

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Abstract

The COVID-19 crisis defies conventional approach to tackling international crises and trigger policy responses globally. Notwithstanding, it is expected that policies should conform to International legal standards on human rights of migrants (ILSHRMs) treatment and protection, but it seems COVID-19 policy responses (CPRs) in China and United States of America (CUSA) are undermining African-Black migrants' rights. Extant researches with concentrations on human rights dimension of COVID-19 responses do not adequately investigate on African-Black migrants' rights, combining countries' cases this current research addresses. This study investigates whether CPRs in CUSA are undermining human rights of African-Black migrants and the implications for Africa-CUSA relations. Using qualitative technique, it reveals among others, that, even though ILSHRMs treatment and protection, prohibits discrimination and guarantee to all person: equal access, treatment and effective protection against discrimination and stigmatization irrespective of social identity, CPRs in CUSA have viciously undermined the human rights of African-Black migrants to: equal access, treatment and protection; Therefore, this study identifies and predicts three conflict-implications and concludes that continuous underminization of the human rights of African-Black migrants would portray CUSA humanitarian assistance in Africa as diplomatic hypocrisy and requires proper intervention to stop the menace and to avoid the conflict-implications for Africa-CUSA relations.

Keywords: African-Black migrants; African-CUSA relations; Conflict-Implications; COVID-19 responses; Human rights; International Legal standards.

Introduction

Countries across the globe are battling with how to survive a new security challenge, a virus disease that first broke out in Wuhan, a city in Hubei province of China and reported to World Health Organization (WHO) in December 31, 2019. The outbreak was declared as a Public Health Emergency of International Concern (PHEIC) in January 30, 2020 and the name was announced as Coronavirus Disease 2019 (COVID-19) in February 11, 2020 as well as Global Pandemic (GP) in March 11, 2020 (WHO, 2020). Within the shortest time of COVID-19 pandemic outbreak and the spreading,

the negative impacts on human health and the economy across the globe have been alarming and shocking (Maliszewska, et al. 2020). As a new challenge, it has not only defied all boundaries and conventional pattern of tackling international or global crisis, according to Resnick (2020) it has also triggered multiple and varied policy responses across the globe. While some are designed within specific national contexts, others are more generic. While some are narrowly-focused, others are complex-mix of interacting measures. Notwithstanding, the nature and scope, it is not expected that policies should undermine human rights including those of migrants but rather conform, protect and promote them. On the contrary, the United Nations (UN) Secretary-General, Antonio Guterres worries that COVID-19 pandemic which has degenerated into economic, social and human crises is fast becoming human rights challenge (UN, 2020). Equally, Shabazz (2020) laments Black migrant population may be dying of COVID-19 at higher numbers in some countries due to lack of access to reliable healthcare that matches native citizens. In this sense, inspiring human right question and casting doubt on the security of African-Black population in countries across the globe where they have migrated before COVID-19 outbreak. Hence, this study is significant to systematically diagnose and proffer the therapy required while clearing this uncertainty. More so that, as international human rights issue, it could stimulate distrust in the mind of African-Black people and ignite conflict as well as strain African foreign relations with the countries crafting such policies, even if they have been partners in progress as realist theorization hints that in international relations there are no permanent friends but permanent enemies and state cannot be sure that today's friend will not be tomorrow's enemy (Waltz, 2000:5).

Besides, readings from extant literature showed that contributions have largely concentrated on the health and socio-economic aspects of COVID-19 crisis. The researches with concentration on human rights dimension of COVID-19 crisis are very few and did not adequately address the human rights of African-Black migrants combining the selected countries cases, this current research domicile. Moreover, this current research would divulge and bridge the lacuna between extant International Legal Standards on Human Right of Migrants (ILSHRMs) treatment and the realities confronting

African-Black migrants. Primarily, this study set to investigate whether CPRs in China and United States of America (CUSA) are undermining the

human rights of African-Black migrants stipulated in international legal standards on human rights of migrants as well as the conflict-implications. Hence, three questions that are essential are: What are the ILSHRMs treatment and protection? How has CPRs in CUSA undermined human rights of African-Black migrant? What are the conflict-implications of underminization for Africa-CUSA relations?

Conceptual Clarification

Four major concepts: COVID-19, policy responses, migrants and human rights have been highlighted and clarified in the context of this study.

The concept of COVID-19

The concept of COVID-19 became a global concept since February 11, 2020 when it was announced as a global pandemic. The 'CO' stands for corona, 'VI' for virus, and 'D' stands for disease. It was formerly called '2019 novel coronavirus' or '2019-nCoV', a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold (International Federation of Red Cross and Red Crescent Societies, IFRC; World Health Organization, WHO and UN International Children's Emergency Fund, UNICEF, 2020:3). It can simply be defined as a disease caused by a new strain of coronavirus (World Health Organization, WHO, 2020:2). The Organization for Economic Co-operation and Development (OECD) Secretary-General, Angel Gurría (2020) conceptualizes COVID-19 as deadly disease causing large-scale loss of lives and severe human suffering across the globe. Similarly, the Assistant Director-General for Priority Africa and External Relations, Firmin Edouard Matoko conceive COVID-19 as a new deadly disease and global health crisis brutally imposing unusual norms, such as: social distancing and confinement on humanity, leading to social, economic as well as cultural breakdown (cited in UNSCO 2020). For Nieuwenhuis (2020), COVID-19 is a human-centric disease that has transformed into global challenge and inspiring various policy responses.

The concept of policy responses

The International Monetary Fund (IMF, 2020) defines the concept of policy responses as key actions or measures that have been taken by government to limit the impacts of COVID-19 crisis. These actions or measures include establishment of testing labs at border crossings; setting up special wards to boost hospitalization and care capacity for victims; procuring critical medical supplies; granting micro-credits loans to assist businesses; social relief packages for households to ease lockdown; quarantining incoming visitors, expatriation and evacuations of migrants; flights repatriation; enforcement of social distancing and hygiene requirements; restriction of movement of persons and vehicles although with exceptional measures; and legislating harsh punishments for those breaching the lockdown or quarantine (IMF, 2020). Ritchie et al. (2020) conceptualize policy responses as government's reactions which span from containment and closure policies, economic policies, and health system policies. While, Resnick (2020) conceive CPRs as government restrictions on population movements including travel bans, curfew, lockdown at home, ban on gatherings, street vending, restaurants, mining, manufacturing, agricultural activities and tourism sector; as government social protection interventions including food aid, expanded cash transfer/unemployment programs, food subsidies, expended credit options, wage support, mandated grace period of rental payments. Nevertheless, how policy responses undermine African-Black migrants' rights is fundamental.

The concept of migrants

The International Justice Resource Center (IJRC, 2020) categorized migrants into two: international migrants and internal migrants. While the latter are persons who have moved voluntarily within one state (country) for the purpose of improving their situation or people who were compelled to move internally within one state; the former are people who moved temporarily or permanently across border for the purpose of improving their situation. In this sense, Pizarro, (2002) cited in Udeoji and Shaibu (2019:20) defines migrants as persons outside the territory of the states of which they are nationals for a particularly motive which could be social, economic, political

or environmental. In connection to COVID-19, the Office of UN High Commissioner for Human Rights (OHCHR 2020) has defined migrants as persons outside their state at various locations, settlements or residents who

are likely to face stigmatization, discrimination, exploitation, marginalization or who may be living and working in fears of being denied their freedoms and human rights. In the context of this study, African-Black migrants are people who have migrated or moved from various African sub-regions to reside, work or do business in cities of China and United States of America (CUSA).

The concept of human rights

Lattimer (2018) defines the concept of human rights as those rights which all human beings possess simply by virtue of being human and as a set of basic minimum legal standards for human treatment. Similarly, human rights as Icelandic Human Rights Centre (IHRC, 2020) conceived, are commonly those rights which are inherent in the mere fact of being human, and are based on the principle that every human being is entitled to enjoy her/his rights without discrimination and equally applicable to all. However, OHCHR (2020) conceived human rights of migrants to include among others equality and non-discrimination; non-refoulement; prohibition against collective expulsion; protection against: torture, inhuman treatment, arbitrary arrest and detention, labor exploitation and right to highest attainable standard of physical and mental health. These can be undermined by denial of civil and political rights such as arbitrary detention, torture, or a lack of due process, as well as economic, social and cultural rights such as the rights to health, housing or education. Generally, the denial and underminization of migrants' rights is often closely linked to discriminatory laws, attitudes of prejudice and xenophobia.

Theoretical Implications

The scapegoating theory of prejudice and realist theoretical approach are applicable in this study as they provide theoretical understanding on the reality facing African-Black migrants in the cities of CUSA.

The scapegoating theory of prejudice

The scapegoating theory of prejudice is one of the social psychology theoretical frames of analysis propounded by Rene Girard (1923-2015), a famous French social psychologist. The scapegoating or scapegoat theorist found its conventional meaning from ancient religious ritual where communal sins were symbolically imposed on a 'he-goat'. The main

assumptions of scapegoating theory includes that the feeling of discrimination is expressed against minority in a community to unfairly blame and maltreat them for the problem they do not cause; that, this is likely to appear when difficult and prolonging negative situation is experienced; that when crisis is threatening the existence of a community, a peculiar psychosocial defense mechanism called communal aggression arises and is suddenly projected upon the minority ascribed the cause of the crisis; that community covers up their discrimination and stigmatization by unfairly portraying the minority as transgressors of some prohibitions and deserves punishment or expulsion to eventually restore normalcy (Andrade, 2020). The rationale behind scapegoating is the psychological defense mechanism to deny, discriminate and shift blame on others because it allows the perpetrators to eliminate negative feelings about themselves. It follows therefore, that China stereotyping and stigmatizing African-Black migrants as the importers as well as the cause of COVID-19 spread and maltreating them under the guise of CPRs gives credibility to the scapegoating theory of prejudice and perhaps the defense mechanism to confuse the international community by blaming the cause of the spread of the virus on African-Black identity; to eliminate the negative feelings about Chinese on the global spread of the virus. In the same way, it follows that USA has as a defense mechanism blame the high death rate recorded on the African-Black migrant communities to eliminate the negative feelings about USA not being capable of tackling the virus effectively to stop the large-scale impact as the world major power. Even though, Zawadzki (1948) observes that scapegoat theory has been criticized for rationalized blaming of the minority for misfortunes and stereotyping them with bad traits as well as failing to explain why certain minorities are chosen for discrimination while others are favoured; the theory well mirrors an understanding of the unequal treatment of the African-Black migrant populations in CUSA.

The realist theoretical approach

The realist theory is an international relations theory suitable for explaining actions and reactions of states. Niccolo Machiavelli (1469-1527) and Thomas Hobbes (1588-1679) constitute the major proponents. The realist

theorists assumed that: human being possess inherent urge to dominate as well as an inherent dark side that makes conflict probably inevitable among

humans; state prioritize national interest and security above ethical standards; state only advance their interests with little regard for morality and friendship; state authorities are neither constrained by ethical standards nor laws; state authorities often fear today's friend may be tomorrow's enemy in crisis, conflict or war. Hence, state authorities are neither constrained by ethical standards, laws or friendship; political morality is expedience rather than any other moralities. For instance, Machiavelli's political morality assumes that rulers (authorities) may need to employ aggression, brutality, murder and break agreements. In this way, Machiavelli approve of dispositions which are forbidden by private morality or rights ascribed to individuals by virtue of being a human being or by legal standards (Morgenthau 1967; Rourke 2003 cited in Shaibu et al. 2015:28; Enemu, 1999:69; Mahrik, 2017). It follows therefore, that the authorities in some cities of CUSA's disregard for ILSHRMs to undermine and discriminate against African-Black migrants' rights give credence to the realist proposition that state authorities are neither constrained by ethical standards nor by known laws but rather advance their own interests with little regard for morality or friendship. It equally follows, that for CUSA, major international partners with Africa in terms of economic development and security matters to discriminate or unfairly treat African-Black migrants amidst COVID-19 gives credibility to realist proposition that friends today may become potential foes tomorrow in crisis or in war but contradict the doctrines of liberalism, equality before the law and perhaps a confirmation of skepticism in international politics. Therefore, while the scapegoating and realist theory combine to add relevance to this study, realist theory dominantly apply.

Empirical Relevance

In spite of the newness of the COVID-19 challenge, there are profuse insightful extant empirical studies and contributions. Although, the contributions are largely economic and health-centric, there are equally contributions on CPRs and human rights of migrants. However, none adequately investigated CPRs and human rights of African-Black migrants in CUSA: implications for Africa-CUSA relations which make this current

research essential and intellectually distinct. To start with, a study by Amnesty International Canada (AIC, 2020: 1-2) with focus on putting human

rights at the heart of Canada's COVID-19 response reveals there have been extensive reports of racism and xenophobia related to COVID-19 responses, including violent attack against individuals with ethnic affinity, particularly perceived to be Chinese or East Asian, who were equally denied the services of healthcare workers and suggested that Canadian government COVID-19 response should reflect the expression of solidarity, counter-racism, testing and treatment should be accessible to everyone, including undocumented migrants on an equitable and non-discriminatory basis. However, it failed to explain whether CPRs are undermining the human rights of African-Black migrants in CUSA and the implications. Despite the number of countries investigated, a research conducted by Guadagno (2020) did not equally address the African-Black migrants' human rights, but made some interesting points. That in the effort to uphold and promote human rights of migrants in Portugal, the government temporarily regularizes all migrants including asylum seekers who have applied for a residence permit before declaring state of emergency. Similarly, that in Italy, the government, Unions and Migrant Rights Associations (MRA) discussed a temporary regularization programme for irregular migrant workers. While in Belgium, Spain, Netherlands and United Kingdom, governments released some of these migrants in line with international human rights law. Nevertheless, there were countless cases of human right issues including xenophobia, scapegoating, and stigmatization such as hate speech, assaults and harassments directed towards internal migrants in areas marginally affected by COVID-19. Interestingly, Institute for Human Rights and Business (IHRB, 2020) assessment on human right impacts of COVID-19 responses in Myanmar and companies responsibilities, have revealed that migrant workers in China, among others did not enjoy same rights as the citizens. For instance, that many of the thousands of migrant workers that returned to Myanmar from China due to COVID policy measures were forced to vacate their premises and job without payment and were not covered by unemployment insurance and their access to healthcare facilities was limited. Hence, it suggested that companies with capacity should assist to protect human rights by meeting their basic needs. However, the study falls into the same web, as it failed to address how CPRs has undermined the human rights

of African-Black migrants and the implications. In the same vein, a research conducted by Human Rights Watch (HRW, 2020) on human rights

dimensions of COVID-19 response unfolded that in an effort to limit transmission from Wuhan city in Hubei province, the Chinese government's imposes two days total and stringent quarantine with little respect for human rights as many residents in the cities under quarantine expressed difficulties obtaining medical care and other life necessities. Substantiating this, that a boy with cerebral palsy died because no one took care of him after his father was quarantined; a woman with leukemia died after being turned away by several hospitals because of concerns about cross-infection; and a man with kidney disease jumped to his death from his apartment balcony after he could not get access to health facilities for dialysis. Moreover, the study failed to show how CPRs undermines the rights of African-Black migrants in CUSA and the implications. Accordingly, World Bank Groups (WBG, 2020) have studied migration-related COVID-19 responses around the world but two cases relate more to this current research: First, that China's CPRs to internal migrants includes: cash transfer to unemployed; grants unemployed migrant workers access to unemployment insurance benefits; gave households with unemployed members opportunity to apply for temporary social assistance; exempted, reduced and postponed social insurance contributions, housing funds and utility costs; wage and job subsidies; tax exemption among others. Secondly, the study equally unfolds that USA's CPRs to international migrants in some cities included issuance of updated guidance on visas for medical professionals and residents; provided good time for submission of documents for extensions of employment authorizations; lifted the in-person interview requirement for most applicants applying for seasonal guest worker program and temporarily amended regulations to allow seasonal migrant workers to remain in the United States beyond the 3-year maximum allowable period of stay. Thus, in some states and cities: California, Oregon, Washington-DC, Austin, Boston, Chicago, Minneapolis, New York and Seattle, there were established interventions including among others: the allocation of millions of dollars for disaster relief-assistance for undocumented immigrants impacted by COVID-19; the authorization of testing and testing-related services at 100percent reimbursement through its Medicaid programme for patients to enrol without regard to income, resources or immigration status. Summarily, it is glaring that the

contributions of: AIC (2020); UN (2020); IHRB (2020); WBG (2020); Guadagno (2020) and HRW (2020) broadly concentrated on the human

rights impacts of CPRs on regular and irregular migrants with other ethnic social affinities but failed in particular, to investigate whether CPRs undermine human rights of African-Black migrants and the implications for Africa-CUSA relations which make this current research academically distinct.

Methodology

This study relied on credible print media which are secondary materials including websites, online articles, governmental and international documentations including reports, conventions and agreements. Careful content-comparison was carried out to validate and determine reliability of the information from the materials. Relevant qualitative and quantitative information or data were extracted and organized to provide answers to the research questions earlier stated. The findings are thematically presented and discussed using tables, chat and pictorial illustrations where necessary. However, this study is largely a qualitative research based content analysis.

Findings and Discussion

ILSHRMs treatment and protection

In research question one: what are the ILSHRMs treatment and protection? Table 1 shows that migrants irrespective of their social status are largely protected by international standards, which countries or states authorities including those of CUSA cannot claim ignorance but under the obligation to conform and promote without discrimination.

Table 1: ILSHMRs applicable to migrants' treatment and protection.

ILSHMRs		Provisions
International Covenant on Civil and Political Rights (ICCPR) adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 23 March 1976.	<i>Article 6(1)</i>	Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.
	<i>Article 7</i>	No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.
	<i>Article 26</i>	All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law prohibits any discrimination and guarantees to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, politics or other opinion, national or social origin, property, birth or other status.
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW) Adopted by General Assembly resolution 45/158 of 18 December 1990.	<i>Article 25(1)</i>	Migrant workers shall enjoy treatment not less favourable than that which applies to nationals of the State of employment in respect of remuneration.
	<i>Article 43(1d)</i>	Migrant workers shall enjoy equality of treatment with nationals of the

State of employment in relation to: (d)
Access to housing, including social
housing schemes, and

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ILSHRMs	
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) was adopted by the UN General Assembly (Resolution 39/46) on 10 th December 1984. Entered into force: 26 June 1987.	Provisions protection against exploitation in respect of rents. <i>Article 2(2)</i> No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture."
American Convention on Human Rights (ACHR) signed on 22 November 1969.	<i>Article 5(2)</i> No one shall be subjected to torture or to cruel, inhuman, or degrading punishment or treatment. All persons deprived of their liberty shall be treated with respect for the inherent dignity of the human person.
	<i>Article 24</i> All persons are equal before the law. Consequently, they are entitled, without discrimination, to equal protection of the law.
International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) Adopted and opened for signature and ratification by General Assembly resolution 2106 (XX) of 21 December 1965 entry into force 4 January 1969.	<i>Article 2</i> States Parties shall, when the circumstances so warrant, take, in the social, economic, cultural and other fields, special and concrete measures to ensure the adequate development and protection of certain racial groups or individuals belonging to them, for the purpose of guaranteeing them the full and equal enjoyment of human rights and fundamental freedoms...
	<i>Article 5 (b), (d), (e) and (!)</i> In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of

everyone, without distinction as
to race, colour, or national or
ethnic origin, to equality before
the law,

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ILSHRMs	Provisions notably in the enjoyment of the following rights: (b) The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution; (d) Other civil rights, in particular: (i) The right to freedom of movement and residence within the border of the State; (ii) The right to leave any country, including one's own, and to return to one's country; (iii) The right to nationality; (vii) The right to freedom of thought, conscience and religion; (viii) The right to freedom of opinion and expression; (ix) The right to freedom of peaceful assembly and association; (e) Economic, social and cultural rights, in particular: (i) The rights to work, to free choice of employment, to just and favourable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration; (iii) The right to housing; (iv) The right to public health, medical care, social security and social services; (f) The right of access to any place or service intended for use by the general public, such as transport hotels, restaurants, cafes, theatres and parks.
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Source: ICCPR (1966); CMW (1990), CAT (1984:2); ACHR (1969); ICERD (1965:2-4).

In addition, the Office of UN High Commissioner for Human Rights (OHCHR 2020) releases some guidance on COVID-19 response which provides among others, that all migrants regardless of their migration status, must be taken into account as an integral part of any effective public health and recovery policy responses to COVID-19 crisis. That State authorities should ensure that CPRs include measures to prevent, monitor and address stigma and incidents of racism, xenophobia, incitement to discrimination, hatred and violence as well as holding those responsible accountable. The reality in context of African-Black migrants' treatment and protection in CUSA contradicts these legal standards and guidance in all ramifications.

The CPRs and human rights of African-Black migrants in CUSA
On research question two: How has CPRs in CUSA undermined the human rights of African-Black migrants. Table 2 shows CPRs in CUSA have undermined the human rights of African-Black migrants.

Table 2: How CPRs have undermined human rights of African-Black migrants in CUSA.

United States of America (USA)	New Orleans, Louisiana, Chicago, Michigan (Detroit), Mississippi, Alabama, Baltimore, Richmond, Fresno and Calif among others.	Threat-strategies adopted to enforce the above includes: threat of seizure of passports; threat of visa revocation; threat of arrest; threat of deportation; surveillance such as cameras and alarms were installed and mounted outside the African-Black migrants' apartments to monitor defaulters particularly those who were in self-isolation at home Used local police to harass and arrest African-Black people in any attempt to access restaurants and shops. Multiple and varied policies have undermined the equal rights of African-Black migrants making them more vulnerable to COVID-19 than the Whites: before COVID-19 outbreak African-Black migrants have been undermined through discrimination and unequal treatment in terms of socioeconomic and healthcare policies. For example, in terms of <i>socio-economic policy</i> African-Black migrants rights are undermined in the following ways: • African-Black migrants have experienced discrimination when applying for jobs as public policies restricted tens of millions of them to jobs with few benefits, lower wages, and limited protections; • overrepresented in the lowest-paid agricultural, domestic, and service vocations and have the least job security; • high levels of discrimination when seeking promotions or equal pay and when trying to rent; • Pay higher mortgage rates when seeking to buy housing. many of the government homeownership and housing affordability policies disproportionately benefited the whites' households while excluding the households of African-Black migrants. COVID-19 policy responses or measures discriminately undermined human rights of African-Black Migrants in the following ways:
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African-Black migrant population were under-diagnosed and under-treated compared to the whites population;

African-Black migrants were not given the opportunity to enjoy favourable housing policy as the whites;

many employers of African-Black migrant workers were compelled by COVID-19 containment measures to close their doors but COVID-19 reliefs neglected African-Black migrant workers;

COVID-19 reliefs neglected the independent practicing physicians rendering care service at the frontlines of the fight against the virus;

COVID-19 policy responses failed to put into consideration African-Black migrants in healthcare and social assistance sectors as the whites. For instance, African-Black migrants engage in administrative services in:

- healthcare facilities;
- retail trade, such grocery stores, home furnishings, gasoline, homecare,
- restaurants facilities; and
- remediation services in call centers, recycling and waste management facilities.

But COVID-19 reliefs only focused on the whites and neglected African-Black migrants.

Even the federal COVID-19 incentive package known as the Coronavirus Aid, Relief, and Economic Security (CARES) Act provides much-needed cash assistance to only American families but neglected the African-Black migrant families.

Source: HRW (2020); Dogru (2020); Ray and Perry (2020); Perry, et al. (2020); Joles (2020); Maqbool (2020); Shabazz (2020); Gamblin (2020).

It is palpable from Table 1 and 2, that CPRs in the above identified cities in CUSA largely undermined the human rights of African-Black migrants to equal treatment, access and protection. Comparatively, in the case of China, information is only available on one city. Nevertheless, it is glaring that the authority of Guangzhou, a city in Guangdong province of China stereotyped and stigmatized people of African-Black identity as the importers and the

cause of COVID-19 spread under the guise of CPRs given credibility to the scapegoating theory of prejudice. However, in the case of USA, it is evident,

that the nature of occupations, businesses and services of African-Black migrants has been patterned by the society to reflect; lack of equal access to opportunities such as: wealth, health, social services and COVID-19 reliefs. In addition, the assistance available and accessible to the whites equally gives credibility to the scapegoating theory of prejudice. Again, in the case of China, Figure 1 shows the pictorial evidence on how the rights of African-Black migrants are undermined, but no data exist on death rate.

Figure 1: Evidence showing maltreatment of African-Black population in China.

	
Africans forced out of their accommodation.	Africans sleeping on the street, after being denied shelter.
	
An African-Black man being harassed by the Police.	



An African-black man being harassed by the Police.

Source:

<https://www.bbc.com/news/world-africa-52309414>
https://cdn.cnn.com/cnn/.e/interactive/html5-video-media/2020/04/10/desktop_caught_opt.mp4
<https://cdn.cnn.com/cnnnext/dam/assets/200410141731-04-africans-china-gz-exlarge-169.jpg>
<https://twitter.com/i/status/1247909829974392842>
[accessed July 19, 2020].

In the case of USA, no pictorial evidence was found on how the human rights of African-Black migrants have been undermined by CPRs. However, Table 3 shows quantitative data exist on death rates, revealing that denying migrants equal treatment, access and protection has a serious consequence on their right to life in times of pandemic.

Table 3: African-Black migrants COVID-19 fatality rate in four USA cities at a glance.

Cities	% of African-Black population in the cities	% of African-Black fatality rate
Louisiana	Approximately 33%	70% of COVID-19 fatalities.
Chicago	29%-30%	68% -70% of COVID-19 fatalities.
Washington, D.C.	46%	62.5% of COVID-19 fatalities.
Michigan (Detroit area)	Heavily African-Black populated, accounts for nearly 85% of the state's COVID-19 deaths.	

Source: Ray and Perry (2020); Chicago Department of Public Health (CDC) cited in Shabazz (2020).

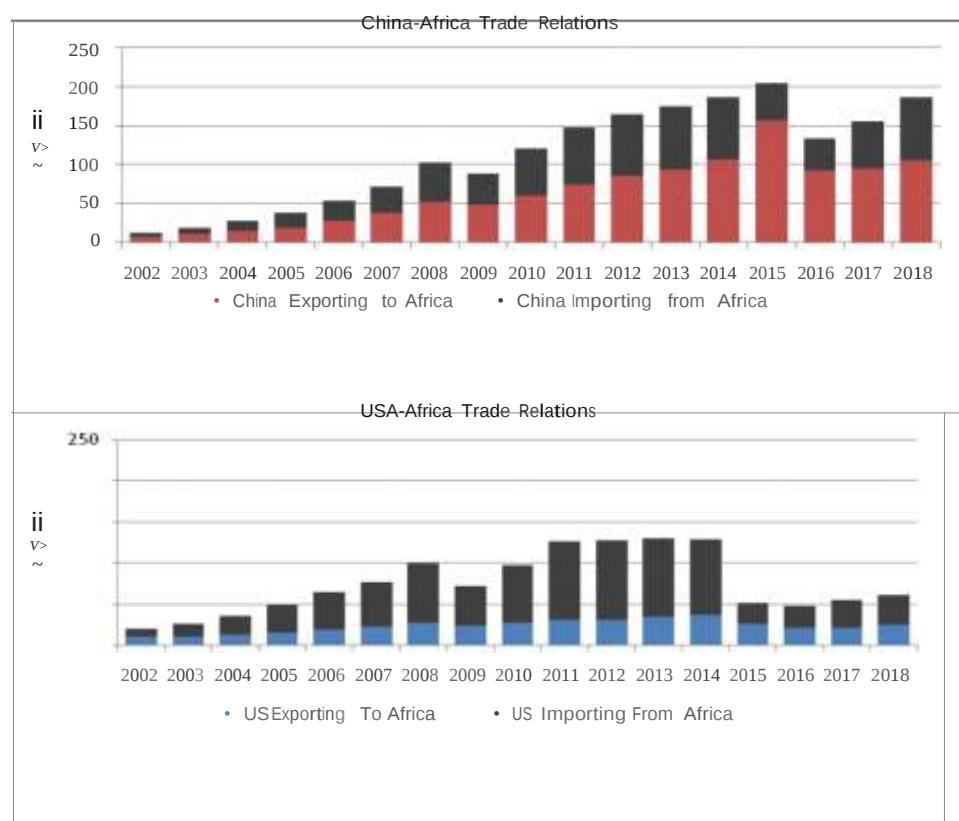
The conflict-implications for Africa-CUSA relations

On research question three, what implications for Africa-CUSA relations?

First and foremost, CUSA have been Africa top mutual partners in progress

and development, especially in economic, security, health, agriculture, telecommunication, construction and other mutual dealings. For example, Figure 2 shows smooth trade relations between Africa-CUSA before COVID-19 outbreak.

Figure 2: Evidence of CUSA-Africa as partners in progress in terms of trade 2002-2018.



Source: UN Comtrade (Feb 2020) in Hakins John (2020: excel sheet 6).

In addition, Table 4 shows that CUSA are among four major foreign countries with the highest investment in terms of total capital invested and job created in African sub-regions before COVID-19 outbreak.

Table 4: CUSA as major source of Foreign Direct Investment (FDI) in Africa 2014-2018

Country (CUSA)	Projects	Jobs created	Capital US\$m
USA	463	62 004	30 855
France	329	57 979	34 172
UK	286	40 949	17768
China	259	137 028	72 235

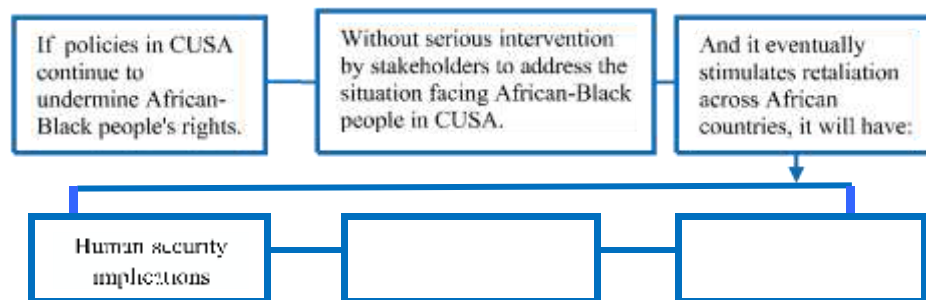
Source: FDI intelligence and EY Africa attractiveness report, 2019 in Madden, Payee (2019:3-4)

Nevertheless, more current evidences on Africa-CUSA relations in connection to the fight against COVID-19. For instance, information from Ghana News Agency (ONA, 2020:2-3) shows that Ghana as the aviation hub of African continent received life-sustaining medical supplies from Chinese Government to support some African countries in stemming the spread COVID-19. The supplies according to the Agency contain personal protection equipment and medical facilities including face masks, medical protective suits, goggles, gloves, thermometers, and ventilators for countries including Ghana, Nigeria, Senegal, Gabon, Siera Leone, Guinea-Bissau, Guinea, Cote d' Ivoire, Gambia Liberia, Mali, Burkina Faso, Equatorial Guinea, Togo, Benin, Republic of Congo, Cape Verde, Sao Tome and Principe as beneficiaries. Equally, Ching (2020:4-5) reveals that Angola, Kenya, South-Africa, Zambia, Zimbabwe, Ethiopia and Nigeria are listed among beneficiaries of the USA \$64 million humanitarian assistance released to assist the most vulnerable nations to COVID-19. Yet, these are done amidst racial policies and discrimination against African-Black migrants in their cities, casting serious doubt on the sincerity behind CUSA's humanitarian cash and kind gestures in the continent. Even though, Africa has not taken any serious diplomatic step against CUSA governments, by implications, it will make Africa and Africans to view CUSA's humanitarian assistance to stemming and containing COVID-19 crisis in the continent as hypocritical and diplomatically masking to achieve their international power-seeking selfish-interests in the continent given credence to the realist

theorization that states prioritize national interest rather than ethical standards. To this end therefore, this study highlights and predicts three

broad conflict-implications for Africa-CUSA relations as diagrammatically presented in Figure 3.

Figure 3: The conflict-implications for Africa- CUSA relations at a glance.



migrants by denying them equal treatment, access and protection. Consequently, this study reveals three broad conflict-implications of human security, economic and politico-strategic that continuous underminization without proper intervention could degenerate into, which will mean more worries in the fight against COVID-19 and strain on Africa-CUSA mutual relations in post-COVID-19 crisis. Contextually, this study exposes that the human rights of African-Black migrant population in these cities: Guangzhou (China); New Orleans, Louisiana, Chicago, Michigan (Detroit), Mississippi, Alabama, Baltimore, Richmond, Fresno and Calif (USA) have been inhumanly undermined and need to be addressed properly to protect the image as well as the rights of African-Black migrants. Legally, it has unveiled the gap between international legal provisions on human rights standards on migrants' treatment and the realities facing African-Black migrants in CUSA and should spur legal practitioners and institutions to make efforts to see that the rights of African-Black migrants are protected.

To avoid the conflict-implications that racism, discrimination, stigmatization or unequal treatment and unequal access could ignite between Africa-CUSA, this study recommends that (i) The Chinese authority should drop in all ramification racial-based CPRs and threat-strategies stereotyping and stigmatizing African-Black migrants and conform to international legal standards of human rights of migrants treatment and protection; (ii) USA authority should equally drop discriminating policies and extend its COVID-19 socio-economic and medicare or health reliefs to African-Black migrant communities to conform with international standards; (iii) African authorities should not think of evacuating their citizens from CUSA as this would create additional stress on the fight against COVID-19 in terms of providing facilities for quarantining and accommodating them. However, they should use African Union (AU), African embassies, CUSA embassies and other line diplomatic institutions not only in mediating and addressing the human rights challenge facing African-Black migrants but should provide permanent platform through which the basic needs of African-Black population would be met in times of pandemic. (v) CUSA authorities should consider the conflict-implications that continuous underminization of human rights of African-Black migrants could stimulate and conform to extant

international legal standards on migrants' treatment and protection. In this way, Africa would appreciate CUSA's humanitarian supports towards

stemming and containing COVID-19 crisis in the continent and perhaps peaceful Africa-CUSA relations can thrive.

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