COVID-19 Policy Brief: Disparities Among Immigrant Populations in the United States
Version: September 10, 2020

The COVID-19 pandemic has resulted in 6.3 million cases and close to 190,000 deaths in the United States as of September 8, 2020.[i] While the pandemic has touched every community in our country, it has revealed the striking socioeconomic and health care inequities in the U.S. that disproportionately impact underserved communities such as immigrant populations.

The Infectious Diseases Society of America and its HIV Medicine Association represent more than 12,000 infectious diseases and HIV physicians and other health care providers, public health practitioners and scientists committed to ending the health disparities that have historically impacted the lives of underserved populations, and that have been exacerbated by COVID-19. This brief is part of a series that examines COVID-19 and health disparities in the United States. In this document we call attention to the longstanding health and immigration policies that put immigrant populations—especially undocumented immigrants-- at significant risk for both contracting COVID-19 and experiencing adverse health outcomes due to COVID-19.

Background

In the U.S., 10.5 million individuals[ii] are estimated to be undocumented immigrants and a total of 44.4 million[iii] persons of any immigration status were born outside the US.[iv] The largest immigrant group represented in 2018 were Mexicans who comprised 25% of all immigrants in the U.S. followed by Indians 6%, Chinese 5%, Filipinos 5%, Salvadorans 3%, Vietnamese 3%, Cubans 3%, Dominicans 3%, Koreans 2% and Guatemalans 2%.[v]

Immigrant populations are more highly affected by COVID-19 and other infectious diseases as a result of a number of factors: cultural and language barriers, high population-density home and work environments, multigenerational family living arrangements, limited access to health care and health insurance, long-term detainment in detention centers, and a high proportion of jobs in industries that are considered “essential” during the pandemic that increases their risk exposure. Asian and Latinx populations are more likely than whites to be immigrants and are more likely to live in multigenerational family households[vi] making it difficult for them to quarantine. According to the Centers for Disease Control and Prevention (CDC), Latinx people in the U.S. are four times[vii] more likely to need hospitalization because of COVID-19 than non-Latinx whites. Immigrants live in some of the most affected cities as well as in agricultural areas where some food processing plants have closed due to widespread virus transmission.[viii]

Immigration policy changes implemented by the current administration (see Public Charge Rule below) discourage immigrants from accessing healthcare services. In addition, crowded detention centers and ineligibility for emergency financial assistance and health programs put undocumented immigrants at high risk.

At this time when a safety net is needed the most, undocumented immigrants lack access to federal benefits such as non-emergency Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and most housing assistance programs. Exclusion from Medicaid, Medicare and Affordable Care Act health care subsidies[ix] have resulted in close to 45% of undocumented immigrants being uninsured leaving them at risk for delaying medical care until severe illness or altogether.[x]

CALL TO ACTION

Policies should be centered on eliminating health inequalities to improve the health of immigrants and other underserved communities. Moreover, the vulnerability to infectious disease in any segment of the population increases risk of spread to the rest of the population. We call on policymakers to ensure that regardless of immigration status, immigrant populations have access to healthcare services and other supportive services during COVID-19 and future pandemics.

Public Charge Rule

Under the 2019 Department of Homeland Security (DHS) policy, the "public charge" rule can harm the chances of an immigrant applying to enter the US, extend their visa or obtain a green card if they are judged likely to rely on public benefits in the future. The public charge rule and immigration enforcement have exacerbated fears among undocumented immigrants about accessing health care, testing and treatment and economic assistance. An injunction issued against the DHS prevents the agency from enforcing, applying, implementing, or treating as effective the public charge rule for any period during which there is a declared national health emergency. At present, there are ongoing litigation-related delays in the rule's implementation. While U.S. Citizenship and Immigration Services has encouraged immigrants to seek necessary medical treatment or preventive services, distrust and misinformation have led individuals to avoid seeking health care and other basic services.[xi] Interventions are needed to increase immigrants' understanding of their rights and eligibility to utilize life-saving health services. We recommend that:

- The administration rescind the public charge rule that established new restrictions on immigrants' eligibility to live and work legally in the U.S. based on their use of essential services because it deters immigrants from accessing potentially life-saving health care services.
- States provide appropriate messaging and outreach that acknowledges immigrants' concerns around accessing care and educates them on what counts towards public charge determinations, both in English and in other essential languages so that immigrants are appropriately informed.
- Congress pass the Coronavirus Immigrant Families Protection Act (H.R. 6437) which would suspend implementation of the public charge rule and take other steps to provide COVID-19 services to uninsured immigrants, offer economic support and prohibit immigration enforcement in hospitals and healthcare centers.

Immigrant Detention Centers

Inconsistent guidelines for mitigating COVID-19 across DHS agencies has contributed to outbreaks of COVID-19 at immigrant detention centers. Individuals held in custody at correctional facilities and immigrant detention facilities have limited access to personal hygiene and the ability to maintain required physical distance between detainees and with staff to prevent the spread of COVID-19.

These facilities operate above capacity and have a congested environment where people are in close contact, share lavatories, and often have limited access to soap, hand sanitizer and other hygiene products. As of August 10, there have been more than 4,000 confirmed COVID-19 cases[xii] across 52

facilities run by DHS's Immigration and Customs Enforcement (ICE) agency.[xiii] In addition, according to ICE's reported data, more than 50% of detainees tested were positive, far above the CDC and WHO positivity thresholds at which testing is considered to have adequate coverage (5%), therefore indicating that expanded testing and capacity to quarantine are needed to understand the epidemiology in these centers.[xiv] We recommend that:

- All DHS-associated detention centers take the necessary steps to achieve safe physical distancing, including providing enough space to allow each detainee to separate from others by at least 6 feet, reducing detainee populations, and staggered use of communal facilities.
- Provide masks for all detainees and for non-detained immigrants and enforcement of universal masking of all facility staff, whether DHS or nongovernmental, to decrease transmission between detainees and staff and to prevent outbreaks from moving between facilities and into the community.
- DHS-associated facilities eliminate practices of cohorting detainees with respiratory illness before cases have been identified.[xv]
- Extend CDC guidelines beyond federal DHS detention facilities to include nongovernmental detainee facilities to protect detainees, facility employees and their families.
- ICE facilities take steps to reduce the population of individuals detained in DHS facilities.

Farmworker Protections

Immigrants account for 73% of the agricultural labor force and 29% of the food manufacturing workforce.[xvi] Our food supply is dependent on immigrant labor with a majority of farmworkers being immigrants and half of them being undocumented.[xvii] They are particularly at risk for COVID-19 due to higher rates of respiratory disease due to substandard living and working conditions and exposure to respiratory irritants like dust and pesticides.[xviii] Farmworkers often are housed by employers in congregant housing, such as barracks-style facilities, making physical distancing impossible. Public health interventions to mitigate the impact of COVID-19 on farmworkers is impeded by the fact that there is no systematically collected data on this population despite the alarming numbers of COVID-19 cases reported throughout the country.[xix] We recommend that:

- Congress pass the Frontline At-Risk Manual Laborers Protection Act (S. 4042) that provides farmworkers paid sick leave, pandemic premium pay and funding for agriculture providers to implement recommended sanitation and physical distancing, safe housing and transportation.
- Congress expand rural healthcare by increasing funding to community health centers that serve immigrant and farmworker populations.
- Employers protect their workers by maintaining a clean and safe workplace, providing housing that is adequately ventilated and compliant with capacity limits, thoroughly disinfecting housing in compliance with any CDC guidance, and guaranteeing transportation that is sanitized and allows physical distancing.[xx]
- U.S. Citizenship and Immigration Services, the Department of Labor, and the Department of Agriculture enforce CDC guidelines for workplaces and housing.[xxi]

Protect Essential and Frontline Workers

Eight million Latinx workers are at higher risk of losing jobs as a result of working in industries acutely affected by COVID-19, including meatpacking plants, restaurants, hotels and other service-sector positions.[xxii] These frontline employees face heightened risks for COVID-19 exposure and acquisition and may not be able be eligible for unemployment benefits if they feel it is unsafe to return to work.

Lower wage and often ethnically and racially segregated occupations offer limited benefits and most often are not conducive to remote work. Moreover, many such workers must commute to work on public transportation. Only 16% of Latinx workers can work from home, compared with 30% of non-Latinx white workers.[xxiii] Employment in settings such as meat and poultry processing plants where employees work close together for long hours and use cramped break areas, make appropriate social distancing impossible.[xxiv] These conditions, together with a lack of paid sick leave or disincentives for employees to call in sick increase the risk of COVID-19 transmission in the workplace.

The CARES Act provides unemployment insurance benefits for individuals who are out of work for reasons related to the COVID-19 pandemic, but excludes undocumented workers.[xxv] The CARES Act also excludes anyone who lives with anyone who uses an Individual Taxpayer Identification Number to file taxes, making it hard for undocumented immigrants and the estimated 5.9 million of their children who are U.S. Citizens to receive assistance.[xxvi] We recommend that Congress:

- Ensure any future stimulus bill for COVID or other future health emergencies include immigrants regardless of immigration status, as beneficiaries.
- Require employers to furnish recommended personal protective equipment and provide access to COVID-19 testing resources and supplies at no charge to employees.

Ensure Timely Access to High-Quality, Culturally Sensitive COVID-19 Testing, Care and Prevention
The populations disproportionately impacted by COVID-19 should be prioritized for COVID-19 testing, care and treatment and, when available, vaccines. We recommend that:

- Congress provide resources to support, and to states to implement, testing and treatment delivery and contract tracing programs that are sensitive to the needs of immigrant communities linguistically and culturally and ensure that services are geographically and economically accessible.
- Strong assurances across states that contact tracing is strictly confidential and will not be shared with immigration officials or other agencies including robust information campaigns educating immigrant communities about these protections in appropriate languages.

Increase Access to Affordable Healthcare Coverage and Healthcare Services
Approximately 7.1 million undocumented immigrants lack health insurance coverage, forcing many to go without health care or delay care until COVID-19 symptoms are life-threatening because of high out of pocket medical costs.[xxvii] In 2018, 75% of lawful immigrants were eligible for ACA coverage yet may remain uninsured because of difficulty navigating the enrollment process.[xxviii]

Some states are extending coverage for COVID-19-related health care services to undocumented immigrants through the state's individually administered Medicaid and Emergency Medicaid benefits. Connecticut[xxix], California[xxx], Iowa[xxxi], New York[xxxii], Rhode Island[xxxiii] and Washington[xxxiv] provide for testing and treatment services under emergency Medicaid. To improve access to healthcare, we recommend that Congress:

- Provide access to all care associated with COVID-19 and vaccines and other preventive services when available, regardless of insurance status.

- Establish multilingual COVID-19 hotlines through the 311 system with the capability and clinical backup to triage calls from people who may lack a care provider and need information or access to care.
- Encourage states to modify Emergency Medicaid definitions or provider billing manuals to include comprehensive COVID-19 treatment, including services such as diagnostic testing, telemedicine, primary care, and oxygen.
- Encourage states to include categories of immigrants previously excluded from unemployment plans such as Deferred Action for Childhood Arrivals (DACA) recipients, Temporary Protected Status (TPS), and green card and asylum seekers. Support subsidies for furloughed or unemployed individuals to maintain employer-sponsored insurance coverage through COBRA.

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[iii] Ibid.

[iv] Undocumented immigrants are foreign nationals who enter without inspection, enter with fraudulent documents, or enter legally but overstay the terms of their temporary visas; lawful immigrants includes permanent residents, refugees, asylees, and other individuals who are authorized to live in the U.S. temporarily or permanently.

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