



## **COVID-19, Immigration Status, and Child and Family Well-being**

The ongoing COVID-19 pandemic has taken a heavy toll on the U.S. economy and the everyday lives of families and individuals. Immigrants and their U.S.-born children number approximately 90 million, accounting for 28% of the overall U.S. population in 2018 (Batalova et al., 2020). During the COVID-19 pandemic, immigration status continues to shape families' and children's health and well-being. Very often, an immigrant family is comprised of members with varying immigration status such that, for example, the child may be U.S.-born citizen and the parents are lawfully-present or undocumented immigrants (Batalova et al., 2020). Research consistently shows that immigration status—including the mixed statuses within households—is an essential determinant of insurance coverage, healthcare usage and quality, eligibility for means-tested relief programs and services, and overall health and well-being (Fortuny & Chaudry, 2011; Huang et al., 2006).

Among immigrant families, undocumented adults and children with at least one undocumented parent are hit the hardest by the pandemic due to limited access to services and support (Hacker et al., 2015; Yoshikawa & Kalil, 2011). Immigrant workers, including frontline health workers and essential business workers, have been exposed to particularly high health risks during the pandemic. These disproportionately harmful effects of COVID-19 on Black and

Hispanic communities, and the rising death toll of essential workers such as health workers, bus drivers, and grocery or food service workers, are already well documented (CDC, 2020). Below we provide the evidence-based concerns that demand immediate attention regarding how COVID-19 impacts immigrant families and individuals.

**1. Immigrants are at the frontline of the response to the pandemic, and are experiencing a disproportionately negative impact.**

Overall, immigrants constitute a sizable number of frontline health workers and essential business workers who place their health at risk during the pandemic. For example, about 29% of physicians, 38% of home health aides, 23% of retail-store pharmacists, and 42% of food packers and packagers are immigrants (Gelatt, 2020). There are 27,000 Deferred Action for Childhood Arrivals (DACA) recipients working as doctors, nurses, and paramedics, and about 1.5 million essential workers in delivery, shipping, and trucking services are immigrants (Bier, 2020).

At the same time, a significant number of immigrants work in industries that have faced massive job loss, including hotels and restaurants, personal services (e.g., in-home child care), and building services (Gelatt, 2020). Recent unemployment data show that immigrants have had a steeper increase in their unemployment rate than U.S.-born workers in the COVID-19 downturn (Kochhar, 2020). As of August, Hispanic or Latinx workers, who comprised 47% of the immigrant workforce, reported an unemployment rate of 10.5% with a peak of 18.5% in April, which was the highest among all racial and ethnic groups (Bureau of Labor Statistics, 2020).

**2. Despite their contributions to the frontline efforts, the immigrant population is limited in access to health care, relief programs, and other support systems.**

**Low-income and racial-ethnic minority immigrant families are less likely to be covered by health care and insurance** than native-born families (Flores, 2006; Fortuny & Chaudry, 2011; Huang et al., 2006). The mass job loss due to COVID-19 has led to substantial declines in employer-provided health insurance coverage. While U.S. citizens could rely on publicly-funded health care systems such as Medicaid, many immigrants are not eligible for the coverage due to their immigration status. It is estimated that about 9.3 to 10.8 million noncitizens are uninsured during the pandemic (Capps & Gelatt, 2020). Lack of insurance coverage may result in limited medical care, posing risks not just for immigrant adults but also for their children and the broader community.

Recent national, state and local data indicate an overrepresentation of racial-ethnic minorities, particularly Blacks and Hispanics, in hospitalization and death due to COVID-19 (e.g., CDC, 2020; Gross et al., 2020; New York City Department of Health and Mental Hygiene, 2020). Based on national data as of June 12, 2020, the COVID-19 hospitalization rate of non-Hispanic Blacks is approximately 5 times that of non-Hispanic whites, and the rate for Hispanic or Latinx individuals is approximately 4 times of that of non-Hispanic whites (CDC, 2020). While data on hospitalization and death rates by immigrant status are not available, it is clear that immigrants are historically disadvantaged in socio-economic status, living conditions, and access to medical treatment and are overrepresented in essential jobs and low-wage jobs that do not allow telework. These inequities directly influence and determine the disparities in COVID-19 infection rates, progression of illness, and health outcomes for immigrant and ethnic/racial minority populations.

**Federal relief meant to aid communities is not reaching everyone.** Although undocumented residents pay billions of dollars per year in federal, state, and local taxes (\$31.9

billion in 2018; New American Economy, 2020), the [Coronavirus Aid, Relief, Economic Security \(CARES\) Act](#), and the [Families First Coronavirus Response Act](#) excluded them from testing and treatment, cash and food assistance, and unemployment insurance. For example, mixed-status families with undocumented parents and U.S.-born children or married couples in which one spouse is a U.S. citizen and the other is undocumented were excluded from the monetary rebate (National Immigration Law Center, 2020). It is estimated that 9.9 million undocumented immigrants, along with 3.7 million children and 1.7 million spouses who are either U.S. citizens or green-card holders, have been excluded from the stimulus payments due to the restriction of the CARES Act (Chishti & Bolter, 2020). Although a few states or cities (e.g., California, New York City) have state-, city- or privately-funded initiatives, the funding is limited and does not reflect the amount of taxes that undocumented immigrants pay (Jordon, 2020).

**Immigrants face limited access to existing support and public health services.** Most noncitizens, including undocumented, temporary workers, and those who obtained green cards within the past five years, are not eligible for existing means-tested benefits (e.g., unemployment insurance, family medical leave, Medicaid, Supplemental Nutrition Assistance Program; SNAP) that are essential to families during this critical time (Bernstein et al., 2019). Short-term economic instability due to disproportionate access to relief and healthcare services may contribute to a lingering absence of a significant portion of our workforce.

### **3. Lack of access to information about the Public Charge Rule prevents immigrants from seeking tests, treatment, and assistance.**

The COVID-19 outbreak occurred just as the U.S. Citizenship and Immigration Services (USCIS) implemented updates to the [Public Charge Rule](#), making immigrants who receive

publicly-funded benefits, such as Medicaid, potentially ineligible for green cards and visas (Bernstein et al., 2019). Although the USCIS clarified that any COVID-19 test, treatment, or preventive care would not affect immigrants' public charge analysis, the rule still prohibits immigrant families from seeking all other types of public assistance (Vance, 2020). Individuals with limited English proficiencies are challenged to understand the complex application rules and systems for public assistance programs (Perreira et al., 2012). Before the pandemic, some immigrant community members could go to local agencies with multilingual staff or translators to help navigate healthcare services and settings. During the crisis, however, these essential face-to-face supports may not be available. Uncertainty and confusion about the updated Public Charge Rule have inhibited many, particularly immigrants with limited English proficiency, from seeking assistance.

**4. The suspension of immigration benefits processing, travel bans, increased USCIS processing fees, forthcoming USCIS furloughs, and new guidelines for international students pose complications for those who need timely adjudications to work and study legally. .**

Since 2017, the Trump administration has dramatically changed the U.S. immigration system by releasing more than 400 executive actions. During the pandemic, the administration has further pushed forward restrictions in immigration and closing-off of the boarder (Pierce & Bolter, 2020). On April 22, 2020, a temporary suspension of "[Entry of Immigrants Who Present Risk to the U.S. Labor Market During the Economy Recovery Following the COVID-19 Outbreak](#)" was enacted. On June 22, 2020, the "[Proclamation Suspending Entry of Aliens Who Present a Risk to the U.S. Labor Market Following the Coronavirus Outbreak](#)" was released, extending the initial restrictions of the April 22 order and including additional restrictions,

signaling the possibility of long-term restrictions on employment- and family-based immigration. Also, the USCIS [announced](#) that foreign nationals with certain visa types might extend their stay in the United States due to the current crisis. However, not all visa types were covered. The lengthy filing process is detrimental to those who are awaiting adjudication of immigration benefits or are at risk of losing their legal status. Temporary immigrant workers face a host of uncertainties right now due to [suspended services of U.S. embassies and consulates](#), [limited in-person services of USCIS](#), and [travel bans](#), all of which determine the process to extend or change their immigrant status.

On July 6, 2020, the Student Exchange and Visitor Program (SEVP) announced that international students with F1/M1 nonimmigrant visas must leave the country (or may not enter or reenter the country) if all of their classes will be delivered remotely. This policy would force international students to either attend at least one in-person course (if their university offers any), transfer to a university that is offering in-person courses, or return to their home country during a pandemic. All of these options would place students at increased risk of contracting the coronavirus or spreading it to others if they have no choice but to attend in-person classes or travel. If international students do not comply with this policy, they would be at risk of facing deportation. This policy would have detrimental health, economic, and educational consequences for over 1 million international students nationwide (Treisman, 2020). Although the policy was rescinded on July 14<sup>th</sup> due to major law suit filings from numerous educational institutions (e.g., Treisman, July 14, 2020), students and institutions are bracing for revised guidelines to be released that could continue to threaten the legal statuses of millions of international students.

Recently, the USCIS announced that about two-thirds of its employees will be furloughed starting August 30<sup>th</sup>, 2020, due to budget shortfalls. Although the USCIS cancelled the planned

furlough days ahead of deadline, the suspended services and slowdown of the immigration system will continuously negatively impact the U.S. economy and the everyday lives of immigrants and international students and workers. For example, as a non-exhaustive listing: DACA recipients may not be able to renew their benefits, asylum and immigration applicants may face increased delays, businesses and medical facilities may not be able to hire or retain employees and health workers, and international students may face further challenges in retaining their legal status.

**5. Undocumented immigrants face additional stressors, which could have a long-term impact on parents' and children's health and well-being.**

Undocumented immigrants are under stressors ranging from job loss to limited health care and public assistance access, discrimination, fear of deportation, and mental distress, all of which endanger their health and well-being. Research indicates that economic strain and anxiety-related life stress could contribute to non-optimal parenting practices and domestic violence, all of which could increase children's vulnerability to adjustment (Brabeck et al., 2014; Parke et al., 2004; Wadsworth et al., 2005). While this applies to all families affected by the COVID-19 economic crisis, it is particularly true for undocumented immigrant parents, who are experiencing not only financial hardship but fear of deportation (Brabeck et al., 2014).

Research has also indicated that detention facilities can be dangerous for detainees during infectious disease outbreaks such as flu, measles, mumps, and chickenpox (Foppiano et al., 2020). As of August 13, the U.S. Immigration and Customs Enforcement (ICE) [announced](#) a total of 4,531 confirmed cases and 5 deaths of COVID-19 among 22,580 tested detainees in ICE custody. The high testing-positive rate (20%, compared to the nation-wide rate of 9% as of August 13) suggests that the facilities had been only testing those with obvious symptoms and

not casting a wide enough net to know how much COVID-19 is spreading within the detention facilities. Various news reports have also indicated that many detention centers are spraying chemical agents to “clean” facilities while detainees are still housed and are not provided with masks or gloves, which can cause health consequences among detainees (López, 2020). Therefore, undocumented individuals and children who are held in ICE detention centers are at high risk of infection and death.

### **Policy Recommendations**

- 1. Policymakers should create and enforce workplace safety guidelines to ensure the health and safety of low-wage immigrant workers** who are at the front lines or who are called back to work, **regardless of immigrant status**. Local health departments may work with community organizations to provide multilingual resources to make sure that all immigrant workers know the protections they need and their right to ensure safety at work. Additional standards could be enforced to protect immigrant workers’ right to file complaints and to request inspections on their employer’s violations that may pose danger to workers’ health and safety.
- 2. Policymakers should develop remotely accessible, culturally competent, and language-specific strategies to increase access to healthcare and social services available to the immigrant community**, particularly those with limited English proficiencies. Policymakers should consider partnering with community organizations to build easier health care access through remotely-accessible services, including multilingual telephone help, telehealth options, and online application assistance services.
- 3. Policymakers should make short-term revisions to the public charge rule to allow inclusive access to relief programs and other services**. The eligibility for the Supplemental

Nutrition Assistance Program (SNAP) and federal housing assistance could be reconsidered so that the basic needs of immigrant community members can be met, regardless of their status.

4. **Policymakers should implement online immigration legal services and automatic extensions of Visa overstay.** The lengthy filing process is detrimental to those who are awaiting adjudication of immigration benefits or are at risk of losing their legal status. Policymakers should consider moving in-person services (e.g., visa interview) to online formats and providing an automatic extension of all kinds of work permits and nonimmigrant visas to reduce the impact of forthcoming USCIS furloughs.
5. **Policymakers should adjust law enforcement strategies to ensure that life and health are the highest priorities.** Communicating a broader and more detailed announcement about how to modify specific ICE and Customs and Border Protection (CBP) immigration enforcement actions could alleviate fear and confusion among the undocumented community. Even though ICE [announced](#) guidance to reduce the population at detention centers to 70 percent or less to increase social distancing, it is not clear whether the CDC's social distancing measures can be actually maintained in all detention facilities (Chishti & Pierce, 2020). Community-based alternatives and selective release of individuals with low-risk of transmission (including unaccompanied minors) from detention could prevent COVID-19 infection, transmission, and death. Policymakers may modernize immigrant detention practices by leveraging technologies to follow up with undocumented individuals in community-based settings as a way to ensure their health and to avoid potential transmissions.

## Conclusions

While contributing to the bedrock of our economic foundation and being critical players in its fight against the pandemic, immigrants and international students and workers suffer from a disproportionate burden from COVID-19. As the U.S. strives to reopen the economy, low-wage immigrant workers are forced to choose between surviving financially or surviving the high risks of being infected. The reopening could pose further health risks for immigrant families, children, and their community as immigrant workers will constitute a large share of the first workers to be called back to the workforce. Therefore, it is critical that all immigrants and international students and workers have the protections they need to ensure their legal status as well as safety, health, and well-being during and after the pandemic.

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