

Undocumented and Unprotected: Health Challenges for Immigrants during the Covid-19 Pandemic

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INTRODUCTION

The novel coronavirus has led to a global health and economic crisis that has shaken nations, urging policymakers to develop solutions to mitigate the pandemic's impact. The United States has passed several economic relief bills including the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Families First Coronavirus Response Act (FFCRA), to "lessen the coronavirus pandemic's human and economic toll."¹ Unfortunately, these bills leave out entire segments of our country's population, including undocumented immigrants, and do not fully address the barriers immigrant communities face in obtaining health care. Access to health care is critical during a pandemic to mitigate the impact of the virus and to slow the spread of the disease.

Undocumented immigrants comprise a significant proportion of U.S. residents. The Pew Research Center estimates there are 10.5 million undocumented immigrants in our nation, with many residing in the United States for an average of at least 15 years,² all the while making significant contributions to the U.S. economy. Moreover, during the Covid-19 pandemic, undocumented workers are in jobs deemed essential, from farmworkers ensuring the flow of the national food supply chain to the 280,000 undocumented immigrants working in

health care—including 62,600 who are DACA-eligible.²³ As the U.S. faces a deep recession, undocumented immigrants are also among the millions of people who have lost their jobs, and yet they do not qualify for unemployment benefits due to their unauthorized status. Without economic relief, undocumented immigrants and their families are at great risk, especially since they tend to have lower incomes, larger households, and no public health insurance.⁴ This also includes U.S.-born children with either one or both parents who are undocumented, as these mixed-status families do not qualify to receive economic relief through the CARES Act.⁵

Aside from not being able to receive economic relief, undocumented immigrants continue to live in fear. Prior to the spread of Covid-19, immigration laws and policies were passed that forced undocumented immigrants to live in the shadows. The fears of being detained, deported, or being seen as a "public charge" have not been appeased. As the country reopens, it is imperative that undocumented immigrants be included in public health protections and decisions. Now, more than ever, it is crucial to ensure that every resident, regardless of legal status, has access to testing and treatment for Covid-19 and basic necessities such as clothes, food, water, and shelter.

This report provides an overview of health inequities and health care access

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for undocumented immigrants in the United States. It explores the serious health barriers and vulnerabilities further exposed by the coronavirus pandemic, reveals the gaps in the Covid-19 relief bills, examines the obstacles faced by undocumented immigrants attempting to access and utilize health care services, and considers the implications for immigrant children. It also argues for immigrant-inclusive policies to ensure the collective health and safety of all who reside in the United States.

COVID-19 RELIEF BILLS AND UNDOCUMENTED IMMIGRANTS

The CARES Act, signed into law by President Trump on March 27th, 2020, provided a one-time economic impact payment to many American households.⁶ Several groups, however, were excluded from economic payments, including undocumented immigrants. To receive a stimulus payment, the CARES Act required that the recipient be a taxpayer with a valid social security number. Although undocumented immigrants do not have social security numbers, many pay taxes through the use of an Individual Taxpayer Identification Number, a tax processing number issued by the Internal Revenue Service. According to The Institute of Taxation and Economic Policy, undocumented immigrants pay an estimated \$11.64 billion in state and local taxes each year.⁷ Despite their contributions to the American economy, they and their U.S.-born children were excluded from receiving economic relief through the CARES Act. As a result, a federal lawsuit was filed, arguing that children of undocumented immigrants were unfairly excluded from the CARES Act, but the outcome is still unknown.⁸

There are varying estimates on the exact number of undocumented immigrants that lack health insurance, as there is no official number on the size of the undocumented population residing in the United States. However, the Kaiser Family Foundation estimates around 45% of undocumented immigrants are uninsured, while the Migration Policy Institute estimates

approximately 53% are uninsured, making this population particularly vulnerable in the midst of a pandemic.⁹ The CARES Act and the FFCRA included provisions that facilitated health care access for undocumented immigrants, but they still fell short of providing relief. For example, the CARES Act expanded the availability of free testing, but did nothing to reduce the cost of treatment for Covid-19.¹⁰ The FFCRA also did not change Medicaid eligibility requirements, meaning that undocumented immigrants are still excluded from accessing such coverage. Although undocumented immigrants are not eligible for Medicaid, states do have discretion to utilize emergency Medicaid funds to cover both testing and treatment for Covid-19 for uninsured patients, regardless of legal status.¹¹ With limited options for accessing primary and preventative care, community health centers (CHCs) play a vital role in providing comprehensive health care to uninsured populations, such as undocumented immigrants. Through the CARES Act, the Health Resources and Services Administration awarded \$1.3 billion to CHCs for FY 2020.¹² Although funding has increased, CHCs are reporting low numbers of undocumented patients seeking care, as fears of deportation still loom.¹³

As the country is reopening, some states have experienced an increase in positive cases and have enacted measures to ensure that all residents have access to testing, treatment, and in some cases economic relief. California, one of six states with the largest undocumented population,¹⁴ was the first state to provide disaster relief assistance funding for undocumented immigrants—\$75 million in cash assistance with another \$50 million committed by philanthropic partners.¹⁵ Other states like Connecticut have a smaller undocumented population, but have provided \$1 million in financial assistance to undocumented immigrants and their families.¹⁶ Undocumented immigrants make up to nearly 5% of working Connecticut residents, which translates to more than \$100 million in state and local taxes. Yet, their legal status prohibits their eligibility for federal assistance.¹⁷ Other states, cities,

communities, and organizations in the U.S. have rushed to fill the gaps to provide some type of support to undocumented immigrants.¹⁸ Even so, undocumented immigrants still face unique challenges due to their immigration status. These challenges are being exacerbated by the coronavirus pandemic, especially in regards to health care access.

HEALTH ACCESS AND UTILIZATION

Health inequities in the United States are one of the contributing factors that have led to high costs of health care spending and a declining life expectancy for all Americans.¹⁹ The Affordable Care Act (ACA) was intended to provide coverage to those who are uninsured and to “close the gap.” Unfortunately, that coverage did not extend to undocumented immigrants, a segment of the United States population that faces limited health insurance coverage along with barriers to accessing quality health care. There are many predictors of access and utilization among undocumented individuals—including an individual’s gender, marital status, level of educational attainment, employment and poverty status, length of residency in the United States, deportation fears, the availability of a safety net, and unfamiliarity with the U.S. health care system²⁰—that make this population more vulnerable in general, but even more so during the pandemic.²¹ Moreover, undocumented immigrants do not qualify for Medicare or Social Security benefits, leaving them with limited options for health coverage.²² Some may be able to afford private health insurance, but many depend on local and state community providers, including community health centers, nonprofit organizations, charity hospitals, and public hospitals and clinics—providers that, even before the pandemic, struggled with limited resources and funding.²³

The pandemic highlights the vulnerabilities and barriers to health care undocumented immigrants experience when residing in the United States. These barriers complicate treatment and services during a global pandemic, and due to the

rising number of cases, particularly as states reopen, immediate public health intervention is necessary to control the spread and to protect the most vulnerable and marginalized communities.²⁴ These barriers also demonstrate the need for action to address the health inequities that exist in the United States.

Additionally, more attention may be required for the aging, longer-term unauthorized resident population, since nearly 12% of the undocumented population is now over 55. This is a worrisome statistic, as older adults have different health care needs, and those who have underlying medical conditions are at a higher risk for developing more serious complications from Covid-19.²⁵ This is a significant portion of our population that must be addressed to successfully combat Covid-19. Failure to support undocumented immigrants and their families could slow the successful containment of Covid-19 and add to an already weak health system.

LIMITATIONS OF PUBLIC HEALTH CONTAINMENT MEASURES

The containment of the coronavirus is critical to mitigate the impact of Covid-19 on residents in the United States. Public health officials are attempting to keep hospitals from reaching capacity by urging people who feel ill to call their doctor before seeking in-person care or visiting the emergency room.²⁶ However, for undocumented immigrants, many of whom do not have access to health care or a primary care physician, this is not an option.

Moreover, once care is sought, language and cultural barriers may impede immigrants from receiving quality care. For instance, health care providers are struggling to provide adequate language translation and are currently reporting a shortage of bilingual staff to meet the needs of patients that have limited English proficiency.²⁷ Undocumented immigrants must rely on translation services delivered via telephone, a service that is not always easy to find, and at times of poor quality.²⁸ When patients are not provided with care in a language

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of their understanding, they are likely to misunderstand discharge instructions, less likely to seek follow-up treatment, and in some cases may be misdiagnosed.²⁹ This leaves undocumented immigrants without a choice but to treat symptoms at home or to wait until symptoms worsen, likely resulting in a visit to the emergency room. Immigrants disproportionately depend on emergency room departments for care, but may also be afraid to seek the care they need due to fears regarding their immigration status.³⁰ The current immigration environment in the United States impacts the utilization of care among undocumented immigrants and jeopardizes the public health and safety of all people and communities.

Unfortunately, current policies and practices are further hindering public health efforts to contain Covid-19. The Trump administration has continued raids, detentions, and deportations of undocumented immigrants, which increases the hesitancy among this population to seek testing and treatment.³¹ Further, cases of infection among deportees and in U.S. detention centers have also been reported. Even before Covid-19, inspections exposed the unsafe conditions of detention centers, with a 2019 report by the Department of Homeland Security's (DHS) Office of Inspector General raising concerns over "dangerous overcrowding," and stating that combined with prolonged detention, the conditions represent an "immediate risk to the health and safety not just of the detainees, but also to DHS agents and officers."³² Unsurprisingly, the unhygienic and overcrowded conditions found in detention centers have contributed to coronavirus outbreaks, and a failure to detect Covid-19 in multiple cases.³³ According to statistics from the U.S. Immigration and Customs Enforcement (ICE), as of May 30, 2020, the number of detained individuals in ICE custody was 25,421, with 838 of those individuals testing positive for Covid-19.³⁴

Immigration advocates have been pushing for the release of at-risk detainees, especially elderly individuals and those with pre-existing conditions who are currently in ICE custody. In response to lawsuits and pressure from advocates, in March,

ICE evaluated its detained population to determine if continued detention was appropriate for individuals facing a higher risk of complications related to Covid-19. ICE has since released over 900 individuals "after evaluating their immigration history, criminal record, potential threat to public safety, flight risk, and national security concerns."³⁵ Furthermore, as of June 5, 2020, 429 individuals have been released on judicial orders. ICE reports "actively litigating many of these court decisions," and has published the criminal charges or convictions of these released individuals on their website.³⁶

Aside from holding individuals at detention centers where there have been Covid-19 outbreaks, the Trump administration has also continued with deportations. This is happening despite the fact that the U.S. is among the countries with the highest number of Covid-19 cases worldwide.³⁷ Some deportees have tested positive for Covid-19 after returning to their home countries.³⁸ Deportation flights from the United States are often to some of the most vulnerable countries—including Guatemala, El Salvador, Honduras, Haiti, and other countries in Latin America and the Caribbean region—that are ill-equipped to handle a pandemic and to provide health care, housing, and support to deportees who might be infected.³⁹ Other factors that are likely to affect recent deportees to these countries include poverty, crime, conflict, under-resourced health systems, economic instability, rampant corruption, and organized crime and gang activity.⁴⁰ All this leaves deportees truly unprepared and unprotected—in limbo and at times stranded in other countries—dealing with lockdowns, curfews, travel restrictions, severe food insecurity, and the inability to work or access social safety nets.⁴¹ Such rushed deportations by the United States are ultimately putting lives at risk.

IMPLICATIONS FOR CHILDREN OF UNDOCUMENTED IMMIGRANTS

It is estimated that the U.S. has more than 16.7 million people who live in mixed-status households (families composed of a mix of citizens, legal immigrants, and

undocumented immigrants).⁴² The Migration Policy Institute states that there are nearly 5.1 million minors in the U.S. with at least one unauthorized immigrant parent, with 4.1 million of them being U.S. citizens (known as citizen children).⁴³ Research has shown that children of undocumented immigrants, even if not undocumented themselves, may still experience negative health consequences, such as trauma, anxiety, fear, and other stressors related to their family’s immigration status, as they deal with the possibility that a family member could be arrested, detained, or deported.⁴⁴ This leaves these children just as vulnerable and unprotected as their parents, in a sort of “multigenerational punishment,” where they are penalized by the same policies and laws that limit access to resources and opportunities for their parents.⁴⁵

While U.S. citizen children are eligible for public benefits, some undocumented parents have chosen not to enroll their children in programs that would otherwise protect their child’s well-being and health. This is largely due to fears of the “public charge” rule that has led undocumented parents with citizen children to opt out of Medicaid and the Children’s Health Insurance Program.⁴⁶ The U.S. Citizenship and Immigration Services (USCIS) defines a “public charge” as a person that is or is likely to become “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.”⁴⁷ Immigrants applying for permanent residence can be considered “inadmissible” if they are likely to become a public charge. Amid the confusion, misinformation, and fear instilled in immigrant communities, the public charge rule has been argued to be counterproductive to the health and safety of all U.S. residents during the coronavirus pandemic. The public charge rule is already causing individuals to forego the health care and services they may need.⁴⁸ Therefore, the U.S. Citizenship and Immigration Services (USCIS) clarified in mid-March that the public charge rule would not negatively affect a person in future public charge analysis:

It will neither consider testing, treatment, nor preventative care (including vaccines, if a vaccine becomes available) related to COVID-19 as part of a public charge inadmissibility determination, nor as related to the public benefit condition applicable to certain nonimmigrants seeking an extension of stay or change of status, even if such treatment is provided or paid for by one or more public benefits, as defined in the rule (e.g. federally funded Medicaid).”⁴⁹

While it is important to note that undocumented immigrants are not eligible for most of the benefits covered by the public charge rule, they would be subject to the public charge rule in the future if they applied for lawful permanent resident status, or if a family member who is a U.S. citizen petitions on their behalf.⁵⁰

TABLE 1 — UNINSURED RATE AMONG CHILDREN IN THE U.S. (2018)

Citizen children with U.S.-born citizen parents	4%
Citizen children with a non-citizen parent	8%
Lawfully present immigrant children	18%
Undocumented immigrant children	33%

SOURCE KFF (Kaiser Family Foundation), “Health Coverage of Immigrants,” March 18, 2020, <https://bit.ly/2NsYohj>.

Another important issue that may impact a child’s overall health is lack of health insurance coverage. Using the 2018 American Community Survey, the Kaiser Family Foundation estimated that 8% of citizen children with a noncitizen parent and 33% of undocumented immigrant children are uninsured (See Table 1).⁵¹ Just like their parents, U.S.-born children and undocumented immigrant children also experience significant barriers to health care and utilization, and undocumented parents may likely be fearful to seek testing or care for Covid-19 for their children as well.

Unauthorized immigrants pay taxes, live, work, study, and contribute to American society, and therefore, Covid-19 relief policies should be inclusive of this most vulnerable population, for the safety and health of all those who reside in the United States.

Citizen children are also excluded from the U.S. federal coronavirus relief package, a move many immigration advocates consider unfair, and a federal class-action lawsuit has since been filed.⁵² In addition, parents that are undocumented with citizen children are opting out of or not renewing their nutritional food benefits like the Supplemental Nutrition Assistance Program.⁵³ As a result, a number of children are at increased risk of food insecurity. School closures due to Covid-19 have further shown the need for food assistance. Schools provide “up to two-thirds of children’s daily nutritional needs.” To fulfill their children’s nutritional needs, undocumented parents are likely faced with choices about rationing food or not meeting rent or utility payments, which in turn could lead to housing insecurity.⁵⁴ If undocumented families are forced to look for other arrangements like moving in with family members or moving to a shelter, this could increase their risk of exposure to Covid-19, as social distancing would be difficult to practice.⁵⁵ In the case of families that aren’t able to pay their utility bills, this could lead to an interruption of basic amenities, such as water service, and increase their risk of exposure by making it difficult to follow health recommendations like hand washing and cleaning surfaces in the home.⁵⁶

Ultimately there are many risk factors that may impact undocumented immigrants and their children as they experience a multitude of disadvantages and barriers that directly impact their access to quality and affordable health care—including both physical health and mental health services—and that negatively impact their long-term outcomes in health, educational attainment, economic stability, and more.⁵⁷

CONCLUSION

Undocumented immigrants are among the millions of individuals who have lost their jobs due to the coronavirus-induced economic crisis. It is imperative to address health inequities, barriers, and challenges for undocumented immigrants and their families during this trying time. Future stimulus bills must ensure that all U.S. residents,

regardless of legal status, have access to treatment and economic relief. Although states have discretion to use Medicaid funds as they see fit and while some states have already provided economic relief to their undocumented populations, this kind of aid isn’t available for the majority of the unauthorized residents in the U.S. Ignoring a segment of our population that has proven to be essential in times of crisis and comprises a significant portion of our workforce will only further the spread of the virus and negatively impact the economy.⁵⁸ Lastly, in order to appease fears of deportation, eliminate confusion, and encourage undocumented immigrants to seek testing and treatment, Congress should suspend the public charge rule during the Covid-19 crisis.⁵⁹ It is important to build trust with immigrant communities, so that they are not fearful of accessing care and treatment for themselves and their children. Unauthorized immigrants pay taxes, live, work, study, and contribute to American society, and therefore, Covid-19 relief policies should be inclusive of this most vulnerable population, for the safety and health of all those who reside in the United States.

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This report is the third of four publications on the health impact of Covid-19-related policies on families.

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English proficiency. (See Rikha Sharma Rani, "Imagine Online School in a Language You Don't Understand," *The New York Times*, April 22, 2020, <https://nyti.ms/2Nt9bYR>). These parents will find it difficult to support their children's learning and will be unable to prevent their children from falling behind.

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