

## **Undocumented Immigrants COVID Related Concerns over Summer 2020**

**This article takes data from when the World Health Organization (WHO) officially named the COVID-19 epidemic a world pandemic on March 11, 2020 (World Health Organization, 2020) and continues through July 15, 2020, with the purpose of painting a picture of the dire circumstances that undocumented immigrants are living, specifically addressing aspects of the job market as well as the healthcare concerns for this community. We look at how the COVID-19 pandemic is affecting communities of undocumented people in a manner that is drastically exacerbated compared to those who are citizens or have documentation.**

### **Job Market Realities**

**The extra challenges, especially in regards to finances, sincerely make the job market conditions during the pandemic an immense obstacle for undocumented immigrants. Since many are part of the informal economy (Page, Polk, Venkataramani, and Beyrer, 2020), they have been hit especially hard by the pandemic. When looking at the job and work hours, and work-related income loss throughout the months of March, April, and May, 2020, Hispanic adults with any noncitizens in the family were at the highest percentage of this loss than any other Non-Hispanic families in the United States sitting at 68.8% (Gonzalez, Karpman, Kenney, and Zuckerman, 2020). This is a staggering difference of financial loss from the Non-Hispanic white percentage at 38% as well as the Non-Hispanic African American percentage at 40% (Gonzalez, Karpman, Kenney, and Zuckerman, 2020). The unemployment rate for undocumented immigrants has increased by 12.5% to 16.4% as of April 2020 from approximately 3.9% in December 2019. This rate**

of 16.4% unemployment rate for undocumented immigrants is compared to 14% of native-born citizens and 15.6% for documented immigrants in April 2020 (Center for Immigration Studies, 2020). It is clear from these varied unemployment rates that although COVID-19 itself does not discriminate against who it infects, the manner in which society is structured is exacerbating the effects differently depending on the documented status of the individual.

For many types of employment, occupied by mainly Non-Hispanic citizens, it has been common throughout the pandemic for a boss or manager to tell their employees to work from home or find ways to be at their place of employment as little as possible (i.e. professors, office workers, operators, etc.); however, for jobs that many immigrants occupy, this is not always an accommodation that can be made (Gostin, Friedman, and Wetter, 2020). Instead, many undocumented immigrants are employed in what the government is labeling essential jobs (i.e. working in the meatpacking plants, agricultural contexts, and factories), thus, endangering their health by increasing the risk of being infected with COVID-19. A case in point, there is a pork processing plant in South Dakota that had an outbreak of COVID-19 cases in March 2020. There were 725 cases out of 3700 employees. While it is well known that working in a meat processing plant is dangerous and arduous work, they are also working very closely together, oftentimes touching shoulders when working. Building on stereotypes and mean-spiritedness instead of caring about the individuals working in the plant who contracted the disease, the governor of South Dakota, Kristi Noem, quickly pointed the finger at the Latinos working in the plant and their cultural differences stating, “Living circumstances in certain cultures are different than they are with your traditional American family”(Zilber, 2020). Drawing a line between ‘us’

**Americans and ‘them’ Latinos is a scare tactic used by leaders throughout history. Instead of stepping up to the plate and acknowledging wrongdoing, they simply blame the victim (Kaushal, 2019).**

**Job market inequities are not only causing tangible deficits to these people’s lives but are also causing insecurities for everyday life finances. Looking at a study documenting the perspectives of Hispanic families who are all citizens versus those who have any number of non-citizens, it was shown that up to 67.7% of families with at least one undocumented person are considered to be very worried about being able to work enough hours, paying bills, and having enough to eat while an average of 42.6% of families with all citizens were considered to be very or somewhat worried about those factors (Gonzalez, Karpman, Kenney, and Zuckerman, 2020, p. 5). A study done with a large group of Americans as a collective among all demographics showed that as of the beginning of April 2020, only 34% of people stated that COVID-19 would be a major threat to their personal finances, half of the number of worried undocumented immigrant families.**

### **Healthcare Realities**

**We look at a scenario that occurred in early April where fear almost leads to death. A 24-year-old woman named Esmerelda arrived at the Massachusetts Chelsea Healthcare Center, living this real-life terror when she refused to seek medical help after 10 days of difficulty breathing. She was rushed to the emergency room and was later diagnosed with COVID-19 (McGloin, 2020). Esmerelda discussed how there have been many times where she has been terrified to get medical care, fearing that she will be unable to financially support the whole cost, later hindering her application for asylum. This fear of ICE, deportation, and inability to reach any level of citizenship status is preventing a substantial**

**number of undocumented immigrants to seek medical help for themselves as well as their families.**

**“The first rule of public health is to gain people’s trust to come forward: People who don’t seek care cannot be tested or treated and their contacts won’t be traced (Jordan, 2020).”**

**Undocumented Immigrants are facing struggles related to healthcare that are overly disproportionate compared to documented immigrants and other residents and citizens living in the United States. When looking at the 7.1 million undocumented immigrants who are without health insurance, it is acutely simple that this community faces daily anxiety when it comes to taking care of themselves and their families medically, especially during a pandemic (Page, Polk, Venkataramani, and Beyrer, 2020). In addition, although undocumented immigrants may occasionally have access to services and programs put in place locally, they may reject using public resources out of fear of tainting any possibility of obtaining documentation in the future (Okonkwo, Aguwa<sup>1</sup>, Jang, Barre, Page, Sullivan, Beyrer, Baral, 2020). Since the vast majority of people in the U.S. have employment affiliated insurance, any undocumented immigrant without a job will most likely not have health insurance. This is exacerbated by the fact that they do not qualify for any federal public health assistance other than free testing for the virus with minimal treatment options at their local healthcare centers. All additional follow-up appointments or specialty medical services are self-sponsored (Gostin, Friedman, and Wetter, 2020). Despite ICE’s statement claiming the agency’s, “highest priorities are to promote life-saving and public safety activities,” and that it will “therefore, focus detention efforts on those posing a public safety risk and delay enforcement actions until after the crisis or utilize alternatives to detention, as appropriate,” there is tremendous fear among the undocumented**

immigrant population of being reported to ICE in a public place such as a clinic (Page, Polk, Venkataramani, and Beyrer, 2020). Although ICE classifies medical facilities as sensitive locations, there is still wording on the ICE website stating that “exceptions can be made,” clearly instilling worry in undocumented immigrants of being deported (Chishti and Pierce, 2020.) This fear of their status being revealed has a direct link to noncitizens forgoing both testing and treatment of COVID-19 at an alarming rate. Despite the claims made by ICE, their history and reputation of having hostile tendencies towards undocumented immigrants precedes itself and overshadows any stance of neutrality that they may say they take.

Another Trump administration move that is exacerbating the medical preventative actions of undocumented immigrants is the public charge rule that Mr. Trump signed on Feb 12th, 2020. This executive order stated that, “illegal aliens are inadmissible to the United States if they are unable to care for themselves without becoming public charges (Page, Polk, Venkataramani, and Beyrer, 2020).” With this in mind, it is no wonder that the undocumented community is highly concerned about seeking medical care out of fear of not being able to receive their citizenship status or a potential green card later on down the line. In fact, physicians began to see drop-offs early on in the pandemic with patients accessing care due to this fear (Capps and Gelatt, 2020). The decrease in undocumented immigrants reaching out for support is extremely anticipated. This new executive order, as the Trump administration indicated, will make it increasingly difficult for citizenship applicants to obtain green cards or temporary visas if they choose to utilize non-cash public benefits such as the Supplemental Nutrition Assistance Program (SNAP) (for their children), or housing assistance (Haley, Kenney, Bernstein, and Gonzalez, 2020) which

many undocumented immigrants have access to through their U.S. citizen children. This fear of either being deported or severely limiting any chance of becoming documented in the future is directly stopping these families from searching out for and obtaining assistance.

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