

The Risk of COVID-19 among the Undocumented

An Adequate Response Includes All of Us

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Figure 1. Protestors wave We, the People flags during the women's march in Denver Colorado. Photo by Adrian Michael from 500px.

Undocumented Immigrants are Deeply Rooted within Our Nation's Communities

Across the United States, the undocumented community makes up nearly 11 million members.¹ Members who represent families, parents, children - many of whom have lived in this country for more than a decade and have deep-seated roots in our communities. Undocumented immigrants contribute a great deal to vital industries, improve various sectors of our society, and keep the U.S. economy moving forward.

Nevada has the largest undocumented immigrant population compared to any other state in the U.S.² Undocumented immigrants represent 35 percent of the state's immigrant population and 7% of the total population in 2016.³ While sixty-six percent of undocumented immigrants in Nevada come from Mexico², country of origin are unknown for many of them. However, the vast majority of undocumented immigrants in Nevada are of Hispanic descent. Undocumented immigrants in Nevada accounted for 11% of the state's workforce in 2016 and have contributed millions of dollars in taxes. In 2018, they paid approximately 241.6 million in federal taxes and 121.3 million in state and local taxes.³

Risk Factors for Poor COVID-19 Health Outcomes among Undocumented Communities

Undocumented immigrants have faced continuous unfair and avoidable social inequities within various systems of this nation that have caused significant health disparities throughout their history. The pandemic has amplified long-standing differences in socioeconomic status, housing/living conditions, education, and health care access. While COVID-19 has affected everyone, undocumented individuals have been vastly impacted as they face a variety of risk factors that heighten their likelihood of getting COVID-19 or suffering from worsened health outcomes, which include:



Photo by Tim Mossholder from Upsplash

- more likely to have pre-existing conditions
- being of a racial and ethnic minority
- living in multigenerational housing
- living in crowded housing
- increased risk of evictions and displacement
- being an essential worker and lack of unemployment benefits
- having lower access to personal protective equipment
- lacking health insurance
- lacking paid sick leave
- reduced access to recovery

Pre-existing Conditions

Those with pre-existing conditions are at risk of experiencing worse outcomes if they become infected with COVID-19. Since the Latinx communities face a higher burden of preventable diseases such as diabetes, heart disease, obesity, cirrhosis, and certain types of cancer, their risk of experiencing worse health outcomes increases.⁶ Furthermore, a recent article describes the relationship between undocumented immigrants and COVID-19, stating that “Although the immigrant community tends to be young and healthy, the prevalence of diabetes, a risk factor for severe Covid-19, is 22% among Latinos, the highest for any U.S. racial or ethnic group.”⁷ Although many people who test positive only experience minor symptoms and do not require hospitalization, those who have pre-existing medical conditions must remain cautious. Despite the limited data on the COVID-19 impacts on this subgroup of the population, these persistent inequities have further driven undocumented immigrants into becoming one of the U.S.’s most vulnerable populations during the COVID-19 pandemic.

Racial and Ethnic Minority

Although there is a lack of data to represent the true impact that COVID-19 has had on undocumented immigrants, they primarily make up Hispanic/Latinx community members. As of November 2020, Hispanic or Latinx persons are 4.1x more likely to be hospitalized and 2.8x more likely to die from COVID-19 compared to White, Non-Hispanics in the U.S.⁴ Hispanic and Latinx communities in Nevada have experienced an increased number of hospitalizations and deaths from COVID-19.⁵

Multigenerational Housing

Living in multigenerational housing can increase the risk of getting COVID-19 for those who live with older family members. Racial and ethnic groups like Latinxs are more likely to live in multigenerational housing due to the high costs of living and family values that often include two, three, or more nuclear families in one household.⁸ Often a circumstance of undocumented individuals and families as they may rely heavily on extended family or friends for housing support. Living in multigenerational housing can increase the risk, especially for older family members, of getting COVID-19 since members of the household likely have to work in jobs with higher risk of exposure.

Crowded Housing

Living in crowded households, meaning more than one person per room, can increase risk of COVID-19 infections.⁹ The more people housed within a given space, the harder it may be to adhere to social distancing guidelines and isolate those who may contract the virus. Foreign-born immigrants are more likely to live in crowded housing compared to their US-born counterparts.¹⁰

Evictions and Displacement

An outcome of COVID-19 economic hardship has manifested itself with an increased risk of evictions and displacement. Despite CDC and state eviction moratoriums, evictions recorded in Clark County have increased throughout the COVID-19 pandemic.¹² When comparing evictions in November 2019 and November 2020, court filings show evictions almost doubled.¹³ A July 2020 report from the Guinn Center provided an early look at the oncoming eviction crisis, identifying more than 300,000 Nevadans at risk for eviction, with people of color, low-income, and undocumented renters as most vulnerable.¹² As a result of the eviction crisis, displacement is likely to occur, resulting in the “doubling” or “tripling” families in the same home, substantially increasing the risk of spreading COVID-19.

More than 250,000 citizens in Nevada have at least one undocumented family member living in the home.¹¹ This means that approximately 9% of Nevadan citizens live in a mixed status family and are impacted firsthand by the risk factors for COVID-19 experienced by their undocumented family members.



Figure 2. Protestors in Boise, Idaho rally in support of the Deferred Action for Childhood Arrivals immigration policy. Photo by Mike Despot from 500px.

Essential Workers and Unemployment Benefits

People who work in specific essential service industries cannot stay home and keep a safe distance from others are at greater risk for COVID-19.

- Compared to U.S.-born workers, undocumented people have a higher likelihood of working in agriculture, food production and preparation, health care, and maid and housekeeping industries. Working in these essential industries can lead to higher exposure to the virus.¹⁴
- Latinx employees are disproportionately represented in the foodservice industry, which also highly associated with contracting COVID-19.¹⁵

Many undocumented people may feel a lack of support from their employer due to their lack of legal status in the U.S. and feel compelled to remain silent or closed off about specific issues, including COVID-19 concerns. A recent study stated that some immigrants who worked under informal circumstances and lacked governmental safeguarding or benefits continued to work while sick, “fearing being fired.”¹⁶

The COVID-19 pandemic has also caused unemployment and reduced earnings/wages nationwide. In fact, the state’s unemployment rate in December 2020, 9 months into the pandemic, was 9.2 percent compared to 3.7 percent in the previous year.¹⁷

The CARES Act, which excludes eligibility for undocumented immigrants, contains three provisions for unemployment insurance benefits - the Pandemic Unemployment Assistance (PUA), the Pandemic Emergency Unemployment Compensation (PEUC), and the Federal Pandemic Unemployment Compensation (FPUC). All of which require U.S. work authorization, therefore excluding undocumented immigrants from benefits.^{17,20} The inability of segments in our population to receive pandemic relief such as stimulus payments or unemployment insurance puts these individuals, families, and communities in difficult circumstances to sustain their household. They are often confronted with tough choices between feeding their families and keeping their families safe.

Limited Access to Personal Protective Equipment

Limited access to Personal Protective Equipment (PPE) has also been a challenge for essential service workers, including undocumented essential service workers. Among Hispanic and Latinx front-line health care workers, nearly 50% reported inadequate or reuse of PPE compared to 28% for White, non-Hispanics.¹⁸ Latinxs make up a large proportion of immigrants in the U.S. and have had the greatest likelihood of having limited access to PPE or having to reuse PPE compared to other racial/ethnic groups.¹⁸

Lack of Health Insurance

Inequitable access to medical care among racial and ethnic minority groups has contributed to the disproportionate burden of chronic medical conditions, a risk factor for adverse COVID-19 outcomes.



Photo by Omar Lopez from Upspalsh

- Uninsured rates are at 19% for Hispanics, compared to 8% among Whites.¹⁹
- Seven million undocumented immigrants do not have health insurance.⁷
- Lack of health insurance also makes undocumented immigrants less likely to seek medical attention, which leads to lower rates of testing and virus identification resulting in increased transmission.
- According to Nevada Health Response, only 16% of tests come from Hispanic individuals despite representing 30% of the state's population.⁵

The lack of health insurance among undocumented immigrants can be attributed, in part, to the exclusion from eligibility to the Affordable Care Act.⁷ As a result, many of these individuals with no primary care provider delay care for as long as possible and ultimately resort to going to the ER.⁷ While private insurance options are available, they are often out of reach for many due to cost.²¹

Lack of Paid Sick Leave

Latinxs have substantially lower access to paid sick leave compared to Whites.²² Lack of paid sick leave can further complicate the ability to follow guidelines. It puts individuals in a position to make tough choices if they find themselves feeling sick. To avoid economic hardship, sick workers may feel obligated to continue working due to having no paid sick time off.

Reduced Access to Recovery Dollars and Stimulus Payments

CARES funding has created a pathway to reach some of our most vulnerable populations. Under the CARES Act, direct payments were made to individuals as a one-time refundable tax credit. The recovery rebate, which consisted of \$1,200, excluded 9.3 million undocumented immigrants, as it required taxpayers to have a social security number on file.^{20,25} Additionally, 5.3 million citizens and legal immigrants who were children or spouses of undocumented individuals were also excluded from the initial stimulus payment. Given that undocumented immigrants who only have an individual taxpayer identification number (ITIN) are not eligible to receive a stimulus check even if they filed their 2019 federal taxes.

The Impact of the Public Charge Rule

The "Public Charge" rule, which was first announced in September of 2018, threatened to "penalize immigrants who have used forms of public assistance including Medicaid."²³ This ruling had a chilling effect on the use of public programs by immigrants as there was fear of potentially losing the opportunity to advance their legal status. Therefore, many withdrew from public programs or refrained from applying for much-needed assistance. Even eligible citizens who live in mixed family households stopped using public aid for fear it would impact others in the house.

Safety net programs are a vital resource for families, especially those facing financial hardships brought upon by COVID-19. Although under the new administration, the U.S. Citizenship and Immigration Services discontinued the Public Charge in March of 2021, the fear of being penalized for using public assistance is likely to have a lasting impact.²⁴ It is crucial for these families to access these services without fear of retribution.

Moving Forward

The COVID-19 crisis has made long-standing persistent structural inequities more visible. It has proven the need for collective action among every segment of our society. No community lives in isolation of one another; therefore, reducing the transmission risk in one community reduces the risk in all communities. An adequate response to the impacts of COVID-19 must be equitable, inclusive, and ensure access to testing, treatment, services, and resources for the collective good of *all* members of our community.

The COVID-19 pandemic highlights the need for informed policy recommendations on the local, state, and national level, encompassing government, research institutions, and service providers. The following are some suggested steps we can take towards this goal.

Nationally, **public health institutions** should:

- **Engage in immigration policy** as a reflection of public health to help establish a path to legalization for essential workers. Our country has depended on the immigrant workforce to get through the pandemic - a segment of our community that has assumed a significant amount of risk.



Photo by Tadeu Jnr from Upspalsh

- **Ensure consistent national policy** to enable access to COVID-19 testing and vaccines.
- **Increase funding** and access for proper training, regulation, and enforcement of workplace health and safety standards in collaboration with OSHA and local partners.
- **Increase access to stimulus payments** to reduce the impact of COVID-19 on individuals and families.

State entities should:

- **Engage and partner with local organizations** with close trusted ties to this community to understand these communities' needs.
- **Build trust with the undocumented community** by being transparent on how personal information is collected, used, and protected to reduce fears of retribution.
- **Increase healthcare access** by allocating state funding to support those ineligible for publicly funded health care coverage programs and those living in poverty. Funding can be provided to local Federally Qualified Health Centers to expand their services, public hospitals, or other care providers to ensure access to high-quality, patient-centered, cost-effective health care to Nevadans.



Figure 3. In Las Vegas, Nevada, immigrant workers and allies called for immediate measures to include immigrants in COVID-19 response efforts both in the federal and local levels. Photo by Arriba Las Vegas Workers Center from the Nevada Current.

Local jurisdictions should:

- **Increase access to unrestricted COVID-19 relief funds.** Local jurisdictions should examine funding sources that can be dedicated to serving the undocumented population.
- **Engage local community-based organizations that have existing relationships with the undocumented community to conduct outreach and education.** Collaborative partnerships can spearhead efforts that are culturally and linguistically inclusive to increase communication and informational resources that will increase trust in public health.
- **Increase trust and information on the COVID-19 vaccine** by engaging local leaders with trusted relationships to develop messaging and disseminate information.
- **Establish guidelines and train partner agencies to incorporate cultural competence** in delivering services to ensure both intentional and unintentional discriminatory practices don't prevent undocumented individuals from accessing services.
- **Develop clear messaging about the public charge rule** is needed to help inform undocumented communities that the public charge rule is no longer in effect. Fear revolved around this matter may continue to stop undocumented immigrants from applying for services they are eligible for. Current and digestible information should be provided to those specific communities by trusted local community organizations.

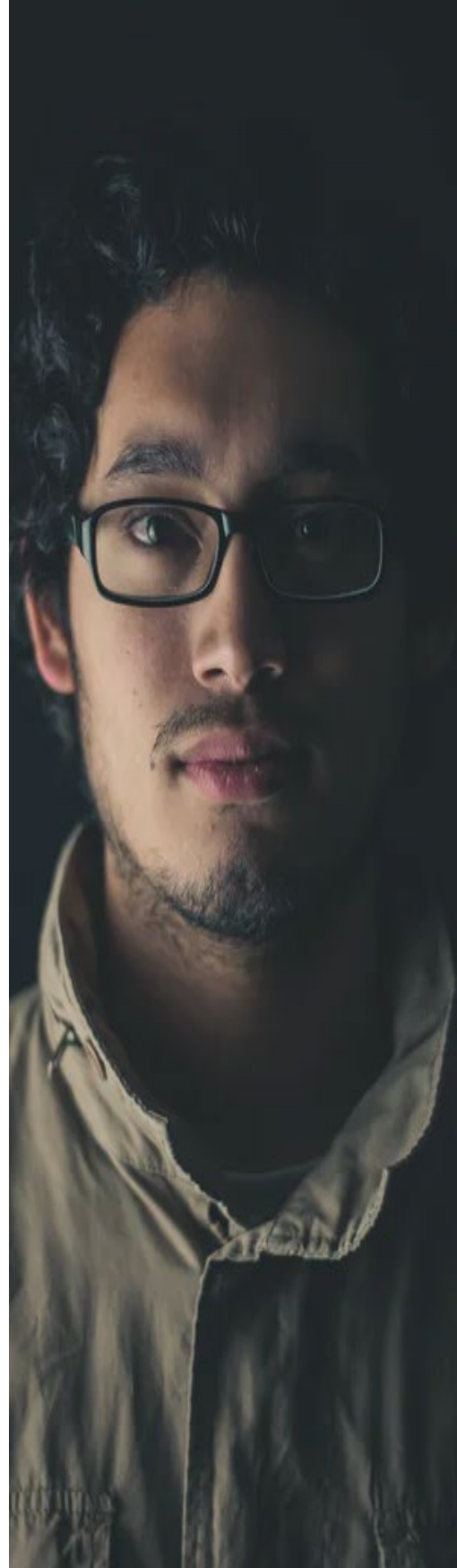


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The greatest nations are defined by how they treat their most vulnerable inhabitants. -Adapted from Jorge Ramos