



COVID-19's Effects on U.S. Immigration and Immigrant Communities, Two Years On

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U.S. IMMIGRATION POLICY PROGRAM

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Executive Summary

The first U.S. policy response to the novel coronavirus was to impose restrictions on travel from the initial affected countries. As COVID-19 spread around the world, the U.S. government layered on new immigration-related restrictions on inbound travel, entry at the border, and visa issuance. As new variants of the virus emerged, this trend continued: The U.S. response to the detection of the Omicron variant in late 2021 was to impose new restrictions on immigration and travel from certain southern African nations.

In addition to influencing immigration and border policies, the pandemic has had important and disparate impacts on immigrant communities in the United States. The first large community outbreak of the virus occurred in the heavily immigrant neighborhoods of Queens, New York. Immigrant “essential workers” were hailed as early heroes of the pandemic; as many Americans retreated to their homes, large numbers of workers, immigrants included, had to report to work to keep health care, the food industry, and other vital parts of the economy going. Outbreaks of COVID-19 among immigrant workers in meat processing plants in Spring and Summer 2020 drove home the disproportionate risks of continuing such work during a pandemic. At the same time, the spike in unemployment brought by public-health measures such as social distancing and stay-at-home orders in Spring 2020 hit immigrant workers harder than U.S.-born ones. And as Congress and the Trump and Biden administrations worked to provide economic relief to Americans who lost jobs and incomes due to the pandemic, many immigrants—including some legal immigrants, and the U.S.-citizen and permanent resident children and spouses of unauthorized immigrants—were excluded from such federal assistance. In response, many state, local, and private actors have found creative ways to extend new forms of relief to excluded immigrants.

In addition to influencing immigration and border policies, the pandemic has had important and disparate impacts on immigrant communities in the United States.

The United States has passed the dark milestone of 1 million deaths from COVID-19, and as new variants of the virus extend the pandemic’s impacts, this study analyzes how COVID-19 has affected U.S. immigration policy, immigration to the country, and the nation’s immigrant communities. A central goal of this analysis is to explore points of intersection between U.S. responses to the virus, the country’s immigration policies, and its safety net policies that affect immigrants. In doing so, the report seeks to help guide future policy choices related not just to this evolving pandemic but also to future emergencies, from public-health crises to natural disasters.

Key findings of this analysis include:

- ▶ **The pandemic led to sharp drops in immigration, to levels not seen in decades.** Due to a combination of people’s concerns about travel during a pandemic, bans on international travel, and processing slowdowns at U.S. immigration agencies, the number of immigrant visas (for permanent residence) issued fell 48 percent between fiscal year (FY) 2019 and FY 2020, while grants of temporary visas fell 54 percent. The number of immigrant visas issued recovered a bit in FY 2021 but remained far below pre-pandemic levels, while temporary visa issuances dropped another 30 percent.

Refugee resettlement numbers in FY 2020 and FY 2021 fell to lows unseen since the modern refugee resettlement program was established in 1980.

- ▶ **Foreign-born workers were employed at high rates in jobs essential to keeping the country running during lockdowns.** The Migration Policy Institute (MPI) estimates that in 2018, 6.3 million immigrants worked in industries that could be considered vital to the U.S. pandemic response. Immigrants made up 17 percent of the overall workforce, but higher shares of workers in the health-care field, including 29 percent of physicians and 22 percent of nursing assistants. In manufacturing industries, immigrants comprised 39 percent of food processing workers and 50 percent of all packers and packagers.
- ▶ **Immigrants experienced higher unemployment rates during the height of COVID-19 lockdowns, and many immigrant families have suffered economic hardship.** In April 2020, when U.S. unemployment rates peaked, the unemployment rate for immigrant workers hit 16.4 percent, compared to 14.0 percent for U.S.-born workers. Among immigrants, unemployment rates were higher for women than men. These high rates of unemployment, coupled with many immigrants' limited access to relief measures and safety net programs, led to high rates of economic hardship and food insecurity among immigrant families, especially those with unauthorized immigrant members.
- ▶ **Early evidence suggests immigrants have had higher death rates from COVID-19 than the U.S. born.** National data on COVID-19 case and death rates by nativity are not yet available. However, data from Minnesota and California point to immigrants having experienced disproportionately high death rates. As COVID-19 vaccines became widely available in 2021, early studies documented barriers that may have made vaccine access more difficult, including concerns about missing work, what the vaccine might cost, potentially needing to present a government-issued ID, or that getting the vaccine could affect a person's immigration status or that of a family member. However, by January 2022, immigrants nationwide had higher vaccination rates than the U.S. born.
- ▶ **As many immigrants were ineligible for key elements of the safety net and excluded from federal pandemic relief efforts, states, localities, and nongovernmental actors worked to fill some of the gaps.** During periods of high unemployment, many immigrants had less access to the economic supports available to other U.S. residents. Noncitizens without work authorization are excluded from unemployment insurance and public benefits, while lawful permanent residents (also known as green-card holders) have limited access to public benefits, particularly during their first five years in that status. The first round of the pandemic stimulus payments authorized by Congress excluded not only unauthorized immigrants but also their U.S.-citizen and legal immigrant family members. Subsequent payments were more inclusive, extending support to lawfully present members of mixed-status families. To bridge gaps in federal support, some states and localities have contributed public funding to immigrant relief funds, as have private philanthropic groups, nonprofit organizations, and private citizens.

The COVID-19 pandemic has revealed both the ways in which the lives of the U.S. born are interconnected with those of their immigrant neighbors, and the deep social and economic divides present in the United States. The country has realized, more than perhaps ever before, how vital immigrant workers are to the functioning of the food supply chain and the economy overall. At the same time, the spread of COVID-19

and the economic impacts of the early pandemic hit the average immigrant household harder than other U.S. households. And the pandemic drastically slowed in-migration. These impacts continue to reverberate through U.S. communities, politics, the labor force, and overall state of the economy.

1 Introduction

More than two years into the COVID-19 era, the United States has seen more than 1 million people die of the virus,¹ and a sharp recession and uneven recovery that have caused hardship for many families. And while the pandemic has touched the lives of all U.S. residents, immigrants have been among the hardest hit. Understanding how the pandemic has reshaped U.S. immigration policies and levels, and how the pandemic and associated economic downturn and recovery have affected immigrant families, can guide better policymaking as the United States grapples with COVID-19's ongoing impacts and faces future public-health crises, natural disasters, and other national emergencies.

This report first details the changes in immigration policy that the U.S. government made after the emergence and spread of COVID-19 and the effect that these policy changes and processing challenges have had on immigration levels to the United States. Next, it describes the essential roles that immigrant workers have played during the pandemic in health care and other fields important to the lives and livelihoods of all U.S. residents. The report then reviews early evidence on the disproportionate impact of COVID-19 on immigrants' health and revisits the ways in which some of the occupations commonly filled by immigrant workers (such as meat processing and agriculture) put them at high risk of contracting the virus. Finally, the analysis describes the uniquely high unemployment rates that immigrant workers experienced during the pandemic, the limited access many noncitizens have had to the safety nets that many citizens have relied upon after losing jobs, and innovative approaches that states, localities, foundations, and nonprofit organizations have used to support immigrant families.

While the pandemic has touched the lives of all U.S. residents, immigrants have been among the hardest hit.

2 Immigration Policy Responses to the Pandemic and Their Impacts on Migration Trends

COVID-19 has had a dramatic effect on immigration to the United States, leading to some of the lowest levels of yearly in-migration in several decades. Immigration trends were reshaped by policies in the United States and elsewhere, such as travel bans, that explicitly aimed to affect who could move across borders and on what terms, as well as by other factors such as changes in migrants' willingness and ability to travel and shutdowns of U.S. visa-processing capacity. In many cases, changes to immigration policies and processes represented common-sense responses to a communicable virus that was quickly spreading around the globe. However, the pandemic also provided cover to advance other immigration policy aims in the name of public health.

¹ Centers for Disease Control and Prevention (CDC), "COVID Data Tracker," accessed June 3, 2022.

One of the earliest U.S. policy responses to the spread of the coronavirus was a January 31, 2020 presidential proclamation banning entry of or visa issuance to any foreign national who had been in China in the preceding 14 days.² Over the coming months, similar travel bans were extended to Iran (February 2020), the Schengen area of Europe (March 2020), the United Kingdom and Ireland (March 2020), and Brazil (May 2020).³ These bans stayed in place even as COVID-19 surged in parts of the United States in Summer 2020 and even as a powerful wave of the virus swept through most of the country as winter set in. President Donald Trump revoked these bans for all but China and Iran as he was leaving office, but successor Joe Biden quickly restored the bans and added South Africa to the list after the emergence of a new variant of the virus there (the Beta variant).⁴ As India battled the Delta variant in Spring 2021, Biden banned travel from that country as well.⁵ These bans included broad exemptions for U.S. citizens and lawful permanent residents (LPRs, also known as green-card holders) and their family members, and for noncitizens whose entry would be in the U.S. national interest, including workers who could contribute to the fight against COVID-19. In November 2021, the Biden administration lifted all country-specific travel bans, instead imposing a vaccine mandate for most international travelers.⁶ However, the detection of the Omicron variant in southern Africa in November 2021 led the United States to reimpose travel bans on eight countries from that region, which lasted through the end of the year.⁷

In addition to attempting to bar those arriving by air from countries with large COVID-19 outbreaks, the United States also attempted to seal off its borders with Canada and Mexico, though this was again accompanied by exemptions for people with strong U.S. ties or who were important for U.S. interests. Through agreements with Mexico and Canada, the United States closed its northern and southern borders to nonessential travel, which still permitted U.S. citizens and green-card holders to cross, along with anyone traveling for work, trade, military, or health-related purposes.⁸ At the same time, the Trump administration unearthed a 1944 public-health law—which built on legislation from 1893—to justify a new policy of “expelling” people arriving at U.S. land borders without authorization to enter, either to Mexico or to their

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- 2 Executive Office of the President, “Proclamation 9984 of January 31, 2020: Suspension of Entry as Immigrants and Nonimmigrants of Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus and Other Appropriate Measures to Address This Risks,” *Federal Register* 85, no. 24 (January 31, 2020): 6709–12.
 - 3 For country-specific travel bans enacted during the Trump administration, see Jessica Bolter, Emma Israel, and Sarah Pierce, *Four Years of Profound Change: Immigration Policy during the Trump Presidency* (Washington, DC: Migration Policy Institute, 2022), 10–12. For Biden administration travel bans, see Executive Office of the President, “Proclamation 10143 of January 25, 2021: Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus Disease 2019,” *Federal Register* 86, no. 17 (January 28, 2021): 7467–70; Executive Office of the President, “Proclamation 10294 of October 25, 2021: Advancing the Safe Resumption of Global Travel during the COVID-19 Pandemic,” *Federal Register* 86, no. 206 (October 28, 2021): 59603–08; Executive Office of the President, “Proclamation 10315 of November 26, 2021: Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus Disease 2019,” *Federal Register* 86, no. 228 (December 1, 2021): 68385–88.
 - 4 Executive Office of the President, “Proclamation 10143 of January 25, 2021.”
 - 5 Executive Office of the President, “Proclamation 10199 of April 30, 2021: Suspension of Entry as Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus Disease 2019,” *Federal Register* 86, no. 86 (April 30, 2021): 24297–300.
 - 6 Executive Office of the President, “Proclamation 10294 of October 25, 2021.”
 - 7 Executive Office of the President, “Proclamation 10315 of November 26, 2021.”
 - 8 U.S. Customs and Border Protection (CBP), “Notification of Temporary Travel Restrictions Applicable to Land Ports of Entry and Ferries Service Between the United States and Mexico,” *Federal Register* 86, no. 11 (January 19, 2021): 4967–69; CBP, “Notification of Temporary Travel Restrictions Applicable to Land Ports of Entry and Ferries Service Between the United States and Canada,” *Federal Register* 86, no. 11 (January 19, 2021): 4969–70.

origin countries.⁹ Popularly known as Title 42 (after the section of the federal code where public-health measures are codified), the policy was initially cast as temporary but has been repeatedly renewed under both Trump and Biden. Title 42 was never applied to everyone arriving without proper documentation, and it has not been used for most migrants coming from beyond Mexico and the three Central American countries of Guatemala, Honduras, and El Salvador. Still, as of May 1, 2022, it had been used 1.9 million times to expel people arriving at the border.¹⁰ It has effectively foreclosed the possibility of seeking asylum at the border for the great majority of Mexicans and nationals of these Central American countries. It has also been used to deny entry to large numbers of Haitian border crossers.

The application of Title 42 has also varied both by migrant profile and over time. Most single adults arriving at the border from Mexico, Guatemala, Honduras, and El Salvador have been subjected to expulsion under Title 42. But the share of families expelled has varied, in part because in 2021, certain state governments in Mexico refused to accept some expelled families with young children. In response, the Biden administration began a new strategy of flying families from the three Central American countries who were expelled directly to southern Mexico and Guatemala where there was less resistance, and both flying and busing them to other U.S. border sectors abutting Mexican states that would accept their expulsion.¹¹ Initially, Title 42 expulsions were framed as a health policy measure put in place to limit the spread of COVID-19. However, they followed several pre-pandemic attempts by the Trump administration to prevent most migrants from seeking asylum at the border, some of which had been blocked by the courts. In this context, the pandemic provided an additional justification for policies the Trump administration had struggled to effectuate. Title 42 was challenged in court but has so far remained in force for families and single adults.¹² The Biden administration announced plans to end the use of Title 42 at the end of May 2022, but this termination was blocked in court.¹³

In April 2020, Trump expanded immigration restrictions beyond country-specific travel bans and border closures. In a presidential proclamation, he barred the entry of people who otherwise would have qualified to enter through most family, employment, or diversity visa categories. This was extended and supplemented in June 2020, with a ban on the most heavily used temporary work visas—including H-1B, H-2B, J-1, and L-1—and on visas for recipients' family members. While the other immigration bans were

9 Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (HHS), "Notice of Order under Sections 362 and 365 of the Public Health Service Act Suspending Introduction of Certain Persons from Countries Where a Communicable Disease Exists," *Federal Register* 85, no. 59 (March 26, 2020): 17060–88.

10 CBP, "Southwest Land Border Encounters," accessed June 5, 2022.

11 Kevin Sieff, "Mexico Has Pushed Hundreds of Migrants Expelled from the U.S. on to Guatemala, Stranding Them in a Remote Village Far from Their Homes," *Washington Post*, August 10, 2021; Human Rights First, "Illegal and Inhumane": Biden Administration Continues Embrace of Trump Title 42 Policy as Attacks on People Seeking Refuge Mount (New York: Human Rights First, 2021); Molly O'Toole, "U.S. Border Closure Cracks under Pressure from Lawsuits, Advocates, and the Easing Pandemic," *Los Angeles Times*, May 19, 2021.

12 A district court blocked the application of Title 42 to unaccompanied immigrant children in November 2020. *P.J.E.S. v. Chad F. Wolf*, No. 20-2245 (EGS) (U.S. District Court for the District of Columbia, November 18, 2020). Following an appeal by the federal government, a panel of three judges stayed that injunction in January 2021, allowing for expulsions of unaccompanied children. See *P.J.E.S. et al. v. David Pekoske et al.*, No. 20-5357 (U.S. Court of Appeals for the District of Columbia Circuit, January 29, 2021). However, the Biden administration instead ended the practice of expelling unaccompanied children under Title 42. See CDC, "Public Health Determination Regarding an Exception for Unaccompanied Noncitizen Children from the Order Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists," *Federal Register* 86, no. 138 (July 22, 2021): 38717–20.

13 *State of Louisiana, et al v. Centers for Disease Control and Prevention, et al*, No. 2-CV-00885 (U.S. District Court for the Western District of Louisiana, May 20, 2022).

premised on public-health rationale, in this case, Trump asserted that adding more workers to the U.S. labor market was not in the national interest during a period of soaring unemployment. This marked the first time that a U.S. president banned immigration strictly based on the state of unemployment in the country.¹⁴ The United States also stood alone in the world in justifying COVID-19-era immigration bans on economic grounds.¹⁵

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Biden terminated the ban on permanent immigrant visas on February 24, 2021, and—reflecting some ambivalence in the administration about the value of temporary work visas—allowed the ban on temporary visas to simply expire at the end of March 2021. During the period that immigrant visa restrictions were in effect, the number of immigrant visas the State Department issued in banned categories was 94 percent lower than in the same period before the pandemic, while visa issuance in categories exempt from the ban fell by a more limited 45 percent (see Table 1). However, for nonimmigrant visas, the decline in visa issuance was very similar for visas subject to the ban and those that were exempt: 74 percent versus 79 percent.¹⁶

TABLE 1

Impact of COVID-19-Era Visa Bans: Number of Visas Issued by the Department of State during the Period of the Ban Compared with the Same Period in the Prior Year

Nonimmigrant (Temporary) Visa Issuance			
	Before the Ban: July 2019–March 2020	During the Ban: July 2020–March 2021	Percent Decline
Banned Visas	628,000	161,000	–74%
Exempt Visas	5,195,000	1,076,000	–79%
Immigrant (Permanent) Visa Issuance			
	Before the Ban: May 2019–February 2020	During the Ban: May 2020–February 2021	Percent Decline
Banned Visas	273,000	17,000	–94%
Exempt Visas	119,000	66,000	–45%

Note: These numbers, calculated based on data released monthly by the State Department, have been rounded because these monthly data are sometimes later slightly revised.

Sources: Migration Policy Institute (MPI) analysis of data from the U.S. Department of State, “[Monthly Immigrant Visa Issuance Statistics](#),” accessed August 10, 2021; U.S. Department of State, “[Monthly Nonimmigrant Visa Issuance Statistics](#),” accessed August 10, 2021.

14 In 1930, during the Great Depression, President Herbert Hoover ordered American Consular Service members to apply the public-charge rule more strictly when issuing visas to reduce competition between U.S. workers and new immigrant workers. This order led to a very sharp drop in the number of visas issued. However, the order was not an outright ban on immigration but rather called for a stricter interpretation of existing law. See *Proceedings and Debates of the First Session of the Seventy-Second Congress of the United States of America*, 72nd Cong., 1st sess., *Congressional Record* 75, Part 1 for December 7, 1931 to December 22, 1931 (1932): 1037.

15 Muzaffar Chishti and Sarah Pierce, “[The U.S. Stands Alone in Explicitly Basing Coronavirus-Linked Immigration Restrictions on Economic Grounds](#),” *Migration Information Source*, May 29, 2020.

16 Authors’ analysis of monthly visa issuance data from U.S. Department of State, “[Monthly Immigrant Visa Issuance Statistics](#),” accessed August 10, 2021; U.S. Department of State, “[Monthly Nonimmigrant Visa Issuance Statistics](#),” accessed August 10, 2021.

Slow processing of applications for immigration benefits during the pandemic largely overshadowed the effect of the nonimmigrant visa ban. The State Department, through a network of consulates and embassies around the world, processes visas for visitors, temporary workers, students, would-be permanent immigrants, and others seeking to enter the United States, while U.S. Citizenship and Immigration Services (USCIS) processes applications for immigrants inside the United States and for employers and family members seeking to sponsor immigrants from abroad. U.S. embassies and consulates around the world ceased visa processing on March 20, 2020. The State Department made exceptions for processing H-2A visas for agricultural workers and H-2B visas for nonagricultural workers, waiving interview requirements in many cases. But until July 2020, when consulates began a phased reopening, very few foreigners could obtain visas even in the non-banned categories. Even after this phased reopening, processing remained slow as staff worked at reduced capacity, particularly in places with more severe COVID-19 outbreaks and/or lower vaccination rates. As a result, by July 2021, the State Department had built up a backlog of more than 530,000 immigrant visa interviews for people with completed applications (up from about 61,000 before the pandemic), and consulates had long waits for temporary visa interviews, with some accepting them only on an emergency basis.¹⁷

The pandemic has also hampered the processing of visa and other benefit applications at USCIS. The agency suspended all in-person services between March 17 and June 4, 2020, preventing issuance of benefits such as green cards and naturalizations that require in-person interviews. USCIS also canceled hundreds of thousands of biometrics appointments over this period.¹⁸ Even after resuming in-person services, processing capacity remained reduced. USCIS made allowances to provide some flexibility during the pandemic by reusing fingerprints for applicants with a set already on file, allowing electronic signatures, and accepting some late responses to USCIS requests for information. Nevertheless, the agency's reduced capacity led to ballooning processing backlogs. Before the pandemic, in December 2019, USCIS had 5.7 million applications awaiting adjudication across all benefit types.¹⁹ By February 2022, that backlog had grown to about 9.5 million applications.²⁰ Because of processing delays, noncitizens who rely on regular renewals of their work authorization—such as holders of Deferred Action for Childhood Arrivals (DACA), the spouses of certain visa holders, and asylum seekers—sometimes could not lawfully work for long periods of time, affecting not only their livelihoods but also their employers' operations.²¹ And new applicants to the DACA program, who had a narrow window for applying between court rulings in December 2020 and July 2021, mostly lost their chance to obtain DACA benefits.²²

17 U.S. Department of State, Bureau of Consular Affairs, "[National Visa Center \(NVC\) Immigrant Visa Backlog Report](#)," updated November, 2020; Suzanne Monyak, "[Limited Operations at US Consulates Keep Visa Holders on Edge](#)," Roll Call, December 22, 2021.

18 U.S. Citizenship and Immigration Services (USCIS), "[Stakeholder Message: USCIS Application Support Centers Updates](#)," (stakeholder message, December 29, 2020).

19 USCIS, "[Number of Service-Wide Forms Fiscal Year to Date by Quarter and Form Status Fiscal Year 2020](#)," accessed December 20, 2021.

20 USCIS, "[Progress on Executive Orders](#)" (online briefing, YouTube, February 2, 2022).

21 In response to these delays and ensuing litigation, USCIS announced a policy change in November 2021, now considering dependents of E-1, E-2, E-3, and L-2 visas to be work authorization incident to their status. USCIS also automatically extended the validity of employment authorization documents for E, L, and H-4 visa dependents. See USCIS, "[Chapter 2: Employment-Based Nonimmigrants](#)," in *Policy Manual* (Washington, DC: USCIS, updated March 7, 2022).

22 USCIS, "[Number of Form I 821D, Consideration of Deferred Action for Childhood Arrivals Requests by Intake and Case Status, by Fiscal Year, August 15, 2012–June 30, 2021, Fiscal Year 2021, Q3](#)," accessed December 20, 2021.

Finally, refugee arrivals to the United States were paused between March and late July 2020 after the International Organization for Migration and the United Nations High Commissioner for Refugees—key international partners in the U.S. refugee resettlement program—announced that they were temporarily suspending refugee departures because of the dangers of travel during a pandemic. After those organizations restarted refugee travel in June 2020, the United States resumed refugee admissions on July 29.²³

The combination of travel bans, border closures, and processing pauses and delays resulted in one of the lowest years of in-migration in recent U.S. history. This was true for both lawful and unauthorized immigration (see Table 2). The number of migrants that U.S. officials encountered at the U.S.-Mexico border in fiscal year (FY) 2020 was less than half that of the prior year, and nearly half of those encountered were immediately expelled from the country.²⁴ Grants of immigrant visas (for new LPRs coming from abroad) fell by 48 percent between FY 2019 and FY 2020, and temporary visas dropped by 54 percent.²⁵ Despite a refugee admissions ceiling of 18,000 for FY 2020 (already the lowest level since the modern U.S. refugee program began in 1980), refugee admissions were just 11,814.²⁶



In FY 2021, unauthorized immigration rose, but legal immigration remained deeply depressed. Immigrant visa issuance increased a bit from FY 2020 to FY 2021 but was still far below pre-pandemic levels, and the number of nonimmigrant visas issued in FY 2021 fell another 30 percent from the FY 2020 level.²⁷ Refugee admissions in 2021 resembled their low FY 2020 level.²⁸ Notably, though, in 2021 the United States brought in more than 70,000 Afghan evacuees through a pathway called humanitarian parole, following a huge effort by the U.S. government to quickly screen and vet these evacuees abroad before bringing them to the United States for further processing on domestic military bases.²⁹ Border encounters, on the other hand, rebounded and reached numbers far above their pre-pandemic levels in FY 2021—an all-time high of 1.7 million—though 61 percent of encounters resulted in immediate expulsions.³⁰

In summary, the COVID-19 pandemic ushered in important immigration policy changes that had profound effects on in-migration to the United States. Some of the policy changes reflected attempts to slow the spread of a new, initially poorly understood virus and its emerging variants, while other changes took

23 Priscilla Alvarez, “Refugee Admissions to the U.S. Resume after Being on Pause due to Coronavirus,” CNN, August 12, 2020.

24 CBP, “Southwest Land Border Encounters,” accessed December 12, 2021.

25 U.S. Department of State, “Table 1: Immigrant and Nonimmigrant Visas Issued at Foreign Service Posts, Fiscal Years 2016–2020” (data table, accessed May 27, 2022).

26 Refugee Processing Center, “Refugee Admissions Report,” accessed February 10, 2022.

27 U.S. Department of State, “Monthly Immigrant Visa Issuance Statistics”; U.S. Department of State, “Monthly Nonimmigrant Visa Issuance Statistics.”

28 Refugee Processing Center, “Refugee Arrivals by Region - Fiscal Year by Month as of 30 Sep 2021” (data table, October 5, 2021).

29 Department of Homeland Security (DHS), *Department of Homeland Security Operation Allies Welcome Afghan Evacuee Report* (Washington, DC: DHS, 2022).

30 CBP, “Southwest Land Border Encounters,” accessed May 4, 2022. See also Jessica Bolter, “It Is Too Simple to Call 2021 a Record Year for Migration at the U.S.-Mexico Border” (commentary, Migration Policy Institute, Washington, DC, October 2021).

advantage of the public-health emergency to achieve other policy goals. As a result, lawful and unlawful border-crossers—particularly those from neighboring countries—have faced enormous barriers to either seeking to gain entry for purposes deemed nonessential or presenting asylum claims to government officials, and many would-be migrants around the world were unable to obtain visas to enter the United States. On top of policies explicitly restricting entry, greatly reduced processing capacity blocked many legal immigrants in 2020 and into 2021 and generated large application backlogs. The first year of the pandemic brought one of the lowest levels of in-migration in recent history, and legal immigration remained depressed into 2021.

TABLE 2
Impact of the COVID-19 Pandemic on U.S. Migration Trends

	FY 2019	FY 2020	FY 2021	Change FY 2019 to FY 2020	Change FY 2020 to FY 2021
Southwest Border Encounters	977,509	458,088	1,734,686	–53%	279%
Immigrant Visas Issued by the State Department	462,422	240,526	285,069	–48%	19%
Nonimmigrant Visas Issued by the State Department	8,742,068	4,013,210	2,792,083	–54%	–30%
Number of Refugees Resettled in the United States	30,000	11,814	11,411	–61%	–3%

Notes: Nonimmigrant visa numbers include visas for tourists and business travelers. Southwest border encounters here include border encounters that resulted in a Title 42 expulsion, those that led to a return to Mexico under the Migrant Protection Protocols (MPP), those in which migrants were detained in the United States, and those in which they were released into the United States and put into removal proceedings. The United States conducted 204,787 expulsions under Title 42 in FY 2020 and 1,063,526 in FY 2021. In FY 2019, 46,929 migrants were placed into MPP, 20,770 in FY 2020, and 3,289 in FY 2021.

Sources: MPI analysis of data from U.S. Customs and Border Protection, “[Southwest Land Border Encounters](#),” accessed February 10, 2022; U.S. Department of State, “[Report of the Visa Office 2021—Table 1. Immigrant and Nonimmigrant Visas Issued at Foreign Service Posts Fiscal Years 2017–2021](#),” accessed May 26, 2022; Refugee Processing Center, “[Refugee Admissions Report](#),” accessed February 10, 2022.

BOX 1

Timeline of U.S. Immigration Measures Taken in Response to COVID-19, 2020–21

2020

January

- Travel ban imposed on foreign nationals who had been in China in the preceding 14 days, with exceptions (COVID-19 travel ban)

February

- COVID-19 travel ban for Iran

March

- Closure of U.S. land borders to all but “essential” travel
- Start of Title 42 border expulsions
- U.S. consulates and embassies abroad stop processing visas
- USCIS stops all in-person interviews
- COVID-19 travel bans for the Schengen area of Europe and for the United Kingdom and Ireland
- Refugee resettlement paused

BOX 1 (cont.)

Timeline of U.S. Immigration Measures Taken in Response to COVID-19, 2020–21

April

- Ban on issuance of most categories of immigrant (permanent) visas abroad

May

- COVID-19 travel ban for Brazil

June

- USCIS resumes in-person interviews at reduced capacity
- Ban on issuance of several categories of temporary work visas abroad

July

- U.S. consulates and embassies begin a phased reopening of visa services, with reduced capacity
- Refugee resettlement resumes

November

- End of the use of Title 42 expulsions for unaccompanied children, under a court order

2021

January

- COVID-19 travel bans except for those on travel from China and Iran revoked by President Trump, reinstated by President Biden
- COVID-19 travel ban for South Africa (response to Beta variant)

February

- April 2020 immigrant visa ban rescinded

March

- June 2020 nonimmigrant visa ban allowed to expire

April

- COVID-19 travel ban for India (response to Delta variant)

November

- Country-based COVID-19 travel bans revoked, vaccine requirement for entry imposed, with exemptions
- COVID-19 travel bans for Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, and Zimbabwe (response to Omicron variant)

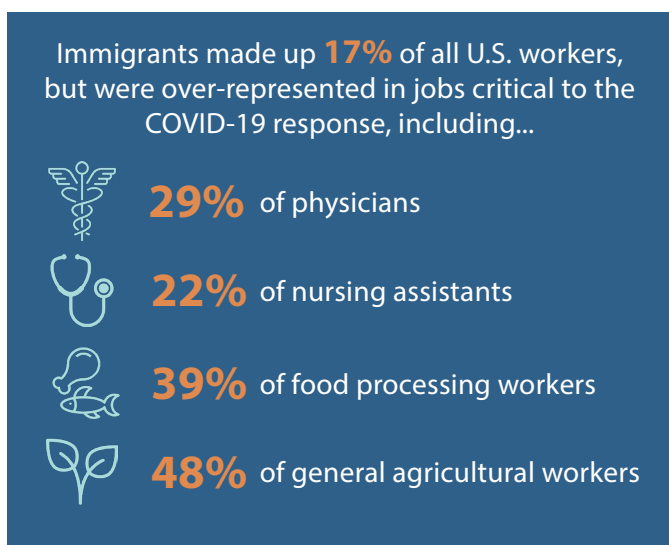
December

- COVID-19 travel ban lifted for Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, and Zimbabwe

3 Immigrants' Role in the Fight against COVID-19

The pandemic's impacts on immigrant communities in the United States have been as far-reaching as its impacts on in-migration. In early 2020, it quickly became apparent to many Americans that immigrant workers were employed at high rates in roles at the frontlines of the pandemic response. Health-care workers were the earliest recognized heroes of the pandemic, working long hours at great risk to their health and the health of their families to combat a poorly understood new virus. More than 2.6 million immigrants worked in the health-care field before the pandemic.³¹ Although immigrants made up just 17 percent of the U.S. workforce in 2018, they comprised 29 percent of physicians in the health-care industry, 22 percent of nursing assistants, and—working outside of hospitals but still at the frontlines—25 percent of personal-care aides and 38 percent of home health-care aides.³²

As governors and mayors implemented stay-at-home orders across the United States, other immigrant workers—including farmworkers, food processing workers, delivery drivers, and IT workers—helped keep key sectors of the economy running and ensured that Americans were safe and fed in their homes. Immigrants made up 21 percent of truck drivers and 23 percent of meat, poultry, and fish processing workers in retail and wholesale industries; 39 percent of food processing workers and 50 percent of all packers and packagers in manufacturing industries; and in the agriculture industry, 62 percent of graders and sorters and 48 percent of general agricultural workers.³³ Overall, the Migration Policy Institute (MPI) has estimated that 6.3 million immigrants worked in industries that could be considered essential to the pandemic response.³⁴ When broadening the list of essential jobs to a more expansive definition developed by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency, and looking specifically at unauthorized immigrant workers, an estimated 5.6 million were in essential occupations before the pandemic.³⁵



As the pandemic has stretched on and tired, discouraged health-care workers have reconsidered their careers, shortages of health-care workers have strained the U.S. health-care system. The U.S. Department of Labor's November 2021 jobs report showed a health-care workforce that was almost half a million

31 Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau 2018 American Community Survey (ACS), discussed in Jeanne Batalova, "Immigrant Health-Care Workers in the United States," *Migration Information Source*, May 14, 2020.

32 MPI tabulation of data from the 2018 ACS, discussed in Julia Gelatt, *Immigrant Workers: Vital to the U.S. COVID-19 Response, Disproportionately Vulnerable* (Washington, DC: MPI, 2020).

33 Gelatt, *Immigrant Workers*.

34 Gelatt, *Immigrant Workers*, Table 1.

35 Jessica Bolter, Muzaffar Chishti, and Doris Meissner, *Back on the Table: U.S. Legalization and the Unauthorized Immigrant Groups that Could Factor in the Debate* (Washington, DC: MPI, 2021).

workers smaller than in February 2020, with nearly all of the decrease coming from nursing and residential care facilities.³⁶ The health care workforce was still down a quarter million jobs in April 2022.³⁷ One source of additional health-care workers that the United States has yet to adequately tap into is the thousands of immigrant health-care professionals who received their training abroad but lacked U.S. credentials to practice in their fields. MPI analysis early in the pandemic estimated that there were 263,000 foreign-born college graduates in the United States with degrees in health-related fields who either worked in low-skill jobs or were unemployed or out of the labor force.³⁸ In Spring 2020, to boost their health-care workforces, eight states temporarily suspended or adjusted licensing requirements—shifts intended to help foreign-trained professionals, among others, contribute to the pandemic response. However, in states that took early steps to ease licensing restrictions (Colorado, Idaho, Massachusetts, Michigan, Nevada, New Jersey, New York, and Pennsylvania), the number of foreign-trained professionals who could find new roles in the health-care field was generally quite limited; applicants found that even the relaxed requirements were too onerous for many to meet. For example, Colorado required health professionals to hold expensive malpractice insurance that many could not afford, and New Jersey required recent practical experience, which immigrant health professionals who had been in the United States for several years had been unable to acquire. Still, if states are able to build on this new approach and policy innovation, further efforts in this direction could expand the pool of health-care workers in the country and improve the integration prospects of foreign-trained health professionals.³⁹

Recognition of the important roles immigrants, including unauthorized immigrants, have played during the pandemic has led to a push for the legalization of essential immigrant workers. Democrats' initial version of the Build Back Better Bill included a path to legal status for unauthorized immigrants who were Dreamers (those who entered the United States as children), held Temporary Protected Status (TPS), or worked in essential jobs, including farmworkers. However, the Senate parliamentarian found that Senate rules barred the measure's inclusion in the budget reconciliation bill, and eventually the whole Build Back Better effort fell apart. It is unclear whether the "essential worker" concept will continue to influence immigration reform conversations moving forward.

4 COVID-19's Impact on Immigrant Health

Early outbreaks of COVID-19 in immigrant neighborhoods and workplaces led to speculation that the virus was affecting immigrants more than the U.S. born. The earliest major outbreak in the United States was concentrated in the heavily immigrant neighborhoods of Corona, Elmhurst, Jackson Heights, and Woodside in Queens, New York. COVID-19 was brought to the United States by travelers returning from early hotspots, but the virus spread quickly in these neighborhoods densely populated by immigrant service workers. Deeper into the spring of 2020, major outbreaks occurred at meat processing plants across the country—

36 U.S. Bureau of Labor Statistics (BLS), "Employment Situation News Release" (news release, December 3, 2021).

37 BLS, "Employment Situation News Release" (news release, May 6, 2022).

38 Jeanne Batalova, Michael Fix, and Sarah Pierce, *Brain Waste among U.S. Immigrants with Health Degrees: A Multi-State Profile* (Washington, DC: MPI, 2020).

39 Jeanne Batalova, Michael Fix, and José Ramón Fernández-Peña, *The Integration of Immigrant Health Professionals: Looking beyond the COVID-19 Crisis* (Washington, DC: MPI, 2021).

workplaces dominated by immigrant and refugee workers. Over time, COVID-19 spread across the entire United States in waves, affecting nearly every community and neighborhood.

To date, no national data exist on COVID-19 infection or death rates among immigrant communities. Most recordkeeping on the virus's impact has included information only on location, age, gender, and race and ethnicity. In the face of these data gaps, many social scientists and public-health experts have hypothesized that immigrants, and particularly unauthorized immigrants, would suffer greater impacts from COVID-19. Immigrants are more likely to live in overcrowded and multigenerational households where COVID-19 can spread quickly; they are more likely to work in essential jobs and less likely to be able to work remotely; they have less access to the safety net and paid sick leave, and so are more likely to keep working even in dangerous conditions or while sick; they rely more heavily on carpools and public transportation than the U.S. born; and on average, they have less access to health insurance and regular health care, which can result in higher rates of untreated underlying health conditions, worsening the impact of COVID-19.⁴⁰

A. *Infection and Death Rates in Select States*

While national statistics on immigrants' COVID-19 rates are not yet available,⁴¹ researchers have begun to analyze state-level data to better understand how immigrants' COVID-19 death rates compare with other groups. In Minnesota, foreign-born residents had a COVID-19 death rate twice as high as the U.S. born in 2020, adjusting for differences in gender and age. This gap in death rates held for White foreign-born and U.S.-born residents of the state, and even more so for Black and Latino residents of the state. Furthermore, deaths among foreign-born Latinos occurred at younger ages compared to U.S.-born Latinos.⁴² In California, more than half of COVID-19 deaths between February and July 2020 were of foreign-born residents, even though immigrants comprise just 27 percent of the state population. COVID-19 death rates were elevated among immigrants of all age groups in the state. Latino immigrants ages 20 to 64 had particularly high COVID-19 mortality rates relative to U.S.-born California residents of the same age.⁴³ Therefore, data available so far indicate that immigrants had significantly higher COVID-19 death rates than the U.S. born, at least during the early pandemic period.

B. *Outbreaks in Meat Processing and Agriculture*

At certain points in the pandemic, the spread of COVID-19 among immigrant communities has drawn particular attention, such as when major outbreaks occurred at several meat processing plants across the country. Immigrants make up a disproportionate share of meat processing workers, comprising about 37

40 Samantha Artiga and Matthew Rae, "Health and Financial Risks for Noncitizen Immigrants due to the COVID-19 Pandemic" (issue brief, Kaiser Family Foundation, San Francisco, CA, August 18, 2020); Eva Clark et al., "Disproportionate Impact of the COVID-19 Pandemic on Immigrant Communities in the United States," *PLoS Neglected Tropical Diseases* 14, no. 7 (2020): e0008484.

41 National vital statistics, which will eventually show COVID-19 death rates for U.S.-born versus foreign-born persons, are usually released with a two-year lag.

42 Kimberly Horner, Elizabeth Wrigley-Field, and Jonathon P. Leider, "A First Look: Disparities in COVID-19 Mortality among U.S.-Born and Foreign-Born Minnesota Residents," *Population Research and Policy Review* 41 (2022): 465–478.

43 Erika Garcia et al., "COVID-19 Mortality in California Based on Death Certificates: Disproportionate Impacts across Racial/Ethnic Groups and Nativity," *Annals of Epidemiology* 58 (2021): 69–75.

percent of all meat processing workers compared with 17 percent of U.S. workers overall.⁴⁴ In April 2020, the Smithfield pork processing plant in South Dakota shut down after more than 600 employees and their contacts contracted COVID-19, becoming the largest hotspot in the country at the time.⁴⁵ Eventually, *The New York Times* tied more than 1,000 COVID-19 cases to that outbreak.⁴⁶ A Congressional investigation into the five largest meat processing companies in the United States revealed 59,000 COVID-19 cases and 269 deaths linked to their various plants in the pandemic's first year.⁴⁷ In some plants, nearly half or more of all employees had contracted COVID-19 by February 2021. Meat processing plants became the perfect petri dishes for COVID-19 because workers stand shoulder-to-shoulder along conveyer belts and must shout over loud machinery to communicate. Some plants offered attendance bonuses or, conversely, demerits for lack of attendance, both of which incentivized employees to work even while sick.⁴⁸ The low temperatures inside the plants may also contribute to the virus's spread because it stays viable outside of the body for longer periods at cooler temperatures.⁴⁹

Several studies have linked the presence of a meat processing plant to greater spread of COVID-19 in a community.

Several studies have linked the presence of a meat processing plant to greater spread of COVID-19 in a community. The U.S. Department of Agriculture (USDA) found that in April 2020, counties in which meatpacking accounted for more than 20 percent of all employment had COVID-19 case rates ten times higher than those of other rural counties.⁵⁰ (However, during the big COVID-19 wave in Winter 2020–21, meatpacking-dependent counties showed rates similar to those of other rural counties, perhaps reflecting higher levels of immunity among meat processing workers following earlier infections and adaptations that employers made to the workplace.) A separate analysis of COVID-19 rates through October 2020 found that the presence of a large beef processing plant in a county increased the county's COVID-19 rates by 110 percent 150 days after the first case in the community relative to counties without such a plant. The increase for counties with a pork processing plant was 160 percent, and the increase for counties with a chicken processing plant was 20 percent.⁵¹ Due to higher spread in counties with large meat processing plants, one study estimated that by late July 2020, meatpacking plants had contributed to enough community spread that they had caused 236,000–310,000 COVID-19 cases and 4,300–5,200 deaths.⁵²

44 Authors' analysis of 2014–18 ACS data, accessed through IPUMS. See Steven Ruggles et al., "IPUMS USA: Version 10.0" (dataset, IPUMS USA, Minneapolis, MN, 2020).

45 Jessica Lussenhop, "Coronavirus at Smithfield Pork Plant: The Untold Story of America's Biggest Outbreak," BBC News, April 17, 2020.

46 *New York Times*, "Coronavirus in the U.S.: Latest Map and Case Count," *New York Times*, accessed December 23, 2021.

47 Memorandum from majority staff to members of the House Select Subcommittee on the Coronavirus Crisis, *Coronavirus Infections and Deaths among Meatpacking Workers at Top Five Companies Were Nearly Three Times Higher than Previous Estimates*, October 27, 2021.

48 Michael Grabell, "What Happens If Workers Cutting Up the Nation's Meat Get Sick?" ProPublica, March 28, 2020.

49 Roman Pakora, et al., "Investigation of Superspreading COVID-19 Outbreak Events in Meat and Poultry Processing Plants in Germany: A Cross-Sectional Study," *PLoS One* 16, no. 6 (2021): e0242456.

50 U.S. Department of Agriculture (USDA), Economic Research Service, "The Meatpacking Industry in Rural America during the COVID-19 Pandemic," updated May 13, 2021.

51 Tina L. Saitone, K. Aleks Schaefer, and Daniel P. Scheitrum, "COVID-19 Morbidity and Mortality in U.S. Meatpacking Counties," *Food Policy* 101 (2021): 102072.

52 Charles A. Taylor, Christopher Boulos, and Douglas Almond, "Livestock Plants and COVID-19 Transmission," *Proceedings of the National Academy of Sciences*, November 19, 2020.

Instead of responding to the outbreaks among meatpacking workers, Trump declared meatpacking plants to be “critical infrastructure” under the *Defense Production Act*, directing the USDA to work to ensure processing facilities stayed open.⁵³ This move was made despite a lack of evidence that the country faced a meat shortage.⁵⁴ The Occupational Safety and Health Administration (OSHA), the federal agency responsible for protecting worker safety, issued just eight citations to meat processing plants in 2020 for failing to maintain workplaces free from hazards related to COVID-19, issuing fines totaling less than \$80,000 to companies with profits of \$10 billion or more a year.⁵⁵ Under Biden, OSHA issued new guidance for employers on preventing the spread of COVID-19⁵⁶ and developed the National Emphasis Program, which concentrates OSHA inspections on industries at high risk of spreading COVID-19, including meat processing.⁵⁷

COVID-19 has also hit farmworkers hard, likely because many reside in group housing and carpool to work. The Food and Environment Reporting Network, relying on news reports, traced almost 14,000 COVID-19 cases and 107 deaths to outbreaks at farms through early September 2021.⁵⁸ The largest of these outbreaks—204 COVID-19 cases—occurred at a dormitory-style housing complex for farmworkers on H-2A visas in Oxnard, California.⁵⁹ The second largest outbreak (200 cases) occurred among H-2B workers at a fruit and vegetable farm in Evensville, Tennessee, who also lived in a dormitory-like setting. Reportedly, 100 percent of workers at the farm tested positive for COVID-19, though many were asymptomatic.⁶⁰ A national study of COVID-19 case rate data at the county level through March 2021 found that counties with more farmworkers had higher per capita case rates.⁶¹

C. *Vaccination Rates and Attitudes among Immigrants*

Vaccinations have helped to bring the COVID-19 pandemic under greater control and reduce the severity of illness for those who contract the virus. National data collected by the Centers for Disease Control and Prevention (CDC) show that immigrants were somewhat more likely than the U.S. born to have received at least one dose of the COVID-19 vaccine as of January 2022: 92 percent versus 83 percent. Only 3 percent of immigrants said they were unwilling to be vaccinated, compared to 11 percent of the U.S. born.⁶² The

53 Executive Office of the President, “Delegating Authority under the Defense Production Act with Respect to Food Supply Chain Resources during the National Emergency Caused by the Outbreak of COVID-19,” *Federal Register* 85, no. 85 (May 1, 2020): 26313–14.

54 Select Subcommittee on the Coronavirus Crisis, “*Now to Get Rid of those Pesky Health Departments!*” *How the Trump Administration Helped the Meatpacking Industry Block Pandemic Worker Protections* (Washington, DC: House of Representatives, 2022).

55 Letter from James E. Clyburn, chairman of the Select Subcommittee on the Coronavirus Crisis, to James Frederick, Deputy Assistant Secretary of Labor for Occupational Safety and Health, regarding the impact of the coronavirus pandemic on workers in the meatpacking industry, February 1, 2021; U.S. Department of Labor (DOL), Occupational Safety and Health Administration (OSHA), “*Inspections with COVID-19-Related Violations*,” accessed December 23, 2021.

56 DOL, OSHA, “*Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace*,” updated June 10, 2021.

57 DOL, OSHA, “*National Emphasis Program—Coronavirus Disease 2019 (COVID-19)*” (directive 2021-01 [CPL-03], OSHA, Washington, DC, March 12, 2021).

58 Leah Douglas, “*Mapping COVID-19 Outbreaks in the Food System*,” Food and Environment Reporting Network, April 22, 2020.

59 Erin Rode, “*Farmworker Housing Outbreak: 154 Workers Released from Isolation Tuesday*,” *Ventura County Star*, July 7, 2020.

60 Sam Luther, “*Rhea Co. Farm Leader Says All of Their Nearly 200 Employees Have Virus, Only Three Symptomatic*,” News Channel 9 ABC, May 26, 2020.

61 Jayson L. Lusk and Ranveer Chandra, “*Farmer and Farm Worker Illnesses and Deaths from COVID-19 and Impacts on Agricultural Output*,” *PLoS ONE* 16, no. 4 (2021): e0250621.

62 Emily Barone, “*What We Can Learn from America’s Most Recent COVID-19 Vaccine Converts*,” *TIME Magazine*, March 16, 2022.

higher vaccination rates come despite earlier evidence suggesting that at least some immigrant groups had concerns about getting the vaccine. National survey data from April 2021 showed, among Latinos, higher vaccination rates for immigrants with permanent residence than those who lacked a green card (a group that includes temporary workers and unauthorized immigrants). Latino immigrants without green cards who were not vaccinated expressed concerns about missing work due to vaccine side effects, about the cost of the vaccine (though COVID-19 vaccines are free to all U.S. residents), about being asked for a government-issued ID, and about implications for their immigration status or that of a family member.⁶³ However, December 2020 data from California showed immigrants (of all races and ethnicities) expressing worries about contracting COVID-19 at higher rates than U.S.-born residents, and they were more likely to say that they would definitely get the vaccine when available.⁶⁴

5 The Economic Downturn's Impacts on Immigrant Communities

Along with its direct health impacts, the pandemic has also had profound economic effects on immigrant families. The pandemic, public-health measures, and changes in consumer behavior led to a sharp, two-month recession that was followed by an uneven recovery whose fits and starts were largely shaped by the course of the virus. Throughout this period of economic hardship, immigrants experienced higher peak unemployment rates than U.S.-born workers, and many had less access to government safety nets. As a result, immigrant families—particularly those with unauthorized immigrant members—experienced high rates of economic hardship during the pandemic.

A. Unemployment and Immigrant Workers

At the peak of pandemic unemployment in the United States—April 2020—the unemployment rates of immigrant workers jumped higher than those of U.S.-born workers: 16.4 percent versus 14.0 percent. Immigrant women's unemployment rates, though usually in line with those of U.S.-born women and men, were particularly high throughout the pandemic's first year and remained higher than those of both immigrant men and U.S.-born workers from April 2020 through June 2021. Immigrant women's unemployment rate peaked at 18.5 percent in May 2020, while immigrant men and U.S.-born men and women's unemployment peaked below 16 percent in April 2020.⁶⁵ By the summer of 2021, immigrants' unemployment rates were back in line with those of U.S.-born workers, with all rates below 6 percent.

BOX 2 Explore the Data

A Migration Policy Institute interactive data tool, updated monthly, shows trends in unemployment rates since January 2019, allowing users to examine jobless rates by nativity, gender, race/ethnicity, educational attainment, and industry. It is available at: bit.ly/UnemployTool

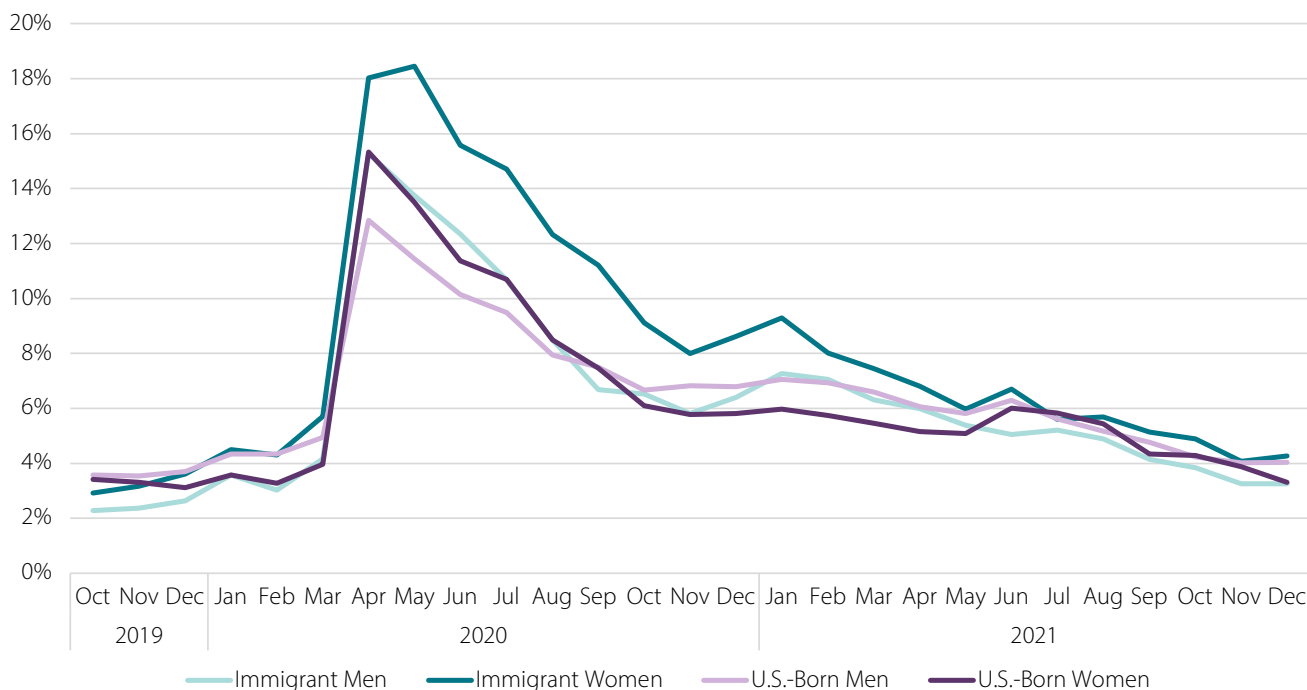
63 Liz Hamel et al., "KFF COVID-19 Vaccine Monitor: COVID-19 Vaccine Access, Information, and Experiences among Hispanic Adults in the U.S.," Kaiser Family Foundation, May 13, 2021.

64 Dulce Gonzalez, Michael Karpman, and Hamutal Bernstein, *COVID-19 Vaccine Attitudes among Adults in Immigrant Families in California: Insights and Opportunities to Promote Equitable Access* (Washington, DC: Urban Institute, 2021).

65 MPI Data Hub, "U.S. Unemployment Trends by Nativity, Gender, Industry, and More, before and during Pandemic," accessed December 23, 2021.

FIGURE 1

Unemployment Rate for Adults (ages 16 and older) in the U.S. Civilian Workforce, by Nativity and Gender, October 2019 through December 2021



Note: Unemployment rates have not been seasonally adjusted.

Source: MPI analysis of data from the U.S. Census Bureau's 2019, 2020, and 2021 monthly Current Population Survey (CPS), accessed through IPUMS. See Sarah Flood et al., "Integrated Public Use Microdata Series, Current Population Survey: Version 8.0" (dataset, IPUMS USA, Minneapolis, 2020).

Part of the reason for immigrants' higher unemployment rates relates to their geographic location within the United States. Immigrants disproportionately live in the states that experienced the pandemic's largest economic effects. Of the ten states where job losses were greatest between 2019 and 2020, five states—Massachusetts, California, Illinois, New York, and Florida—were also among the ten states with the largest immigrant populations.⁶⁶ Immigrant workers' higher unemployment rates were also driven by their sectoral concentrations. Immigrants' top industries of employment before COVID-19—health services, professional and business services, and education and social assistance for immigrant women; and construction, professional and business services, and manufacturing for immigrant men—fared relatively well during the pandemic.⁶⁷ But within industries, immigrant workers sometimes held positions that were more susceptible to job cuts. For example, within the hard-hit leisure and hospitality industry (which was responsible for one-third of all job losses during the pandemic), immigrant women were particularly concentrated in jobs such as waitstaff and maids and housekeeping that experienced particularly high unemployment rates.⁶⁸

66 Julia Gelatt, Jeanne Batalova, and Christopher Levesque, *Immigrant and Other U.S. Workers a Year into the Pandemic: A Focus on Top Immigrant States* (Washington, DC: MPI, 2021).

67 MPI Data Hub, "U.S. Unemployment Trends"; Julia Gelatt, Jeanne Batalova, and Randy Capps, *An Early Readout on the Economic Effects of the COVID-19 Crisis: Immigrant Women Have the Highest Unemployment* (Washington, DC: MPI, 2020).

68 Gelatt, Batalova, and Capps, *An Early Readout on the Economic Effects of the COVID-19 Crisis*.

B. *Immigrants' Access to the Evolving Federal Safety Net*

Because of their legal status, many immigrants had to weather this period of high unemployment with limited access to the safety net supports that many U.S. families depend upon during hard times. However, Congress and state and local governments also began experimenting with new ways of supporting families during the pandemic, often in ways that expanded access to economic relief to many immigrant families, even those whose members held a mix of immigration statuses.

Immigrants' access to public benefits and other supports varies based on their immigration status and work authorization. Eligibility rules for immigrants also differ across public benefit programs. Unemployment insurance is available to anyone who is authorized to work, has lost a job through no fault of their own, and meets state requirements for quarters worked or wages earned. As a result, naturalized citizens, LPRs, some temporary workers, and immigrants with discretionary statuses that offer work authorization (such as DACA, TPS, and applicants for asylum) are eligible.⁶⁹ Traditional public benefits, such as Temporary Assistance for Needy Families (TANF, cash assistance for families with children); the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps); and Medicaid are mainly available to U.S. citizens and to green-card holders with at least five years in that status.⁷⁰ In mixed-status households, in which children are U.S. citizens and parents are unauthorized immigrants, the children may receive benefits even if their parents are ineligible. Some states provide state-funded benefits, such as food assistance and public health insurance, to immigrants who are ineligible for federal assistance.⁷¹

Even when safety net benefits are available, not all immigrants know how to access them, and some are hesitant to use them.

But even when safety net benefits are available, not all immigrants know how to access them, and some are hesitant to use them. In 2018, the Trump administration proposed an expansive new definition of who would be ineligible for a green card if they are classified as likely to become a “public charge,” meaning dependent on government assistance. One factor government officials were to consider in public-charge determinations was past use of public benefits, based on an expanded list. The public-charge rule first took full effect in February 2020 but was halted at times by court orders throughout 2020. The Biden administration has since restored a more-circumscribed definition of a public charge. Although the largest

69 Nonimmigrants may or may not be eligible for unemployment insurance, depending on their exact circumstances and the rules of the state where they live. To qualify for unemployment insurance, generally, workers must be available for work and must be actively searching for work. But some states waived the work search requirement during the COVID-19 crisis, and others have made unemployment insurance available to workers on temporary layoff from their employer. Temporary immigrants who do not have work authorization or who do not have the required work history are ineligible for unemployment insurance. Temporary workers with the required work history may be eligible depending on state rules but only for the grace period their visa allows. Because most temporary workers can join a new employer only if that employer submits a visa petition on their behalf, some states do not consider these temporary workers to be available for work. In other states, they are considered available for work and eligible for as long as their visa is valid. Workers on E, H-1B, L-1, O-1, and TN visas have a 60-day job search period after losing a job and before they fall out of status. They may be able to access unemployment insurance for those 60 days but would lose access once that period ends.

70 However, lawful permanent resident (LPR) children are eligible for the Supplemental Nutrition Assistance Program (SNAP) even in their first five years in LPR status, and LPR children are eligible for Medicaid in their first five years in 34 states (plus the District of Columbia) that have opted to provide this coverage. See Kaiser Family Foundation, “Medicaid/CHIP Coverage of Lawfully Residing Immigrant Children and Pregnant Women,” accessed December 23, 2021.

71 See, for example, National Immigration Law Center (NILC), “Table 12: State-Funded Food Assistance Programs,” updated April 2020; NILC, “Table: Medical Assistance Programs for Immigrants in Various States,” accessed December 23, 2021.

proportion of immigrants who can access public benefits already have a green card or U.S. citizenship, the Trump administration public-charge proposal nonetheless made many hesitant to access public benefits for which they were eligible. An Urban Institute survey found that more than one-quarter of adults in low-income immigrant families either did not apply for public benefits or stopped receiving them even during the pandemic's height in 2020 due to concerns about how accessing such benefits would affect their immigration options.⁷²

During the pandemic, Congress has experimented with new ways of providing relief to struggling families. The most substantial was the three rounds of stimulus payments passed by Congress in March 2020, December 2020, and March 2021. The first round of pandemic stimulus payments was available only to families in which everyone listed on a tax form had a Social Security number, which excluded an estimated 9.3 million unauthorized immigrants without Social Security numbers, 1.4 million of their U.S.-citizen or legal immigrant spouses, and 3.7 million of their U.S.-citizen or legal immigrant children.⁷³ The December 2020 round issued payments to people with valid Social Security numbers in households in which at least one adult tax filer had a Social Security number.⁷⁴ This round of stimulus payments thus made eligible an additional 2.9 million U.S.-citizen and legal immigrant children and spouses of unauthorized immigrants. The newly eligible groups were also retroactively granted the earlier benefits. However, an estimated 2.2 million U.S.-citizen or legal immigrant children with only unauthorized immigrant parents were still excluded from the payments. The third round of payments, made in March 2021, included anyone with a valid Social Security number, no matter the immigration status of other household members or of the adults filing the household taxes.⁷⁵

TABLE 3

Estimates of Mixed-Status Family Members Excluded or Included in Various U.S. Stimulus Packages

	March 2020 Stimulus	December 2020 Stimulus	March 2021 Stimulus
Unauthorized immigrants	9.3 million <i>excluded</i>	9.3 million <i>excluded</i>	9.3 million <i>excluded</i>
U.S.-citizen or legal immigrant spouses of unauthorized immigrants	1.4 million <i>excluded</i>	1.4 million <i>included</i>	1.4 million <i>included</i>
U.S.-citizen or legal immigrant children of unauthorized immigrants	3.7 million <i>excluded</i>	1.5 million with at least one parent holding a Social Security number were <i>included</i> ; 2.2 million were <i>still excluded</i> .	3.7 million <i>included</i>

Source: MPI analysis of U.S. Census Bureau data from the American Community Survey for 2012–16, pooled, and Survey of Income and Program Participation for 2008.

72 Hamutal Bernstein, Michael Karpman, Dulce Gonzalez, and Stephen Zuckerman, *Immigrant Families Continued Avoiding the Safety Net during the COVID-19 Crisis* (Washington, DC: Urban Institute, 2021).

73 *Coronavirus Aid, Relief, and Economic Security Act (CARES Act)*, Public Law 116-36, *U.S. Statutes at Large* 134 (2020): 281–615.

74 *Consolidated Appropriations Act, 2021*, Public Law 116-260, *U.S. Statutes at Large* 134 (2020): 1182–3305. For more information on the immigrant inclusions and exclusions in the CARES Act and the December 2020 appropriations act, see Julia Gelatt, Randy Capps, and Michael Fix, “Nearly 3 Million U.S. Citizens and Legal Immigrants Initially Excluded under the CARES Act Are Covered under the December 2020 COVID-19 Stimulus” (commentary, MPI, Washington, DC, January 2021).

75 *American Rescue Plan Act of 2021*, Public Law No. 117-2, *U.S. Statutes at Large* 135 (2021): 4.

Other new forms of assistance provided during the pandemic were available without regard to immigration status. Three federal eviction moratoria put in place between March 2020 and August 2021 protected U.S. renters regardless of legal status.⁷⁶ The latest ban was blocked by the Supreme Court on August 26, 2021. However, some states and localities maintained eviction bans past the end of the federal ban. March 2020 pandemic relief legislation also established forbearance for the majority of homeowners who have a federally backed mortgage, allowing homeowners to temporarily reduce mortgage payments without incurring late fees or facing foreclosure.⁷⁷ Early in the pandemic, families with children, regardless of immigration status, who qualified for free or reduced-price school lunches were provided with electronic benefits cards that could be used to buy food at grocery stores while schools were closed or operating on reduced schedules.⁷⁸

Finally, in a broad move intended to help all families with children, in March 2021, Congress raised the amounts provided under the child tax credit available to working families with children from a maximum of \$2,000 a year to \$3,600. And starting in July 2021, rather than providing the tax credits once a year at tax time, they were provided as advance payments of \$250 to \$300 per child per month, depending on the child's age.⁷⁹ The child tax credit is available to any parents whose children have a Social Security number, expanding eligibility to families with unauthorized immigrant parents and U.S.-citizen children, as long as parents file taxes using an Individual Taxpayer Identification Number (ITIN).⁸⁰ The expanded child tax credit expired at the end of 2021.

In short, many noncitizens have faced barriers to the economic supports that citizens usually rely on during times of high unemployment. Unauthorized immigrants lack access to unemployment insurance, and both unauthorized immigrants and some legal immigrants face constrained access to public benefits such as food stamps and cash assistance. However, in a significant shift, new forms of assistance developed by Congress and the Trump and Biden administrations have reached categories of immigrants that were previously ineligible. Such assistance included stimulus payments, food assistance, eviction bans, mortgage assistance, and expanded child tax credits.

C. Other Economic Hardship during the Pandemic

Even with expanded forms of public assistance, many immigrant families experienced high rates of economic hardship during the pandemic because of their high unemployment rates and limited access to the federal safety net. A national survey conducted in December 2020 found that 28 percent of immigrant families with children experienced food insecurity in the prior year, 17 experienced problems with paying their rent or mortgage, 18 percent reported problems with paying their utility bills, and 30 percent reported

76 Adam Liptak and Glenn Thrush, "Supreme Court Ends Biden's Eviction Moratorium," *New York Times*, updated November 7, 2021.

77 Consumer Financial Protection Bureau, "Learn about Forbearance," updated October 21, 2021.

78 USDA, Food and Nutrition Service, "State Guidance on Coronavirus P-EBT in Schools," updated March 7, 2022.

79 White House, "The Child Tax Credit," accessed December 23, 2021.

80 Individual Taxpayer Identification Number (ITINs) are available from the Internal Revenue Service for taxpayers who are not eligible for Social Security numbers. The agency's delays in issuing ITINs have prevented some mixed-status families from accessing the payments, but those families should still be able to get the credits after filing their 2021 taxes. See Kyle Swenson, "Immigrant Families Struggle to Access Child Tax Credit Payments," *Washington Post*, October 23, 2021.

troubles accessing and paying for health care.⁸¹ Rates of material hardship were highest in immigrant families where at least one member lacked a green card or citizenship and lowest in families in which immigrant members were naturalized citizens. For example, 37 percent of families with a member who was not a U.S. citizen or green-card holder experienced food insecurity and 27 percent had trouble paying their rent or mortgage, compared to 19 percent (on both measures) of households with naturalized citizen members.⁸²

D. *State, Local, and Private Support*

Some states, localities, and nongovernmental organizations have stepped in to address the pressing economic needs of immigrant families, including those excluded from federal safety nets and relief efforts. The state of California provided three rounds of relief payments to unauthorized immigrants who were excluded from federal payments. These included payments to unauthorized immigrants in 2020;⁸³ payments to all low-income residents in the state, regardless of status, in Spring 2021;⁸⁴ and payments to all Californians with incomes below \$75,000 in Fall 2021, with higher amounts for unauthorized immigrants who claimed dependents on their taxes.⁸⁵ Washington State announced in August 2020 that it was creating an Immigrant Relief Fund to support immigrant residents. Drawing on \$40 million in state funding, the fund began issuing payments in late 2020 to low-income immigrants who were significantly affected by COVID-19 and unable to access federal stimulus funds or unemployment insurance.⁸⁶ In Oregon, the state legislature contributed \$30 million to a privately organized relief fund to make payments to unauthorized immigrant workers who lost their wages or experienced hardship because of the pandemic.⁸⁷ In Colorado, an initially private Left Behind Workers Fund first received infusions of funding from Denver and other cities and later received \$5 million from the state legislature.⁸⁸ New York State established its \$2 billion Excluded Worker Fund in April 2021 to provide unemployment insurance for unauthorized immigrant workers who were ineligible for mainstream unemployment insurance. The payments were open to low-income workers who had a steady work history but lost substantial income due to the pandemic or had to assume new household financial responsibility.⁸⁹ And New Jersey's \$40 million Excluded Workers Fund, announced in May 2021 and expanded in December of the same year, offers payments to lower-income unauthorized immigrants and others excluded from federal relief.⁹⁰

81 Jennifer M. Haley, Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez, *Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships* (Washington, DC: Urban Institute, 2021).

82 Haley, Kenney, Bernstein, and Gonzalez, *Many Immigrant Families with Children Continued to Avoid Public Benefits*.

83 State of California Franchise Tax Board (FTB), "COVID-19 Relief for Undocumented Workers in California—Is It Taxable?" updated September 23, 2021.

84 FTB, "Golden State Stimulus I," updated September 29, 2021.

85 FTB, "Golden State Stimulus II," updated December 2, 2021.

86 Washington Governor Jay Inslee, "Inslee Announces COVID-19 Immigrant Relief Fund Now Open for Applications" (news release, October 21, 2020); Washington COVID-19 Immigrant Relief Fund, "Frequently Asked Questions," accessed December 23, 2021.

87 Roberto Suro and Hannah Findling, *State and Local Aid for Immigrants during the COVID-19 Pandemic: Innovating Inclusion* (New York: Center for Migration Studies, 2020); Innovation Law Lab, "Oregon Legislature and City of Portland Approve \$21.75 Million in Additional Funding for the Oregon Worker Relief Fund" (news release, November 20, 2020).

88 Faith Miller, "The Pandemic Has Been Hard. It's Been Harder on Immigrants," Colorado Newslines, November 17, 2021.

89 New York State Department of Labor (NYSDOL), "Excluded Workers Fund Application FAQs," updated December 6, 2021.

90 Sophie Nieto-Munoz, "Applications Open for Fund to Help N.J. Workers Excluded from State, Federal Benefits," New Jersey Monitor, October 28, 2021.

Among other city-level responses, the City of Seattle, Washington, committed nearly \$26 million to a food voucher program that focused on helping residents who lost their jobs because of COVID-19 and were facing language or other institutional barriers to other forms of relief.⁹¹ Portland, Oregon, contributed \$2 million to the private relief fund in the state.⁹² Austin, Texas, developed a \$15 million relief fund in Spring 2020, which provided funding for relief services and for direct payments to residents, targeted to those who did not qualify for federal relief.⁹³ Montgomery County, Maryland, appropriated \$5 million for payments to low-income residents, focusing on those ineligible for federal or state assistance.⁹⁴ And in Tucson, Arizona, the city council allocated \$5.5 million to the We Are One/Somos Uno Resiliency Fund, of which \$3 million was dedicated to payments to individuals and families that experienced hardship due to COVID-19 but did not access other state or federal relief.⁹⁵

Nonprofit and philanthropic organizations also provided relief to immigrants excluded from federally funded assistance. The Open Society Foundations created the \$32 million Emma Lazarus Campaign to distribute cash assistance to U.S. residents excluded from federal relief. The foundation granted money to local governments, which developed their own models for distributing the funds, and sometimes added state or local funding to the effort.⁹⁶ Smaller private efforts sprung up around the country. In Washington, DC, local organizers set up a GoFundMe page so DC residents could donate their stimulus checks to local immigrant-serving organizations, which would then distribute the funds to families.⁹⁷ Membership-driven, immigrant-serving organizations have set up private COVID-19 relief funds to collect donations and distribute cash assistance to members. Examples of these organizations include the New York State Youth Leadership Council, an organization led by unauthorized immigrant youth in New York City; CASA, an immigrant-led organization that spans Pennsylvania, Maryland, Washington, DC, and Virginia; the National Domestic Workers Alliance, an organization advocating across the United States on behalf of domestic workers; and the National Day Laborers Organizing Network.⁹⁸ Immigrant families have also relied heavily on private charities during the pandemic. While 18 percent of non-elderly adults in the United States reported accessing food from a food pantry or other charitable source in 2020, the rate was 34 percent for adults living with a noncitizen household member.⁹⁹

91 Kamaria Hightower, “City of Seattle Expands Emergency Grocery Vouchers to an Additional 3,500 Households,” Seattle Office of the Mayor, Mayor Jenny A. Durkan, September 22, 2020.

92 Innovation Law Lab, “Oregon Legislature and City of Portland Approve \$21.75 Million.”

93 Audrey McGlinchy, “A Big Deal: Austin Approves \$15 Million Relief Fund That Includes Cash Assistance for Residents,” KUT 90.5, April 9, 2020.

94 Montgomery County Council, Legislative Branch, “Council Approved \$5 Million Special Appropriation to Provide Low-Income Households with Additional Financial Assistance” (press release, April 30, 2020).

95 Samantha Wing, “What We Can Learn from Efforts to Provide Aid to Excluded Workers” (commentary, The Century Foundation, New York and Washington, DC, August 3, 2021).

96 Open Society Foundations, *The Emma Lazarus Campaign: Executive Summary* (New York: Open Society Foundations, 2021).

97 GoFundMe, “Donate Your Stimulus Check to Immigrant Families!” updated January 5, 2021.

98 New York State Youth Leadership Council, “COVID-19 Emergency Fund for NYC Undocumented Immigrant Youth and Their Families,” accessed December 28, 2021; CASA, “Solidarity Fund,” accessed December 28, 2021; National Day Laborer Organizing Network, “The Immigrant Worker Safety Net Fund,” accessed December 28, 2021; National Domestic Workers Alliance, “National Domestic Workers Alliance Launches Coronavirus Care Fund to Raise \$4 Million for Domestic Workers” (news release, March 16, 2020).

99 Elaine Waxman, Poonam Gupta, and Dulce Gonzalez, *Charitable Food Use Increased Nearly 50 Percent from 2019 to 2020* (Washington, DC: Urban Institute, 2021).

Altogether, in the face of immigrants' constrained access to public benefits and financial relief, states, localities, foundations, nonprofits, and private citizens alike have organized to dedicate large sums of money to provide financial relief for immigrants excluded from federal assistance.

6 Conclusion

The COVID-19 pandemic has exposed, and at times exacerbated, deep inequities in the United States. These inequities were reflected in who could stay home during the virus's uncontrolled spread during the first months of the pandemic and who was required to work in person; in who lost their jobs and who kept them; in who had the resources to weather job or income losses and who faced hardship; and in who contracted COVID-19 and who stayed safe from the virus. Immigration status was among the fault lines of these divides. COVID-19 brought new attention to the precarious position of unauthorized immigrant workers in the labor force and the exclusion of many immigrants, both with and without legal status, from the benefits that buffer many Americans from challenging times, such as paid sick leave, health insurance, unemployment insurance, and public benefits. Attention to immigrant workers and sympathy for unauthorized immigrants rose as the U.S. public recognized how many were showing up in person to fill roles that that allowed many Americans to stay safely at home. This sympathy generated a new push among advocates to offer a path to legal status to the unauthorized immigrant "essential" workers who were hailed as pandemic heroes, though these efforts have thus far been unsuccessful.

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Some of the pandemic's impacts on immigrant workers and families became clear very early on. High-profile COVID-19 outbreaks among immigrant meatpacking workers highlighted the dangers of in-person work during the spread of a contagious, airborne virus. Monthly employment reports from the government quickly showed that immigrant workers—especially women—were losing jobs at higher rates than their U.S.-born counterparts. And the passage of the March 2020 *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act), which excluded not only unauthorized immigrants but also their U.S.-citizen and legal immigrant family members, was met with a strong outcry that mixed-status families should not be left out of federal relief efforts.

Other dimensions of the pandemic's toll on immigrants have become clear only with the passage of time. High unemployment rates, combined with limited access to safety net programs, suggested many immigrant families have suffered economically, and anecdotal and qualitative reports have confirmed as much. But national-level data highlighting the large share of immigrant families struggling to afford food, utilities, or their rent or mortgage were not published until early 2021. National data still do not exist on COVID-19 case or mortality rates for immigrants. But emerging state-level data indicate that immigrants have experienced greatly elevated COVID-19 death rates compared with the U.S. born.

The pandemic did catalyze some important policy and social service innovations that have ultimately helped mixed-status and unauthorized immigrant families. Universal relief programs, such as eviction bans and food assistance, helped all struggling families, regardless of immigration status. New modes of

assistance, including pandemic stimulus payments and the monthly expanded child tax credit, became available to mixed-status households as well as legal immigrant and U.S.-citizen households. And a surprising number of states, localities, and private organizations across the country stepped in to provide assistance to struggling immigrant families that were excluded from federal relief.

The policy adaptations made during the first two years of the COVID-19 pandemic hold some lessons for responding to the ongoing pandemic and to future public-health crises. First, travel and immigration restrictions should be carefully considered, and removed once their public-health utility has ended. Travel bans in the face of a contagious virus can give health systems time to prepare, but they were often allowed to outlive their purpose or were used in pursuit of unrelated policy aims. Time-limited travel restrictions as well as testing and vaccination requirements have shown more promise for slowing the spread of the virus without unduly restricting mobility.¹⁰⁰ Second, processing of visa and other immigration applications must be prioritized and well-resourced, particularly following disruptions caused by extraordinary circumstances that create large backlogs. Adaptive policies allowing for greater flexibility in biometrics collection, in-person interviews, and other requirements can also help ensure that migration channels remain open in times of processing challenges.

Looking inward at COVID-19's effects on U.S. immigrant communities, a key lesson is that information about public-health crises and other emergencies should be made widely available in the languages of local immigrant communities, in culturally appropriate ways, and through trusted messengers. In addition, enforcement of needed workplace protections should be proactively targeted to industries in which vulnerable workers, including many immigrants, are concentrated and where health and safety risks are high. Federal, state, and local governments, as well as philanthropic endeavors, should also build on what has been learned from COVID-19 pandemic relief efforts to use both universal and targeted relief programs to reach immigrant families in need of economic assistance. Finally, states should continue to innovate to improve their processes for recognizing the foreign-earned credentials and training of immigrants in fields such as health care, which would help meet critical labor needs.

The COVID-19 pandemic has shed light on how deeply connected the lives of all who reside in the United States are, whether immigrant or U.S. born. The spread of the virus in any neighborhood, home, or workplace has inevitably led to broader spread across boundaries of place of birth, race, and class. Immigrant workers' health and ability to show up to work have had immediate impacts on the supply of food and other essential goods to all U.S. households. And the sharp downturn in immigration during the pandemic, which has brought fewer foreign workers to the United States, seems likely to be exacerbating worker shortages, at least in some regions and industries. Reflecting on the ways in which U.S. policies have affected immigration patterns and immigrant communities during the COVID-19 crisis offers important lessons that should inform policy responses to the ongoing pandemic and future public-health crises, ones that better protect the health and well-being of the U.S. and foreign born alike.

¹⁰⁰ For a discussion of these measures in the global context, see Meghan Benton et al., *COVID-19 and the State of Global Mobility in 2021* (Washington, DC, and Geneva: MPI and International Organization for Migration, 2022); Lawrence Huang, *Digital Health Credentials and COVID-19: Can Vaccine and Testing Requirements Restart Global Mobility?* (Washington, DC: MPI, 2022).

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