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# Vulnerable to COVID-19 and in Frontline Jobs, Immigrants Are Mostly Shut Out of U.S. Relief

**APRIL 24, 2020** POLICY BEAT | By Muzaffar Chishti and Jessica Bolter

As the fallout from the COVID-19 pandemic is beginning to settle, there has been growing acknowledgment of the central role that immigrant workers play on the frontlines of the war against the virus. What is less recognized—but increasingly evident—is that immigrants are also disproportionately suffering from economic hardship caused by shutdowns and social distancing, are falling victim to the lethal virus, and becoming targets of hate and discrimination. And many are excluded from the relief authorized by Congress.

The Migration Policy Institute (MPI) has estimated that immigrants make up outsized shares both of essential workers in the fight against the pandemic and those in the industries hardest hit by its economic impact. Six million immigrants are working in frontline occupations, such as health care, food production, and transportation; they are overrepresented in certain critical occupations, such as doctors and home health aides, where they face heightened risk of exposure. Another 6 million immigrants work in industries such as food services and domestic household services that have been economically devastated, making up 20 percent of the total workers in those industries. Job loss in these industries affects not only these individuals and their families in the United States, but also the relatives and communities in their home countries that have come to rely on regular flows of remittances. The World Bank estimates that global remittances to low- and middle-income countries will fall 20 percent overall this year from a year earlier—a decrease of more than \$100 billion. The hit could be devastating for some countries. In 2017, for example, remittances from the United States

accounted for 18 percent of gross domestic product (GDP) in El Salvador and Haiti, and 10 percent in Guatemala.

Beyond the economic hardship, immigrants in the United States also are facing more difficulty accessing health care if they contract the coronavirus. Reports indicate that meatpacking plants, which often employ large numbers of immigrants and refugees, have become centers of coronavirus outbreaks, with one plant in Sioux Falls, South Dakota, becoming the largest hotspot in the country—meaning that many cases are linked to one source. While no data are available on the number of COVID-19 cases by national origin, MPI analysis indicates that 13 of the 20 U.S. counties with the most cases per capita as of April 14 have higher concentrations of noncitizens than the national average. Ten of these counties are in New York City and the surrounding areas, the epicenter of the virus in the United States.

In cities with high incidence of cases, immigrants tend to live in conditions that make them more vulnerable than white, native-born residents. A New York University study of COVID-19 cases found that New York City neighborhoods with more confirmed cases had lower median incomes, more household overcrowding, and higher shares of Black and Hispanic residents—all characteristics more typical of immigrant neighborhoods than those in which white, native-born populations live. Indeed, an American Public Media analysis of COVID-19 deaths by race/ethnicity across 33 states as of April 21 found that Latinos were dying at disproportionately high levels in one state—New York, which has experienced the highest number of cases and fatalities. Asian Americans are disproportionately impacted in Idaho. However, the virus has taken the highest toll on Black Americans, constituting a disproportionate share of deaths in all 33 states analyzed in the study, though the analysis is evolving as more data are collected.

While data on death rates by citizenship status are not available, it is clear that noncitizens will have a harder time accessing and paying for medical treatment. A forthcoming MPI analysis shows that 7.7 million noncitizens lacked health insurance in 2018, making up 27 percent of the total U.S. uninsured population. Noncitizens are disproportionately uninsured both because of lack of coverage from their employers when they work in the informal sector, and ineligibility for public coverage because of their immigration status. And this substantial uninsured population will grow as immigrants continue to lose jobs where employers had paid for their insurance coverage. In fact, unemployment among the foreign born (including some naturalized citizens) grew 31 percent between February and March—compared with a 16 percent increase among the native born. With a U.S. unemployment rate of 17.5 percent as of mid-April, the number of uninsured would rise to an estimated 9.3 million noncitizens. In the

event of a 25 percent unemployment rate—a worst-case scenario estimated by health systems analysts—the uninsured population would rise to 10.8 million noncitizens.

And finally, amid these stressors, one group—those of Asian descent, whether U.S. born or immigrant—has been scapegoated for the spread of the virus and faced a wave of xenophobic incidents. STOP AAPI HATE, a reporting center formed on March 19 by a coalition of 40 community-based organizations and San Francisco State University’s Asian American Studies Department, had received 1,135 reports of coronavirus-related discrimination against Asian Americans as of April 3. The New York City Human Rights Commission reported that between February and April, Asians were the subject of 105 of 248 reports of discrimination due to the coronavirus. By comparison, the commission recorded five reports of discrimination against Asians in the same period last year.

### **Left Out of Federal Relief**

Congress, with near unanimity, has passed four bipartisan federal pandemic-relief packages, the most recent of which was signed into law April 24. However, many immigrants, particularly the unauthorized and their U.S.-citizen and legal permanent resident relatives, have been excluded from the most important of these measures, the \$2 trillion Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The Pandemic Unemployment Assistance (PUA) program under the CARES Act provides relief for unemployed workers who are ineligible for their state unemployment insurance or have run out of state benefits. In a major departure from past policy, the legislation covers the self-employed, such as gig workers and freelancers, but not unauthorized workers, even though they have contributed to the unemployment insurance fund. PUA recipients must be currently work authorized and have been work authorized when employed. For comparison, unauthorized workers made up 4.8 percent of the workforce in 2016, while 10.1 percent of the workforce was self-employed in 2015.

The CARES Act also provides one-time cash payments of \$1,200 to individuals earning less than \$75,000 who filed taxes for either 2018 or 2019 using a Social Security Number (SSN). Many unauthorized immigrants, lacking an SSN, are allowed to file taxes using IRS-issued Individual Tax Identification Numbers (ITINs). The CARES Act makes anyone using ITINs ineligible for the cash payment, even if they filed jointly with a household member who has an SSN. Thus in families where even one member files using an ITIN, the entire family is rendered ineligible. The legislation makes an exception for military families, allowing cash payments to those with SSNs, even if one spouse had an ITIN. MPI estimates that due to the

restriction in the CARES Act, 15.6 million people will be excluded from the stimulus payments: 10 million unauthorized immigrants, along with 3.8 million children and 1.8 million spouses who are either U.S. citizens or green-card holders.

On the health-care front, the Families First Coronavirus Relief Act passed by Congress in March authorized COVID-19 testing to be covered by Medicaid, and that bill and the Paycheck Protection Program and Health Care Enhancement Act signed into law April 24 both provided funds for Medicaid coverage of coronavirus testing for the uninsured, but not all immigrants are eligible for Medicaid. Only “qualified” immigrants (such as lawful permanent residents with more than five years in that status, asylees, and refugees) are eligible. The new legislation did not alter the qualifying criteria. With unchanged eligibility criteria, 3.7 million low-income, uninsured noncitizens will not have coverage for testing and treatment under Medicaid, according to the forthcoming MPI analysis. On April 22, the Department of Health and Human Services (HHS) announced that an undisclosed portion of a \$100 billion pot of funding provided by the CARES Act would go toward reimbursing hospitals for treating uninsured patients, regardless of immigration status. The scope and effectiveness of this measure depend on the amount of funding allocated.

Despite the omission of immigrants in the two most comprehensive relief efforts enacted to date, there are elements of the coronavirus response bills from which they will benefit. Community health centers, which provide care regardless of immigration status, received \$2 billion in additional funding in the CARES Act. And federal health centers, including community health centers, were allocated \$825 million under the Paycheck Protection Program and Health Care Enhancement Act. Additionally, expanded federal paid sick and family leave provisions do not have any immigration status requirements, though unauthorized immigrants may be less likely to feel they can take advantage of this law, and their employers may be less likely to allow them to. Immigrant-rights advocates, who had attempted to include relief for immigrants excluded from the provisions of the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, are hoping that they will be addressed in future relief bills.

### **States, Localities, Philanthropies Step Up**

In the absence of a federal response to cover the COVID-19-related needs of many immigrants, state and local governments and philanthropic and grassroots organizations are slowly emerging to partly fill the gap. California has allotted \$75 million in state funds to provide unauthorized immigrant state residents with one-time cash transfers of \$500 per adult. At least seven localities—Austin, Chicago, Minneapolis, Seattle (with King County,

Washington), St. Paul, and Washington, DC, along with Montgomery County, Maryland—have created funds to help low-income families who have been economically impacted by COVID-19 pay rent or other expenses. Unauthorized immigrants are eligible for these funds. Indeed, the funds created by Austin, Minneapolis, and Washington, DC specifically prioritize families who have been left out of federal relief efforts, such as unauthorized immigrants.

Philanthropic organizations also have established funds. The Open Society Foundations, for example, is distributing \$130 million, about half of which is going toward the U.S. response, including \$37 million for New York City; \$2.5 million for Baltimore, Washington, DC, and Puerto Rico; and \$12 million to other cities and states. Funding prioritizes the most vulnerable, such as informal-sector and low-wage workers, those experiencing homelessness, and migrants. The New York Community Trust is spearheading a similar effort in New York City. The city of San Francisco raised more than \$10 million from private donors and philanthropic organizations for its relief efforts, including providing \$500,000 in grocery gift cards to unauthorized immigrant families. In California, philanthropists are expected to contribute \$50 million more, in addition to the \$75 million in state funds for relief for unauthorized immigrants. Immigrant-serving nonprofits are also gearing up to get aid to the communities with which they work. For example, the New York Immigration Coalition launched the New York United Fund, the National Day Laborer Organizing Network created the Immigrant Worker Safety Net Fund, and the National Domestic Workers Alliance created the Coronavirus Care Fund. Grassroots groups have organized drives for willing participants to turn over their \$1,200 stimulus checks to benefit unauthorized immigrants.

The full cost of filling in the cash payments and other sources of support from which unauthorized immigrants and their families are excluded in the CARES Act is difficult to estimate. But it is clear that while these government and private initiatives are providing help where otherwise there would have been none, these efforts are no match for the scale of need.

### **How the Immigration System Has Adapted to the Pandemic**

Even as COVID-19 and its ripple effects have had deep health and economic consequences, the immigration system, both in policy and practice, has been adapting at micro and macro levels, some intended to address the challenges the pandemic has presented and others to advance elements of the Trump administration's existing immigration agenda.

#### *Failing to Adapt*

The federal immigration bureaucracies have failed to adapt to the demands generated by the public-health crisis. Persistent obstacles to allowing immigrant medical professionals to practice in the United States represent one example. Indeed, new hurdles have been added to those that already existed for these essential professionals. The issuance of new visas for foreign medical graduates has been limited since U.S. embassies and consulates shut down most services. While visas for medical professionals have been classified as emergency services that U.S. consular outposts may provide, whether this happens in practice depends on resource availability. Further, the travel bans the U.S. administration imposed on most of Europe, China, and Iran have blocked medical workers from those countries.

For those health-care workers already in the United States, the suspension of premium processing (faster adjudication for an extra fee) for most work visas means it will take longer to obtain H-1B visas (temporary high-skilled visas) for the handful of immigrant doctors who have completed residencies in the United States and have been issued a waiver that allows them to extend their stay. And those currently working on H-1B visas can practice only at the hospitals that sponsored them, meaning those working in less-affected areas cannot volunteer to work in more heavily hit areas. In a positive development, Nevada, New Jersey, New York, and Utah are allowing international medical graduates who do not yet have U.S. licenses to serve as part of the COVID-19 medical response. MPI estimates 263,000 immigrants in the United States with undergraduate degrees in health-related fields are working in low-paying jobs or are out of work—a pool that could be tapped to help alleviate shortages of medical professionals.

In addition to health-care workers, other immigrants have been affected by the immigration system's limited operational capacity during the pandemic. U.S. Citizenship and Immigration Services (USCIS) is allowing student visa holders to maintain their status if they returned to their home countries but are taking online classes at their U.S. institution. However, graduating students who want to apply for Optional Practical Training (OPT), a program that allows them to work for between one and three years in the United States after graduation, are required to do so only from inside the United States, within a limited time period. USCIS has not made any accommodation to allow students who did not apply before returning to their home countries to do so.

For nonimmigrant visa holders who are required to maintain employment to keep their immigration status, such as H-1B holders, the mass layoffs resulting from shutdowns and social distancing are particularly damaging. Those who have lost their jobs will struggle to find a new employer in this job market, and failing which they must return to their country of origin. If they cannot find a flight back to their home countries, either due to exorbitant cost

or travel restrictions, they risk being forced out of status. USCIS has announced that it will allow previously submitted biometric information to be used for work authorization renewals that typically require new fingerprints to be taken, a group of applications that includes, most notably, renewals under the Deferred Action for Childhood Arrivals (DACA) program. But there has been no blanket policy for extension of work authorization for all noncitizens who are currently work authorized.

In another development that increases difficulties for immigrant workers, employers who filed petitions to hire H-1B workers in the upcoming fiscal year may no longer need them. Whether employers are legally obligated to hire them in the face of changed economic circumstances remains to be seen. And as USCIS has shuttered all its field offices, people who were counting on green-card interviews and naturalization ceremonies are left waiting.

### *Adapting to Need: Agricultural Workers*

Agriculture is the one sector where the U.S. immigration system has adjusted quickly and dramatically, demonstrating how critical immigrants are to that sector and, consequently, to maintaining the nation's food supply. On March 26, the State Department waived visa interviews for most H-2A temporary agricultural work visa applicants, allowing adjudications to proceed despite the suspension of in-person services at U.S. embassies and consulates. And a temporary final rule published April 20 allows more employers to sponsor for immediate employment H-2A workers who are already in the country, and also allows H-2A workers to remain beyond the three-year limit. Despite these acknowledgments of the necessity of immigrant farmworkers, the White House and the Agriculture Department are reportedly working on a plan to lower workers' wages, arguing that farmers need relief.

#### **Box 1. MPI Estimates of the Impact of the Presidential Proclamation Suspending Green Cards for New Arrivals**

On April 22, President Trump signed a proclamation suspending for 60 days the issuance of immigrant visas (otherwise known as green cards) to potential immigrants outside the United States. The president justified the action by claiming that lowering legal immigration would protect American workers who have lost jobs as a result of shutdowns and social distancing measures to stop the spread of COVID-19.

The measure, which is renewable, does not apply to nonimmigrants inside the United States who are adjusting to a green card from another status. It also has a number of exceptions for green-card applicants outside the United States. First, it does not apply to nonimmigrant workers (such as visitors, temporary workers, and students). It also exempts the spouses and minor children of U.S. citizens, immigrants coming to work as health-care professionals, and immigrant investors entering under the EB-5 program, among others.

Though portrayed as a sweeping action, the proclamation is unlikely to have a significant immediate effect since most visa processing has been on hold since March 20, when the State Department suspended routine visa services abroad. However, if the proclamation is renewed past when the State Department resumes visa services, the Migration Policy Institute (MPI) estimates that the restriction could prevent about 315,000 potential immigrants from coming to the United States annually, or about 26,000 per month. The categories of immigrants affected are parents and other relatives of U.S. citizens and legal permanent residents, employer-sponsored immigrants, and those selected in the diversity lottery (see Table). Although the number of new immigrants from abroad would decrease, it is possible that these unissued green cards could be redirected to temporary immigrants already in the United States who are waiting to adjust to permanent resident status, potentially keeping green card issuance steady but directing it to a different population.

	Green Cards Issued to New Arrivals, FY 2019
<b>Immediate relatives of U.S. citizens</b>	
Parents	66,782
<b>Family-sponsored preferences</b>	
First: Unmarried sons/daughters of U.S. citizens and their children	20,866
Second: Spouses, children, and unmarried sons/daughters of alien residents; children of spouses of alien residents	85,089
Third: Married sons/daughters of U.S. citizens and their spouses and children	22,874
Fourth: Brothers/sisters of U.S. citizens (at least 21 years of age) and their spouses and children	56,083
<b>Employment-based preferences</b>	
First: Priority workers, and their spouses and children	2,238
Second: Professionals with advanced degrees or aliens of exceptional ability, and their spouses and children	3,432
Third: Skilled workers, professionals, and unskilled workers, and their spouses and children	13,522
Fourth: Certain special immigrants, and their spouses and children	2,080
<b>Diversity</b>	42,437
<b>Subtotal of green cards affected by the presidential proclamation</b>	<b>315,403</b>

Source: Department of Homeland Security.

### *Adaptations to Meet Existing Administration Goals*

In other realms, particularly admissions of legal immigrants and immigration enforcement, the administration has used the pandemic as a justification for advancing its long-held goals. The most publicized has been the presidential proclamation issued on April 22, blocking the issuance of a significant number of green cards for new arrivals. MPI estimates that the

affected categories cover about 315,000 green cards annually (see Box 1 for a fuller discussion.)

The Department of Homeland Security (DHS) is pushing to continue the pace of removals, which decreased from 18,000 in March to 3,000 in the first half of April. On April 10, President Trump issued a memorandum ordering visa sanctions be imposed on countries that refuse to accept deportees during the pandemic, the latest in a series of moves to threaten sanctions on “recalcitrant” countries. The Trump administration has invoked its statutory authority to impose sanctions on these countries more than any other administration, instituting penalties for eight countries thus far. The latest order came down as Guatemala suspended the arrival of deportation flights the week of April 6, amid reports of detainees returning with COVID-19, and again indefinitely on April 16 (though at least two flights have taken place as “exceptions” since then). The Guatemalan government has reported that 50 deportees, including 14 on a single flight on April 13, tested positive for the coronavirus. Haiti, which has a fragile health care system, asked the U.S. government, without success, to defer deportations.

DHS has also been able to maximize immigration enforcement at U.S. borders. An order issued March 20 by the federal Centers for Disease Control and Prevention, drawing on a little-used 1944 authority granted the Surgeon General, allows U.S. Customs and Border Protection (CBP) to “expel” all immigrants seeking entry at the U.S. border without proper documentation. In the first 11 days the order was in effect, 6,375 migrants were sent back either to Mexico or to their country of origin if Mexico refused to take them—without being asked whether they feared returning to their country of origin. On April 22, the order was extended through May 20. The order, although widely viewed as permitting if not facilitating *refoulement*—the return of individuals to a country where they fear persecution—may violate U.S. obligations under international law. Despite legal challenges to most administration immigration actions, this one has yet to be challenged in court, perhaps as litigators struggle to find plaintiffs due to the expedited nature of the process.

Detention is the one area of immigration enforcement that has witnessed a slight loosening, though not to the degree that detainees and their advocates would like. At the beginning of March, lawyers around the country started asking federal judges to order specific immigrant detainees at high risk of health complications released from U.S. Immigration and Customs Enforcement (ICE) detention. By late March, some judges had started to grant these orders. In mid-April, ICE had identified 700 detainees as vulnerable, based on being older than 60, pregnant, or having underlying health conditions. By April 18, however, 30,737 immigrants were still held in ICE detention—which represented a drop from the more than 38,000

detained at the end of February. And two federal judges have ordered ICE to take steps to release families in immigration detention and children held in HHS custody, though they have stopped short of issuing blanket release orders. Similarly, a federal judge in Washington, DC, on April 20 ordered ICE to consider releasing immigrant detainees if they are over age 55, are pregnant, or have underlying health conditions. Lawyers are pushing for broader releases. One lawsuit seeks the release of all detainees in three detention centers in Florida, where plaintiffs allege ICE is acting against health guidelines by grouping together hundreds of detainees who likely have COVID-19 or who have been exposed to it. In an environment in which it is difficult to find plaintiffs to challenge the removal and expulsion policies, immigration detention may be the only arm of the enforcement apparatus that has been held to account during the pandemic.

### **Virus Reveals Inequities**

While the administration and Congress have moved relatively quickly and in a bipartisan manner to respond to the unprecedented challenge of COVID-19, the response has failed to protect a swath of immigrant workers and their families, who have proven to be both vital to the pandemic response and vulnerable to the pandemic itself. At a time when the health of the nation is at stake, leaving millions of people without medical care or financial relief is dangerous. The effects of the coronavirus pandemic have clearly exposed fundamental, systemic inequities and weaknesses of the U.S. economy and society at large. In the process, it has also revealed some fundamental inequities and long unaddressed issues in the U.S. immigration system that leave a sizeable population of immigrants vulnerable at many levels, even though they contribute significantly to the country. As the United States begins to address deeper systemic weaknesses in society, the underlying inequities in immigration policy merit serious attention as well.

- ***Families First Coronavirus Response Act* text**
- ***Coronavirus Aid, Relief, and Economic Security (CARES) Act* text**
- **Presidential Proclamation** Suspending Entry of Immigrants Who Present Risk to the U.S. Labor Market During the Economic Recovery Following the COVID-19 Outbreak
- **Temporary final rule** making changes to the H-2A seasonal agricultural worker program
- S. Bureau of Labor Statistics unemployment reports for **February** and **March**
- **Press release from California Governor Gavin Newsom** on state relief measures
- Details on relief funds in **Austin, Minneapolis, and Washington, DC**
- **Open Society Foundations press release** on its relief fund
- **Press release from the Mayor of San Francisco** on privately funded relief efforts

- **MPI fact sheet** on immigrant workers and the COVID-19 response
- **World Bank estimates** of predicted remittance decreases
- **Pew Research Center map** of 2017 remittance flows
- **NYU Furman Center analysis** of New York City COVID-19 cases by neighborhood
- **American Public Media analysis** of COVID-19 deaths by race and ethnicity, accessed April 21, 2020
- **STOP AAPI HATE press release** on reported acts of coronavirus-related discrimination
- **New York City Commission on Human Rights press release** on reported acts of coronavirus-related discrimination
- **CBS news article** on COVID-19 at a South Dakota meatpacking plant
- **New York Times article** on the impact of COVID-19 in immigrant neighborhoods in Queens
- **Associated Press article** on HHS's initiative to cover COVID-19 treatment for the uninsured
- **NPR article** on administration attempts to lower farmworker wages
- **Washington Post article** on changes to immigration detention during COVID-19

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