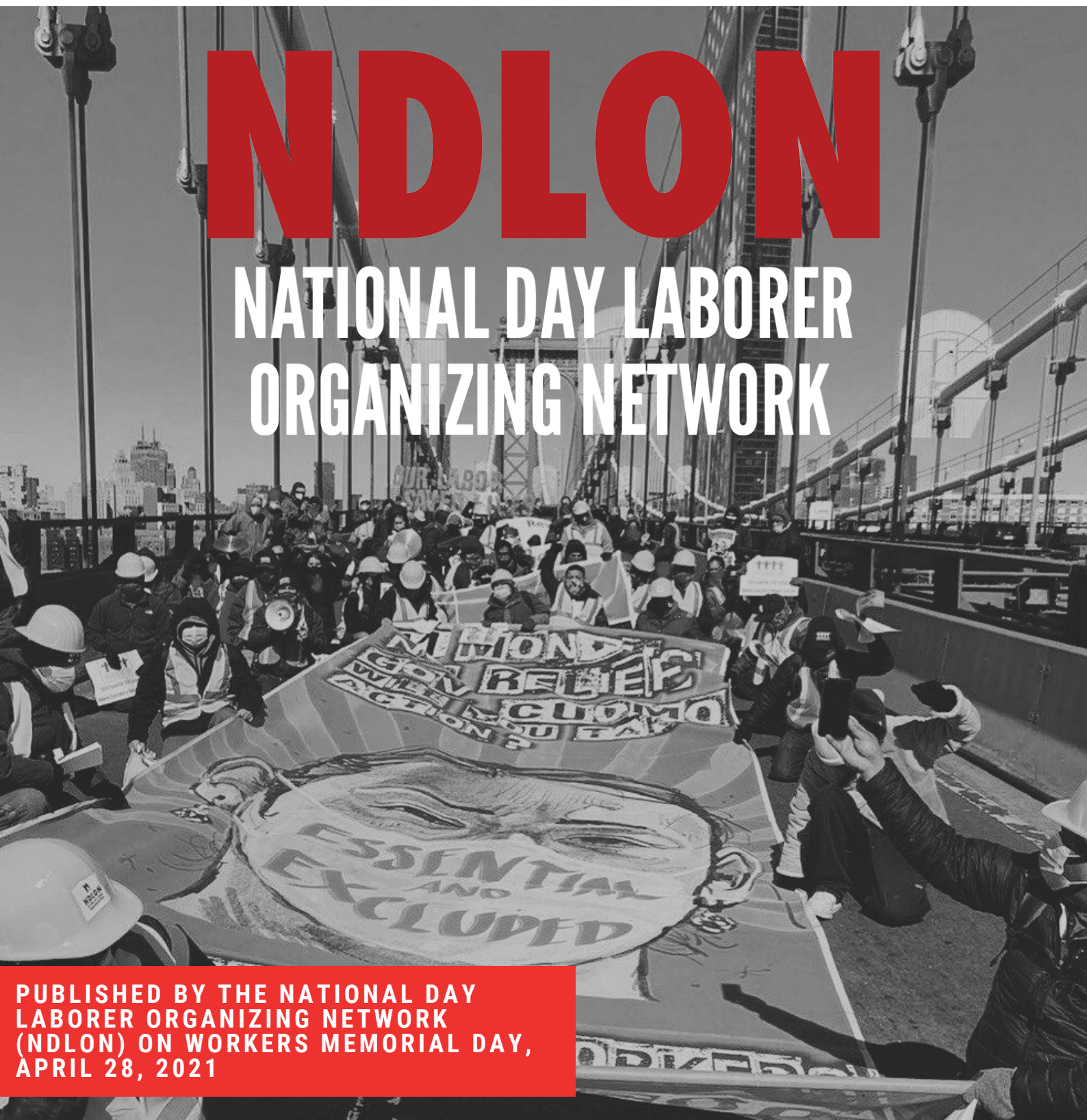


HONRANDO A LOS CAÍDOS. HONORING THE FALLEN.

**AN NDLOH REPORT ON THE IMPACTS OF THE
GLOBAL COVID19 PANDEMIC ON IMMIGRANT
WORKERS AND PEOPLE OF COLOR IN THE UNITED
STATES**

NDLOH

NATIONAL DAY LABORER ORGANIZING NETWORK



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INTRODUCTION

Workers' Memorial Day—the Day of the Fallen Worker—provides a somber moment to reflect on the devastating toll the COVID-19 pandemic has taken on immigrant workers and people of color throughout the United States.

In April 2021, deaths in the US from COVID-19 surpassed 570,000, a grim milestone that marks the consequences of leadership failures, mixed messaging, and inadequate emergency preparedness.

Immigrant communities and people of color have shouldered a disproportionate share of COVID-19 deaths, revealing once again how deep socioeconomic divisions are the foundation of vast health disparities.



WORKERS DEEMED ESSENTIAL YET EXCLUDED

Today, undocumented immigrant workers subsidize various industries across the US economy. The reality of reliance on undocumented labor, predominantly Black, Brown, Asian, and Indigenous became evident during the peak of the pandemic in the US, as did the disproportionate impact - and number of deaths - of undocumented workers.

A report issued by the US Congress Joint Economic Committee makes clear both the significant economic contributions made by foreign-born workers and the heightened risks they face during the ongoing pandemic: [1]

THREE-QUARTERS OF UNDOCUMENTED IMMIGRANTS ARE "ESSENTIAL"



28
MILLION

More than **one-in-six workers** in the United States are **foreign-born** (28 million workers). And about three-quarters of undocumented immigrants in the labor force hold jobs that are classified as “essential” by the Department of Homeland Security.



15
MILLION

EXCLUDED FROM CARES ACT

More than 15 million **immigrants and persons living in households of mixed immigration status** were excluded from direct payments under the **2020 CARES Act**

HIGH POVERTY RATES

make immigrants more vulnerable to COVID-19, and immigrants live in urban and rural areas where COVID-19 deaths and infection rates are highest.

IMMIGRANTS ACCOUNT FOR A DISPROPORTIONATE SHARE OF WORKERS IN A RANGE OF INDUSTRIES THAT ARE PRIMARILY CLASSIFIED AS “ESSENTIAL”

Immigrant workers are more likely than US-born workers to hold jobs classified as “essential.” Immigrants account for a disproportionate share of workers in a range of industries that are primarily classified as “essential,” including agriculture, forestry, fishing and hunting (23%); construction (27.6%); manufacturing (18.6%); transportation and utilities (20.5%); professional and business services (20.7%); and leisure and hospitality (20.6%).

23%

agriculture,
forestry, fishing and
hunting

27.6%

construction

18.6%

manufacturing

20.5%

transportation
and utilities

20.7%

professional and
business services

20.6%

leisure and
hospitality



REPORT BY US CONGRESS JOINT ECONOMIC COMMITTEE

Although the US Centers for Disease Control and Prevention (CDC) does not issue data on COVID-19 infection and mortality rates by citizenship status or country of origin, media reports issued over the past year have signaled that a number of industries with large shares of immigrant workers have experienced high rates of infection and death, as workplaces have become coronavirus “hotspots” where employees work in close quarters, often with woefully inadequate protection. Undocumented immigrant workers, who are employed in essential industries in disproportionate numbers, are without question at heightened risk of contracting COVID-19.[2]

POLICIES OF EXCLUSION UNDERMINE PUBLIC HEALTH

The vulnerabilities faced by immigrant workers during the pandemic, however, are not restricted to their disproportionate rates of employment in key economic sectors. It is widely acknowledged that immigration status itself is a social determinant of health, with undocumented residents and members of mixed-status households particularly susceptible to experiencing a range of negative health impacts.[3],[4],[5]

Castañeda and colleagues explain, “Being an immigrant limits behavioral choices and, indeed, often directly impacts and significantly alters the effects of other social positioning, such as race/ethnicity, gender, or socioeconomic status, because it places individuals in ambiguous and often hostile relationships to the state and its institutions, including health services.”[6] Key behavioral choices include health service utilization, as well as accessing preventative care and diagnostic procedures.



POLICIES OF EXCLUSION UNDERMINE PUBLIC HEALTH

Although behavioral models tend to focus on individual-level decision-making, it must be recognized that individual decisions regarding whether to access care, for example, are made within societal structures that in turn are shaped by public policy, economic status, and the availability of healthcare services. Therefore, it is likely that the “ambiguous and often hostile relationships to the state and its institutions” described by the authors are even more damaging to immigrants’ health outcomes.

The social positioning of immigrants, and its intersections with markers of race, has been incorporated into anti-immigrant discourses that justify punitive public policies that directly and indirectly restrict immigrant families’ access to public services.[7]

Local anti-immigration policies, which have proliferated across the US in recent years,[8] provide a case in point.

Anti-immigration policies that have been enacted by municipalities and counties have been found to have significant negative effects on health.[9],[10],[11],[12],[13]

There are several factors related to the passage of restrictionist policies that negatively impact immigrants’ health outcomes, key among these are avoidance of healthcare services due to fear and mistrust of public institutions.[14],[15],[16],[17]

POLICIES OF EXCLUSION UNDERMINE PUBLIC HEALTH

These problems are compounded by policies such as draconian “public charge” rules that have been authorized by the federal government. On February 24, 2020, just weeks before the coronavirus pandemic struck the US, the Department of Homeland Security (DHS) implemented a rule stating that individuals applying for US immigration authorization would be inadmissible if they are deemed “likely at any time to become a public charge.”[18] The public benefits considered by DHS include any federal, state, local, or tribal cash benefit programs for income maintenance, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program (formerly known as food stamps), and Section 8 housing assistance.

Individuals residing “inside or outside the U.S. who seek to either obtain Lawful Permanent Resident status (apply for immigrant visas and ‘green cards’) or to extend or change nonimmigrant status (temporary visas) must now demonstrate that they have not received public benefits, or have received limited public benefits, with [few] exceptions.”[19]

The deterrence effect of public charge rules has been strong, as “Immigrants aspiring to become U.S. citizens [do] not want to risk that they or their children might be considered inadmissible, deported, or unable to naturalize because they [are] considered ‘public charges.’”[20]



A DELIBERATE STRATEGY OF ATTRITION

Deterring immigrants from accessing services is not limited to the realm of government benefits. Fears of apprehension by immigration authorities have dissuaded many immigrants from receiving COVID-19 testing and treatment, placing themselves, their families, and the wider community at risk.[21] Indeed, after eight years of Barack Obama failing to achieve immigration reform and four years of Donald Trump using the U.S. government to terrorize immigrant families, the impact on immigrant communities of color nationwide - and their perceptions of government - are massive and incalculable.

To be clear, many of these policies are new manifestations of an old “attrition through enforcement” strategy promoted by anti-immigrant hardliners who seek to make residence in the US untenable by excluding unauthorized immigrants and their families from public institutions and community support systems.[22],[23]

As a result of policies of exclusion, and the fears they are intended to stoke, anti-immigration policy has played an outsized role in impeding immigrants’ access to public and private resources that could help them better cope with the pandemic.


In sum, the very idea of “attrition through enforcement” was to encourage self-deportation by making it impossible for immigrant families to access the very means of survival, and the pandemic brought a brutal and unconscionable goal to its logical conclusion.



DISPROPORTIONATE IMPACT ON COMMUNITIES OF COLOR

As the pandemic deepened, public health researchers issued dire warnings about the disproportionate impacts COVID-19 were having on communities of color. For example, Kaiser Family Foundation and the Epic Health Research Network found that “Black, Hispanic, and Asian patients had significantly higher rates of infection, hospitalization, and death compared to their White counterparts,” and that racial disparities “in hospitalization and death persisted among positive patients even after controlling for certain sociodemographic factors and underlying differences in health.”[24] The researchers noted,

The infection rate for Hispanic patients was over three times higher than the rate in White patients (143 vs. 46 per 10,000), and the rate among Black patients was over two times as high (107 per 10,000). The hospitalization rate for Hispanic patients was more than four times as high as the rate in White patients (30.4 vs. 7.4 per 10,000), and the rate in Black patients was over three times as high (24.6 per 10,000). Death rates for both groups were over twice as high as the rate for White patients (5.6 and 5.6 compared to 2.3 per 10,000). Asian patients also faced significant disparities in these measures.



**TAX THE
RICH,
CANCEL
DEBT**

DISPROPORTIONATE IMPACT ON COMMUNITIES OF COLOR



Numerous studies have documented racial/ethnic disparities in COVID-19 infections, hospitalizations, deaths, testing, and now vaccinations. [25] According to a recently published report by the U.S. Department of Health and Human Services, “Several factors contribute to COVID-19 disparities, most stemming from long-standing systemic inequalities and structural racism.”[26] The report authors further note, “COVID-19 disparities should be studied in the context of resource deprivation caused by historical and ongoing discrimination, low socioeconomic status, and place-based risk factors.”[27] Racial discrimination, fears of deportation, crowding in the workplaces of essential industries without adequate protection – all are stressors and risk factors that directly subject immigrants and people of color to premature death.





FINAL REFLECTIONS AND REMEDIES

The disparities detailed in this report are not an inevitable result of the COVID-19 pandemic. They stem from anti-worker and anti-immigrant public policies and politics deliberately advanced at the federal, state, and local levels that facilitate worker abuse and super exploitation, and value profits above worker health. It is an agenda that has ensured entire groups of people are dehumanized, demonized, and excluded, implicitly and explicitly, from standard health protections.

In order to change this shameful situation, federal policymakers must acknowledge the exclusion and injustices committed to undocumented workers and their families over the course of multiple administrations - and govern accordingly. Many of the following recommendations can be immediately implemented through administrative action by President Joe Biden without need for additional Congressional approval:



1. Protection from deportation for workers who have labored during the pandemic, and for the families of those who have died.

Society owes a debt of gratitude to those workers who exposed their health and to those who lost their lives in the pandemic. The least that this country can do is to provide them and their families with a recognition of their legal personhood - issuing work authorization - as a meaningful recognition of the truly “essential” nature of their work.

FINAL REFLECTIONS AND REMEDIES

2. Protection from deportation and work authorization for undocumented workers who report workplace abuse.

Workers' own reports about workplace labor violations to labor agencies are crucial for enforcement, and to prevent further abuse. However, employers constantly wield the threat, explicitly or implicitly, of ICE detention and deportation against workers who speak out. Labor whistleblower protections for immigrants will end the contradictions and mixed messages that come from a government that punishes workers that speak out about unsafe workplaces.

3. Worker protection policies such as the overdue COVID Emergency Temporary Standard must have broad coverage and aggressive enforcement

in order to protect all workers who most need it, with particular focus on industries such as construction, cleaning, restaurant, poultry, and others that rely on the labor of undocumented immigrant workers. There can be no excuse for exploiting workers or endangering their lives during a crisis.

4. Equal access to all in COVID economic relief, unemployment insurance, funeral support, and vaccination programs.

Excluding undocumented workers and families from economic relief is not only inhumane, but unfair, considering the billions of dollars that they have been contributing for years. Immigrant workers and families should be able to access all emergency aid programs without fear of retaliation or "public charge" repercussions. There should be no requirement to show Social Security numbers or restrictive identification requirements for health measures such as testing and vaccines. As a matter of basic public health, society must protect its most vulnerable members, in order to ensure that all are protected.

FINAL REFLECTIONS AND REMEDIES

5. Recognition of the role of workers centers in workers rights enforcement.

Throughout the pandemic, day labor and other workers centers have been small but indispensable local hubs for mutual aid, information, food distribution, cash assistance, health referrals, workers rights enforcement, and now, vaccine distribution. By recognizing their valuable role and strategizing together with workers centers, the DOL can accomplish more: creative coordination of resources, information gathering for complaints, strategic enforcement against the worst employers, effective workplace monitoring, and much more.

6. Additional data.

It is imperative that a full accounting of the deliberate cruelty imposed by the Trump Administration on immigrant families be documented. In order to measure and appreciate the disproportionate impact on immigrant workers, the Biden Administration should commission an intergovernmental agency to publish data on infection and death rates suffered specifically by immigrant communities of color.

The pandemic has painfully exposed deep socioeconomic divisions that fall along lines of race and nationality, even as it has revealed the country's reliance on immigrant workers and people of color to produce goods and services that are essential to the health of the nation. On this Workers' Memorial Day, the losses experienced by immigrants and communities of color must be honored, and policymakers must resolve to end the politics of hate and division that have exacted their deadly toll on this country.

For more information on immigrant workers efforts to defend their dignity, human rights, and workplace protections, visit www.ndlon.org

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