



## Equity Series Part III: Understanding the Fear of Undocumented Immigrants in Accessing Health Care Services

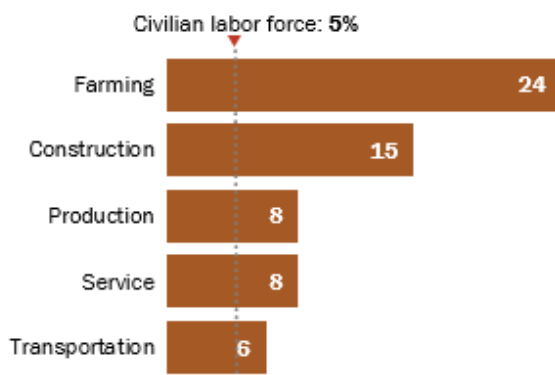
COVID-19 has deeply impacted Black, Indigenous, and People of Color communities, in both unprecedented and historically familiar ways. The disproportionate impacts of the pandemic on Black, Indigenous, and People of Color, including undocumented immigrants, are a symptom of inequities that are embedded in our systems and institutions. To meaningfully address the concerns and feelings of mistrust that some Black, Indigenous, and People of Color experiencing homelessness have, providers must both understand the experiences of the community and lead with [cultural humility](#) and a [trauma-informed approach](#). Part III of this special series will focus on understanding the reasons for concern and mistrust of the medical system among undocumented immigrants.

The risk factors for contracting COVID-19 are well-documented. These risk factors impact undocumented immigrants at disproportionate rates:

- Undocumented immigrants are more likely to live in large, multigenerational households and in urban areas, compared to citizens.<sup>1</sup>
- Undocumented immigrants make up 5 percent of the total U.S. workforce, but 24 percent of farmworkers, 15 percent of construction workers, 8 percent of production workers, 8 percent of service workers, and 6 percent of transportation workers, which means they are overrepresented in jobs that cannot be done remotely.<sup>2</sup>
- Nearly 1 in 4 undocumented workers relies on public transportation or carpools to commute to their job.<sup>3</sup>
- Among the nonelderly population, 33 percent of undocumented immigrants are uninsured.<sup>4</sup>

### Some occupations have high shares of unauthorized immigrant workers

*Unauthorized immigrant % of workforce*



Note: Percentages calculated from unrounded numbers; rankings based on unrounded percentages. Occupation groups based on U.S. Census Bureau major occupation group classifications. Names shortened for display; see Methodology for full Census Bureau classifications.

Source: Pew Research Center estimates based on augmented U.S. Census Bureau data. See Methodology for details.

"U.S. Unauthorized Immigrant Total Dips to Lowest Level in a Decade"

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357736/>

<sup>2</sup> <https://www.pewresearch.org/hispanic/2018/11/27/unauthorized-immigrant-workforce-is-smaller-but-with-more-women/>

<sup>3</sup> <https://www.migrationpolicy.org/article/movement-migration-immigrants-public-transportation>

<sup>4</sup> <https://www.kff.org/report-section/health-and-financial-risks-for-noncitizen-immigrants-due-to-the-covid-19-pandemic-issue-brief/>

On February 1, 2021, the United States Department of Homeland Security (DHS) issued a [statement](#) on behalf of the Biden Administration addressing equal access to COVID-19 vaccines. The statement “encourages all individuals, regardless of immigration status, to receive the COVID-19 vaccine once eligible under local distribution guidelines.” The statement goes on to state that U.S. Immigration and Customs Enforcement (ICE) and U.S. Customs and Border Protection will not attempt to detain undocumented immigrants at COVID-19 vaccination sites.

The documented heightened risk of COVID-19 exposure and the statement issued by DHS may not ensure that undocumented immigrants get the COVID-19 vaccine. Many undocumented immigrants have been mistreated by the medical and health care system, and many are still apprehensive of engaging government systems because of negative rhetoric and fear of detainment and deportation.

## Undocumented Immigrants’ Fear of Arrest and Deportation

Research shows that, prior to the COVID-19 pandemic, many undocumented immigrants did not access mainstream services, including health care, specifically due to a fear of deportation. This fear is in addition to the struggles they face in learning a new language, assimilating to a new country and culture, navigating through a health care system that is not designed to meet their needs in a culturally responsive way, and facing explicit and/or implicit racism and discrimination. When facilitating discussions with undocumented immigrants about the COVID-19 vaccine, fears of arrest and deportation—in addition to previous negative experiences with the health care system—may contribute to concerns they have about getting the vaccine. The following sources highlight information about these concerns. They provide information to help providers think through how to support undocumented immigrants experiencing homelessness during conversations about the COVID-19 vaccine.

- [Legal Status, Emotional Well-Being and Subjective Health Status of Latino Immigrants](#)

This paper from the Journal of the National Medical Association explains a study conducted to understand the relationship between fears of deportation and emotional and physical well-being among a group of Latinx immigrants in a midwestern city. Of the people recruited for the study, 39 percent expressed fears of deportation, which impacted their desire to access mainstream services and supports, including health care. These fears also correlated with negative emotional and physical health measures, including heightened levels of anger, extrafamilial stress, and poorer subjective health status. While the study directly addressed some limitations of the findings, it did provide some suggestions for building trust with immigrants:

- Find creative ways of reducing fears that prevent undocumented immigrants from accessing services.
- Bilingual, bicultural staff incorporated into outreach teams and mainstream services “may be the single most effective avenue for bringing immigrants into services.”
- Local policies can directly address ways to protect and enhance undocumented immigrants in accessing health care and other mainstream services.

- [Undocumented Immigrants’ Fear of Arrest, Deportation May Keep Them From COVID-19 Vaccine](#)

This article highlights the fear that undocumented immigrants continue to feel despite the announcement from DHS that ICE and the U.S. Customs and Border Protection cannot detain them at vaccination sites. It mentions that undocumented immigrants do want to get the vaccine, but they are weighing that desire against their fear of providing personal information, registering, and bringing documentation to get vaccinated. The article offers some ways to address the trust which has been broken and the fears felt by undocumented immigrants to increase feelings of safety in getting the vaccine:

- Involve trusted local agencies and community leaders to provide messaging and facilitate conversations with undocumented immigrants.
- Provide social media messaging and fliers in multiple languages.
- Help undocumented immigrants to register for a vaccine appointment and help troubleshoot transportation issues.
- Utilize vaccines available at federally qualified health centers, Healthcare for the Homeless locations, and other community clinics to avoid unnecessary identification requirements.

- **[The US Must Prioritize Vaccine Distribution to Undocumented Immigrants and Immigrants in Detention Centers](#)**

This article acknowledges the intersectionality of undocumented immigrants' experiences that make them a highly vulnerable group to COVID-19 infection. They make up a large proportion of essential workers and people in incarceration, including detention centers, which intersects with other risk factors such as "poverty, limited access to health care, and pervasive anti-immigrant rhetoric and practices." The article also emphasizes the public health argument that vaccine-induced "herd immunity" is not based on the proportion of immune citizens, but on the proportion of immune people, regardless of their legal status. Risk factors disproportionately impacting undocumented immigrants, including essential worker status, poverty, multi-generational housing, relying on public transportation, and being uninsured or underinsured, in conjunction with the fear of deportation, puts them among the most vulnerable for COVID-19 infection. The article provides recommendations to incorporate in a vaccine distribution plan, some of which have already been implemented at the national level:

- Ensure that physician or facility fees are not included as vaccination costs for vulnerable populations like undocumented people who cannot access Medicare or Medicaid services.
- Partner with multicultural organizations and community clinics that have relationships and rapport with undocumented immigrants to build trust in the vaccine and the health care system administering it.
- Use strategies that make getting the vaccine as convenient as possible (e.g., mobile vaccine clinics).

When considering whether to get vaccinated, undocumented immigrants are faced with not only the fear of detainment and deportation, but also risk factors that result in disproportionate rates of exposure to COVID-19 infection. They are being asked to trust a medical system that often fails them. These factors must be meaningfully addressed when providers have conversations about the vaccine with undocumented immigrants experiencing homelessness. For families of mixed citizenship status, fears and previous experiences of forced separation may also be discussed.