

# COVID-19: Migrant Families & Children

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**Immigrant families and children who are infected/influenced by COVID-19 face various barriers in seeking healthcare.** Immigrant communities face problems in accessing health care due to the lack of insurance coverage, low income, immigration status and documentation, limited English proficiency, and cultural barriers<sup>[1-3]</sup>. Under the COVID-19 pandemic, immigrants might not be willing to seek medical care due to the fragility of their immigration status and confusion on the eligibility for free tests and treatment. The Families First Coronavirus Response Act provides a \$1 billion health care fund to test COVID-19 for the uninsured<sup>[4]</sup>. However, the optional state Medicaid program (that provides tests) is only available to individuals who meet federal Medicaid's immigrant eligibility requirements (e.g., those who had a "qualified" immigration status for five years)<sup>[5]</sup>. Such restrictions leave undocumented and uninsured immigrants, and those who are in the process of applying for visas or citizenship, at high risk of not being tested or treated alongside their families and community. Even for those eligible for free testing and treatment, worries about out-of-pocket costs and the public charge rule could hinder seeking healthcare. Policymakers can support free COVID-19 testing, treatment, and services for all people, regardless of immigration status or insurance coverage<sup>[5]</sup>. It is also helpful to provide language-specific and culturally-competent communications with local immigrant communities to encourage them to seek the care they need.

## **Among immigrants, undocumented immigrants and their children are particularly vulnerable due to economic impact of the COVID-19.**

Undocumented immigrants and their children face a double disadvantage during the COVID-19 pandemic crisis. Undocumented immigrants, most of whom work in service industries and the informal economy, lost jobs and wages due to the mitigation strategies<sup>[6]</sup>. At the same time, they are not qualified for most social safety net programs (e.g., unemployment benefits, paid family leave), even though many contribute to the social security trust fund and many have children who are U.S. citizens<sup>[7]</sup>. Their U.S.-born children are especially vulnerable to insufficient food, insecure housing, and emotional stress alongside their parents, who undergo severe financial hardship yet may fear seeking help. Policymakers can work on providing further financial relief funds for all families and children impacted by COVID-19, regardless of immigration status. It is also vital for service providers to reach out to those in need and to assist their enrollment in social safety nets by expanding eligibility criteria or prohibiting eligibility questions or other requirements.

## **Increased discrimination based on race and ethnicity toward Asian immigrant community, propelled by COVID-19, can have lasting negative social, economic, and psychological impacts.**

Asian children and adolescents have been historically perceived as the model minority in the U.S. education system: relatively problem-free, desirable school behavior, high educational achievement, and hardworking<sup>[8]</sup>. With the continuing outbreak of COVID-19, however, this historical yellow peril stereotype and xenophobia might be increased (e.g., there have been over 1,100 reports of anti-Asian harassment and violence as of April 20th<sup>[9]</sup>). The virus of discrimination based on race puts Asian children and adolescents in double jeopardy. While Asian schoolers are struggling with remote learning and social isolation, they undergo additional stress due to discrimination and bullying from school peers or even educators. Recent data suggests that this discrimination will last and become worse as more people lose jobs and lives<sup>[10]</sup>.

Policymakers, school educators, and service providers could model and implicate inclusion in their behavior and words, such as providing accurate information and recognizing that COVID-19 is a global health crisis that does not distinguish race and nationality <sup>[11]</sup>. Culturally competent teaching practices (e.g., assisting children in identifying harmful language and behavior and offering alternative methods to express confusion and stress) are needed in remote schooling as well as in local communities.

### **Immigrants held in detention centers are at high risk of infection, transmission and mortality.**

COVID-19 threatens the health and well-being of detained individuals as well as the staff who work between communities and detention facilities. Social distancing measures recommended by the Centers for Disease Control (CDC), such as 6-foot distancing and proper decontamination of surfaces, are difficult to maintain in the detention facilities. Even if feasible, isolation and quarantine may be misused and place detainees at higher risk of neglect and worsened health conditions. By April 20th, ICE announced 124 detainees had tested positive for COVID-19 <sup>[12]</sup>. In this critical moment, it is strongly recommended for ICE to implement community-based alternatives to mitigate the harm from a COVID-19 outbreak in detention facilities. The release of individuals and families who are low risk to the community yet high risk of severe illness from COVID-19, particularly elderly adults, pregnant women, and people of any age who have severe underlying medical conditions, could be considered immediately to avoid preventable deaths. It is also essential to ensure those released to receive follow-up support from the local community to meet their basic needs (e.g., food, housing, health care), which could help mitigate the possibility of community transmission.

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