
COVID-19 and Immigrant Communities

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COVID-19 has caused a deep social crisis that has especially affected the most vulnerable sectors, among which immigrant communities stand out. During this health crisis, the awareness of undocumented immigrants as essential persons who make essential contributions, but who are denied basic rights, has crystallized into a relevant political struggle.

There are still few publications analyzing the effects of COVID-19 on ethnic minorities or immigrants, as well as the measures taken to curb the pandemic. However, early studies point to a greater impact on Black, Asian, and Hispanic populations. This is due to barriers to access to information and health services.

Immigrants with precarious jobs or who are unemployed, who are living without social benefits and in overcrowded conditions, or who may be more exposed to the risk of infection face special challenges. Predictably, the confinement has had a more negative impact on immigrants in an irregular administrative situation, or immigrants who are at threat for gender violence, or on those who cannot comply with physical distancing measures, such as refugees in camps or immigrants in substandard housing with inadequate hygienic conditions.

The COVID-19 pandemic represents the greatest health challenge that humanity has faced this century. Its consequences have gone beyond the field of health, creating significant repercussions in different spheres of social space. This situation ended up making visible and increasing the deep gaps of social inequality already existing in the population of different countries around the world.¹

In the British context, Platt and Warwick conclude that the impacts of COVID-19 on Black, Asian, and other ethnic minority populations are not uniform.² There are certain groups that, due to working conditions and types of employment, are more exposed to the risk of infection, in particular the Black, Pakistani, and Bangladeshi populations. This can be compounded by underlying health problems.

Given that the severity and lethality of COVID-19 manifest themselves more in older ages, one might think that, since the immigrant population is generally younger, it is less adversely affected. However, other studies, such as Bojórquez's in the Mexican context, point to an increased risk of respiratory diseases and contagion among immigrants and asylum seekers, once the data are adjusted for age, gender, and underlying risk conditions.³

For certain sectors of the immigrant population, access to information and the necessary protection against the coronavirus is not guaranteed. Difficulties in accessing reliable information in their native language can cause them not to recognize the seriousness of the epidemic, not having the possibility to protect themselves.

¹ Economic Commission for Latin America and the Caribbean, "The Social Challenge in Times of COVID-19," *Informe Especial COVID-19* 3 (May 12, 2020), <https://repositorio.cepal.org/handle/11362/45527>.

² L. Platt and A. Warnick, *Are Some Ethnic Groups more Vulnerable to COVID-19 than Others?* (London, UK: Institute for Fiscal Studies, Nuffield Foundation, May 1, 2020),

<https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others>.

³ Tetza Bojórquez, César Infante, Isabel Vieitez, Silvana Larrea, and Chiara Santoro "Migrants in Transit and Asylum Seekers in Mexico: An Epidemiological Analysis of the Covid-19 Pandemic," *MedRxiv* (May 13, 2020), <https://doi.org/10.1101/2020.05.08.20095604>.

From my experience as a medical interpreter, I have found myself in certain scenarios in which the health team is not trained concerning the role we play as interpreters. They devalue our work, and in many cases deny the patient the right to access our service because they do not see its need and importance. Some immigrants prefer to go to a family member who knows both languages, without knowing that untrained bilingual persons are not the best course of action for a limited-English-proficiency patient, since it can lead to many cases of misinformation, and even negligence.

In the same way, not only in my work environment but also personally within my own family, I have witnessed that the use of health services for those who are in situations of vulnerability or exclusion. Their treatment is limited by factors associated with discrimination, stigmatization, criminalization, labor, or sexual exploitation. I know many stories of people who live in constant worry of contracting even the slightest disease because getting sick does not mean the same for an immigrant person as for the rest of the population. For undocumented immigrants, going to the doctor is synonymous with being deported. In the United States, there are more than seven million people without documentation who lack health insurance. Many immigrants in irregular administrative situations do not have access to public primary care services and, in many cases, their care is limited to emergency health services.

In situations of confinement or isolation, disadvantages grow for immigrants with limited socio-economic and technological resources. Liem argues that the COVID-19 pandemic and quarantine measures could aggravate common problems in immigrant workers, harm their mental health, and worsen their already

precarious quality of life, due to the loss of jobs, income, and the like.⁴ Many of these people work in the service sector and are excluded from the social safety net, so they do not access subsidies or aid when they lose their jobs and income. In the United States, the package of social measures implemented does not reach a large part of the undocumented people, and for this reason, a considerable number of children of immigrant origin have been left out of the nutrition program during the confinement. For migrant women who are victims of gender-based violence, conditions can worsen.

Of particular concern are immigrants or refugees who, without being guaranteed health care, have not been able to comply with self-isolation and social distancing measures, due to economic needs or lack of housing with adequate facilities. Not only in the United States but worldwide, three-quarters of refugees survive in places where health systems are poorly trained to respond to the pandemic.

COVID-19 has caused a social crisis around the world, affecting vulnerable communities such as immigrants. In this context, it becomes even more necessary to move towards equity in global health care. All countries should protect the rights of immigrant workers and ensure that the health of these persons is not neglected in future epidemics or disasters.

Improving access to health care for immigrants requires adapting public health campaigns to cultural and linguistic diversity, as well as transforming any policy that may exclude them from access to protective measures, information, medical testing, and the provision of health services. This translates into the suspension of judicial measures of deportation, as well as the maintenance of the principle of non-refoulement and the release of persons held in detention

⁴ A. Liem, C. Wang, Y. Wariyanti, C.A. Latkin, and B.J. Hall, "The Neglected Health of International Migrant Workers in the COVID-19 Epidemic," *The Lancet*

Psychiatry 7, no. 4 (2020),
[https://doi.org/10.1016/S2215-0366\(20\)30076-6](https://doi.org/10.1016/S2215-0366(20)30076-6).

centers since they are not able to guarantee health security.

Only a strong political commitment to global health equity can guarantee a dignified life for all, even during a crisis of such magnitude.