Immigrant Essential Workers and COVID-19

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As states tackle how to best reopen and restore their economies in the aftermath of the COVID-19 pandemic, essential workers remain critical components of states’ efforts to respond to and recover from the pandemic. Essential workers are classified by the U.S. Department of Homeland Security as those who engage in key tasks within the 16 “critical infrastructure sectors” that range from transportation to agriculture to public health.

Immigrants make up an outsized percentage of this workforce, playing an above-average role in helping states manage and cope with the pandemic. In all but eight states, the share of foreign-born in the essential workforce exceeds their share of the general workforce. Nationally, a 2018 estimate by the Center for Migration Studies suggests that 19.8 million immigrants serve as essential workers. In the healthcare industry, a Cato Institute publication estimates that over 1.3 million authorized immigrants and 200,000 unauthorized immigrants are health care workers.

The significance of immigrant essential workers is particularly evident in the food and agriculture sector where 73% of total U.S. farmworkers are foreign-born and 48% are unauthorized immigrants. Overall, immigrants constitute 22% of food service workers while comprising only 17% of the civilian workforce. Thus, immigrants have played an outsized role in supporting the food production and food service industries that helped sustain U.S. business operations at the height of shutdowns and stay-at-home orders during the pandemic.

In California’s Central Valley—which is responsible for nearly one-quarter of the United States’ food supply, an estimated 70% of farmworkers are unauthorized. In Idaho, unauthorized immigrants total 90% of the state’s dairy industry workforce, demonstrating the essential quality of and national reliance on their labor.

In addition to representing a large share of es-
sential workers, foreign-born populations are disproportionately represented in the essential sectors most affected by pandemic-induced layoffs, including restaurants, cleaning services and child and elder care. This underscores that not only were immigrants among those at the frontlines of the pandemic response, but they were also among those most severely affected by the pandemic.

Yet, despite the public appreciation essential workers have received during the pandemic, many immigrants have encountered difficulties in receiving federal COVID-19 relief benefits due to not having a Social Security number (SSN) or living in a mixed status household where family members do not have a SSN. Immigrant essential workers have received significant attention in the last year, but gaps in their ability to benefit from government services remain.

Federal Action

Unauthorized immigrants and their families have been broadly left out of federal COVID-19-related legislation and flexibilities. Unauthorized immigrants and authorized immigrants in mixed status households receive lower benefits or were entirely barred from programs like Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, earned income tax credit (EITC), and stimulus checks through the “Coronavirus Aid, Relief, and Economic Security (CARES) Act. The “Consolidated Appropriations Act, 2021” mitigated this by allowing 2.9 million spouses and children of mixed status families to retroactively apply for first-round CARES Act payments. However, these stimulus checks were not available to 9.3 million unauthorized immigrants, nor to 2.2 million U.S. citizens and authorized immigrant children with unauthorized immigrant parents. Similarly, under the “American Rescue Plan Act” (ARPA) passed in March, immigrants without a SSN are ineligible to receive the $1,400 Recovery Rebate, but immigrants with a SSN from mixed status households are eligible. Gaps in federal supports for immigrant communities burden states and localities with providing for immigrant families’ basic needs.

COVID-19 testing is another area where immigrants face disproportionately worse outcomes. Several social and cultural barriers exist to immigrants accessing testing. Immigrant essential workers, particularly farm workers, often live in rural or isolated areas that are far from testing sites. They frequently lack the necessary transportation to get testing. There is also a financial barrier, both because immigrants are generally underinsured and are taking off work to get tested, which has potentially severe financial consequences. Additionally, language barriers and a general mistrust of the health care system often exist for both authorized and unauthorized immigrants.

State Actions

Some states are taking the initiative on policies to address the disproportionate health and economic impacts of COVID-19 on immigrant populations, and particularly for essential worker immigrant populations. For example, Maryland is granting stimulus aid to immigrants with or without a SSN. In addition to the direct benefit this has to immigrant families, this type of policy likely has rapid stimulative effects on local economies since low-wage essential workers are more likely to spend stimulus money within a short period of time than higher wage earners.

California (CA AB 1876) and Colorado (CO HB 1420) expanded EITCs to unauthorized immigrants in September 2020, and Maryland (MD SB 218) in March 2021. Roughly two-thirds of those eligible under these expansions are essential workers, many of whom work in the food system. Vermont created an economic stimulus equity program for qualifying individuals who were ineligible to receive an economic impact payment under the CARES Act due to immigration status. States could adopt similar legislation to support low-wage immigrants in affording basic living expenses and health care costs.

Some states are also taking steps to improve testing and vaccination rates in immigrant populations. For instance, Utah and Illinois have publicly clarified that documentation status will not affect people’s eligibility to get vaccinated and that vaccination does not have public charge implications.

Other states are using community partnerships to increase vaccine administration among immigrants and those with limited English proficiency. For example, Arizona started a pilot program for churches and community groups to get volunteers to make vaccine appointments and orchestrate taxicab transportation in communities with large immigrant populations.

Several states are utilizing new federal policies. The Families First Act allows states to provide COVID-19 testing through Medicaid. Currently, 15 states have adopted this Medicaid option. Additionally, ARPA also made federal resources available to states for vaccinations and treatment for COVID-19 regardless of people’s immigration status.

As restaurants and stores re-open across the nation and as America’s agriculture system enters busy summer harvest months, demand will increase for essential workers. If states take further actions to protect the health and financial security of immigrant populations, then they can benefit immigrant, rural and local economies throughout the United States as their contributions assist our nation in recovering from the pandemic and beyond.

Additional Resources

• COVID-19 and Immigrants
• Chart of Immigrant Eligibility for Federal Programs
• Federal Benefit Eligibility for Unauthorized Immigrants

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