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# Sheltering in Place in a Xenophobic Climate: COVID-19 and Children in Immigrant Families

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1 **Sheltering in Place in a Xenophobic Climate: COVID-19 and Children in**  
2 **Immigrant Families**

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15 **Abbreviations:**

16 CARES- Coronavirus Aid, Relief, and Economic Security Act

17 CIF - children in immigrant families

18 COVID-19 - Coronavirus Disease from novel 2019 strain

19 DACA - Deferred Action for Childhood Arrivals

20 FFCRA- Families First Coronavirus Response Act

21 ICE - Immigration and Customs Enforcement

22 LEP - Limited English Proficiency

23 SNAP - Supplemental Nutrition Assistance Program

24 TPS- Temporary Protected Status

25 WIC - Women, Infants, and Children Program

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2 **Contributors' Statement Page**

3 Dr. Cholera and Dr. Linton conceptualized the Perspectives piece, drafted the initial manuscript,  
4 and reviewed and revised the manuscript.

5 Dr. Falusi drafted the initial manuscript and reviewed and revised the manuscript.

6 All authors approved the final manuscript as submitted and agree to be accountable for all  
7 aspects of the work.

1 *Introduction*

2           Like many health conditions that disproportionately impact vulnerable populations of  
3 color, we expect that the COVID-19 pandemic will inequitably affect the health and livelihoods  
4 of immigrant families. One in four children (more than 18 million) in the United States (U.S.)  
5 lives in an immigrant family, in which the child or at least one parent was born outside the U.S.<sup>1</sup>  
6 Among children in immigrant families (CIF), over 7 million live in “mixed-status” families,  
7 meaning at least one parent is not a U.S. citizen.<sup>2</sup> Before the COVID-19 pandemic, immigrant  
8 families faced increasingly restrictive policies and discrimination. Regardless of legal status, CIF  
9 experience increased health and social risks compared to peers in non-immigrant families,  
10 including lower rates of health insurance coverage and higher poverty levels.<sup>3</sup> The COVID-19  
11 pandemic amplifies existing inequities and introduces new ones as immigrant families navigate  
12 school closures, lack of health insurance and paid leave, and decisions to seek medical care or  
13 public services amidst ongoing immigration enforcement. Additionally, immigrant families are  
14 more likely to live in multigenerational households,<sup>4</sup> heightening the risk of COVID-19 for  
15 multiple family members. Families with limited English proficiency (LEP) must decipher  
16 rapidly-evolving public health directives, such as “shelter in place” orders and recommendations  
17 for mask-wearing, without multilingual and culturally-relevant messaging.

18           Underlying these challenges is the implicit presumption of a safe place in “shelter in  
19 place” and social distancing directives. For immigrant families seeking safe haven in the U.S.,  
20 “place” may include violence and abject poverty, both in home countries and at the U.S. border.  
21 For CIF in U.S. communities coping with persistent fears of immigration enforcement and  
22 family separation, economic devastation during a pandemic may threaten the stability of “place.”

1 Here we apply a health equity framework<sup>5</sup> to evaluate the impact of COVID-19 on CIF and  
2 highlight opportunities for advocacy and action for pediatricians, hospitals and healthcare  
3 systems, and policymakers to mitigate the unique risks faced by CIF (Table).

#### 4 *Health Impacts*

5       Amidst unprecedented challenges presented by COVID-19, baseline inequities in  
6 healthcare access and delivery for CIF are exacerbated. Nearly half of undocumented immigrant  
7 adults and 25% of lawfully-present immigrant adults are uninsured. Similarly, 1 in 3  
8 undocumented children and nearly 1 in 5 lawfully-present CIF are uninsured. U.S.-born CIF with  
9 at least one non-citizen parent are more often uninsured than children with citizen parents (8%  
10 vs. 4%).<sup>6</sup> The Families First Coronavirus Response Act (FFCRA), passed on March 18, 2020,  
11 provides COVID-19 testing for uninsured individuals through Medicaid. However, millions of  
12 CIF remain ineligible for Medicaid, including some children with lawful permanent residency  
13 status,<sup>7</sup> people with Deferred Action for Childhood Arrivals (DACA), and those granted  
14 temporary protected status (TPS) due to conditions considered unsafe for return to the home  
15 country. While the subsequent Coronavirus Aid, Relief, and Economic Security (CARES) Act  
16 expands free COVID-19 testing at federally qualified health centers, the bill excludes treatment  
17 costs.<sup>8</sup> Furthermore, parental limited English proficiency (LEP) is a risk factor for poor outcomes  
18 among children, including less diagnostic testing and higher rates of complications and adverse  
19 events.<sup>3</sup> Professional interpreters are underutilized, and LEP families report poor access to health  
20 information and education resources. The current milieu of limited in-person interpreter capacity  
21 due to social distancing, insufficient multilingual resources, and lack of interpretation standards  
22 for telehealth may impede healthcare delivery for LEP families.

1 A climate of fear and uncertainty for immigrant families underlies the health impacts of  
2 this pandemic. In February 2020, the federal government implemented sweeping changes to  
3 public charge regulations, which permit denial of visas or green cards to immigrants deemed  
4 likely to become economically dependent on the government. The changes expand the programs  
5 considered in public charge determinations, including Medicaid for adult immigrants. Although  
6 the new public charge regulation excludes Medicaid for eligible CIF, millions of eligible CIF are  
7 projected to disenroll from and/or not initiate enrollment in Medicaid and other safety net  
8 programs.<sup>9</sup> This “chilling effect,”<sup>9</sup> heightened by ongoing immigration enforcement, may  
9 prevent immigrant families from seeking medical and mental health care for COVID-19. CIF at  
10 high risk for complications, including children with immunocompromising conditions or  
11 underlying pulmonary pathology, face particular vulnerability to severe outcomes with delayed  
12 care.<sup>10</sup> In forgoing timely evaluation or treatment, immigrant families may also unknowingly risk  
13 virus transmission within multigenerational homes and close-knit communities.

14 With awareness of inequitable healthcare access and health outcomes for CIF,  
15 pediatricians are uniquely positioned to elevate concerns and support the care of CIF during  
16 COVID-19. Key recommendations include proactive outreach to immigrant communities to  
17 disseminate culturally-relevant public health resources and timely information regarding  
18 immigration policy and COVID-19, development of equitable telehealth workflows, and  
19 advocacy for access to professional interpreter services.

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1 *Socioeconomic Impacts*

2 Immigration status is a social determinant of health (SDH). CIF are more likely to  
3 experience poverty, food insecurity, housing instability, and lower educational achievement  
4 compared with national averages. Immigrants disproportionately work in low-wage jobs without  
5 paid leave, and shelter-in-place mandates may result in unemployment for parents without  
6 childcare. Additionally, the chilling effect of public charge has impacted enrollment in the  
7 Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants, and Children  
8 Program (WIC), although WIC is exempted from the public charge rule. Housing vouchers are  
9 also included in public charge determinations, discouraging even qualifying families from  
10 participation. With the economic consequences of COVID-19, food and housing insecurity may  
11 rise among all demographic groups, and CIF face particularly high risks due to inequitable  
12 policies. When addressing SDH, pediatricians may be caught between encouraging families to  
13 participate in programs that keep them healthy and navigating confusing regulations around  
14 eligibility based on immigration status. Pediatricians can remain informed and educate others  
15 regarding evolving eligibility for benefits,<sup>11</sup> compile resources to address SDH (Table), and offer  
16 timely referrals.

17 Other protective public health decisions with anticipated negative repercussions may  
18 disproportionately affect CIF who experience poverty. Schools across the country have closed to  
19 reduce COVID-19 transmission, affecting over 50 million children.<sup>12</sup> Emotional disturbances  
20 from unstructured schedules and decreased peer interaction, lack of supervision when parents  
21 must continue to work, and academic regression could detrimentally impact the long-term  
22 development of CIF. With many schools now offering classes online, the achievement gap may

1 widen further, as immigrant Latinx families in particular are less connected to broadband internet  
2 than other low- and moderate-income families.<sup>13</sup>

3         The aforementioned CARES Act is a \$2 trillion federal stimulus effort to mitigate  
4 economic consequences of the pandemic. However, if anyone in a household uses an Individual  
5 Taxpayer Identification Number (common among immigrant families), the entire household is  
6 excluded from the direct cash assistance that is a centerpiece of the stimulus, even if some family  
7 members have Social Security Numbers. This is particularly harmful to the over 7 million U.S.-  
8 born children in mixed-status families who will not qualify for this cash assistance. Denying  
9 relief to millions of mixed-status families places an inequitable burden on CIF.

10

11 *Immigration Enforcement and Policy during a Pandemic*

12         Despite COVID-19, Immigrations and Customs Enforcement (ICE) activity continues.  
13 As of March 18, 2020, ICE “temporarily adjusted” enforcement to focus on “public safety risks  
14 and individuals subject to mandatory detention based on criminal grounds” but still gives leeway  
15 to “exercise discretion.” This creates unnecessary fear of family separation for CIF who are  
16 already facing socioeconomic and psychosocial difficulties during this pandemic. Additionally,  
17 people with DACA, including approximately 27,000 working in healthcare, remain in limbo as  
18 they await the Supreme Court decision.<sup>14</sup> Nearly all with DACA are bilingual, an invaluable  
19 asset as telehealth becomes integral to healthcare delivery. Immediate continuation of the DACA  
20 program, including renewals and acceptance of new applications, could mobilize a multicultural  
21 workforce to mitigate worsening and emerging inequities.



1 With the threat of COVID-19, risks for families seeking safe haven in the U.S. are  
2 magnified. People subject to the Migrant Protection Protocol (i.e., “Remain in Mexico”)  
3 experience crowded, violent conditions on the Mexican side of the U.S.-Mexico border.  
4 Conditions in Customs and Border Protection processing centers and ICE family detention  
5 centers are unsanitary and lack healthcare services at baseline.<sup>15</sup> Unaccompanied immigrant  
6 children remain in group shelters, and immigrant adults are imprisoned in densely-populated  
7 detention facilities. These conditions predispose migrant families to rapid COVID-19  
8 transmission and increase risks for serious illness given known gaps in healthcare provision.

### 9 *Summary*

10 COVID-19 does not discriminate based on immigration status, and neither should the  
11 measures to lessen the impact. Pediatricians can help to mitigate exponential growth of health  
12 inequities for CIF during this pandemic. Strategies within and beyond healthcare systems must  
13 incorporate policy and public health approaches that are compassionate, culturally-relevant, and  
14 equitable.

15

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**Table: Potential Strategies to Address Challenges Due to COVID-19 for Children in Immigrant Families\***

For pediatricians	
Healthcare Access and Delivery	Highlight opportunities to celebrate the strengths of immigrant families despite fear and uncertainty, including <a href="#">cultural pride reinforcement</a> and reading <a href="#">multilingual books</a> together.
	Share <a href="#">multilingual information</a> with families regarding COVID-19, including <a href="#">social distancing</a> , <a href="#">wearing masks in public</a> , and testing for COVID-19.
	Provide information on <a href="#">free health clinics</a> and/or local health resources for mixed-status families
	Offer resources for families to cope with emotional distress associated with COVID-19, such as <a href="#">strategies to manage stress/anxiety</a> , <a href="#">talking with children about COVID-19</a> , and <a href="#">disaster support</a> .
	Encourage employers to <a href="#">implement telemedicine</a> systems that support the needs of immigrant families, including dissemination of information in preferred language and availability of interpretation.
Socioeconomic Impacts	Emphasize comprehensive <a href="#">screening for social determinants of health</a> .
	Encourage participation in <a href="#">public programs (e.g., Medicaid, WIC, SNAP) for which children and families are eligible</a> .
	Provide resources to mitigate food insecurity, including <a href="#">school-based nutrition programs</a> and <a href="#">food banks</a> .
	Refer families to community-organized, culturally- and linguistically-relevant, updated SDH resource links (e.g. <a href="#">Hispanic Alliance, Greenville, SC</a> ; <a href="#">Informed Immigrant Resources</a> ; <a href="#">Immigrants Rising</a> ; <a href="#">Aunt Bertha</a> )
Immigration Enforcement and Policy	Acknowledge fear and uncertainty that families are facing and offer resources, including <a href="#">Know Your Rights materials</a> .
	Familiarize yourself with <a href="#">legal resources for immigrant families</a> who face particular risks for lack of access to public services or immigration enforcement.

## Pre-publication Release

<b>For hospitals and healthcare systems</b>	
Healthcare Access and Delivery	Ensure that free testing for COVID-19 is accessible and advertised to immigrant families.
	Develop and implement free walk-up and drive-through testing and treatment (e.g. <a href="#">New York City, NY</a> ; <a href="#">Trenton, NJ</a> ) sites within trusted venues in immigrant communities, such as schools, community centers, or places of worship.
	Increase capacity for access to interpreters and patient navigators to facilitate telehealth.
	Rapidly employ and train bicultural, bilingual professionals and paraprofessionals (e.g. <a href="#">community health workers</a> ) to assist with COVID-19 testing and information dissemination in densely populated immigrant communities.
Socioeconomic Impacts	Implement and/or expand systems-wide screening for <a href="#">social determinants of health in the setting of COVID-19</a> .
	Ensure continued access to social workers, community health workers, and other team members dedicated to connecting families to resources such as unemployment, nutrition, housing, and other public and community-based programs.
Immigration Enforcement and Policy	Post <a href="#">welcoming signage</a> that offers families a sense of safety while seeking healthcare services.
	Ensure that any security presence during visitor and patient screening protocols is trained to offer culturally-relevant, sensitive screening that recognizes disparate impact of law enforcement on communities of color, including immigrant families.
	Develop <a href="#">protocols that ensure the rights of immigrant families are maintained</a> while seeking healthcare.

## Pre-publication Release

<b>For policymakers and public health entities</b>	
Healthcare Access and Delivery	Develop and disseminate <a href="#">smartphone-accessible resources</a> and materials in multiple languages.
	Clarify access to free testing and treatment regardless of immigration status (e.g. <a href="#">New York City</a> )
	Encourage states to provide Medicaid to all individuals regardless of immigration status, including those with DACA, Temporary Protected Status (TPS) holders, green card holders, and undocumented individuals to ensure that they have access to testing and treatment.
	Ensure access to <a href="#">data stratified by race/ethnicity</a> to better implement interventions that meet the needs of communities who are most impacted.
	Suspend public charge enforcement.
Socioeconomic Impacts	Ensure that resources on public websites about COVID-19 include accessible, multilingual information regarding access to housing, food, and other critical services (e.g. <a href="#">Chicago, IL</a> ; <a href="#">Boston, MA</a> ).
	Include all immigrants, regardless of legal status, in any federal/state financial relief package ( <a href="#">Chicago, IL</a> ).
	Expand unemployment eligibility to people with DACA and TPS and to others who have work eligibility.
	Automatically extend work permits for individuals with DACA, TPS and nonimmigrant visas for the same time period as the individual's status or work authorization.
	Place a moratorium on <a href="#">housing evictions and foreclosures</a> , <a href="#">utilities termination</a> , and <a href="#">suspended telephone or internet services</a> .
Immigration Enforcement and Policy	Develop timely and well-communicated protocols for immigrants in ICE custody who fall ill, and immediately close the three family detention facilities, ensuring monitoring for symptoms with community-based case management.
	Resume access to humanitarian protection at the US.-Mexico border for unaccompanied children and family units.

## Pre-publication Release

	Stop interior ICE enforcement unless someone has a criminal background that threatens public safety.
	Continue DACA renewals, including work authorization, and resume acceptance of new applications.

\*Recommendations within each category are listed in order of increasing expected time commitment or complexity.

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