Immigrant Essential Workers During the COVID-19 Pandemic

Anuradha Sajjanhar, PhD Denzil Mohammed





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About the Authors

Anuradha Sajjanhar is a post-doctoral fellow in policy and governance at Australian National University. She received her doctorate in sociology from the University of Minnesota, where she was a fellow at the Interdisciplinary Center for the Study of Global Change. She holds an MA in sociology from the Delhi School of Economics, India, and a BA in English literature from the University of York, United Kingdom. As a social researcher, she works closely with interpretive research methods and engages with a broad range of stakeholders and audiences to create meaningful work in public policy.

Denzil Mohammed is director of The Immigrant Learning Center's Public Education Institute in Malden, MA. In this role, he manages specialized online education, local and national research initiatives, and collaborative public events that educate Americans on immigrants and immigration in the U.S. He's been published by *The New England Journal of Higher Education* and serves on advisory boards of the Massachusetts New Americans Integration Institute and the Boston Mayor's Office for Immigrant Advancement. He received a bachelor's in Literatures in English and Communication Studies at the University of the West Indies and a master's in Global Communications at Northeastern University.

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About The Immigrant Learning Center

The Immigrant Learning Center[®], Inc. (ILC) of Malden, MA, is a not-for-profit organization that gives immigrants a voice in three ways. The English Language Program provides free, year-round English classes to immigrant and refugee adults in Greater Boston to help them become successful workers, parents and community members. The Public Education Institute informs Americans about immigrants and immigration in the United States. The Institute for Immigration Research, a joint venture with George Mason University, conducts research on the economic contributions of immigrants.

Executive Summary

The COVID-19 pandemic affected everyone in the United States, and essential workers across industries like health care, agriculture, retail, transportation and food supply were key to our survival. Immigrants, overrepresented in essential industries but largely invisible in the public eye, were critical to our ability to weather the pandemic and recover from it. But who are they? How did they do the riskiest of jobs in the riskiest of times? And how were both U.S.-born and foreign-born residents affected?

This report explores the crucial contributions of immigrant essential workers, their impact on the lives of those around them, and how they were affected by the pandemic, public sentiment and policies. It further explores the contradiction of immigrants being essential to all of our well-being yet denied benefits, protections and rights given to most others. The pandemic revealed the significant value of immigrant essential workers to the health of all Americans. This report places renewed emphasis on their importance to national well-being.

The report first provides a demographic picture of foreign-born workers in key industries during the pandemic using U.S. Census Bureau American Community Survey (ACS) data. Part I then gives a detailed narrative of immigrants' experiences and contributions to the country's perseverance during the pandemic based on interviews with immigrant essential workers in California, Minnesota and Texas, as well as with policy experts and community organizers from across the country. Interviewees include:

- A food packing worker from Mexico who saw posters thanking doctors and grocery workers but not those like her working in the fields.
- A retail worker from Argentina who refused the vaccine due to mistrust of the government.
- A worker in a check cashing store from Eritrea who felt a "responsibility to be able to take care of people" lining up to pay their bills.

Part II examines how federal and state policies, as well as increased public recognition of the value of essential workers, failed to address the needs and concerns of immigrants and their families. Both foreign-born and U.S.-born people felt the consequences. Policies kept foreign-trained health care workers out of hospitals when intensive care units were full. They created food and household supply shortages resulting in empty grocery shelves. They denied workplace protections to those doing the riskiest jobs during a crisis. While legislation and programs made some COVID-19 relief money available, much of it failed to reach the immigrant essential workers most in need. Part II also offers several examples of local and state initiatives that stepped in to remedy this.

By looking more deeply at the crucial role of immigrant essential workers and the policies that affect them, this report offers insight into how the nation can better respond to the next public health crisis.

Selected Findings:

- 1. Some interviewees felt an elevated sense of pride in being an essential worker and kept working as a form of social responsibility. Others felt an urgent need to keep working to support their families because of financial uncertainty.
- 2. While some of their neighbors and family members saw them as heroes, others avoided immigrant essential workers and worried they were too risky to interact with.
- 3. Immigrant essential workers are concentrated in households with other essential workers, or have family members who are also essential workers, leading to large-scale risk to mental and physical health.
- Rampant misinformation and barriers to accurate information led to fear of repercussions from requesting sick pay, safe working environments, eligible benefits and the vaccine.
- 5. Some interviewees avoided accessing health care or benefits out of fear that they would face detainment and/or deportation.
- 6. Despite public and political recognition of the contributions of immigrant essential workers, the federal government largely neglected to provide protections and benefits to these workers.
- 7. Grassroots movements and community organizations pushed some local governments to implement policy changes serving immigrants during the pandemic.
- 8. Some states adjusted licensing and credentialing requirements in response to COVID-19, particularly to address acute shortages of health care workers.

GUIDE TO TERMS USED

This report uses the term "**U.S.-born**" to refer to anyone born to a U.S. citizen parent or parents in these places:

- The United States
- Puerto Rico
- A U.S. Island Area (Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)
- Abroad

"Foreign-born" includes:

- Naturalized U.S. citizens
- Non-citizen U.S. nationals
- Lawful permanent residents (immigrants)
- Temporary migrants (such as seasonal workers)
- Humanitarian migrants (such as refugees and asylees)
- Unauthorized migrants

"Foreign-born" and **"immigrant"** are used interchangeably.

"**Undocumented**" and "**unauthorized**," both describing immigrants who lack legal immigration status in the U.S., are also used interchangeably.

This report uses pseudonyms to offer anonymity for the interviewees.

Introduction

The COVID-19 pandemic acted as a "stress test" on the systems necessary for all of our well-being, and not all of them passed. On March 19, 2020, the Department of Homeland Security developed a list of Essential Critical Infrastructure Workers to "help officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety as well as economic and national security."¹ Workers in health care, telecommunications, information technology systems, defense, food and agriculture, transportation and logistics, energy, water and wastewater, law enforcement, and public works were urged to continue working even as the rest of workers were asked to isolate.

Immigrant Workers in Essential Industries

Many workers in industries marked essential are foreign-born and many are also undocumented.² Several scholars and demographic studies have outlined the oversized contribution of foreign-born workers to the U.S. labor force. According to the Bureau of Labor Statistics' analysis of Current Population Survey data, foreign-born workers in the United States made up 17.4 percent of the overall labor force in 2019.³

Industry	Foreign-Born Workers' Share of Industry
Agriculture, Fishing, Forestry and Mining	22.0%
Services (Except Public Administration)	20.3%
Construction and Manufacturing	20.0%
Professional, Scientific, Administrative and Waste Management	19.4%
Transportation, Warehousing and Utilities	18.0%
Arts, Entertainment and Food Services	17.3%
Wholesale Trade	16.8%
Finance, Real Estate and Insurance	14.4%
Information	13.7%
Retail Trade	13.3%
Educational Services and Social Assistance	13.0%
Health Care	10.0%
Public Administration	9.3%
Under 16 / Unemployed*	9.7%

TABLE A: Foreign-Born Workers' Share of Industry

* This figure is not an unemployment rate.

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org)

In 42 U.S. states, the foreign-born share of the essential workforce is the same or higher than the share of foreign-born workers in that state's overall labor force. Immigrant workers are overrepresented in essential jobs.

These essential industries' dependence on undocumented workers, in particular, has brought attention to the dysfunction of an American economy that simultaneously depends on and tries to exclude these workers. While 65 percent of U.S.-born workers are essential workers, 69 percent of all immigrants in the U.S. labor force and 74 percent of undocumented workers are essential. Overall, immigrants make up 18.3 percent of essential workers in the U.S.⁴

Note: It is worth keeping in mind that there are many definitions of "essential," and the different organizations/reports cited in this study have used different data sources. This study uses the ACS 1-Year 2019 Estimates, while other studies cited here use their own datasets, the ACS 2014-2019 5-Year Estimates, and/or limit their sample to actively employed workers, working-age civilians or different groupings of essential occupations in their analysis. This may lead to slightly different numbers than the ones this report has calculated.

Health Care Occupation	Foreign-Born Share of Occupation	Health Care Occupation	Foreign-Born Share of Occupation
Home Health Aides	36.3%	Registered Nurses	15.0%
Acupuncturists	30.0%	Licensed Practical/Vocational Nurses	14.9%
Other Physicians	28.8%	Medical Assistants	14.7%
Pharmacy Aides	25.1%	Other Health Care Support Workers	14.6%
Personal Care Aides	23.8%	Psychiatric Technicians	13.9%
Nursing Assistants Pharmacists	20.9% 20.2%	Occupational Therapy Assistants and Aides	13.6%
Surgeons	19.9%	Pharmacy Technicians	13.6%
Nuclear Medicine Technologists and Medical Dosimetrists	19.3%	Cardiovascular Technologists and Technicians	13.0%
Clinical Laboratory Technologists	24	Podiatrists	13.0%
and Technicians	19.0%	Respiratory Therapists	12.9%
Dental Assistants	18.5%	Dietetic and Opthalmic Medical Technicians	12.1%
Percent of All Health Care Workers	17.5%		
Health Care Diagnosing or	17.1%	Nurse Practitioners	11.9%
Treating Practitioners, All Other		Physician Assistants	11.2%
Diagnostic Medical Sonographers	16.9%	Orderlies and Psychiatric Aides	11.1%
Miscellaneous Health	16.7%	Therapists, All Other	10.5% 10.3%
Technologists and Technicians	10.770	Radiologic Technologists and	
Phlebotomists	16.2%	Technicians	
Physical Therapists	16.1%	Emergency Medical Technicians	7.4%

TABLE B: Foreign-Born Workers' Share of Health Care Practitioners and Technical Occupations

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org) Foreign-born workers make up 36.3 percent of home health aides, 28.8 percent of physicians and 20.9 percent of nursing assistants. As with all essential industries, health care is highly dependent on undocumented workers, who tend to be concentrated in support roles such as nursing assistants and health aides, as well as the cleaning and building maintenance positions that keep medical and care facilities running.⁵ (Note that Table A refers to share of industry and Table B refers to share of occupations.)

Immigrant workers also make up 22.0 percent of all workers in the U.S. food supply chain,⁶ including 30.9 percent of meat processing workers, 26.1 percent of workers in bakeries and 59.0 percent of animal breeders. In some states, the majority of workers in the food supply chain are immigrants. 70.0 percent of the seafood processing workers in Alaska, 66.0 percent of the meat processing workers in Nebraska and 69.0 percent of all agricultural workers in California are foreign-born.⁷

Agricultural and Food Supply Occupations	Foreign-Born Share of Occupation	Agricultural and Food Supply Occupations Foreign-Born Share of Occupation
Animal Breeders	59.0%	Chefs and Head Cooks 26.8%
Fast Food and Counter Workers	48.0%	Bakers 26.1%
Graders and Sorters for Agricultural Products	44.2%	Hosts and Hostesses at Restaurants, Lounges and/or Coffee Shops
Dishwashers	38.8%	Fishing and Hunting Workers 17.7%
First-line Supervisors of Food Preparation and Serving Workers	36.3%	Logging Workers16.1%
Cooks	35.5%	Agricultural Inspectors 15.0%
First-line Supervisors of Farming,	35.3%	Food Servers, Non-Restaurant 14.6%
Fishing and Forestry Workers Dining Room/Cafeteria Attendants	34.9%	Food Preparation and Serving Related Workers, All Other
and Bartender Helpers	22 50/	Waiters and Waitresses 13.8%
Food Preparation Workers	33.5%	Miscellaneous Agricultural Workers 12.1%
Butchers and Other Meat, Poultry and Fish Processing Workers	30.9%	Forest and Conservation Workers 7.1%

TABLE C: Foreign-Born Workers' Share of Agricultural and Food Supply Occupations

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org)

Industry	California	Minnesota	Texas
All Industries	26.7%	8.5%	21.8%
Agriculture, Forestry, Fishing and Mining	61.0%	6.2%	37.7%
Arts, Entertainment and Food Services	30.4%	7.8%	26.4%
Construction	40.9%	15.9%	19.6%
Educational Services and Social Assistance	24.1%	8.1%	17.0%
Finance and Insurance, Real Estate, Rental, Leasing	26.4%	7.0%	13.1%
Health Care	32.6%	5.3%	14.6%
Information	23.3%	10.0%	21.5%
Manufacturing	44.5%	9.9%	15.9%
Military	8.1%	9.1%	18.6%
Professional, Scientific, Administrative and Waste Management	32.2%	12.1%	20.8%
Public Administration	21.0%	10.2%	24.8%
Retail Trade	26.5%	8.3%	9.5%
Services (Except Public Administration)	36.6%	6.2%	11.8%
Transportation, Utilities and Warehousing	33.7%	5.4%	8.9%
Wholesale Trade	38.4%	14.0%	17.1%
Unemployed/Not Applicable	19.3%	1.4%	19.7%

TABLE D: Foreign-Born Workers' Share of Industry in California, Minnesota and Texas

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org)

In California's Central Valley, which is responsible for nearly a quarter of the U.S.'s food supply, approximately 70 percent of farmworkers are undocumented.⁸ California has more immigrants than any other state, with half of Californian children having at least one immigrant parent.⁹ Immigrants in the state are primarily from Latin America (50 percent) or from Asia (39 percent), with the largest population from Mexico.

Bringing Immigrant Essential Workers to Light

Immigrant essential workers who previously went unnoticed were made more visible by the pandemic, and national attention was brought to the undervalued services they provide. The American public consistently saw how essential workers contributed despite the significant risk to their own lives. These workers kept all of us healthy, put food on all of our tables, provided our everyday goods, cashed our checks, delivered our mail and drove our buses. Most Americans did not, however, develop new, personal relationships with these essential workers. While the public may have valued these workers more in the abstract, they didn't better understand their lived experiences.

Through an interview-based study of community organizers, immigration policy experts and immigrant workers in health care, retail and food supply, this report reveals the experiences of immigrant essential workers during the pandemic. It also shows how the lives of these essential workers were impacted by national, state and community-organized support.

California, Minnesota and Texas were selected as field sites for this report's interviews because they represent diverse immigrant communities, a high proportion of health care, food supply and retail workers, and varied political leanings. (See **Methods** section for more.)

The report shows how public policies can be improved to benefit immigrant workers and, as a result, the entire country. For example, health care shortages could be alleviated by changing medical licensing requirements. Improved working conditions for meatpackers and farmworkers could prevent virus outbreaks and pressure on food supply chains. In discussing these policies, this report brings attention to the vital role immigrants play in the labor market as well as the need to offer them care and protections.

The data show that immigrants, including migrant workers, lessen labor shortages in the health care and food supply industries. According to the Bureau of Labor Statistics, there were 10.4 million job openings in August 2021, and the number of people leaving their jobs rose to 4.3 million, the highest recorded rates since 2000.¹⁰ As such, this report addresses the following key questions:

- What were the impacts and contributions of immigrant essential workers in selected states/communities in the U.S. during the COVID-19 pandemic? How are the stories found in these places illustrative of larger patterns in the U.S. during the pandemic?
- What national, state and local policies helped or hindered the work of immigrant essential workers during the pandemic? How did local not-for-profit and advocacy organizations fill in gaps left unaddressed by government policies and programs?
- How do immigrant essential workers see their role in the pandemic when telling their stories?

Even before the pandemic, the economic benefits of immigrant labor were clear. Immigrants have revitalized towns and cities by repopulating neighborhoods and spurred economic growth by spending locally and starting approximately 25 percent of new businesses.¹¹ This report, then, expands the economic argument for providing benefits to immigrant workers by highlighting their specific lived experiences during the pandemic and presenting data proving that immigrants contribute greatly to everyone's well-being.

A Central Policy Paradox

Foreign-born workers in essential services (and non-essential services) have contributed substantially to the United States during the COVID-19 pandemic despite being hindered by inadequate protections, rights and benefits. A 2021 report by the U.S. Joint Economic Committee titled "Immigrants are Vital to the U.S. Economy" notes, "their spending power, relative youth, high levels of involvement in STEM (science, technology, engineering and mathematics) fields, and high rates of entrepreneurship make them key contributors to our economy."¹²

Simultaneously, the COVID-19 pandemic has had a disproportionately negative economic impact on immigrant and refugee workers, along with Black, Indigenous and other communities of color. While representing a large share of essential workers, immigrants were also concentrated in sectors that were most prone to layoffs such as service, hospitality, construction, transportation and manufacturing.¹³ Reflecting this, the immigrant employment level fell by 2.7 million from 2019 to 2020, a decline of 9.8 percent.¹⁴ To put things in perspective, the U.S.-born population's employment fell by about half as much, 5.4 percent during the same period. Economic recovery by the second quarter of 2021 also saw a wider economic and employment gap between U.S.-born and foreign-born Hispanic, Asian, white and Black workers. Immigrants were one of the groups most likely to be helping the country recover from the pandemic while also being one of the groups most negatively affected by it.¹⁵

Despite these losses, many immigrant workers received limited or no relief from federal public support programs under existing law or the multiple rounds of COVID-19-related legislation. These include the Families First Coronavirus Response Act, the Coronavirus Aid, Relief and Economic Security (CARES) Act, the Consolidated Appropriations Act (HR-133) and the American Rescue Plan Act.¹⁶ Rather than legislating more protections for foreign-born workers, the CARES Act of 2020 specifically barred families with an undocumented family member ("mixed-status" families) from receiving a stimulus payment. An estimated 6.2 million essential workers were ineligible for relief payments under the CARES Act, either because they were one of the 5.5 million undocumented immigrant essential workers in the U.S. or in mixed-status families.¹⁷ This impacted the 3.8 million U.S. citizen children in their care. This report emphasizes a central policy paradox, as identified by Kerwin and Warren (2021). As they highlight, foreign-born workers are deemed essential at very high rates but often lack protections or status under U.S. immigration and COVID-19-related policies.

Sandra, a nursing assistant in St. Paul, Minnesota, from Ethiopia, lamented:

"Sometimes I feel like other people are getting benefits staying at home, [and] you're still working but you don't get anything. You don't get anything. You put yourself at risk for your family and the community. I was expecting something. They have to give something, in salary or something like that, but they didn't give anything."

Immigrants need to have work authorization to benefit from unemployment insurance under Pandemic Unemployment Assistance, which is designed to help independent contractors who are unable to work due to the COVID-19 crisis. Several programs received additional funding under COVID-19 policies, including the Emergency Food Assistance Program (TEFAP), Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Among immigrants, these programs are available only to certain groups such as asylees, refugees and some green card holders. While the second stimulus payment attempted to correct the "mixed-status" exclusion for households under the CARES Act, 2.2 million children with Social Security numbers who did not have an eligible parent remained ruled out. To receive any of the three stimulus payments passed by Congress during the pandemic, immigrants required a valid Social Security number and work authorization.¹⁸ Only those with work permits, such as recipients of Deferred Action Childhood Arrival (DACA) and Temporary Protected Status, were included.

Even when immigrants are eligible for benefits, fear often prevents them from receiving the help they need. Several foreign-born workers interviewed for this report said they avoided accessing health care or non-cash benefits out of fear. Under the public charge rule, they worried they would face detainment and/or deportation or that their application for permanent status might be compromised. The public charge rule states that immigrants classified as likely or liable to become a public charge, or someone dependent on the government for subsistence, may be denied visas or permission to enter the country. Interviews with mixed-status families revealed that family members were wary and lacked the guidance to navigate and access social service infrastructure.

Several interviewees live with family members or community members who also work in essential services, multiplying their risks of infection per household. Compounding this risk, as found by the Urban Institute's Well-Being and Basic Needs Survey in 2019:¹⁹

- Thirty-one percent of immigrant families reported that they or another family member avoided non-cash benefit programs from fear of risking their future green card status.
- Half said their families avoided Medicaid, SNAP or the Children's Health Insurance Program.
- One-third avoided housing subsidies.

Interviews revealed that this behavior increased during the pandemic among immigrant essential workers.

The outsized contributions of immigrant workers in essential sectors during the COVID-19 pandemic helped all Americans to stay fed, obtain necessary supplies and access medical care. Despite this crucial assistance, public understanding of these immigrant workers' lived experiences and political motivation to care for them as well as they cared for the country has been scant. This report seeks to uplift their stories, place value on the work they do, and highlight their vital importance in helping the U.S. navigate and recover from a public health crisis. It also reveals the paradoxical lack of support and protection offered to families of some workers when it was most needed, the impact this had on the lives of millions of immigrant workers, and grassroots, local and state movements that sought to fill the gap left by the federal government.

Part I: Essential Workers

U nderstanding the lived experiences of immigrant workers can help policymakers, not-for-profit organizations and advocates make necessary interventions to support immigrant essential workers. These interventions could address workplace protections, access to health care, household and family-related challenges, and material inequalities faced by immigrant workers. This section traces key themes on the experiences of immigrant essential workers during the pandemic. It is based on interviews with workers in health care, retail and food supply across Minnesota, California and Texas, as well as interviews with community organizers and policy experts from around the country.

Occupational Hazards and Livelihood Risks

While their work was deemed essential, immigrant essential workers were not always afforded necessary protections to assist them during a public health crisis. When those protections were made available, there were often significant barriers to accessing them in practice. The complexity, limitations and outdatedness of the immigration system, particularly regarding guest worker visa programs, led to further uncertainty, fear, and high infection and death rates during the pandemic. The hazards of working in essential services coming to the forefront of the national conversation early in the pandemic did little to improve working conditions and protections, especially for undocumented workers.

Soon after the outbreak of COVID-19 in the United States, it became apparent that the food supply chain everyone relies on was at risk. This supply chain is largely powered by immigrant labor. The government and employers took steps to protect food production and delivery, but not necessarily the workers who made it possible. For example, President Donald Trump signed an executive order classifying meat processing plants as essential infrastructure and invoked the Defense Production Act, but he didn't issue any enforceable worker protections even as the number of workers contracting COVID-19 skyrocketed. Sofia, an advocate from a leading national farmworkers' organization, noted:

"There were outbreaks in farms because employers weren't putting in place protections, they weren't putting in place social distancing protocols, they didn't have access to hand washing stations. There's a standard on the federal level called the Field Sanitation Standard, and it's basically a rule that regulates agricultural worker access to potable water, but it's pretty loose in terms of how close they are. There's supposed to be hand washing stations, but they're pretty far away. And then [the workers] are often transported to the fields in crowded transportation, [and] they live in crowded housing, whether provided by their employer or in the community due to their low wages.

"So, all these different conditions meant that workers were more vulnerable to contracting COVID and were fearful about being diagnosed with COVID and having to miss work because of it. They would lose wages or face retaliation if they were undocumented. Or, if they're here on temporary work visas their employer could call ICE [Immigration and Customs Enforcement] and have them deported. Or, for H-2A workers ... their visa is tied to their employer so if they're terminated, they have to go back to the home country."

Immigrants make up nearly half of all farm laborers in the U.S. and there is still a huge need for more.²⁰ Currently, there are two guest worker visa programs for seasonal, temporary work for up to 10 months. The H-2A program is for agricultural work and the H-2B program is for nonagricultural work commonly found in the landscaping, forestry, seafood processing and hospitality industries. These programs allow employers to hire foreign-born workers on temporary visas after attempting to recruit U.S.-born workers and promising to meet requirements regarding recruitment, wages and/or working conditions. Each program gives foreign workers a temporary, non-immigrant status that ties them to their employers. Immigrant workers' access to visas depends on their employers' willingness to make a request to the U.S. government.²¹

The guest worker program has grown dramatically, from fewer than 50,000 H-2A positions certified in 2005 to more than 275,000 in 2020.²² Advocates argue that there is widespread abuse, calling the program "institutionalized, casual labor without any real oversight, without real accountability."²³ While other visa programs were suspended during the pandemic, the H-2A and H-2B programs endured, bringing in migrant laborers but keeping them limited to employer-provided housing without any safety protections or sick leave.

Lucas, a community organizer in Central Valley, California, pointed out, "In a lot of H-2A housing, the men live in bunk beds. In some states [bunk beds] are banned and they're supposed to keep beds six feet apart, but they're all living in this one congregate facility. There were a lot of tragic incidents that happened of workers who died, workers who were being transported back to their home country and died on the way."

Given the unequal relationship between the employer and the worker, workers are oftentimes reluctant to report any kind of workplace harassment or violation. They fear being terminated by their employer and having to return to their home country without any of the wages for which they came to the U.S.

Immigrants make up 31 percent of meat processing workers, but interviewees in the industry reported that printed notices about the COVID-19 outbreak were primarily posted in English. By not translating materials, workplaces excluded the non-English speaking labor force from accessing important safety information.²⁴ In fact, language access proved a widespread barrier in accessing correct and relevant information.

1 work at this agricultural place, but I'm not happy there. I also work at IHOP and I just wish I had a normal job, I wish it wasn't in a warehouse. I want to stick to restaurants but I can't because I'm afraid if the outbreak happens again, I don't want to be unemployed again. I'm traumatized that something is going to happen and I want to be able to know that if anything ever happens, my parents don't have to worry about it."

> – **Manuela**, a food packaging worker in California from Mexico



In a survey conducted by a Latino community not-for-profit in Minnesota, 90 percent of respondents said it was difficult to find information on relief programs. Many had never even heard of some of the programs offered by the state or the federal government. A language barrier was one of the main issues Latinx business owners faced when trying to apply for relief programs.²⁵ One interviewee, Manuela, is a food packaging worker who moved from Mexico to California at the age of 15. She told us that even when notices were posted in Spanish and English, workers were perplexed by the information or unable to ask for their rights for protection or pay,

"There was an older Hispanic couple who didn't come to work because they sat at the same table as someone who did have COVID, so they were told they needed to get tested in order to come back. But from my understanding you're still supposed to get paid, but they weren't paid ... I told them they should have been because the papers were on the wall in Spanish and English, but they said, 'They didn't tell us anything.' And I guess because they're an older Hispanic couple, they didn't really understand it. And they're not born here so they didn't know they had those rights at all. They were afraid they would lose their job. I was also scared that it wasn't for undocumented people. What if it was just for people who were born here?"

Undocumented workers are particularly vulnerable, lacking health insurance, paid sick leave, adequate housing and other job benefits. One of those workers is Vicente, a farmworker, student and member of the United Farm Worker Foundation who was brought to the U.S. from Mexico by his parents when he was five years old. He stated in a House committee hearing in September 2020, "When it comes to injustices at work, employers know that we don't speak out because we are fearful of deportation and other repercussions. If we get fired, we won't qualify for unemployment insurance. If we get sick, we lack employment-based benefits such as health care. And if we ask our employers for sick pay, we may not be allowed to return to work." He added, "Ironically, although farmworkers are risking illness to feed the country, for some families, the pandemic has exacerbated their own food insecurity."²⁶

There were efforts to address these risks by the government, but according to Vicente, "I know firsthand that being an essential worker does not mean that we get more protections. I am aware that the agricultural industry has received billions of dollars in COVID-19 legislation, yet no one in our family or in our crew has received masks, special instructions about workplace safe distancing, anti-bacterial soap or hand sanitizer. Not once has our employer screened us for symptoms. Our portable restrooms get cleaned once a week, if at all."



Fears of food shortage, images of rotting produce and news of deficient sanitation in workplaces did little to generate public support for improving conditions for those working within the food supply chain. These workers are primarily low-paid immigrants, many of whom are undocumented.²⁷ Immigrant workers in several parts of the country were forced to organize for better workplace treatment during the pandemic and, in some cases, were successful. Workers in food and meatpacking industries in Minnesota worked with community organizations and local farmworker unions to successfully demand the hazard pay that they were denied. In May 2020, immigrant packinghouse workers at several apple farms in Yakima County, Washington, went on strike, demanding a \$2.00 hazard pay raise and more safety protections, which they finally received.²⁸ In July 2020, workers at a JBS USA beef processing plant in Colorado staged a wildcat strike.²⁹

Immigrants' Access to Health Care

Immigrants' access to health care, information on available services and the COVID-19 vaccine was hindered by several factors during the pandemic. These include language barriers, as described earlier, federal actions that excluded immigrants, miseducation on the vaccine and mistrust of the government. However, interviews showed that stakeholders such as community organizations, health centers and local radio stations stepped in to try to bridge this gap.

The CARES Act excluded approximately 14.4 million people from receiving direct health benefits. This included undocumented immigrants, even if their children and/or spouses were U.S. citizens or green card holders. However, community health centers, which provide care regardless of immigration status, received \$2 billion in funding from the CARES Act and the American Rescue Plan. In addition, federal health centers, including community health centers, were allocated \$825 million under the Paycheck Protection Program and Health Care Enhancement Act. Per the Public Health Service Act Section 330, there is funding for specific populations, including migratory and seasonal workers. As a part of this, health centers received funding to provide vaccines to vulnerable populations. Thus, immigrants were eligible for free vaccines and some support services, but many barriers to this care persisted during the pandemic.

Several workers interviewed for this report were suspicious of freely provided health care from the government and/or expressed a fear of the vaccine. One interviewee was concerned they would have to share their citizenship status, something many immigrants fear could lead to mistreatment. Ada, a nursing assistant in Woodbury, Minnesota, from Yemen, was more concerned about the vaccine itself. She said, "My question was: has there been enough research and what is the research saying? Unfortunately, there is a history of companies and government agencies that will hide things or manipulate researchers. I waited for people around me to start taking it first to see how they're doing."

Daniela, a retail worker in St. Paul, Minnesota, from Argentina, expressed similar hesitations:

"I felt ungrateful because I know everybody wanted the vaccine and stuff, but honestly I didn't take it, and I don't plan to unless I have to for school. I just feel like it's extremely soon ... The fact that they are providing so much stuff for free with this vaccine when there are other vaccines they didn't do so much for. I don't know, I don't know. Maybe I'm just uneducated but it seems a little sketchy to me and I'm scared."

Misinformation about the vaccine and the institutions distributing it is also spreading through social media and messaging apps. Abebe, a nursing assistant in Coon Rapids, Minnesota, from Nigeria, said,

"I don't know if this is an African or Nigerian thing, but when something happens there's always like, 'Oh there's a remedy for this, you're scared for no reason.' So [my mother] wasn't as proactive as she should have been. She did the whole quarantining stuff but she wasn't proactive. She thought she was fine because she was drinking ginger tea every day. Even when the vaccine came out, she sent me this video on WhatsApp about this lady saying she took the vaccine and got a stroke from it."

As Abebe makes clear, misinformation, myths and fears about the virus and preventative measures can spread by word of mouth and social media. This makes it even more crucial that community organizations and health centers work to disseminate accurate information about the vaccine and access to COVID-19-related care. One way in which communities can do this kind of outreach is by activating bottom-up, grassroots movements. Several of the organizers and policy experts interviewed for this report echoed the importance of community organizations and churches as frontline messengers. One interviewee, Christina, works as a local government employee in California on immigrant affairs. She noted that community organizations serve as trustworthy resource centers for immigrants, saying, "Even if there is less trust in government, there is a lot of trust in local organizations and kind of grassroots groups. That almost serves as people's informal network of information. And if it's coming from them, it could be the same information, but if it's coming from them versus coming from me, it could make all the difference."

Lucas, the community organizer in California, works to inform agricultural workers of their right to sick leave with pay and access to testing and vaccinations. He said they use many methods to reach this population, including partnering with local radio stations catering to immigrant populations, posting information on social media and sending mass text messages.

Grassroots mobilizations can also lead to political action that helps immigrant residents. Sofia, the advocate for migrant farmworkers, shared that mobilizations went a long way in pushing city councils and local governments to create benefits, including health care resources, for immigrant essential workers. However, recognizing that local governments often depend heavily on federal and state funding that may be slow to come in a crisis, she said, "It's also very important that community-based organizations have the resources to respond. A lot of community-based organizations provided food and provided other types of aid, masks and protective equipment. They leapt right in and they just responded. So it's important that they have the resources to continue to do that."



PITTSBURGH, PA – A volunteer discusses food boxes with a Latinx immigrant as part of a COVID-19 response program by Casa San Jose, a local not-for-profit.

Underappreciated Heroes

During the pandemic, there was an outpouring of public support for essential workers, and they were often recognized as "heroes." However, some immigrant essential workers felt that this was a hollow label. At the end of the day they were not treated differently or even treated worse than before. In particular, they felt that immigrant workers who worked behind the scenes and are often undocumented weren't similarly acknowledged as heroes. This feeling was compounded by the fact that many immigrant workers lacked the support and resources given to other workers. Despite this, many felt a tremendous sense of pride and commitment to community in their work, and continued to work under difficult conditions.

Immigrant essential workers who were interviewed for this report noted that while some of their neighbors and family members supported them, others stayed away from the workers for fear they were too risky to interact with. For instance, some interviewees reported friends or neighbors refusing to provide childcare when asked. Eden, a health care worker from Ethiopia in Woodbury, Minnesota, noted, "During the pandemic, me and my husband were working, [but] our neighbors didn't want to talk or anything. They're scared of us. I tried to protect myself and I know that saved me. I was feeling bad at that time, but it's okay."

Abebe, the nursing assistant in Minnesota from Nigeria, said she felt similarly excluded, explaining, "I know there was this talk about heroes, blah, blah. But it didn't really amount to anything. I don't think we were treated better or given respect. There were times I would go out and I'd need to stop somewhere on the way to work and people would look at my scrubs and treat me like I was diseased." This lack of better treatment and respect was felt more harshly by immigrants, many of whom were already left out of COVID-19 relief programs.

Some interviewees, like Manuela, the food packaging worker in California from Mexico, felt that the narrative was incomplete. She said that people forgot the work of working-class agricultural workers, who are often undocumented, focusing instead on more public-facing occupations:

"Even when they put ["thank you"] posters up you would see doctors, grocery workers, but you wouldn't see people in a field. I feel like they forgot about the more important people. And people forgot that people still work in the fields, and that they were essential workers ... The wildfires in California show the field burning away and 10 feet away is a farmer trying to cut down vegetables while the fire is a minute away. Their clothes are getting black because they're so close to the fire. I know what the fruit and vegetables had to get through to come to me, so I feel like the whole essential hero narrative totally forgot the fieldworkers and totally took out undocumented people. They didn't get the money, hazard pay, and were totally left out. I felt so heartbroken because I knew what they had to go through."



GRANTS PASS, OR – Farm workers harvest crops during the forest fires of September 2020.

Although policies failed to provide the benefits and protections that would align with the "hero" label, many interviewees nonetheless felt an urgent need to keep working despite the risks. They felt a sense of pride in being an essential worker during the pandemic. This was due to a sense of social responsibility to the community at large, or for the sake of their own livelihoods and families.

Immigrants' overrepresentation in the essential workforce, even during a public health crisis, suggests that interviewees' sense of pride and social responsibility is common in immigrant communities. The benefits of this commitment extend to all Americans. For instance, Abebe noted, "Some people pushed me to stay at home, but I'm healthy so I can work. I didn't think that quitting was an option. I am healthy and it is the right thing to do."

Jemal, a worker in a California check cashing store from Eritrea, felt similarly. He explained why he thought it was important to return to work after recovering from COVID-19, saying,

"Most of our clientele who are low income needed to feed their family so had to cash their checks. So we had to provide financial services to people. We had a lot of bill payments. We had lines all the way to outside, all the way to 300 feet. It's good for business, but also better for social responsibility to be able to take care of people. We were helping the community."

Hope, an oncology nurse from Thailand who works at Mayo Clinic in Rochester, Minnesota, lamented the lack of benefits available to her but also acknowledged the pride she felt in her work and how the public appreciates what she did during a difficult time. She said, "When I saw the [billboards thanking essential workers], I felt good about being an essential worker. I don't think people treated us better, but there is so much appreciation." I feel like I'm unhappy. That job makes me feel more undocumented than I already am. I don't know how to explain it. I'm not trying to make anybody feel bad about working there but it just feels degrading ... It makes me feel more undocumented because I know everybody who works there deserves a lot more. I deserve a lot more."

- Mariana, a restaurant worker in Waco, Texas from Mexico



Mental and Physical Health Risks at Home

Immigrant essential workers interviewed for this report were highly likely to belong to households with other essential workers, leading to a large-scale risk to foreign-born families and communities. Approximately three-fourths of interviewees had one or more family members working in an essential service. In addition, these immigrant families tend to live in more closely knit, multi-family households. These concentrations of immigrant essential workers compounded the risks they and their families faced to their physical and mental health.

For example, Bisrat, a food service worker in St. Paul, Minnesota, from Ethiopia, lives in a Christian women's group home. She described the conditions, saying, "two or three people where I live got COVID-19, but we had a special room for them ... The people I live with are also immigrants from Africa, Pakistan [and] India. Most of us are also essential workers." Aida, a health care worker who migrated from Nigeria also to St. Paul, Minnesota, notes that her husband is also an essential worker, working with electric chairs as a service engineer. She explained, "He works during the night, I work in the daytime, so we switch shifts. When I come home, I take care of the baby." Shared housing multiplies the risks of infection to immigrant essential workers and their children.

My mom was really upset for me [when I lost my job]. I wouldn't say I was depressed, but I was really down that I didn't have a job. I didn't enjoy my time from not having a job because I was just worried because I had stuff to pay ... I know some families were at the point where they didn't have money to buy groceries and stuff because they have no help and have younger children, so they are the providers."

> Maria, an undocumented food packaging worker in California from Mexico

Other interviewees told us that they and their essential worker household members have struggled with the stress of isolation and health risks, experiencing significant mental health problems. Compounding this, as noted earlier, is a lack of access to health care resources and support from the government. These stressors more harshly impacted households with multiple essential workers. Maria, an undocumented food packaging worker in California from Mexico, experienced heightened stress because multiple members of her family were essential workers who were infected by COVID-19, causing financial uncertainty. She said,

"I was afraid because my parents had COVID, all my family had COVID. And I was like, if they don't get paid, who's going to pay the bills? ... What if [another wave of the pandemic hits and] my mom gets laid off, what if my dad gets laid off? I know I'm not going to get any government help, and even till this day I work as much as I work because I'm afraid the pandemic is going to come back, and I don't want to feel like I felt when the pandemic first started. When the pandemic first started, I felt like my family was in a very vulnerable state. And I don't ever want to feel the way I felt where I felt that my family was really vulnerable, where if my mom and my dad stopped working, I was really worried about what would happen to us. I know a lot of undocumented families that lost their jobs were really struggling."

Maria's perspective illustrates the mental stress that the pandemic has had on the families of immigrant essential workers. She and other interviewees spoke about how the trauma they experienced from the uncertainty, layoffs, lack of safety nets, health risks and fear of deportation during the pandemic was compounded by being part of a family or household with multiple at-risk essential workers.

Part II: Policy Examination

T his section illustrates two main phenomena. First, it details how federal, state and local policies, and even the public have not meaningfully addressed the needs and concerns of immigrant essential workers. Then, it gives an overview of public opinion on immigrant labor, recent federal actions that have been proposed or passed, and state and/or local movements that have emerged as federal legislation stalled.

Public Opinion and Federal Policies

Despite heightened attention paid to immigrants as essential workers during the pandemic, there were no meaningful federal policy interventions to provide protection or benefits to immigrant essential workers and their families, particularly undocumented immigrants. The two major proposals for immigrants in 2021, the Citizenship for Essential Workers Bill and the Farmworker Modernization Act, were criticized by many across the political spectrum, including immigrant advocates, and ultimately stalled.³⁰ This lack of action is unsurprising, as polls showed that the American public opinion toward immigrants did not change significantly during the pandemic. Finding ways to influence public opinions can play a pivotal role in building support for political action that provides access to protection and support.

The Citizenship for Essential Workers Bill introduced in March 2021 by Senators Elizabeth Warren (D-MA) and Alex Padilla (D-CA) and Representatives Joaquin Castro (D-TX) and Ted Lieu (D-CA) is an example of attempts to make policy changes based on the public's focus on immigrant essential workers. It aims to make essential workers in key industries (i.e. health, agriculture, manufacturing, restaurants, meat processing and construction) eligible for legal status if they worked between the declared start of the COVID-19 emergency on January 27, 2020, and 90 days after it is declared over. It would also reform deportation policies, preventing families from being forcibly separated and/or being barred from re-entry to the country. However, it has been criticized because it can potentially be used to criminalize and marginalize undocumented immigrants by excluding those who were working "off the books," laid off, or unable to work due to illness or disability.³¹

Similarly, another key immigration proposal, the Farmworker Modernization Act, passed the U.S. House of Representatives in March 2021. This bill would enable undocumented immigrant farmworkers to apply for adjustment of citizenship status after eight years of work, or after four years if they had already been working in agriculture for 10 years. However, the bill also promises to expand temporary H-2A agricultural guest worker visas. As labor activists have pointed out, this could make migrant farmworkers more tied to their employers and less able to make demands for protections or benefits.³²

The critiques of both these bills represent much of the difficulties in the immigration reform debate, which is stuck in competing visions and conversations about which compromises are worth obtaining the right to legal status.

As noted in Part I, public health concerns and poor working conditions did little to generate broad support to provide for immigrant essential workers. A 2019 study by the Pew Research Center showed that 62 percent of those polled said immigrants strengthen the country because of their hard work and talents, while 28 percent said immigrants are a burden on the country.³³ In a July 2021 Gallup poll, nearly 70 percent of Americans surveyed thought immigrants were good for the country, but 31 percent of respondents thought immigrant to the U.S. should be decreased.³⁴ Media attention to immigrant essential workers did not reflect or create a significant shift in support for immigrants.

One way to change that narrative and build support for immigrants, according to Christina, the local government employee in California, is to highlight immigrant contributions and pathways to citizenship as important national matters affecting all Americans. This would include emphasizing how many immigrants, for example, ensured that all of us have food and health care during the pandemic, "because the numbers don't lie, right? In terms of how many immigrant essential workers have been on the front line, how many have contracted COVID-19 as a result, how many have made sure that we all have food on the table."



I work with a lot of older Hispanic people. This has been the first job where I work with a lot of people from El Salvador and Honduras ... before it's mostly been Mexicans. They're working there because they don't need English for their job [and] they don't have to struggle with cashing their salary.

"But a lot of people there are used to more hard labor for the same amount of pay, so they're actually happier there because they think, 'Oh my gosh! I worked for minimum wage and I had to do a lot more.' They were happy about getting 15-minute breaks instead of 10, and they're excited about the extra five minutes. It was really heartbreaking."

- Mariana, a restaurant worker in Waco, Texas from Mexico

State and Local Policies Amid Federal Impasse

While new federal legislation stalled, renewed activism on immigration issues in some states resulted in emergency economic relief and access to health care for immigrants left out of or unable to access federal programs. California, New York and Washington were among the first states to provide undocumented communities with emergency funds and resources. North Dakota and North Carolina provided letters on state letterheads for immigrant essential workers to commute freely to work that showed their "essential" status during lockdowns and states of emergency. Some states altered credentialing requirements.

The willingness of states to create legislation addressing the pandemic has varied. In the field sites for this report, California passed 371 COVID-19-related bills, Minnesota passed 280 and Texas passed 37. While these bills did not all pertain to essential workers or to immigrants, they cover topics affecting them, ranging from mask mandates to emergency benefits to business lockdowns. They also show the extent to which various state governments tried to intervene during the pandemic.

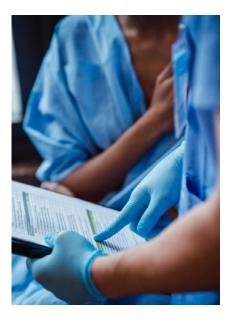
Regardless of state or federal actions, interviews with policy experts revealed that bottom-up, grassroots movements often pushed local governments to implement policy changes that affected immigrants during the pandemic. While the state government in Texas is cracking down on undocumented immigrants, local organizations such as the Border Network for Human Rights joined with the Catholic Diocese of El Paso and other organizations to take action. The coalition asked county commissioners to establish a fund to aid people left out of the federal stimulus package.³⁵ Other initiatives included:

- City Council members in Austin, Texas, approved a \$15 million relief fund in April 2020, allocated for direct aid payments to those excluded from the CARES Act.
- Montgomery County, Maryland, is providing stimulus aid to immigrants regardless of their Social Security status.³⁶
- Thirty states, D.C. and Puerto Rico have expanded Earned Income Tax Credits (EITC) to undocumented immigrants, providing a cash boost to families who are not eligible for federal EITCs because they do not have a Social Security number.
- The federal Families First Act gives states the option to provide COVID-19 testing through Medicaid programs.
- Approximately 15 states have defined testing and treatment for suspected COVID-19 cases as emergency services covered by Emergency Medicaid programs, which tend to be available regardless of immigration status.³⁷

Bipartisan Support for Licensing Changes

Immigrant health care professionals face difficulty obtaining recognition of their foreign credentials, frequently made worse by the need to obtain a state-specific occupational license. Because immigrant employment visas are usually employer-specific, they can prevent physicians and nurses from moving between states, preventing them from going where outbreaks are most prevalent.³⁸ While 1.5 million immigrants are serving as doctors, pharmacists and registered nurses, another 263,000 are out of work or working in jobs that do not utilize their health care expertise.³⁹ As a result, some states retooled licensing requirements or created programs to more quickly integrate foreign-trained health care workers into the labor force to combat the pandemic.⁴⁰

- In response to COVID-19, California introduced a law in 2020 that required licensing boards to speed up initial licensing procedures for refugees, asylum seekers and/or special immigrant visa holders. Special visa holders are mostly Afghan or Iraqi nationals who worked for the U.S. military during the wars in the respective countries.
- In 2021, Colorado, Washington and Maine passed bills reducing barriers to occupational licenses and certificates, allowing state regulators to more easily accept foreign credentials and opening pathways to licensure for immigrant and refugee doctors with international credentials.
- The New Jersey governor signed an executive order in 2020 authorizing the state's Division of Consumer Affairs to grant temporary licenses to doctors licensed in foreign countries.



Local and state governments have also attempted to adjust licensing seemingly unrelated to COVID-19 but which specifically benefitted unauthorized essential workers during the pandemic. For example, in Minnesota, a bill allowing undocumented people to obtain driver's licenses was introduced to the House in February 2021, although it has yet to be passed.⁴¹ To some immigrant essential workers, a driver's license is necessary for maintaining employment. Having access to a car and not having to worry about operating it without proper credentials could reduce stress during the pandemic. By ensuring all drivers are adequately licensed, this policy also increases public safety for everyone since drivers would be trained and registered. In 2020, New Jersey enacted a bill asserting that lawful presence in the U.S. is not required to obtain a professional or occupational license, provided the licensee fulfills all other licensing requirements. This has opened doors for skilled immigrants without legal status to work in essential positions.⁴² While some of these policies have been enacted as part of emergency measures that will cease once the pandemic is declared over, others have received bipartisan support from state governments. The policies will go a long way in helping unauthorized essential workers obtain professional licenses. For many immigrant essential workers, such licenses allow them to work in the sectors for which they are trained and commute to work without fear of repercussions due to immigration status.

Conclusion: Moving Forward

B ased on the analysis of data and interviews in this report, two overlapping themes emerged. First, that immigrant essential workers continued to work and provide services on a daily basis during the pandemic despite great risk to themselves. Second, in the face of these difficulties, immigrant essential workers felt a strong sense of pride and social responsibility in performing such crucial jobs in a global time of need. While they continued to work to sustain their families and livelihoods, many interviewees felt a desire to contribute to strengthening the communities around them, benefitting both U.S.- and foreign-born residents.

Protections for immigrant essential workers would benefit communities as well as workers by strengthening immigrants' ability to continue working and providing needed goods and services for all of us. Thus, whole communities could more capably tackle the challenges of the pandemic. These immigrant workers are committed to being active agents in building stronger, collaborative futures in their communities, industries and beyond. However, these personal expressions of resilience are not enough.

Shifting the public discourse on immigration in ways that incorporate all immigrant essential workers, regardless of status, would benefit all of us, especially during times of national distress. Increasing immigrants' access both to jobs in essential industries and occupational and driver's licenses allows them to actively and safely participate in our recovery. Offering workplace benefits and providing the assurance that immigration status doesn't affect access to those needed benefits gives immigrant workers and their families the chance for financial, health and emotional stability in trying times, like in a public health crisis.

To help maintain that emotional stability, government and community partnerships could create easier access to mental health resources for immigrants, which this report shows were badly needed. Similarly, since many immigrant families fear providing personal information to government authorities, offering direct access to cash benefits instead of requiring they apply for non-cash benefits could allow immigrant families to better navigate uncertain times and prioritize their needs. Finally, as the report makes clear, combatting the rampant misinformation on the virus, the vaccine, and access to benefits and services in immigrant communities is a national priority. This misinformation slowed the country's recovery from the pandemic. It can be addressed by government and community organization partnerships that share accurate information from trusted sources, particularly where there are language barriers.







Indeed, this report clearly shows the value of community organizations, bottom-up, grassroots movements and local advocates. They served critical functions in addressing many of these issues. For any benefits or funds provided for immigrant essential workers, it is vital that they be able to access them freely to ensure none go to waste. Identifying and supporting these local pillars goes a long way in ensuring communities can sustain themselves in times of adversity.

Other research projects look at the experiences and impacts of immigrant essential workers during the pandemic. The "Immigrants in COVID America" project by the University of Minnesota's Immigration History Research Center⁴³ is working to document the impact of the pandemic on immigrant and refugee communities. The Institute for Immigration Research at George Mason University is recording the economic and societal contributions of immigrant workers and entrepreneurs during the pandemic.⁴⁴ This report adds to this body of knowledge by focusing on the oversized contribution of immigrant labor and documenting the extent to which they risk the well-being of their families, loved ones and communities to work on the front lines. It also calls attention to the unfavorable positions in which they are placed in public policy and, often, public life. Making the stories of immigrant essential workers more prominent and measurable, and spotlighting remarkable grassroots movements to support them, could lead to broader, more positive public and political action. Further research can delve into the effects their essential work has on everyone's survival and on sustaining local communities during a public health crisis. This would demonstrate how the United States needs immigrants working alongside the U.S.-born to get through times of immense adversity, such as the COVID-19 pandemic.

Appendix: Methods and Site Selection

F ield site selections of California, Minnesota and Texas were determined by demographic data on foreignborn residents, political leanings within and across states, geographic variation across the United States, and distribution of key industries represented within these states. At 1.4 million and 879,000 individuals respectively based on estimations by the Migration Policy Institute, California and Texas were the states with the largest U.S. citizen and green card-holding populations affected by COVID-19.⁴⁵ California has a high concentration of foreign-born agricultural workers (61.0 percent of total share of workers), health care workers (32.6 percent), construction workers (40.9 percent) and manufacturing workers (44.5 percent).

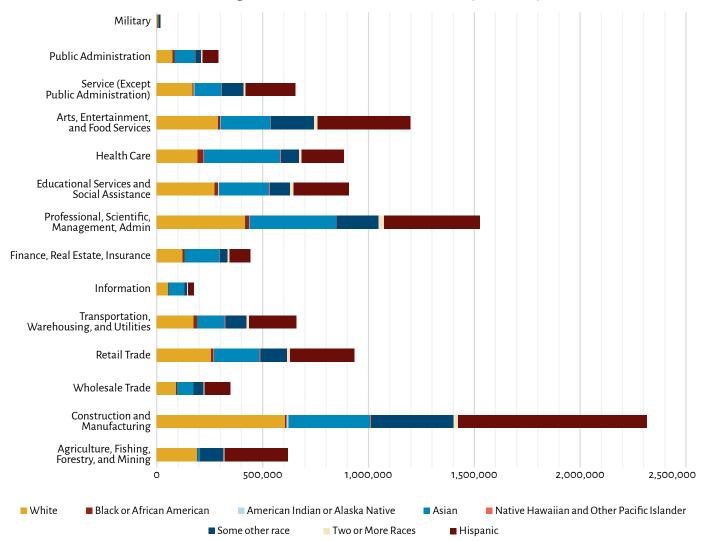


FIG. A: Race Distribution of Foreign-Born Residents in California by Industry

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org)

Note: American Indian, Native Alaskan and Native Hawaiian and Other Pacific Islander designations are for foreign-born people who identify as member of these groups.

Minnesota has a high concentration of health care workers as a share of all foreign-born workers and is home to a large number of refugee communities from Southeastern Asia, Eastern Africa and Central America (see Fig. B for racial breakdown). Across the Twin Cities metropolitan area, immigrant workers are disproportionately represented among frontline workers in cleaning and waste management (35.0 percent) and in the manufacturing industry (21.0 percent), and they have been affected by outbreaks of COVID-19 at meatpacking plants.⁴⁶ In the state, whereas immigrants make up 8.5 percent of the total population, they are on the front lines in construction (15.9 percent), wholesale trade (14.0 percent) and manufacturing (9.9 percent).

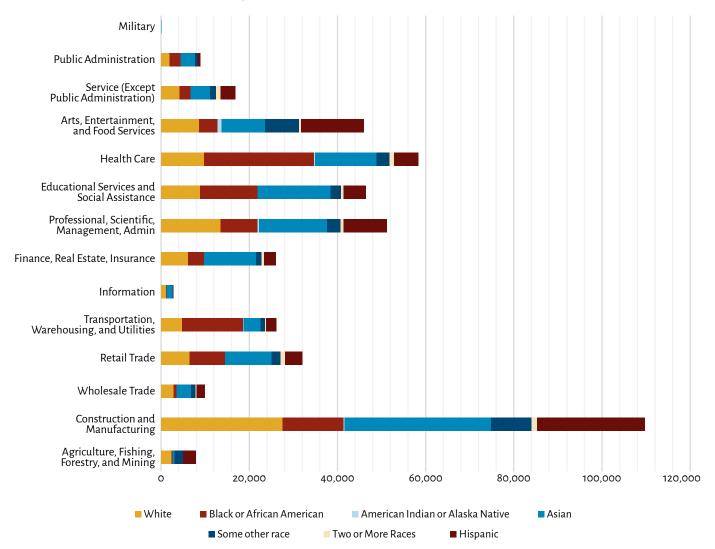


FIG. B: Race Distribution of Foreign-Born Residents in Minnesota by Industry

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1 Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org)

Texas has a large foreign-born labor force (21.8 percent of the total labor force) that makes up a significant percentage of essential workers, primarily in agriculture (37.7 percent), food services (26.4 percent) and health care (14.6 percent) (see Table D). Many COVID-19 outbreaks in Texas happened at meatpacking plants in rural counties where testing is limited and many workers are foreign-born.⁴⁷ The top countries of origin for immigrants in Texas tend to be in Latin America, primarily Mexico, or South Central Asia.

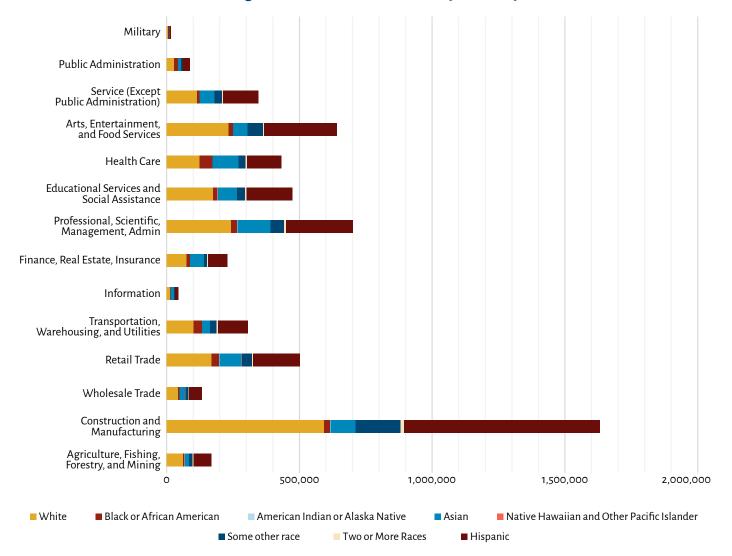


FIG. C: Race Distribution of Foreign-Born Residents in Texas by Industry

(The ILC Public Education Institute Analysis of U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota, www.ipums.org)

The diverse political leanings of the three field sites provided a larger cross-section of immigrant essential workers' experiences. Texas, a mostly Republican state with the second highest number of electoral votes, has been carried by the Republican presidential candidate in every election since 1980, giving former President Donald Trump the win by a 52.1 percent vote share in the 2020 election. California, which has the most electoral votes, has been carried by Democrats in the last eight presidential elections. In the 2020 election, President Joe Biden won with 63.5 percent of the vote, yet the mostly blue state holds large pockets of Republican strongholds, particularly in Central and Northern California.⁴⁸ Politically, Minnesota tends to be conservative in rural areas and liberal in its major cities. The state swung right in 2016, but presidential candidate Hillary Clinton won a narrow victory. The state has had the longest Democratic streak of any state in the nation, leading President Biden to win with 52.4 percent of votes in 2020.

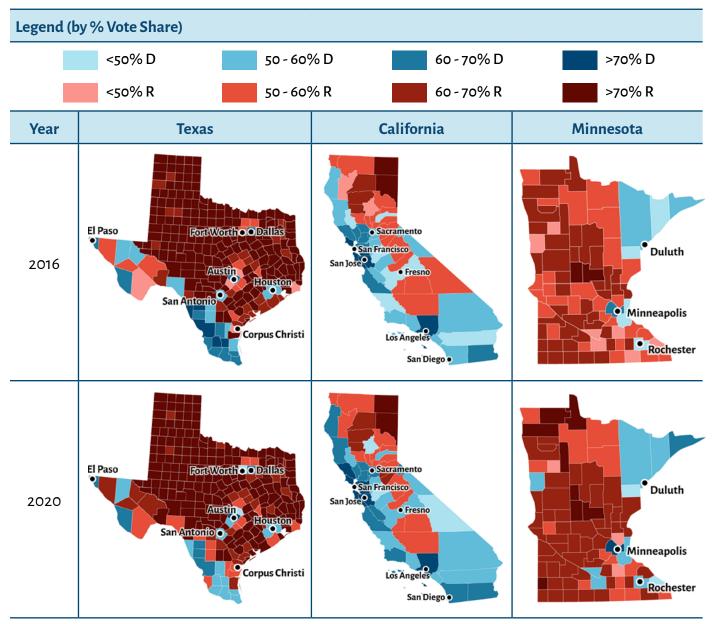


FIG. D: 2016 and 2020 Presidential Election Results by State

(The New York Times (2020, November 3). *Presidential Election Results: Biden Wins*. The New York Times. https://www.nytimes. com/interactive/2020/11/03/us/elections/results-president.html)

To arrange interviews with essential workers in health care, food supply and retail, The Immigrant Learning Center's Public Education Institute reached out to community organizations across Texas, California and Minnesota. Between May and August 2021, 21 semi-structured, in-depth interviews with essential workers across industries, geographic locations within states and countries of origin (see breakdown below) and 10 interviews with community organizers and policy experts were conducted.

State	Countries of Origin	Interviews (including workers, employers and policy experts)
California (CA)	Germany, Mexico, Nepal, Eritrea, United States	10
Minnesota (MN)	Nigeria, Ethiopia, Thailand, Yemen, Argentina, Japan, United States	11
Texas (TX)	Mexico, Cuba, United States	6
National	United States	4
	Total	31

TABLE E: Interview Breakdown

Industry Breakdown (Workers)	States	Interviews (including workers, employers and policy experts)
Health Care	MN, CA	7
Retail	MN, CA, TX	6
Agriculture and Food Supply	MN, CA, TX	7
Transportation	MN	1
	Total	21

To tabulate data on industry, citizenship, state and occupation, The ILC Public Education Institute worked with the U.S. Census Bureau American Community Survey, 1-Year Estimates 2019 distributed through IPUMS-USA, University of Minnesota.

Limitations

The limitations of this report are based on access and trust, primarily a result of COVID-19-related circumstances. All of the interviews were conducted either by phone or Zoom, which made it challenging for the principal investigator to build trust with participants. That was especially the case with more vulnerable populations who are wary of exploitative researchers. To extend a token of appreciation for their time, participants were offered a \$25.00 gift card for 30 to 45 minutes of conversation. For future research studies, traveling to each state and meeting with participants in person to gain a more meaningful understanding of their lives and experiences is recommended. While this sample size is modest, the report's focus is to conduct in-depth narrative interviews, amplify the voices of immigrant essential workers and document their impact on national well-being during the COVID-19 pandemic.

Endnotes

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