

(IM)MIGRANT HEALTH AND COVID-19 RISK

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Summary

Under the Public Health Service Act, located in **Title 42 of the U.S. Code**, the Trump and Biden administrations have immediately expelled migrants under the guise of public health concerns related to the risk of spreading COVID-19.¹ Title 42 prevents vulnerable people entering the US from receiving humanitarian protection. Gov. Abbott's **Executive Order GA-37** restricts transportation of (im)migrants in Texas and grants authorities' permission to stop any vehicle suspected of transporting migrants.²

The Need

Regardless of intention, Title 42 and GA-37 conflict with US refugee laws and international treaty obligations. Further, and counter to stated goals, they work tandemly to *amplify* COVID-19 risk among already vulnerable populations.^{3,4} To reduce COVID-19 community spread, research points to utilizing evidence-based public health practices, such as mask wearing, testing, and vaccinations alongside community health best practices that remove transportation and language barriers in clinical settings. Title 42 and GA-37 are antithetical to community health best practices and *increase* the likelihood that (im)migrants will not seek health care services.



Photographs by Sarahbeth Maney and John Moore

“Using well-studied health practices will allow us to uphold the human right for families ... to legally seek asylum without putting US communities at risk. The Biden administration should immediately rescind the order barring asylum seeker entry based on COVID-19, and implement rational, evidence-based health policies at the border.”

-Health Affairs, *No Sound Public Health Justification For Biden's Migrant Expulsion*

What the Evidence Tells Us

Immigrant Health

Low vaccination rates & anti-mask mandates, not (im)migrants, fueled the COVID-19 surge.⁵

- Over 99% of COVID-19 deaths since February 2020 were unvaccinated Texans.⁶
- Statewide, only 48.3% of eligible Texas residents are fully vaccinated.⁶

According to the Urban Institute (2021), (im)migrant families are more willing to get the vaccine and more worried about COVID exposure than non-immigrant adults.⁷ The 'Hispanic Epidemiological Paradox' supports that when immigrants arrive in the US, their health outcomes are like native-born non-Hispanic whites.⁸ Indeed, the health of Mexican immigrants declines after the first year in the US, which researchers attribute to the migration process into the US and the subsequent process of finding equitable jobs, housing, and health care.⁹

Decreasing Disparities

Targeting the transportation of (im)migrants may create a fear of travel, therefore decreasing vaccination rates among eligible (im)migrants. Research shows that minimizing barriers to vaccine access among (im)migrant families can prevent disparities and ensure equitable access to the vaccine. Barriers for (im)migrants include transportation, language, unpaid time off, childcare, culturally appropriate services, and real or perceived fear of immigration-related consequences.¹⁰ These barriers directly and indirectly de-prioritize the health of migrants and produce compounding risks for COVID-19 – for (im)migrants and the community at large. Free community health clinics with multiple modes of access and extended hours, alongside mask mandates and free access to testing, can mitigate infection rates and the ensuing disparities from the COVID-19 pandemic.¹⁰

Public Health Measures

Policymakers can utilize evidence-informed public health approaches when processing asylum seekers. Practices that support migrant health include providing free health care coverage and accessible services to immigrant populations, as well as communicating information on awareness and prevention of COVID-19.¹⁰ Public health measures have shown to be a better mitigatory method at preventing the spread of disease than restricting travel under GA-37.¹¹ Similarly, instead of expelling migrants under Title 42, public health measures such as social distancing, hygiene practices, testing for COVID, contact tracing, and providing the ability to quarantine support the health of (im)migrants.¹²

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