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## Essential, Disposable, and Excluded: The Experience of Latino Immigrant Workers in the US during COVID-19

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### Introduction

Latinos are the largest minority ethno-racial in the United States. Latinos comprise 18.5% of the nation's population, but account for 27.5% of COVID cases reported in the U.S. (Despres, 2021). This is a rate of contagion that is higher than any other ethnic or racial group in the nation (Despres, 2021). Foreign-born Latinos and Latino adults residing in mixed-status-households are more likely to be essential workers and employed in industries most affected by the pandemic yet are barred from many federal pandemic relief and safety net programs (Gonzalez et al., 2020; Benfer et al., 2021).

Many social factors contribute to these health disparities, such as poverty, residential segregation, forgoing health care, overcrowded housing, and the digital divide (Benfer et al., 2021; Khatana & Groeneveld, 2020). Many Latinos and immigrants live in densely populated areas, reside in multigenerational and multi-family households with overcrowded conditions and depend on public transportation (Bliss & Rios, 2020). Such housing and transportation conditions do not allow for preventive public health social distancing measures. According to the U.S. Department of Housing and Urban Development, 12% of Latinos live in overcrowded households, a rate higher than that of any other ethnicity or race (Bliss & Rios, 2020). Multigenerational households are another critical driver of infection (Bliss & Rios, 2020). Latinos and immigrants are more likely to live in multigenerational households than the general population and non-Latino whites, at rates of 27% and 16%, respectively (Cohen & Passel, 2018).

Where Latinos work contributes to the disproportionate health and economic impacts of the pandemic. Latinos and immigrant workers are concentrated in labor market positions that expose them to two types of pandemic related vulnerabilities, risk of exposure to the virus and the economic shock caused by the pandemic. Many Latinos and immigrants work in sectors that are

deemed essential and cannot be converted to work-from-home or readily adapt to social distancing, such as agriculture and food production and caregiving services, exposing them to more risk of contracting COVID-19. Others are concentrated in sectors that have been most impacted by COVID closures, such as restaurant, hospitality, and service-related occupations, making them vulnerable to layoffs and curtailment of work hours (Zamarripa & Roque, 2021).

The COVID-19 pandemic has revealed deep inequities as it has disproportionately impacted different social groups, particularly African American and Latino communities in the United States. The causes for this disproportionate impact are varied and many, yet all reflect a common basis: systematic inequality, particularly in the areas of employment, housing, transportation, health-care access, and ineligibility for many social safety-net programs. This article focuses on the disparate health and economic impact on the Latino community and the social factors that contribute to the increased risk and rate of infection and economic and social harm experienced, with an emphasis on Latino immigrant and mixed status households.

### **Essential and disposable: labor, COVID-19, and Latino immigrant workers**

The nature of work, work conditions, and employment sector determine exposure and vulnerability to COVID-19, as well as the impact the pandemic may have in other areas of life (Organization for Economic Co-operation and Development, 2020). During the pandemic, many migrant workers have remained active in the workforce due to economic need or the inability to work remotely, while others have lost employment due to the economic shocks of the pandemic.

The labor market has presented a series of challenges as some industries became essential for the COVID-19 response and other ones became sectors that closed, laid off workers, or drastically reduced working hours. Health care and social services, essential retail and wholesale, some manufacturing companies, transportation, and postal service were among the industry sectors that have remained active during the pandemic and where migrants are significantly represented among the workforce (Gelatt, 2020; Guadagno, 2020; Organization for Economic Co-operation and Development, 2020). On the other side of the spectrum, hospitality and food services, non-essential retail, personal and private household services, arts, and entertainment, building services, and nonessential transportation were among the industries that were most negatively impacted by the pandemic and in which immigrant workers are most concentrated (Gelatt, 2020).

### ***Essential immigrant workers***

There are more than 5.5 million workers in essential industries in the U.S. and 19.8 are foreign born, and one out of every 20 are undocumented immigrants (Kerwin et al., 2020; McLaughlin & Spiegel, 2021). Foreign born workers in the U.S. labor force are disproportionately represented among the essential workforce with 69% of all immigrants and 74% of undocumented immigrants working essential critical infrastructure jobs, compared to 65% of the native-born labor force (Kerwin et al., 2020).

Some of the essential industries in which immigrants are concentrated include agriculture, food processing, retail, manufacturing, and care industries. Foreign born workers represent 27% of all workers in agriculture, forestry, fishing, and hunting industries. In the agriculture industry, immigrants have been responsible for planting, growing, raising, harvesting, and processing the food for the country. Many of these workers are hand packers and packagers, as well as agricultural graders and sorters (Gelatt, 2020). Similar numbers appear in essential retail and manufacturing industries that produced, distributed, and sold supplies used while businesses experienced lockdowns and people were under stay-at-home orders. And others are concentrated in care industries that do not allow for remote work or social distancing on the job.

Many immigrants are at increased risk and exposure both because their workplace conditions (Greenaway et al., 2020). A recent PEW Research Center survey shows that 45% of Hispanic adults have jobs that require that they work outside of their home and require frequent contact with others (Noe-Bustamante et al., 2021). In many of these cases, poor working conditions, inability for social distancing, extraneous work and continuous hours became commonplace in the lives of migrant workers in industries deemed as essential. (Hooper et al., 2020; Webb et al., 2020).

### ***Disposable immigrant workers***

Industries that were hard hit by the pandemic showed another side of how COVID-19 impacted the lives of migrants. As business had to close in response to public health measures, layoffs and cuts in work hours increased among immigrant groups. Between February 2020 and April 2020, the unemployment rate for immigrant women increased from 4.3% to 18% and for immigrant men from 3% to 15.3% (Clark et al., 2020). These numbers reveal that while unemployment rates have been relatively low among White and Asian American and Pacific Islander workers, less educated workers are among those most affected by the pandemic (Capps et al., 2020). Latino immigrants have been especially hard hit during this time, as younger age and lower educational attainment were high prevalence among migrant workers who lost their jobs. Latina immigrants had the highest unemployment rate of any group (Capps et al., 2020.)

Generally, undocumented migrants face additional obstacles in the labor market in comparison with their documented counterparts and often engage in the informal economy. Workers in the informal economy can be separated into two broad categories: self-employed in informal enterprises and wage-employed in informal jobs or informal employees. Among the self-employed in the informal sector are those individuals engaged in informal enterprises, such as workers in small unregistered or unincorporated businesses, including employers, own-account operators, and unpaid family workers. Informal wage-employed workers include laborers who work in formal or informal enterprises or for households and do not have access to secure formal contracts, statutory workers' benefits, social protection, or workers' representation. This includes employees with no fixed employer and other informal wage workers such as casual or day laborers, domestic workers, industrial outworkers, and unregistered, undeclared, and temporary or part-time workers (Webb et al., 2020).

The precarious nature of work in the informal sector is compounded for immigrant workers, especially those with undocumented status and women. However, precarious work is not limited to the informal sector, as immigrants can also experience low wage, unstable, and unprotected employment in the formal sector as well. Immigrant women face even more obstacles than their undocumented male counterparts (Cleaveland & Waslin, 2021). Undocumented immigrant women are concentrated in highly disadvantaged occupations and are more likely to earn less and work part-time than native Latinas, white non-Latina women, and immigrant Latino males, irrespective of education and experience (Catanzarite & Aguilera, 2002).

Overall, higher unemployment rates among immigrant populations were shaped by the industries where they labored, such as hospitality and non-electronic retail trade. (Capps et al., 2020; Martínez et al., 2021). Retail trade and hospitality industries were among the most affected during the pandemic. Latino households with an immigrant family member experienced early and disproportionate economic impacts related to their disproportionate representation in industries most likely affected by the pandemic and their lower likelihood of having jobs that can be performed from home (Berube & Bateman, 2020). By early April of 2020 nearly six in ten nonelderly Hispanic adults had a household family member who experienced a decline in work hours or work-related income or lost their job because of the pandemic and nearly one in two had experiences material hardship in the preceding month (Karpman et al., 2020).

## **Excluded: barriers to health care access, implementation of public health preventive measures and pandemic relief and social safety net programs**

The effects of the pandemic on immigrant communities are still unfolding. Exposure and vulnerability, unemployment, lack of information about the pandemic, and lack of access to emergency relief, welfare, and health care are some of the critical issues that have emerged for immigrants and refugees in the United States (Clark et al., 2020; Greenaway et al., 2020; Guadagno, 2020).

Furthermore, immigrants, members of mixed status households and undocumented immigrant populations, in particular, have experienced increased vulnerability due to a lack of access to welfare and emergency support (Clark et al., 2020; Kerwin & Warren, 2020).

### ***Exclusion from health care***

The COVID-19 pandemic has exacerbated the long-standing barriers to health-care access and health outcomes for the Latino community. These factors are compound by the current health care challenges the COVID-19 pandemic poses for the Latino community.

### ***Health insurance coverage***

For decades, Latino have been less likely than African American and white populations to have health insurance, resulting in delays in seeking care (Cornelius, 2003; Short et al., 1990; Tolbert et al., 2020). In 2019, 30.2% of Latinos adults 18–64 lacked health insurance coverage (Centers for Disease Control and Prevention, 2021), compared to 9% of their White counterparts 19 to 64 years of age (Artiga et al., 2021). The higher uninsured rate among noncitizen immigrants reflects eligibility restrictions for Medicaid, CHIP, and Affordable Care Act marketplaces, and limited access to employer-sponsored coverage (Kaiser Family Foundation, 2021).

While the Affordable Care Act (ACA) of 2010 expanded health-care access to many, it left many immigrants behind. In general, “lawfully present” immigrants are eligible to buy health insurance in the health-care marketplaces created under the ACA and receive and receive tax-credit subsidies. This group includes “green card” holders or legal permanent residents, refugees, asylees, and other individuals who are authorized to live in the U.S. temporarily or permanently. However, many “lawfully present” immigrants who are eligible for coverage remain uninsured because of several enrollment barriers, that include fear and misperceptions about eligibility policies, complicated enrollment process, and language and literacy challenges (Kaiser Family Foundation, 2021). Undocumented and DACAmented (those that have Differed Action for Child Arrival) immigrants are not eligible to buy

health insurance and receive subsidies from the ACA marketplaces. Immigrants' eligibility for Medicaid and the Children's Health Insurance Program (CHIP) vary by state of residence, but eligibility is generally limited to "qualified immigrants," a subset of "lawfully present" immigrants (Kaiser Family Foundation, 2021; National Immigration Law Center, 2014).

### ***Accessing health care services***

One of the significant challenges that has emerged during the COVID-19 pandemic is patients either choosing not to seek care (Anderson et al., 2021), or not being able to obtain care (Callison & Ward, 2021). Being unemployed, expressing fear of getting COVID-19, or having financial challenges, were all related to patients forgoing health care (Anderson et al., 2021). Callison and Ward (2021) reported that non-whites were more likely than whites to report problems in getting access to health care during the COVID-19 pandemic. They also noted that age, insurance coverage and fair or poor health status were underlying factors that were related to this issue. When Latinos seek care, insured and uninsured alike, the lack of interpreters for limited English proficiency patients significantly hinders their access (Steinberg et al., 2016).

While one of the health-care system responses to the need for social distancing has been to increase the availability of computer-based video health and behavioral health care, older adults, African Americans, rural Americans, Latinos and the uninsured were less likely to have a computer-based video only visit (Hsiao et al., 2021). The authors noted the importance of increasing digital literacy and access among these at-risk populations.

These patient barriers of access to care are also influenced by gaps in the overall system of the delivery of care during COVID-19, such the shortage of hospital beds and staff (Goldhill, 2020; Kaiser Health News, 2020). The scarcity of resources is further compounded by continued attempts to curtail the Affordable Care Act, limit Medicaid expansion to the uninsured, an weaken power of grassroots health-care consumer advocate groups under the 21<sup>st</sup> Century Cures Act (Moorthy, 2021). These factors as well as the unequal access to health care and relief made immigrant workers more vulnerable to exposure to COVID-19 (Clark et al., 2020).

### ***Exclusion from public health measures***

#### ***Excluded from social distancing, personal protective equipment, and quarantining***

Early in the pandemic there were many journalistic reports of Latino and immigrant essential workers that were not provided personal protective equipment at their places of employment, nor provided sick time with pay to allow for quarantining without income or job loss (Gabatt, 2020; Telford & Kindy, 2020). Similarly, there numerous journalistic accounts of sizable COVID-19

outbreaks and related deaths among agricultural workers in fruit and vegetable farms and meat and poultry processing plants (Lusk & Chandra, 2021). These are industries that employ a high number of immigrant workers, many undocumented, and often have conditions that do not provide the protections of social distancing and adequate personal protective equipment (Armus, 2021; Lusk & Chandra, 2021; Telford & Kindy, 2020). Despite federal Occupational Safety and Health Administration guidelines on protective equipment and social distancing, it is well documented by government inspectors, union representatives and worker complaints, that such conditions continued in the poultry and meat processing plants of three major U.S. meat producers, Tyson Foods, JBS USA, and Smithfield Food. Notably, within the first two months of the pandemic 30 such plants had experienced major outbreaks resulting in more than 3,300 COVID cases and 17 deaths and in a period of weeks, these three industry giants had close 15 production plants due to major outbreaks in April of 2020. (Telford & Kindy, 2020). After intense pressure and forced plant closings, these producers began to implement protective measures. While the problem of unsafe working conditions in meat and poultry production have been highlighted, similar problems have been noted in other industries where immigrant labor is concentrated.

#### ***Excluded from driver's license in most states***

Due to a lack of access to drivers' licenses for individuals that are undocumented, some immigrant workers are more likely to use public transportation, which limits social distancing (Moyce et al., 2021). Under the constitutional authority of the 10th Amendment States issue driver's licenses. In 2005, the U.S. Congress enacted the Real ID, which delineated standards for state-issued driver's licenses, including evidence of lawful immigration status. This severely curtailed the ability of undocumented immigrants to obtain a driver's license. Only 16 states and the District of Columbia have enacted laws to allow undocumented immigrants to obtain driver's licenses with identity documents such as a foreign birth certificate, passport, or consular card and evidence of current residency in the state (National Conference of State Legislatures, 2021).

#### ***Excluded from vaccination priority***

In February of 2021 the Biden administration called for all individuals in the U.S. and its territories to receive the COVID-19 vaccination irrespective of their immigration status and instructed the nation's vaccination sites to ensure that undocumented immigrants have access to the vaccinations (McLaughlin & Spiegel, 2021). However, states set their own requirements regarding whom can be vaccinated, priority groups, and what identification must be shown to receive a vaccine. Thirty-one of U.S. states (62%) require documentation that individuals are either a resident or a worker in the state where they are

receiving the COVID-19 vaccine (McLaughlin & Spiegel, 2021). State requirements of government issued IDs, inadequate communication regarding which documents are required of undocumented immigrants for vaccination, residency requirements, fear of legal repercussions, and a lack of prioritizing workers in some essential industries in which undocumented laborers are concentrated have contributed to a systematic inattention to the vaccination of this group and lower rates of immunization (McLaughlin & Spiegel, 2021).

Despite the federal mandate to make vaccinations available to all irrespective of their immigration status, there has been instances in Florida vaccine access being denied to undocumented immigrants (McLaughlin & Spiegel, 2021). Furthermore, statements such as that of the Governor of Nebraska regarding the state's vaccine distribution plans have had chilling effect for undocumented workers: "You're supposed to be a legal resident of the country to be able to be working in those plants . . . So I do not expect that illegal immigrants will be part of the vaccine with that program." This message went viral and was received with great criticism, requiring the governor's director of communication to indicate that immigrants of all status would be eligible for vaccination, but those without legal status would be the last to be vaccinated, "Nebraska is going to prioritize citizens and legal residents ahead of illegal immigrants" (Armus, 2021). These actions and words directly communicate that the immunization of undocumented individuals and undocumented essential workers is not a priority.

### ***Excluded from pandemic economic relief and social protections***

Health care and human service professionals have noted a mistrust and fear of immigrants to seek testing and treatment services because of heightened immigration enforcement in the interior and changes in the Public Charge rule that went into effect in February of 2020, which states that "aliens are inadmissible to the United States if they are unable to care for themselves without becoming public charges." Although U.S. Citizen and Immigration Services has indicated that seeking medical treatment or preventive services for COVID-19 will not negatively affect immigrants in a future Public Charge analysis, immigrants are mistrustful and fearful given the relentless attacks on immigrants under the Trump administration (Page et al., 2020).

In March of 2020 the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which authorized \$2 trillion dollars to address the economic impact of COVID-19 through direct cash relief (Economic Impact Payments) for individuals or households, emergency grants and loan programs for small business, support for hospitals and other medical providers to provide, expanded and enhanced unemployment insurance, and support for food security programs (Gelatt et al., 2021). To be eligible for unemployment insurance and the stimulus check cash assistance program funded by the CARES Act, immigrants had to demonstrate that they had

filed taxes in 2018 or 2019 with a valid social security number or receive Social Security benefits and are not required to file taxes. This includes resident aliens, green card holders, DACA-recipients, and workers with H-1B and H-2A visas. Individuals filing taxes using an Individual Taxpayer Identification Numbers (ITINs) rather than a social security number do not qualify for the stimulus checks, nor do households filing a joint return if either spouse lacks a social security number (Migration Policy Institute, 2020). This requirement excluded many US taxpaying immigrants and the estimated 18.3 million persons living 3.8 million mixed-status households that file returns using an ITIN (Kerwin et al., 2020). Thus, many immigrants were ineligible for the stimulus checks and unemployment insurance offered by the CARES Act and others that were eligible for some of the programs did not apply for fear that receipt of benefits would count against them in immigration proceedings as part of the public charge inadmissibility determination (Gomez & Meraz, 2021).

### **Gads Hill Center: a civil society response to vulnerable and excluded immigrant workers in a global pandemic**

Civil society organizations in the United States are playing a critical role in attending to the pandemic-related vulnerabilities of many immigrants, immigrant workers, and mixed-status households that have been left out of the assistance provided by the CARES Act and other federal pandemic relief programs. Gads Hill Center is a civil society organization that has responded to this challenge, informed by the voices of the immigrant members that participate in their programming. A summary of the experiences of their program participants and the organization's response follows.

#### ***Gads Hill Center history and mission***

Gads Hill Center (GHC) is a community center established in 1898 in Chicago, Illinois in the Pilsen neighborhood. It is one of the 400 settlement houses created in the United States between 1880 and 1920 in response to the wave of immigrants arriving from Europe. The mission of Gads Hill Center Social Settlement was to improve community conditions and the well-being of its residents through a combination of direct services, community engagement and advocacy. The Settlement House Movement reflected the broad commitment to social reform of the Progressive Era and the impulse of the emerging field of social work to move toward an orientation of social solidarity and community welfare, and away from the individual charity approach (Berry, 1986; Scheuer, 1985). After World War I, continuing a long pattern of ethnic succession, the once German, then Irish, then Bohemian neighborhood became a primary destination for Mexican immigrants drawn to Pilsen by employment opportunities from the railroads and industrial

plants. Historically, GHC's work has promoted the integration of immigrants into the social and economic fabric of their adopted country by including adult education, English language classes and civic engagement programs.

Recognizing the demographic shifts and changing needs of the community, over the years GHC has increased its geographic reach and redesigned and expanded program areas. Due to the growth of the Latino population, in the past 15 years, GHC has opened four new centers in three Latino neighborhoods in addition to Pilsen. The organization serves 4,500 children and their families annually, focusing on supporting learning and academic success across the continuum of education from birth to high-school graduation.

### ***Profile of families participating in center programs***

Seventy percent of families enrolled in GHC programs are Latino, 39% are immigrant, and 94% of the children of the immigrant parents are US born. The deep economic hardship and racial injustice that immigrant families experienced was magnified by the pandemic and was documented by Gads Hill staff through surveys that were administered to program participants on a weekly basis beginning in March of 2020, after the Illinois Governor Pritzker announced a state-wide lockdown and stay-at home orders. Surveys were administered through the month of December. The purpose of the surveys was to identify emerging needs resulting from the pandemic so that GHC could respond with relevant services and support.

Nine hundred and fifty-one families responded to the weekly survey, approximately 25% of all families that participate in Center programming. Among the survey respondents, 352 identified as immigrants and 162 were not comfortable answering the survey item regarding immigration. The survey addressed loss of employment and income, health and health-care access, housing arrangements and needs, nutritional security, and access to technology and internet. The data collected allowed GHC to identify trends and establish emergency aid priorities. A summary of the impact of the pandemic on the families served by GHC, with a focus on the 352 households that identified as Latino and immigrant/mixed status, follows. The summary also highlights some of the Center's efforts to provide the support indicated by the survey findings as they emerged.

## ***Impact of the pandemic on immigrant families and GHC response***

### ***Health and healthcare access***

One hundred of the 274 families that reported contracting Covid were among the self-reported immigrant group. Of the 951 survey respondents, 323 reported that they were uninsured at the beginning of the pandemic, even though they were employed. Seventy percent, or 225 of the 323 were immigrants, indicating the high vulnerability of this group.

### ***Job loss and reduced work hours***

Before the pandemic, nearly 90% of the families participating in the programs of Gads Hill Center were employed or actively seeking employment. Despite holding a job, 96% of families served by GHC can be classified as “working poor.” This category refers to individuals who spend 27 weeks or more a year in the labor force either working or looking for work, but whose incomes fall below the official poverty threshold (Bureau of Labor Statistics, 2021). The employed members of the families at GHC are part of the nation’s low-wage work force, earning below 2/3 of the median hourly wage for men working full time/year-round. This is not surprising given the majority of population served by GHC is Latino, an ethno-racial group that is more likely than any other to be among the working poor (7.9%) and low-wage labor force (63%) in the U.S. (Bureau of Labor Statistics, 2021; Metropolitan Planning Council, 2020).

Of the 951 respondents, 278 or 29% lost their jobs during the first three months of the pandemic, 91 of whom self-identified as immigrants. The highest rate of job loss was among the respondents that had been employed in the food service industry, followed by the manufacturing sector. In addition, 599 parents had their work hour cut, 227 were immigrants.

Many of the parents that remained employed throughout the pandemic were considered essential workers and were employed in grocery stores and cleaning services. Many of these workers shared their concerns about the high risk of contracting COVID-19 that they faced due the failure of employers to provide adequate personal protective equipment.

### ***Economic precarity***

The inability to afford housing payments became evident the first week of April. The request for assistance to pay for rent or mortgage became top priority for families above the initial request for emergency items, including food, formula, diapers, and disinfecting supplies. The request for housing assistance decreased in the surveys when various levels of government established funds for rent and mortgage and policies to prevent evictions. However, the need continued among families with undocumented immigrants because

they were not eligible for the programs or apprehension of receiving rental support due to a fear that it would impact their opportunity for immigration status adjustment due to recent rule change of the Public Charge policy.

### ***Economic impact payments***

When the CARES Act federal stimulus checks were issued in the spring of 2020, 352 self-identified immigrant families reported that they did not receive a stimulus check.

### ***Digital divide***

Through the data collected, GHC quickly assessed the wide digital divide among the families that would hinder the possibility of their children participating in remote learning. Gads Hill planned to immediately migrate its programs to an online format and had to prepare the families for the shift to remote learning. More than 300 of the 951 families responded that they did not have a computer or internet services. More than half of the 300 were immigrant families.

### ***Gads Hill Center response***

As a social justice informed organization, Gads Hill Center was committed to bringing the voices of the families affected by the pandemic to the center of its decision-making process. The surveys were a tool to inform decisions on fundraising priorities, allocation of resources, technology investments, and distribution of emergency funds.

Gads Hill purchased the necessary equipment and connected families with internet services to overcome the technology obstacle. This included providing technical assistance to the parents in Spanish to be able to troubleshoot and navigate the internet and equipment. Due to cost, the devices were limited to basic features and the internet service tended to be slow, especially when more than one child was connected.

Gads Hill pivoted the allocation of emergency funds to help families stay in their homes and prevent homelessness. Until emergency funds became available from government programs to assist with housing cost during the pandemic, Gads Hill Center allocated \$145,000 in rental assistance for an average of 38 families per week in three months.

Gads Hill Center staff reflect the demographic composition of the communities the organization serves; as such, most employees speak Spanish, and many are immigrants. A deep level of understanding and solidarity was manifested during the pandemic as staff organized brigades to deliver food and essential items to the doorsteps of the families who contracted the virus, secured emergency medical care for the uninsured, and provided timely and accurate information in Spanish about testing and vaccination sites.

## Conclusion

The experiences of the Latino immigrant families that are part of the Gads Hill Center community present a microcosm of what has been the experience of Latino mixed-status and immigrant households during the COVID-19 pandemic. As low-wage Latino immigrant laborers their experience vacillated between being deemed *essential* workers, which exposed them to health risks related to the pandemic or *disposable* workers, when the economy contracted in response to pandemic lockdowns, placing them at risk for job loss and work hour reductions. Their labor-related vulnerabilities were reflected in high rates of COVID-19 infection and disruption in employment.

In addition to their labor market position and high rates of COVID-19 illness, the social circumstances of the GHC participants also mirrored those of the U.S. Latinos immigrant and mixed-status families. The Gads Hill Center families tend to live in overcrowded housing conditions that do not allow social for distancing and quarantining and depend on public transportation to and from work, creating great risk of contagion for all in the household. Many lacked computers and internet at home, which prevented them from accessing public health information and services, securing vaccination access in the early months of immunization campaigns, and helping their children connect to virtual classes as schooling moved to distance learning in the wake of the pandemic. Furthermore, they experienced housing and economic insecurity because they did not have enough savings to endure the loss of income from layoffs and furloughs and because as immigrants and members of mixed status households, many were *excluded* from health-care insurance programs and the economic supports offered by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), unemployment insurance, or other government assistance. Even when eligible for some benefits, many were reluctant to receive needed services for fear of being deemed inadmissible for immigration purposes due to the public charge determination.

Civil society organizations such as Gads Hill Center have played an important role in the welcoming and inclusion of immigrants for more than a century. During the pandemic, they have provided critical support to immigrants, particularly those that have been excluded from federal pandemic relief and safety net programs.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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