

The Inclusion of Undocumented Immigrants in U.S. State COVID-19 Vaccine Plans

Dana McLaughlin

MPH Capstone 2021

Johns Hopkins School of Public Health

Capstone Advisor: Paul Spiegel

Department of International Health

Table of Contents

Executive Summary	2
MPH Goals Analysis	2
Preface	3
Acknowledgements	3
Introduction	3
Situational Context	4
Undocumented Essential Workers	6
Immigrant Detention Facilities	8
Methods	10
Findings	11
Undocumented Essential Workers	11
Immigrant Detention Facilities	14
Discussion	15
Eligibility	15
Accessibility	16
Fear and Mistrust	17
Conclusion	19
Appendices	20
References	22

Executive Summary

Undocumented immigrants in the U.S. and immigrants detained in U.S. migrant detention facilities have faced immeasurable risks, burdens, and obstacles during the COVID-19 pandemic. As states continue to accelerate the rollout of vaccines for the general public, undocumented immigrants of all races and ethnicities are being systematically overlooked and dangerously under prioritized. If the Biden Administration and state governments are committed to reaching herd immunity in the U.S. population by the end of 2021, state and national efforts to eliminate barriers and ensure undocumented individuals have equitable access to COVID-19 vaccine must be accelerated. This paper will explore the reasons why formal guidelines and implementation plans that hold states accountable for ensuring undocumented immigrants, including individuals in U.S. migrant detention facilities, are intentionally prioritized to receive the COVID-19 vaccine. The objective of this study is to understand if and how U.S. state vaccination plans have prioritized undocumented immigrants who work in essential sectors and immigrants who are detained in U.S. detention facilities. The second objective is to examine what actions states have taken to intentionally place or remove barriers that impact undocumented immigrants' ability to access COVID-19 vaccines.

MPH Goals Analysis

Together with my Practicum, this Capstone research addressed several of the public health practice competencies that I outlined in my original Goals Analysis. This research bisects the areas of Policy Development, Cultural Competency, Communication and Systems Thinking. My analysis of the inclusion of undocumented immigrant workers and individuals in detention in U.S State COVID-19 Vaccine Distribution plans challenged me to identify and examine the underlying social, political, and economic determinants that impact an undocumented immigrant's access to a COVID-19 vaccine depending on the state where he/she resides. While my Capstone did not directly address the financial side of state COVID-19 vaccine distribution campaigns, my findings can inform how states are allocating financial resources to ensure undocumented immigrants have equitable access to COVID-19 vaccines. Similarly, this work could also be used to explore the economic ramifications of a state's decision to not prioritize vaccine for undocumented immigrants who work in essential jobs or remove the systemic barriers that deter them from getting vaccinated. Finally, this work gave me the opportunity to consider how the inconsistent inclusion and prioritization of undocumented immigrants across all of the U.S. state vaccine plans have grave consequences for the U.S. recovery from the COVID-19 pandemic. This required me to adopt a systems thinking approach to address this broader public health situation of vaccine distribution so that I

could make informed recommendations about what changes need to be made to ensure undocumented immigrants have equitable access to COVID-19 vaccines in the coming months.

Preface

This study was born out of my experience volunteering at COVID-19 vaccine clinics in Baltimore and through my work with the Center for Humanitarian Health examining the health standards for U.S. migrant detention facilities. As I ushered Baltimoreans through the process of getting their vaccines, I could not help but wonder about countless people who were not afforded the opportunity to receive their vaccine in the early phases of the vaccine distribution in February and March 2020 because of their legal status in the U.S. This led me to explore if and how U.S. state COVID-19 vaccination plans included undocumented immigrants who work in essential sectors and immigrants who are detained in U.S. detention facilities. The intention of this review process to examine the actions states took during the early part of the dissemination of the COVID-19 vaccine to address the systemic barriers that prevent undocumented immigrants from receiving the COVID-19 vaccines.

Acknowledgements

This Capstone was possible because of the guidance and support of Dr. Paul Spiegel and my research colleagues at the Center for Humanitarian Health. I would be remiss if I did not acknowledge Dr. Alfred Montoya at Trinity University for igniting my passion for public health work and urging me to seek out my place in the world of public health. My journey to pursue my MPH and complete this work would have not been possible without the unyielding encouragement and mentorship from my colleagues Elizabeth Ivanovich and Patty Sanchez-Bao. Finally, I would not be where I am today without the sacrifices and benevolence of my parents, my partner Enrique, my extended family, and friends who kept me motivated to complete this Capstone and my MPH degree.

Introduction

In February 2021, the Biden Administration joined the Center for Disease Control (CDC) and The National Academy of Sciences, Engineering, and Medicine in a widespread call for all individuals in the U.S. and its territories to receive the COVID-19 vaccine, irrespective of their legal status. The Biden administration instructed all vaccination sites to ensure undocumented immigrants are able to receive COVID-19 vaccines, calling their inclusion in vaccine distribution a moral and public health imperative.ⁱ While this immigrant inclusive rhetoric is refreshing after four years of xenophobic and anti-immigrant policies and attitudes, limited efforts have been taken by federal or state governments to ensure undocumented immigrants have

equitable access to COVID-19 vaccines. Even though undocumented workers make up 5% of the U.S.'s essential workforce, few state COVID-19 vaccination distribution plans have prioritized the distribution of vaccines to undocumented individuals working in these sectors. Similarly, while individuals who are detained in U.S. prisons and jails have been prioritized 71% of state vaccine plans, migrant detention facilities are notably absent in all but two state vaccine distribution plans. Given their heightened exposure risk to COVID-19, immigrants detained in facilities across the U.S. have not received the same priority as their high-risk citizen counterparts who are detained in U.S. prisons. If undocumented immigrants continue to be marginalized from state and federal vaccine distribution plans and underprioritized in vaccine rollout timelines, vaccine-induced herd immunity in the U.S. will be unattainable and undocumented immigrants will continue to bear a disproportionate burden of COVID-19 cases and deaths.

Situational Context

Over the past year, the U.S.'s 13 million undocumented immigrants have been disproportionately impacted by the COVID-19 pandemic.ⁱⁱ The U.S.'s undocumented immigrant population is an exceptionally heterogeneous group. The Pew Research Center estimates that 68% of undocumented immigrants in the U.S. are Mexicans and Central Americans, 14% are from Asia, 7% are from South American countries, 6% are from Europe, Canada, or Oceania, 4% are from the Caribbean, and 2% are from Africa.ⁱⁱⁱ

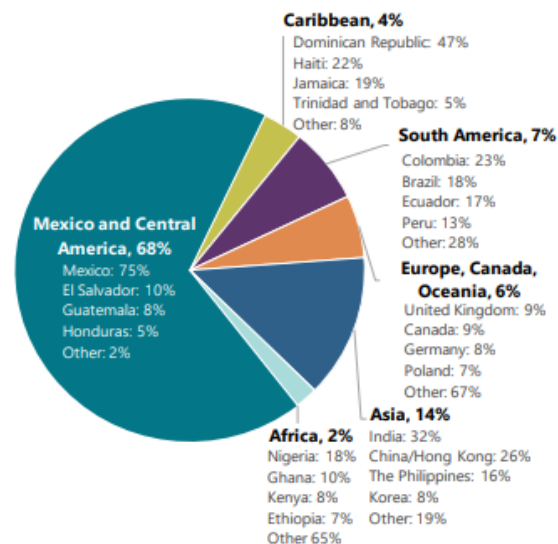


Figure 1: National Origin of Undocumented Immigrants in the U.S, 2016

Undocumented immigrants are individuals who are susceptible to deportation from the U.S., or whose long-term presence in the U.S. is uncertain, because they lack the proper visa documentation to legally live, work, and or study in the U.S. California, Texas, and New York are home to the largest populations of undocumented immigrants in the U.S.^{iv} More specifically, five counties - Los Angeles County (CA), Harris

County (TX), Dallas County (TX), Cook County (IL) and Orange County (CA) – are home to 19% of all undocumented immigrants in the U.S.^v Undocumented immigrants, particularly those who identify as Hispanic, have faced high morbidity and mortality during the COVID-19 pandemic.^{vi} As depicted in Figure 2, there are an array of underlying social, economic, and legal factors that place tremendous burdens on the health, wellbeing, and livelihoods of undocumented immigrants in the U.S..^{vii} In particular, undocumented immigrants in the U.S have lower household income levels, rates of health insurance, and less access to social welfare programs for food, rent relief, and unemployment.^{viii, ix}

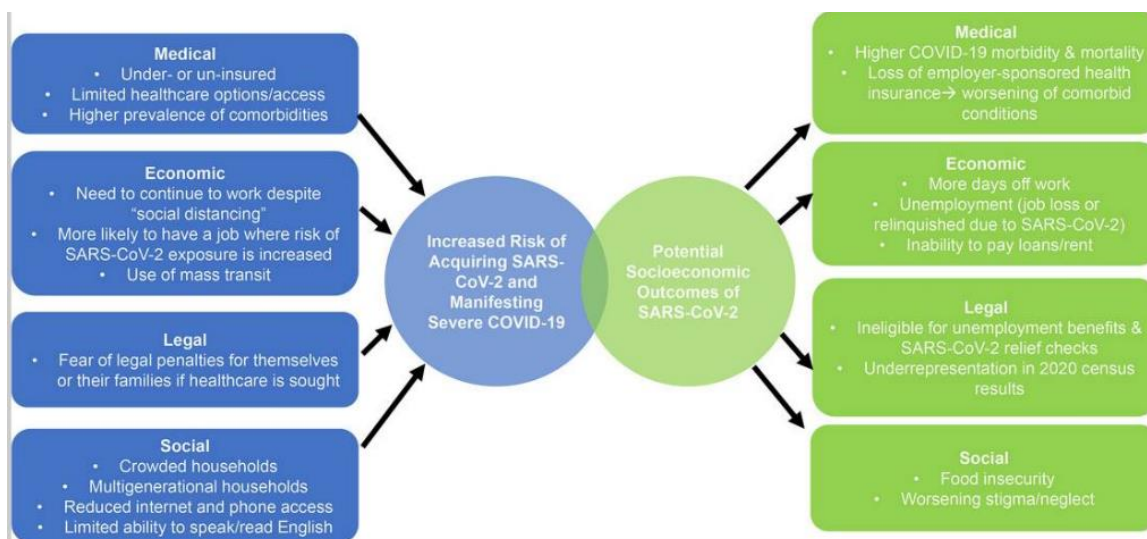


Figure 2: Social and Economic Determinants Impacting U.S Immigrants during the COVID-19 Pandemic (Clark, E et al)^x

Because of their legal status, undocumented immigrants in the U.S. are more likely than immigrants with documentation to face barriers in accessing healthcare and social services. According to the Kaiser Family Foundation, 50% of undocumented immigrants are uninsured, compared to 8% of U.S. citizens and 23% of documented immigrants.^{xi} This disparity has impacted undocumented immigrants care-seeking tendencies during the COVID-19 pandemic and caused them to face delayed diagnosis and treatment for COVID-19. These financial and legal barriers have also contributed to a heightened prevalence of obesity, hypertension, and diabetes in Hispanic immigrant communities, all of which are comorbidities for COVID-19.^{xii} A national evaluation of U.S. immigrant population health in 2018 found that 27% of immigrants from Mexico, the Caribbean, and Central America had hypertension, 71.5% had obesity, and 9.6% had diabetes, compared with the age-adjusted prevalence of 45.4%, 42.4%, and 8.2%, respectively, in the U.S. general population.^{xiii} Over the course of the pandemic, we have seen that early diagnosis and treatment are key determining factors that impact the patient’s outcome and the severity of the case.^{xiv} A delayed diagnosis undermines efforts to prevent the transmission of COVID-19 to household contacts, coworkers, and other

close community members. COVID-19 has exposed the fault lines in our society and the underlying social and economic inequities that dictate health outcomes.^{xv} With so many undocumented immigrants in the U.S. living in crowded or multi-generational houses, their ability to control the transmission of COVID-19 between household members and/or properly quarantine is limited.

Undocumented Essential Workers

Over the past year, there has been great debate about which jobs and sectors are essential to sustain the U.S. economy and support everyday life activities. Yard signs and window posters thanking “frontline workers” are ubiquitous in neighborhoods and communities across the U.S. The term “essential” was first used to describe jobs and industries that must continue to operate under normal circumstances despite the stay-at-home, shelter in place and business closure orders. The first guidance outlining essential infrastructure workers was released by the Cybersecurity and Infrastructure Security Agency (CISA) in March 2020 to help state leaders distinguish between which individuals needed access to their workplaces despite the stay-at-home orders.^{xvi} Since March 2020, 43 states have established their own essential worker orders and directives, while 21 states have chosen to abide by the federal definitions for what constitutes an essential infrastructure job.^{xvii} The most common sectors that were recognized as being crucial to community resilience and the continuity of essential functions, include the following: energy, childcare, water and wastewater, agriculture and food production, healthcare, critical retail (grocery stores and hardware stores), critical trades (construction, electricians, plumbers), transportation, and social services.

^{xviii}

The introduction of COVID-19 vaccines re-ignited discussions and debates about which critical infrastructure jobs should receive priority in the distribution of COVID-19 vaccinations. Despite the inconsistent definitions about which jobs and sectors are truly essential, there is a shared understanding that the individuals who work in these jobs face heightened vulnerability and susceptibility to contracting COVID-19 because they are required to work in-person and interact directly with the general public. While there is national admiration and appreciation for essential workers who have jeopardized their personal health and safety to ensure our grocery stores are stocked, our Amazon orders are shipped, and hospitals, hotels, and public spaces are sanitized, there is limited public awareness that undocumented immigrants hold 5% of essential infrastructure jobs in the U.S.^{xx} According to the Center for Migration Studies, over 5.5 million of the workers in essential industries in the United States are undocumented, making approximately 1 of every 20 essential workers in the U.S. is an undocumented immigrant.^{xx} More specifically, 74% of undocumented workers are employed in jobs that are classified as critical infrastructure

compared to 65% of native-born workers.^{xxi} In states such as California, New Jersey, Nevada, and Texas, undocumented immigrants hold over 6% of all essential jobs.^{xxii} As depicted in Figure 3, undocumented immigrants make up a considerable part of the workforce in industries such as food services, agriculture, and construction, all of which have been classified as essential or “frontline” jobs during the COVID-19 pandemic by the CDC’s COVID-19 Vaccine Prioritization plan.^{xxiii} In these industries approximately one in four jobs, or 23%, are held by an undocumented immigrant.^{xxiv}

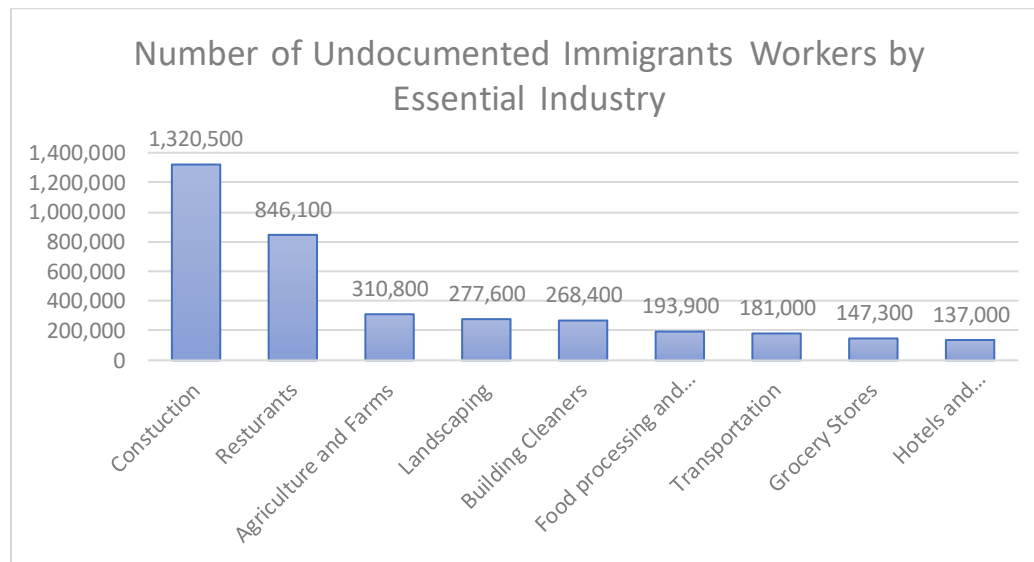


Figure 3: Number of Undocumented Immigrant Workers by Essential Industry, 2020

The nature of these essential infrastructure jobs has forced undocumented individuals to work in person throughout the pandemic, increasing their risk of getting sick and experiencing negative health outcomes. During the pandemic, companies and businesses in these sectors, particularly the meatpacking and agriculture industries, have been found to violate CDC guidelines for social distancing, provision of masks, and other preventative measures.^{xxv} Unsafe work environments have contributed to high rates of COVID-19 transmission among immigrant workers who occupy these jobs.^{xxvi} Additionally, because many undocumented immigrants work in jobs that do not allow for remote work, they were disproportionately impacted by the stay at home public health measures that were in effect during the first months of the pandemic.^{xxvii} For undocumented immigrants, staying at home or missing work due to COVID-19 exposure or sickness contributed to loss of income or employment, and correspondingly higher rates of eviction, food insecurity, and financial instability. To date, all of the federal government’s COVID-19 relief efforts, and economic stimulus measures have excluded undocumented immigrants.^{xxviii} Not only have undocumented individuals been ineligible for stimulus relief such as the Cares Act that was passed in January 2021, but the legislation disqualifies anyone who lives in a household in which someone who uses

an Individual Taxpayer Identification Number (ITIN) to file taxes from receiving stimulus checks or other federal relief efforts such as unemployment or rent relief. ^{xxxix} This policy is not only detrimental to undocumented immigrants who are unable to benefit from economic relief efforts, but it also means that over 8 million U.S. citizens, who live in the same household as an undocumented family member are ineligible for stimulus checks. ^{xxx} 5.9 million of these 8 million individuals who are ineligible are children who are U.S. citizens. ^{xxxi} As long as undocumented immigrants are ineligible for social services and relief, the pandemic's economic repercussions will continue to contribute to poor health outcomes for mixed status households.

Immigrant Detention Facilities

In 2020, 21 immigrants died in U.S. detention facilities, the highest annual death toll since 2005. ^{xxxii} This is more than double the number of deaths than fiscal year 2019, according to data from the Department for Homeland Security (DHS) and U.S. Immigration and Customs Enforcement Agency (ICE). ^{xxxiii} Nine of these 21 deaths were caused by COVID-19. Initial investigations into these deaths and allegations of ICE's deficient adherence to CDC's Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities have only begun to reveal the dire circumstances that persons in detention have faced in ICE facilities over the past year. In July 2020, whistleblowers in Louisiana noted that ICE detention facilities were "tinder boxes for the spread of COVID-19" and that COVID-19 outbreaks in these facilities pose an imminent threat to the health and safety of persons in detention, staff, and the surrounding community. ^{xxxiv} A whistleblower report from a nurse in a Georgia detention center outlined that migrants in detention facilities are forced to live in close quarters, are often not provided with proper spaces to quarantine if they are exposed to someone who tested positive for COVID-19, and do not have consistent access to personal hygiene items such as soap for handwashing. ^{xxxv} Together, these factors have made migrant detention facilities hotspots for COVID-19 outbreaks.

From April to August 2020, the COVID-19 positivity rate in ICE detention centers nationwide was 13x the positivity rate of the general U.S. population. ^{xxxvi} As of April 14, 2021, ICE has confirmed 11,654 cases of COVID-19 and nine deaths from COVID-19 in migrant detention facilities since February 2020. ^{xxxvii} Of the 15,344 migrants currently being held in detention facilities in April 2021, there are 985 individuals with COVID-19. ^{xxxviii} In a recent report, the Detention Watch Network suggested that ICE's failure to prevent COVID-19 outbreaks in detention facilities has not only violated the human rights of migrants detained in the facilities, but also caused nearly a quarter of a million infections nationwide in 2020 due to transfers of immigrants in detention, and outbreaks within detention staff that contributed to community

transmission.^{xxxix} Under its Performance-Based National Detention Standards (Standard 4.3), ICE detention facilities are obligated to comply with federal, state, or local plans that address specific health concerns, such as the Centers for Disease Control and Prevention's (CDC) COVID-19 guidelines.^{xl}

Over the past year, public health officials, advocacy groups, and members of the medical community have called for the release of high-risk immigrants particularly those who are elderly or have co-morbidities, from detention facilities and demanded that ICE stop the transfer of migrants from one facility to another to limit the spread of COVID-19.^{xli} These actions were intended to limit the acceleration of COVID-19 outbreaks across multiple ICE facilities and protect the health of the individuals who continued to be detained. Following ICE's release of 700 immigrants from detention facilities in April 2020, advocacy groups in New York, Virginia, Washington, and California have continued to take legal action against ICE and its private contractors to demand the release of migrants as outbreaks in detention facilities persist.^{xlii} ICE's inability to provide COVID-19 testing, care, and prevention activities over the past year has also led advocates to question ICE's ability to conduct vaccine campaigns in detention facilities. Prior to the COVID-19 pandemic, ICE and its counterpart agencies, Customs and Border Patrol (CBP) and the Office for Refugee Resettlement (ORR) share an extensive history of refusing to provide vaccines, such as the seasonal flu shot or the chickenpox vaccine to migrants in detention facilities.^{xliii} The dearth of comprehensive and consistent vaccine standards in ICE, CDP and ORR's public health standards, and low levels of compliance with the existing standards, have resulted in widespread outbreaks of highly contagious yet preventable disease in ICE and CBP facilities.^{xliv} In 2018 and 2019, an outbreak of the mumps infected nearly 900 migrants in detention in 57 ICE detention facilities across 19 states.^{xlv} In 2018, hundreds of migrants in detention facilities were diagnosed with the flu and chickenpox at multiple facilities.^{xlvi} In 2016, an outbreak of measles at Eloy Detention Center in Arizona infected 22 migrants in detention facilities.^{xlvii} A 2020 report by the House Oversight Committee found documents that indicate that migrants in ICE facilities are not regularly receiving recommended vaccinations for contagious diseases.^{xlviii} ICE, CBP and ORR's previous failures to provide vaccines to immigrants in detention facilities set an ominous precedent for the distribution of COVID-19 vaccines in migrant detention facilities. Compared to the U.S. Bureau of Prisons, which has established a system to vaccinate federal inmates imprisoned for criminal cases by procuring vaccines directly from manufacturers, DHS and ICE officials have stated that they are relying on state and local health departments to prioritize and deliver vaccines to immigrants and staff in migrant detention facilities.^{xlix}

Methods

To assess the inclusion and prioritization of undocumented individuals working in the three essential sectors (food services/grocery stores, agriculture, and construction) and immigrants detained in U.S. migrant detention facilities in state vaccination distribution plans, a literature review of the 50 U.S. states and District of Columbia's (DC) vaccine prioritization plans was conducted using a prescribed set of search terms. As there have been various iterations of each state's vaccination plan, this study used the most updated versions that were publicly available in March 2021. Data on the prioritization and inclusion of agricultural workers, grocery and food workers, construction workers, immigrants in detention facilities, and other incarcerated populations was extracted from each state plan. The search teams included the following: *citizenship, agriculture, construction, food service, grocery, detention, prison, immigrant, undocumented, residency*. Following the search process, the information collected from the state plans was tracked in order to allow for a comparative analysis between the 51 state vaccine prioritization plans. The inclusion of these various groups of workers and detained persons was also compared to the recommended CDC priority groups. The CDC's COVID-19 vaccine rollout recommendations prioritized healthcare personnel and residents of long-term care facilities in Group 1Aⁱ. In Group 1B, the CDC included frontline essential workers, including food and agricultural workers, manufacturing workers, grocery store workers, and people aged 75 years and older. In Group 1C, the CDC included other essential workers, such as people who work in food services and construction. The CDC does not include incarcerated people in any of the COVID-19 vaccine priority groups.ⁱⁱ

Using the state plans and the corresponding frequently asked questions (FAQ) website pages on each state's COVID-19 Vaccine website, a list of the personal information and documentation that is required by the state for individuals to receive the vaccine was collected (Appendix 1). The prioritization data and rating scale was used to assess if and how states prioritized undocumented workers working across these three industries to receive the vaccine (Appendix 2). This numerical rating scale denotes each state's degree of clarity and transparency on undocumented immigrants' eligibility for the COVID-19 vaccine (Appendix 3). States that do not outline whether or not undocumented immigrants are able to receive the COVID-19 vaccine received a score of zero. States that directly addressed undocumented immigrants' eligibility for the vaccine and clearly outlined any documentation or personal information that would be required to get the vaccine received a full score of three points. State plans and or DOH websites that mentioned undocumented immigrants' eligibility for the vaccine, but failed to outline what forms of documentation would be required to secure a vaccine, were awarded a score of two. State plans and DOH websites that

outlined what information and documentation is required for individuals to receive the vaccine, but did not address whether or not undocumented immigrants are eligible for the vaccine received a score of one.

Findings

Undocumented Essential Workers

The degree to which each of the 51 vaccine plans prioritized workers in the food services/grocery stores, agricultural, and construction industries was compared to the CDC recommendations for the prioritization of these essential workers. The CDC's vaccine prioritization plan recommended that food service and grocery workers should be included in Phase 1B of state vaccine prioritization plans. Of the 51 vaccine prioritization plans, 65% include food service and grocery workers in priority group 1B. 2% of states included food service and grocery workers in group 1C, 2% in group 1E, 10% in group 2, and 2% in group 3. 20% or 12 of the state plans did not include food service and grocery workers in any priority group. Similarly, the CDC prioritization plan recommended that workers in the agricultural industry should be prioritized to receive vaccines as a part of group 1C. Of the 51 vaccine prioritization plans, 55% of the states included *agricultural industry* workers in phase 1C of their plans. 8% of states included agricultural workers in group 1E, 2% in group 2, and 2% in group 3. 12 states (24%) did not include agricultural workers in any of their prioritization plans (Figure 4).

The CDC recommended that individuals working in the construction industry, a sector with the highest concentration of undocumented workers, are prioritized to receive vaccines as a part of group 1C in state distribution plans. In the CDC guide, construction workers are grouped alongside other workers, such as electricians, plumbers, engineers, and waste management workers as a part of the other critical infrastructure jobs category. Of the 51 prioritization plans that were reviewed, 22% of states included construction workers in Group 1B, 24% included construction workers in Group 1C, 2% in Group 1E, 16% in group 3 and 4% in group 4 as depicted in Figure 4. 17 states (33%) did not include construction workers in their vaccine priority groups.

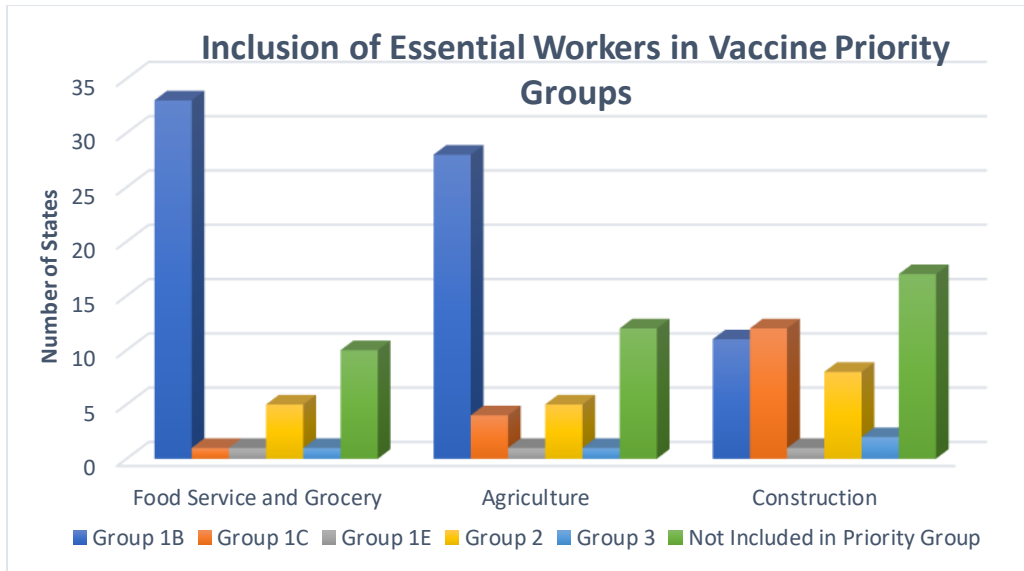


Figure 4: Inclusion of Essential Workers in State’s Vaccine Priority Groups

Of the 51 COVID-19 vaccination plans that were examined, 31 states (62%) require individuals to demonstrate that they are either residents or workers in the state where they are receiving the COVID-19 vaccine. Six states require individuals to be residents of the state. In comparison, 19 states (38%) do not have any residency requirements for COVID-19 vaccines. (Figure 5).

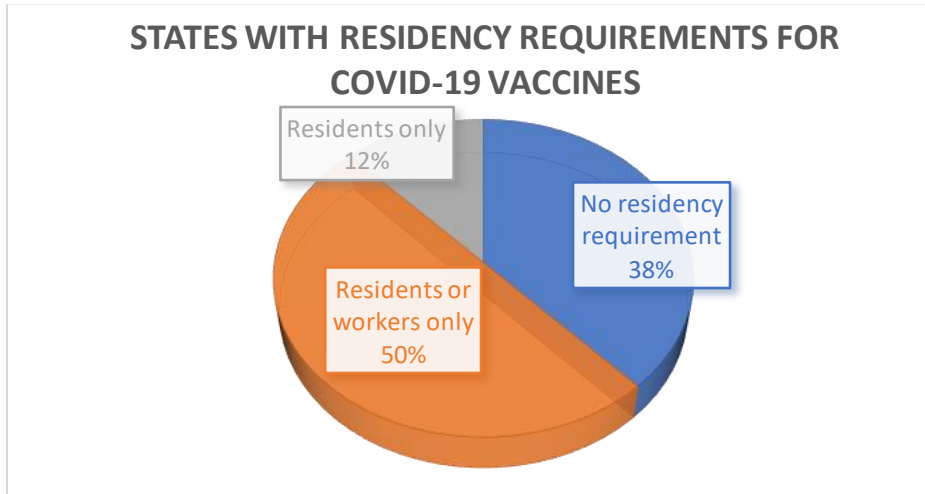


Figure 5: Percentage of State with Residency Requirements for Vaccine Eligibility

Of the 31 states that have restricted vaccine eligibility to state residents or workers in the state, 14 states do not clarify what types of documents must be provided to prove residency or employment in the state. (Chart 2). Five states explain that a form of personal identification is required to receive the vaccine, but they do not stipulate exactly what types of ID will be accepted. Three states require a government issued

form of identification, such as a driver’s license, social security card, passport, or birth certificate, to prove residency and eligibility. These states do not outline if alternative non-government forms of identification would be accepted to demonstrate eligibility for the vaccine. Nine states allow individuals to use a wide range of documents, including non-government forms of ID, such as a utility bill, employment letter, pay stub, or a work or student badge ID, to demonstrate their residency. These documents are clearly listed on the each of the nine states’ COVID-19 vaccine websites.

Types of Documents Required in States with Residency Requirement	Number of States
No information provided on what documents are required to demonstrate eligibility/residency	14
Form of personal identification is required to receive the vaccine. Unclear which types of ID will be accepted to demonstrate eligibility/residency	5
Must provide a government issued form of identification to demonstrate eligibility/residency	3
Clearly state what types of documents and or ID (governmental and non-governmental) can be used to demonstrate eligibility/residency	9

Chart 2: Types of ID Required to Prove Eligibility in States with Residency Requirements

In the 20 states that do not limit eligibility on state residency or employment in the state, there are a variety of documents that are accepted to demonstrate eligibility for the vaccine (Chart 3). Of the 20 states, two states do not provide any details about what documents and/or information are required to receive a vaccine. Nine states vaguely state that a form of personal identification is required, but they do not stipulate what types of documents will be accepted. Nine states clearly outline what identification documents and information are required and provide a comprehensive list of alternative forms of non-government forms of identification, such as a utility bill, employment letter, pay stub or a badge ID that can confirm your name and or address.

Types of Documents Accepted in States without Residency Requirements	Number of States
No information provided on what documents are required to demonstrate eligibility/residency	2
Form of personal identification is required to receive the vaccine. Unclear which types of ID will be accepted to demonstrate eligibility/residency	9
Clearly state what types of documents and or ID (governmental and non-governmental) can be used to demonstrate eligibility/residency	9

Chart 3: Types of ID Required to Prove Eligibility in States without Residency Requirements

Immigrant Detention Facilities

Of the 51 prioritization plans, 18 states (35%) prioritized individuals who are incarcerated in U.S. prisons and jails and correctional staff in priority group 1B (Figure 6). 10 state plans (20%) included prisoners and corrections staff in group 2. 14 of the 51 prioritization plans (27%) did not include incarcerated individuals or correctional staff in any of their priority groups. In comparison, only two states, Louisiana and California, have explicitly outlined the need to prioritize immigrants detained in congregate living facilities and/or detention facilities in their state vaccine prioritization plans. Louisiana was the first state to include immigrants in detention facilities in their state plan. They considered immigrants in ICE facilities as a part of the “critical populations group” that should be prioritized to receive the COVID-19 vaccine in group 1B.ⁱⁱⁱ According to ICE’s FY2021 records, Louisiana is home to 9 ICE detention facilities, making it the state with the second most migrant detention facilities, behind Texas.ⁱⁱⁱⁱ In March 2021, California issued an updated state plan that declared individuals residing or working in congregate settings, including those in incarceration or detention facilities, will be prioritized to receive the vaccine in group 1C.^{liv} As of April 2021, no other state has updated their state vaccination plan to include undocumented immigrants who are detained in ICE, CBP, or ORR detention facilities.

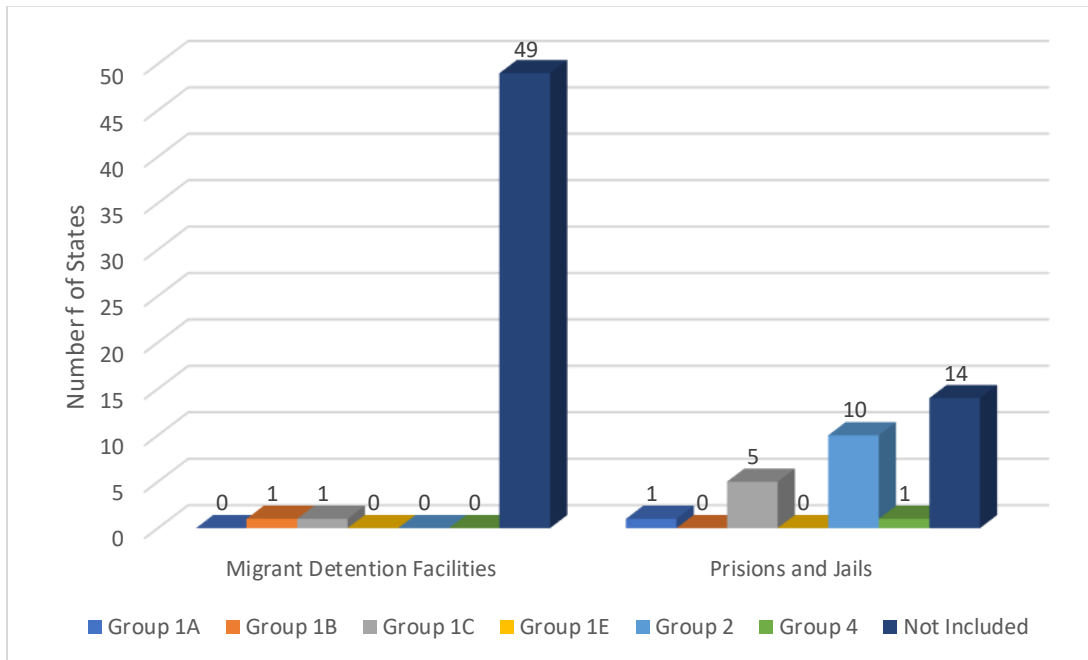


Figure 6: Inclusion of Migrant Detention Facilities, Prisons and Jails in US State Vaccine Priority Groups

Discussion

Eligibility

The U.S.'s fragmented distribution of the COVID-19 vaccine has fostered confusion, contributed to vaccine hesitancy, and perpetuated health inequities. When a state has more lenient ID requirements, undocumented immigrants who work in essential jobs and have been prioritized for the vaccine have an easier time getting their COVID-19 vaccine. In states where there are residency requirements and less transparency on the information necessary to demonstrate eligibility for the vaccine, undocumented immigrants' access to vaccines has been severely limited. With each state requiring different types of information to qualify for a COVID-19 vaccine, it is difficult for undocumented immigrants to navigate the vaccine process and understand if they are eligible for a vaccine. In states that do not allow individuals to use an alternative form of identification, such as utility bills, work ID badge, and or letters from employers, to certify their name, age, and address, undocumented immigrants will continue to face barriers to the vaccine. Of the states with the largest populations of undocumented immigrants, California (2,200,000), Texas (1,600,000), and New York (725,000), only New York currently imposes residency or work requirements on vaccine eligibility.^{lv}

In April 2021, undocumented immigrants in Florida were turned away from vaccine clinics because they were unable to provide proof of their residency in the state.^{lvi} Instances of undocumented immigrants being denied access to vaccines in Florida and other states refutes the Biden administration's promise that anyone in the U.S., regardless of their immigration status, is eligible for the COVID-19 vaccine. As states continue to require government issued IDs and fail to communicate which documents will be required for undocumented immigrants to receive the vaccine, undocumented immigrants will continue to face challenges in getting vaccinated. As states across the country open up access to vaccines to the wider adult population, each state should make a renewed effort to outline what pieces of information will be required of individuals receiving the vaccine and explicitly state what types of identification are necessary to demonstrate eligibility. To prevent future instances of immigrants being denied vaccines, the CDC should reinforce the Biden Administration's commitment to ensuring all people in the U.S, regardless of their citizenship status, have access to the vaccine by mandating that lack of documentation cannot prevent states from providing a COVID-19 vaccine.

The review of the state plans revealed that 62% of states continue to require proof of residency and/or employment in the state in order to get a COVID-19 vaccine. Furthermore, only 18 states have outlined what types of documents and or ID (governmental and non-governmental) can be used to demonstrate

one's eligibility for the COVID-19 vaccine. These states have taken an important step to remove barriers that inhibit undocumented immigrants' access and eligibility for the COVID-19 vaccine. For example, Massachusetts's COVID-19 vaccine website includes the question "Can undocumented immigrants receive the vaccine for free and will getting the vaccine adversely impact a patient's immigration status?" in their FAQ page to clarify that undocumented immigrants are eligible for the vaccine.^{lvii} The state vaccine website's FAQ page responds to this question by assuring that immigrants can receive the COVID-19 vaccine without insurance or a government ID for free.^{lviii}

Of the three essential worker groups that were included in this investigation, food service and grocery workers were the group most highly prioritized in state vaccination plans. Recent estimates from the Center for Migration Studies estimate that 147,000 undocumented immigrants work in grocery stores and 846,100 in food service jobs in the U.S.^{lix} Despite their high prioritization in the majority of state plans, undocumented immigrants who occupy food service and grocery jobs continue to face barriers in receiving the COVID-19 vaccine, particularly in states that have stringent ID requirements. Similarly, agricultural industry workers' prioritization in state vaccination plans has not guaranteed that they have been able to receive the vaccine at the same rates as their coworkers who are U.S. citizens. As long as the burdensome eligibility requirements persist, undocumented immigrants, both those working in essential sectors and those who are not, will continue to have limited access to the COVID-19 vaccines.

Accessibility

In addition to the eligibility challenges, undocumented immigrants' access to the COVID-19 vaccine is impacted by a series of physical, economic, and cultural factors. The physical location of vaccine clinics, hours the clinic is operating, inability to navigate the complex registration process, and lack of affordable public transportation options to reach the clinics impact an individual's ability to receive a COVID-19 vaccine. Ensuring that vaccination sites are intentionally situated at familiar community locations, such as churches, schools, libraries, or even parking lots in communities with high concentrations of immigrant populations, is one way to limit accessibility challenges. Additionally, these locations should be accessible by foot, car, or public transportation and open during a variety of hours, such as evenings, weekends, or mornings to accommodate the schedules of individuals who work during the day. Community representatives, employers, churches, and community organizations that have long-standing connections with immigrant communities should be highly involved in the decisions about the location and hours of the vaccine site. In addition to physical limitations, there are also notable language barriers that hinder undocumented immigrants from receiving information about the vaccine and knowing where to register

for an appointment. Trained translators and bilingual community members working at the vaccine site and in the community to help individuals register for a vaccine appointment are also essential components of an equitable distribution of COVID-19 vaccines. With less than 25% of the state FAQ pages that were reviewed in this study providing information about the vaccine in Spanish, there is a tremendous need for states to provide language appropriate information about the vaccine. Such language barriers not only dissuade individuals from registering or seeking out a COVID-19 vaccine, but they also limit non-English speakers' abilities to make informed decisions about whether or not they want to receive the vaccine.

The federal and state governments' failure to prioritize detained immigrants in vaccines distribution plans over the past few months has been immoral and unjust. Detained immigrants' ability to access the vaccine is solely dependent on state and local health authorities' ability to collaborate with ICE, include the needs of detention facilities in state vaccine orders, and distribute vaccines in the detention facilities. In December 2020, ICE said that it is not responsible for procuring COVID-19 vaccines for migrant detention facilities, but rather it is the obligation of each state to decide when and how to vaccinate individuals in ICE facilities.^{lx} In Texas, a state that is home to 27 migrant detention facilities and the largest population of migrants in detention, state authorities have not announced any plans to distribute COVID-19 vaccines in these facilities. In California, advocates and state legislators have repeatedly called on Governor Newsom to include immigrants in ICE custody in vaccine distribution and prioritization plans. California's inclusion of detention facilities in their most recent vaccination plan is a testament to the work of advocates across the state. As advocates in other states urge their political and health leaders to follow in California's footsteps, it is essential to highlight how ongoing outbreaks of COVID-19 in detention facilities jeopardize the health rights of migrants and impede the state's efforts to reach herd immunity. Furthermore, ICE's failure to establish national guidance for the provision of vaccines to staff and immigrants in detention facilities has further emphasized the agency's incompetency in protecting the health of immigrants who are in their custody across the country.^{lxi}

Fear and Mistrust

Undocumented immigrants' eligibility for and access to COVID-19 vaccines are both critical components of state vaccine distribution plans. However, if states fail to address the underlying concerns and fears of deportation and/or legal consequences born by undocumented immigrants, the factors of eligibility and accessibility are ultimately irrelevant components of a state's plan to ensure undocumented immigrants have access to COVID-19 vaccines. On February 1, 2021, the DHS announced that ICE will not conduct

enforcement operations "at or near" vaccination sites or healthcare facilities^{lxii} Despite this statement, undocumented immigrants across the U.S. continue to have well-founded concerns about sharing their personal information with government and medical authorities for COVID-19 testing, treatment, and vaccines.^{lxiii} In order to assuage these fears and concerns, it is critical for each state to clearly communicate that undocumented individuals who wish to receive the vaccine will not be required to reveal their legal status and that all personal information that is collected will not be shared with immigration authorities. Unfortunately, only 12 of the 51 states attempted to address these concerns and fears on their state vaccine websites. While some states used simple messages to assure undocumented immigrants that they would not be asked to provide their citizenship status, other states like Indiana used graphics (Figure 7) to assure immigrants that sensitive personal information, such as one's legal status, would not be collected during the vaccine registration process.^{lxiv}

What Information Do We Collect and How is It Used?

When you sign up for your COVID-19 vaccine appointment by registering online at [OurShot.in.gov](https://ourshot.in.gov) or by calling 211, we will ask for your first and last name, birth date, sex and if you want to be contacted by text or email. Interpreters are available available through 211.

Your personal information and vaccination record are put into an online database so that the Indiana Department of Health can verify who has gotten the COVID-19 shot. That information is required to be shared with the Centers for Disease Control and Prevention (CDC) so that the CDC can verify how states use the free vaccine and can monitor for any unexpected reactions to the vaccine.

You will not be asked for your immigration status or other sensitive information, such as your Social Security or credit card number, while getting your COVID-19 shot. Everyone living in the United States is encouraged to get vaccinated when they are eligible. Getting the shot will not affect your citizenship or green card eligibility or affect your immigration status because the vaccine is a medical treatment that can help prevent disease.

✔ Information we will ask for:	✘ Information we will NOT ask for:
First and last name	Social Security number
Birth date	Credit/debit card number
Proof of age or eligible employment	Immigration status
Sex	Proof of income
Phone number	Location of birth
Email address (optional)	
Insurance card (not required)	

Figure 7: Information and Document Requirements for COVID-19 Vaccines in Indiana, 2020

Other states, like North Carolina, explained that all personal information obtained in the registration process is kept confidential and will not be shared with ICE or any immigration enforcement agency.^{lxv} North Carolina's site also clarifies that getting the vaccine will not have a negative impact on an individual's pathway to citizenship or changes to their immigration status in the future.^{lxvi} While 12 states provided strong examples of how state websites can address the fears and concerns of undocumented immigrants, there is a tremendous need for sustained community engagement in every state to ensure undocumented immigrants have the opportunity to ask questions about the state's plan for safeguarding their personal information and receive additional assurances that their presence in the U.S. will not be jeopardized by getting a COVID-19 vaccine. Furthermore, states must continue to equip and empower

community organizations, faith communities, schools, and other social groups as trusted resources for immigrant communities as they seek assurances and information about the vaccine.^{lxvii} Alleviating individual fears about any potential negative impacts is a critical component of supporting vaccine equity in immigrant families and communities.

Conclusion

The U.S. must do a better job of prioritizing vaccine distribution to undocumented immigrants and immigrants in detention centers. The inclusion of undocumented immigrants is fundamental to the overall success of the U.S.'s vaccination effort and recovery from the COVID-19 pandemic. If the 13 million undocumented immigrants who currently reside in the U.S continue to be excluded and left behind in the distribution of COVID-19 vaccines, immigrant communities will continue to carry an inequitable burden of COVID-19 cases and deaths. Furthermore, if U.S. states fail to uphold the right of every undocumented immigrant to receive the COVID-19 vaccine, the morality and efficacy of the U.S.'s response to the pandemic will be undermined. It is time for states and the federal government to renew their efforts to ensure all immigrants in detention facilities and those working in essential industries have equitable access to COVID-19 vaccines, regardless of what state they live in. As states continue to open up vaccines to all persons over 16, immigrants in detention facilities and workers in industries such as construction, agriculture, and food services should be at the front of the line.

Appendices

Appendix 1: Residency Requirements for COVID-19 Vaccines per U.S State

Residents (6)	Residents and Workers (26)	No requirements (19)
Hawaii	Alaska	Alabama
Maine	Arkansas	Arizona
Missouri	Connecticut	California
New Hampshire	Delaware	Colorado
Nebraska	District of Columbia (DC)	Indiana
Oklahoma	Florida	Iowa
	Georgia	Louisiana
	Kansas	Maryland
	Idaho	Michigan
	Illinois	Minnesota
	Kansas	Nevada
	Kentucky	New Mexico
	Massachusetts	North Carolina
	Mississippi	Ohio
	New Jersey	Pennsylvania
	New York	South Carolina
	North Dakota	Texas
	South Dakota	Tennessee
	Oregon	Virginia
	Rhode Island	
	Utah	
	Vermont	
	Washington	
	West Virginia	
	Wisconsin	
	Wyoming	

Appendix 2: State Plans' Transparency on the Eligibility of Undocumented Immigrants for COVID-19 vaccines

Rating Level	Rating Level Description	Number of States per Rating Level
0	State does not provide information about undocumented immigrants' eligibility for vaccine and no information about required documents or information is provided.	19
1	State does not mention of whether or not undocumented immigrants are eligible, but information about what documents are required is provided.	14
2	State mentions undocumented immigrants' eligibility for the vaccine, but do not outline which documents or information is required for vaccine.	6
3	State clearly outlines undocumented immigrants' eligibility for the vaccine and clearly outlined any documentation or personal information that would be required to get the vaccine.	12

Appendix 3: Prioritization of Essential Industries in State COVID-19 Vaccine Plans

Priority Group	Food/Grocery Workers	Agriculture and Meatpacking Workers	Construction Workers	Incarcerated Individuals	Immigrant Detention Facilities
0	10	12	17	1	0
1A	0	0	0	18	0
1B	33	27	11	5	0
1C	1	4	12	0	0
1E	1	1	1	10	0
2	5	5	8	2	1
3	1	1	2	13	0
4	0	0	0	0	0

References

- ⁱ Jameel, Caroline Chen, Maryam. “False Barriers: These Things Should Not Prevent You from Getting a COVID Vaccine.” ProPublica, 1 April 2020, www.propublica.org/article/false-barriers-these-things-should-not-prevent-you-from-getting-a-covid-vaccine.
- ⁱⁱ 2020. “Health and Financial Risks for Noncitizen Immigrants due to the COVID-19 Pandemic.” Kaiser Family Foundation, 18 Aug. 2020, www.kff.org/racial-equity-and-health-policy/issue-brief/health-financial-risks-noncitizen-immigrants-covid-19-pandemic/.
- ⁱⁱⁱ “U.S. Unauthorized Immigrant Population Estimates by State, 2016.” Pew Research Center, Hispanic Trends Project, 5 Feb. 2019, www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/.
- ^{iv} “Immigrant Essential Workers: Crucial to COVID-19 Recovery.” FWD, 16 December, 2020, www.fwd.us/news/immigrant-essential-workers
- ^v “Unauthorized Immigrant Populations by Country and Region, Top States and Counties of Residence, 2012-16.” Migration Policy Institute, 18 Aug. 2015, www.migrationpolicy.org/programs/data-hub/charts/unauthorized-immigrant-populations-country-and-region-top-state-and-county.
- ^{vi} Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States. *PLoS neglected tropical diseases*, 14(7), e0008484. <https://doi.org/10.1371/journal.pntd.0008484>
- ^{vii} Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States. *PLoS neglected tropical diseases*, 14(7), e0008484. <https://doi.org/10.1371/journal.pntd.0008484>
- ^{viii} Levesque, Jeanne Batalova Jeanne Batalova, Mary Hanna, and Christopher. “Frequently Requested Statistics on Immigrants and Immigration in the United States.” Migration Policy Institute, 9 Feb. 2021, www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states-2020.
- ^{ix} “Immigrant Essential Workers: Crucial to COVID-19 Recovery.” FWD, 16 December, 2020, www.fwd.us/news/immigrant-essential-workers
- ^x Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States. *PLoS neglected tropical diseases*, 14(7), e0008484. <https://doi.org/10.1371/journal.pntd.0008484>
- ^{xi} 2020. “Health and Financial Risks for Noncitizen Immigrants due to the COVID-19 Pandemic.” KFF, 18 Aug. 2020, www.kff.org/racial-equity-and-health-policy/issue-brief/health-financial-risks-noncitizen-immigrants-covid-19-pandemic/.
- ^{xii} Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States. *PLoS neglected tropical diseases*, 14(7), e0008484. <https://doi.org/10.1371/journal.pntd.0008484>
- ^{xiii} Commodore-Mensah, Y., Selvin, E., Aboagye, J. et al. “Hypertension, overweight/obesity, and diabetes among immigrants in the United States: an analysis of the 2010–2016 National Health Interview Survey.” *BMC Public Health* 18, 773 (2018). <https://doi.org/10.1186/s12889-018-5683-3>
- ^{xiv} Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States. *PLoS neglected tropical diseases*, 14(7), e0008484. <https://doi.org/10.1371/journal.pntd.0008484>
- ^{xv} Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M. E., & Weatherhead, J. (2020). Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States. *PLoS neglected tropical diseases*, 14(7), e0008484. <https://doi.org/10.1371/journal.pntd.0008484>
- ^{xvi} “Guidance on the Essential Critical Infrastructure Workforce” U.S. Cybersecurity & Infrastructure Security Agency. 16 Dec. 2020. <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce> .
- ^{xvii} “COVID-19: Essential Workers in the States.” National Conference of State Legislatures, 21 May 2020, www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx.

-
- xviii “COVID-19: Essential Workers in the States.” National Conference of State Legislatures, 21 May 2020, www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx.
- xix “COVID-19: Essential Workers in the States.” National Conference of State Legislatures, 21 May 2020, www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx.
- xx “Immigrant Essential Workers: Crucial to COVID-19 Recovery.” FWD.us, 16 December, 2020, www.fwd.us/news/immigrant-essential-workers
- xxi Kerwin, Donald, et al. “US Foreign-Born Essential Workers by Status and State, and the Global Pandemic.” The Center for Migration Studies of New York (CMS), <https://cmsny.org/publications/us-essential-workers/>
- xxii “Immigrant Essential Workers: Crucial to COVID-19 Recovery.” FWD.us, 16 December, 2020, www.fwd.us/news/immigrant-essential-workers
- xxiii Kerwin, Donald, et al. “US Foreign-Born Essential Workers by Status and State, and the Global Pandemic.” The Center for Migration Studies of New York (CMS), <https://cmsny.org/publications/us-essential-workers/>
- xxiv 2020. “Health and Financial Risks for Noncitizen Immigrants due to the COVID-19 Pandemic.” KFF, 18 Aug. 2020, www.kff.org/racial-equity-and-health-policy/issue-brief/health-financial-risks-noncitizen-immigrants-covid-19-pandemic/.
- xxv Douglas, Leah. “At Poultry Plants Allowed to Run Faster Processing Lines, a Greater Risk of Covid -19.” Food and Environment Reporting Network, 10 Sept. 2020, https://thefern.org/ag_insider/at-poultry-plants-allowed-to-run-faster-processing-lines-a-greater-risk-of-covid-19/
- xxvi Knight, Victoria. “Without Federal Protections, Farm Workers Risk Coronavirus Infection To Harvest Crops.” NPR, 8 August 2020, <https://www.npr.org/sections/health-shots/2020/08/08/900220260/without-federal-protections-farm-workers-risk-coronavirus-infection-to-harvest-c>.
- xxvii Clark, Eva, et al. “Disproportionate Impact of the COVID-19 Pandemic on Immigrant Communities in the United States.” PLOS Neglected Tropical Diseases, edited by Victoria J. Brookes, vol. 14, no. 7, July 2020, p. e0008484, doi:10.1371/journal.pntd.0008484.
- xxviii Malagon, Elvia. “Some immigrants shut out of coronavirus stimulus; other, mixed-status households will get latest COVID relief check” Chicago Sun-Times, 8 Jan 2021. <https://chicago.suntimes.com/politics/2021/1/8/22213330/immigrants-stimulus-mixed-status-covid-coronavirus-chicago>
- xxix Duncan, Whitney, et al. “Serious Challenges and Potential Solutions for Immigrant Health During COVID-19” Health Affairs. 18 April 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200416.887086/full/>
- xxx Duncan, Whitney, et al. “Serious Challenges and Potential Solutions for Immigrant Health During COVID-19” Health Affairs. 18 April 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200416.887086/full/>
- xxxi Duncan, Whitney, et al. “Serious Challenges and Potential Solutions for Immigrant Health During COVID-19” Health Affairs. 18 April 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200416.887086/full/>
- xxxii “ICE Guidance on COVID-19.” U.S Immigration and Customs Enforcement, 2021 www.ice.gov/coronavirus.
- xxxiii “ICE Guidance on COVID-19.” U.S Immigration and Customs Enforcement, 2021 www.ice.gov/coronavirus.
- xxxiv “Whistle-blower Disclosures on COVID-19 - Private Contractors Mismanaging ICE Detention Facilities Are Endangering Public Health and Safety” Government Accountability Project. 10 July 2020, <https://whistleblower.org/wp-content/uploads/2020/07/071020-letter-to-Congress-from-GovAcctProj-re-whistleblowers-ICE-Detention-COVID-FINAL-Submitted.pdf>
- xxxv Cuffari, Joseph, et al. Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center, 2020, <https://projectsouth.org/wp-content/uploads/2020/09/OIG-ICDC-Complaint-1.pdf>
- xxxvi Erfani, Parsa, et al. “COVID-19 Testing and Cases in Immigration Detention Centers, April-August 2020.” JAMA, Oct. 2020, doi:10.1001/jama.2020.21473.
- xxxvii “ICE Guidance on COVID-19.” U.S Immigration and Customs Enforcement, 2021 www.ice.gov/coronavirus.
- xxxviii “ICE Guidance on COVID-19.” U.S Immigration and Customs Enforcement, 2021 www.ice.gov/coronavirus.
- xxxix “Hotbeds of Infection.” Detention Watch Network, December 2020. https://www.detentionwatchnetwork.org/sites/default/files/reports/DWN_Hotbeds%20of%20Infection_2020_FOR%20WEB.pdf
- xl “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.” Centers for Disease Control and Prevention, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

-
- ^{xlii} Montoya-Galvez, Camilo. "ICE Resists Calls to Release Immigrants as Desperation Mounts over Coronavirus." CBS News, 26 March 2021, www.cbsnews.com/news/coronavirus-ice-detainees-immigrants-released-lawsuits.
- ^{xliii} Katz, Matt. "ICE Releases Hundreds Of Immigrants As Coronavirus Spreads in Detention Centers. National Public Radio. 16 April 2020, <https://www.npr.org/sections/coronavirus-live-updates/2020/04/16/835886346/ice-releases-hundreds-as-coronavirus-spreads-in-detention-centers>.
- ^{xliiii} Moore, Robert. "CDC recommended that migrants receive flu vaccine, but CBP rejected the idea" Washington Post. 25 Nov. 2019. https://www.washingtonpost.com/immigration/cdc-recommended-that-migrants-receive-flu-vaccine-but-cbp-rejected-the-idea/2019/11/25/8aba198e-0fb8-11ea-b0fc-62cc38411ebb_story.html
- ^{xliiv} Sunita Patel, Soros, et al. "Conditions of Confinement in Immigration Detention Facilities" American Civil Liberties Union. www.aclu.org/sites/default/files/pdfs/prison/unsr_briefing_materials.pdf.
- ^{xliiv} "The Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors", Report Committee on Oversight and Reform and Subcommittee on Civil Rights and Civil Liberties U.S. House of Representatives, Sept. 2020
<https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-09-24.%20Staff%20Report%20on%20ICE%20Contractors.pdf>
- ^{xlivi} "The Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors", Report Committee on Oversight and Reform and Subcommittee on Civil Rights and Civil Liberties U.S. House of Representatives, Sept. 2020
<https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-09-24.%20Staff%20Report%20on%20ICE%20Contractors.pdf>
- ^{xliiii} "The Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors", Report Committee on Oversight and Reform and Subcommittee on Civil Rights and Civil Liberties U.S. House of Representatives, Sept. 2020
<https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-09-24.%20Staff%20Report%20on%20ICE%20Contractors.pdf>
- ^{xliiii} "The Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors", Report Committee on Oversight and Reform and Subcommittee on Civil Rights and Civil Liberties U.S. House of Representatives, Sept. 2020
<https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-09-24.%20Staff%20Report%20on%20ICE%20Contractors.pdf>
- ^{xlix} Duncan, Whitney, et al. "Serious Challenges and Potential Solutions for Immigrant Health During COVID-19" Health Affairs. 18 April 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200416.887086/full/>
ⁱ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html>
ⁱⁱ https://justicelab.columbia.edu/sites/default/files/content/COVID_Vaccine_White_Paper.pdf
- ⁱⁱⁱ "COVID-19 Vaccination Playbook" State of Louisiana, 16 Oct. 2020, <https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/COVID19VaccinePlaybook.pdf>
- ⁱⁱⁱⁱ "ICE Statistics." U.S. Immigration and Customs Enforcement, 2021. www.ice.gov/remove/statistics.
- ^{lv} "Provider Bulletin." California Dept of Health, 12 February 2021, www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Provider-Bulletin-2-12-21.aspx.
- ^{lv} "U.S. Unauthorized Immigrant Population Estimates by State, 2016." Pew Research Center, Hispanic Trends Project, 5 Feb. 2019, www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/.
- ^{lvi} Madan, MONIQUE O, et al. "Undocumented immigrants in Florida getting shut out of access to COVID-19 vaccine" Miami Herald, 8 April 2021.
<https://www.miamiherald.com/news/local/immigration/article250466306.html>
- ^{lvii} "COVID-19 Vaccine Frequently Asked Questions" Massachusetts Government, 2021, www.mass.gov/info-details/covid-19-vaccine-frequently-asked-questions.
- ^{lviii} "COVID-19 Vaccine Frequently Asked Questions" Massachusetts Government, 2021, www.mass.gov/info-details/covid-19-vaccine-frequently-asked-questions.
- ^{lix} Kerwin, Donald, et al. "US Foreign-Born Essential Workers by Status and State, and the Global Pandemic." The Center for Migration Studies of New York (CMS), <https://cmsny.org/publications/us-essential-workers/>
- ^{lx} Montoya-Galvez, Camilo. "Questions surround COVID-19 vaccine timeline for immigrants in ICE custody" CBS News, 18 Jan. 2020, <https://www.cbsnews.com/news/covid-19-vaccine-timeline-immigrants-ice-custody/>

^{lxi} Sacchetti, Maria. "ICE Has No Clear Plan for Vaccinating Thousands of Detained Immigrants Fighting Deportation." Washington Post, 12 March 2021, www.washingtonpost.com/immigration/ice-detainees-covid-vaccine/2021/03/12/0936ee18-81f5-11eb-81db-b02f0398f49a_story.html

^{lxii} "DHS Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites." Department of Homeland Security, 1 Feb. 2021, www.dhs.gov/news/2021/02/01/dhs-statement-equal-access-covid-19-vaccines-and-vaccine-distribution-sites.

^{lxiii} Bedford, Tori. "Fear Of Deportation Prompts Undocumented Immigrants To Resist COVID-19 Vaccine." WGBH, 5 Jan. 2021, <https://www.wgbh.org/news/local-news/2021/01/05/fear-of-deportation-prompts-undocumented-immigrants-to-resist-covid-19-vaccine>

^{lxiv} "What to Bring When You Get Your COVID-19 Vaccine" Indiana Dept. of Health, 5 April 2021, https://www.coronavirus.in.gov/files/21_What%20to%20Expect%20fact%20sheet_4-5.pdf

^{lxv} "Frequently Asked Questions about COVID-19 Vaccinations - NC DHHS COVID-19." Covid19.Ncdhhs.gov, <https://covid19.ncdhhs.gov/vaccines/frequently-asked-questions#how-is-north-carolina-promoting-equity-in-its-vaccination-plan>

^{lxvi} "Frequently Asked Questions about COVID-19 Vaccinations - NC DHHS COVID-19." Covid19.Ncdhhs.gov, <https://covid19.ncdhhs.gov/vaccines/frequently-asked-questions#how-is-north-carolina-promoting-equity-in-its-vaccination-plan>

^{lxvii} Page, Kathleen R., and Alejandra Flores-Miller. "Lessons We've Learned — Covid-19 and the Undocumented Latinx Community." New England Journal of Medicine, Oct. 2020, [doi:10.1056/nejmp2024897](https://doi.org/10.1056/nejmp2024897).