As organizations that care about the well-being of immigrants and their loved ones, we write to you in concern that the over 44 million immigrants living in the United States may be unable to equitably access the COVID-19 vaccine. Fears, structural barriers and inadequate outreach may cause many to go unvaccinated and exacerbate the devastation and long-term consequences of this public health crisis.

Our country’s policies and systems have led to greater health and economic harm in immigrant communities during this pandemic. If we do not actively account for these barriers, we cannot expect the pandemic to end. We urge you to prioritize immigrants and their families when planning and implementing a COVID-19 vaccine distribution program by taking the following actions:

1. Outreach Must be Robustly Funded and Community Centered. A successful campaign to vaccinate immigrants will require significant one on one connections initiated by non-government actors with trusted relationships. Often these are community, labor and faith organizations that lack the infrastructure and resources for large public education campaigns. The federal government must prioritize significant funding that is directed to culturally and linguistically appropriate outreach that prioritizes immigrants and other groups that have been disproportionately impacted by health disparities. For example, groups serving immigrants specifically from communities of color must receive resources as soon as possible to build capacity for outreach.

2. Do Not Collect and Share Unnecessary Personal Information. While the CDC’s Data Use Agreement states that Social Security, driver’s license and passport numbers will not be requested, federal, state and local health agencies must be required to safeguard all personally identifiable information necessary for public health purposes, such as address or date of birth. We are concerned that collection of identifiable information would be a deterrent for immigrants and other communities impacted by disparities. No identifiable information should be collected, stored or transmitted by any level of government beyond what is needed to ensure completion of second doses of a vaccine, monitor vaccine safety, and to analyze and report high level demographic disparities data. Clear, in-language, consumer-facing information must be given to individuals receiving the vaccine about how their data will be used. Any existing or future agreements that share unnecessary data should be terminated or modified to ensure such identifying information is not transmitted.

3. Make Clear That No Data Will Be Used For Immigration Enforcement Purposes. Federal, state and local health agency guidance and data sharing agreements must explicitly state that any data collected from vaccine recipients will not be shared with law or immigration enforcement agencies under any circumstances, nor with public or private entities that provide data to those agencies. These standards should be publicly available, to address vaccine hesitancy among immigrants for fear of enforcement purposes.

4. Immigrant Frontline and Essential Workers Must Be a Priority. The majority of immigrants in the U.S. labor force, 69 percent, are essential workers and are disproportionately medically vulnerable and underserved. Failure to ensure that they have equal access to the vaccine would leave a gaping hole in the recovery plan. Nearly half of the Deferred Action for Childhood Arrivals (DACA)-eligible population are essential workers; over 500,000 individuals. The Advisory Committee on Immunization Practices’s decision to prioritize essential workers broadly for vaccination is an important first step, but the follow through must ensure that distribution is based solely on health considerations, not immigration status.
5. Vaccines Must be Available for Free to Everyone, Regardless of Immigration Status. Lawfully present immigrants are more than twice as likely as U.S. citizens to be uninsured, while undocumented immigrants are five times more likely. A primary cause of this differential is policy decisions to exclude many immigrants from public insurance programs. The pandemic cannot be stopped if cost and lack of coverage are a barrier to vaccination. The federal government must ensure that no one has to pay for a vaccine who can’t afford to, including by clarifying that Emergency Medicaid coverage can and should be used to cover COVID-19 vaccination and by ensuring that provider reimbursement programs are not designed in a way to discourage vaccinations for non-citizens.

6. Policies that Chill Immigrant Use of Health Care Must End. Immigration policies tied to use or potential use of public benefits, promulgated under the current administration, have led to a spike in fear among immigrants in accessing all types of health care. Fifteen percent of low-income immigrant families with children reported avoiding medical and public health programs this year. The public charge rules and forms, sponsor liability memo, and health care proclamation that have chilled immigrant access to health care must be rescinded and enforcement agencies must end all actions around sensitive locations, such as hospitals and health clinics.