Implications of Social and Legal Status on Immigrants’ Health in Disaster Zones

This commentary highlights how immigrants who are linguistically isolated, have limited social networks, and lack legal immigration status experience unique health risks in disaster zones.

Research on immigrants and disasters tends to focus on immigrants with these characteristics who are residents of disaster-affected areas, disaster recovery workers, or both. We review the sparse research literature and provide examples of innovative but underresourced programs that reduce immigrants’ exposure to disaster-related health hazards and economic exploitation in the recovery.

We conclude with recommendations for advancing these initiatives while, simultaneously, addressing the anti-immigrant policies that contribute to these disaster-related inequities. (Am J Public Health. 2018;108:1617–1620. doi:10.2105/AJPH.2018.304554)

Since Hurricane Andrew struck south Florida in 1992, disaster researchers have shown that racial and ethnic minorities, women, and those with few economic resources fare worse in disasters.1–3 A more recent body of research on disasters and public health investigates the experiences of immigrants in the context of concurrent public health threats posed by environmental disasters and anti-immigrant rhetoric and policies. This research focuses on members of the immigrant population who are assumed to be most at risk: those with limited English-language proficiency, with few social ties to coethnic community members, or who lack authorized or permanent immigration statuses.

Immigration status is particularly relevant in the current sociopolitical climate, in which two immigrant programs have been terminated and immigration enforcement has intensified. These programs are the Deferred Action for Childhood Arrivals—a program that allows some individuals who entered the United States as minors to receive a renewable two-year period of deferred action from deportation and to be eligible for a work permit—and Temporary Protected Status—a humanitarian program whose basic principle is that the United States should suspend deportations to countries that have been destabilized by war or environmental disaster. Termination of these programs creates a climate of fear in immigrant communities that makes them reluctant to take advantage of federal, state, and local resources. In a disaster context, these risk factors expose immigrants, as both residents and disaster recovery workers, to greater risks before, during, and after the event. In many places, however, resources to support preparedness, response, and recovery initiatives for immigrant communities are scarce or nonexistent.

In this commentary, we review public health research on immigrants in disaster zones and conclude with recommendations for mitigating the public health effects of immigrants’ unique risk factors.

IMMIGRANTS’ DISASTER-RELATED RISK FACTORS

Like other residents and workers in disaster-prone areas, immigrants confront the potential for physical harm, emotional trauma, and property and job loss in the course of a disaster and its aftermath. However, language isolation, limited social ties within and beyond the immigrant community, and unauthorized immigration status form a constellation of vulnerabilities that make many immigrants’ experiences of disasters unique. These social determinants of health inequities are rarely incorporated into disaster preparedness, response, and recovery programs and policies to minimize harm to the public.4

The scholarship on immigrants in disaster zones identifies two distinct groups: disaster-exposed residents and postdisaster recovery workers. These two groups are not mutually exclusive, although they may intersect with the disaster at different points in time. For example, after the recent wildfires in California, many resident immigrants lost not only their homes but also cleaning, landscaping, and other jobs when the fires destroyed businesses and equipment. Lacking employment, these immigrant residents sought new cleanup and rebuilding jobs.5 By contrast, in New Orleans after Hurricane

ABOUT THE AUTHORS

Elizabeth Fussell is with the Population Studies and Training Center and the Institute for Environment and Society, Brown University, Providence, RI. Linda Delp and Kevin Riley are with the Center for Occupational and Environmental Health and the Institute for Research on Labor and Employment, University of California, Los Angeles. Sergio Chávez is with the Sociology Department, Rice University, Houston, TX. Abel Valenzuela, Jr is with the Institute for Research on Labor and Employment and the Urban Planning Department, University of California, Los Angeles.

Correspondence should be sent to Elizabeth Fussell, Population Studies and Training Center, 68 Waterman St, Box 1836, Brown University, Providence, RI 02912 (e-mail: elizabeth_fussell@brown.edu). Reprints can be ordered at http://www.ajph.org by clicking the “Reprints” link.

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Katrina, the Latino immigrants who participated in the recovery mostly arrived elsewhere in the United States for jobs in the construction labor force.5,7 Both groups share similar risk factors that manifest themselves in different ways throughout the preparedness, response, and recovery phases of a disaster.

Risk communication is key to minimizing harm to residents in a disaster. When local radio and television broadcast only in English, immigrants who do not understand English well and who lack legal status, are less likely to understand English are language isolated. Studies show that Hispanic immigrants, especially those who do not speak or understand English well and who lack legal status, are less likely to be prepared for an emergency event.8,9 Immigrants may rely instead on word of mouth and social media to connect with co-ethnic persons and those with whom they share a language.10 When public health and disaster response agencies have not established relationships and avenues to effectively communicate with this community, the result may be confusion and misinformation, thereby increasing the vulnerability of linguistically isolated populations.

Immigrants’ social networks can be a resource in a disaster if they include a variety of people who connect them to resources. Networks potentially provide actionable information, such as a safe place to find shelter, transportation, provisions during and after the emergency period, and recovery assistance.11 Research after Hurricane Katrina showed that, before the disaster, recently arrived Latino immigrants in New Orleans had small networks, few resources to share, and were reluctant to access formal sources of disaster assistance. Only after the disaster overwhelmed their networks’ capacities to provide assistance did immigrants seek nonnetwork and formal sources of help.12 By contrast, the well-established Vietnamese immigrant community in New Orleans provided its members with assistance before, during, and after the disaster. They experienced a more robust recovery than other racial and ethnic minority groups in New Orleans, in part through their status as naturalized citizens or legal permanent residents and their ties to non-Vietnamese communities.13 National origin was not what made the difference in how members of these two groups fared; rather, differences in their social networks, ability to communicate, and immigration status were what mattered most for their recovery.

Legal status may be the most important of these health determinants because it shapes immigrants’ ability to move freely and interact with others.14 In a disaster situation, unauthorized immigrants—and even unauthorized immigrants with family and friends who are unauthorized—may disengage and avoid seeking help from first responders, law enforcement officers, and emergency health care providers, out of fear that they may be reported to federal immigration enforcement officials or because they believe that they do not qualify for such services. In recent years, the risk of deportation has grown, increasing the likelihood that immigrants may decide against seeking help in the event of a disaster. After the 2017 wildfire season in Sonoma County, California, immigrants were reported to have avoided Red Cross shelters for this reason, instead sheltering in their cars in nearby parking lots.15

When immigrants’ unique risk factors are not adequately addressed by disaster response and recovery agencies, it diminishes immigrants’ access to information and inhibits them from following public safety advisories, thereby increasing exposure to hazards and limiting access to disaster recovery assistance.

**Immigrants in the Disaster Recovery Labor Force**

In the US context, the federal government and private insurers provide economic resources for disaster cleanup, infrastructure repair, and the rebuilding of homes and businesses in disaster-affected regions. This sudden influx of resources creates an economic boom, drawing developers, contractors, and workers from the local community and beyond.16 These so-called “second responders” undertake demanding and often dangerous work to remove debris and demolish damaged structures. Immigrants often form the backbone of this recovery workforce, because of their substantial representation in the formal and informal construction sectors,17 employers’ demand for low-wage workers, and the economic insecurity many immigrants face, particularly those affected by the disaster.

Research on immigrant experiences with cleanup and reconstruction work illustrates how the risk factors discussed here render these workers vulnerable to hazardous work conditions and exploitation.18 Disaster recovery sites pose a range of safety and health hazards, including contact with contaminated soil and water, fire ash and debris, asbestos and mold in affected structures, and potentially dangerous wildlife.19 The often informal nature of disaster recovery labor, particularly for immigrants hired as day laborers by small contractors and home owners, may differ little from that of nondisaster settings; however, official policy decisions to suspend labor and occupational safety standards enforcement in disaster recovery zones means employers have limited legal incentives to provide protective equipment, training, and compensation when injuries occur.20,21 Employers may exploit workers who do not have the English-language proficiency to negotiate workplace safety conditions and standard employment terms.22 Meanwhile, economic insecurity—particularly among those directly affected by the disaster—may lead immigrant workers to endure hazardous labor conditions for fear of lost wages or future job opportunities. Many immigrant workers have first-hand experiences with unscrupulous employers who threaten to report them to Immigration and Customs Enforcement in retaliation for their demands for fair treatment, or even just to receive their wages.19,23 The chaos of the disaster recovery worksite, weak oversight by federal and state regulators, and fly-by-night contractors combine with immigrants’ own vulnerabilities to create maximally exploitative conditions for this workforce.

**Initiatives for Protecting Immigrants**

To ensure that at-risk immigrants are prepared for and able to recover from disasters, public health initiatives must proactively
engaging immigrant communities in planning for all phases of a disaster: preparedness, response, and recovery. Partnerships with trusted organizations that provide native-language resources and connect immigrants to essential resources are key. Immigrant-run media, hometown associations, religious organizations, community health centers, worker centers, and other community-based groups can serve as vital resources to disseminate timely and accurate information in immigrants’ native languages and strengthen social networks within and beyond the community.

Government agencies and the public health community also play a critical role in advocating for resources and policies that ensure that all workers—including immigrants—who respond to the urgent demand for labor after a disaster are not treated as a disposable workforce, exposed to hazards and exploitation without adequate training and protections. Educating and engaging workers and communities to document abuses in the community and worker exploitation on the job can expand the capacity and resilience of immigrant communities and provide the necessary tools to hold employers accountable.

One notable resource has been the network of labor organizations, worker centers, and university-based programs that receive funds from the National Institute of Environmental Health Sciences (NI-EHS) Worker Training Grants to extend education resources to those responding to hazard disaster events. This grantee network has developed multilingual education materials and training programs to enhance worker and community disaster preparedness initiatives and protect workers, including second responders. These materials were deployed to meet the needs of workers and residents following disasters in Louisiana, New York and New Jersey, Texas, Florida, Puerto Rico, and California. The NI-EHS worker training grantee community has collectively evaluated lessons learned from disasters and called for systemic and institutional change to reach immigrants and other neglected populations with training and labor protection. An even greater challenge is to manage immigration laws so that immigrants who lack legal permanent residence status, or whose family and friends lack such status, will not be afraid to seek help from first responders and disaster assistance and response organizations. Advocates for immigrants in recent disaster-affected communities have called for the suspension of immigrant raids, detentions, and deportations. This allows unauthorized immigrant residents to feel more confident that they will be given shelter and aid during the disaster emergency—and extends protections to unauthorized immigrant workers who respond to the urgent demand for labor. To make these suspensions meaningful, clear guidance from top-level government officials and public health agencies is necessary to ensure that first responders, health care providers, and other government agents providing or overseeing disaster assistance and recovery activities are in no way connected to federal immigration agents.

Laws and regulations that place immigrants at the margins of society make them—and our society—more vulnerable to disasters and other harms. Public health interventions that most effectively address these risk factors are ultimately political in nature—a combination of empowerment of vulnerable communities and expanded government protections. As a nation, we will be better prepared to meet the challenges of climate change and associated disasters when we embrace and engage communities and workers who are currently most at risk for environmental and sociopolitical assaults.

CONTRIBUTORS

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REFERENCES

5. Romero FJ. Sonoma County’s Latino workforce faces job losses from fires.


18. Vinck P, Pham PN, Fletcher LE, Stover E. Inequalities and prospects: ethnicity and legal status in the construction labor force after Hurricane


24. National Institute of Environmental Health Sciences. Learning from disasters: Katrina response safety and health training. Report presented at: National Technical Workshop; March 8–9, 2006; Birmingham, AL.