

Iniko Thornell
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From Farms to Detention Centers

An Exploration of Latinx Experiences in the South during COVID-19

In this exploratory essay, I am going to be discussing the unique experience of Latinx individuals in the South during COVID-19, specifically migrant farm workers and those in detention centers. This issue is pertinent for a couple of reasons, one being the sheer number of individuals that this topic applies to. We know that in the southern region of the United States, the Latinx population has been growing exponentially over many years. According to the Pew Research Center, as of 2018, there were 22.7 million Latinx individuals residing in the southern United States, making it the fastest population growth of Latinx people from 2008 to 2018 in all of the United States¹. We also know that Latinx identifying individuals make up a large portion of US agricultural workers. As of 2018, 73% of all agricultural workers were foreign born with 69% being born in Mexico². And even with the huge media coverage of the Trump Administrations policies regarding immigrant detention centers, it's difficult to comprehend the sheer number of detainees in these facilities. It has been reported that the average daily population of detained immigrants in the United States was over 39,000 in 2017, making the United States immigration detention system, the largest in the world³. And while these statistics are staggering on their own, when taken into consideration with the current COVID-19 crisis,

those numbers highlight the scary reality for Latinx populations in the southern United States, particularly those working in the agricultural industry and those detained in detention centers during this pandemic.

Health disparities within the U.S Latinx population have existed far before this current COVID-19 pandemic. One problem that makes access to health services difficult is the general mistrust that many Latinx individuals feel, especially towards government agencies. According to a study by Cutts et al., in North Carolina “fear of immigration enforcement policies is generalized across North Carolina counties among Hispanics/Latinos”, making it difficult to trust resources others might not think twice about seeking out or benefiting from⁴. Researchers also called for actions to “increase immigrant Hispanics’ and Latinos’ understanding of their rights and eligibility to utilize health services”, in order to improve their health literacy⁵. As it pertains to the COVID-19 pandemic, lack of competence and confidence when it comes to seeking medical attention and advice can be a matter of life or death. Another health barrier for the Latinx community comes in the form of underlying health conditions. Nationally, “Hispanics/Latinos have higher obesity rates than non-Hispanic whites”, as well as in the southern state of North Carolina⁶. It also should be noted that obesity is considered to be a risk factor for other chronic health conditions such as diabetes, heart disease, and strokes⁷. The Latinx community also has “a higher prevalence of diabetes compared with whites” and “higher rates of cardiovascular disease risk factors and/or co morbid risk factors”⁸. And while under normal circumstances this would already pose a myriad of health concerns, in the age of COVID-19, the potential for sickness and even mortality is that much higher. According to an article in Business Insider, the largest study so far looking at US hospital admissions for COVID-19 found that “

obesity was the single biggest chronic risk factor for admission, ahead of heart and lung diseases”⁹. Another health article provides us with a chilling connection between COVID-19 and heart disease, reporting that “ more than 10% of COVID-19 patients with heart disease have ultimately died from the infection”¹⁰. It should also be noted that COVID-19 treatment can be quite expensive. According to the Kaiser Family Foundation, the average cost of COVID-19 treatment for an individual with employer insurance “ ranges from \$9,763 to \$20,292” and deductibles usually range anywhere from “ \$1,000 to \$6,000”¹¹. Unfortunately, as of 2017, more than 30% of Latinx individuals are uninsured and a disproportionate amount of people who are uninsured are concentrated in the South, leaving this community particularly vulnerable¹².

Another group that finds themselves particularly vulnerable during this pandemic, are Latinx migrant workers. In general, the farm work that many of these workers find themselves engaged in can be damaging to ones health. According to an article by Maureen J. Anthony, “approximately 61% of MSFW (migrant and seasonal farm worker) live in poverty, with half earning less than \$7,500 per year”, making it difficult for many of them to afford proper medical care needed for proper recovery from the virus¹³. Lack of education can also pose issues for migrant workers by influencing “ how they communicate symptoms to health care providers”¹⁴. Given that symptoms of COVID-19 are not mutually exclusive and can be similar to other health issues, this may make diagnosis without a test difficult. If they do have access and are able to communicate successfully with healthcare providers, it may still be difficult to maintain longterm relationships with a doctor due to the fact that “ most MSFW move through- out the growing season”¹⁵. This may also increase the probability of asymptomatic COVID-19 positive migrant workers spreading the disease to others. Documentation status can also pose difficulties and

create a atmosphere of mistrust and fear that deters migrant workers from seeking treatment or consultation ¹⁶. As mentioned before, a lack of health insurance can also create problems for Latinx individuals, specifically those that are migrant workers. Due to the low number of migrant and seasonal farm workers who have health insurance, “they may delay seeking health care until the problem has become serious and more difficult to treat”, which puts them at elevated risk of severe complications and/ or death ¹⁶. Another potential issue stems from the use of herbal or home remedies for medical issues. As discussed previously, diabetes is prevalent among Latinx communities and also a risk factor when it comes to the severity of COVID-19. In a study focusing on Mexican American participants with diabetes in Texas, researchers explored herbal and home remedies ¹⁷. They found that they used both their own remedies alongside prescribed drugs for diabetes but “fearing disapproval, they did not tell their providers about the use of alternative therapies”¹⁸. They also found that “participants held misconceptions about insulin, attributing it as a cause of blindness or addiction”, which could affect their willingness continue treatment¹⁹. By discontinuing any current health treatment directed by a doctor, they might be putting their general health and immune system at risk, opening themselves up to catching various diseases such as COVID-19.

Another demographic that is particularly at risk when it comes to COVID-19, are Latinx immigrants currently in detention centers. Back in 2019, doctors and public health experts wrote to the US House of Representatives in order to request a investigation into “ poor conditions and increasing health risks inside detention centers holding children who have crossed the US southern border”²⁰. Their main concerns at the time were with the spread of influenza and in particular the fact that within these detention facilities there was a “ rate of influenza death

substantially higher than that in the general population”²¹. They suspected that poor conditions, isolation and subpar screening, treatment, and prevention might be to blame for this heightened number of flu cases ²². Given that “more than 900 children, including babies and toddlers, have been separated from their families” between June 2018 and the August 2019, the potential for mass infection was particularly worrisome²³. It was also reported that back in 2018, “ five cases of mumps in immigrations detentions centers... ballooned to nearly 900 cases among staff and detainees by August 2019”²⁴. While we are currently dealing with an entirely different disease, the conditions that raised suspicion about the state of these detention centers remains much the same. Due to overcrowding and limited access to medical care, detainees are at an elevated risk of contracting diseases like COVID-19 ²⁵. Besides basic health risks, “ people testing positive for a contagious disease can be isolated further, which could also stop immigrants from meeting with their attorneys or other advocates”, which can be devastating for those hoping to be released. With the possibility that court hearings are held remotely, “ it can present challenges if the video feed is low-quality or a translator isn’t provided on either end of the process”, which might affect the outcome of the hearing²⁶. All of these factors make for a potentially bleak outcome for those being held in US immigration detention centers.

In conclusion, this exploration of the experience of Latinx individuals in the South during COVID-19 was intended to highlight a particularly vulnerable population during these uncertain times. While it is likely clear to most of us that people everywhere are hurting, focusing on a specific demographic such as this allows for a nuanced understanding of the ways in which some people are hurting differently and to different degrees. While it is true that diseases don’t

discriminate, this paper seeks to highlight the ways in which intersectional identities come into play when it comes to how each of us experience life during this global phenomenon.

Citations

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