

**Responding to Low-Wage Migrant Workers' Health During COVID-19:
A Normative Framework and Practical Toolkit for Using "Grey Literature" as a Source of
Promising Practices and Policy Ideas**

Resource prepared for the Public Health Emergency Preparedness and Response Ethics Network (PHEPREN) and the Ethics and Governance Unit, World Health Organization (WHO)

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March 31, 2021

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- I. Terms used in this paper

Epistemic injustice: A form of injustice that is built into a society's systems (systemic or structural injustice), concerning biases in how knowledge is produced and valued (the economy of knowledge) in a society. Epistemic injustice refers to ideas and practices that undermine the acquisition, understanding, and uptake of knowledge produced by or concerning vulnerable groups (1,2). When relevant information is overlooked or misunderstood, a vulnerable group faces increased risk of harm. This threatens their capability to be healthy, which works against health justice (3,4).

Food insecurity: When people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life, they are experiencing food insecurity. Food insecurity is closely related to and may be caused by housing insecurity and other forms of socioeconomic insecurity. For example, a family whose housing is unaffordable will have insufficient funds to buy food. Public health emergencies may produce or worsen food insecurity by disrupting work and income and by creating other barriers to obtaining food. This paper uses food insecurity as an example of a health inequity experienced by low-wage migrant workers (5).

Grey literature: Documents that are not published in academic journals or commercial publications. Examples of grey literature include:

- policy summaries, program descriptions, and other materials produced by government sources;
- publications from international organizations such as the International Labor Organization (ILO), the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), or WHO;
- publications and other resources, such as maps, charts, slide sets, webinar recordings, and databases, from research institutes/think tanks such as the Migration Policy Institute (MPI) or university-based research centers – this publication is an example of grey literature produced by academic researchers for publication and distribution by the WHO;
- newsletters, project websites, and social media posts produced by community-based organizations (CBOs) and by networks connecting CBOs, advocates, and researchers around issues of mutual concern.

Grey literature is an important source of documentation in public health emergencies. It preserves information about local responses that may not yet have been studied or circulated academically. It often reflects knowledgeable community-based sources whose voices and perspectives may not be included in academic publications (6,7,8).

Migrant/migrant worker: The IOM defines a *migrant* as “a person who is moving or has moved across an international border or within a country away from their habitual place of residence, regardless of (i) their legal status, (ii) whether the movement is voluntary or involuntary, (iii) the reason(s) for movement, or (iv) the length of stay” (9). The WHO defines a *migrant worker* as a person who works or has worked for pay in a nation where they are not a citizen (10). This paper reflects these definitions, with the clarification that internal migrants – migrant workers who migrate within a nation, for example, from rural areas to cities – may lack crucial rights in their work destinations despite holding national citizenship. This paper focuses on *low-wage migrant workers*, whose health vulnerabilities are related to income insecurity, dangerous and exploitative working conditions, substandard housing and neighborhood environs, and marginal social status (11,12). Issues relevant to *irregular migrants* (also known as *unauthorized* or *undocumented* migrants), who currently lack valid documents required to be in a country legally, are explained in the text. The paper does not focus on the special vulnerabilities of migrants in detention facilities, refugee camps, or other custodial settings.

Nongovernmental organization (NGO): This paper follows WHO usage in using “NGO” to refer to non-governmental organizations of several types, including:

- international organizations, such as ILO, IOM, UNHCR, and WHO
- funding agencies and philanthropic organizations
- community-based organizations and networks, including those organized or led by migrant workers
- research institutes, including think tanks and university-based research centers

These organizations may also be known as “civil society” organizations. Small, new, or volunteer-led CBOs may be known as “grassroots” organizations (13,14).

Policy idea: A description of a problem with a feasible operational solution through government or non-governmental organizations. A policy idea should:

- describe a problem that can potentially be solved through law, legislation, financing, or other routes to policy change that aim to support greater justice through improved practice and better outcomes, or
- offer a specific policy recommendation and describe mechanisms for implementation, or propose improvements to existing policy;
- go beyond naming a problem, such as the vulnerability of a population, or making an abstract appeal to social justice on behalf of this population.

Policy ideas may be developed by one organization and shared and amplified through advocacy work by the same organization, or by another organization or network. A proposal to expand eligibility criteria for a COVID-19 relief program to include low-wage migrant workers is one example of a policy idea arising in response to a public health emergency. A *policymaker* often refers to government officials and staff members responsible for policy development on behalf of a public; this term can also include NGO-based advisors to policymaking processes.

Promising practice: A program developed or adapted to fill a pragmatic need of a population, often initially in a single organization or community. Promising practices may not yet have been formally studied or evaluated as “best practice,” especially if they have been devised in response to a rapidly evolving public health emergency, such as pandemic or environmental disaster. This paper focuses on promising practices developed or adapted by non-governmental organizations in response to COVID-19, focusing on the health-related needs of low-wage migrant workers as a vulnerable population and on practices outside of hospital settings.

II. Goals of this project

The organization of knowledge and the infrastructure of communication have been identified as important structural determinants of health. Epistemic injustice contributes to health inequities (15,16).

The goal of this project is to reduce epistemic injustice by helping practitioners, policymakers, researchers, and advocates overcome barriers to migrant health presented by the organization of knowledge and the infrastructure of communication. The production, collection, and use of data produced by NGOs and networks serving community populations and often advocating for improved responses to migrant health falls outside the scope of clinical research and may be overlooked or not prioritized in academic research. Research relevant to migrant workers’ health is spread across many academic fields, such as migration studies, sociology, anthropology, geography, and cultural studies, which may not intersect with health sector research and academic public health research. It is challenging to figure out “what works” to improve migrant health in a place and social context.

This project builds on past and ongoing work conducted by The Hastings Center, an independent research institute focused on bioethics, in collaboration with partners to develop and refine a *research method* for systematic searches of NGO-produced documents that can be used by

practitioners, policymakers, researchers, and advocates (17). This method is well suited to finding and collating NGO-produced material reflecting problems and problem-solving in response to public health emergencies, shared through channels other than academic journals.

This paper focuses on promising practices and policy ideas that have emerged in pandemic response to migrant health (approximately March 2020-February 2021) and hold promise for post-pandemic work to better support this vulnerable population.

This project contributes to knowledge in public health emergency response in at least four ways:

First, this project explains and demonstrates how strengthening the ability to identify *descriptions of problems and problem-solving produced by NGOs (as defined above)* in response to public health emergencies such as the COVID-19 pandemic can help preserve, study, develop, and share promising practices and policy ideas to better support vulnerable populations.

Second, this project explains *how to analyze NGO-produced materials* to develop a more comprehensive understanding of local conditions and response strategies, in this case related to COVID-19 response.

Third, the method refined through this project and described in this paper *helps community-based workers to “meet” each other* through the documents they have produced. Connecting people who work on similar problems in different regions, or who approach health vulnerabilities from a different starting place than migrant health, holds promise for advancing migrant health and for building broader networks focused on mitigating vulnerabilities.

Finally, the project *deepens understanding of the normative (values-based, ethical) frameworks of NGOs*. Public health duties concerning planning, safeguarding, and collaborating, and public health guidance concerning resource allocation and other foreseeable challenges during public health emergencies, often reflect health system perspectives, language, and priorities. Understanding how NGOs outside of health systems perceive or translate these commitments in the context of missions focused on health equity, and what additional normative commitments they may have, enriches the field of public health ethics.

III. Aims of this paper

This paper outlines and demonstrates a *research method*. It clarifies and makes more navigable the organization of knowledge and infrastructure of communication produced and circulated as part of pandemic response to migrant workers' health needs.

This paper offers a *toolkit* for NGOs that serve or advocate for low-wage migrant workers to use to gain access to knowledge preserved in grey literature. As noted on page 1 (see Key Terms), grey literature includes a range of documents not published in journals or commercial publications. It is a crucial resource for understanding evolving responses that may not yet have been formally studied. This paper also aims to be useful to academic researchers who collaborate with NGOs to study community-based processes of social change and to share and amplify

information about promising practices and policy ideas to audiences that include practitioners and policymakers (18).

The paper answers two methodological questions about grey literature:

- How do grey literature searches work?
- How can readers get started on finding and analyzing grey literature relevant to pandemic responses to migrant health in a region of interest, including both HIC and LMIC contexts?

IV. Toolkit

A. *Resources for grey literature searches (digital and print)*

To prepare for grey literature searches, you will need:

- a computer with Internet access and, ideally, screenshot capacity. (A smartphone can also be used to take a photo of a computer screen.);
- a system for keeping track of your searches – software such as Excel or Zotero, or a simple Word or other document, can help you record the dates of searches, search terms used, and links to websites, and
- a system for saving pdfs and other materials, such as an online drive (Google Drive or Dropbox) or a flash drive.

Basic techniques for identifying and collating grey literature involve:

- structured web searches using search terms in search engines such as Google to find NGO websites that are sources of grey literature;
- searches of NGO websites, e-newsletters, and social media posts to find documents and other material and to identify contacts, and
- follow up contact with NGOs for more information and to identify further NGO sources.
- Additional resources:
 - Librarians, law students, and health policy scholars based in academic institutions can assist with specialized grey literature searches for working papers, policy manuals, pending legislation, and similar documents produced by government sources.
 - Media studies scholars, based in academic institutions or civil society organizations, who study how migrant health is covered in traditional media and social media can provide further perspectives on migrant health in a region or nation.
 - Print materials such as posters and brochures are types of grey literature that reflect how health information is shared. Public health librarians, archivists, museum curators, and health communications scholars may collect these materials or assist in locating them.

B. *Step by step method for searching grey literature*

Step 1: Identify the issue you want to know more about. Phrase it as a question. For example: *How have community-based organizations responded to food insecurity among migrant workers in [a neighborhood, city, nation, or other region] during COVID-19?*

Step 2: Discuss this issue with colleagues with knowledge of migrant health. These colleagues may be based in your own organization or in other organizations. Share your question with them to get initial examples, suggestions for searches, and further perspectives on the issue.

- A meeting, in-person or online, can be a useful way to get a discussion started among a small group. Aim to include at least one policymaker in your initial discussions, for their insights into responses at different levels of policymaking. Staff members who work for government agencies, health systems, or large health-related NGOs are examples of health policymakers beyond elected or appointed officials.
- A simple survey, using free online software such as SurveyMonkey (available at <https://www.surveymonkey.com/>) or Google Forms can help you share your question through an NGO network via email or a social media platform such as Facebook or Whatsapp.

Step 3: Identify several large or international NGOs working on your issue. [See Sample searches below]

- Your first searches will aim to find documents produced by these NGOs.
- Determine the search terms you will use, such as “migrant worker” and “health” plus the name of a neighborhood, city, nation, or other region; the name of a migrant population, and the specific issue you are interested in, such as water scarcity, or access to COVID-19 vaccination. (The sample searches in this document use “food insecurity.”) Identify any variations on these terms used in the region you’re interested in.
- Consider the timeframe. Adding “COVID” or “2020” to your keywords will narrow your responses. Omitting “COVID” and searching for “2019” or earlier helps you to clarify pre-pandemic issues.
- Run your searches in Google using the names of NGOs you know, plus your keywords. These searches should find documents on your issue, housed on organizational websites. Keep track of your search terms, the dates of your searches, and the material you find. The “History” tab on your computer is helpful should you need to recall previously used search terms. Search results can be saved as HTML pages on your computer; right click in the Google search results and select “Save as.”
- Check your search results; the closest matches will be on the first page. When you visit a website or open a document, use the “Search” feature (magnifying glass icon) plus your search terms to locate material on your issue.
- Preserve material. Download reports as PDFs and save them to your computer and, if possible, to an online drive such as Google Drive or Dropbox for future access and sharing. Slide sets and webinar recordings can also be downloaded and saved. Create a citation list, or use citation management software such as Zotero, to save citations plus URLs of useful websites. Label all materials.
- Sign up for e-newsletters and social media feeds that may be produced by a large NGO. These will provide you with further grey literature.

Step 4: Identify community-based organizations and smaller NGOs working on your issue. [See Sample searches below]

- Your next searches will aim to find grey literature produced by NGOs in your region of interest, about the issue you want to learn about. This grey literature includes project websites and may include reports and other documents. Social media feeds are important sources of grey literature from community-based organizations and from networks.
- List the organizations you know, and use web searches to find others. For example, the issue of “water scarcity” is important to organizations that serve vulnerable populations in regions that face drought conditions, unsafe water supplies, or inadequate water supply infrastructure. Populations vulnerable to water scarcity include and are not limited to migrants. Searching on this term plus the name of a region should produce links to local organizations.
- Preserve material as described above. Screenshots can be useful in preserving digital material that cannot be downloaded, such as social media posts.

Step 5: Analyze material from your NGO searches.

- Read the materials you’ve found. Look for names of organizations and programs that may not have come up in your initial searches. Search for additional materials using these names as keywords. Contact program staff via email or phone for more information.
- Based on your reading, identify promising practices and policy ideas. [See **Key Terms**] Doing this as a small group brings different perspectives and areas of knowledge to this task. You may want to reconvene the group you originally met with in Step 1.
- When looking for promising practices, consider:
 - *COVID pivot*: Migrant health programs that existed before pandemic may have pivoted to new or expanded services in response to COVID-19.
 - *COVID moment*: When few services were in place pre-COVID, new services may have been devised in response to the urgent public health needs of migrants.
- When looking for policy ideas, include:
 - Descriptions of problems that may have policy solutions, and
 - Recommendations that describe a path to change through policy

Step 6: Consider what you can do with this information.

- Small group discussion of promising practices and policy ideas you have identified through grey literature searches, plus follow-up conversations with NGO sources when possible, can help identify practices and ideas emerging from pandemic response that can be applied to your region of interest. These practices and ideas may suggest ways to make long-term improvements to services for migrant workers, or ensure that future emergency planning reflects the presence and needs of migrants.

In your discussions of search material relevant to your region, consider:

- What opportunities do you have to collaborate with academic researchers to adapt promising practices and evaluate them to provide outcomes data?
- What are the opportunities to amplify policy ideas by sharing them with policymakers?

- What new collaborations or approaches to policymaking that arose in the “COVID moment” may reflect better ways to work on behalf of migrant health going forward”

C. Example: Applying search method to issue of food insecurity

Finding sources of promising practices and policy ideas on COVID-19 responses to food insecurity among low-wage migrant workers in New York City

In the United States, irregular migrants are often known as undocumented immigrants, a term that refers to non-citizens who are “not lawfully present” for reasons that include unauthorized border crossing or visa expiration. (In the U.S., the term “migrant worker” often refers to foreign-born agricultural workers, who may be undocumented, on short-term visas, or have another immigration status.)

Undocumented immigrants often live in the same households as immigrants with legal status, and may have children who are U.S. citizens by birthright. Undocumented immigrants are typically low-wage workers who have special vulnerabilities concerning health because they are legally excluded from a range of Federally-funded health-related benefits. These benefits include health insurance, nutritional assistance (food stamps), and rental assistance. Undocumented immigrants’ vulnerabilities have been compounded by the pandemic, due to precarious employment, high risk of infection due to overcrowded housing and workplaces, and their exclusion from Federally-funded pandemic relief (19).

This sample search uses “food insecurity” as focus of grey literature searches. Prior to the pandemic, undocumented immigrants were already a food-insecure population because of their exclusion from benefits designed to reduce food insecurity among low-wage households. Federal policies during 2017-2021, intended to reduce use of Federal benefits among immigrant households eligible for these benefits, also contributed to food insecurity among low-wage migrants who feared that enrollment would be counted against them in an application for permanent legal residence. During the pandemic, food insecurity among undocumented immigrants has worsened due to loss of wages and lack of access to relief funds.

Step 1: As described in the “How to search” section, phrase this issue as a question to identify keywords for searches. For example:

How have nonprofit organizations responded to food insecurity among undocumented immigrants in the United States during COVID-19?

(Note: In the U.S., NGOs are often known as “nonprofit organizations” or “nonprofits,” reflecting their tax-exempt status.)

Step 2: Discuss your question with knowledgeable colleagues to get further perspectives.

Step 3: Search on terms such as “undocumented immigrants,” “food insecurity,” “COVID-19,” “nonprofit,” and “United States,” plus the names of large NGOs involved in migrant health or

food insecurity. These searches will find websites, recent reports and other documents that will provide background on COVID-19 needs and responses.

- It is possible to start searching without knowing the names of large NGOs. On migration, IOM and MPI are helpful starting places for searches.
- Omitting “COVID-19” from the search terms would produce pre-pandemic documents.
- Large NGOs may have the resources to produce e-newsletters or other updates on specific topics. Registering for e-newsletters is an effective way to receive grey literature directly.

Next, refine the question geographically, to identify local responses:

How have nonprofit organizations responded to food insecurity among undocumented immigrants in New York City during COVID-19?

Step 4: Using the same search terms as above, replacing the name of the country with the name of the city, and adding the names of smaller NGOs involved in migrant health or food insecurity, will produce websites with descriptions of programs, social services, advocacy campaigns, and other responses. Smaller NGOs may also produce reports and other documents.

- It helps to know the names of several local NGOs active in migrant health when starting a search. In New York City, Make The Road New York and the New York Immigration Coalition are examples of local NGOs active in migrant health; the websites of these organizations are likely to include names of other NGOs with whom they collaborate.
- NGOs may rely on social media to share information quickly. NGOs’ social media feeds are a type of grey literature and may link to publications, webinars, and other materials. Following NGOs on social media is an effective way to receive grey literature directly.
- Local news reporting is often a useful source of information on activities of local NGOs. Explore the websites of radio, TV, print, and digital news outlets to look for features on migrant health and reporters who cover local NGOs. News articles may also include links to grey literature that provide useful shortcuts to documents housed on websites.

D. Sample searches for grey literature on food insecurity

Search 1

Search terms: food insecurity + immigrants + covid

(Notes: Search terms are not case-sensitive, so you do not need to capitalize acronyms or the first letters of names. Omit the “+” when typing search terms into Google or another search engine.)

Example of search result: “Maximizing food security for unauthorized immigrants during COVID-19” (20). URL: <https://www.healthaffairs.org/doi/10.1377/hblog20200724.40740/full/>.

Type of document: Blog post from a major academic journal in health policy.

Value: This post points the reader towards state-level policy ideas that aim to compensate for exclusions of unauthorized immigrants from federally funded programs, including COVID-19 relief programs.

Search 2, specifying “undocumented” in the search terms to target the search

Search terms: food insecurity + undocumented immigrants + covid

Example of search result: “Food over fear: overcoming barriers to connect Latinx immigrant families to federal nutrition and food programs” (21). URL: <https://frac.org/research/resource-library/nilc-latinximmigrantfamilies>.

Type of document: Report on collaboration between a major anti-hunger research and advocacy NGO and an NGO that advocates for undocumented immigrants.

Value: This report describes findings from focus groups of undocumented immigrants, and includes policy ideas in the form of recommendations directed at different levels of policymaking.

Search 3, using name of advocacy campaign identified via social media posts of local NGO

Search terms: excluded workers + make the road new york + covid + immigrants

Example of search result: “Excluded Workers Disaster Income Replacement Fund,” (22). URL: <https://maketheroadny.org/wp-content/uploads/2020/04/Excluded-Worker-Fund-Overview-with-Endorsers-as-of-Apr20.pdf>.

Type of document: Advocacy campaign document from, Make The Road New York, a local NGO.

Value: The search result demonstrates the value of following social media as grey literature. Facebook and other social media posts by Make The Road New York describe an ongoing advocacy campaign, directed at state-level policymakers, to compensate for the exclusion of undocumented immigrants and certain other low-wage immigrants from federal COVID-19 relief programs. Social media posts include the term “excluded worker,” an advocacy term that plays off the frequent use of the term “essential worker” in COVID-19 policymaking and media coverage in the US. This document is a source of policy ideas and lists other NGOs supporting this campaign; this list can be used for additional searches to identify promising practices and policy ideas.

Search 4, using name of advocacy campaign plus search term “policy” to target results

Search terms: excluded workers + policy + covid

Example of search result: “Unemployment Compensation for Excluded Workers: \$3.5 Billion Needed for 2020 and 2021,” (23). URL: <https://fiscalspolicy.org/wp-content/uploads/2021/03/FPI-Excluded-Workers-March-FINAL.pdf>.

Type of document: Policy brief from the Fiscal Policy Institute, a research institute focused on New York State and part of several national networks of state-level research institute.

Value: This document provides the financial rationale for Make The Road New York’s advocacy campaign.

Search 5, using name of program identified via social media posts of program based in academic medical center

Search terms: Immigrant Health Cancer Disparities FOOD Covid

Example of search result: “Do the Right Thing: The MSK Immigrant Health & Cancer Disparities Service,” (24). URL: <https://www.mskcc.org/msk-news/spring-2021/do-right-thing-msk-immigrant-health-cancer-disparities-service>

Type of document: Newsletter profile of migrant health research center and social service program based in academic medical center.

Value: This document provides details on the Immigrant Health and Cancer Disparities (IHCD) Center, a research center and social service program focused on immigrant and low-income cancer patients at Memorial Sloan Kettering Cancer Center. The impact of food insecurity on the experience of cancer treatment is a key area of research at IHCD, which also runs Food to Overcome Outcome Disparities (FOOD). This program works with food pantries to mitigate food insecurity among immigrant and low-income cancer patients.

Example of “COVID pivot” and promising practice: When New York City experienced surge conditions and lockdown beginning in March 2021, FOOD pivoted from a pantry model to a delivery model, building on existing and new relationships with taxi drivers (an immigrant workforce) and grocery suppliers to deliver food to patients’ homes.

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VI. Acknowledgments

This paper was made possible through a grant, “The Ethics of Public Health Emergency Preparedness and Response: Migrant Workers’ Health and COVID-19,” from the WHO Health Ethics and Governance Unit, to the University of Augsburg. It is part of an Epidemic Ethics/WHO initiative which has been supported by FCDO/Wellcome Grant 214711/Z/18/Z.

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