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# "We Cannot Go There, They Cannot Come Here": Dispersed Care, Asian Indian Immigrant Families and the COVID-19 Pandemic

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**Abstract:** The COVID-19 pandemic disrupted families and displaced individuals. For migrant workers, these disruptions and displacements exacerbated the state-imposed constraints on family formation. But how did high-skilled and high-wage immigrants, presumably immune from these challenges, provide care to and receive care from families during the pandemic? Based on 33 in-depth interviews with high-skilled Asian Indian immigrants in the USA during the pandemic, we note disruptions in their care to and from families. These disruptions reveal a persistent pattern of dispersion in immigrant families which leads to what we call "dispersed care." By "dispersed care" we identify the effects of various state-imposed immigration laws and policies, which force immigrants to divide and allocate care among multiple fragments of their families in home and host countries. Dispersed care affects immigrant workers' professional output, forcing them to make difficult choices between their career and care commitments. To unsettle the assumed homogeneity of high-skilled "Asian Indians," we choose participants at diverse intersections of their migration pathways—naturalized US citizens, permanent US residents, and temporary visa holders or nonimmigrants. While naturalized US citizens and permanent residents have better resources to maintain transnational family ties than nonimmigrants, all of them face the intersectional challenges of dispersed care.

**Keywords:** dispersed care; high-skilled migrants; nonimmigrants; transnational care; gendered care; COVID-19; intersectionality; Asian Indian immigrants



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## 1. Introduction

> *We haven't seen our parents since 2019 October. Long time. They are old, they need our help. We used to visit them almost twice or at least once a year before COVID. We cannot travel. There are lots of restrictions on immigrants, not on Green Card holders though, but for the other immigrants. Recently, the borders have opened, the flights are operating. But before that, there was a time when we wanted to travel, but unfortunately, we could not. First, you don't get to fly. Then you are either on H1 or L1 visa. So, if you leave the US, you may not be allowed to come back to the US. That was the biggest problem. You go there once and get stuck there forever. We have friends, who had stamping issues. They had to get their visa stamped, going back to India and come back. They could not get it because all the USCIS offices were closed. They were not getting any dates [for visa appointments]. Nothing was available, so taking care of family back home till date is a big problem. We cannot go there; they cannot come here as well. . . The only help for taking care of my daughter will be a daycare, which I don't think in this crisis will work out. It's not a good idea.*

Anumita, a banker on an L-2 visa living in New Jersey with her husband and daughter, explained some of the complications about caring for parents who are in India, along with balancing childcare logistics during the COVID-19 pandemic. A "high-skilled" migrant,

her situation encapsulated the long-term impact of immigration laws on immigrant families, along with the realities of balancing paid work and care responsibilities during the COVID-19 pandemic.

The US immigration laws are now seemingly race-neutral and are built around the principle of family reunification. However, Anumita's experience shows that even for high-skilled immigrants, some additional, less visible challenges impede family members' wish to be together. Caring from thousands of miles away is already difficult under the best of circumstances, but as parents age, as nuclear families grow with the arrival of children, and as acute and/or chronic health issues develop, these distances become additional, almost insurmountable challenges, often more than what WhatsApp and Zoom calls can handle.

Moreover, the COVID-19 pandemic caused significant spatial displacements of individuals and families across the globe. Many people were forced to readjust the locations of their paid work and family/care work obligations. The restrictions on mobility especially affected migrants[1] who either remained stuck in their home or work locations (Chacko et al. 2023; Purkayastha and Roy 2023) or were forced to move or were deported (e.g., MPI 2021). How did these disruptions shape migrants' care for their family members, and how did they receive care? Equally important, what do the pandemic conditions reveal about the intersectional nature of care in immigrant families?

Using the pandemic period as a lens, we discuss these topics with reference to migrants whom the US Government recognizes as "high-skilled." This group remains both understudied and mostly absent from political or media discourse about migrants (for some exceptions, see Banerjee 2022; Chakravorty et al. 2017; Jacobs 2020; Purkayastha 2005; Roy 2022). Among these high-skilled immigrants, we chose Asian Indians, who, in the US, represent arguably the most privileged community[2] and are most apt to be labeled a "model minority" by the media. However, as earlier studies have shown, immigration laws have persistently prevented this group from forming the types of families they sought, including with their parents and siblings (Lee et al. 2015; Purkayastha 2002). To unsettle this group's assumed homogeneity, we also choose high-skilled Asian Indian immigrants in three separate migration categories—naturalized US citizens, permanent US residents or Green-Card holders, and "nonimmigrants" or temporary immigrants on visas like H-1B, L-1, J-1 and F1-OPT.

On paper, the two main streams of migration allowed for this group are (1) migration for work, which brings high-skilled workers on a temporary basis with short-term visas, several of which are renewable, and (2) family reunification, where primary immigrants are allowed to bring their dependent spouses and non-adult children with them. This enforces the nuclear family structure on immigrant families (Schneider 2000). Family reunification also allows primary immigrants to bring over parents and siblings *only* when they naturalize as citizens. In reality, the wait for primary migrants to acquire more permanent status, and then to sponsor parents or siblings (only), who are in turn placed in even longer queues, translates to decades of family separation. Within a structural context where non-white migrants are criminalized and viewed as a threat to national security, the system of family reunification does not adequately mitigate the harsh realities of family separation (Kibria 2020).

Since they largely remain separated from their families, these immigrants have sought to bridge distances through frequent travel to home countries (e.g., Purkayastha 2005) and the use of rapidly improving technology to organize transnational care for family members (Chacko et al. 2023). These privileged immigrants are assumed to encounter few or no challenges in maintaining transnational connections with their family members. Many migrants who can afford to travel frequently simply normalize this travel as part of life. Yet, a closer look of this group reveals significant complexities related to economic affluence, skills, and the ability to maintain geographically dispersed family connections in a racialized context (Banerjee 2022).

Over the last three decades, discussions on transnational families (e.g., Levitt 2001; Baldassar 2007; Glick-Schiller et al. 1992) emphasized migrants' attempts to maintain

connections and deep ties with their homeland. We partly draw on this version of transnationalism, but we situate our discussion in the context of intersecting race/gender/class structures that disperse families geographically (Kibria et al. 2014; Purkayastha 2005). Our intersectional approach draws on many decades of scholarly discussions about families that are negatively affected by draconian, dehumanizing laws and policies, including the phenomenon of forcibly split families (e.g., Dill 1994; Espiritu 1997; Pargas 2009; Taylor 2002). We study how similar laws and policies lead to state-imposed dispersion of even high-skilled but racialized immigrant families, which, in turn, affects the practices of giving and receiving care.

High-skilled immigrants choose to leave their families and come to the USA, where they attempt to build nuclear families under the USA's family reunification policies. However, our data consistently show that these migrants do not opt for the conditions which disperse their non-nuclear families, prolong their family's separation, and induce stress and anxiety about the expectations of providing care to and receiving from family members. This means that the separation or dispersion of migrant families and the disruptions in care are not necessarily caused by migrants' decisions to leave home, but by state-imposed laws and policies.

Purkayastha and Roy (2023) identify these legal and policy barriers cumulatively as "neutral enclosures", because often these barriers remain "hidden in plain sight", disguised in the rhetoric of migrants' autonomy. In this study, we identify the effects of these neutral enclosures on migrants' families, and note that one distinct outcome of neutral enclosures is "dispersed care".

By "dispersed care", we mean the practices of dividing and allocating care responsibilities among the multiple fragments of immigrant families in home and host countries amidst state-imposed barriers to reunification. Traditionally, care within the domestic contexts of reproductive labor is conceived of as a practice between cohabiting or co-located family members (Lee 2001). In immigrant families, care becomes transnational, as migrants who are able to travel to their home countries visit families to provide care, and they receive care from family members who are able to visit temporarily (Baldassar and Merla 2014; Merla 2012). But due to "neutral enclosures" (Purkayastha and Roy 2023), even seemingly privileged migrants experience prolonged separation from families, an inability to visit or reunite with family members, and are forced to disperse their care.

We highlight how the dispersion of care affects immigrant workers' professional output, upon which their "legal" status in the USA depends. Furthermore, dispersed care forces immigrants to make difficult and morally ambivalent choices between their career and care commitments. During a health emergency like the COVID-19 pandemic, the costs of these choices may be too high. In circumstances such as the COVID-19 pandemic, additional restrictions on mobility make the experiences of even more-privileged immigrants resemble some aspects of families split apart because of structures of enslavement or violent and forced displacement.

We show that restrictive structures lead to "dispersed care" and shape the intersectional variations in facets such as (1) economic vulnerabilities, (2) gendered expectations of care, and (3) isolation and anxiety. All of these affect Asian Indian immigrants' expectations and their perceived ability to provide care to and receive care from their families. To capture the variations in this group, we investigate the experiences of Asian Indian nonimmigrants, permanent US residents, and naturalized citizens of the USA, as they are positioned differently within the legal and policy restrictions that are imposed by the state.

## 2. Literature: Locating Care in State-Imposed Dispersion of Families

### *2.1. High-Skilled Migrants and Nonimmigrants*

The political rhetoric in the USA has constructed a rhetoric of good migrants—those whose "high skills" are to be welcome in the country—and not-so welcome immigrants, who provide essential labor in fields, factories and service sectors but are ill paid and

discursively constructed as people who are "illegal", whether or not this is actually true (Everding 2018).

The US government also creates a hierarchy between "high-skilled" and "unskilled" nonimmigrants based on the market-determined values of specific skills. Temporary "unskilled" Asian Indian migrants are brought in for jobs in sectors like agriculture and construction. Further, the Department of Homeland Security (DHS) uses the term "non-immigrant" to indicate foreign nationals who are in the USA on a temporary basis for study, work, medical treatment, business, and tourism. These include B, F, L, J and H visas. Among them, H and L visas are employment-based, allowing nonimmigrants to hold temporary but full-time jobs in the USA. F and J nonimmigrant visa holders can serve as instructors and researchers in higher education institutions. While F-1, F-1 Optional Practical Training (OPT), and J-1 are not employment-based visas, we include them in our study to recognize that these visa holders are highly educated and contribute their skilled labor to US institutions. Some Asian Indians are able to transition from temporary status to permanent residency and then naturalize as US citizens. However, as we describe later in this article, this transition is lengthy for Asian Indians. During this period, some choose to migrate to other countries or return to India. Despite their high-skilled status and ostensible privileges, all three categories of immigrants of Indian origin are subjected to marginalization arising from intersecting politico-legal, socio-economic and racial structures, and restrictions on family formation. Using the case of highly skilled Indian-origin migrants, citizens, permanent residents, and temporary migrants with requisite documents, we highlight how laws and policies have controlled and curtailed possibilities of family formation and steered the formation of geographically dispersed families even for "good" and "legal" immigrants.

Indian-origin migrants in the USA include people who came to the country prior to the Asian migration ban in 1917—the Asiatic Barred Zone Act—or after 1965, when these bans were lifted. However, only a select number of highly skilled migrants have been allowed to come to the USA since 1965. They acquired permanent residency status and citizenship by naturalization (and the next generations, by birth), but they continue to be regarded as outsiders, non-Americans, and "perpetual foreigners" by swaths of the American population (Huynh et al. 2011; Tuan 1998). Hence, we use the term migrants and immigrants to refer even to long-term residents and naturalized Asian Indians. In addition, our data later show that the effects of family separation and the constraints of dispersed care are felt even when Asian Indians acquire permanent status in the US. High-skilled nonimmigrant workers have been brought over on temporary visas to work in particular industries such as technology, healthcare, scientific research.

The H-1B visa, for example, is a high-skilled but temporary and renewable visa which was introduced in the 1990 Immigration Act. Since then, Asian Indian immigrants have held the highest number of H-1B visas, which are distributed annually among high-wage and high-skilled workers in tech companies, academic and research institutions, healthcare industries and other high-wage sectors (USCIS 2023a). Other Indian migrants do not meet these high-skill categories, but on average, the earnings and positionality of the relatively affluent Indian-origin people shape the racialized discourse about them as a "model minority", even though they are socially marginal (see Dhingra 2012).

The renewal of temporary visas depends on conditions beyond the workers' control, such as labor market needs, employers' approval, and diplomatic relations between the sending and receiving countries. For migrants with a temporary status, the primary visa holders are required to remain employed and employable (i.e., appropriately equipped with skills), barring some short-term concessions between jobs. These stringent conditions of their legal status make nonimmigrant workers especially vulnerable during periods of crisis, such as the COVID-19 pandemic, when jobs were scarce and unemployment shot up globally.

Inspired by the Civil Rights movement, the Immigration and Nationality Act (or Hart-Celler Act) of 1965 created the family reunification system, adopted a race-neutral approach,

and emphasized the importance of equality and skills to allow immigrant access. This new turn in US immigration, including family reunification, seemed to reverse the injustices of the early prohibitions on racialized immigrants' family formation (e.g., the Page Law, which prohibited the entry of Chinese women and disrupted Chinese male immigrant workers' ability to form families in the US; see Kibria et al. 2014). But scholars have pointed out how the very framing of "worthiness" to enter the US since 1965 implicitly perpetuates the racialization of immigrants and has racialized outcomes (Keyes 2014; Kibria et al. 2014).

Since 1965, the family reunification system has allowed only the primary migrant to come and settle in the US, and then they may sponsor their spouse and children. The more recent temporary and employment-based visas like L1 and H-1B allow nonimmigrants to bring only their spouse and non-adult children as "dependents". However, the US immigration laws narrowly define families, excluding even parents. These family members (even adult children) are not eligible for the dependency programs. They can, however, be sponsored under family reunification, but not while the primary immigrants occupy a temporary status.

Schneider (2000) reviews US Congressional debates about immigration to find that primary immigrants are brought in primarily to fulfill US labor market needs. While they are allowed to bring dependent family members, when they are able to reunite is governed by additional sets of rules which might result in years of delays. The sponsorship of these families is expected to conform to a nuclear family structures and US family values. However, following the cultural and gendered norms of care in the countries of their origin, many migrants are expected to care for family members beyond the nuclear structure. Parents, siblings, grandparents, adult children, and other relatives are counted as close family members in various immigrant communities coming from the Global South, including Asian Indians. This means that these migrants have to figure out other ways to provide care to, or receive care from, dispersed units of their families that remain separated by state-imposed laws and policies.

In addition, while the dependency program seems to protect at least the nuclear family structure, strict barriers severely constrain "dependent" family members' economic prospects in the USA (Bhatt 2018). Female migrants mostly bear the brunt of these restrictions, either with limited employment opportunities or with added responsibilities of care work, or both (Purkayastha 2004). This exacerbates the economic burden of primary migrants as well as their entire families.

The provision of care across continents suggests that migrants need to be financially able to navigate the geographic distances and bureaucratic barriers. However, primary migrants' legal status in the USA is dependent on their professional accomplishments. This adds to the career/family responsibility challenges. In cases of primary visa holders' job losses, or even deaths, dependent family members immediately lose their right to employment (Banerjee 2022). In sum, the dispersed care in migrant families remains a reality for all of these groups, since the state-imposed laws and policies generally discourage or delay the formation of families beyond the restricted nuclear heterosexual husband-wife pairing and their non-adult children.

Another seemingly race-neutral condition has racialized outcomes, as it affects mostly Asian Indian and Chinese immigrants in high-skilled immigration categories (Bier 2023).[3] The 1965 and then the 1990 immigration reforms have brought thousands of Asian Indians and Chinese immigrants to the USA for high-skilled jobs. However, due to the 7% annual country cap on Lawful Permanent Residency or Green Cards, less than 10,000 Green Cards are issued to applicants from each country. Every year, the number of Asian Indian and Chinese applicants in the Green Card backlog continues to grow. Most Asian Indian and Chinese applicants who come to the USA with employment-based visas take close to or more than a decade to receive their Green Cards. The multiple cycles of visa renewal without assured or expedited access to permanent residency hold even high-skilled nonimmigrant workers in a decades-long temporary status (Roy 2022). Until then, restrictions on travel and bringing family members prolong the agony of dispersed care for Asian Indian

and Chinese immigrants, all under seemingly race-neutral laws and policies of immigration (see Purkayastha and Roy 2023).

Permanent residency and citizenship eliminate several of these barriers. Therefore, Asian Indians as nonimmigrants, and Asian Indians as permanent residents or US citizens might be expected to have different experiences of family and care work during the pandemic. Yet, as we describe later, both groups faced challenges related to the separation of families and consequently dispersed care because of state-imposed laws and policies. Even the primary document holders, such as employment-based visa holders and naturalized citizens who can "sponsor" the arrival of family members, need to establish their financial ability and legal standing in the USA to ensure that their families will not be a "public burden" to the host country. Next, the tourist visa is a viable option for the family members of Asian Indian immigrants for coming to the USA, but the length of the visits is restricted to only six months in a calendar year. For immigrant families looking for long-term care from family members, or to provide care to families by bringing them to the USA, the tourist visa is *not* an ideal model.

Finally, the renewal of employment-based, educational, dependent and even tourist visas is a cumbersome process, which during the COVID-19 pandemic faced significant delays. Since the transition from nonimmigrant status to permanent residency takes a very long time (mostly over a decade) for Asian Indians, their visas need to be re-stamped and renewed several times during the transitional period. The closure of borders and various government services during the COVID-19 pandemic meant that dates for visa "stamping" were unavailable at the US embassies outside the country. Without appropriate "stamping" and renewal of their visas, nonimmigrants might lose the right to re-enter the USA, even if they were able to visit their families in India (e.g., see USCIS 2023b).

### *2.2. Transnational, Split and Legally Dispersed Families*

International migration creates transnational families where migrants provide care to and receive care from family members across borders (Baldassar and Merla 2014; Bryceson and Vuorela 2002). Much of the earlier literature on transnationalism and transnational family seemed to be built on the idea of free movement and exchange, resulting from globalization (see, e.g., Glick-Schiller et al. 1992; Hochschild 2000). Then, the racialized ethnicity literature began to draw attention to the structures of racism and gendering (especially) which perpetuated structural inequalities within the very processes of transnationalism (e.g., Abrego 2014; Kibria 2000; Purkayastha 2005). This recognition of national and global structures that channel, impede, and enable some exchanges across national borders has moved the conversation away from the assumption of free movement that underlies the earlier literature. It has oriented the discussion on transnationalism toward the constraints stemming from systemic inequalities of race and ethnicity, class, gender and even religion.

The literature on racialized immigrants has documented the draconian measures used to keep family members geographically dispersed. A significant body of literature also exist on the aspects of settler colonialism and the forcible removal of Native American children to boarding schools (e.g., Blackhawk 2023). While *none* of these studies are about high-skilled Asian Indians, they provide rich theoretical insights into the mechanisms of racialization within immigration laws and policies, even in their seemingly race-neutral forms. We place high-skilled Asian Indians in the same continuum of racialization, while recognizing that their high-skilled status and economic privilege may insulate them to some extent from overt forms of violence and family separation.

Espiritu (1997) discusses the long history of laws banning Asian migration since 1882 and instituting other policies to stop or severely restrict Asian migrants from forming families. These historical laws remained in place until 1965, when other laws were instituted to control the number of people from each country. Overall, under conditions of explicit or de facto enslavement, there is a long history of splitting families (Stack 1974), which represents one of the dominant carceral mechanisms by which settler and racist states maintain their authority over minoritized populations and extract their labor.

Alongside these studies, this body of literature highlights the unique strategies that minoritized populations, including immigrants, developed to build families. For example, Dill (1994) documents how Africans who were forcibly uprooted from their native lands and enslaved in the USA, Chinese and Indian immigrant labor brought to the USA and denied political status, along with Mexican people whose lands were colonized and annexed, all developed fictive kin, claimed paper sons and developed *compadrazgo* (creating extended family forms).

Among the more recent studies on immigrant families, Banerjee (2022) focuses on high-skilled Asian Indian nonimmigrants. She notes the use of a "transcultural cultivation" style of parenting in these families, where nonimmigrant parents instill the values and cultures of their home country among their children by engaging the children in India- and US-centric bicultural activities, and encouraging them to spend time with their extended families. However, Banerjee (2022) notes that such parenting techniques are "visa-regimented" (218), meaning migrants' ability to expose their children to their extended family networks is restricted by racialized immigration laws and policies even in high-skilled and affluent families, which supposedly have ample resources to maintain seamless transnational family connections.

Echoing these observations, we emphasize that the immigration laws and family reunification restrictions and delays not only force Asian Indian migrants to live in geographically dispersed families, but also develop strategies to disperse their care. Unlike European-origin migrants who do not encounter similar sets of laws governing their preferred family formation, the racist classification of countries and controls on total numbers of migration from the Global South leads to the persistence of these controls that have become so normalized that neither the media nor politicians talk about these controls in their discourse about high-skilled migrants. Thus, analyzing these connections through an intersectional lens, we adopt the term "dispersed care" to make the racist outcomes of seemingly race-neutral laws explicit. However, we remain cognizant of the distinction with the families of enslaved or forcibly dispersed groups that Dill (1994), Stack (1974), Taylor (2002) and others have described.

Class privilege, typically among citizens and permanent residents, enables relatively well-off migrants to access current technologies and maintain transnational connections and networks by moving back and forth to spend time with and provide care to their dispersed families. During the COVID-19 pandemic, these movements were disrupted. However, our study shows that for racialized immigrants with dispersed families, the disruptions were not temporary or only limited to the COVID-19 pandemic. Rather, a range of other laws and policies in the USA and India determine which Indian origin migrants can travel more freely between the two countries and under what conditions (Agarwala 2022). As we mentioned in the previous section, the period of the COVID-19 pandemic made visible the otherwise permanent barriers or "neutral enclosures" (Purkayastha and Roy 2023) that would disperse families. Therefore, we argue that while studying racialized immigrants, even the highly skilled, the framework of transnational families does not sufficiently highlight the structural barriers. Instead, a focus on families dispersed by state-imposed laws and policies and the consequent dispersion of care may reveal deeper structural conditions which shape the bureaucracies of migration and split non-white immigrant families.

### *2.3. State-Imposed Dispersion of Families and Effects on Care*

Migrants' imbrications in care regimes vary by intersecting gender, socio-economic class, age, ethnicity, and stage in life, and migration cycles. Caring within families divided by international borders is driven by bonds of affection, filial responsibilities, and a desire for collective welfare, but comes with financial and emotional costs, as elder and childcare is performed from afar (Baldassar 2007; Miyawaki and Hooyman 2023). Transnational care performed in the USA incurs a significant cost and causes upheavals related to the acquisition of 180-day tourist visas for repeated travel for caregiving purposes (Murti 2006).

Caregiving is often gendered within these families (Ahlin and Sen 2020; Dallemagne 2018; Plaza 2000). "Transnational grandparents" may be guardians and caretakers for the children of their adult offspring who are working or settled abroad (Da 2003) and may even become the primary caregivers in migrant families (Chiu and Ho 2020). "Transnational grannies" (Plaza 2000) are more likely to be caregivers than grandfathers, which sets up an intersectional (gender/age) status change, since women's care work is more sought after in these latter stages of life (see Murti 2006). Care receiving can also be gendered. For example, in Sudan, transnational care provided by male relatives living abroad is embedded in social protection arrangements and focuses on girls and women due to gendered norms in that country (Mingot 2020).

Global gender norms and attitudes continue to characterize women as nurturing and natural caregivers, while men are portrayed as breadwinners, leading to an inequitable division of paid and unpaid labor within households (Pearse and Connell 2016). Several studies have investigated whether the lockdown during the COVID-19 pandemic resulted in a recalibration of gender norms and a more equitable division of labor within households, or whether it compounded existing inequalities, especially in the realm of domestic work. Most studies indicated that in general, the COVID-19 pandemic increased women's burdens in childcare and homeschooling, eldercare, and various domestic tasks (Petts et al. 2021; Ruppanner et al. 2021).

A nationwide study in Australia found that unpaid labor in dual-career households increased for both men and women during the COVID-19 pandemic, but that the increases were much greater for women even though men took on more childcare duties than usual (Craig and Churchill 2021). A comparative study of gender role behaviors during the pandemic in Pakistan and among Pakistani immigrants living in Germany noted that male partners were more likely to take on "feminine" chores if both partners were employed outside the home and each had at least 11 years of schooling. However, within the group, even the males who performed tasks that were considered feminine were reluctant to assume caregiving roles (Tahir et al. 2022).

However, a Japanese study showed that women spent longer hours on housework and childcare than men in their families during the COVID-19 pandemic, even after adjusting for work-related factors such as work hours, type of employment, and frequency of telecommuting (Sakuragi et al. 2022).

While the general conclusions about women's burden, as these studies indicate, remain true, when we look at families dispersed by state-imposed laws and policies, which sometimes require people to travel vast distances to provide care, these gendered dynamics become more complicated based on the migrants' intersectional social locations. After all, transnational care is not limited to members of the nuclear family. Children of migrants who are unable to join their parents in migrant destinations may be tended to by close family members, with care being mediated through communication technologies (Acadero and Yeoh 2021). Similarly, elder care was performed with the assistance of digital technologies and social media by immigrants who could not travel to the places where their parents lived. They were able to locate health care providers, medical equipment, and domestic workers through social media (Chacko et al. 2023).

## 3. Population, Methods, and Data

The data for this paper comprised a subset of a larger project funded by the Social Science Research Council on precarity among Asian Indian migrants in the USA and migrants within India during the COVID-19 pandemic. In this paper, however, we focused on the experiences of Indian-origin migrants and nonimmigrant adults who are identified as "high-skilled" by the US Government. Based on this "high-skilled" status, we identified 33 (15 women and 18 men) of the 80 interviews in the larger study across the two countries. The participants were all "high-skilled" workers in various essential sectors including higher education, science and technology, and health services, and were in their late 20s to 60s with regard to age. We used a combination of snowball and purposive sampling to

interview high-skilled Asian Indians living in the states of California, Connecticut, Florida, Georgia, Illinois, Massachusetts, New York, New Jersey, Pennsylvania, Ohio, Tennessee, Texas, and Virginia and in the District of Columbia.

We focused on Asian Indians because they are currently the second largest immigrant group in the USA after Mexicans. These foreign-born Asian Indian immigrants are highly educated, with 79 percent having at least a bachelor's degree. Overwhelmingly represented in well-paid positions, they are the highest-earning ethno-national group in the country (US Census Bureau 2019). India is also an important source of international students in US institutions of higher education, accounting for about 18 percent of all international students (IIE 2022).

In order to capture the diverse range of rights for these high-skilled migrants, we intentionally included Asian Indians in all three stages of their political integration in the US. Of our 33 participants, 17 were on temporary visas (H, L, J, F and F1-OPT); 3 were permanent residents (one acquired permanent residency a few days before the interview and spent the majority of the early period of the COVID-19 pandemic on a temporary visa); and 13 were US citizens. The distribution across these three categories was unequal, because despite their social visibility, this group was somewhat inaccessible as research subjects. All authors of this article belong to the Asian Indian community and used their personal networks to build the snowball sample. Yet, even with prior acquaintances, many potential participants refused to discuss the details of their immigration status. Therefore, our semi-structured interview questions primarily dealt with the subjects' general experiences as immigrants in the USA, encounters of racism, family formations and care responsibilities, and career challenges during the COVID-19 pandemic. However, all participants voluntarily discussed their constraints beyond the COVID-19 context and pointed at the persistence of their challenges even in "normal" times.

Each interview in this study was conducted in English and was about an hour long; the longest continued for over 90 min and the shortest lasted for 45 min. The interviews were recorded with the participants' informed consent, and then transcribed, coded, and analyzed on NVivo. We deidentified all interview transcripts by removing participants' names, employer names, and in some cases too specific and identifiable locations.

We conducted the one-to-one interviews between April and August 2021, when COVID restrictions had somewhat relaxed worldwide and vaccines were being distributed. The remote work regime still continued, and some travel restrictions were in place. Around the same transitional period, the surge in the Delta variant in India claimed hundreds of lives. For our research participants, who had already spent the first year of the COVID-19 pandemic separated from their families in India, the new waves of COVID-19 renewed their concerns related to dispersed care for their families. Their experiences were also painful due to the disparity between the Delta surge in India and the US. Disease control was relatively better managed in the USA than in India during the Delta surge. This meant that Asian Indians in the USA had no relief from their work responsibilities but they were simultaneously worried about the rising number of deaths and hospitalization in India, and had to figure out various strategies of dispersed care that included making emergency arrangements for oxygen supply, medicines, and, in some extremely tragic but not rare cases, cremations and burials (see Ghosh 2021).

While conducting the interviews, we collected over six hundred reports on the Delta surge in India from national and local newspapers in India and the USA. We did not use the media data in this paper, but the reports, along with our own experiences as Asian Indians, allowed us to situate the interviews in the macro-contexts of COVID-19 pandemic-related uncertainties and the micro-contexts of cultural expectations of care in Asian Indian families (see Bayeck 2021).

We analyzed how existing intersectional barriers would impose limitations on "doing family", and the ways in which the constraints upon families of highly skilled migrants affected their ability to provide or access dispersed care. We focus on the period of the COVID-19 pandemic, because, for these presumably privileged groups of immigrants, the

effects of "neutral enclosures" or the seemingly neutral immigration laws and policies remain invisible in "normal" times (Purkayastha and Roy 2023). We underscore how despite being considered privileged and welcomed high-status migrants and immigrants, the hoped-for educational and work trajectories, expected financial stability and caregiving and care-receiving abilities of high-skilled Asian Indians living in the USA were compromised and impeded during the COVID-19 pandemic in expected as well as unanticipated ways.

## 4. Analysis

The phenomenon of family and care dispersion through state-imposed laws and policies reveals a facet of racialization that is not often emphasized in the literature. India-origin citizens and temporary migrants are subject to different rules governing their presence in the USA. However, to support/sponsor the travel of their relatives to the USA, even naturalized citizens have to maintain the "good citizen" status (that is, no negative encounters with the ever-expanding "crimimigration" system, or the conflation of immigration and criminal justice bureaucracy; see Golash-Boza 2017; Menjívar et al. 2018). For highly skilled migrants who are non-citizens, an ongoing series of reports—whether they change their residence, if they can travel and related matters—have to be provided to the US Immigration and Customs Enforcement (ICE) regularly. For the nonimmigrant group, their visas are contingent upon their employers' willingness to continue their employment, a system similar to indenture, which severely constrains their lives.

The COVID-19 pandemic period intensified the restrictions that were already in place. Racist incidents against Asians and "brown foreigners" increased. Within the amplified political rhetoric against the "Asian Flu", surveillance increased on migrants as suspected carriers of the virus (Glenza 2021). While the media lauded frontline workers—which included contributions of this group—there was no recognition of their conditions of life. In addition, borders closed, as did US Consulates and processing offices, with no indication of how they were to meet reporting requirements (failing which they would fall out of status).

Centering our analysis around the structurally formed dispersed-family framework, we identified the three following themes that dominated Asian Indian immigrants' dispersed care.

### *4.1. Economic Vulnerabilities Shaping Dispersed Care*

Temporary Asian Indian immigrants' primary concern during the pandemic was about keeping their jobs. Unlike permanent residents and citizens, high-skilled temporary immigrants were not eligible for unemployment benefits from the US government. In addition, the loss of employment would mean that they would have to leave the country where they had started to build their lives. Therefore, temporary immigrants viewed the economic hardships of the COVID-19 pandemic as intense constraints on their care work commitments, which called for complex strategies of dispersed care.

Somdip, an Assistant Professor on a H-1B visa, mentioned his concerns about his job in relation to his family's dispersion. He lives in the USA with his wife Sudakshina and their son, and their parents live in India. Right before the COVID-19 pandemic, Sudakshina had placed their infant son with her parents in India. Unable to afford childcare in the USA early in their career—on temporary visas—they had to rely on the transnational care provided by their parents. Older parents often travel to the migrant households of their adult children to provide care for their grandchildren, but on time-delimited tourist visas (Chacko et al. 2023; Murti 2006). Sudakshina's parents had already exhausted the annual quota of their US visit, and this led to their decision to engage in dispersing care, keeping their son in India temporarily. The border closures during the COVID-19 pandemic disrupted their travel plans for months, intensifying the agony of the prolonged separation of their family. This necessitated other strategies of dispersed care. Somdip and Sudakshina spent hours every day on video calls guiding their parents in taking care of their son. This had to be balanced with their work commitments in the USA and the time difference between the two countries.

In the meantime, Somdip, who assumes the gendered responsibility as the primary male provider in his nuclear family in the USA and his parents' family in India, faced additional economic hardships. His promotion and contract renewal were due right before the outbreak of the COVID-19 pandemic, but the process was delayed due to low student enrollment. He was worried that if he lost his job, he would not be able to support his families in India and the USA, and would even have to uproot his nuclear family unit and return to India. Here, it is worth noting that the gendered "male provider" role in migrant families becomes a substitute for care toward dispersed families. This follows the same understanding of migrant remittances as one form of care, which helps migrants to reduce their guilt for not providing physical care to their families (Lee et al. 2015; Merla 2012). Somdip said:

> *My job is solely dependent on graduate and undergraduate enrollment. I'm a teaching faculty. So if there is no enrollment, anything can happen. . . In the US, we were having declining numbers of students, international students in our graduate program. So the graduate class sizes were extremely small, because most of the chemistry graduate students are international students, and they were not ready to come to the US because of the Trump administration's policies and all those very, very harsh immigration policies. And I remember, I finally asked [the Department Chair] that "Do I need to worry at all because I have a family, I have a son, I have a wife." . . .And then I said that as an international worker, on H-1B visa, I cannot just afford not being paid for a term and rejoin next year, because my H-1B does require me to stay employed every day. So he understood that. But that was a situation where no conclusion was made. . . I assume[d] the worst, that probably this could happen, that I could even get unemployed.*

This excerpt highlights how longer-term political arrangements, directed at even high-income nonimmigrants from the Global South, contributed to Somdip's economic vulnerability and destabilized his role as a provider/caregiver.

For all Asian Indian nonimmigrants who supported their families back in India, concerns about their dispersed families and dispersed care commitments and their own economic survival remained entangled. Sourav, a postdoctoral researcher on a J-1 visa and a single person, viewed himself in the expected gendered position of a male provider for two households—his own in the USA, and his parents in India. In the excerpt below, he puts these families in two separate frames. His parents' family in India was expected to receive his care, but when he talks about his "family" in the USA, his focus transitions to his professional output. His perceived economic failures worsened his concerns about his inability to care for his parents.

> *Let's break this down into two parts-- India and United States. People like us have this-- two families. One is by myself. And the other one is with my parents. And it's probably worth mentioning that I'm the only earning member in both the families, my dad is retired, my mom has always been a housewife. So they basically live off what I am able to provide them. So there is this added stress that if I don't have a job, then not only I will not survive, but two other people who will also not survive. So now. . .[with] COVID in India, . . . my dad is 68. And my mom is 57. And I am hoping that they will go through this phase. . . .So that does contribute to a lot of mental stress, which prevents me from focusing here. Now let's talk about me being here. I've been stuck in this apartment for the last year. I don't go out, I don't see my students, I barely go anywhere. I don't see my research mentor. And so the work has been slow. . . So basically, it's like an inverted cone. And all I'm seeing is I am getting through the cone and trying to get into the bottom of the cone. And on top of that, I think the inside of the cone is very oily, and I cannot hold on to something to maintain my position. Each day I feel that I'm getting a little more down. But I don't know where the bottom is.*

The impact of the legal barriers on mobility is evident in Sourav's account of dispersed families and dispersed care between India and the USA. What he also demonstrates in the above comment—especially in his evocative metaphor of being stuck in an "oily cone"—is

how dispersed care affects his productivity as a "high-skilled" immigrant. This is doubly concerning for him because his legal status in the USA depends on his professional success and accomplishments that need to be made within a specific number of years. The fact that Sourav's anxiety about care for his parents in India and his well-being in the USA slows down his work reveals how dispersed care exacerbates immigrants' precarity.

For these immigrants, parents are part of the core family, and caring for them is a cultural and ethical norm. Importantly, the structures of government-managed support (e.g., social security in the USA) are not the same in India, and neither are retirement ages. This suggests that immigrants have to constantly pay heed to the differing age-based structural positioning of dispersed family members. The visa restrictions and border closures splitting the families of nonimmigrants also interfered with such care work obligations.

We reemphasize a point that we raised earlier: for Somdip, Sourav, and their families, the complexities of dispersed care caused by these immigrants' seemingly race-neutral and skill-based temporary migration status could persist for almost a decade, if not more. The country-of-birth based limits on Green Cards delays the permanent residency and naturalized citizenship of Asian Indians (see discussion on Green-Card backlogs in the literature). This also shows how seemingly race-neutral immigration laws and policies have racialized outcomes.

However, concerns about dispersed care and its relation to economic vulnerabilities dominated the accounts of Asian Indian permanent residents and naturalized US citizens as well. While job losses during the COVID-19 pandemic would not lead to their deportation, these migrants were worried about missing opportunities to provide care, and the possible strategies of dispersed care. This was closely woven with their worries about keeping their jobs. Most high-skilled long-term migrants had the financial resources to travel regularly to India and had the expectation that they would be able to do so once or twice a year. The adult children in these dispersed families tried their best to provide care for their elderly parents in India from the USA. Modern communication technologies helped them partly to keep in regular contact with their parents and check on their wellbeing, but forced immobility prevented them from providing care in person even for a few days or weeks at the height of the COVID-19 pandemic.

For example, Anjali, a naturalized citizen, is a graphic designer who lives in California with her husband Ronnie (also a naturalized citizen) and their two high-school age children. Ronnie, a computer scientist and a US citizen, was involved in a start-up that did not get off the ground due to the COVID-19 pandemic, and a few months into the COVID-19 pandemic, Anjali was furloughed, resulting in the loss of both incomes in a dual-career household. Adding to their financial problems were the struggles of providing transnational dispersed care to Anjali's ailing in-laws and the guilt, frustration and worry that this engendered:

> *We usually had WhatsApp video calls to check in on my in-laws [who live in India] every day from May [2020]. In October my father-in-law had a fall. After that he was using a walker. But it took a hit on both of them. All these seniors are on so many medicines. cholesterol, BP, etc. And no children are around to help and make sure the medications are right or taken at the right time. Then we found out after talking to doctors that the meds were not right. We had to get him off the cholesterol meds. Lockdown made them [the in-laws] feel very insecure and there were also psychological issues. The geriatric specialist doc took Amma off all the medication. Papa was on four BP medicines, plus he has Parkinson's disease. We worry about Ronnie's parents all the time. Papa has senior depression. We keep calling and WhatsApping to see how they are doing, how they are feeling, to make sure they know that we care about them and love them. But it would have been so much better if we could be there, or they were here.*

Since our sample included highly skilled people who did not earn much money (students and postdocs) as well as middle class or relatively affluent people, the economic problems unleashed by the COVID-19 pandemic revealed different intensities of economic vulnerability, and drew dispersed family members into the context of vulnerability in different ways. But *all* migrants shared a longer-term explicit or implicit concern about

health crises of distant family members, especially parents, and whether they could get there to help arrange or provide care in a timely manner. Taking time off from work to travel this long distance, and the physical and economic toll of these journeys, never fits the US Family and Medical Leave Act (FMLA)-type assumptions about the time required for family care. The COVID-19 pandemic also unleashed additional burdens through prohibitions against travel.

### 4.2. Gendered Expectations of Dispersed Care

A long tradition of feminist scholarship has discussed the gendered hierarchies of paid and care work distributed across overlapping public and private spheres. New spatial configurations appeared during the COVID-19 pandemic, as paid work (for many occupations) was carried out from homes, where the spaces had been organized primarily for non-paid work lives. New forms of remote work were institutionalized based on a series of technologies which offered ease of work but also possibilities for the surveillance of digital traces left behind by workers (Cannito and Scavarda 2020; Fan and Moen 2021).

Of course, frontline workers continued to go to their workspaces amidst growing vulnerability to COVID-19. Some industries started the implementation of working from home, turning domestic spaces into sites of waged work overnight, resulting in the overlapping and blurring of spaces of paid employment, domestic work, and care. This affected mostly women, who were expected to provide care work to their families here and fulfil professional responsibilities, all at the same time and in the same place.

For Asian Indian immigrant families in the USA, similar gendered expectations and experiences of dispersed care were visible even among high-skilled women in partnered situations and dual-career households. In addition, the involvement of various public institutions, laws and policies in immigrant family formations continued to blur the distinction between the public realms of paid work and the private realms of care. As a result, dispersed care cannot be seen as an exclusively private phenomenon.

At the beginning of this article, we shared Anumita's experience of having to juggle her remote work and childcare responsibilities. Being on an L-1 visa, she could neither frequently visit her family in India nor pursue family reunification for her parents until she was a US citizen. As an Asian Indian facing the seemingly race-neutral yet deeply racialized Green Card backlog (see discussion in the literature section), she will probably take almost a decade to obtain naturalized citizenship. Until then, she will constantly have to figure out the complicated arrangement of dispersed care.

But even as a naturalized citizen, Karuna, a woman professor living in New Jersey, reported experiencing chronic caregiver stress. She had to abruptly adopt the role of primary caregiver for her mother-in-law in addition to her caregiving responsibilities for her young daughters and her husband:

> *With the pandemic unfurling, my mother-in-law who lived next door moved to our house during the lockdown [March 2020] for two weeks because she has pre-existing conditions. She used to have home health aides, but we wanted to minimize the uncertainty of care and risk of infection. My office was converted into her bedroom—it was supposed to be only for 2 weeks. But she actually didn't move out until March 2021. It was very stressful as I had no quiet space to work without interruptions. I was juggling housework, helping my daughters transition to online learning and keeping them entertained and occupied, teaching, doing my research and administrative responsibilities as Director and taking care of my mother-in-law. She had to be monitored closely and had blood work done twice a week. She needed help with bathing and getting dressed. I would work late into the night when things had quietened down just to get my work completed. I hardly got any sleep and felt tired all the time. I was in a state of constant stress.*

Families that were used to receiving support from grandparents for childcare (Murti 2006) found that either these grandparents were stuck in the USA, in danger of overstaying their tourist visas, which would affect their ability to get visas in other cycles, or they could not come at all. With consulate closures, the waiting time for interviews for tourist visas has

now extended to a two-year wait in India, further compounding the structural barriers to grandparent care provision within families dispersed by state-imposed laws and policies.

In some situations where the female partner had to work outside the home while the male partner could complete remote work, traditional gender roles were *temporarily* reversed during the COVID-19 pandemic. This was the case of Shalini, a US citizen and a nurse practitioner with two small children, who worked long hours in a Psych unit. Shalini's husband is an IT technical analyst whose work could be completed remotely, and he took on the duties of childcare as Shalini had to work outside the home and daycare was not available during the COVID-19 pandemic:

> *It is a nightmare to have your parent as your teacher, your parent as your playmate, your parent as your lunch lady. It was stressful for them [the kids] and for us [the parents]. Because my son is 5, he was in kindergarten, and he could not be left by himself. My husband had to keep him in his room as he worked. Luckily, my husband is in IT and could work entirely from home.*

Some of our previous examples show how male immigrants viewed themselves in the gendered role of a male provider as well as a caregiver for their families in the USA and in India. Similarly, blurring the gendered dichotomy of paid work and dispersed care, high-skilled Indian women immigrants remained conflicted about their desire to care for families, receiving care from their families, and their newfound independence in the host country. Therefore, we note that the obligation of dispersed care is not confined to heteronormative family structures, and is often a burden for single people, too. For example, Rajni, an advanced doctoral student on a nonimmigrant visa, reflected how she cherished her independence as a woman in the USA, but missed the sense of belonging because her family was in India. Seen through the lens of dispersed care, Rajni's experience reveals the ambivalent nature of women immigrants' autonomy that they acquire through migration (see Bastia 2012):

> *Everyone is kind of sort of equal [in the US], which I think is very good. One bad thing of course, is. . . you have to be fiercely independent here. In India, you have a support system, if your family is there you belong there.*

Some single women felt they had to go to India to care for their parents because their married siblings were tied up with caring for members of their nuclear families. Sudha was one such person who went to India and was then stuck amidst the lockdown. Although a US citizen, she faced the constraints of dispersed care as she juggled working remotely from India, staying up late so that her work hours corresponded to the workday on the east coast of the USA, all while taking care of her ailing mother.

Our interviews revealed that women, in general, were expected to provide care; many were forced to strategically expand the provision of dispersed care as schools and health aids became unavailable. They also provided emotional care and detailed care oversight through calls to providers. For single persons, care was interpreted as providing economic support. Provision of economic support was implicit among men in heterosexual unions. However, within the structures and expectations of dispersed care, the premise of who can more easily traverse the distance to India, unburdened by responsibilities of younger children, puts the onus on men to take up some of the distant care-related tasks. Connell (2005) and others' studies of hegemonic masculinities discussed the power that comes with being in the upper echelons of white-collar occupations; this applies to many Asian Indian origin men in this group. Yet the reality of families dispersed by state-imposed laws places some dispersed care-work responsibility on them in ways that are qualitatively different from their US-born or EU-origin counterparts in the same social locations. In addition, most minoritized families in the USA developed networks of Dill's (1994) fictive kin and *compadrazgo* for their survival in the host country, a fact that is so normalized that it is rarely marked in terms of the structures that affect this group. The COVID-19 pandemic made these structures visible again and enhanced these subjects' anxiety about dispersed care.

*4.3. Isolation and Anxiety within the Context of Dispersed Care*

Our research participants across all three categories of political integration into US society (i.e., nonimmigrants, permanent residents, and US citizens) faced isolation and anxiety during the COVID-19 pandemic. While these experiences were more directly related to concerns of self-care, we note that for immigrants, self-care was related to their perceptions of being productive workers, so that they could fulfill their dispersed care responsibilities toward their families. In addition, these experiences of isolation and anxiety stand out as outcomes of immigrants' inability to receive care from their family members, who remained dispersed due to state-imposed laws and policies.

The government-mandated quarantine, social distancing and lockdowns required individuals and families to cease or limit their physical interactions with persons who were not in their household during the COVID-19 pandemic. This led to feelings of loneliness and isolation and demonstrated how the structures of dispersed care also limited immigrants' ability to receive care from their family members. These separations intersected with economic precarity and vulnerable legal status. Air travel restrictions prevented immigrants from being with supportive families in other states or countries, exacerbating their experience of isolation.

For example, Indu, a single woman in her 30s and an advanced doctoral student at a Midwestern university, narrated how the anxieties about not being able to provide care to family members worsened her feeling of isolation, especially when her institution failed to recognize this challenge for international students. In the following statement, Indu does not separate her personal well-being and the need for self-care from her care commitments towards her dispersed family. Rather, she remains stuck in the structures of dispersed care, in which she is neither able to provide care for her family nor receive care from them, and consequently experiences extreme isolation and anxiety:

> *I feel like we international students were just like, left to deal with our trauma. Pretty much it's our worst nightmare that we cannot be with our family and potentially not being able to see them. I'm pretty sure with a lot of students it has happened that they have lost anyone, someone and they have not been able to see them or. . . they have got to know that someone got extremely sick, and they still couldn't be there for them. . . all universities have done is just send these blanket emails as to like, oh, we understand these hardships and we stand by you, you know, but then you actually reach out to the Office of International students, and they're like, we'll get back to you in three to four business days. That doesn't help me.*

We expected these nonimmigrants would have sought out the connections in the diaspora community, at least on the basis of co-ethnicity. But most did not seem keen on building those connections, as they were either "new" to the USA or did not identify with the life circumstances of permanent residents and naturalized citizens. At least three women living alone on temporary visas consciously avoided the diaspora communities, which they felt were patriarchal and hostile toward single women. This exacerbated female immigrants' isolation, especially those who lived alone.

For example, Janvi, a speech therapist on an H-1B visa, lived by herself in a Midwestern city, because her husband could not obtain his employment-based visa in the USA during the COVID-19 pandemic. Janvi distanced herself from the diaspora community, even during the lonely period of the COVID-19 pandemic, because she felt that her dispersed family structure was judged through a sexist lens. Her career choice was considered an obstruction to her gendered care toward her husband, although he could not join her due to state-imposed legal barriers. She said:

> *After my marriage. . . I told you how my husband lives. He is doing his research now in Norway and I have been asked [by members of the diaspora] why I'm not with my husband. And in other words, why am I here [in the US] pursuing my career when I should be with him. They make it very subtle. But yes, I have been told these things.*

These migrants sought out care and support from their professional networks (e.g., co-workers, professors, advisors). However, accounts of racism and sexism within these professional networks explained why these migrants—especially the nonimmigrants—had few satisfactory options to deal with their isolation.

Feelings of isolation and precarity were heightened by job losses and economic uncertainties, even for those whose legal status was more secure than those on temporary visas. Sunny, a single man, is a permanent resident and was a tenured professor at a public university. However, he lost his job during the pandemic, and started experiencing panic attacks and depression. He did not share the news that he was laid off with his parents in India as he wanted to save them from worrying about him. This was a strategy of dispersed care, in which Sunny did not let his parents in India become affected by the news of his unemployment. But he was unable to receive their care, which exacerbated his struggles. Having no one at home with whom to share his thoughts and worries added to the mental health issues he experienced. He tried to alleviate the stress of forced isolation by talking to close friends who were also confidants:

> *I got laid off in May [2020]. It was a very traumatic experience. I was a tenured professor with publications, grants and a good teaching record, but I was let go because my university was going through a financial setback, and I was the most junior person in my department. I was anxious because I was stuck in the Midwest that summer without a summer teaching job and hardly any social support. I got unemployment benefits after a couple of months, but I had to dip into savings as the benefits do not cover all expenses. I had to be very careful in how I spent my money. COBRA [Health Insurance] was too expensive so I did without medical insurance and just hoped I would not get sick. I must have applied for over 60 academic jobs and 40 other kinds of jobs, but although I got a couple of interviews during the fall semester, I did not get any of the jobs. I think people are trying to hire at lower salaries and with a Ph.D. they would have to usually pay more. There were many government jobs that I could have applied for but they all needed US citizenship.*

Anxiety and isolation were also expressed by older immigrants who did not have children and relatives living close by and who resided in places where their social networks were limited. There was considerable regional variation in political and public health responses (including closure, containment and vaccination) to COVID-19 in the USA, leading to varying levels of exposure to the virus and risks of contracting the disease. For example, Anita, a permanent resident who lives in a gated housing complex in Pennsylvania with her husband, felt the weight and isolation of being a minority in a predominantly white county, town and gated community during the COVID-19 pandemic. Many of her white neighbors did not think that the virus was real and refused to take precautions. She could not visit her children and friends in upstate New York and found it difficult to relate to her neighbors. Anita felt vulnerable because both she and her husband had diabetes but were among a largely unvaccinated population, which made self-care more difficult. Moreover, as Pennsylvania allows the open carrying of guns without a license, she felt unable to complain as she feared repercussions and bodily harm as a visible minority:

> *We live in a community where many people don't believe that the COVID virus is real. You would see people inside stores with no masks or masks hanging off their ear or around their necks. But you don't dare say anything because they might have guns. There is a lot of misinformation about vaccination here. I have a neighbor who believes it is a government conspiracy. It is difficult to have a conversation with antivaxxers and people who are right wing, so you just stay away from them.*

Anita's example shows that alongside the racialized outcomes of seemingly race-neutral immigration laws and policies, Asian Indians—across migration categories—are likely to experience everyday racism and fear of racial violence (see also Chacko 2015; Kurien and Purkayastha 2024). Therefore, like Anita, Vijay, a tech professional on an H-1B

visa, who lives alone in a white-majority town, experienced racialized fear, and recalled how he was accosted by a white person at his gym:

> *I used to go to the gym, and it was like a first come first served during COVID. They actually made places of six feet bubble. Whenever you go there you occupy a spot. So I went there and I took a spot. . . And there was one lady who was a suburban [white] housewife in her 30s. She came and she told me "This is my spot." I did not argue with her. I mean, I would have asked her "What do you mean by your spot?" Because this is not a university where faculty can have their own spot or something, this is just a gym, a public facility, you come and you take your spot. And she did not bother to tell me that or why she wanted that spot. It's like she felt very insecure that I was in her spot. I am going under her skin kind of thing. And she was very annoyed. I mean, that was the first time she was talking to me. Apart from that, she never talked to me. But she always talked to the other person beside me. He was also a white guy.*

With access to various material resources, our interviewees had some opportunities for self-care. Several participants mentioned using social media, reading books, and watching web series to avoid boredom and isolation. Yet, as we examine the accounts in the context of giving and receiving care, we note that both Asian Indian women and men suffered from anxiety, sense of isolation, and stress during the pandemic. The persistent fear of racism—common among racialized subjects even without overt risks of racist assaults—exacerbated their isolation (Grinshteyn et al. 2022; Selod 2018). Their racialized position made even the naturalized US citizens of Indian-origin vulnerable, but the nonimmigrants suffered the most because of their greater economic-political vulnerability. Although there is a diffuse expectation that these groups could not be suffering because of their economic positionality, our study shows that the impact of state-imposed dispersion and the lack of public recognition of high-skilled immigrants' distress intersect to shape these anxieties even into trauma.

## 5. Discussion and Conclusions

Overall, the COVID-19 pandemic, with restrictions on travel, based on earlier racialized classification of countries within the US immigration systems, created a set of unprecedented conditions that affected high-skilled Asian Indian migrants and disrupted their ability to provide care, or, on occasion, receive care within dispersed families. We identify the phenomenon as "dispersed care", in which seemingly race-neutral laws and policies imposed by the state led to long-term separation in immigrant families and immigrants were forced to figure out various strategies to allocate care among multiple family units and balance their care and career commitments. What was made transparent during the COVID-19 pandemic is that the additional money and time that these immigrants mobilized for dispersed care could still be placed in jeopardy during any crisis.

These racialized restrictions already existed prior to the COVID-19 pandemic but were somewhat invisible because so many Asian Indian migrants had just normalized the expenditure of money and time as a way of "doing family" across vast distances. With a change in these structural conditions during the COVID-19 pandemic—i.e., new restrictions on travel, consulate shutdowns which affected visa stamping and renewal, including tourist visa backlogs—existing individual-level arrangements simply fell apart.

The rhetoric of Asian Indian as a "model minority" in the media makes it appear as though the lives of these high-skilled racialized migrants were on par with their US-born white peers. For high-skilled nonimmigrants, the conditions of their restrictions never surfaced in the general understanding, even if they were frontline workers. But these restrictions cast significantly enhanced negative impacts on their lives as they attempted to deal with the enclosures that restricted their lives (Purkayastha and Roy 2023).

The provision of dispersed care is managed through visits and technology within these dispersed families. However, this pattern can only be understood if we consider the subjects' gendered—and intersectional—social locations. Families that are more stable economically are better positioned to perform dispersed care. While the typical gendered

patterns of immediate care work are evident within nuclear families in the USA, for single males, and for males in heterosexual partnerships, the journeys to provide care often become their responsibility, especially if they have younger children who are left to the female spouse's care. Single immigrant women remain ambivalent about their position in the diaspora, care commitments to their families, and perceived autonomy in the host country, especially when they occupy a nonimmigrant status. Therefore, the balance of *dispersed care across geographies of dispersed families* is an important contextual factor for understanding how race/class/gender/age intersect to shape the nature of care work in migrant families.

In current migration regimes, the USA and other wealthy countries typically delink migrant labor contributions from their political rights to form families. This trend has been in place for decades but remains relatively unmarked for high-skilled migrants. Even within this group, the lack of access to political, social, economic rights and human rights is most acute for nonimmigrants. But the lack of rights of *even* naturalized citizens and permanent residents to form families, based on racist restrictions on how many people can migrate from specific parts of the world, reveals a different facet of migration bans. For racialized citizens and migrants, meaningful family contributions through care for their families are continually disrupted and dispersed by political decisions, including those made during the COVID-19 pandemic.

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## Notes

[1] We use the generic term migrants and immigrants to indicate racialized groups including nonimmigrants or temporary migrants, permanent residents, and citizens. The Department of Homeland Security (DHS) uses the term 'nonimmigrant' to indicate foreign nationals who are in the USA on a temporary basis for study, work, medical treatment, business, and tourism. These include those on B, F, L, J and H visas. Among them, H and L visas are employment-based, allowing nonimmigrants to hold temporary but full-time jobs in the USA. F and J nonimmigrant visa-holders can serve as instructors and researchers in higher education institutions. While F-1, F-1 Optional Practical Training (OPT), and J-1 are not employment-based visas, we include them in our study to recognize that these visa holders are highly educated and contribute their skilled labor to US institutions. Some Asian Indians are able to transition from temporary status to permanent residency and then naturalize as US citizens. However, as we describe later in this article, the transition is lengthy for Asian Indians. During this period, some choose to migrate to other countries or return to India. Despite their high-skilled status and ostensible privileges, all three categories of immigrants of Indian origin are subjected to marginalization arising from intersecting politico-legal, socio-economic and racial structures, and restrictions on family formation.

[2] With a median annual household income of US$ 132,000, Asian Indian immigrants represent the wealthiest ethnic community in the USA (US Census Bureau 2019). High-income Asian Indian households have high-skilled high-earning members who are either on H or L visas, are permanent US residents, citizens, or on F-1 and J-1 student visas. The latter nonimmigrants are expected to provide their labor in various critical roles as instructors and researchers, but, their 'non-employment' work status

limits their yearly salaries to, typically, between US$ 20,000 and US$ 40,000. Various restrictions of dependency also apply to the family members of F and J visa holders. The people of Asian Indian origin in the USA include other migrants who struggle to make ends meet (Mitra 2021), but the strength of earnings of the higher income groups raises the median income. This paper focuses on the higher income groups.

[3] Mexican immigrants trying to unite with families in the USA are the most backlogged in family reunification-based Green Card applications.

## References


Abrego, Leisy J. 2014. *Sacrificing Families: Navigating Laws, Labor, and Love across Borders*. Stanford: Stanford University Press.

Acadero, Kristel F., and Brenda S. A. Yeoh. 2021. When care is near and far: Care triangles and the mediated spaces of mobile phones among Filipino transnational families. *Geoforum* 121: 181–91.

Agarwala, Rina. 2022. *The Migration-Development Regime: How Class Shapes Indian Emigration*. New York: Oxford University Press.

Ahlin, Tanja, and Kasturi Sen. 2020. Shifting duties: Becoming 'good daughters' through elder care practices in transnational families from Kerala, India. *Gender, Place, & Culture* 27: 1395–414.

Baldassar, Loretta. 2007. Transnational families and aged care: The mobility of care and the migrancy of ageing. *Journal of Ethnic and Migration Studies* 33: 275–97. [CrossRef]

Baldassar, Loretta, and Laura Merla. 2014. *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*. New York: Routledge.

Banerjee, Pallavi. 2022. *The Opportunity Trap: High-Skilled Workers, Indian Families, and the Failures of the Dependent Visa Program*. New York: New York University Press.

Bastia, Tanja. 2012. "I'm going, with or without you': Autonomy in Bolivian transnational migration. *Gender, Place & Culture* 20: 160–77.

Bayeck, Rebecca Yvonne. 2021. The Intersection of Cultural Context and Research Encounter: Focus on Interviewing in Qualitative Research. *International Journal of Qualitative Methods* 20: 1–8. [CrossRef]

Bhatt, Amy. 2018. *High-Tech Housewives: Indian IT Workers, Gendered Labor, and Transmigration*. Seattle: University of Washington Press.

Bier, David. 2023. Immigration Reform: Reform H-1B Visas and Green Cards. Cato Institute. Available online: https://www.cato.org/regulation/spring-2023/reform-h-1b-visas-green-cards (accessed on 5 January 2024).

Blackhawk, Ned. 2023. *The Rediscovery of America: Native Peoples and the Unmaking of U.S. History*. New Haven: Yale University Press.

Bryceson, Debrah, and Ulla Vuorela. 2002. Transnational Families in the Twenty First Century. In *The Transnational Family: New European Frontiers and Global Networks*. Edited by Deborah Bryceson and Ulla Vuorela. New York: Berg, pp. 3–30.

Cannito, Maddalena, and Alice Scavarda. 2020. Childcare and remote work during COVID-19 pandemic: Ideal worker model, parenthood, and gender inequalities in Italy. *Italian Sociological Review* 10: 801–20.

Chacko, Elizabeth. 2015. Hybrid sensibilities: Highly skilled Asian Indians negotiating identity in private, semi-private, and public spaces of Washington, D.C. *Journal of Cultural Geography* 32: 115–28. [CrossRef]

Chacko, Elizabeth, Paromita Sanyal, Soma Chaudhuri, and Bandana Purkayastha. 2023. Caregiving and care receiving among Asian Indian immigrants in the USA during the COVID-19 pandemic. *Geographical Review* 113: 502–18. [CrossRef]

Chakravorty, Sanjoy, Devesh Kapur, and Nirvikar Singh. 2017. *The Other One Percent: Indians in America*. New York: Oxford University Press.

Chiu, Tuen Yi, and Elaine Lynn-Ee Ho. 2020. Transnational care circulations, changing intergenerational relations and the ageing aspirations of Chinese grandparenting migrants in Singapore. *Asia Pacific Viewpoint* 61: 423–37. [CrossRef]

Connell, Raewyn. 2005. *Masculinities*. Berkeley: University of California Press.

Craig, Lyn, and Brendan Churchill. 2021. Dual-earner parent couples' work and care during COVID-19. *Gender, Work & Organization* 28: 66–79.

Da, Wei Wei. 2003. Transnational grandparenting: Childcare arrangements among migrants from the People's Republic of China to Australia. *Journal of International Migration and Integration/Revue De L'integration Et De La Migration Internationale* 4: 79–103. [CrossRef]

Dallemagne, Grégory. 2018. Intimacies of power in the circulation of care: Making gender across generations. Transnational Andean families in Quito and Madrid. In *Making Multicultural Families in Europe*. Edited by Isabella Crespi, Stefania Meda and Laura Merla. London: Palgrave Macmillan.

Dhingra, Pawan. 2012. *Life Behind the Lobby: Indian American Motel Owners and the American Dream*. Stanford: Stanford University Press.

Dill, Bonnie Thornton. 1994. Fictive kin, paper sons and compadrazgo: Women of color and the struggle for family survival. In *Women of Color in US Society*. Edited by Maxine B. Zinn and Bonnie Thornton Dill. Philadelphia: Temple University Press.

Espiritu, Yen Le. 1997. *Asian American Women and Men: Labor, Laws and Love*. Thousand Oaks: Sage Publications.

Everding, Gerry. 2018. White Americans see many immigrants as "illegal" until proven otherwise. *The Source: Washington University St. Louis*, October 10. Available online: https://source.wustl.edu/2018/10/white-americans-see-many-immigrants-as-illegal-until-proven-otherwise-survey-finds/ (accessed on 5 January 2024).

Fan, Wen, and Phyllis Moen. 2021. Working more, less or the same during COVID-19? A mixed method, intersectional analysis of remote workers. *Work and Occupations* 49: 143–86. [CrossRef]

Ghosh, Amrita. 2021. On shared grief: A pandemic story. *The Punch Magazine*, April 30. Available online: https://thepunchmagazine.com/the-byword/non-fiction/on-shared-grief-a-pandemic-story (accessed on 5 January 2024).

Glenza, Jessica. 2021. Outrageous: Why was a US healthworker charged with spreading COVID? *The Guardian*, June 4. Available online: https://www.theguardian.com/us-news/2021/jun/04/new-jersey-josefina-brito-fernandez-home-health-aide-covid (accessed on 5 January 2024).
Glick-Schiller, Nina, Linda Basch, and Cristina Blanc-Szanton. 1992. Transnationalism: A new analytic framework for understanding migration. *Annals of the New York Academy of Sciences* 645: 1–24. [CrossRef] [PubMed]
Golash-Boza, Tanya. 2017. Structural racism, criminalization, and pathways to deportation for Dominican and Jamaican men in the United States. *Social Justice* 44: 137–62.
Grinshteyn, Erin, Reid Whaley, and Marie-Claude Couture. 2022. High fear of discriminatory violence among racial, gender, and sexual minority college students, and its association with anxiety and depression. *International Journal of Environmental Research and Public Health* 19: 2117. [CrossRef] [PubMed]
Hochschild, Arlie Russell. 2000. Global care chains and emotional surplus value. In *On the Edge: Living with Global Capitalism*. Edited by W. Hutton and A. Giddens. London: Jonathan Cape.
Huynh, Que-Lam, Thierry Devos, and Laura Smalarz. 2011. Perpetual foreigners in one's own land: Potential implications for identity and psychological adjustment. *Journal of Social and Clinical Psychology* 30: 133–62. [CrossRef] [PubMed]
IIE (Institute of International Education). 2022. Open Doors Report on International Educational Exchange. Available online: https://opendoorsdata.org/data/international-students/leading-places-of-origin/ (accessed on 5 January 2024).
Jacobs, Elizabeth. 2020. Work visas and return migration: How migration policy shapes global talent. *Journal of Ethnic and Migration Studies* 48: 1647–68. [CrossRef]
Keyes, Elizabeth. 2014. Race and immigration, then and now: How the shift to "worthiness" undermines the 1965 Immigration Law's Civil Rights goals. *Howard Law Journal* 57: 899–29.
Kibria, Nazli. 2000. Race, ethnic options, and ethnic binds: Identity negotiations of second generation Chinese and Korean Americans. *Sociological Perspectives* 43: 77–93. [CrossRef]
Kibria, Nazli. 2020. The strength and fragility of family reunification politics in contemporary Western States. In *The Wiley Blackwell Companion to Race, Ethnicity, and Nationalism*. Edited by John Stone, Rutledge Dennis, Polly Rizova and Xiaoshuo Hou. Hoboken: John Wiley & Sons, pp. 277–88.
Kibria, Nazli, Cara Bowman, and Megan O'Leary. 2014. *Race and Immigration*. Cambridge: Polity.
Kurien, Prema, and Bandana Purkayastha. 2024. Why don't South Asians in the U.S. count as "Asian"?: Global and local factors shaping anti-South Asian racism in the United States. *Sociological Inquiry* 94: 351–68. [CrossRef]
Lee, C. 2001. Family caregiving: A gender-based analysis of women's experiences. In *Chronic and Terminal Illness: New Perspectives on Caring and Carers*. Edited by Sheila Payne and Caroline Ellis-Hill. Oxford: Oxford University Press, pp. 123–39.
Lee, Yeon-Shim, Anoshua Chaudhuri, and Grace J. Yoo. 2015. Caring from afar: Asian H1B migrant workers and aging parents. *Journal of Cross Cultural Gerontolgy* 30: 319–31. [CrossRef] [PubMed]
Levitt, Peggy. 2001. *The Transnational Villagers*. Berkeley: University of California Press.
Menjívar, Cecilia, Andrea Gómez Cervantes, and Daniel Alvord. 2018. The expansion of "crimmigration," mass detention and deportation. *Sociology Compass* 12: e12573. [CrossRef]
Merla, Laura. 2012. Salvadoran migrants in Australia: An analysis of transnational families' capability to care across borders. *International Migration* 53: 153–65. [CrossRef]
Mingot, Ester Serra. 2020. The gendered burden of transnational care- receiving: Sudanese families across The Netherlands, the UK and Sudan. *Gender, Place & Culture* 27: 546–67.
Mitra, Diditi. 2021. Negotiating space and making place: Punjabi-Sikh cabbies in New York City. *Critical Sociology* 47: 1013–26. [CrossRef]
Miyawaki, Christina E., and Nancy R. Hooyman. 2023. A systematic review of the literature on transnational caregiving: Immigrant adult children to ageing parents in home country. *Journal of Family Studies* 29: 453–70. [CrossRef]
MPI. 2021. Available online: https://www.migrationpolicy.org/article/indian-immigrants-united-states-2021 (accessed on 5 January 2024).
Murti, Lata. 2006. At both ends of care: South Indian Hindu widows living with daughters and daughters-in-law in Southern California. *Globalizations* 3: 361–76. [CrossRef]
Pargas, Damian Alan. 2009. Disposing of property: American slave families and forced separation in comparative perspective. *Journal of Family History* 34: 251–74. [CrossRef]
Pearse, Rebecca, and Raewyn Connell. 2016. Gender norms and the economy: Insights from social research. *Feminist Economics* 22: 30–53. [CrossRef]
Petts, Richard J., Daniel L. Carlson, and Joanna R. Pepin. 2021. A gendered pandemic: Childcare, homeschooling, and parents' employment during COVID-19. *Gender, Work & Organization* 28: 515–34.
Plaza, Dwaine. 2000. Transnational grannies: The changing family responsibilities of elderly African Caribbean-born women resident in Britain. *Social Indicators Research* 51: 75–105. [CrossRef]
Purkayastha, Bandana. 2002. Rules, roles and realities: Indo-American families in the United States. In *Minority Families in the United States*. Edited by Ronald Taylor. Upper Saddle River: Prentice Hall, pp. 213–24.
Purkayastha, Bandana. 2004. Skilled migration and cumulative disadvantage: The case of highly qualified Asian Indian immigrant women in the U.S. *Geoforum* 36: 181–96. [CrossRef]

Purkayastha, Bandana. 2005. *Negotiating Ethnicity: Second Generation South Asian Americans Traverse a Transnational World*. New Brunswick: Rutgers University Press.

Purkayastha, Bandana, and Rianka Roy. 2023. Hidden in plain sight: 'Neutral' enclosures for high-skilled immigrants during COVID-19. *Sociological Forum*, 38, 1176–97.

Roy, Rianka. 2022. Immigrant workers' movements in the US: Where are high-skilled 'nonimmigrants'? *Sociology Compass* 16: e12985. [CrossRef]

Ruppanner, Leah, Xiao Tan, William Scarborough, Liana C. Landivar, and Caitlyn Collins. 2021. Shifting inequalities? Parents' sleep, anxiety, and calm during the COVID-19 pandemic in Australia and the United States. *Men and Masculinities* 24: 181–88. [CrossRef]

Sakuragi, Toshihide, Rie Tanaka, Mayumi Tsuji, Seiichiro Tateishi, Ayako Hino, Akira Ogami, Masako Nagata, Shinya Matsuda, and Yoshihisa Fujino. 2022. Gender differences in housework and childcare among Japanese workers during the COVID-19 pandemic. *Journal of Occupational Health* 64: e12339. [PubMed]

Schneider, Dorothee. 2000. Symbolic citizenship, nationalism and the distant state: The United States Congress in the 1996 debate on immigration reform. *Citizenship Studies* 4: 255–73. [CrossRef]

Selod, Saher. 2018. *Forever Suspects: Racialized Surveillance of Muslim Americans in the War on Terror*. New Brunswick: Rutgers University Press.

Stack, Carol B. 1974. *All Our Kin*. New York: Harper.

Tahir, Muhammad Wajir, Manuel Störmer, and Madiha Zafar. 2022. Changing gender role behaviors of South Asian men in different gender regimes: A comparative study of COVID-19 lockdown in Pakistan and Germany. *Journal of Public Affairs* 22: e2797. [CrossRef]

Taylor, Ronald. 2002. Black American Families. In *Minority Families in the United States: A Multicultural Perspective*. Edited by Ronald Taylor. Hoboken: Prentice Hall, pp. 19–47.

Tuan, Mia. 1998. *Forever Foreigners or Honorary Whites? The Asian Ethnic Experience Today*. New Brunswick: Rutgers University Press.

US Census Bureau. 2019. *American Community Survey*; Washington, DC: Bureau of the Census.

USCIS (US Citizenship and Immigration Services). 2023a. H-1B Petitions by Gender and Country of Birth, Fiscal Year 2019. Available online: https://www.uscis.gov/sites/default/files/document/data/h-1b-petitions-by-gender-country-of-birth-fy2019.pdf (accessed on 5 January 2024).

USCIS (US Citizenship and Immigration Services). 2023b. USCIS Response to COVID-19. Available online: https://www.uscis.gov/archive/uscis-response-to-covid-19 (accessed on 5 January 2024).