



Stronger Together:

Building an Inclusive System of Supports for Immigrant Families During the Pandemic, and Always

July 2020

Elena struggled to meet her families' basic needs even before the coronavirus plunged the nation into a deep recession. She lives in the suburbs of Washington, DC with her three sons—ages 5, 8, and 2 months—where she rents a room that she has furnished with beds donated by a local church. As she explains it, “well, we eat, but not, how can I tell you, very well. Sometimes well, sometimes badly. One cannot be well all the time, but we eat.” Elena and her children are seeking asylum, having fled an abusive husband and father in Honduras and a state unable to protect them from that abuse. Elena is grateful for the safety she has found in the United States, but like many new immigrants, she and her children struggle because they are denied access to food assistance and other foundational supports that help families meet their basic needs. The cost of health care, in particular, has been crushing. As Elena explained, when her two older children fell ill soon after arriving in the United States and she tried taking them to the doctor, “Every time I would go to the [low-cost] clinic they would reject them.” When she tried to get them vaccinated “they were asking \$180 for each vaccine, and each one needed four!”¹

Immigrant families like Elena's, along with people of color who were born in the U.S. and women of all races and ethnicities, have been especially hard hit by the economic and health crises stemming from the pandemic.² By the end of May 2020, 13.7 percent of immigrant men and 18.5 percent of immigrant women were unemployed, compared to 11.4 percent and 13.5 percent for U.S.-born men and women, respectively.³ When broken down by gender, race and ethnicity, and nativity, Hispanic immigrant women had the highest unemployment rate, at 21.1 percent.⁴ Immigrants are more likely to work both in service sector jobs which have experienced mass layoffs, as well as in frontline positions that put workers at increased risk of contracting the virus.⁵ At this moment, as always, the health and prosperity of each of us depends on the health and prosperity of all of us. Today, one in six workers are immigrants, and one in four children are growing up in immigrant families.⁶ Excluding anyone from the supports and services they need threatens their health and well-being, undervalues their contributions, and puts everyone at risk. Every family needs health insurance and financial support to weather job loss, so that



we can contain the virus, mitigate the economic downturn, and build a stronger future for us all.

To date, the response to the pandemic, at the federal level, has excluded many immigrant families, and many others have been fearful of accessing health care and other services for which they are eligible because the Trump administration has systematically threatened immigrant families with racist and anti-immigrant rhetoric and policies.⁷ Some states and localities have stepped in to support immigrant families during the pandemic, often in partnership with philanthropy and immigrant-serving community-based organizations. But as states and localities face plummeting revenue and rapidly rising expenditures to cover increased public health services, unemployment benefits, and more, there is a limit to how much they can do to support immigrant families.⁸ Local immigrant-serving organizations are also, like many non-profits, struggling to stay afloat during the crisis, and have limited resources on which to draw to support families. The current situation demands federal action that includes immigrant families—protecting and promoting the well-being of all families now, and into the future.

An Inadequate System of Supports for Immigrant Families

Before the pandemic, immigrant families already had limited access to supports and services. Federally-funded programs that meet basic needs, including public health insurance and income support programs, both explicitly exclude many immigrant families, and have complex and difficult to navigate rules regarding immigrant eligibility that in practice exclude many more.

- **Health Insurance.** Noncitizens are less likely than citizens to work in jobs that provide health coverage, and many noncitizens are ineligible for public health insurance programs and cannot purchase insurance through Affordable Care Act marketplaces. Eligibility rules for Medicaid, the main public health insurance program for people with low incomes, and the related Children's Health Insurance Program (CHIP), are complex and vary by state. Lawful permanent resident (LPR) adults who have had green cards for less

than five years are barred from federally funded Medicaid in all states, and children who have been LPRs for less than five years are barred from federally-funded Medicaid and CHIP in 16 states. Undocumented immigrants, meanwhile, are categorically ineligible for federally-funded Medicaid and CHIP. Emergency Medicaid, which covers only the treatment of emergency conditions, is the only form of Medicaid available to all people regardless of immigration status. Lawfully present immigrants can purchase health insurance through the ACA marketplaces and receive subsidies towards their premiums, but undocumented immigrants cannot. As a result of these systemic restrictions and exclusions, noncitizens are significantly more likely to be uninsured than citizens.⁹ In 2018, among the nonelderly population, 23 percent of lawful permanent residents and 45 percent of undocumented immigrants were uninsured, compared to 9 percent of citizens.¹⁰

- **Income and Nutritional Supports.** Undocumented immigrants and immigrants on temporary visas are almost entirely ineligible for federally-funded income assistance through Temporary Assistance for Needy Families (TANF) and food assistance through the Supplemental Nutrition Assistance Program (SNAP), while lawful permanent residents often must wait five years to be eligible. School breakfast and lunch programs and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) are available to families regardless of immigration status.¹¹
- **Unemployment Insurance.** In order to be eligible for unemployment insurance, workers must be unemployed “through no fault of their own,” must have enough hours worked or wages earned in their “base period,” and must be “able and available to work.” Under current federal and state rules, undocumented workers are generally ineligible for unemployment benefits. Workers are required to have valid employment authorization during the base period, at the time they apply for unemployment benefits, and throughout the period in which they receive benefits. Immigrants with work authorization, including lawful permanent residents, Deferred





Action for Childhood Arrivals (DACA) recipients, Temporary Protected Status (TPS) recipients, and many others, are generally eligible for unemployment benefits.¹²

These restrictions on critical benefits threaten the economic security and stability of immigrant families. It has not always been this way. Until the 1970s, no federal laws barred non-citizens—even undocumented immigrants—from federally-funded public benefits. Under federal law, immigrants had access to social security benefits, unemployment insurance, cash assistance for families and people with disabilities, food stamps, and Medicaid on the same terms as citizens. States did, in a few cases, restrict immigrants' eligibility for some of these benefits. But the vast majority of states did not—in fact, they generally did not ask applicants for assistance about their immigration status at all.¹³

Starting in the 1970s, changes in immigration law and public assistance law prompted a re-evaluation of immigrant eligibility for public benefits. In the midst of rising nativism and growing attention to undocumented immigration, the first federal restrictions on unauthorized immigrants' access to supports were instituted in 1972, with the exclusion of undocumented immigrants from the Supplemental Security Income (SSI) program. Exclusions of undocumented immigrants from Medicaid, Aid to Families with Dependent Children (AFDC), food stamps, and unemployment insurance followed.¹⁴

These exclusions of undocumented immigrants lay the foundation for greater restrictions in the 1990s. As well-funded anti-immigrant think tanks began to exert more influence in Washington and a resurgence of nativism was shaping state and local politics, Congress instituted the five year bar excluding many lawful permanent residents from Medicaid, TANF, SNAP and other basic supports in 1996.¹⁵

The Trump Administration has made excluding immigrants from social supports a central focus of its agenda, advancing rulemakings designed to discourage immigrant families from accessing supports to which they are entitled. Most notably, the administration's public charge rule, which went into effect just as the pandemic hit the US, jeopardizes certain immigrants' ability to receive green cards if they are deemed likely to use one of a number of public benefits at some point in the future.¹⁶ Research has shown that even before the rule went into effect, rumors about the rule and misinformation led families to avoid public benefits for fear of the immigration consequences.¹⁷

Emergency COVID-19 Legislation Excludes Too Many Immigrant Families

The emergency response packages enacted by Congress to date, in the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, are



providing critical support to millions of people, but they reinforce the systematic exclusion of many immigrant families.

- **Health Insurance.** Under FFCRA and the CARES Act, states can use their Medicaid programs to provide free testing for COVID-19 to uninsured persons. Because these laws do not alter Medicaid eligibility rules, however, many immigrants do not benefit from this provision.¹⁸ Some states have determined that testing, diagnosis and treatment of COVID-19 will be covered under emergency Medicaid, so families can access it regardless of immigration status, but Congress has not made this a nationwide policy.
- **Unemployment benefits.** The largest and most significant income support for families in the emergency legislation are the unemployment benefit expansions under the CARES Act, including an additional \$600 per week in compensation for regular Unemployment Insurance claimants as well as many people traditionally left out of unemployment insurance.¹⁹ But these expansions do not extend to undocumented immigrants, who continue to be excluded from unemployment benefits.²⁰
- **Economic Impact Payments.** Under the CARES Act, Congress authorized a one-time emergency cash payment, also known the stimulus check, to help families weather the economic effects of the pandemic. Families are eligible for up to \$1,200 per adult and \$500 per child—amounts which phase out for higher income families. Many immigrant families are unable to claim the benefit altogether, however, because the legislation excludes those who file taxes with an Individual Taxpayer Identification Number (ITIN), rather than a Social Security Number. If just one filer in the family holds an ITIN, the entire family loses access to the emergency payments, even if their spouse or children hold Social Security Numbers. The Migration Policy Institute estimates that 15.4 million people are excluded from the stimulus payments because of these provisions, including nearly 5.5 million U.S. citizens or green card holders.²¹

As a result of these exclusions, the recovery legislation does significantly less to mitigate the economic impact of the crisis on immigrant families. Researchers at Columbia University’s Center on Poverty and Social Policy project that the CARES Act provisions have the potential to reduce poverty to pre-crisis levels for many families if access is adequate, but not for immigrant families.²²

The emergency legislation does include some critical funding for programs and institutions that serve families regardless of immigration status:

- **Community Health Centers.** The CARES Act provides an additional \$1.3 billion in funding for fiscal year 2020 for Community Health Centers, which provide health care to families regardless of their immigration status or ability to pay, and are the critical institutions in many immigrant communities. But the funding falls short of need.
- **Pandemic Electronic Benefit Transfer (P-EBT) Program.** The FFCRA creates the P-EBT program, which provides money for food to families who have lost access to free or reduced-priced school meals due to school closures. Like school meals, P-EBT is available to families regardless of immigration status, but the program has been slow to reach families as rates of food insecurity soar.²³

In addition, the administration has taken some steps to reduce immigrant families’ fears of accessing these and other services during the pandemic. The Department of Homeland Security issued an alert clarifying that it will not “consider testing, treatment, nor preventative care (including vaccines, if a vaccine becomes available) related to COVID-19 as part of a public charge inadmissibility determination,” even if such treatment is provided by Medicaid.²⁴ The Department has also stated that P-EBT will not be considered a public benefit for public charge purposes.²⁵

But it could do more. While U.S. Immigration and Customs Enforcement has stated that it will not carry out enforcement operations at or near health care facilities during the pandemic,²⁶ in line with existing agency guidance against enforcement actions near “sensitive locations,”²⁷ enforcement actions have





continued during the pandemic and families remain fearful of accessing care.²⁸

States and Localities are Stepping Up to Support Immigrant Families

Now, as before the pandemic, immigrant families who are excluded from federal supports are relying on community organizations and state and local programs to survive economic hardship and illness. A number of states and localities have increased their funding for supports and services for immigrant families during the pandemic, and taken other steps to expand access, alongside and often in partnership with community-based organizations and philanthropy.

Health Care. In the states and localities that fund health insurance for people regardless of immigration status, this insurance remains a critical support for families during the pandemic.²⁹ Currently, six states and the District of Columbia provide state-funded health insurance for children regardless of immigration status, and the District of Columbia offers a similar program for adults.³⁰ Community health centers, which are a major source of care for immigrant families, have ramped up testing and virtual visits and filled gaps in medical care in myriad ways during the pandemic. But community health centers were underfunded before the pandemic hit,³¹ and they are seeing declines in routine medical care, which is a major source of revenue, putting

their immediate and long-term viability at risk.³² In order to improve access to testing and treatment for COVID-19 for immigrant families, some states have defined testing and treatment for symptoms of COVID-19 as emergencies for the purposes of emergency Medicaid. Federal law makes emergency Medicaid available to people regardless of immigration status, and states determine the specific health conditions that qualify for emergency Medicaid. New York, for example, has clarified that coverage of COVID-19 testing, evaluation, and treatment are included under state emergency Medicaid for people whose income is 138 percent or less of the federal poverty level.³³

Income Support. Cities and states across the country have created new disaster relief funds and unemployment funds to serve immigrant families left out of the federal response, often in partnership with private foundations. For example, California has created a disaster relief fund to provide a one-time cash benefit of \$500 per adult (up to a cap of \$1,000 per household) for undocumented Californians who are ineligible for unemployment insurance, and the Grantmakers Concerned with Immigrants and Refugees has pledged to raise additional money to support direct financial assistance to undocumented immigrant families in the state.³⁴ Similarly, Boston has created the Boston Immigrant COVID-19 Collaborative, with seed funding from the city and contributions from philanthropic organizations,



including the Klarman Family Foundation and the Open Society Foundations, to provide direct payments to families through local immigrant-serving organizations.³⁵ Finally, immigrant serving organizations across the country have increased direct financial assistance to families left out of the federal response. For example, CASA, one of the largest immigrant-serving organizations working in Maryland, Virginia, and Pennsylvania, has created a Solidarity Fund that will “directly distribute cash benefits to members who were unjustly and summarily ignored by the federal government in the CARES Act stimulus package.”³⁶

An Inclusive System of Supports, Now and Always

While some states and localities, philanthropic organizations, and community-based organizations are providing critical supports to immigrant families during the pandemic, there is a limit to what they can accomplish with their limited resources. Moreover, many states and localities have not taken action to support immigrant families, and lack the infrastructure in immigrant-serving, community based organizations to do so, creating enormous geographic disparities in whether immigrant families can access the supports and services they need.

In order to provide immediate support to immigrant families during the pandemic, policymakers must ensure the federal response is inclusive of immigrant families. Congress should:

- Remove the requirement that people have a Social Security number to receive the economic impact payments, and any future stimulus payments, so that tax filers with ITINs can receive the benefit.
- Provide flexible funding to states for direct financial assistance to families with low incomes regardless of immigration status, along the lines of the proposed Coronavirus Emergency Assistance Grant program.³⁷ This funding can bolster existing efforts to provide unemployment and disaster assistance to immigrant families at the state and local level, and help states and localities that have not yet created such programs do so.
- Declare that all testing, diagnosis, and treatment

services for COVID-19 can be covered under emergency Medicaid, so that families have full access to these services regardless of immigration status.

- Provide adequate funding to ensure that community health centers and other safety net providers can meet immigrant families’ needs during this pandemic and remain open and ready to meet families’ needs into the future.³⁸
- Extend the P-EBT program, so that it can continue to help families through the summer until schools reopen, and if schools close again due to another outbreak down the road.

In addition to these legislative fixes, in order to reduce families’ fears of accessing the supports for which they are eligible the administration must halt implementation of its public charge rule, and strictly enforce its sensitive locations policy so that families can seek medical care without fear of immigration enforcement. Because the Department of Homeland Security has violated its own sensitive locations policy in the past, Congressional oversight is critical to ensure compliance moving forward.³⁹

These are the first steps that are necessary to ensure that the response to the pandemic includes immigrant families. In order to build the inclusive system of supports that we all need, however, lasting change is also necessary. Congress must repeal the “public charge” clause in immigration law, to ensure that it can never again be used to threaten immigrant families and discourage them from accessing the supports they need.⁴⁰ Congress must also eliminate immigrant restrictions in all programs that meet families’ basic needs—including but not limited to public and subsidized health insurance, unemployment insurance, cash assistance, tax credits, and food assistance. These restrictions create artificial divisions between and within families. As Elena poignantly explains, “They give him all the help [referring to her two-month-old, who is a U.S. citizen]. Ellos [referring to her older children] don’t have any help.” Ultimately, these policies threaten the economic stability and health and well-being of all of us. Repealing these policies will make us better equipped to confront future crises, and ensure our families, communities and country are stronger at all times.





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Endnotes

¹ Interview with Elena (pseudonym), November 5, 2019, Hyattsville, Maryland. These are the ages of the children at the time of our interview.

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³ Bureau of Labor Statistics, Table A-7 Employment status of the civilian population by nativity and sex, not seasonably adjusted.

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