

Immigrant Families during the Pandemic On the Frontlines but Left Behind

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After nearly a year of enduring the COVID-19 pandemic, with over 26 million confirmed cases and 463 thousand deaths,¹ the United States has been completely devastated and faces a long road to recovery. Despite the package passed by Congress in December 2020, which provided direct aid to individuals and families nearly eight months after the initial COVID relief bill, people continue to experience historic levels of food insecurity, unemployment, and evictions.² It has also left our health care, education, and workforce systems weakened and unable to sufficiently meet the needs of individuals and families.³ While all families

have endured hardships caused by COVID-19, immigrant families have been particularly hard hit. Millions continue to be left out of critical assistance.⁴ Immigrants have been essential in our nation's ability to address this pandemic, and they are essential to its recovery.

About a quarter of all children in the U.S. have at least one parent who is an immigrant.

This brief details the many ways in which immigrant families have been left behind during the pandemic and provides recommendations on how the federal government can be proactive in meeting the needs of immigrants and their families.

Background

Immigrants make up about 14 percent of the U.S. population, and about a quarter of all children in the U.S. have at least one parent who is an immigrant.⁵ Immigrants are disproportionately overrepresented among essential workers and are uninsured at higher rates, making them particularly vulnerable to both contracting and dying from COVID-19.⁶

ICE arrested Alicia Flores Gonzalez, a mother of four U.S. citizen children, and deported her within 24 hours.

For the duration of nearly the entire pandemic, however, the federal government has done little to nothing to include immigrants in COVID-19 relief efforts. Millions of immigrant and mixed-status families have been excluded from receiving federal stimulus payments.⁷ And, for

immigrants who lack access to health care, concerns remain regarding guarantees for free treatment and vaccines.⁸ Immigrants have had to rely on local and state governments and organizations for assistance to support their families, which has caused immigrant families' needs to often go unmet.⁹

In addition to being excluded from relief, immigrants have had to contend with this pandemic coming on the heels of the Trump Administration's four-year-long attack on immigrant communities—the effects of which were only exacerbated during the pandemic. The former administration took every opportunity to sow fear and uncertainty in immigrant communities in spite of the pandemic. While the new Biden-Harris Administration has already proposed bold policies to protect immigrants, it will take time to implement those changes and to address the continued chilling effect from prior policies. Policymakers at the federal level have the opportunity to quickly adopt the policy recommendations in this brief to provide immigrants the help they need in this moment of crisis.

Harms Exacerbated by the Pandemic

1. Increased Immigration Enforcement Puts Immigrant Families at Risk of Family Separation and Illness

Tearing families apart through immigration enforcement was a cornerstone of the Trump Administration's immigration policy. ¹⁰ Immigration enforcement under any circumstances threatens family unity and undermines child wellbeing. ¹¹ It is deeply consequential at any time and particularly harmful during a pandemic.

Ongoing Threats of Deportation

In March 2020, U.S. Immigration and Customs Enforcement (ICE) announced it would largely be halting interior immigration enforcement in response to the spread of COVID-19 early in the pandemic, as cases were climbing.¹² In July 2020, as the United States was reporting over 3.5 million cases and 130,000 deaths,

ICE announced it would resume immigration enforcement.¹³ This included implementing an expedited removal policy leaving certain immigrants with little to no legal recourse.¹⁴

The decision to continue immigration enforcement during a pandemic proved devastating for many immigrant families. Families who were already struggling to make ends meet and dealing with increased stress suddenly had loved ones taken away from them. In many cases, ICE detained and deported people who were parents and caregivers providing for their families. For instance, ICE arrested Alicia Flores Gonzalez, a mother of four U.S. citizen children, and deported her within 24 hours. Ms. Flores was apprehended by immigration enforcement after dropping her daughter off at child care and going to work.¹⁵

By ICE's own admission,¹⁶ more than 300 of over 2,000 apprehensions in July and August were of individuals with no criminal record. Moreover, many people who had a criminal record or pending charges had only minor offenses. ICE continues to criminalize immigration itself to distort public perception of immigrant families and justify their cruel policies that needlessly separate families.

For Ms. Flores and her children, and the thousands of families like hers, these arrests and deportations will continue to inflict lasting trauma. Over five million children in the United States have at least one undocumented parent,¹⁷ and family separation represents one of the greatest risks to their health and wellbeing.¹⁸ The constant exposure to toxic stress caused by even the threat of potential immigration enforcement undermines child development. This is true at any time. Yet, ramping up enforcement during a pandemic only intensifies its harmful consequences.

Disregard for the "Sensitive Locations" Policy

The "sensitive locations" policy is long-standing guidance that restricts immigration enforcement in locations such as hospitals, schools, places of worship, and courthouses. ¹⁹ The previous administration's disregard for the policy left immigrants fearful of using services during the pandemic. To the degree this chilling effect reduced use of COVID-19 testing and treatment, immigration enforcement put the country's collective public health at risk. A survey from December 2020 found that, throughout the pandemic, over one in six adults in immigrant families avoided using government services due to fear of immigration enforcement or anxiety that accessing services would impact their immigration status. ²⁰ Immigrant families already have significant barriers to health care. The ambiguity around immigration enforcement at sensitive locations creates additional barriers to immigrants and their families seeking potentially life-saving health care.

Conditions in Immigration Detention

Even prior to the pandemic, many immigrants died in detention after receiving poor medical care.²¹ Others who requested medical attention have been threatened or retaliated against with solitary confinement, which when prolonged is defined as psychological torture by the United Nations.²² Public health officials

have been vocal about the dangers of detaining and transferring immigrants during the pandemic—and how the very nature of detention centers leave immigrants incredibly vulnerable to contracting the virus.²³

ICE has demonstrated that it is not equipped to manage an outbreak of COVID-19. As of February 2021, the agency has had over 9,000 confirmed cases of COVID-19 due to its continued policies to apprehend, transfer, and detain individuals, as well as overcrowding in detention centers.²⁴ Furthermore, outbreaks caused by ICE do not just impact those in detention; they reverberate throughout the towns and cities where these detention centers are located.²⁵

Conditions in immigration detention have been particularly troubling during the pandemic. Immigrants have staged hunger strikes in detention centers across the country to protest their poor conditions.²⁶ They have also reported that ICE makes no effort to clean the spaces around the detention center and does not provide them soap to wash their hands—in some instances private prisons have required immigrants to purchase soap.²⁷ That negligence has led to the deaths of at least eight immigrants due to COVID-19.²⁸ This is very likely an undercount of the reality of how many immigrants have died, due to the way ICE reports their data. Deaths of individuals who are deported or released for example, are not included in the number of deaths, even if those individuals contracted COVID-19 while in ICE custody.²⁹

Immigrants have continued to face abuse and threats from ICE for requesting medical attention or protesting the conditions of facilities.³⁰ There have also been reports of immigrants being held in solitary confinement, for over 23 and a half hours a day, leaving just under half an hour to carry out essential tasks, such as showering and speaking with their families and legal advocates.³¹ Having time to speak with their families and legal representative is even more important during the pandemic since physical visits to jails have been halted.

Immigrants in detention and immigration advocates have been calling on ICE to use its authority to release immigrants through humanitarian release.³² In fact, at the beginning of the pandemic, a few detention centers did choose to release some immigrants.³³ But even as cases of COVID-19 reached new record levels in the United States, ICE largely stopped releasing immigrants and instead resumed immigration enforcement and detention in July 2020.

Family and Child Detention and Deportations Continue through Pandemic

The Trump Administration weaponized COVID-19 to block children and their families from pursuing asylum claims, resulting in thousands of children being turned away or deported since the beginning of the pandemic.³⁴ Hundreds of children, some as a young as one-year old, were held in hotels by ICE contractors with no child welfare professionals present to ensure their wellbeing.³⁵ ICE claims that the mass removals of children is to prevent the spread of COVID-19, but in most cases children must test negative in order to be deported to another country.³⁶

As of February 2021, ICE continues to detain children and their parents in family detention centers despite a U.S. district court ruling in June 2020, which required ICE to release children.³⁷ Research shows that even a

short amount of time in detention hinders a child's development and compromises the parent-child relationship.³⁸ Immigrants—disproportionately Black immigrants—have continued to be turned away or expelled from the United States during the pandemic, even under the Biden Administration.

Since March 2020, it was reported that almost a dozen women were sent to Mexico with their newborn U.S. citizen children. In one instance a 23-year-old Haitian woman who was seeking asylum was expelled from the country with her child three days after giving birth. They were left abandoned in a country that they were not from in the middle of a pandemic, and without housing at the height of the summer.³⁹ And for families who are still detained together, ICE often attempts to coerce parents into signing documents to separate them.⁴⁰

The harm of the Trump Administration's "zero tolerance" policy—separating children from their parents at the border—continues four years after the enactment of the pilot program in 2017. This deeply cruel and misguided strategy to deter migration no matter the damage to children and their families, has resulted in over 600 children still being separated from their parents during the pandemic.⁴¹ The majority of these children's parents have already been deported. Due to the deliberate and reckless strategy of poor data collection by the U.S. Department of Homeland Security (DHS), the actual number is likely far higher. Additionally, this number doesn't capture the thousands of children who were separated from family members other than parents at the border, such as grandparents, uncles, aunts, and siblings.

Whether they were separated from their families, or deported from the United States themselves, children in immigrant families continue to be acutely harmed by the immigration policies during this public health crisis.

Racial Inequities in Immigration Enforcement

Black immigrants have faced disproportionate levels of immigration enforcement and its harm. They make up under 10 percent of the immigrant population but nearly 50 percent of the individuals currently detained by immigration enforcement. Black immigrants are apprehended and deported at higher rates than other immigrants and spend significantly longer periods of time in detention. In some cases, individuals have been deported to countries where they have never been. They face discrimination for both their race and immigration status. Black immigrants are often targeted and profiled by law enforcement, which, in many cases, leads to immigration enforcement.

These disparities have strongly increased during the pandemic, with the Trump Administration deporting Black immigrants from the United States while simultaneously blocking Black asylum seekers from entering. ⁴⁶ In 2020, the Trump Administration also used immigration enforcement to spread fear in communities combating racism by deploying immigration enforcement into cities where Black Lives Matter rallies were taking place. ⁴⁷ Racism and white supremacy have historically shaped the inequities in our immigration system and policymakers must take that into account as they develop solutions to reverse and heal the harms these policies have caused.

2. Uncertainty Surrounding Deferred Action for Childhood Arrivals & Temporary Protected Status Increased Emotional and Economic Toll on Families

Over 600,000 Deferred Action for Childhood Arrivals (DACA) recipients, also known as Dreamers, currently live in the United States, although estimates of the eligible population are over 1.3 million people.⁴⁸ In 2017, the Trump Administration took steps to end the DACA program.⁴⁹ Although a district court ordered DHS to fully restore the program,⁵⁰ Dreamers endured three years of heightened uncertainty, including during the pandemic. The former administration added further emotional burdens and financial costs on DACA recipients. When the program was called into question, Dreamers had more difficulty finding work. They also had to reapply to DACA more frequently—an application cost of \$495, not including legal services, once a year instead of every two years—threatening their financial security.⁵¹

Additionally, more than 400,000 individuals are Temporary Protected Status (TPS) holders.⁵² They continue to face uncertainty about their futures, despite contributing to this country and making it their home for decades, in some cases. A Ninth Circuit Court decision in 2020 paved the way to terminate TPS for people who are nationals of El Salvador, Sudan, and Nicaragua. As of now, the programs for El Salvador, Haiti, Honduras, Nepal, Nicaragua, and Sudan have been extended until October 2021.

About a third of TPS and DACA recipients, or over 333,000 individuals, are essential workers.⁵³ They have been critical in addressing the pandemic and keeping all families safe and healthy. Over half a million U.S. citizen children have parents with DACA or TPS.⁵⁴ The continued uncertainty around the future of these programs adds undue stress to immigrant communities.

3. Policy Barriers Blocked Immigrants from Getting Critical Health and Nutrition Needs Met

Immigrants are disproportionately more likely to be on the frontlines of the pandemic and to be uninsured. This combination presents a volatile situation for the health and wellbeing of immigrant families.

Children with one immigrant parent are twice as likely to lack health coverage than children with citizen parents

Immigrant Families Uninsured at Higher Rates

Facing many structural and systematic barriers to health care coverage, immigrants are disproportionately uninsured in the United States. Immigrants who are noncitizens represent about 7 percent of the total

population in the United States but are one-quarter of the uninsured population. Undocumented immigrants are four times more likely to be uninsured than U.S. citizens. Children with one immigrant parent are twice as likely to lack health coverage than children with citizen parents.⁵⁵

Lawfully present and undocumented immigrants living in the United States face many structural barriers to health care. Most lawfully present immigrants, who would otherwise be eligible for Medicaid or the Children's Health Insurance Program (CHIP) coverage, are subject to a five-year waiting period before they can enroll. With the exception of a few states that have expanded access to coverage, DACA recipients and undocumented immigrants remain ineligible for coverage under the Affordable Care Act, Medicaid, or CHIP. Many immigrants can only receive health coverage through their jobs. However, the pandemic has left immigrants disproportionately unemployed and, therefore, uninsured.

The Trump Administration's attacks on immigrant communities also exacerbated other health care barriers. For example, neglecting to consistently enforce the sensitive locations policy and pursuing the public charge rule weakened the immigrant community's trust in the federal government and created additional fears about accessing public programs. Language barriers and difficulty with the enrollment process are two such obstacles that were worsened by the Trump Administration's efforts. Under the previous administration, policymakers cut funding for open enrollment navigators, who are critical in assisting individuals, including those with limited English proficiency, in enrolling for health care programs.

Even for those individuals who can and do access care because they contracted the virus, immigrants who suffer long-term effects have been left without resources to care for themselves. As we've seen with COVID-19, many individuals who survive the virus have developed longer-term chronic health conditions, which require care to keep them from becoming more fatal conditions. Undocumented immigrants, in particular, do not have that access to care.⁵⁷ They face the choice of buying food or extortionately priced medications and treatment.

Chilling Effect of Public Charge

The Trump-era public charge regulations sought to make it more difficult for low- and moderate-income immigrants to gain admission into the U.S. or lawful permanent residence ("green card" status). The regulations added new standards and evidentiary requirements to the "totality of circumstances" test, redefined a "public charge" as a non-citizen who receives one or more of the specified public benefits for more than 12 months in the aggregate within any 36-month period, and expanded the list of public benefits considered in a public charge test to include any federal, state, local, or tribal cash assistance programs (like Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and General Assistance), Federal Public Housing and Section 8 Housing Assistance, the Supplemental Nutrition Assistance Program (SNAP), and Medicaid (except for emergency services, children under 21 years, pregnant women, and new mothers). The Trump Administration's expansion of the public charge test was meant to intimidate and discourage immigrant families from using public benefits which they may be eligible for.

This policy has had a chilling effect on immigrants using nearly all federal programs, including those that were not in the rule.⁵⁸ For example, since 2018, the number of uninsured children rose for the first time in nearly a decade. Experts believe the proposed public charge rule played a role in that increase in uninsurance even though CHIP was removed from the final rule.⁵⁹

Immigrant children and families are experiencing food insufficiency and housing instability, both of which lead to lasting harm in child development. In a study that occurred from November 2019 to January 2020, three-quarters of Latinx immigrant families screened positive for food insecurity.⁶⁰ The number of eligible families enrolling in SNAP has also decreased. In 2017, the rate of participation for immigrant families whose mothers had been in the United States for less than five years was 43 percent, but in 2018 that number fell to 34.8 percent.⁶¹

The chilling effect across all benefits programs has continued into the pandemic, and it poses a real risk to stopping the spread of the virus.⁶² A recent report found that some immigrant families with low incomes are avoiding using programs for which they are eligible, such as Pandemic Electronic Benefits Transfer (P-EBT), which is a program to help states provide breakfast and lunch for students who would ordinarily receive free or reduced-price meals as distance learning continues.⁶³ As another recent example, an August 2020 survey of families with undocumented family members reported that over 17 percent of households were not getting tested for COVID-19 for fear of public charge.⁶⁴

Immigrant Health Inequities and Increased Risk to COVID-19

Due to several inequities, immigrants face more than one risk factor for COVID-19. They are overrepresented as essential workers, increasing their exposure to the virus. Further, due to inequities in health care, immigrant communities are more likely to suffer from many conditions that make individuals particularly vulnerable to COVID-19, such as higher rates of asthma and obesity.

Some of the reasons these health inequities exist are because of the structural barriers that limit access to health coverage. But immigrants are also overexposed to environmental factors that increase the risks of developing certain health conditions. During the pandemic, this might be most clearly demonstrated by the farmworkers who continued to pick the food the rest of the nation needed despite the raging California wildfires around them.⁶⁵ Or with the hundreds of deaths that resulted from the meatpacking industry's lack of accountability for immigrant workers.⁶⁶ Immigrants are continuously placed in hazardous situations to serve the United States, but they are offered no form of protection from the harm they face.

Mental Health Impacts on Immigrant Communities

The mental health of the nation has also been greatly damaged by the pandemic.⁶⁷ Immigrant communities face fear and anxiety surrounding the pandemic and grief for loved ones who have passed away. Yet they are also subject to anxiety caused by immigration enforcement and lack of resources.⁶⁸ Many immigrants have faced a lifetime of racism and xenophobia, which have been exacerbated in the past four years due to divisive rhetoric from policymakers at all levels.

The trauma caused by constant stress, when left untreated, has very real, long-term mental and physical impacts on immigrants, their loved ones, and their community. Research indicates that children of immigrants whose parents have been detained or deported faced increased risks of suicidal ideation and substance abuse as they grow older. Due to lack of access to health coverage and barriers to care, many immigrant families cannot access the mental health care they need to cope with that stress and trauma.

4. Range of Policies Imposed Disproportionate Economic Hardships on Immigrants

Immigrants have faced the burden of being overrepresented among essential workers on the frontlines in addition to be disparately impacted by unemployment amid the pandemic. Although immigrants continue to play a crucial role in the country's recovery they continue to be excluded from economic relief, nearly one year into a global health crisis.

Immigrants Overrepresented on the Frontlines

Throughout the COVID-19 pandemic, immigrants across the United States have kept us safe and healthy. While many employees are working from home to decrease their risk of exposure and lessen the probability of exposing others, immigrants, by and large, do not have that option. Immigrants comprise about 14 percent of the population but are overrepresented across all frontline industries addressing the pandemic. Nearly half of all employed immigrant workers hold jobs that place them at high risk for exposure to COVID-19. They account for one in six frontline workers. Furthermore, about five million undocumented individuals—three in every four undocumented workers—have worked a frontline job, facing high risks and rates of infection throughout the pandemic.

Across the nation, people trust immigrants to care for their loved ones—whether they are children, aging adults, or family members with disabilities. Over 16 percent of all health care workers in this country, 2.5 million individuals, are immigrants.⁷⁴ The domestic workforce also includes a high concentration of undocumented workers, with three in four domestic workers serving as primary caregivers.⁷⁵ And immigrants have not only helped the country survive through the pandemic, but are helping the country move past it, playing critical roles in development of the vaccines; both Pfizer and Moderna's leaders and key scientists are immigrants.⁷⁶

Immigrants are also essential to the country's food supply chain. They make up nearly 22 percent of all food sector workers. Immigrants are overrepresented as agricultural workers, food processing and food delivery workers, and grocery employees, but are given little to no protection from contracting the virus. Throughout the pandemic, immigrants kept the nation fed as they risked their lives in these jobs, oftentimes without the support needed to keep their own families fed. The COVID-19 pandemic has highlighted their indispensability, and our nation has not provided the necessary assistance to level the risk that comes with it.

Higher Rates of Unemployment

In addition to immigrants being overrepresented in frontline industries, they are also disproportionately harmed by other negative economic effects of the COVID-19 pandemic. Unemployment rates are higher for Black, Indigenous, people of color, and immigrant workers, as most job losses have occurred in low-wage industries where a disproportionate number of workers are people of color.⁷⁸

While tens of millions of workers lost their jobs in this pandemic, Latina immigrants had the highest unemployment rate of all racial and ethnic groups, at 22 percent. Over two-thirds of Hispanic adults with noncitizen family members reported unemployment or reduced hours due to the pandemic.

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Exclusion from Economic Supports

The disparity is clear: immigrant workers have a higher probability of exposure to COVID-19 than other workers, and they have shouldered pandemic unemployment at disproportionate rates. Despite this fact, many continue to receive little to no federal assistance to survive the economic fallout of the pandemic. The first federal relief legislation passed in March 2020, the Coronavirus, Aid, Relief, and Economic Security (CARES) Act, excluded families where one spouse filed taxes with an Individual Taxpayer Identification Number (ITIN) instead of a Social Security Number (SSN). This law left out more than 14 million individuals in mixed-status families, including nearly four million children, many of whom were U.S. citizens themselves.⁸¹ The \$1,200 stimulus payments were not sufficient for those who received it, and millions of immigrant families have had to make do without even that.

In December 2020, Congress passed an additional COVID relief package that included a \$600 stimulus payment and partially fixed the exclusion of some mixed-status families. This legislation allowed retroactive access to the CARES Act stimulus payment and the additional \$600 for families with at least one spouse who filed taxes with a SSN. However, it still excluded nearly 2.2 million children where the entire household filed with an ITIN.

Although some states, municipalities, and local organizations have stepped up to serve immigrants who have largely been excluded from COVID-19 relief, the funding is just not enough to sustain assistance for immigrant families in need.

5. Students in Immigrant Families Faced Increased Barriers to Education

Many students and their caretakers have felt the heavy weight of distance learning. The longstanding digital divide between U.S. citizens and immigrants has added to the difficulty of learning from home for children of immigrants across the country. The homework gap —that is, the inability of some students to complete homework without internet access—has come to the forefront has come to the forefront as most school districts transitioned to distance learning throughout the pandemic.

Fifteen percent of U.S. households with school age children do not have access to high-speed internet at home.⁸² Though many school districts have attempted to address disparities by providing Wi-Fi hotspots and devices on which to complete homework, not all students have had access to this accommodation. Many students have had to sit in a campus parking lot to access Wi-Fi.⁸³ Others had to resort to sitting outside restaurants to complete their online schoolwork.⁸⁴

Internet access and digital skills among immigrant communities is disproportionately low.⁸⁵ More than five million immigrant households lacked internet access at home in 2018. That is three in ten immigrant households. Immigrant households with low incomes were less likely to have internet access at home, with 42 percent lacking at-home internet access.⁸⁶ Additionally, immigrants account for one in six U.S. workers but are one-third of the workforce without digital skills.⁸⁷ Together, these realities create an impossible situation for immigrant families in terms of education amid the pandemic.

As a result of guidance from the U.S. Department of Education, undocumented immigrant students have also been barred from receiving financial assistance from their colleges or universities provided under the CARES Act.⁸⁸ Undocumented students already face significant challenges to funding their education. For example, they are ineligible for federal financial aid and, in some cases, are denied access to in-state tuition. However, nearly half a million students who are undocumented have endured the pandemic with little to no support from their institutions of higher education.⁸⁹ While some states like California have stepped up to provide relief for these students, too many are still without much needed assistance.⁹⁰

Immigrant Families Must Be Included for COVID-19 Relief

The issues addressed in this brief do not exist in silos—immigrant and mixed-status families are often facing multiple or all of these hardships in tandem. Congress and the Biden-Harris Administration must

ensure that immigrants are not excluded in future efforts to provide COVID-19 relief, and they must take bold steps to undo the harm done to immigrant families and communities.

The COVID-19 pandemic has shined a light on what has always been true: immigrants play an essential role in communities across the nation. Across every

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industry, immigrants are playing a key role in our survival of this global health crisis. Our federal immigration policies should reflect that.

Despite the Biden-Harris Administration transition, immigrant families are still dealing with the loss of loved ones, potentially caregivers, and the continued economic hardships they have faced. The long-term health care effects of COVID-19 are still unclear, but immigrants will continue to face barriers to care even after the pandemic.

The United States has a long road to recovery, but to heal properly, immigrants must be fully included in recovery efforts. The following are recommendations to achieve that goal:

Immigration Policies and Enforcement

- Restore and fully implement DACA and TPS and renew work authorizations for immigrants.
- Create pathways to citizenship for immigrants, including essential workers, Dreamers, and TPS holders.
- Divest in immigration detention and deportation actions and policies and invest in policies that
 assist immigrants and individuals seeking asylum including releasing immigrants from detention
 and, instead, using alternatives to detention; ending family detention; increasing protections and
 assistance for immigrants; and providing greater oversight of immigration enforcement officials.
- Strengthen sensitive locations guidance and ensure training on the new policy, effective implementation, a process of accountability for violations, and clear guidance across relevant departments and agencies, including the Department of Health and Human Services and Department of Education.
- Ensure a right to return to the United States for immigrants who have been deported from their families and communities.

Health Care and Public Benefit Policies

- Ensure free and accessible coronavirus testing, treatment, and vaccines, regardless of immigration status and free from immigration consequences.
- Ensure immigrant families are eligible for all forms of nutrition assistance, including SNAP.
- Expand access to health care coverage for immigrants through Medicaid, CHIP, and the ACA.
- Fund state and local governments so they can continue providing health, mental health, education, and nutrition services for immigrant families, including those who are mixed status.
- Increase access to core public benefit programs by undoing the deeply harmful public charge regulation and by funding community-led outreach and education on access to public benefits.
- Ensure culturally sensitive communication to immigrant families about access to health care and other critical programs, including mental health programs.

Economic Support

Guarantee that all children and adults in households that file taxes with an ITIN, if otherwise
eligible, receive the economic stimulus payment from the previous COVID relief bills, as well as
additional stimulus payments included in future COVID-19 relief.

• Expand the Child Tax Credit and Earned Income Tax Credit to include all children, regardless of immigration status, by including children—citizen and noncitizen—in households that file taxes with an ITIN.

Education Policies

- Address broadband and technology needs in all communities to ensure immigrant students, from pre-K through 12th grade, have access to the internet (including devices and Internet service) to engage in teaching and learning, whether in the physical classroom or remotely.
- Provide funding to address trauma-informed care for children in immigrant families. Resources to address trauma and healing should include professional development and supports for educators, schools, community-based programs, and family-based child care programs.
- Ensure all postsecondary students, regardless of immigration status, are eligible for COVID-19
 financial assistance and federal financial aid, including Pell grants. Federal law must also be
 amended to reinstate state's ability to determine in-state tuition eligibility for undocumented
 students.

Future Steps

 Congress should conduct a study of the ways that immigrant families have been impacted by the pandemic to better understand what further actions can be taken to help immigrant families heal.

Conclusion

Immigrants are woven into the fabric of communities nationwide and are vital to America. Among other things, they are core to maintaining our country's food supply, from field to table; caring for the wellbeing of children, older adults, and people with disabilities; and meeting other essential, frontline functions. However, immigrant workers have disproportionately been paid low wages and have been denied adequate protections against COVID-19. The pandemic laid bare—and worsened—the myriad barriers immigrants and their families face to achieving good health, economic security, and a quality education, among other needs. The Trump Administration's xenophobic rhetoric and policy attacks on immigrants, including its crackdown on immigration enforcement, only deepened these disparities.

If policymakers continue to deny immigrants the support they need to care for their families and stay safe from coronavirus, it will impede our nation's sustainable recovery. To successfully rebuild, Congress and the Biden-Harris Administration must urgently take action to meet the needs of immigrant families. That means, for example, ensuring immigrants can access past and future stimulus payments, restoring protections under DACA and TPS, and expanding immigrants' access to health coverage. The policies this brief recommends would go a long way toward alleviating the significant hardships confronting immigrants today. By adopting these solutions, policymakers can simultaneously pave the way to a better future for us all.

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