The Impact of COVID-19 on Immigrants in Massachusetts: Insights from our Community Survey

August 2020
Acknowledgments:

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This report was written by Marion Davis, a consultant for MIRA, who also designed the survey, with support from Jessica Chicco at MIRA and Dawn Sauma at ATASK. Jessica Chicco provided the underlying federal policy analysis, and she and Eva A. Millona, president and CEO of MIRA, reviewed and provided feedback on the draft analysis and report text, as well as on key policy priorities and the role of philanthropy. Insights were also gathered through interviews and email exchanges with key partners, and on a webinar with stakeholders on July 31, 2020. Watch it at: https://youtu.be/-Knwtd58Vg.

First and foremost, we thank the 433 survey respondents, for trusting us with their personal information and stories, and allowing us to both quantify the COVID-19 crisis, and understand the human context. Your strength, courage and resilience inspire us; we hope the advocacy supported by this project makes a positive impact on every one of your lives.

Special thanks to Katherine Torres, intern at Agencia ALPHA, for a truly heroic effort with Spanish-language phone surveys, and to Lenita Reason, of the Brazilian Worker Center, for conducting dozens of phone surveys in Portuguese. Our appreciation also to Rebecca Negreli, who conducted two in-depth interviews with Brazilian respondents.

Gladys Ortiz, of REACH, not only recruited respondents, but provided crucial insights, as did Geralde Gabeau, of IFSI-USA, and Dinanyili Paulino, of Chelsea Collaborative, who also allowed us to conduct interviews at their food distribution. Ronnie Millar, of Rian Immigrant Center, provided valuable insights on the functioning of cash assistance programs administered by community-based organizations. Heloisa Galvão, of the Brazilian Women’s Group, translated the survey to Portuguese and has helped us understand the experiences of informal workers.
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EXECUTIVE SUMMARY

Since the start of the COVID-19 pandemic, it has been clear that immigrants in Massachusetts have been disproportionately affected – both by illness, and by job losses and economic distress. Except for limited public health data, however, we had little empirical evidence to quantify the impact across the Commonwealth. This survey, designed and conducted by MIRA in partnership with several of its member organizations, aims to provide those much-needed numbers.

We got 433 responses from immigrant households across Massachusetts; 37% included at least one undocumented member, and 62% included at least one U.S. citizen. We found:

- 76.4% experienced at least one job loss in their household – most commonly a temporary shutdown or staff reduction, though months later, many are still jobless or on reduced hours. 83.9% of households with undocumented members had a job loss.

- 3 in 5 households said at least one person who lost a job or had hours cut back did not collect unemployment benefits; among households with undocumented members, it was 82%. The main reason cited was ineligibility due to immigration status.

- Only 29.8% said they had received federal stimulus payments ($1,200 per taxpayer and $500 per dependent child) for everyone in the household; 23.3% got them for only some members, and 33.5% got nothing due to a household member’s immigration status.

- Of the 91 households (21%) who reported at least one person with COVID-19-like symptoms, only 30.8% said the whole household got tested and professionally treated; 27.5% said only some were tested, and 41.8% said no one was tested, and they just took care of the sick at home.

- 2 in 5 respondents overall, and 3 in 5 in households with undocumented members, reported some form of housing insecurity, most commonly due to missed rent payments.

- 59.3% of respondents reported food insecurity or listed at least one source of food or cash assistance (public programs or private charity) they have relied on; in households with undocumented members, the share is 77.8%.

The data show how urgently we need another federal stimulus – but this time we need it to benefit all families. The HEROES Act passed by the U.S. House of Representatives in May was a good start. As the Senate now works on a potential bipartisan compromise, our message to Senators is: Don’t negotiate immigrants out of yet another deal. It’s a matter of justice.

We also have several recommendations for Massachusetts, including further investments in the Residential Assistance for Families in Transition (RAFT) program, which got a $20 million boost in the fiscal 2020 supplemental budget; additional support for community organizations to provide food and cash assistance to families; and passage of four key bills:

- The emergency housing stability bill (H.4878 and S.2831), to extend the eviction moratorium for a year after the COVID-19 Emergency Declaration is rescinded.
• Emergency paid sick time legislation (H.4700 and S.2701), so workers don’t have to choose between taking care of their health or their loved ones, or getting paid.

• The Work and Family Mobility Act (H.3012 and S.2061), to ensure that immigrants can safely travel to find the resources they need during the pandemic.

• The Safe Communities Act (H.3573 and S.1401), to send a strong message that in Massachusetts, immigrants can safely interact with state and local authorities, without fear of being turned over to immigration agents.

We also urge state agencies to significantly step up efforts to ensure language access for Massachusetts’ diverse immigrant communities – we have nearly 600,000 limited-English-proficient residents who speak dozens of different languages – and invest in targeted outreach to ensure that immigrants know how to access crucial safety-net programs.
1. Introduction
Since the start of the COVID-19 pandemic, it has been clear that immigrant communities in Massachusetts, especially Black and Latinx immigrants, have felt both the health and the economic impacts particularly hard. As of July 29, for instance, Latinos accounted for 28.9% of confirmed COVID-19 cases, 2.3 times their share of the population.¹

Several immigrant-rich communities have become COVID-19 hotspots – most notably Chelsea, with more than five times the statewide infection rate, and Lawrence and Brockton, with triple the statewide rate.² And as sectors that employ large numbers of immigrants, documented and undocumented, shut down and have struggled to reopen, joblessness has led to hunger, missed rent payments, and a high risk of displacement.³ Some immigrants, especially Asians, have also experienced a rise in racial hostility and threats to their personal safety.

As New England’s largest immigrant advocacy organization, a statewide coalition with dozens of members directly involved in COVID-19 relief, MIRA has been tracking conditions, advocating for policy interventions to mitigate the pandemic’s impact on immigrant families, and working with philanthropy to steer funds to nonprofits that are providing food and cash directly to immigrants.

Aiming to develop more robust evidence to support its advocacy, MIRA created a community survey focused on employment, work and commuting conditions, food and housing security, child care, and access to key safety-net programs. The survey, which was deployed on Google Forms,⁴ in English and 15 other languages, was disseminated in July through MIRA’s 130+ members and social media, bolstered by targeted outreach via five MIRA member organizations that signed on as project partners.⁵

The 433 responses span the full range of citizenship and immigration statuses, with perspectives from Boston to Pittsfield, Lawrence to Seekonk. Though much has been written about the disproportionate impact of COVID-19 on communities of color, this is the first quantitative assessment of the pandemic’s impact on immigrants throughout Massachusetts.

The next section provides a brief overview of the federal and state responses to the COVID-19 crisis, as well as the work of MIRA members and other organizations to assist households experiencing economic distress. Section 2 summarizes the findings of the survey, including disaggregated analysis of 149 responding households that include undocumented immigrants. Section 3 identifies priorities for federal and state policy-makers and for philanthropy and explicitly connects our findings to MIRA’s advocacy agenda. We are also posting several immigrants’ stories on MIRA’s website and social media channels, providing more personal perspectives on the issues presented here.
2. Responses to the COVID-19 crisis: Congress, Massachusetts and civil society

Congress responded to the pandemic by passing three relief bills in quick succession in March 2020 to provide extra cash to low- and middle-income households, especially those affected by job losses; boost food assistance; expand access to health care and provide sick leave to those who lacked it; and help businesses that were forced to shut down or scale back their operations.

Key provisions relevant to Massachusetts households included:

- Stimulus payments of up to $1,200 per taxpayer and $500 per dependent child;
- An extension of unemployment benefits eligibility for an additional 13 weeks;
- A weekly $600 supplement on unemployment benefits paid through July 31;
- A new Pandemic Unemployment Assistance (PUA) program designed to cover workers who would normally be ineligible for unemployment benefits, such as independent contractors, through December 31;
- An expansion of the Supplemental Nutritional Assistance Program (SNAP), as well as the Women, Infants and Children (WIC) nutrition program for pregnant women and small children;
- Pandemic EBT, a program to provide food support to the families of schoolchildren who had been getting free or reduced-price school meals;
- Paid sick leave and extended family and medical leave for employees unable to work due to COVID-19-related illness, mandatory quarantine, the need to care for a sick family member, or the need to care for a child whose school or child care provider closed due to COVID-19;
- A moratorium on evictions through July 24;
- The Paycheck Protection Program (PPP), providing low-interest loans to small businesses that were forgivable if borrowers spent at least 60% on payroll and kept up staffing levels.

Together, these provisions kept millions of families in Massachusetts and across the U.S. from going hungry or losing their homes. Yet many immigrant households were ineligible for key benefits. Taxpayers who used Individual Taxpayer Identification Numbers (ITINs), as undocumented immigrants and those still awaiting a green card do, were denied stimulus payments – as were their U.S. citizen or documented immigrant spouses, if they filed jointly, and their U.S. citizen or documented immigrant children. In Massachusetts, an estimated 57,000 people were affected by this exclusion.\(^6\)

SNAP is only available to qualifying immigrants – such as refugees, those who have been granted asylum, and individuals who have had their green cards for at least five years – though parents, regardless of status, can access benefits for their U.S. citizen children.

Unemployment benefits, including the new PUA, are only available to people with valid work permits. And some immigrants who legally qualified, but had not received work authorization cards with updated expiration dates from the federal government – most notably Temporary Protected Status holders – had trouble accessing benefits.
Massachusetts’ response to the crisis

In Massachusetts, MassHealth Limited (Emergency Medicaid), which is available to all low-income state residents, regardless of immigration status, was quickly expanded to provide COVID-19 testing and treatment for COVID-19, with zero out-of-pocket costs; the same was done with the Health Safety Net, which also covers all income-eligible state residents. Private health plans, too, were required to provide COVID-19 coverage with no out-of-pocket costs.

On April 20, Gov. Charlie Baker signed a law imposing a statewide moratorium on evictions and foreclosures, effective for 120 days or for 45 days after the COVID-19 state of emergency was lifted; in July, the governor extended the moratorium until October 17.

The state also allocated $5 million for COVID-19 response through Residential Assistance for Families in Transition (RAFT), which provides up to $4,000 per household to help housing-insecure families with rent, mortgage and/or utility payments, to prevent displacement. The program has helped many households, but it requires a lease, which many immigrants don’t have. A supplemental state budget signed by the governor on July 27 added $20 million to RAFT.

With schools and child care centers closed, parents who couldn’t work from home found themselves in an impossible situation. The state launched an emergency child care program for essential workers and vulnerable families with no safe alternative, but with tightly restricted eligibility and limited outreach. Two months later, only 35% of the 10,000 available slots were being used.

The Massachusetts Immigrant Collaborative: A community-based response to the pandemic

Immigrant advocates and service providers have played a crucial role in reaching families in need and connecting them with food, money and referrals to public programs and services that can help them.

Formed in early April, the Massachusetts Immigrant Collaborative (initially called the Boston Immigrant COVID-19 Collaborative) is a multicultural group of 15 community organizations that are providing direct emergency relief to immigrants. In MIC’s first phase alone, with support from the Boston Resiliency Fund, it served more than 20,000 immigrant families.

MIC’s emergency relief is provided in accordance with five principles: respect for families’ privacy and dignity; easy and efficient disbursements; payments to partner organizations are made on an equal basis; safety for staff and families (social distancing); and transparency with accountability.

With additional support from philanthropic sources, the 15 partners have now collectively channeled more than $3 million to families in need through one-time payments of $120 to $1,000 – depending on family size and circumstances – and through culturally appropriate food distribution.

"Funders have really stepped up to help families," said Ronnie Millar, executive director of Rian Immigrant Center, fiscal sponsor of MIC. Yet the need continues to grow, he added, as far too many families remain jobless. "I feel as if we’re still very much in the middle of this," he said.

To learn more, visit www.immigrantrelief.org.
Finally, philanthropic leaders mobilized to provide COVID-19 relief, including through the Massachusetts COVID-19 Relief Fund, the Boston Resiliency Fund, the Boston Foundation’s COVID-19 Response Fund, and the United Way COVID-19 Family Support Fund,10 as well as through direct grants to dozens of local nonprofits. Labor organizations also established funds, including the Mass UndocuFund,10 which specifically targeted undocumented immigrants. Local churches, food pantries and newly created mutual-aid groups have provided food and sometimes cash to families as well.11

**A critical information gap**

Though all the state and private resources described above are available to all households, regardless of citizenship or immigration status, information about key programs has not been widely available to immigrants, especially in languages beyond English and Spanish. Indeed, it took a month for the state unemployment assistance application to be made available in Spanish, and several more weeks for Portuguese, Haitian Creole, Chinese and Vietnamese to follow. MIRA and key immigrant leaders, along with media organizations such as El Planeta, have tried to compensate for the dearth of information through social-media campaigns and Facebook Live sessions, but the need far exceeded what they could provide. Immigrants who didn’t happen to connect with a well-informed and helpful advocate struggled even to find a COVID-19 testing site, and may never have heard of crucial programs. Frightening rumors and misinformation, meanwhile, spread rapidly.

“We operate under the assumption that community members have all this information, but actually they know very little,” Gladys Ortiz, an advocate at REACH Beyond Domestic Violence, told us. The gap is even greater in the suburbs, she and others said, as immigrants are more isolated. And while some cities, most notably Boston, developed multilingual resources and did targeted outreach to immigrants, in much of Massachusetts, local information was sparse and only in English (or at best, in Spanish).

Given that almost 600,000 state residents are limited-English-proficient, and only 40% of them speak Spanish, the dearth of multilingual information and outreach campaigns is a major concern. Immigrant-led nonprofits can’t fill the gap, as they’re already stretched to their limits.12

**Haunted by the ‘public charge’ rule**

MIRA and member organizations also quickly became aware that many immigrants were concerned that seeking any relief would lead them to be deemed a “public charge” – including green card holders and others who were not subject to the rule.13 These concerns also extended to unemployment benefits, benefits for immigrants’ U.S. citizen children, and private food and cash assistance, none of which are covered by the rule. Guidance by U.S. Citizenship and Immigration Services (USCIS) did little to assuage fears; though it made it clear that COVID-19 testing and treatment wouldn’t be weighed negatively, it provided only vague reassurance that USCIS would consider evidence that other key benefits were used only due to the pandemic.
MIRA, its Massachusetts partners in the Protecting Immigrant Families campaign, and other advocates have done multilingual outreach to ease immigrants’ fears and clarify what programs are or aren’t safe for them to access, but despite multiple requests to the state to invest in large-scale multilingual public information campaigns targeting immigrant households, there has not been enough public-sector outreach.

The survey results presented in the next section clearly reflect the impact of federal and state policy choices and of critical information gaps.

3. Taking the pulse of immigrant households across Massachusetts

The 433 respondents to our survey ranged in age from 18 to 76 (average: 40). Their households include a total of 1,087 adults and 536 children. They are not a random sample of immigrants in Massachusetts: each one chose to fill out a detailed Google Form, or else agreed to speak with a stranger on the phone or in person for 8–15 minutes. A large share received the survey because they were already known to MIRA or one of our member organizations.

This means that our sample excludes immigrants who are so afraid of being penalized for seeking help or even acknowledging that they are in need, that they prefer to suffer in silence. Patricia Sobalvarro, executive director of Agencia ALPHA, which has provided cash assistance to hundreds of families, said many immigrants didn’t dare to fill out the form required by ALPHA. Many even hung up on ALPHA staff who called offering to help them. Rev. Dieufort Fleurissaint, of True Alliance Center and Haitian-Americans United, has recounted similar experiences in the Haitian community.

Our sample also doesn’t perfectly reflect the racial and ethnic makeup of Massachusetts’ immigrant community; it underrepresents Europeans, as well as immigrants from sub-Saharan and North Africa and the Middle East. What it does reflect well is populations that are known to have been particularly hard-hit, including Latinos (which in our grouping includes Brazilians); Black immigrants from the Caribbean, especially Haitians; and diverse Asian communities.

The geographic distribution of respondents is weighted towards Greater Boston, which is also where immigrant communities are most concentrated, but it spans the entire state (see Figure 3).

The vast majority of respondents (94%) provided the citizenship and immigration status of members of their household. Notably, 40% include at least one U.S. citizen over age 21, and 41% include U.S. citizens under age 21 – not surprising, given that over 84% of children of immigrants in Massachusetts are U.S.-born. 149 households, 37%, reported having at least one undocumented member. Figure 4a shows the full breakdown, and Figure 4b takes a closer look at households with undocumented members. Statewide, there are an estimated 173,000–250,000 undocumented immigrants.
Figure 3: Geographic distribution of survey respondents

Figure 4a: Which citizenship and immigration statuses do you have in your household?

- U.S. citizen over 21 years old: 40.0%
- U.S. citizen under 21 years old: 41.4%
- Green card holder / permanent resident: 58.1%
- Refugee or asylee: 5.2%
- Asylum or other immigration case pending, with EAD: 11.4%
- DACA recipient: 2.7%
- TPS recipient: 5.0%
- Undocumented (no status at all, no EAD): 37.0%
- Work visa: 1.0%
- Student visa: 1.5%
- Other: 1.0%

Figure 4b: Statuses in households with undocumented members

- U.S. citizen over 21 years old: 10.7%
- U.S. citizen under 21 years old: 39.6%
- Green card holder / permanent resident: 11.4%
- Refugee or asylee: 4.7%
- Asylum or other immigration case pending, with EAD: 7.4%
- DACA recipient: 4.0%
- TPS recipient: 3.4%
- Other: 0.7%
- Undocumented adults with U.S. citizens under 21: 26.2%
- All in household undocumented: 41.6%
Widespread job losses – and for many, no safety net

We asked how many household members worked full-time before March 1, and how many part-time, and how many are working now (full- or part-time). 346 households reported at least one full-time worker, or 608 altogether. 209 households reported at least one part-time worker, 261 altogether. Altogether, 362 households had at least one worker pre-March 1. Now a total of 512 people in 326 households are working, a 10% drop in employed households. Overlap between full- and part-time workers make a direct comparison unreliable, but in follow-up interviews, respondents noted that many full-time jobs are now part-time or sporadic.

“My husband works in construction, and he’s only getting limited hours,” Y.S., a Colombian immigrant with two children, said in an interview. “He used to work 5 days a week; now it’s just 2 or 3.” She used to work in a restaurant; now the best she can get is sporadic house-cleaning jobs. Another respondent, N.M., wrote that a member of her household had gone from 3 jobs to 1, “and it pays very little.”

An astonishing 331 households – 76% – reported at least one job loss; among households with undocumented members, it was 84%, consistent with a MassBudget analysis that found that closures and layoffs had disproportionately affected undocumented workers. As shown in Figure 5, the most frequently cited reason for job losses was a temporary closure or layoff; among households with undocumented members, the loss of informal jobs such as house-cleaning and elder care was also salient.

Layoffs that seemed temporary may turn out to be permanent, especially in the hospitality sector. In early March, we spoke with R.R., a Boston cafeteria worker who’d been told she’d be laid off for just three weeks. In July, the place finally reopened, but with bare-bones staff; as of Aug. 3, she was still jobless. R.I., a waiter at another restaurant, said he’s been out of work for almost five months, with no unemployment, and is now three months behind on rent. S.P., who worked at a large restaurant in Waltham, said her employer gave priority to wait staff who were in particularly dire need, so she hasn’t gotten any shifts yet – but her coworkers say business is so slow, they barely earn anything.

Among households who reported job losses, a whopping 58% reported not getting unemployment benefits. Among households with undocumented members, the share was 82%, with 65% saying at least one worker was disqualified due to immigration status. Pandemic Unemployment Assistance was particularly helpful to those households; though only 10% got regular unemployment benefits, 26% received PUA. Notably, although unemployment benefits are excluded from the
“public charge” test, we have heard that some immigrants avoided applying for fear of being labeled as a “public charge.”

Many immigrant households also lost out on federal stimulus payments. As shown in Figure 7, overall, only 30% of respondents got the full $1,200 per adult taxpayer and $500 per dependent child; a third got nothing because at least one adult in the household was undocumented, and a quarter only got stimulus funds for some members of the household.
For those who can work, a mixed outlook

We asked those who continue to work how safe they feel on the job and traveling to work, both in terms of potential exposure to COVID-19, and more broadly. The good news is that a large majority of respondents – 68% – said their employers are taking adequate precautions and/or providing the necessary safety equipment. That wasn’t necessarily the case early on, however; D.L., for example, a janitor at a major university, was among the 68%, but she got COVID-19 early in the pandemic and attributed her illness to exposure on the job. Some respondents, employed in health care or elder care, said that despite their employers’ best efforts, they still worry about getting infected. A few noted that they personally feel safe, but at least one other worker in their household is not so fortunate.

A small but notable fraction of workers – 11 overall – reported being exploited or abused by their employer, and 13 said they felt sick but didn’t have access to paid sick leave. Massachusetts has a fairly strong sick leave law, and as noted in Section 1, Congress has provided emergency sick leave, but the federal policy excludes workplaces with over 500 employees, and allows health care and elder care employers to opt out. Although state law still protects those workers, MIRA members have heard of some employers who tried to suggest otherwise to their staff.

Commuting, meanwhile, feels distinctly safer to those who can walk, bike or drive to work than to those who rely on the T (buses or trains). This remains the case despite significant efforts by the MBTA to keep vehicles clean and allow safe distancing between passengers.
Another, deeply troubling salient finding is that more than 1 in 5 respondents said they fear being harassed or attacked due to their race. A majority of the immigrants who checked this box are East or Southeast Asian, but several are Latinx or Black.

“I'm pregnant right now, and I haven't gone out for a walk ever since the pandemic,” said P.M., a half-Thai, half-Chinese social worker and therapist living in Weymouth. It’s not the virus that scares her, she said, but the many Trump stickers on cars in her neighborhood. “I don't feel safe walking down these streets, because I don't know what to expect. That’s how scared I am.”

Another significant concern for many respondents – especially women with small or school-age children – is lack of child care. 15% of households reported having to leave a job for lack of child care, and only 15 respondents total said they could work from home. Yet even now, with significantly more child care available than during the state shutdown, 70% of households with small children reported having no access to child care, and only 13% had child care through a facility, not just a friend or relative.

I.A., a Brazilian mom with a small house-cleaning business, said she’s had to stay home with her 5-year-old and 19-month old children since their school and daycare closed. S.Z. wrote: “I'm afraid to lose my home, but I have a little girl and no family in this country.”

Health care access in the pandemic

91 households (21%) reported at least one COVID-19 case – a total of 181 cases altogether, including both confirmed and suspected. 22 households reported 3 or more cases, but most had just 1 or 2. “I always wore a mask when I fed my son, and also gloves, and I kept cleaning the house as best I could,” said R.G., who tested positive along with her husband; the boy stayed healthy.

Yet in those households, only 31% reported that every family member had been tested, while 41% said no one had been tested or treated for COVID-19; they’d just taken care of the sick at home, on their own (see Figure 11).

Asked why they hadn't been tested, a larger pool of respondents, 141, cited a wide range of reasons – some common to all Massachusetts residents, some more specific to immigrants. 25 said they feared being blamed or attacked due to their race; again, this was more common among Asians, but also reported by some Latinx and Black immigrants.
Notably, though the overall reported testing rate for households with undocumented members was similar to the rate for all respondents, roughly twice as many cited lack of health insurance, fear of being labeled as a “public charge,” and fear that their information would be shared with immigration agents (see Figure 12).

We must stress that all low-income Massachusetts residents have access to free COVID-19 testing and treatment, regardless of immigration status – but not everyone knows this. 15 respondents said they didn’t get tested because they’re uninsured and worried about the cost. In May, *The Washington Post* reported on a Boston immigrant who delayed care for that reason, and perished.20

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**Figure 11:** If someone in your home got sick, did you seek COVID-19 testing and treatment?

- **N=91**
  - Nobody got tested, we took care of the sick at home and don’t even know if it was COVID-19, 41.8%
  - Yes, the whole household got tested and all who were positive got medical care, 30.8%
  - Some who got sick got tested and treated, but others did not, 27.5%

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**Figure 12a:** If you felt sick but didn’t get tested, why was that? (check all that apply; full cohort)

- Didn’t know where to go for testing or treatment 13.5%
- Tried to get tested but was told I wasn’t sick enough 22.0%
- Assumed I’d be turned away because I wasn’t sick enough 24.1%
- Don’t have access to paid sick leave at work 7.1%
- Didn’t have health insurance and was afraid of the cost 10.6%
- Feared that my info would be shared with immigration agents 6.4%
- Feared getting labeled as a “public charge” 9.9%
- Feared testing positive would mean not being able to work 9.9%
- Feared getting kicked out of apartment if positive 5.7%
- Feared that I would be blamed or attacked due to my race 17.7%
- Other 9.9%

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**Figure 12b:** Responses from households with undocumented members

- Didn’t know where to go for testing or treatment 2.2%
- Tried to get tested but was told I wasn’t sick enough 24.4%
- Assumed I’d be turned away because I wasn’t sick enough 22.2%
- Don’t have access to paid sick leave at work 2.2%
- Didn’t have health insurance and was afraid of the cost 22.2%
- Feared that my info would be shared with immigration agents 13.3%
- Feared getting labeled as a “public charge” 17.8%
- Feared testing positive would mean not being able to work 11.1%
- Feared getting kicked out of apartment if positive 6.7%
- Feared that I would be blamed or attacked due to my race 15.6%
- Other 6.7%
Census data show that only 2.8% of Massachusetts residents are uninsured, but among the foreign-born, it is 6.3%, and among noncitizens who’ve arrived since 2010, it is 20.5%.[21] We asked households what, if any, health insurance they had, and a majority reported having at least MassHealth Limited or Health Safety Net coverage – both of which are open to all who meet income criteria, regardless of immigration or citizenship status. Reliance on those two programs is particularly high in households with undocumented members.

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<tr>
<th>Figure 13a: Does your family have health insurance? What kind(s)? (check all that apply; full cohort)</th>
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<tbody>
<tr>
<td>Employment-based private insurance: 21.2%</td>
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<tr>
<td>Private insurance bought on the Health Connector: 10.6%</td>
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<tr>
<td>Private insurance bought as a college/university student: 2.8%</td>
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<tr>
<td>MassHealth full coverage: 29.8%</td>
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<tr>
<td>MassHealth Limited or Health Safety Net: 38.6%</td>
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<tr>
<td>Only U.S. citizen children in household have insurance: 4.8%</td>
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<tr>
<td>Nobody in my household has insurance: 4.4%</td>
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<td>I don't know: 6.7%</td>
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Widespread housing insecurity

Given how sharply many households’ incomes have declined, and how many didn’t get unemployment checks or stimulus payments, it should not be surprising that many are now struggling to keep their homes. Several observers have predicted a “tsunami of evictions” once the moratorium is lifted,[22] and our data show immigrants are at particularly high risk.

We asked directly: Are you worried about losing your housing, or have you lost it already? 2 in 5 respondents overall, and more than 3 in 5 in households with undocumented members, said they’re having trouble, mainly because they’ve fallen behind on the rent (see Figure 13).

Thanks to the eviction moratorium, the vast majority of those in distress still have their apartment or room, but 7 have already been displaced. Advocates have heard from multiple immigrants who rent informally and have been threatened with removal – or kicked out – despite the moratorium. The Attorney General’s Office has tried to raise awareness that even informal tenants have rights.[23] Another 5 reported having to leave an abuser, and 10 more said they need to leave an abuser but have nowhere to go. “Shelters are closed or are at 50% capacity; we have been using hotel rooms or renting apartments,” Dawn Sauma, co-executive director of ATASK and a close partner in the survey, told us. Victims who are stuck at home with their abusers are also harder to
connect with and help, she added: “If we do get in contact... the challenge is the victim finding the brief moment to contact us when the abuser isn’t around.”

A major challenge in helping housing-insecure families is that that rents are so high in Massachusetts – especially in cities with large numbers of immigrants – that catching up with missed payments could easily require 5 or 10 times more than the $300–$500 that most privately run cash assistance programs have provided.

S.Y. pays $600 just for one room in East Boston. The tiny Weymouth studio that Y.S., her husband and two sons rent costs $850. E.V., a single mom who only recently resumed work, and only 25 hours a week, pays $1,300 per month in Everett. H.G., her husband and three children pay $2,560 per month in Waltham, and similar rents are common in low-income neighborhoods across Greater Boston. I.A., who lives in Malden, owed $7,300 in overdue rent by late July – and that’s before the August rent came due.

**Piecing together family meals**

Families are also struggling with a more immediate need: food. Again, we asked directly: *Does your household have enough to eat?* Just under 40% checked “We’re doing fine and don’t need help” – but 1 in 7 of them also reported accessing at least one form of food or cash assistance.

Just 23% of households with undocumented members said they were “doing fine,” and several of them reported getting help as well. For the rest, feeding the family has become a test of their resourcefulness.
The most widely used form of food assistance is Pandemic EBT, which came automatically if a family had children in school who qualified for free or reduced-priced meals. Almost a quarter of respondents said they had used P-EBT or gotten meals at schools.

Through P-EBT, 290,000 households across Massachusetts were mailed debit cards that they could use to buy up to $199.50 in food, effectively replacing school meals. In late June, another $199.50 was added. Yet as of late July, roughly 1 in 5 cards had not yet been activated.

Although use of P-EBT, like school meals, is not considered in the “public charge” test, advocates have reported that some immigrants are afraid to access the funds.

T.C., a DACA recipient who is still working, but struggling with debt and high household expenses, said while her sister’s school was in session, students could go get food boxes, “which helped out a lot: snacks, a loaf of bread, they put in some vegetables... As long as we could get this food box, that put a dent in our expenses.” The P-EBT helped as well, she said.

21% of respondents, and a third in households with undocumented members, reported getting help from a food pantry or community group. MIRA members across the Commonwealth have been at the forefront of these efforts – from the Chelsea Collaborative, which hands out truckloads of produce and other necessities every week, to Agencia ALPHA, which has spent up to $50,000 on culturally appropriate food that staff and volunteers deliver to immigrants’ homes, to the Brazilian Worker Center, which hands out groceries outside its building in Allston.

Immigrant-led nonprofits have also stepped up to deliver food to families while they’re in quarantine or recovering from COVID-19. And they provided a safe alternative to immigrants who were afraid to seek help from established pantries or government agencies – not least because...
they saw police or National Guard officers posted outside, and some asked for ID and a Social Security number. (In late July, the state issued guidance barring pantries that receive state support from asking for IDs or SSNs.)

Roughly 1 in 7 households applied for SNAP, at least for their eligible U.S. citizen children. SNAP is covered by the “public charge” test, but only benefits received by the green card applicant, not their child, are considered. Undocumented parents still have to provide their information to the state, however, and fear can quickly deter them. Y.S. applied for her son, but said she was told – falsely – by a state worker that her data would be shared with the federal government and could be used to deport her. Y.S. withdrew her request right away, terrified.

A small, but very appreciative, share of respondents, 11% overall and 16% in households with undocumented members, have received cash support from a local nonprofit or mutual aid group. These are typically one-time payments of $300 to $500 per household. (Because we surveyed so many immigrants who had applied for and/or received aid from our partner agencies, we have no doubt that this is a much larger share than in the general population.)

The MassUndocuFund, established by Massachusetts Jobs with Justice, Matahari Women Workers’ Center and One Fair Wage to help undocumented families in particular, has provided one-time payments of $300 to more than 1,700 families, according to Lily Huang, of Massachusetts Jobs with Justice – but more than 9,000 others are on the fund’s waitlist.

Our own survey specifically asked whether respondents wanted us to help them connect with more resources; almost half said yes, and in follow-up interviews, emails and text-messages, many have made it clear that they desperately need more support.

Yet fear of immigration consequences is also keeping many families from getting help, no matter how badly they need it. In our survey, 16% of respondents in households with undocumented members said they need food, but are afraid to seek help as immigrants. This is particularly true in the suburbs, said Patricia Sobalvarro, of Agencia ALPHA: “These are immigrants who will suffer in silence,” she said. “They’d rather work 2 or 3 jobs than have this label that they were a burden to the United States.”
4. Towards a more equitable and inclusive COVID-19 response

It is humbling to conduct a survey like this. For all the pain and anxiety in the responses, there is also enormous evidence of resilience and determination. Many immigrant families face impossible odds, yet they persist, take whatever work they can get, and keep pushing forward. We have also seen immigrants with barely enough for themselves, helping others in their community. But this is not okay. We have documented a humanitarian crisis of enormous proportions, and now we have a moral responsibility to address it. **This is a call to action.**

Immigrants are facing the same challenges as all working-class Americans, but they lack key resources to get through the crisis. Unless they’re U.S. citizens or have held green cards for more than 5 years, they can’t get SNAP. If even one of the adult taxpayers in the household used an ITIN, the whole family was disqualified from stimulus payments. If they’re undocumented, they can’t get unemployment benefits. And for the entire Trump administration, they’ve been told that they must be completely self-sufficient, or else they’ll be deemed a “public charge” and denied a place in this country.

Immigrants are not superhuman. Without significantly more help, families will go hungry. Many will end up on the streets. Even before the pandemic, half of noncitizens in Massachusetts already lived below 250% of the federal poverty line, and more than a quarter lived below 125% of the poverty line.26

We need a fair, equitable and inclusive COVID-19 response, at both the federal and the state levels. MIRA, our members and our partners in Massachusetts and nationwide have been advocating for key policy interventions since the start of the pandemic.

In May, the U.S. House of Representatives passed the HEROES Act, which begins to address the inequities that have caused immigrant families so much distress:

- Another round of stimulus checks, this time including ITIN filers;
- An extension of supplemental unemployment benefits ($600 per week);
- An expansion of SNAP and extension of Pandemic EBT, which expired July 31;
- A suspension of the “public charge” rule, which has since been blocked by a federal court for the same reason – that it is keeping immigrants from accessing urgently needed help;
- Protection for DACA and TPS recipients for the duration of this crisis, so they don’t have to worry that they could lose their work permits — and their livelihoods — anytime.

This is not the first time that the House has approved an inclusive COVID-19 package, but the Senate has blocked previous efforts. The HEALS Act introduced in late July would not only reduce overall support for struggling households; it would again exclude immigrants. We expect that a compromise will be negotiated; our message to Senators is: **Don’t negotiate immigrants out of yet another deal. It’s a matter of justice.**

Related to this, in Massachusetts, we need to invest in multilingual public outreach all across the state — through community groups, on ethnic media, posting ads on bus stops and in storefronts, whatever it takes — to address fear and confusion caused by the “public charge” rule. We can’t have families avoiding food pantries because they think getting some vegetables will get them deported.

Immigrants need to know what’s available to them, and what is and isn’t safe for them to access. A lot of that work is on us, the advocates — especially through the Protecting Immigrant Families campaign. But we need the state and cities and towns to step up as well. This is hard and expensive work, and lives may depend on it.
Massachusetts can do better

Massachusetts stood out early in the pandemic for its quick action to provide universal coverage for COVID-19 testing and treatment, and for its leadership in mobilizing philanthropy. But in many areas crucial to the well-being of immigrant families, the state has yet to rise to the challenge.

As the Massachusetts Legislature prepared to extend its formal session through the rest of the year, it could have extended consideration of a bill to provide stimulus payments to tax filers using ITINs, but the bill was sent to “study.” (It could still be revived as a budget amendment, but political support for such an overt effort to help undocumented immigrants has been weak.)

The state has also fallen short in its outreach to immigrant households, and on language access overall. Both are sorely needed to close critical information gaps and dispel false rumors. Instead of expecting immigrants to find the programs and guidance they need, state officials need to meet immigrants where they are: in their own neighborhoods, at local grocery stores and pharmacies, at bus stops, on social media and WhatsApp. Advocates can provide guidance on how to develop multilingual, culturally appropriate ads, flyers and videos – but they can’t do all the work themselves. The state must step up.

On July 27, Governor Baker signed a supplemental budget that added $20 million to the RAFT housing program – the state’s answer to the housing crisis, beside the eviction moratorium. That will make a significant impact, but given the overwhelming need for housing assistance in Massachusetts, RAFT needs an even larger boost, to the full $50 million that advocates have called for. Increasing RAFT funding also helps small property owners, whose own financial situation may be precarious.

Another key line item in the supplemental budget is $10 million for community groups to help the most distressed families, with the expectation that philanthropy will provide another $10 million. This will make a major difference in the near term, but one-time payments only last so long; several families who have received cash told us it is all gone now, and the unpaid bills keep stacking up. Additional funds for direct cash assistance should be included in the budget for the remainder of fiscal 2021. In the meantime, we urge philanthropy to not only rise to the $10 million challenge, but significantly surpass it.

There are multiple bills before the Legislature that would further ease the impact of the pandemic. Four should be top priorities:

- The emergency housing stability bill (H.4878 and S.2831), which would extend the eviction moratorium until 12 months after the governor’s COVID-19 Emergency Declaration is rescinded, and if non-payment of rent resulted directly or indirectly from the pandemic.

- Emergency paid sick time legislation (H.4700 and S.2701), so workers don’t have to choose between taking care of their health or their loved ones, or getting paid.

The line for the Brazilian Worker Center’s food pantry stretches around the block. BWC photo by Fabiano Latham.
federal Families First Coronavirus Response Act (FFCRA), which provided emergency paid sick time and family leave for workers (see Section 1), has such large coverage gaps that an estimated 1.8 million workers in Massachusetts are excluded. This legislation was urgently needed in March, and should be passed well before the second wave of COVID-19 hits us.

- The Work and Family Mobility Act (H.3012 and S.2061), because as our survey shows, a large share of immigrants depend on public transit, but don’t actually feel safe using it. And just as important, many Massachusetts residents simply can’t ride the bus or the train to where they need to go. We have heard about moms in the suburbs walking for miles to get to a food pantry, with children in tow. That’s not right.

- The Safe Communities Act (H.3573 and S.1401), to send a strong message that in Massachusetts, immigrants can safely interact with state and local authorities, without fear of being turned over to immigration agents. As long as local police and court officials keep helping Immigration & Customs Enforcement (ICE) to detain and deport people, that fear is not entirely unjustified. But in a humanitarian crisis, fear can cost lives.

Massachusetts also needs to address child care – an urgent concern that will only become worse if, as expected, schools don’t reopen in the fall, or only offer in-person classes 2 or 3 days a week. Most immigrants can’t work from home; mothers of young children, who disproportionately shoulder the burden of child care, could thus be out of the workforce indefinitely. School districts need to take these parents’ needs into consideration in making their fall plans, and the state needs to safely ramp up child care and ensure that it is affordable and accessible to low-income families, including immigrant households. Many immigrants are also child care workers themselves, and others would happily embrace new opportunities in the sector.

Finally, small businesses, especially “Main Street” retail, service and food businesses, need significantly more support – both from the federal government, and from state and local agencies. 21 survey respondents reported they’d closed their own business, but we also know that many immigrants work in small businesses, formally and informally, and they’ve been disproportionately hurt by the pandemic. We urge policy-makers to pay close attention to the findings of the small-business poll released by MassINC and a group of business and community groups on July 23, and follow their recommendations.

Taking a longer view

The priorities outlined above are all targeted responses to the COVID-19 crisis, but there are fundamental injustices that made immigrants highly vulnerable, and they, too, must be addressed. Already, state and local task forces are grappling with racial and ethnic health inequities, and that is an important start. Special attention still needs to be paid to the unique challenges faced by immigrants, taking into account the enormous diversity of Massachusetts’ immigrant populations.

We also need to grapple with many immigrants’ fear of racist attacks, harassment and blame for the coronavirus. After four years of relentless race-baiting, scapegoating and hate-mongering by the president and his allies, it is not surprising that so many people fear for their own safety. As numbing as the onslaught has been, we cannot shrug off hatred and bigotry towards Asian, Black, Latinx or any other subset of immigrants. Not only do we need strong enforcement by the Attorney General’s Office; we also need state and local agencies, health care providers, food pantries and others who interact with immigrants to take a serious look at their own policies and practices, and ensure they treat everyone with the dignity they deserve.

And as we look ahead to the September primary, the November election, and the potential for a new political environment in 2021, we need to raise our ambition for immigration reform. It’s not enough to reverse the “public charge” rule, though that’s crucial. Or to stop toying with DACA and
TPS recipients’ lives. It’s not enough to pass the Dream and Promise Act, much as we need to. Or even to reverse the Trump administration’s horrific asylum policies – a human rights imperative.

Our current laws have pushed millions of people into hopeless situations. We interviewed several: A DACA recipient whose father is a U.S. citizen, but can’t sponsor her without forcing her to leave the country for 10 years. An Indian family, here on the father’s H-1B visa, waiting indefinitely for a green card; it’s been 12 years so far. A domestic violence survivor who took harrowing risks to find safety here, but is almost certain she’s going to lose her asylum case. A Honduran mom with a U.S.-born baby who’s living in a shelter, unable to work legally at least until she goes to court – next March. A Colombian mom with two children, with sharply reduced work options since the pandemic shut down much of the restaurant industry, wondering how her family will survive come winter. “The truth is, only God knows,” she said.

Immigrants make enormous contributions to this country, and to this Commonwealth. We can’t stop fighting until our laws reflect that.

ENDNOTES


2 The statewide COVID-19 incidence rate as of July 22, 2020, was 1,583 cases per 100,000 residents. In Chelsea, it was 8,631; in Brockton, 4,652, and in Lawrence, 4,923. Source: The Boston Globe, Town-by-town COVID-19 data in Massachusetts, accessed July 29. https://www.bostonglobe.com/2020/04/15/nation/massachusetts-confirmed-coronavirus-cases-by-city/.


4 See Annex 1 for a brief description of the methodology. To see the text of the questions (in the original English), go to https://bit.ly/30mt4bq.

5 See acknowledgments on the inside cover of the report. The core partners were the Asian Task Force Against Domestic Violence (ATASK), which contributed to survey design, secured translations to 11 Asian languages, and led outreach to Asian communities; Agencia ALPHA, which disseminated the survey to its networks and provided an intern who surveyed dozens of households by phone; the Brazilian Worker Center, which provided outreach to Brazilians, including more than 35 phone surveys; the Immigrant Family Services Institute (IFSI-USA), which secured translations to Haitian Creole and French and, in partnership with True Alliance Center, disseminated the survey in Haitian communities; and the Chelsea Collaborative and REACH Beyond Domestic Violence, which helped secure responses from their clients and personal networks. MIRA’s own outreach included citizenship services clients, Unafraid Scholarship recipients, and immigrants who had reached out for pandemic-related help.


See https://www.massundocufund.org.

For a detailed listing of these and other available resources, see MIRA’s COVID-19 resources page, http://www.miracoalition.org/coronavirus, and our Spanish-language FAQ: http://www.miracoalition.org/miracoalition-es.

Per author’s analysis of U.S. Census Bureau American Community Survey 2018 5-year averages (Tables DP02, B16001). The data show 596,147 or 9.2% of state residents over age 5 speak English less than “very well”; the main languages spoken by those limited-English-proficient residents are Spanish (40.1%), Portuguese (13.6%), Chinese (11.3%), Haitian Creole (6.1%) and Vietnamese (4.4%); the remaining quarter speak more than two dozen additional languages.

For an explanation of the "public charge" rule, see http://www.miracoalition.org/pif.


For a breakdown of major regions of origin for immigrants in Massachusetts, see the Migration Policy Institute’s state data profile: https://www.migrationpolicy.org/data/state-profiles/state/demographics/MA.

Per MPI’s state data profile, as of 2018, 423,833 children under 18 in Massachusetts had at least one foreign-born parent; 357,258 of those children are native-born. See https://www.migrationpolicy.org/data/state-profiles/state/demographics/MA.

The low estimate is from the Migration Policy Institute, based on 2012–2016 Census data: https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/MA. The high estimate is from the Pew Research Center, using a different methodology, also based on Census data: https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/. Pew estimates that Massachusetts has the second-fastest-growing undocumented population of any state, after Maryland, with an increase of 35,000 from 2007 to 2016.


Miller, M. (2020). She begged her virus-stricken partner to go to the hospital. He refused until it was too late. The Washington Post, May 7. https://www.washingtonpost.com/local/she-begged-her-virus-stricken-partner-to-go-the-hospital-he-refused-until-it-was-too-late/2020/05/07/04ea4ac4-8b1c-11ea-8ac1-bfb250876b7a_story.html.

Author’s analysis based on U.S. Census Bureau, American Community Survey 2018 5-year averages (Tables S1701, S0502 and S2701).


See https://www.map-ebt.org.


See https://www.raiseupma.org/emergencypst/.

See https://www.massincpolling.com/the-topline/bcnmbcqi7vkf5dryq0icgjvvurucz5.