Immigrants' Use of New York City Programs, Services, and Benefits: Examining the Impact of Fear and Other Barriers to Access

By Daniela Alulema and Jacquelyn Pavilon

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EXECUTIVE SUMMARY

New York City is a "welcoming city" that encourages "all New Yorkers regardless of immigration status" to access the public benefits and services for which they qualify (NYC Mayor's Office of Immigrant Affairs or "MOIA" 2021a). Moreover, it invests significant resources in educating immigrant communities on this core commitment and its lack of participation in federal immigration enforcement activities. However, this report by the Center for Migration Studies of New York (CMS) finds that immigrants in New York City still face significant barriers to accessing public benefits and services.

The report is based on CMS research that examined immigrant fear and other barriers in three general areas: the use of public benefits, with a particular focus on the public charge rule; the use of public health services; and access to law enforcement and the courts. The report documents how Trump-era immigration policies perpetuated fear among immigrant communities, in the context of other barriers to accessing services and benefits, and why its detrimental impacts have persisted and outlived the Trump administration.

The research included semi-structured interviews with 75 immigrants across all five boroughs of New York City and two focus groups with immigrants in both English and Spanish. The interviews documented the prevalence and impact of fear and other factors that impede (and facilitate) immigrants' use of public benefits and services. The respondents were from 30 countries across all regions of the world and had varied legal statuses and lengths of stay in the United States. The CMS research team also interviewed 16 social service providers from community-based organizations (CBOs) and New York City agencies, including the Department of Health and Mental Hygiene (NYC DOHMH) and the Human Resources Administration/ Department of Social Services (HRA), and eight healthcare providers and social workers from the city's public hospital system, NYC Health + Hospitals, who worked with immigrants across the city.

The project ran from January 2020 through October 2021, spanning most of the last year of the Trump administration and most of the first year of the Biden administration. Data collection started in November 2020 and extended through the COVID-19 vaccine rollout starting in spring 2021.

The report finds that Trump-era anti-immigrant rhetoric and immigration policies, including aggressive enforcement tactics and a new rule on the public charge ground of inadmissibility, exacerbated long-standing fear pertaining to lack of status, family separation, detention, and deportation. The COVID-19 pandemic has further increased the need for services and assistance for all New Yorkers, including immigrants.

The report also finds that the change in administration, the widespread recognition of the essential work of immigrants in response to COVID-19, and the pandemic's disproportionate impact on immigrant and minority communities did not eliminate immigrants' fear or other barriers to accessing public benefits and protection in one of the most immigrant-welcoming communities in the country. Misinformation, language barriers, culturally-rooted concerns, and discrimination continued to impede immigrants from coming forward for needed services and benefits for which they or their family members are qualified. As one immigrant explained:

> *Yes, I'm aware the public charge act has been rescinded by the Biden administration, but people still think it is not safe. People will tell you, 'Yes, but you never know when [the rule could] come back.' They say they don't want to jeopardize their chances of bringing their children, so they want to focus on the bigger picture as opposed to some money.*

The report finds that while government agencies, hospitals, and CBOs have all taken steps to minimize gaps in service provision and to mitigate immigrants' fear, more can and should be done. It offers the following top-line findings, supplemented by additional findings in the body of the report:

The Public Charge Rule and Immigrants' Concerns on the Use of Public Benefits

- Many respondents underutilized benefits for which they were eligible due to fears pertaining to immigration status, family separation, detention, and deportation. For example, a service provider recounted a case in which a mother feared that her US citizen children would be negatively impacted in the future for having used food stamps:

> *She's an immigrant. It's her husband and her, and [her] two American citizen [children]. The husband died due to COVID. When she applied [for food stamps,] she really didn't want to apply. She was under the impression that also her kids are going to be penalized and they're going to have to pay this back when they grow up. Because she doesn't have any status, she was afraid. If she want[ed] to apply, she could, for the kids. …I had mentioned to her [what] the requirements [were], which [were] proof of income and address, and she said that she will get a letter from the employer, because that's part of the requirements. When she asked for the letter, she got fired. She was just so devastated, because she was at her wit's end. I called her, and she said, no, she didn't want to be bothered. She was just so frustrated and devastated, and she just let it go.*

"When she applied [for food stamps,] she really didn't want to apply. She was under the impression that also her kids are going to be penalized and they're going to have to pay this back when they grow up."

- Trump administration policies and rhetoric led immigrants to increase their efforts to secure a safer immigration status, including citizenship, and obtain identification documents for themselves and their children. The study found that service providers had to step out of their regular roles to provide the services that the immigrant community needed. In the midst of an unprecedented public health crisis, for example, hospital workers were also helping to fill out patients' citizenship applications.

- Context and location strongly influenced the comfort level of immigrants in sharing information which would allow them to access benefits and services. Many immigrants feared sharing identifying information in government buildings, but not as much in other settings or online.

- Large numbers of respondents feared the use of public benefits, including by their US citizen children, due to misinformation about the impact of the new public charge rule on their ability and the ability of family members to secure legal status or permanent residence. Social media has made it easier to spread incomplete information or misinformation about the presence of Immigration and Customs Enforcement (ICE) in local neighborhoods, as well as about the details of the public charge rule.

- Both immigrants and city and CBO workers reported that language remained the main obstacle to immigrants' use of public benefits, despite the city's efforts to provide translation services, and that miscommunications often resulted from pairing immigrants with interpreters who spoke a different dialect. Linguistic and cultural barriers prevented immigrants from gathering the information regarding benefits and services, which perpetuated misinformation. One city worker said, when there is a mismatch in dialect between the client and the interpreter:

  > *[things are] not addressed properly. Also, the clients have a lot of emotions, a lot of backstories. If a client wants to express that, maybe [by telling a] backstory [to] help them get the benefit faster, when they receive that translation, it's like getting to the main point and that's it. This could be problematic because maybe the actual HRA worker will not take that client seriously.*

Immigrants' Concerns about the Use of Public Health Services

- Fears caused by rumors about ICE prevented immigrants from using hospital services and attending informational events such as health fairs. A hospital worker recounted of one of her patients:

  > *When [she heard rumors that] ICE came, she disappeared on me —no phone calls, no returning. A lot of them stopped, but then they came back after reassurance, but I lost her for good, and that was hard. The clinic was a ghost town around that time. I don't know if it was true, or if people were [just] so fearful. People were just scared to leave their house, … and clients just stopped coming. There were like months they would not come, and those who were on medication, those that needed to be seen, they weren't answering the phone.*

- Several hospital workers said undocumented immigrants often let their ailments go untreated out of fear regarding their immigration status and, as a result, their conditions became emergencies.

- Immigrant respondents expressed less fear based on their immigration status about going to hospitals and health clinics than they did about visiting government offices or using public benefits.

- Immigrants began to trust their healthcare providers over time, even if they were initially hesitant to reveal sensitive identifying information to them. Overall, hospitals did a good job at educating immigrant patients about their rights and reassuring them of the confidentiality of patient information.

- Fears regarding immigration status, instilled by federal immigration policies, likely inhibited efforts to

respond to and control the COVID-19 pandemic. In response to a hypothetical question, several immigrant interviewees said they would be hesitant about giving the names of people who were undocumented to contact tracers during the COVID-19 pandemic, for fear of legal repercussions.

- Immigrant respondents reported language differences were less of a barrier at public hospitals than in other public spheres. Many reported the interpretation and translation services at hospitals had improved over time. Linguistic and cultural similarities with their healthcare providers often helped immigrant patients to feel comfortable in sharing information with them.
- Many hospitals provided interpretation services over the phone, but several immigrants still noted that the translation provided was not adequate and was not provided throughout the entirety of the process.
- Fear of linguistic, racial, gender-based, or cultural discrimination when receiving or considering healthcare services deterred some immigrants from securing necessary healthcare.

Immigrants' Concerns about Law Enforcement and Engagement with Courts

- Respondents' experiences with law enforcement were mixed. A large majority of immigrant interviewees said they would (hypothetically) call the police if necessary. However, some respondents also reported being hesitant to report crimes, because they believed (incorrectly) it might put them or others at risk of deportation or have other negative repercussions.
- Crimes against and witnessed by immigrants go under-reported due to language barriers and fear of misunderstanding. Some respondents said they would (hypothetically) not even try to call because of the language barrier. Others said they would only report crimes that no one else could report or that were very serious, as trying to communicate would not be worth the effort for small crimes. As one Chinese woman said, she does "not have the confidence to express something accurately."
- Immigrants reported concerns about immigration status and detention would also (hypothetically) prevent them from testifying in court. As one Mexican woman explained, "I have heard that, ... as an immigrant without status, one cannot go [to court], because ICE could arrive. With that fear, if you go, you take a risk."

- Respondents from East and South Asia and the Caribbean were much more likely than those from North America and Central America to respond that they would testify in court with no concerns.
- Eighty percent of naturalized citizens said they would testify without fear, as opposed to just 26 percent of noncitizens who said they would testify without fear.
- Black, Middle Eastern, and Asian Americans reported discrepancies in crime reporting and police treatment based on race or ethnicity. The 2020 civil rights protests exacerbated distrust of the police among some immigrants and people of color.

Based on its research, CMS has identified a series of recommendations, which aim to improve public education; reduce language and literacy barriers; address the technological divide and unfamiliarity with bureaucratic processes; and enhance service provision and inter-agency coordination. These recommendations are made to a range of governmental and non-governmental stakeholders. Some of the key recommendations include:

- City agencies, including HRA and NYC DOHMH, should continue to work with immigrant-serving CBOs and also work closely with NYC Health + Hospitals, religious institutions, schools, and other entities that are considered trustworthy by immigrants to distribute informational materials in locations frequented by immigrants, such ethnic restaurants, grocery stores, and convenience stores, and on public transportation and in parks in immigrant neighborhoods.
- HRA, NYC DOHMH, NYC Health + Hospitals, and CBOs that provide social services to immigrants, schools, and religious institutions should continue to use flyers and print materials as their primary media to provide information about benefits and services to immigrant communities, supplemented by social media platforms and messaging platforms such as WeChat and WhatsApp.
- HRA, NYC DOHMH, and NYC Health + Hospitals should try to match clients and patients to an interpreter who speaks the same dialect, not merely the same language, and ensure that interpreters use clear and accessible language.
- NYC Health + Hospitals providers should consider immigrant patients' level of education and technological literacy and follow up with them using their preferred method of communication.
- Agencies that administer benefits such as HRA and the New York State Department of Labor (NYS DOL) unemployment office should ensure application processes for benefits are flexible and assume a hybrid online/in-person model.
- HRA and CBOs that assist immigrants in applying for benefits should improve communication between their offices to provide accurate and uniform advice. One city worker recounted what happens when this is not the case:

  > *A lot of times, by the time we see a client, the client has been to three, four different places already. … If they're being told different things from those three, four places that they've been to before they come to you, what you say to them just falls to the wayside, because it's just something else that someone else is saying. Because if it's a policy, it's going to be a policy whether you talk to the Social Security, Medicaid, or community-based organizations. It'll be just one policy. If you're speaking to all of these people and you're being told three different things, you don't trust what you're being told.*

- NYC Health + Hospitals facilities should hold listening sessions with healthcare workers and immigrants to help these workers better understand the conditions and challenges faced by immigrants.
- Legal service providers, advocates, and CBOs should utilize MOIA and HRA resources to obtain information

about eligibility for benefits, application processes, and policy changes.

- The New York State Senate should make it unlawful for ICE to make civil arrests at "protected" locations including medical facilities, schools, CBOs, public recreational facilities for children, and other social services establishments in the same way it has restricted arrests at state courthouses without a judicial warrant under the Protection Our Courts Act.[1]

1. Introduction

New York City is a "welcoming city" that encourages "all New Yorkers regardless of immigration status" to access the public benefits and services for which they qualify (NYC Mayor's Office of Immigrant Affairs or "MOIA" 2021a). In 2019, according to the American Community Survey (ACS) 49 percent of households in New York City had at least one immigrant living in them, with approximately 3.2 million people in the city born outside the United States (Ruggles et al. 2021). CMS estimated that 451,000 immigrants in New York City were undocumented in 2019. Moreover, the city invests significant resources in educating immigrant communities on this core commitment and its lack of participation in federal immigration enforcement activities. However, immigrants in New York City still face significant barriers to accessing public benefits and services.

This CMS report draws its conclusions from semi-structured interviews with immigrants across all five boroughs of New York City and focus groups with immigrants in both English and Spanish. The research team also interviewed social service providers from community-based organizations (CBOs) and New York City agencies, including the Department of Health and Mental Hygiene (NYC DOHMH) and the Human Resources Administration/Department of Social Services (HRA), and healthcare providers and social workers from the city's public hospital system, NYC Health + Hospitals, who worked with immigrants across the city.

For this study, the CMS research team examined immigrant fear and other barriers in three general areas: the use of public benefits, with a particular focus on the public charge rule; the use of public health services; and access to law enforcement and the courts. Furthermore, this study shows how Trump-era immigration policies perpetuated fear among immigrant communities, in the context of other barriers to accessing services and benefits, and why its detrimental impacts have persisted and outlived the Trump administration.

The change in administration, the widespread recognition of the essential work of immigrants in response to COVID-19, and the pandemic's disproportionate impact on immigrant and minority communities did not eliminate immigrants' fear or other barriers to accessing public benefits and protection in one of the most immigrant-welcoming communities in the country. Misinformation, language barriers, culturally-rooted concerns, and discrimination continued to impede immigrants from coming forward for needed services and benefits for which they or their family members are qualified. While government agencies, hospitals, and CBOs have all taken steps to minimize gaps in service provision and to mitigate immigrants' fear, more can and should be done.

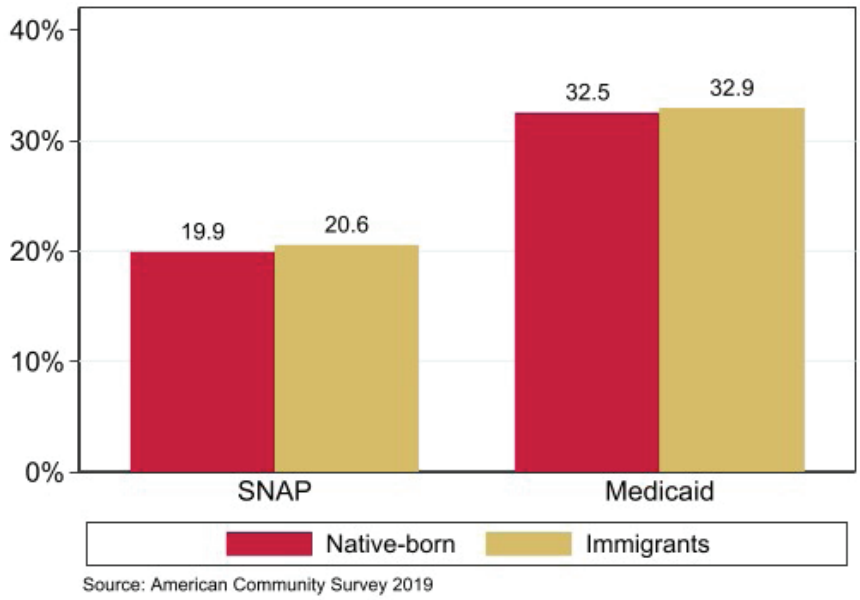
2. Background Information

Immigrant households are more socioeconomically disadvantaged than native-born New Yorkers but do not receive more benefits. In 2019, in general, immigrants in New York City had lower wages than native-born New Yorkers, but they were not any more likely to be receiving public benefits. The median annual household income of native-born Americans ($90,000) in New York City was higher than that of foreign-born New Yorkers ($75,000). Among foreign-born New York City residents, the median annual household

[1] Protection Our Courts Act, S. 3298, Reg. Sess. (NY. 2021).

income for documented immigrants ($76,500) was higher than that of undocumented immigrants ($68,900). Despite having a lower income, the share of foreign-born individuals that received Supplemental Nutrition Assistance Program (SNAP), or "food stamps," and Medicaid in 2019 was roughly comparable to the share of native-born individuals that received these benefits (Figure 1). Furthermore, whereas approximately 96 percent of native-born New York residents had health insurance in 2019, only 78 percent of noncitizens and 54 percent of undocumented immigrants had health insurance (MOIA 2021d). The pandemic increased these inequalities.

Figure 1: Share of Population that Uses SNAP and Medicaid Benefits in New York City, by Nativity, 2019



Source: CMS calculations using the 2019 ACS (Ruggles et al. 2021).

Immigrants' eligibility for public benefits is determined by their immigration status. Immigrants are generally categorized into three groups when determining benefits eligibility: 1) qualified immigrants, 2) Persons Residing under Color of Law (PRUCOL), and 3) undocumented persons without lawful status. However, differences in eligibility for benefits exist even within these three broad categories, depending on one's type of visa. Table A.1 in Appendix A explains which immigrant visas fall into each of the above-listed categories. The eligibility of different immigrant groups for various federal and New York State public benefits is detailed in Tables A.2 and A.3 in Appendix A.

Immigrants have access to a wide array of healthcare services in New York, especially through the NYC Health + Hospitals network, which treats patients regardless of immigration status. The network provides services to more than 1 million New York City residents annually across the city's five boroughs. There are more than 70 locations including 11 acute care hospitals,[2] acute/long-term care facilities, community care services, and clinics through the Gotham Health network. At the acute hospitals, immigrant patients can receive trauma care, primary care services, inpatient specialist services, and mental health services. The care facilities provide long-term care, skilled nursing care, and rehabilitation services. The Gotham Health network clinics provide primary and preventative care services. Staff in all NYC Health + Hospitals facilities provide case management services and help patients connect with community resources. More than 500,000 New Yorkers are also part of the NYC Health + Hospitals MetroPlus health plan that offers eligible New York residents no-cost health insurance (NYC Health + Hospitals 2021a). Information on the NYC Health

[2] The hospitals are Jacobi, Lincoln, and North Central Bronx in the Bronx; Coney Island, Kings County, and Woodhull in Brooklyn; Bellevue, Harlem, and Metropolitan in Manhattan; and Elmhurst and Queens in Queens.

+ Hospitals page is available in 104 languages. NYC Health + Hospitals also operates NYC Care, a health care access program that guarantees low-cost and no-cost healthcare services to New Yorkers who do not qualify for or cannot afford health insurance. The program provides access to healthcare at all NYC Health + Hospitals facilities and has over 80,000 active members.[3] Furthermore, there are 304 Federally Qualified Health Center providers in New York State who serve patients regardless of insurance coverage or immigration status (NYS DOH 2021c). New York State also has a health insurance plan for children called Child Health Plus, which does not depend on immigration status (NYS DOH 2021a).

During the COVID-19 pandemic, having a testing, tracing, and care system that is inclusive of all residents is imperative to controlling the spread of the virus. In New York City, regardless of immigration status, residents can access free and confidential COVID-19 and antibody testing at one of more than 200 testing sites across the city (NYC Health + Hospitals 2021b). Furthermore, immigrant New Yorkers may also receive the COVID-19 vaccine free of charge regardless of immigration status or health insurance coverage (NYC Health 2021).

The Trump administration's "public charge" rule sought to prevent certain groups of immigrants from obtaining lawful permanent resident (LPR) status or a "green card." The rule re-defined a "public charge" as a person likely to use any of a designated list of public benefits, including non-cash benefits, and modified the public charge test in ways that would have excluded past green card recipients (Capps et al. 2018) and those currently eligible for family-based visas (Kerwin and Warren 2019) at high rates. The Trump administration announced the rule in August 2019. Due to several legal challenges, including a lawsuit led by the NYS Attorney General and the City of New York, the rule did not go into effect until November 2020 (United States Citizenship and Immigration Services or "USCIS" 2021; NYS Attorney General 2019). However, even prior to the rule going into effect, it created a "chilling effect" on immigrants' use of public benefits (Bernstein et al. 2019b). Immigrant groups to whom the rule did not apply[4] may have nonetheless under-utilized public benefits, including benefits not included in the expanded list, out of fear, uncertainty, and lack of information.

Kerwin, Alulema, and Nicholson (2018) examined two groups that would be directly affected by the rule in the short-term. They estimated that 2.25 million undocumented persons and 212,000 nonimmigrants lived with a US citizen or LPR family member who could petition for a visa for them, subjecting them to the rule. These two groups, in turn, lived in households with an additional 5.32 million and 456,000 persons respectively, who would have been indirectly affected by the rule. The 2019 public charge rule is no longer in effect as of April 2021 (USCIS 2021).

Immigration officials have long used an array of criteria to determine if someone was "likely" to become a public charge. These criteria included factors such as age, health, family status, assets, resources, financial status, education, and skills. The Trump administration added additional criteria such as having health insurance, credit scores, and certain enumerated benefits to what USCIS officials should consider.[5] Furthermore, all immigrants trying to file for an adjustment of status had to file a new Form I-944, or a "Declaration of Self-Sufficiency," showing they met certain income requirements to prove they were not "likely" to become a public charge.

Since 1996, US citizens and LPRs who petition for visas for their family members have had to show they can support these intending immigrants at an income of at least 125 percent of the federal poverty guidelines,

3 Information provided directly by NYC Care.

4 The rule did not apply to asylees, refugees, special immigrant juveniles, victims of domestic violence, or U and T visa holders. Inadmissibility on Public Charge Grounds, 84 FR 41292 (Aug. 24, 2019). https://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds.

5 Immigration and Nationality Act, 8 USC § 1182 (Jan. 3, 2012). https://uscode.house.gov/view.xhtml?req=(title:8%20section:1182.

until they become naturalized citizens or work for 40 qualifying quarters (Kerwin and Warren 2019). These requirements obviated the need for the new rule.

In order to enhance immigrants' security and health, New York City has adopted numerous policies designed to mitigate immigrants' fear and build trust. For instance, New York City Executive Orders 34 and 41 forbid city employees, including local law enforcement, from asking immigrants about their legal status except to determine eligibility for benefits or if required by law for reasons of public safety (MOIA 2021b). NYC Health + Hospitals does not routinely collect information about patients' immigration status. If it comes up in the course of applying for certain benefits or services (e.g. health insurance) it is protected by various confidentiality laws. By law, city resources, including New York Police Department (NYPD) resources, generally cannot be used to assist federal immigration enforcement efforts. The city also does not honor Immigration and Customs Enforcement (ICE) detainers (ICE requests for states and localities to hold persons they arrest) unless immigrants have been convicted of violent or serious crimes. Finally, the city instituted a free municipal identification card, IDNYC, that is available to residents regardless of their immigration status. The IDNYC can be used as proof of identity when applying for city services and benefits and is recognized as valid identification by the NYPD. Prior to the pandemic, MOIA promoted IDNYC through in-person presentations, pop-up enrollment locations, and fliers in 26 languages distributed to 24 locations across the city (MOIA 2021d).

"New York City Executive Orders 34 and 41 forbid city employees, including local law enforcement, from asking immigrants about their legal status except to determine eligibility for benefits or if required by law for reasons of public safety."

New York City has also sought to build trust through engagement with immigrant communities. Among its many activities, MOIA works with city agencies and community groups to share information about its policies toward immigrants and city services with immigrant communities. It also regularly advocates for immigrants' rights, equity, and justice. It helps support immigrant students, including undocumented students, navigate financial aid programs. It organizes "know your rights" events in more than 20 languages which in 2020 reached 160,000 New Yorkers within the first 24 hours they were streamed. It hosts community and ethnic media roundtables, has sponsored legal screening programs, and maintains information desks where immigrants can learn about city services, including its AskMOIA hotline. It translates materials, including those of other city agencies, for immigrants (MOIA 2021d). Since March 2020, the Department of Social Services (DSS) Commissioner has conducted a weekly phone call for community partners and elected officials allowing them to ask questions about relevant city, state, and federal government programs and benefits. Each week, these calls are followed by a community partner bulletin that goes out to over 6,000 community partners from the DSS Commissioner and DSS Outreach to share these updates and address questions that came up during the call. These bulletins push out information not only about HRA and the Department of Homeland Security (DHS), but many other free services available to immigrants. DSS also puts out fact sheets and holds informational sessions for immigrant New Yorkers. NYC Care supports trusted CBOs to educate New Yorkers about their right to healthcare and guide them through enrollment in the NYC Care program.

The city also devoted significant time and resources to combat the chilling effect of the public charge rule. Their efforts included training for all frontline benefit enrollment staff and creating a flier about the rule in more than a dozen languages (MOIA 2019 and 2021c). It also held multiple phone banks, a multi-city virtual town hall, and focus groups, and kept in contact regularly with frontline staff and providers to collect data and hear about people's experiences. The city has published this data on disenrollment rates and launched a $2 million targeted ad campaign together with MOIA, DOHMH, NYC Health + Hospitals, and other agencies to combat the fear and mistrust created by the public charge rule (DSS and MOIA 2019; DCF 2019).

The city recognizes that effective communication is vital to efforts to promote immigrants' well-being. Executive Order 120 and Local Law 30 require all city agencies to translate their most frequently distributed documents into the top 10 languages spoken in New York City. City agencies must also provide telephone interpretation in over 100 languages. The city has established uniform standards for translation and interpretation across city agencies, created mandatory training programs, and requires agencies to designate language access coordinators (MOIA 2021b).

3. Literature Review

A number of recent studies have examined how fear of immigration enforcement affects immigrants' interaction with public agencies. Existing studies have looked at the impact of fear in three general bodies of literature. First, some studies have looked at how the Trump administration's public charge rule has exacerbated immigrants' fears of immigration-related repercussions and hence impacted their use of public benefits and services. A second body of research has looked at how strict immigration enforcement policies have impacted immigrants' use of public benefits and services. Finally, a third body of research has looked at how immigrants' fear of immigration enforcement leads to fear of engaging with law enforcement and public authorities resulting in the under-reporting of crimes. This study will expand upon these previous studies by looking at these fears in the context of other barriers immigrants face in New York City.

3.1. The Impact of the Public Charge Rule on Immigrants' Use of Benefits

A few studies have looked at the impact of public charge on immigrants' use of public benefits and services. Greenberg, Feierstein, and Voltalini (2019) found evidence of widespread fear in immigrant communities across five cities, including New York City, and noted that immigrants were enrolling in benefits—including health and emergency food benefits—at lower rates in anticipation of changes to the federal public charge rule. In another study, researchers at the US Immigration Policy Center at the University of California at San Diego conducted an experimental study of 506 undocumented immigrants in San Diego. Respondents were randomly assigned to one of two groups: half were told about the existing public charge rule and half were told about proposed changes to the rule. The authors found that undocumented immigrants who were told about the proposed changes to the rule were 15.1 percent less likely to say they would seek emergency health care if they needed it and 18.3 percent less likely to say they would seek preventative health care services. Those with children who were told about proposed changes were 6.6 percent less likely to say they would seek emergency health services than the other group and 8.6 percent less likely to say they would seek preventative health care for their children (Wong, Cha, and Villarreal-Garcia 2019). MOIA and DOMHH found public charge may have impacted benefits like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). They found that between January 2017 and June 2019, WIC enrollment in New York City dropped 5.7 percent in the 10 zip codes with the lowest number of noncitizens, and it dropped 18.7 percent in the zip codes with the highest number of noncitizens (MOIC and DOHMH 2020).

Using the nationally representative online Well-Being and Basic Needs Survey, an Urban Institute study, for example, found that 15.6 percent of immigrant families reported they or their family members did not use a non-cash benefit program out of fear of the repercussions on their future green card status. For families with at least one family member who was not a US resident, the percent of those who stopped using benefits jumped from 21.8 percent to 31 percent between 2018 to 2019 due to the public charge rule (Bernstein et al. 2019b). Even though President Biden reversed his predecessor's public charge rule in March 2021, hesitancy around use of public benefits persists.

3.2. The Impact of Fear of Immigration Enforcement on Immigrants' Use of Benefits

The Trump administration's intensification of interior immigration enforcement, failure to set meaningful enforcement priorities, and expansion of detention sowed fear and mistrust among immigrant communities (López et al. 2018; Kerwin, Alulema, and Nicholson 2018; Roche et al. 2018). During the Trump presidency, immigrants increasingly feared they or their family members would be arrested and deported. This climate of fear and mistrust had severe consequences for immigrants' health, welfare, and security. A number of studies found fear has driven declines in immigrants' use of public benefits and services. A nationwide survey of welfare recipients conducted by the Boston Medical Center Children's Healthwatch found that participation in SNAP by eligible immigrant families who had been in the United States for fewer than five years dropped by nearly 10 percent in the first half of 2018 (Bovell-Ammon et al. 2018). Immigrant families who had been in the United States for more than five years also saw a 2 percent drop in their SNAP participation, though the survey does not probe the specific reasons why immigrant benefit use has declined. In another study, Artiga and Ubri (2017) found immigrants experienced high levels of fear and uncertainty due to the Trump administration's enforcement policies, and fear was more pronounced among Muslim and Latino immigrants. Furthermore, the authors found evidence of declines in participation in programs such as Medicaid and the Children's Health Insurance Program due to increased fear.

This fear of using benefits has also negatively impacted the education and welfare of children of immigrants. Cervantes, Ullrich, and Matthews (2018) conducted a study of the effect of fear on immigrant parents with children under age eight. They found these parents were afraid to take their children to early education programs; to participate in school activities; to apply for public benefits on behalf of their children or to seek health care for them; and to take their children to public spaces like libraries and parks. Some studies also highlight the impact of enforcement on educational outcomes. Gándara and Ee (2018) studied the impact of immigration enforcement on teaching and learning standards among second-generation immigrants. Analyzing data from a nationwide survey of educators, they found deportations in the community caused anxiety and fear among students, impacting their learning outcomes.

3.3. The Impact of Fear of Immigration Enforcement on Immigrants' Engagement with Public Authorities and Law Enforcement

A nationwide survey published by the Urban Institute found many adults in immigrant families avoided activities in which they might be asked about their citizenship status (Bernstein et al. 2019a). Immigrants particularly avoided activities that could bring them into contact with the police or other public authorities, such as driving a car, applying for or renewing a driver's license, and reporting a crime. Because the survey was only available in Spanish and English, it may not have captured the experiences of non-Hispanic immigrant groups.

A number of studies have also examined immigrants' engagement with law enforcement. A Chicago Police Department study found that Spanish-speaking Latinos had worse perceptions of police helpfulness and fairness than English-speaking Latinos and other groups, although the study did not explicitly consider their attitudes towards contacting the police (Skogan et al. 2002). Khashu et al. (2005) found some immigrants in New York City were reluctant to contact the police either because of fear or discomfort about navigating US government systems, or a lack of knowledge or capacity about how to do so. Theodore and Habans (2016) analyzed data from a nationally-representative survey of more than 2,000 Latinos. Many respondents reported they would be unlikely to contact the police if they were the victim of a crime, or to provide information about a crime, because they feared police would use this contact as an opportunity to investigate their immigration status or that of their friends and family members. Undocumented immigrants were even less likely than other Latinos to say they would contact the police. The number of certain types

of crimes reported by Latinos in Dallas, Denver, and Philadelphia dropped after Trump took office, and police chiefs said the same was true in Los Angeles and Houston (Arthur 2017). Similarly, one study of the ICE 287(g) program[6] in Frederick County, Maryland found that the program led to increased arrests by the police of immigrants and less reporting of crime by immigrants (Coon 2017). Wong et al. (2020) found when sanctuary policies (policies that limit the cooperation of the police with ICE) were not in place, undocumented immigrants were less likely to trust police officers. Similarly, Amuedo-Dorantes and Arenas-Arroyo (2020) found when sanctuary policies were in place, domestic violence was more likely to be reported, suggesting immigrant women feel safer to come forward when they are victims of these crimes.

4. Data and Methodology

For this study, CMS conducted semi-structured interviews with immigrants and social service and healthcare providers who worked with immigrants and conducted focus groups with immigrants between November 23, 2020 and October 25, 2021. Due to the sensitive nature of the project, all participants provided verbal consent to participate.[7] The project spanned the change from the Trump administration to the Biden administration. Interviews with immigrants started during the second wave of the COVID-19 pandemic in New York State and extended into the COVID-19 vaccine rollout starting in spring 2021.

4.1. Summary of Immigrant Interviewees

Seventy-five immigrants from diverse backgrounds across all five boroughs of New York City were interviewed about their experiences with public benefits and services. Service providers from throughout New York City referred these interviewees to CMS. Due to the public health concerns about the COVID-19 pandemic, interviews were conducted via phone, WhatsApp, and Zoom. Of the 75 respondents, 59 were women. The majority of respondents (38) were married. Twenty-eight were single, seven were divorced, and one was widowed. The respondents ranged in age from 21 to 79, with an average age of 42.5 years old. Figure 2 shows the age distribution of respondents. One-third of respondents (25 people) were college graduates, and six had completed some college. Twenty-two of the respondents had graduated from high school (or obtained an equivalent credential). The remaining 19 respondents had less than a high school education or its equivalent. Respondents had lived in the US an average of 14.75 years. Nearly a third of respondents (20 people) had resided in the US for 21 years or more. About one-fifth of respondents (17 people) had been in the US less than five years (Figure 3). Twenty-four were US naturalized citizens, and 50 were noncitizens.

The interviewees were from 30 different countries of origin across all regions of the world (Table B.1 in Appendix B). One interviewee was African, 29 were Asian, five were from Non-Hispanic Caribbean countries, three were European, 20 were Latin American, 16 were North American, and one wished not to disclose her nationality. Based on the demographic profile of immigrants in New York City, respondents from Asia and North America are over-represented and respondents from Africa, Europe, and Non-Hispanic Caribbean countries are under-represented in the sample. Latin Americans are almost perfectly represented (Figure 4). Interviews were conducted in the interviewees' languages of choice, including Arabic, Bengali, Chinese, English, Korean, Russian, Spanish, and Vietnamese.

6 This program creates partnerships between ICE and state and local law enforcement agencies to deport noncitizens.

7 This study was approved by the BRANY institutional review board on October 21, 2020 (study #20-049-736).

Figure 2: Age Distribution of Immigrants Interviewed (N=75)

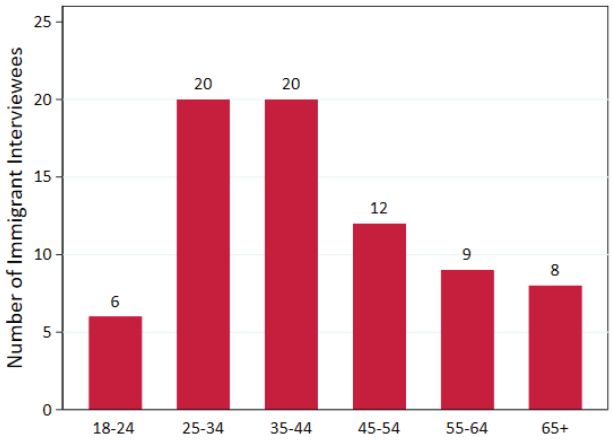


Figure 3: Duration of Stay in the United States (in years) of Immigrants Interviewed (N=75)

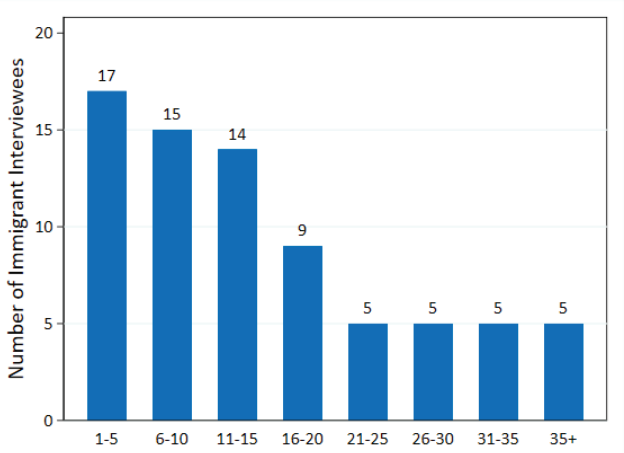
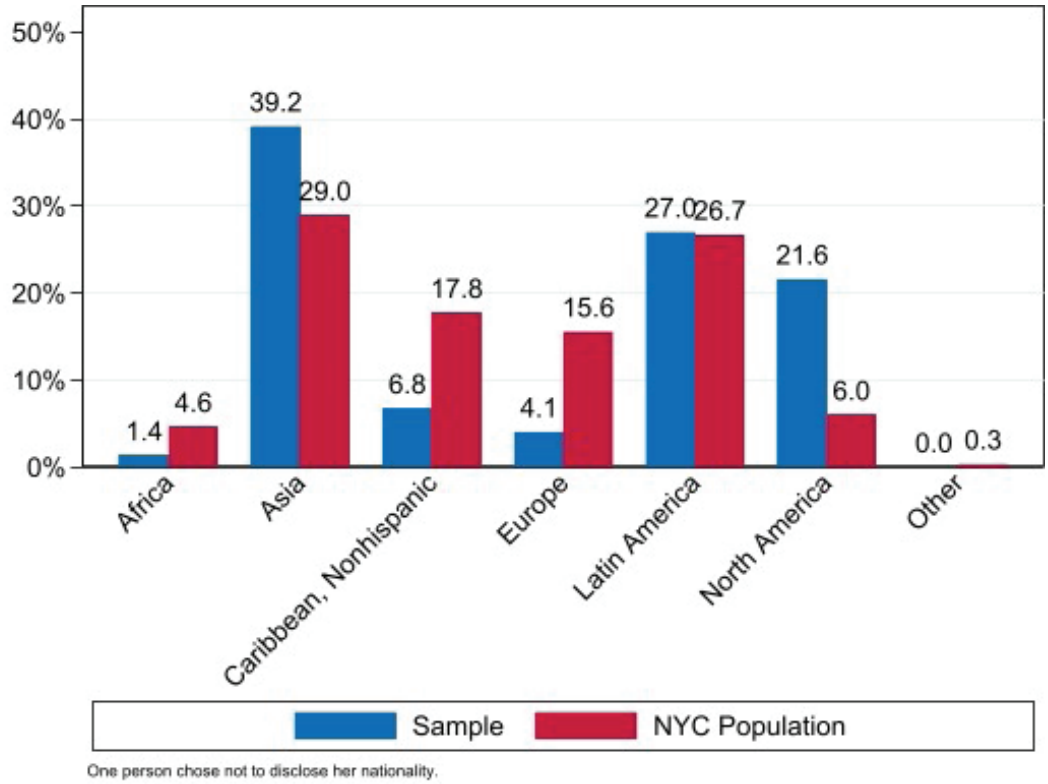


Figure 4: Regions of Origin of Immigrant Study Respondents Compared to the Regions of Origin of Immigrants in New York City



Source: Original sample data CMS calculations using the 2019 ACS (Ruggles et al. 2021).

Two focus groups were conducted with participants from three countries of origin. The focus groups were conducted in September 2021. One was conducted in Spanish with six participants and the other was conducted in English with three participants. The participants in the Spanish-speaking group came from Guatemala and Mexico and were all women. Participants in the English-speaking group were from Haiti and also all women.

4.2. Summary of Immigrants' Use of Benefits and Services

The immigrants interviewed relayed the importance of and their reliance on a wide array of public benefits. Table 1 shows a list of public benefits that the immigrants who were interviewed mentioned using:

Table 1: List of Benefits Used by Immigrant Respondents

Food Assistance	Supplemental Nutrition Assistance Program (SNAP)
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	Free breakfast/Free lunch at public schools
Health Insurance or Associate	Medicare
	Medicaid
	Child Health First
	NYC Care
Health Care	Hospitals
	Community health clinics
	Emergency room
	COVID testing
	COVID vaccines
Cash Assistance	Suppliemental Security Income (SSI)
	COVID relief funds
Out-of-Work Assistance	Unemployment
	Disability
Housing Assistance	HRA
	Section 8
Public Documents	Driver's license
	IDNYC

Many of the immigrants interviewed had positive experiences with food assistance programs such as SNAP and WIC. Among the immigrants interviewed, 29 said they used SNAP, and many said the process to apply was relatively simple. One respondent said the program was efficient in that she receives calls from the agency in Spanish when it is time to renew her benefits. A 45-year-old woman from Mexico stated that she received good and fast service at the SNAP office and that the information requested to apply is basic. Many respondents said CBOs, such as Catholic Charities, India Home, and Little Sisters, helped them apply for food stamps.

Several of the women said that during their pregnancy, healthcare professionals or hospital staff informed them about and helped them apply for WIC. Seventeen mothers (all noncitizens) across the city reported using WIC, and those who used these benefits said they were satisfied with the program. Many explained that even if it was difficult to gather the documents, people at the hospitals were helpful in filling out the paperwork and informing them every child has a right to WIC. Other women from Guatemala and Mexico said they were satisfied with the WIC office and hospital staff who helped them apply for WIC, specifically because they spoke Spanish. One woman explained WIC was convenient because it is now renewed by phone and was automatically extended due to the COVID-19 pandemic. Several focus group participants expressed the value and indispensability of safety-net benefit programs like WIC and SNAP. One participant said:

I've been using SNAP for about five months. It's a huge help, because I used to buy diapers by the unit. I would go to the store, I would buy just one, and I think that was a bigger expense. Now, thanks to that, I buy boxes of diapers for my children. That helps them too. It's a huge help.

Immigrants across the city use different services for health care and health insurance, including Medicare, Medicaid, Child Health Plus, Emergency Medicaid, and NYC Care. Nineteen of the respondents said they use Medicaid, three of whom also reported using Child Health Plus. Eight and six respondents reported using Medicare and NYC Care respectively. Two others reported using Emergency Medicaid, one of whom said it was essential to do for a medical check-up after a rape. Five respondents had private insurance through their employer or that of their spouse, and the other respondents did not specify using any health insurance plan. The majority of the people on Medicaid were working, many in essential occupations, and others had lost their jobs due to the pandemic.

"The majority of the people on Medicaid were working, many in essential occupations, and others had lost their jobs due to the pandemic."

Several of the immigrants interviewed relied on direct cash assistance from either the government or non-profit organizations. Some qualified immigrants are eligible for Supplemental Security Income (SSI), with some limitations. LPRs need to show proof of a substantial work history in the United States to be eligible for SSI. Six respondents reported benefiting from SSI, five of whom were citizens, and one of whom was a noncitizen who received SSI through her children. Six others (five noncitizens and one citizen) reported receiving cash assistance from other sources like CBOs or national non-governmental organizations.

Several immigrant interviewees had negative experiences with the application process for unemployment insurance. They described long wait times at the New York State Department of Labor (NYS DOL) unemployment office, difficulty reaching people on the phone, and feeling as if the staff at the unemployment office talked condescendingly to them. One 36-year-old woman and US citizen from India who migrated as a child said, "[When you call for unemployment] you have to wait a long time. I was waiting hours. I had a question [and what they told me] wasn't a helpful response. I think they just had a lot of applications to get through. I knew it wasn't helpful." Another US citizen from China who came to the US as an infant and was working as a manager at a non-profit organization explained her experience at the unemployment office:

That process, it's really pretty hard, for me at least. I had just left a job that was incredibly abusive and was job searching but couldn't find anything. That's already a very defeating feeling, but the unemployment office definitely found every single way to make me feel even worse about my situation. We had these mandatory job trainings, […] group meetings [where] there was somebody there who explained to us what unemployment was, how you receive it, just defining everything, but then also spoke to us about the responsibilities of using our unemployment, which I don't think [was] appropriate. ... Then [there were] also just judgy remarks about us being there with this base assumption that we're not really doing all that we can to find jobs. At that time, I had probably put out 100 plus applications. ... I don't know everyone's situation, but for my situation, [it was] really inappropriate.

Respondents reported receiving both public housing assistance and assistance from CBOs. Ten respondents, including four citizens and six noncitizens, said they received housing or rental assistance. Some reported receiving this assistance from the HRA and through specific HRA programs such as the HIV/AIDS Services Administration. Others reported receiving housing or rental assistance through CBOs such as Housing Works, the New Immigrant Community Empowerment, and Make the Road.

Many respondents reported having received help to apply for benefits. Some immigrants reported that CBOs, schools, doctors, and employers helped them with their benefits applications. However, most immigrants reported receiving help with their benefits application from other immigrant friends, family members, neighbors, and co-workers. There are strong networks of information-sharing in immigrant communities where people who have already received benefits help inform others about how to apply.

Undocumented immigrants are excluded from many assistance programs. Some healthcare workers explained that questions about immigration status are not directly asked to immigrant patients, but it comes up during intake when they are asked about insurance or at other times. A social worker at a NYC Health + Hospitals facility explained lack of insurance or lack of legal status can limit immigrants' access to treatment and resources. She stated:

> *Intake doesn't ask [about immigration status] directly, but it comes up when we get to the point where they do not have insurance. My job is to refer them to the case manager to see if they can apply. Usually when I say, "Oh, I noticed you don't have Medicaid. You don't have any [other insurance]. ... Can I connect you with the case manager?" That's when it will come up, "I don't have papers to apply." For a lot of services that I want to refer them to, [lack of immigration status] is a hindrance.*

Some service providers stated women are more willing to come forward to apply for benefits overall. This may also explain why more immigrant women were willing to participate in this study. One service provider said:

> *The reason why you found more females is because of their kids. Maybe their husband or their child's father is not there to help, so they come in to seek assistance for that help. They feel more pressure in terms of how they can support their family. … Some of them want to work, so they have to come... to the city for child care. Sometimes they don't have food, so they come to the city for food stamps. The women have to [rely] on their strength to do what they must do to provide, and maybe for survival.*

"Women have to [rely] on their strength to do what they must do to provide, and maybe for survival."

4.3. Summary of Service Provider Interviewees

CMS interviewed 16 staff members from two city agencies and three CBOs, in addition to eight healthcare providers and social workers from NYC Health + Hospitals facilities. The providers interviewed served a wide range of immigrant clients. Some worked with asylees and refugees specifically, though most interviewees served immigrants of all backgrounds. Half of the city and CBO workers interviewed provided localized services in specific boroughs, while the remaining were in roles where they assist New Yorkers in all five boroughs. The city and CBO workers' lengths of service at their respective agencies ranged from one to 37 years, with an average of 12.5 years of service. Among the NYC Health + Hospitals workers interviewed were social workers, primary care physicians, and specialized doctors from three hospitals in Brooklyn, Manhattan, and Queens. The hospital workers' lengths of service in their current roles ranged from two to more than 20 years, 11.3 years on average.

CBOs, including religious institutions, are a lifeline and a gateway to services for many immigrants across the city. These organizations provided a range of services, such as education, legal services, referral services, healthcare, food assistance, and cash assistance. Respondents reported benefitting from diverse CBO

educational services or institutions, including schools; tutoring for children; culturally appropriate job training; language, integration, and resume preparation courses; and transportation classes for adults. Some agencies like Choosing Life Empowerment Action Results provided other training, such as on decision-making skills. CBOs also assisted with immigration status and applying for citizenship, settling tenant-landlord disputes, changing marital status, and accompaniment to court. In addition, a few respondents credited CBOs for their legal rights outreach and instruction. One respondent said the "Little Sisters taught me about my rights. If someone knocked [on my] door, I would not open." Some people noted that CBOs helped them either connect with or directly provided them with healthcare and mental health services, including women's preventative medicine and therapy sessions for survivors of domestic violence and their children. One woman said she turned to a CBO for help when she suffered from an ectopic pregnancy as a result of rape. Some immigrants also said they received financial help directly from CBOs, including rental assistance, cash assistance, and COVID-relief funds. Many reported using more CBO services during the COVID-19 pandemic.

Service providers can also serve as agents of civic engagement and empowerment for immigrants. A few immigrants explained that CBOs helped them feel a sense of inclusion and connection with their communities. One 33-year-old woman from El Salvador said she felt "empowered by participating in a CBO." Others reported engaging in support groups, diaspora communities, and cultural activities through CBOs. One 58-year-old Mexican woman said she specifically appreciated that Mixteca in Brooklyn shared a calendar of events on Facebook that allowed community members to choose their activities of interest. One CBO service provider interviewed described the process of enabling clients to check the status of their immigration applications online so they could learn how to navigate the system and have a sense of agency and ownership. She said:

> *We have a lot of clients who call daily the front desk [saying], "Oh, I applied for this," and they don't even know the name of the application [or] how to check what's going on in the process. What I've been doing is, I've been showing the front desk how to walk clients through learning how to check the status of their application themselves, because it's a very simple thing. … A lot of our clients just do not know what's going on. [They are] not sure what sort of application they've applied for, and I don't like that. Especially with women, I want them to know, "This is what is going on. This is your case, and you have a say. You should feel empowered to be able to navigate the system. It's good to have community and to be able to rely on other people, but I don't want you to feel helpless."*

CBOs often fill the gaps in service provision for immigrants who do not qualify for or are afraid to use public benefits and services. As one immigrant interviewed explained, "There are undocumented immigrants, but they don't want to talk. That's a very tricky part, because they want to protect themselves." She went on to say that many undocumented people she knows have lost their livelihoods, and some have chronic illnesses but do not have health insurance. Since they are excluded from many insurance schemes and social safety nets, they turn to community organizations, such as Catholic Charities, and other religious institutions for food and other assistance.

Some city and CBO workers spoke of their personal connections to immigrant communities, which has increased their commitment to serve as champions, advocates, and guides to newcomers in New York City. A city worker, who is a child of immigrants herself, stated:

> *We came here with [an] American dream, but with no knowledge of what services were available. My family struggled for many years until I started working in the social service field. I started educating my family and extended family and friends, who were in the same boat, thinking that because we were undocumented, we couldn't ask for help. For many years, we were in that boat. Then, that became my passion, to be in the social service field, to become a social worker and be knowledgeable. The services are there, regardless of race, regardless of immigration status, regardless of anything.*

Both doctors and social workers from the NYC Health + Hospitals network were interviewed for this study. Three of the hospital workers interviewed were primary care physicians. These doctors work with patients providing preventative care, treatment for acute medical conditions or illnesses, or treatment for chronic illnesses. Two of the interviewees were specialized doctors, providing treatments such as dialysis. Three of the interviewees were social workers, who helped patients connect with services and benefits; nurses, doctors, and nutritionists; and CBOs that help them buy baby supplies. The social workers also assisted patients with their applications for health insurance; provided psychotherapy and counseling, including for HIV patients; and helped patients navigate the financial aspects of their care. The hospital workers all said they worked collaboratively to help patients with their health conditions and social concerns including domestic abuse, mental health issues, substance abuse.

Several of the NYC Health + Hospitals workers were immigrants themselves or spoke a second language besides English, which helped them connect with immigrant patients. The hospital workers interviewed worked with very ethnically diverse populations. When asked about the main populations they served, the hospital workers mentioned working with immigrants from Argentina, Bangladesh, Brazil, China (especially the Fujian province), the Dominican Republic, Ecuador, Haiti, India (especially the Punjab region), Korea, Jamaica, Mexico, Pakistan (especially the Punjab region), Peru, the Philippines, Tibet, and Trinidad and Tobago. They also worked with persons from other Caribbean states, Central America, East Asia, South America, and South Asia. Several of the providers said that 90 to 95 percent of their patients were immigrants, and all indicated their patients were linguistically diverse, including several indigenous language speakers. Many hospital workers interviewed spoke the same native language as some of their patients.

City, CBO, and hospital workers interviewed said they were very familiar with and trained on New York City's confidentiality mandates to ensure that immigrants' sensitive information is not used for enforcement purposes. Most of the social service and healthcare providers interviewed agreed their staff were well aware of how to protect immigrants' privacy. As one city worker said, "We know better than [to share sensitive information,] and [if] somebody comes from even the police department, [we tell them, 'If] you want info from us, you [have] to go through a legal department.'"

STUDY FINDINGS

5. Immigrants' Concerns about the Use of Public Benefits

Fear and other barriers prevent immigrants from using several public benefits and services. Firstly, immigrants' concerns about immigration status, family separation, detention, and deportation often dissuade them from taking up benefits and services for which they are eligible. The Trump administration's announcement of the expanded public charge rule only augmented these fears and further decreased immigrants' use of benefits and services. The gaps in coverage as a result of this persistent fear have even extended beyond the removal of this rule from the Code of Federal Registry. Immigrants' fears are often perpetuated by misinformation which is further spread by social media. Furthermore, language and cultural barriers also prevent immigrants from using benefits and services or gathering the information about available resources.

5.1. Fears about Immigration Status, Family Separation, Detention, and Deportation

Immigrant respondents, especially the undocumented and those with shorter tenure in the US, expressed fears about using public benefits due to immigration status. Some without formal documents fear deportation and detention and even fear for their lives. One undocumented Panamanian woman who came to the US as a child and was working as a pharmacy clerk said that besides NYC Care, she refused to use any

government benefits out of fear about her legal status. She explained the preoccupation about using public benefits of immigrants, and especially undocumented immigrants, in general:

> *[I don't use benefits] because I feel like an immigrant, … scared of asking for help. That's why [we] never pay attention to any [governmental] organization or any union stuff. For me, … I was scared, [of] going [to government offices] to get deported, and stuff like that. I feel like most people, they don't know [their rights] because one, they don't have access to [the] internet. Second, they're afraid of the government. Third, because even [if] they know, they don't want to risk their lives.*

City and CBO workers reiterated that both legal status and duration of stay play a significant role in whether immigrants, even those eligible for benefits, apply for them. For this study, researchers asked service providers to describe any significant differences in how immigrant groups access services and programs provided by their agencies. Recent arrivals, they reported, were more fearful than immigrants with longer tenure in the United States. A service provider said:

> *The ones who have lived in the United States more than six or seven years, they already are part of the "maquinaria." They're part of the machinery. They are part of the day-to-day basis, and they are already accustomed. The new immigrants, the new arrivals, (…) they're more lost and are more reserved and seem to have more fear to open up.*

Even when programs are designed to be inclusive of undocumented immigrants, fear can prevent them from utilizing these services. When speaking about the IDNYC program, one stay-at-home mother who has been in the US for more than 20 years explained, "At the beginning, I heard that it was a trap, but I don't think it is. … There were rumors." A social worker at a Brooklyn hospital said that the biggest obstacle that impedes immigrants from taking advantage of services or benefits is "fear of retaliation," saying immigrants "just don't want to be caught up in the system, to expose themselves to possible deportations. They keep [their] information safeguarded."

Even documented immigrants, including US citizens, expressed fear about the impact that using public benefits might have on the immigration status of their family members. A social worker who works in a hospital with Caribbean immigrants said that immigrants' fear of not being able to bring their family to the United States prevents them from accessing benefits, even benefits to which they have a right. She said that despite the new presidential administration, fear is still prevalent:

> *Many immigrants were experiencing fears about services and benefits, and many were not open about their needs as far as benefits they're entitled to or they can get because of fears. Let's say they wanted to sponsor a family here and if they were getting benefits, they wouldn't go forward even if you tell them they're entitled [to] it because of fears. ... That was a real concern for a lot of immigrants who wished to bring a family member in. They didn't want to come up in the system using benefits.*

The Trump administration's anti-immigrant stance also pushed immigrants across the country to try to legalize their status and secure identification documents in case they faced family separation due to deportation. A focus group participant recalled securing passports for her US-born children in case she and her husband were deported to Mexico. She stated, "When [Trump] came to power, we hurried up and got our children their passports. We thought, 'If we get deported or if anything else happens, we can take our kids.'"

The desire to adjust their immigration status can put immigrants in vulnerable positions and subject them to predatory services. A service provider described several clients whose attorneys filed family petitions for relatives who were not eligible for these visas. She said to one client, "This attorney knows that, and they completely took advantage of you. They charged you for the application, and they charged you a crazy fee for

them. This application is going to come back rejected, and you will have lost all that money."

The context and location in which immigrants are asked to share sensitive information is a strong determinant of their comfort level in sharing that information. While many city agency workers said immigrants did not show fear of visiting government buildings, some immigrants and CBO workers reported the opposite to be true. A Honduran US citizen in Brooklyn said, "Many people, out of fear, because they don't know, they don't go to [government benefits offices.]"

One city agency worker said that immigrants seemed more comfortable sharing information in outside settings. The interviewee described some immigrants feel more restricted at an office "because it's an official place." She further explained, "[Clients] will say, 'Oh, maybe I can tell you because now I'm not in the office.' They feel a little [more] free. They feel a little bit more of a trust." A CBO staff member said she has similarly witnessed the fear of going into government buildings during visits to Social Security offices. She shared:

> *[Immigrant clients] speak to somebody through the glass door, and they just think, 'Oh my God! They're filming me. What if they notice something that's not true, or they assume something?' I remember hearing that from a client, just afraid of being watched and […] retaliated against. I would tell my clients HRA has a non-discriminatory policy. I try to assure my clients that everything is going to be okay. I think mostly the Social Security office is scary for them.*

A social worker at a hospital who catered mainly to Haitian Creole-speaking patients confirmed this finding. She described that her clients were happy to hear that they could apply online, as it seemed less threatening than going in-person to a government office. She said, "I don't think any of them went to the office because of that fear. I saw [they were] more willing to apply for it [online]."

Many immigrants' fear of using public benefits is rooted in misinformation about its repercussions on their legal status. One immigrant woman explained that if some women are afraid to use WIC benefits, it is due to a lack of understanding about the program, saying, "People are afraid to use Medicaid, ... WIC, or [food] stamps – things I want to inform [other women about] – because there's still [a] lack of information."

Social media has made it easier to spread misinformation about the presence of ICE in local neighborhoods, which impedes immigrants' use of benefits. Several service providers shared this sentiment. One shared:

> *Social media could be a good tool but also could be a big monster. Especially (in) Sunset, I would emphasize Sunset, Roosevelt, where strong Latino communities are. They'll say, 'One of my friends reach[ed] out on a text that said, 'There's ICE in Sunset. We cannot go to[the] organization … there, because they're going to take me.' This kind of message has forced immigrants to skip appointments or avoid going to government offices where Medicare or SNAP applications are processed.*

5.2. The Impact of the Public Charge Rule on Immigrants' Use of Benefits

The expanded public charge rule developed by the Trump administration instilled fear among immigrants – even those clearly eligible for public benefits – who believed they would suffer negative consequences if they utilized them. The majority of immigrant respondents who were asked about public charge said the law was concerning. Only eight, ranging from age 24 to 73, were unfamiliar with the public charge rule. Most respondents reported the public charge rule had some negative effect on their use of benefits or they believed it would have a negative effect on other immigrants. On average, those who expressed concern had been residing in the US for 9.8 years, and six were single mothers. Some expressed frustration over why such benefits exist and are available to immigrants if they are going to have negative legal repercussions.

The public charge rule led to a decreased use of benefits among immigrants. Eight immigrant interviewees said they either stopped using certain benefits or decided not to apply for certain benefits because of the public charge rule. Most service providers (12 of the 16 city and CBO workers) interviewed said their clients had expressed fear and stopped using benefits due to the expanded public charge rule. One social worker said even though she was not sure how many immigrants went without services because of the expanded public charge rule, "It was a big thing for some immigrant communities. The fear was real." Service providers reported that immigrants began disenrolling from benefits even before the new rule entered into effect. A provider shared, "Before [public charge was enacted, there were] rumors already. [When] they were in the process of [setting] up this law, … already, immigrants tried to disenroll. … They didn't want to apply. They just asked [for] more information."

Noncitizens were much more concerned about the public charge rule than foreign-born US citizens. Nineteen of the 23 immigrant respondents who expressed concerns about the public charge rule were noncitizens. A restaurant worker with one child who lost her job decided to not apply for unemployment benefits. Three others either stopped using or were discouraged from using SNAP benefits. One 45-year-old Chinese woman in Brooklyn who is a US citizen explained:

> *When I first arrived with my two young kids (around the time of the new public charge rule), I was considering applying for food stamps, but at that time, I was about to sponsor my husband on his immigration application. My friends advised me not to apply for any social benefits. At that time, I only made a few hundred dollars per month for rent and [had] two kids. They [were] not old enough for school, and I could not afford private day care centers. I felt very bad for the kids, and I was also concerned applying for social benefits would impact my husband's immigration application. I want to share this experience and hope it could help the new immigrants.*

In a similar way, a 28-year-old Vietnamese woman in Queens working as an organizer stopped using public health insurance because she was afraid it would affect her prospects of naturalization. She recounted:

> *I was trying to apply for insurance for my family. Later on, we found out about public charge, [and thought] we were going to have [a] problem applying for citizenship. I had to cancel it and apply for different kinds of insurance. I don't know why [public charge] is in place. ... A lot of people, when they first [arrive], they have no idea –they don't know. What they want is insurance to stay healthy and all. They don't know about public charge. It's weird that it's there, and it's weird that people are not explained about it beforehand.*

Another three noncitizen interviewees decided to not apply for any benefits at all. Two others said even though they were not currently using benefits, the public charge rule would hypothetically discourage them from using benefits if they needed them. One focus group participant who immigrated to the United States in the 1970s and was a US citizen explained the discrepancy in treatment between documented and undocumented immigrants as it pertains to benefit receipt. When prompted about the effects of public charge, she said:

> *As [for] myself, I know about Medicaid and Medicare. [When] I [came] here in the '70s, I had my green card, so I didn't have [any] problems [accessing them.] Everything was different. Now, things are not [as] easy [as] before. A lot of people go into so many different kind[s] of hardship. … I don't think that, if you know that you [are] illegal here, you [should] participate in any government funding programs unless they offer them to you.*

Six foreign-born US citizens and one LPR expressed no fears about the public charge rule because of their secure legal status. However, some foreign-born US citizens still expressed fear. For example, one 63-year-old woman from Honduras interviewed, despite being a US citizen, expressed concern over using SNAP, as she

was afraid it would impact her children's green card petitions.

For many immigrants, the expanded public charge rule forced them to make difficult decisions that would affect their well-being and future. A CBO representative stated:

> *I've seen that when we screen people, they ask us, "Should I not be taking this?" They're nervous, and they're willing to struggle financially just so that they could be eligible for this one thing. Sometimes, the attorney, when she speaks to them, she'll say, "Well, maybe it's okay now, because you need this financial aid. Maybe you're just going to have to be all right with taking this benefit and knowing that in the future, you just might not qualify to naturalize, or you might just not qualify to apply for this," or just like, "Take this benefit now because you really need it, and maybe, in the future, the law will change, and so you'll be all right then." Having to give people advice like that is very difficult, because it's like they have to lose out on something, and this something isn't something that they should be losing out [on]. It should be a basic human need that [should be] met for them.*

Some people felt they needed to apply for the public benefits, even if they were concerned and living in an uncertain political climate. Among the 23 immigrants who said they were negatively affected by the expanded public charge rule, 13 others said they did not change their use of benefits, even though they were very concerned about the public charge rule and its effect on them and their family. A noncitizen 33-year-old single mother of two from El Salvador who has been in the US for eight years stated:

> *It is not known if Trump is going to continue in power. We do not know that something will change between now and tomorrow. … We are not going to stop buying anything to eat and being even poorer, because we don't even have [money] to pay the rent, and covering food [costs] is also impossible. We have to apply. I was also very afraid. Many people said they were afraid. I think you have to have a lot of faith and be very positive, because you never really know what can happen.*

The change in presidential administration had mixed impacts in the interviewees' use of benefits and outlook on the future. Some immigrant interviewees indicated feeling calmer and more hopeful under the Biden administration. One woman, who was interviewed in March 2021, said she believed the public charge rule would have had an effect on her during the Trump administration but did not fear the rule anymore after the Biden administration had rolled it back. A focus group participant from Haiti explained the difference she felt between the Trump and Biden administrations. She said she believed one should work to receive benefits, but if someone has contributed, they should be protected, which she believes the Biden administration will do. She explained:

> *For me, it's two different government[s], Trump and Biden. Trump wasn't in favor of us poor people, but Biden is in favor of us. Like me, I've been working for 23 years, and I got sick. I'm on disability. They offer[ed] me everything, because I've been working for 23 years. It's two different government[s] now. … For me, you have to work to get something in this country, [but] don't be afraid if you are sick. If you are a green card [holder], go straight to [an] NYC hospital. They educate people about that. Don't be afraid.*

On the other hand, a few immigrants expressed reservations about using public benefits despite the change in administration. One said:

> *Yes, I'm aware the public charge act has been rescinded by the Biden administration, but people still think it is not safe. People will tell you, 'Yes, but you never know when [the rule could] come back.' They say they don't want to jeopardize their chances of bringing their children, so they want to focus on the bigger picture as opposed to some money.*

The expanded rule impacted even immigrant groups who were not covered by the rule. One service provider spoke of an immigrant client who signed up to serve as a financial sponsor for a family member seeking a green card and asked the provider not to enroll their relative in a public benefit program for which they were eligible. In another instance, a service provider recounted a case where a mother was afraid her US citizen children would be impacted in the future for having used food stamps, saying:

> *She's an immigrant. Her husband and her, and [her] two American citizen [children]. The husband died due to COVID. When she applied [for food stamps,] she really didn't want to apply. She was under the impression that also her kids are going to be penalized and they're going to have to pay this back when they grow up. Because she doesn't have any status, she was afraid. If she want[ed] to apply, she could, for the kids. …I had mentioned to her [what] the requirements [were], which [were] proof of income and address, and she said that she will get a letter from the employer, because that's part of the requirements. When she asked for the letter, she got fired. She was just so devastated, because she was at her wit's end. I called her, and she said, no, she didn't want to be bothered. She was just so frustrated and devastated, and she just let it go.*

Immigrants were showing reluctance to receiving fee waivers for green card and naturalization applications out of fear of the expanded rule. In another interview, a service provider explained certain immigrants could apply for their green card or citizenship with a fee waiver. She said:

> *In order to qualify for a fee waiver, you have to show that you don't have enough income. Most of the time, people will show a letter that they are receiving SNAP or Medicaid, and then when Trump came to power, people start[ed] talking about the public charge, and refugees or asylees were afraid of using [fee waivers.] Even though our agency was [saying], "If you are on Medicaid, we can help you to do the fee waiver," or "if you're receiving food stamps." They would say, "No, no, no, I'm afraid I may be deported if I take this service."*

In another case, a service provider told of an immigrant who was willing to delay the process of adjustment until they could save enough money to pay for their filing fees, even though the family was already eligible to apply for fee waivers. She recounted:

> *I have a family of four [clients.] …First of all, they refused to receive SNAP, because the mom was afraid that [would be] a part of public charge. When they came to apply for [a] green card, I had to talk to [the mother] a few times to convince her that the fee waiver will not affect her children's green cards. But in the beginning, ... she wanted them to work hard so they [could] get money to pay for their green card.*

Many immigrants were misinformed about what benefits counted as a public charge. Among those who were familiar with the law, many people expressed a lack of clarity of the specifics of the law, such as who it would affect, in what capacity, and what benefits would be counted. Six immigrant respondents said they knew about the public charge rule but felt unsure about how it would affect them, some because they lacked knowledge or understanding about the rule or because they received mixed information. For example, a 30-year-old Mexican woman who has been in the US for 15 years said she received conflicting advice about whether or not Section 8 housing assistance counted as a public charge – some who told her the rule would affect her and others who told her the opposite. Another 38-year-old noncitizen mother-of-two from Guatemala worried her children would eventually have to pay the government back for the benefits she used. One city worker interviewed described that green card holders also misunderstood the implications of the expanded public charge rule would have in their cases:

> *I even had people, green card holders, who didn't want to apply for services because they*

were under the impression that applying for any type of public service would [make] you not eligible to become a citizen. Again, this was word of mouth from other people, 'So-and-so' said that when he went to go try to apply for citizenship, he was denied because he had food stamps," [but] "so-and-so" neglects to tell you that he also had a criminal case or something like that.

One noncitizen man from Mexico who worked in construction and has a health condition needed to use emergency Medicaid. During the visit, he was particularly concerned about the legal repercussions of the public charge rule, even though the hospital staff assured him it was a city program and not a federal program which may harm him legally. He lacked the necessary information about the law:

Right now, with what was happening in public charge, ... we do have a lot of doubts. ... I would not want to have that type of charge. When I applied [for Emergency Medicaid], I told [the hospital administrator] that I was willing to pay. Right now, I feel good, but sometimes things happen, because of not checking in on time, but my concern is whether in the future [using Emergency Medicaid will] affect us.

Even though Medicaid in emergency situations was not considered a public charge under the expanded rule (USCIS 2021), another provider said her number of clients dwindled when more information about public charge came out, and more clients were reluctant to apply for Emergency Medicaid.

Some lawyers who were not well-versed in immigration policy may have spread misinformation about the public charge rule. Two service providers said some lawyers might not be familiar with public benefit eligibility or might otherwise provide incorrect legal advice which could deter immigrants from applying or receiving benefits. For instance, a city worker stated:

I think that a lot of these lawyers have also been ill-advising their clients. I think that they are not very well versed also on the public services available to the immigrant population. I think that we just need to be more transparent and more informed. Because now I'm not really seeing a lot of undocumented people, but before, a lot of them were saying that they were even being advised by their lawyers not to apply for public services because of the public charge. It was more people telling me that they were being advised legally not to do so than not. I don't think that it was something that the lawyers were doing maliciously. I think that they weren't informed enough, and because of that, they were misinforming their clients.

Some service providers also believed social media has made it easier to spread incomplete information or misinformation about the details of the public charge rule. Two service providers mentioned that fear was already present among the immigrant community before the expanded public charge rule, yet the fear increased during the Trump administration. One of them said:

For some clients, that fear was [present] even before [the public charge rule,] but most of all, we have noticed that with the presidency of Trump, that's when it became public [information], and there was so much [information shared] about that, and the clients started backing off. They would not want access to [benefits].

Another service provider shared:

Public charge has been like a silent monster, that somebody [now] woke up, but it has always been there and just [is] roaring more because of social media. […] The public charge has always existed. It has never been promoted the way that it is now. Really people were not paying attention or were not really listening until now that the news

[puts on] a big propaganda in saying, "Public charge, public charge," and families are like, "Oh, what is that? Wait, I have never heard of that. Oh, this affects my immigration status? Oh, I can't do that."

"Public charge has been like a silent monster, that somebody [now] woke up, but it has always been there and just [is] roaring more because of social media."

While the Trump-era public charge policy was in place, service providers played an important role in guiding, informing, and protecting immigrants. Both immigrants and people giving legal advice to them may not be aware of the benefits to which the immigrants are entitled. A city worker stated the importance of locating a worker who is willing to go the extra mile for an immigrant saying, "Our services are out there. [You] just have to search, and hopefully, the right person will help navigate that family the right way. [You] just [have to] ask the right people and then find a worker who wants to go the extra mile." A directory of CBOs for immigrants published by the New York State Department of Education lists 129 organizations which serve immigrants across New York City by providing services related to advocacy, community engagement, housing, legal services, and others (NYS Department of Education 2019). During the interviews, some service providers spoke of the lengths to which they had to go to explain to immigrants about the public charge rule. A service provider said, "We try to assist them to get the coverage. We have to tell the truth. We cannot make the decision for them." One city worker said he relied heavily on the MOIA's legal service hotline, ActionNYC, when immigrants expressed concerns about the public charge rule.

Immigrants sometimes heeded the advice and reassurance of CBO staff and applied for benefits, and other times they did not. In some cases, immigrants returned to apply for the programs. The same service provider who advised her client to call the ActionNYC hotline said her client did call the hotline and received information; called her back; and decided to apply for Emergency Medicaid and NYC Care afterwards. In other cases, immigrants decided not to proceed with benefit applications despite receiving information from this legal source. Another service provider explained, "We would connect [some clients] with ActionNYC. They would be explained about public charge. Some of them would want to [apply for benefits afterwards.] Some of them still would not even trust [the hotline.]" Service providers give professional advice and guidance to address the concerns of immigrants, as illustrated by one service provider's case. She had to move out of her house because a family member had contracted COVID-19 and began to question what she would do if she contracted the virus as she was uninsured. When the case manager told her about Emergency Medicaid, she was hesitant, because of the public charge implications, but in the end decided to apply.

5.3. Language and Cultural Barriers

Eleven of the 16 service providers interviewed reported language was the main obstacle for immigrants to receive public benefits, despite the city's efforts to provide translation services. New York City offers an agency-mandated language line that makes communication between workers and clients easier. A city worker described the translation line as "a great resource, to be honest, because before if I had somebody who spoke a different language, I wouldn't have been able to—But we have the language line so that makes a great difference." However, translation lines are imperfect.

Some service providers spoke about the difficulties that certain immigrants who speak dialects face in accessing interpretation services. New York City is home to residents who speak at least 102 languages and dialects.[8] Providing a translator line that offers this number of dialects is an ambitious task. Some service providers spoke about the difficulties that certain immigrants who speak dialects have in accessing

8 According to custom data provided by HRA.

interpretation services. A CBO worker said that many of her clients feel scared or not confident because of language barriers, and that translation services at HRA, Social Security offices, and unemployment offices are imperfect. She said when the translator's dialect differs from that of the client:

> *[things are] not addressed properly. Also, the clients have a lot of emotions, a lot of backstories. If a client wants to express that, maybe [by telling a] backstory [to] help them get the benefit faster, when they receive that translation, it's like getting to the main point and that's it. This could be problematic because maybe the actual HRA worker will not take that client seriously.*

She illustrated:

> *I will have an Egyptian client who would speak to [a translator] who's speaking in Syrian Arabic. They both understand each other, but not everyone [understands each other perfectly.] This translator will understand the Egyptian, but not always [will] the Egyptian person understand the Syrian —[only] rarely. [For the] clients who are Yemeni, it's hard for them, especially the ones who are not too familiar with other dialects. It might be hard for them to speak to the translator. Even the translator will not understand Yemeni. There [are] dialects like the Yemeni dialect [that are] very hard. [For] the North African [dialects] like Moroccan, Algerian, it's extremely difficult. Someone who is multilingual will understand the North African accent ... Even the translator would tell me or tell the caseworker, "I don't understand this person. I don't understand his dialect." I think I heard that over 10 times.*

HRA has witnessed that sometimes this mismatch comes when a client incorrectly specifies their native language, for example saying they speak "African French" as opposed to Mandinka or Soninke, or saying they speak Spanish as opposed to Quechua or Mixteco. Three service providers shared that they have some difficulties with the translator line with specific dialects. Some clients said they have had to reschedule their appointments until a proper interpreter is located. HRA employs Language Line Solutions with 14,000 interpreters available through the phone and provides Low English Proficiency Training to its staff which includes information about what to do when an interpreter and the client still do not understand each other. However, sometimes immigrants may fear that an interpreter will not understand them, even if one is available. A city worker who serves mainly African immigrants with rarer dialects said often they do not come to appointments, because they believe no one will understand them. She expressed, "I think that barrier is always there, because they feel afraid that they will get arrested, or they feel afraid that people will not understand them."

However, a few service providers interviewed also believed the success of the interpretation line depends on the cultural sensitivity of some city workers. One interviewee who works at a CBO stated:

> *Civil servants need a lot of cultural sensitivity, because I have gone with [clients to HRA appointments,] and I have received [cultural insensitive treatment] too, as a worker, even with my (CBO) ID. I'm not saying everybody [is culturally insensitive, nor] saying that this is every time I go, but I said that in instances, I have been treated rudely too.*

Immigrants recounted experiences with city workers where they have felt unheard and at times disrespected due to language and cultural barriers. Another CBO worker said she has encountered instances where interpreters can be curt with immigrant clients, who want to provide context to help their cases. She shared:

> *I did notice just recently, I was translating for a client and the caseworker didn't even want to hear the client, because the client [would sometimes] stutter, get nervous, or ask for more clarification. It just [takes] more time, so a lot of these reps would hang up on me or*

hang up on the clients. A lot of [HRA] reps would just be aggressive in their speaking. They wouldn't [make] eye contact.

A CBO worker interviewee said some of her clients "don't want to go to HRA. …When they go, the workers [have] a very poor attitude, no customer service attitude, but a very angry attitude at them. The [immigrant clients] feel that they're not being respected, so they decide not to go back to HRA, because their experience at HRA has not been a favorable [one]: due to language barriers, attitude, and cultural sensitivity."

Interpreters sometimes do not take into consideration the educational level of immigrants needing interpretation. A few service providers explained that even when their client and the interpreter speak the same dialect, sometimes the client does not understand, because the interpreter is using advanced vocabulary or terminology with which the client is unfamiliar. One city worker who works with African communities described:

When it comes to educational barriers, you find among the younger folks [some who are] not literate. ... When they come here, they […] get that complex. Once that complex hits in, they feel [ashamed] or shy to go out, because they don't want someone to know that they don't know or [that] they are not educated ... to fill [out] the form. Just [a] simple form, some of them don't know how to fill it [out]. They need help. All those things make them [feel] shame.

The move of applying for benefits online has had mixed effects, due to different levels of technological literacy. On the one hand, some immigrants lack access to computers or technological knowledge, so they are not able to navigate applications or online portals easily. A CBO worker stated:

Now in the social media world and in the online and virtual services, they're asking a lot of clients to use applications on their phone to apply for services. Sometimes clients are computer illiterate, or they need more literacy skills ... in order to do applications. ... Sometimes, people don't have the capacity. They don't know how to navigate the phone in order to attach a picture to the online services, [such as for] vital statistics.

For this reason, prior to the pandemic, the DSS Outreach workers routinely held office hours at community locations including senior centers, libraries, schools, CBOs, and community health clinics. Some immigrant interviewees, however, reported more satisfaction with the ease of being able to apply for benefits — particularly unemployment benefits— online. A focus group participant also shared relying on an app to submit requests for SNAP to avoid visiting the city office was helpful. She said:

If you don't want to go there, you can submit your documents via an app. It's better that way, because sometimes the people who work there can treat you well or they can treat you badly. Sometimes, if we have doubts, we ask for someone who speaks Spanish and sometimes they don't want to help us, but now, with the SNAP application, it's much better [online.]

Cultural differences, such as gender norms, may impact the applicant's comfort level with interpretation lines or applying for benefits in general. One service provider explained:

My experience is that sometimes our clients, even though you put a translator on the phone, and HRA uses translators on the phone, they don't feel comfortable. Women may not feel comfortable talking to men if they're in a case of domestic violence. That in itself is a factor where sometimes it's very, very difficult to know who's going to call you and what translator comes on the line and how the dynamic is.

Two service providers described South Asian immigrants as less likely to look for help, and that Bangladeshi women in particular will not apply for benefits before seeking the husband's approval. Another provider stated that Latina women are more willing to seek out benefits, and they will apply and just inform their husbands after the fact. He said, "Latina women [go] the extra mile to get services because they want to help their families, and that's the way to contribute to the family." These observations are based on anecdotal experience, and not based on application data. Thus, they include the interviewees' personal biases.

Cultural stigmas around use of public benefits also prevents some immigrants from seeking assistance. One elderly 74-year-old man from Bangladesh explains why he chose not to use SNAP benefits:

> *We became citizens in 2000, but then I never applied for SNAP or anything, because firstly, I didn't know, and secondly, I didn't think it was wise to ask for it. Most of the Americans will not understand that coming from a background like Bangladesh, we think it is below dignity to go for the government and city assistance like this —that a reasonably self-respectful man should not go for help as long as they can manage. We managed it some way or other. ... Going for government assistance, for us, it was a stigma, some sort of begging.*

Even despite facing hospitalization for COVID-19, another Bangladeshi man who is a US citizen in Queens said even in the face of severe hardship, some immigrants are culturally disposed to not accept public benefits. He explains, "I don't know ... [if] you'll understand this, [but] coming from the cultural background that we come from, normally we will starve, but will not beg. This is the sort of people we are. We have some financial hardship, of course, but then we have tried to overcome it."

6. Immigrants' Concerns about Using Public Health Services

Immigrants overall have had positive experiences with New York City hospitals. Of the 75 immigrants interviewed, 50 said they had been to a hospital in New York City, five said they had not been to a hospital in the city, and the remaining 20 did not specify. Of those who spoke of their experience in the hospital, 28 out of 37 said their experience was a positive one. Specifically, respondents mentioned going to the Queens Hospital, Bellevue Hospital, Elmhurst Hospital, Gouverneur Hospital, NYU Langone Hospital (formerly NYU Lutheran Medical Center), Saint Luke's Hospital, and other non-specified public and private hospitals. Many immigrant women interviewed mentioned using the public hospital system during their pregnancies.

Overall, immigrants expressed less fear about going to hospitals and health clinics than they did about visiting government offices or using public benefits due to their immigration status. However, some concerns pertaining to immigration status remain, in addition to other barriers such as language and cultural barriers, discrimination, and concerns about costs, which prevent some immigrants from receiving the healthcare they need. These remaining fears could be lessened with more clear information about healthcare access.

6.1. Fears about Immigration Status, Family Separation, Detention, and Deportation

Many service providers said fears caused by rumors about ICE may have initially prevented people from using hospital services. Several hospital workers said even though ICE enforcement officers never came to their hospital looking for a patient, many immigrants were afraid to access services around the time of ICE enforcement actions. One social worker that works with Creole-speaking immigrants witnessed a steep decline in visits when ICE activity (or rumors about it) circulated among immigrant communities in 2018. She stated:

> *You remember before the pandemic, there was this big wave with ICE? I lost so many of my patients [who] just stopped coming. Some of them were really, really sick. They just stopped. I had one lady that I had connected to so well. She came here about 20*

years ago, a nurse in her country, Jamaica. ... Her intention was to bring her children over. Something went wrong, and her paperwork didn't go through. She didn't see her kids in 20 years. She hasn't gone back. I tried to work with her. There's not a lot we could do, and then when ICE came, she disappeared on me —no phone calls, no returning. A lot of them stopped, but then they came back after reassurance, but I lost her for good, and that was hard. The clinic was a ghost town around that time. I don't know if it was true, or people were [just] so fearful. People were just scared to leave their house. At one point, it wasn't confirmed, but they said that ICE was actually here at [the hospital,] because there was such a huge immigrant population, that they were actually here rounding people up. I didn't see it. This is what was shared, and clients just stopped coming. … [For] those who were on medication, those that needed to be seen, they weren't answering the phone. This went on for like two or three months, and then slowly as I guess it stopped in the news, they started coming back.

She added that despite encouragement from the hospital staff and reminders from the hospital's leadership that they could trust the hospital, many patients preferred to stop treatment: "It's sad. As much as they trust us and know that we had their best interest [at heart], they're not chancing it. How do you know for a fact that my trip from here to my home, to here, I can't get picked up? That was a big thing. We saw the attendance drop terribly."

One primary care physician in a hospital said even though her total number of immigrant patients did not decrease during the Trump administration, some patients wanted to stop treatment or seek virtual treatment out of fear. Specifically, she said her Chinese patients were afraid to come in because of fear of ICE stopping them on public transportation:

What would happen after 2016 was sometimes you would hear the patient, the ones who kept their appointment might just want me to call them. Instead of showing up, they would prefer me to call them. … [T]here were a lot of rumors going on that ICE is just stopping buses and pulling people off randomly. There was a lot of fear there. Again, even before Trump, a lot of my patients were part of a migratory workforce and would rely on these Chinatown buses to get to and from the city. People were afraid to take those buses.

Another primary care physician at the same hospital said he saw a drop off in his Chinese patients making follow-up appointments during the Trump administration. He said that many of her patients go out-of-state for a few months at a time to work, and they were afraid to travel back to New York City out of fear that ICE would stop and detain them on the bus.

Fear of ICE may prevent immigrants from attending information events about public health. Another service provider shared about an incident when allegedly ICE was near a health fair. When participants learned about their presence, there was chaos during the hospital's public education event.

Service providers had to step out of their regular roles to provide the services that the community needed, such as help with immigration forms. The anti-immigrant rhetoric during the Trump administration drove immigrants to try to secure a safer immigration status to ensure protection in the country. A social worker at a hospital described having to fill out citizenship applications due to the overwhelming demand from her patients. She said:

A lot of my clients came running in asking to do two things, 1) to see if they can get a new TPS [Temporary Protected Status] application, which I had explained to them that was not how it worked, and 2) [for] a lot of them, to be honest, who had sat on not being citizens, the request for citizenship application soared. I was doing it until I was exhausted,

because even though I have a case manager to do it, we helped them along, especially the Creole-speaking ones. So, the psychiatrist and I, we were doing many applications around that time, because a lot of people felt like if they could secure that, they were safe. A lot of patients came begging to have citizenship forms done, so we were just doing it. … We were working overtime getting that done. Happy to say that the majority of them went through. I don't think anyone has gotten rejected, but it was a wave.

Fears regarding immigration status instilled by the government may inhibit efforts to control the public health situation during the COVID-19 pandemic. Several immigrant interviewees said they would be hesitant about giving the names of people who were undocumented to contact tracers during the COVID-19 pandemic, for fear of legal repercussions. The majority of respondents (40 people) said they would inform the city government about their close contacts for contact-tracing efforts in the event they contracted COVID-19. Many described contributing to contact tracing as socially responsible and a moral obligation, but others were hesitant to release others' private information. A Mexican man said he would (hypothetically) cooperate with contact tracers from hospitals, but not other government agencies. Among those who were hesitant, and even among those who said they would report their contacts to contact tracers, several people noted they might not inform the government about any of their contacts who are undocumented. One Peruvian US citizen expressed her reservations about disclosing the information of undocumented immigrants, saying:

People are getting deported. They shouldn't be getting deported. I just think that laws are messed up. My partner is a public defender, and she defends people that are sometimes in ICE custody. It just sounds like the most horrific thing. If there's any chance that somebody could be put through that torture, I wouldn't risk it [by telling contact tracers.]

Several hospital workers said undocumented immigrants often let their ailments go untreated out of fear regarding their immigration status, and as a result their conditions become emergencies. This trend was exacerbated by the Trump administration's policies, but is improving under the Biden administration. One social worker at a public hospital said:

Now (that Biden is in office), people are freer to come to the hospital, but they are still hesitant about applying for benefits. [During the Trump administration,] most of them were not even coming in. We were begging them, "Come receive care," because they [wouldn't] come. What they were doing then [was] mostly using the emergency room. The emergency room was busy because they'd wait until they got really, really sick. By then, they dial 911. Then they bring the patients to the emergency room. Even if the doctors give them a follow-up appointment, they wouldn't come. But now it's changing. People are being encouraged to make appointments, to come get their care, and they are changing.

Even if they are initially hesitant to reveal sensitive identifying information to healthcare providers, immigrants begin to trust their healthcare providers over time. Some immigrants said at first, they feared giving their personal information to hospital workers would impact their own immigration cases, including family reunification cases, but hospital staff said they did not see these fears persist for very long. One social worker at a public hospital reported that immigrants may feel uncomfortable answering questions that reveal immigration status saying, "Maybe at the first intake stage, and they haven't gotten to know me yet but usually, what I do get is that they're eager and want the help. I don't get much of just not wanting to." In other cases, healthcare workers report seeing apprehension from immigrants at initial intakes, but the need for help outweighs their apprehension.

Some immigrants were misinformed about what services they could access without documentation. Only one person noted concerns about going to clinics and hospitals because of her immigration status, but she said this was due to a lack of or misinformation about her rights. She said a friend of her husband told her

she could not be pregnant in America because she was undocumented and the costs would be exorbitant and she would risk deportation, but later the social workers at the hospital informed her about WIC and that her documentation status would remain confidential. She reported later feeling safe going to clinics after she was informed.

Hospitals overall did a good job at educating immigrant patients about their rights and reassuring them of the confidentiality of patient information. Most hospital workers reported this to be the case. One social worker at a public hospital explained the hospital took quick action to inform the hospital staff and educate patients about immigrants' rights when the ICE raids were happening frequently. She said only for this reason immigrants' trust in the hospital did not wane during the raids.

Not only does immigration status indirectly block immigrants from healthcare by instilling fear, it can also be a direct barrier to receiving certain services. Immigration status determines whether an immigrant is eligible for financial assistance to access healthcare, which a lack of often prevents people from seeking care. Some healthcare services may be out of reach to undocumented immigrants due to the steep costs (Rizzolo and Cervantes 2021). For instance, federal law bars undocumented immigrants transplant services, but they may be available if a state plan provides for the coverage of such services. A few healthcare workers explained medical treatments such as kidney transplants were not provided to undocumented immigrants, even those who are on dialysis, which led to kidney failure in some cases among her undocumented patients. In the 2021-2022 legislative session, New York State considered Senate bill S. 2545, which would grant medical assistance eligibility for kidney transplants to undocumented New Yorkers.[9] One hospital worker also said he sees immigrants who leave the country to seek treatment back home.

6.2. Language and Cultural Barriers

Language differences were less of a barrier at public hospitals than in other public spheres. Overall, immigrants said their experience at the hospital was positive especially because of good interpretation phone lines or having a doctor who spoke their native language. A native Chinese-speaker said the translation services at hospitals were better than for other public services, such as at public schools, for example. A Mexican woman said before getting her green card and obtaining insurance, she would go to a NYC Health + Hospitals facility for affordable healthcare. This hospital network, she said, had many Spanish-speaking nurses and an interpretation line.

Cultural similarities often helped immigrant patients feel comfortable with their healthcare providers. A Korean man said, "I had had an accident before [the] corona pandemic broke out. My psychological therapist was Korean, so there was no language problem with him, and he also seemed to share similar experiences with me. He helped me a lot." Another Chinese woman stated she had a good experience with health care, "because clinics in our community are mainly run by Chinese so they treat [her] well." Despite these positive experiences overall, some immigrants interviewed said there was still room for improvement in the hospitals' translation and interpretation services.

Despite the translation services available at hospitals and clinics, language barriers remain a problem for some people due to lack of availability or other limitations. Many hospitals provide translation services over the phone, but several immigrants noted that the translation provided was not adequate and was not provided throughout the entirety of the process. A Bangladeshi worker at a non-governmental organization said despite translation services, he felt he could not properly communicate with hospital workers. One Chinese woman in Brooklyn felt similarly saying, "I have been to hospitals twice in the last 10 years and

9 The S. 2545 bill introduced by Sen. Gustavo Rivera is in the Senate Health Committee as of January 2022. S. 2545, Reg. Sess. (NY. 2021-2022).

nobody would help me ... When you are with the receptionist, there is no translator. With the doctor, they will use the phone to get a translator, but it's not 100 percent guaranteed." Several doctors at metropolitan clinics reported language was a big barrier for their patients, and that translation services were imperfect. A primary care physician from a NYC Health + Hospitals facility said that the language barrier is a problem for his Chinese patients trying to make appointments:

> *Obviously, besides English, there's a lot of Spanish language material, work, but not so much in Chinese in Mandarin. Getting through to get an appointment, just to get that initial establishment of care, I think is a big roadblock for people ... I'm not sure how friendly it is for someone calling from the outside trying to make an appointment with the operator. I don't know if they are able to pass it on to someone who speaks the same language.*

Another primary care physician explained that some details may be lost in translation, saying:

> *Some patients have a harder time with the translation, because you have to speak in shorter sentences first, because you have to give the translator time to interpret or interpreter time to translate the details, and it does take longer for the visit. I think sometimes you could lose things in the translation, but it's hard to know what is lost.*

The interpretation and translation services at hospitals are better than in the past. Some immigrants said despite long waiting times and other limitations, foreign language services are improving. One Korean man said he still struggles to understand hospital workers, but their translation services are much better than before. Another Mexican woman who had been in the United States for 23 years said modern technology has made interpretation services much more available than in the past. She explained, "When I request a translator, I have to wait. At the hospital, the wait was very long before. Now it's better, because there are translators by video call or phone. Doctors are also trying to learn one's language." Others who had been in the United States for many years shared similar sentiments.

Stigma around mental health continues to exist in some immigrant communities to their detriment. Mental health issues have been exacerbated during the COVID-19 pandemic, but some immigrant communities are hesitant to seek help, according to some service providers. One service provider spoke about stigma in the Asian community, saying:

> *There's a huge stigma in the Asian community about mental health services and seeking mental health and seeking services for things that they feel that they can't control. That's one of the things that we try to work on is providing education —that this isn't normal. It's a world event or the pandemic, and feeling depressed, feeling isolated, or feeling anxiety, in general, is a very normal thing for us as human beings. It doesn't make you crazy. It doesn't mean that you're cursed or anything. It shouldn't be shameful.*

Mental health is often not a priority for immigrants when they are struggling to figure out their shelter, food, and work situations. The same service provider continued, "Mental health is not something that is on [the] top of their list. If they have the money, they're going to spend it on food, rent, utilities, their children, … not on mental health."

6.3. Discrimination

Many immigrants report linguistic, racial, or cultural discrimination when receiving or considering healthcare services. One Chinese woman explained feeling that she could not stand up for herself in the face of discrimination because of language barriers. She said:

Some [hospital workers] are good and some are bad. Both exist. Bad experiences are bad language communication, so some people are cold (callous). If they have a bad attitude, I could report them if I [spoke] English, but I don't, so maybe that's why they don't treat me well. Probably another reason is discrimination since I am Asian and Chinese.

One Bolivian man recounted how he was physically kicked out of a hospital by a security guard due to a misunderstanding over language and due to ethnic bias:

I felt a pain in this part of my stomach. I didn't know what it was, and I went [to the hospital]. That is the problem that [some]one —as a Latino—faces. It happened to me that I went to the hospital and [the security guard told me I couldn't] talk on the phone. I was in the hospital, because I wanted to be treated for the pain. He told me that I could not be there, that I [needed] to go home, that we are in a pandemic, but I told him, "The lady told me to call that number. I was calling the number that you all gave me." The guard was so harassing that I went to sit on the seats there. I was calling the number that they gave me to make the appointment, and he did not even let me speak on the phone. He took me out. I was grabbing my backpack, he pulled me [away from] the backpack and led me outside. He dumped me. That happens.

One woman from Trinidad and Tobago said she believes she received sub-par information and treatment because of the color of her skin. She recounted:

This [type of infusion] was available [for immuno-compromised COVID-19 patients.] When I first found out I was positive [for COVID-19], I called the office [of my internal medical doctor.] Why wasn't I told ... that people with underlying conditions, if they're having a problem dealing with COVID, could be administered the infusion? ... They didn't tell me about it. I'm like, "It could be the color of my skin." I bet if my skin color was white, that ... I'd [have] got[ten] this infusion called bamlanivimab [given] to those who [are] immuno-compromised. … I had to ask for it. ... [My doctor] should have been able to say, ... "There is something available if you're having problems. We can give it to you." … She didn't tell me. Nobody told me anything about it. I got that infusion on the tenth day, the very last day that I could have got[ten] it. If you let somebody [who's] immuno-compromised get beaten down by COVID, by the time the 10 days is over, the person [is] going to have an issue when they recover because you let their body be beaten down. It didn't matter if I was [my doctor's patient for] 5 years or 15 years, I felt totally discriminated against.

"Especially when we go to the doctors with kids, we worry about being discriminated against by other ethnic and racial groups. We worry about giving kids the impression that we are inferior to other people."

Immigrants said that their apprehensions sometimes resulted from being made to feel inferior at hospitals. One woman from China, who is a US citizen and has been in the United States for 15 years explains the stress she feels going to hospitals:

When we have emergencies or urgent conditions, I worry about bad attitudes from the doctors or nurses if we go to the emergency room. It's already stressful to be sick, [and] suffering sarcasm is just even worse and causes lots of mental pressure. Especially when we go to the doctors with kids, we worry about being discriminated against by other ethnic and racial groups. We worry about giving kids the impression that "we are inferior to other people."

Another woman from Grenada explained the condescension she felt from medical health professionals:

> *People look at you like, "Why are you here?" or they give you that stigma. I don't like that. I try to avoid that. It's more or less a stigma thing, and I don't like it. … To avoid that altogether, I would just walk away and go to the next place just to get help. That's who I am … It was not the doctor, not the person who registered you. It was mainly from the nurses. I was like, "You know what? It's sad, because we may not be from the same country, but we speak the same language. What's the difference between what you're doing and what I'm doing?"*

In some cases, fear of racial discrimination deters immigrants from getting the healthcare they need. One woman from Mexico expressed similar fears about going to clinics. She said, "I felt a little safe going to the hospital, because I had been to the CBO before I had my children, but I still felt fear. I was mostly afraid to be discriminated [against] at the clinic for being Hispanic. That was my fear. I wasn't sure that my baby and I would be fine." Some Asian immigrants feared going to the hospital due to the anti-Asian attacks that were spurred from anti-Asian sentiments during the pandemic. Two primary care physicians at a NYC Health + Hospitals facility said their Chinese patients were hesitant to come in out of fear of taking the subway, due to discriminatory and hate-induced attacks against Asian populations.

Gender bias by medical health professionals, especially in contexts with differing cultural gender norms, can also be a barrier to receiving proper treatment. One Middle Eastern[10] woman explained her experience with gender bias with some male doctors. She explained:

> *It's like they don't view women as having valuable time. That's my interpretation, difficulty in language and communication. Clearly, I speak fluent English, but even with that, I was asked all the time to repeat [myself]. ... The gender bias, the male doctor is not bothered by the woman's complaint. He doesn't want the woman to go on and talk. They silence you. They don't want to hear you. I think it's gender bias. It's as if the talk of a woman is [a] trigger or something.*

6.4. Concerns about Costs

New York City launched NYC Care in 2019, which provides access to low-cost or free healthcare at all NYC Health + Hospitals facilities across the city to all New Yorkers regardless of immigration status. Although this service has been available to uninsured New Yorkers even before the launch of this program, immigrants, particularly the undocumented, still express concerns about accessing medical healthcare due to its potentially prohibitive costs. A healthcare provider explained:

> *When they first come, they are worried. We do have a system where they see the financial counselor immediately after they see us. Sometimes before they see us. It's like, "How I'm going to pay for this." We tell them that we have financial counseling programs, and they will help them with that. The ones that are worried are the new patients coming from the Emergency Department to follow up because they fall on that period where they just don't know what to do.*

Immigrants do not prioritize healthcare out of fear of losing their jobs. Healthcare providers said this is a recurrent phenomenon among their patients. One healthcare provider stated:

> *We see a lot of patients who are working and really can't lose their jobs. They can't be in a*

[10] She did not want her nationality disclosed.

hospital for three days, four days, or they'll lose their job, because they have jobs that are often expendable. They'll want to leave. They'll say, "I'm here for about six or eight hours." They say, "I have to leave against medical advice. I can't lose my job." They, their families, whether the families are here or elsewhere, are very dependent on money flowing to them.

Another healthcare provider echoed a similar observation:

We have different types of people, but they're all working these community jobs and they don't have sick days. I always tell my learners, "Just remember. These people don't have a paid sick day. When you're telling them, be mindful of it." They can't just think, "I'm calling [in] sick next week and coming here." That's another issue. I feel the follow-up and the outreach and knowing how to outreach a patient and make sure they come to their appointment. That's our main challenge.

Healthcare providers reported some immigrants may be relying on services at the emergency room (ER) for medication refills or ailments which could be handled through regular doctor's appointments. Visits to ERs cost much more than preventive care visits (Goins, Ledneva, and Conroy 2014).One healthcare professional said throughout her career, she observed that immigrant patients, both insured and uninsured, do not know how to navigate healthcare systems and rely on emergency rooms. She stated:

They are just not aware where to call, how to schedule [an] appointment, how to follow up. When we see them, our nurses go detailed, everything, they mark, highlight, they give them [a] list of appointments. They give them everything in detail, [but still,] they don't know how to initiate care, so they go to the ED [Emergency Department].

Most of the focus group participants described being familiar with how to obtain low-cost health services. Seeking health services can drive immigrants to visit ERs which can lead to exorbitant bills. A participant with less than two years of tenure in the United States expressed her struggle with finding her footing in her new country. She faced a $3,000 invoice from a public hospital after visiting the ER due to a toothache and did not know how to pay for it, particularly when she was unemployed. She shared, "I'm afraid to go to a hospital if something happens to me. If it happened with a tooth, I don't want to imagine what they'd charge me for a general medical issue. That's why I feel lost sometimes. I might not know where to go, whether I should pay a smaller [amount], or what to do to get healthcare if I get the flu or an ache." Length of residence in the United States and access to a network impact the accessibility to services.

Lack of awareness about free healthcare services available to immigrants prevents immigrants from taking them up. New York City provides COVID-19 testing and vaccination to everyone at no cost, regardless of immigration status or health insurance coverage (NYC Health 2021). The city also launched an extensive public education campaign to inform all New Yorkers about this policy through several media outlets and in multiple languages in order to reach as many communities as possible. Nonetheless, one social worker indicated that she had patients who thought they needed to be documented to obtain COVID-19 testing or vaccines. Furthermore, while all NYC Health + Hospitals and DOHMH-run testing sites are free, not all privately-run sites are, leading to confusion and "surprise" bills which exacerbate immigrants' distrust of the healthcare system.

7. Immigrants' Concerns about Law Enforcement and Engagement with Courts

The respondents' experiences with law enforcement were mixed, but a large majority of the immigrant interviewees said they would (hypothetically) call the police when necessary. Fifty-two of the 64 people asked responded as such. Of the 66 people asked about law enforcement, 26 (39 percent) said they had had some previous experience with law enforcement, and the remaining 40 had not had direct experience with

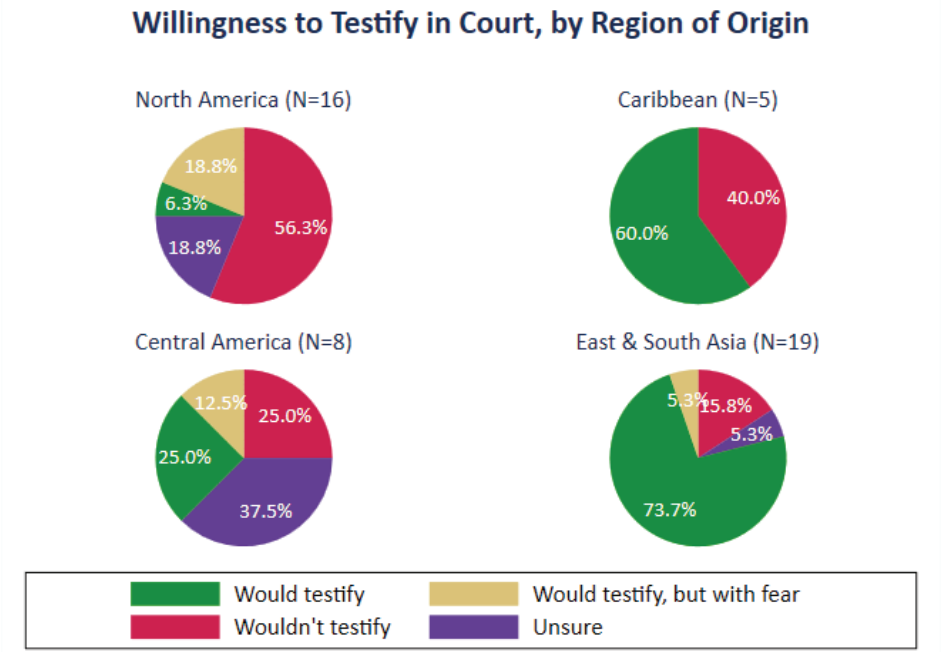
the police. However, this willingness to call the police was nuanced and not without concern.

Some immigrants expressed fear or other barriers to engagement with law enforcement. Some concerns about calling the police were more general, such as fear of escalating violence, fear of retaliation by perpetrators of the reported crime, and distrust of the police. Other concerns pertained to immigrants and people of color, including: 1) fears pertaining to immigration status 2) language barriers, and 3) discrimination. Even where people have legal rights to protect their private information, such as immigration status, fear often prevails in determining their actions and willingness to report crimes to the police.

Many immigrants also expressed fear about engaging with the judicial system. More than half of the survey respondents (29 of the 57 asked) said they would (hypothetically) testify in court if they were called to serve as a witness to a crime, though six of the 29 said they would be concerned about doing so. Of the remaining respondents, 19 people responded they would not testify in court, and the remaining nine were unsure or said they would only sometimes. There were differences by region of origin of those who felt comfortable testifying in court.

Respondents from East and South Asia and the Caribbean were much more likely than respondents from North America and Central America to respond that they would testify in court with no concerns. Among respondents from East and South Asia and the Caribbean, 74 percent and 60 percent of respondents respectively said they would feel fully comfortable testifying in court, and an additional 5 percent from East and South Asia said they would do so, even if with fear or concern. On the contrary, only 6 percent from North America (all Mexicans) and 25 percent from Central America said they would testify in court without concern. An additional 19 percent of Mexicans and 13 percent of Central Americans said they would testify, but with fear. More than half of Mexicans (56 percent) said they would not go to court to testify (Figure 5).

Figure 5: Willingness to Testify in Court, by Region of Origin



Naturalized citizens were also more likely to report that they would testify in court. Whereas 80 percent of citizens reported they would (hypothetically) testify in court with no fear, only 26 percent of noncitizens said the same. Of the other noncitizens, 40 percent said they would not testify in court, and an additional 14 percent said they would but with fear (with the remaining 19 percent unsure). Furthermore, those who responded they would testify were older (49.9 years old on average) as compared to those who said they would testify, but with fear (40.8 years old) and those who said they would not testify in court (40.9 years old).

7.1. Fears about Immigration Status, Family Separation, Detention, and Deportation

Immigrants were sometimes hesitant to report crimes because they are misinformed about their right to non-discrimination and believe it may put them at risk of deportation or other related repercussions. Some respondents said they either did not call the police (five people) or (hypothetically) would not call the police (seven people) if and when necessary due to fears regarding their legal status. One 38-year-old Malaysia mother-of-four said, "Actually, one year ago after I deliver[ed my] baby, I [got robbed]. My friend said 'Don't go report [to the] police.' He [said so] because I don't have any documents. I can't go report [to the] police." Another Mexican woman of the same age had a similar experience. She recounts:

> *When I was working near a restaurant, two women pulled my handbag, robbed me, and punched me. They came into the building where I lived and stole my bag. I was very afraid. I did not call the police, because I was afraid of talking to them. I told myself, "If I speak to the police, I don't have documents, and they can deport me." When I arrived to this country, I did not know my rights.*

"When I was working near a restaurant, two women pulled my handbag, robbed me, and punched me. … I did not call the police, because I was afraid of talking to them."

Despite immigrants' legal right to withhold their documentation status from the police, fears about having to reveal one's status to the police are still pervasive. When asked about hypothetical situations in which one might call the police, one middle-aged Korean man working as a cook said he would not call the police because he was undocumented. "Wherever I go, legal status holds me back," he said. A Panamanian woman in her mid-twenties who came to the US as a child explained this hesitancy in calling the police:

> *Even if I see a crime, I never call the police, because I'm afraid they [are] going to send me back to my country, and then I won't come [back] anymore. I just let it go, because it's really scary. Even though you got attacked, you have other stuff in mind, say, … "If I'm going to go to [the] police, they're going to call ICE, and then I'm going to [be sent] back to my country or even worse." Because I've been watching all those videos from ICE [about] how they mistreated [people.] … I don't want to [go] through that stuff, so that's why even if I'm attacked I say, "You know what, I'm just going to let it go." Most of the immigrant people, they do that. They just let it go because they don't want to have trouble.*

Immigrants who did not fear the police were those who were aware of their legal right to police protection and non-discrimination. One woman from Mexico said over time she learned her legal rights and to not fear the police. She explained, "I have learned that the police in New York are here to protect social safety. They do not pay attention to immigration status, but are here to protect [people]. Others, like ICE, are the ones that deport people." Other respondents expressed similar feelings of comfort with the police. Immigrants with legal documents expressed less fear about the legal repercussions of calling the police. For example, an Ecuadorian woman said she feels less fear about the police since she received her green card.

Immigrants would also hesitate to call the police if it put others at risk of deportation. Even some of those who said they would feel comfortable calling the police, said they would reconsider if it put someone else at risk of deportation. One 56-year-old woman from Trinidad and Tobago said:

> *Yes, I would call the police, but… if someone was an immigrant, I [am] going to help them hide to get away. … I would do that, not if they committed a crime – I mean – if I know they [are] running from being deported. … We know a lot of people got deported under the Trump administration, but people [were] just taking care of family. That hurt me. … That's*

why I would help any immigrant.

Although New York City is officially a welcoming city, immigration enforcement has instilled fear about calling the police in immigrant communities. A service provider said even immigrants with legal status express fear due to the possibility of immigration enforcement and lack of due process. Given the possibility that they might not receive due process. During the interview, a service provider who is also an active leader in an African immigrant community in Staten Island stated:

> *ICE came in [and] took one or two of our people that [were] involved in illegal acts. They came and they took them, instead of finding out what the act was all about or maybe investigating what really went wrong. They didn't get the time to defend themselves, and they were deported. That lack of trust there makes them a threat, so they didn't want ICE coming around. They're afraid for them to come around or know about them. It make[s] them afraid. It make[s] the whole community scar[ed], because in a sense, even if you are a green card holder, and you have [a] problem, you won't be able to defend yourself. You won't be given that time in court to defend yourself.*

Concerns about immigration status also prevent immigrants from testifying in court. Among those who were not comfortable testifying in court (either responded "Yes, but with fear", "No", or "Unsure"), six people from Mexico, Guatemala, and the Dominican Republic explicitly said they would fear the presence of ICE in the courts, or were fearful because of their documentation status. One Mexican woman in Brooklyn stated, "You enter with fear, with nerves, but it depends on the staff that is there, who makes you feel comfortable. I have heard that, ... as an immigrant without status, one cannot go, because ICE could arrive. With that fear, if you go, you take a risk." Others expressed similar sentiments, particularly the fear of detention. One respondent said she would maybe testify depending on her documentation status at the time.

7.2. Language Barriers

Immigrants had negative experiences with law enforcement due to the lack of translators. One person said they were satisfied with the translation provided, but six respondents, including Spanish, Chinese, and Korean speakers, disagreed. A Chinese woman in Brooklyn explained her experience after calling the police:

> *[Communication with police] was very difficult. I called and told them I needed Chinese translation. I could understand a little, but I could not speak much, but the police just had no translators available. It was easier with 311[11], because I could fill out a form on my phone.... I think language service is most important for us in [the] Chinese American community. If I call the police, I hope to speak Chinese, so we can understand each other. Otherwise I have a huge disadvantage and could not get the help I need.*

Others recounted difficulty in reporting crimes as well. A Chinese woman who left her phone in the fitting room of a store went back to find it missing. Suspecting she knew who took it, she went to tell the police outside of the store, but said it would not help her, because she did not speak English well. A Mexican woman said her husband also had difficulty reporting a robbery. She said:

> *[My] husband called [the] police when someone stole his bike. [The] police arrived and asked questions about [the] perpetrator. They said they would call [the] next day, but they never called back. [My] husband did not call back right away, [because he] couldn't communicate. [Our] neighbor's child had to translate.*

11 NYC311 is an app and online portal that provides information about access to non-emergency city services and information about city government programs.

A 79-year-old elderly man in Queens said he faced similar difficulties when trying to report violence in his neighborhood. He felt unable to call the police due to communication issues, explaining, "Sometimes there's people fighting in the park, but it's hard [to call the police], because I have to speak English. There [may] be someone next to you to [help you communicate], but [sometimes] there's no one."

Some respondents conveyed that even where the police attempted to provide translation, it was too slow or inadequate. One Korean man who attempted to call the police while the racial protests in the summer of 2020 were going on explained his experience:

> *There were riots and protest[s] going on. Naturally, not enough policemen were available. It looked like they were exhausted, so I didn't get help at that time. When I asked again, they answered again kindly, "There are no translation specialists." They gave all they could, but I was unable to [understand] it all, [but] I [get it].*

Crimes against immigrants and witnessed by immigrants go under-reported due to language barriers and fear of misunderstanding. When asked if she would hypothetically call the police, one respondent said she would not even try to call because of the language barrier. Others said because their English was poor, they would only report crimes that no one else could report or that were very serious, as trying to communicate would not be worth the effort for small crimes. For example, a middle-aged Mexican woman from Brooklyn said, when "one does not know the language, one becomes self-conscious because of that. If I know that another person is not [calling the police], yes, I would call them." A 34-year-old Chinese woman in Brooklyn worried the police could not understand her correctly because with her English level saying, "I do not have the confidence to express something accurately."

When asked about what they expected from the police, 11 of the 27 respondents said they anticipated some sort of language barrier, and they hoped that there would be some effort to provide translation services. One middle-aged Mexican man said that while he has had positive interactions with the police, he believed knowledge of the English language is correlated with better treatment by the police saying, "I haven't felt discrimination here, because I speak English. That is what helps a lot. My English is not very good, but it is not that bad either. When I approach (a police officer), they answer me well."

Language barriers also deter immigrants from testifying in courts of law. Three Spanish-speakers, one Arabic-speaker, and one Korean-speaker indicated the language barrier and inability to be understood as the reason for their concern over testifying in court. One said they would only go to court with a translator. Furthermore, immigrants from some countries and backgrounds may be hesitant to go to court because of their experiences and fears about going to courts in their home countries. For example, one 63-year-old Honduran man in Brooklyn explained, "In our countries [going to court] is more difficult, at least in my country, because it is very dangerous. In Honduras there are '*maras'*, [or] gangs. Back in Honduras I would be scared, because they can kill me. That happens there; people are silent, but here I think (I would go to court)."

7.3. Discrimination

Black, Middle Eastern, and Asian Americans reported discrepancies in crime reporting and police treatment based on race or ethnicity. One Turkish woman said she "felt like [she] wasn't really being helped because of [her] ethnicity or [her] color." Another 73-year-old elderly Korean man said he "heard Asians don't report crimes." A Chinese mother-of-two describes how she would feel about reporting a racial crime:

> *I [would] not know where to report if I [were] being discriminated against based on race. I have no way and do not know where to report. I also have a friend who was hit on the subway.... how to put it? I hope[d] to call the police but I [didn't] know if calling the police [would] solve the problem.*

Some respondents noted racial bias in the police treatment of black Americans, which also impacts black immigrants. Some respondents shared their sentiments regarding the societal crisis in the US due to police brutality against black and brown Americans. One woman who called the police on her husband for domestic violence explained:

> *With me, they treated me with respect and dignity, but when it came to my husband, it was different, and I understand why, because of the nature of the problem, but I feel [like that]. Even if it's a white couple or a black couple or an Asian couple or whatever, it shouldn't be like that. But society is so corrupted that they have it in for black people no matter what, so at the end of the day, it's like, "Whatever, you did this, and you're going to get this, and you're going to get treated that way." ... They don't care, because they're killing everybody from left to right, so what can we do?*

The 2020 civil rights protests exacerbated distrust of the police among some immigrants and people of color. A Middle Eastern woman said "from the George Floyd incident, I definitely have fear that [the police] are not trained to understand different races." A middle-aged Peruvian woman has similar reservations. "If it's [a] minor [crime] and there are people of color involved, I would hesitate [to call the police.]" She elaborated:

> *I have always thought [the police] were very racist and have always distrusted them. This year, it's been a little worse, because I just feel like ... in the country in general, racism has become so much more blatant. I guess it makes my anger at the NYPD just a little more angry, but I've always felt this.*

Another focus group participant from Haiti felt similar feelings of distrust, saying police treatment of people was "not worse towards immigrant communities, [but] through the whole black and brown community."

8. The Impact of COVID-19 on Immigrant Communities

The COVID-19 pandemic exacerbated the economic hardships of many immigrants. The pandemic and subsequent lockdowns and closures disrupted employment and education, leaving many families facing food and housing insecurity. Immigrants were in many cases harder hit both health-wise and economically, and at the same time they were excluded from social safety nets, resulting in a widening of the native-immigrant financial security gap. Interviewed service providers said they saw a large uptick in the demand for services, especially from the most vulnerable members of society, but some immigrants are excluded from certain services. Several immigrants interviewed contracted the virus. Nine had contracted COVID-19, with two people having been hospitalized because of the virus. Several others had family members contract, be hospitalized for, and die from the virus.

8.1. Employment

The COVID-19 pandemic has severely affected both the US native-born and foreign-born, but in many cases, immigrants and their families were harder hit in terms of health and economically by the pandemic, often because of the occupations in which they are employed. Immigrants were more likely to be employed in frontline occupations with direct exposure to the virus (Kerwin and Warren 2020). Furthermore, immigrant workers were less likely to be able to work remotely and were more likely to face layoffs (Borjas and Cassidy 2020; Cowan 2020; Rahman 2020). Rahman (2020) also found immigrants were more likely to be unemployed at the beginning of the pandemic. A study from February to April 2020, found that US immigrant-run businesses were disproportionately negatively impacted as well (Fairlie 2020). At the same time, immigrants, particularly those with insecure immigration status faced further vulnerabilities, such as

inability to access or uncertainty about whether they could access public benefits.

Nearly all immigrants interviewed said they or their family members faced job loss or hours reduction. Of the 74 immigrant interviewees, nearly all (71) said the pandemic negatively impacted their work or that of their family. The respondents said they or their family members faced permanent and temporary job loss, reduced pay or hours, reduction in business clients, work-related stress and uncertainty, the possibility of contracting COVID-19 at work, and difficulty arranging childcare in order to work. The post-lockdown economic recovery left many interviewees in difficult circumstances. Twenty-six of the survey respondents said that they permanently lost their job due to the COVID-19 pandemic. Twelve others responded they lost work temporarily. Many of the respondents who lost work had been working in restaurants, construction, communications, childcare, and hospitality, home health care, domestic work, and cleaning services. A 50-year-old cook from Korea who has lived half of his life in Queens explained his loss saying, "On March 23, New York was shut down. That day I lost my job. Later, the lockdown was lifted, but my job was no longer available for me."

The work challenges facing immigrants trickled down to migrant-sending countries, where remittances are a lifeline for families left behind. One man from Bolivia working as a houseman at a hotel lost his job and later faced reduced hours, which reduced the amounts he could send home saying, "One has to work because we need to send money to our home countries. I get my strength from there to keep working, but yes, I have lived with a lot of fear ... taking many precautions." Apart from not being able to support their families financially, several immigrants were prevented from seeing their family due to travel restrictions. Several respondents were unable to have family members visit or were not able to return to their home countries for fear of getting stuck and being unable to return.

Those who did not lose work entirely often faced other work-related challenges, including fear of contracting the virus. According to two CMS reports, immigrants comprise 18 percent of workers in essential businesses nationwide and 31 percent of essential workers in New York State, despite representing just 28 percent of the state's population (Kerwin and Warren 2020; Nicholson and Alulema 2020). Two-thirds of the New York State's immigrant workers work in essential businesses, compared to just 56 percent of native-born state residents, making immigrants differentially more likely to be exposed to the virus (Kerwin and Warren 2020). Many immigrant interviewees in this study were workers employed in frontline jobs with direct exposure to the virus. Others were worried about having to commute to work as essential workers on public transportation. One person described using their family savings to buy a car to avoid having to take public transportation to work. Others described issues such as lack of personal protective equipment provided at work or disclosure of whether their clients had COVID-19. One Mexican health care aide reported that her job put her directly at risk. "I was very scared. I got another patient [with COVID-19], and I was too scared for this experience, so I didn't want to work anymore," she explained. Many felt the need to choose between their health and their job. One 24-year-old waitress from Vietnam explained this dilemma. "Because I was concerned about my status, I stopped working when COVID hit and stayed at home for three months, because I didn't want to get sick. Then when the restaurant reopened, I went back and worked only four days a week, [but] my hours were cut." Four interviewees said that the uncertainty around the future of their job or potential jobs caused stress, fear, or hopelessness.

Child care responsibilities were a major challenge for parents. Many respondents reported they could not work at all or could only work on a limited basis due to child care obligations during the pandemic. At the same time that parents were overburdened with childcare responsibilities, some parents' fear prevented them from using babysitting services. One Salvadorian mother-of-two working as a nanny lost her job in Manhattan because the family she worked for relocated outside of the city. She said, "I can also see on social networks how someone publishes something [needing] babysitting [services] and there are up to 50 [babysitters] who respond. It's really sad."

When the COVID-19 pandemic struck, unemployment assistance became a lifeline for many workers, immigrants, and native-born Americans alike. Nine immigrant interviewees including, immigrants who worked in restaurants, as domestic workers, nannies, hairdressers, organizers, and research assistants, found themselves without work due to lockdowns and closures due to the virus, and requested temporary unemployment insurance for themselves or their spouse to get through a few months at the beginning of the pandemic. Many respondents found themselves in desperate situations. One Nepalese mother-of-two explained how the delay in unemployment assistance impacted their family:

> *Everything shut down because of COVID, and we had a very, very hard time. My husband did not get unemployment for two months or three months. I had a baby in March. Then, there was lockdown. I was a new mother. [The landlord] was pressuring me to give [him rent] money all the time.*

Concerns were even greater for those working informally, with pending asylum cases, or living without legal documents. Immigrants in these groups were unable to collect unemployment benefits when the pandemic struck. One 31-year-old Bangladeshi woman from Queens who was working informally explained this common scenario saying:

> *I couldn't apply for unemployment because my job pays everyone in cash, so I had no documents that I could use to apply for unemployment. I wanted to apply, but I have no W-2 form. My job doesn't want to give that to us. I don't know why. We talked about it a lot, but no, I didn't get any kind of unemployment.*

As an alternative to unemployment insurance, New York residents, including undocumented immigrants who lost income during the COVID-19 pandemic and were not eligible for benefits or relief under federal programs, could also apply for financial assistance through the Excluded Workers Fund[12] (NYS DOL 2021). This $2.1 billion fund, which provides affected workers with up to $15,600 payments, was estimated to aid approximately 290,000 workers, but was still not sufficient to meet the demand (Fiscal Policy Institute 2021).

Even those with the legal right to benefits were often uncertain about their ability to receive benefits. A 22-year-old asylee from Russia who has been in the US for two years and worked as a server explained her uncertainty around her eligibility to receive benefits. "[I faced] sudden reduced pay, no job. I didn't know if I [could] get unemployment. [I was] just granted asylum. I didn't get benefits right away," she said.

8.2. Housing

Several immigrants had difficulty paying rent during the pandemic, but they had varied experiences with landlords. Twelve of the respondents reported difficulty paying rent because of the pandemic. Three families from Mexico, all of whom had been in the United States more than 15 years, reported that their landlords were understanding of their situations. One of the women from these families fell behind in rent because her husband had a bad case of COVID-19 and could not work, while simultaneously she was home on disability from a work accident. Two families, one from Mexico and one from Colombia, who had both been in the US for less than four years, reported that their landlord was harassing them for rent. Many families sought help from CBOs, family, and debtors. Many were still facing debt or were behind in their rent payments. One interviewee stated that the rent moratorium was extremely helpful.

12 To be eligible, workers must have resided in New York State before March 27, 2020; earned less than $26,208 in the 12 months prior to April 2021; and lost at least 50 percent of weekly labor earnings or household income between February 23, 2020 and April 1, 2021 due to full or partial unemployment related to COVID, inability or unavailability to work due to the pandemic, or assumed responsibility for a majority of their household income due to the death or disability of their previous head of household. (NYS DOL 2021)

8.3. Education

Some immigrant respondents reported having their education impacted by the pandemic restrictions. Nearly every parent respondent said that moving their children to remote learning presented challenges, including the absence of social engagement, the difficulty of getting their children to pay attention, and the challenge of balancing child care with work. Immigrant families also faced additional challenges, such as language and technological barriers, the inability of parents to work remotely, and overcrowded living conditions.

Some immigrant parents said their own lack of knowledge of the English language made it difficult to help their children with at-home learning. One immigrant parent said, "The main difficulty was the language barrier and sometimes communicating with the teachers." A Mexican mother-of-two similarly expressed, "It is stressful because I don't know the language and can't help [my daughter] with homework." Several immigrant parents said they have also seen their children's English language skills deteriorate.

Some immigrant parents said their lack of technological literacy or lack of internet access at home made it difficult to help their children transition to remote learning. Some parents noted that the delay in receiving laptops and tables for their children was difficult because they did not have their own computers at home. One mother noted that it took more than two months for her children to get a laptop from the school. Another parent said her child had to attend school on her phone for months until the school was able to provide a tablet. Another parent said they did not have Wi-Fi at home, and due to the backlogs and workload of internet installers during the beginning of the pandemic, her children had no internet at home for a period to be able to attend remote schooling. One parent explained that she did not have the technological skills to be able to help her children transition, saying, "Everything changed. Technology came, and we didn't even know how to use it. I only knew how to turn on the computer and turn off the computer, and I got on Google, but I didn't know how to program a Google Classroom, or a Microsoft, I didn't know."

Immigrants are more likely than native-born New Yorkers to reside in overcrowded housing, making remote-learning more difficult for immigrant children. Citizens (5 percent) are less likely to live in overcrowded households than noncitizens (12 percent) (Virgin and Warren 2021). One 46-year-old woman with four children said her home became overcrowded during the pandemic as extended family members had to move in when they lost their housing due to their inability to pay rent during the pandemic. In addition to posing more of a health-threat because of easier viral transmission, overcrowding poses a challenge for students doing at-home online schooling. One parent explained that the crowded conditions at home inhibit her children's learning. One mother explained, "Of course I feel stressed. Kids at their ages are very energetic, but now they only have limited space so they are very noisy and have no help with schoolwork." Another mother said the lack of space at home was difficult for her child. Because immigrant parents are less likely to work in occupations amenable to being performed from home (Borjas and Cassidy 2021), at-home learning for their children presents more challenges. An El Salvadorian mother-of-two explained:

> *When I was at that meeting, a mother said, "I cannot understand the parents who agree to send their children (to school) seeing the risk," and she began to say many ugly things about the parents who send our children to school. I said, "Every person knows their situation." I thank the parents who do not send their children because the risk is lower. For example, four children attend my son's school. People who do not need school, because they can be at home all day, because they have a virtual job or because they have an ability to do it, or there is mom and dad and one of the two can always be with them, it's great, but in my case I can't because it's just me, I can't.*

8.4. Food Insecurity

The impact of COVID-19 pandemic on employment, combined with the extra strain of having more people at home more often, has left many immigrant families food insecure. Eight immigrant respondents reported having difficulty feeding themselves or their families. Three were receiving food assistance from friends or organizations. Many children received free lunches and in some cases breakfast at school before the pandemic. Feeding children at home was an additional expense. One 34-year-old mother-of-four from Grenada living in Brooklyn said, "You had to cook more, but that wasn't really an issue. It was the fact that the kids were home, and they were eating more. That was kind of stressful, because everybody is in everybody's space now." A 38-year-old mother-of-two from Mexico expressed facing similar challenges. "Now that my daughter is at home, I don't get breakfast and lunch for her. I have to pay [for] that food, and sometimes, I don't have enough money to buy her other things," she said. A focus group participant expressed that the WIC program provides much-needed help given rising prices and children spending more time at home during the pandemic:

> *I also get the coupons for my children, and it is indeed a big help considering how things are currently. Prices went up, so this helps us buy whatever the kids need. Everything the government is giving us helps us with our children, with their nourishment. Especially now with the pandemic and them just being at home eating whatever, it's a great help.*

A social worker interviewed for the project shared that one of her patients faces food insecurity and is not eligible for food stamps due to his immigration status. She said:

> *I have another guy that I saw. He's from Haiti. He's living with family. He doesn't have any resources. He's waiting to hopefully get paperwork, and I noticed that he was losing a lot of weight. I asked him what happened and he says, "Well, to be honest with you, I try to eat only once a day." I'm like, "Why are you doing that?" He said, "I feel embarrassed, I feel ashamed that I have to depend on my sister and brother-in-law to get food, and I feel like I'm eating from what should be theirs." That broke my heart because I had applied for a food stamp with him, but he's not [documented,] so he couldn't qualify.*

9. Recommendations

Based on its research, CMS has identified a series of recommendations, which aims to improve public education; reduce language and literacy barriers; address the technological divide and unfamiliarity with bureaucratic processes; and enhance service provision and inter-agency coordination. These recommendations are made to a range of governmental and non-governmental stakeholders.

9.1. Providing Information

9.1.1. City agencies, including HRA, NYC DOHMH, NYC Health + Hospitals, and the NYPD, should hold more informational sessions and awareness-raising campaigns to inform immigrants of their rights and resources available to them.

Many immigrants' fear of using benefits, accessing healthcare, and engaging with law enforcement and courts was rooted in misinformation. Firstly, some immigrants were unaware some benefits and services (including healthcare services) existed or were misinformed about the availability of those resources to immigrants. Secondly, some immigrants did not know about the public charge rule at all, and among those who did, people overall felt uncertain about what counted as a public charge and how it applied to them personally. This lack of information instilled fear among immigrants about how using benefits and services would affect their immigration status or that of their family, leading them to under-utilize benefits and services with a "better safe than sorry" mentality. This led many immigrants to forego welfare benefits, healthcare services, fee waivers, and more. Thirdly, many immigrants believed reporting crimes to the police could expose their immigration status and put them at risk of deportation. As a result, immigrants under-reported crimes. Immigrants had similar fears about testifying in court. Many were unaware of their right to privacy and protection by the police regardless of immigration status. As many immigrants receive information from friends and through ethnic networks, misinformation and rumors can spread even further throughout immigrant communities by word-of-mouth. Many city agencies do host awareness-raising presentations, such as HRA's panels and other community forums for immigrant New Yorkers on Medicaid and public health insurance access, SNAP, and housing and tenant resources. However, still many also said they felt there were not enough in-person informational presentations to inform them about their rights to benefits and how to apply. It is unclear whether this sentiment is due to reduced in-person activities at the time of this study. Nevertheless, HRA, NYC DOHMH, NYC Health + Hospitals, and the NYPD should try to reduce this misinformation by holding more awareness-raising campaigns and hosting more informational sessions about these topics. Many people said they appreciated receiving information directly in-person through CBOs.

9.1.2. City agencies that provide social services and administer benefits such as HRA and CBOs that provide social services should continue to use flyers and print materials as their primary media to provide information about benefits and services to immigrant communities.

Print advertisements, flyers, and pamphlets were the most-cited media through which immigrants reported receiving information about benefits and services. Twenty-six respondents said they used these paper materials from the city, CBOs, schools, and religious institutions to obtain information. Focus group participants similarly commended the visibility of information materials across the city. One said whereas in the past most immigrants received their information about benefits from other immigrants via word-of-mouth, now that information seems much more available on flyers and advertisements. SNAP, rent assistance, landlord-tenant assistance, representation for those facing discrimination, and affordable housing were among the services about which people noted seeing informational materials. A 45-year-old woman from

Mexico said that print information about services and benefits received in the mail were more trustworthy than TV advertisements.

9.1.3. City agencies that provide social services and administer benefits such as HRA, MOIA, and CBOs that enroll immigrants in benefit programs should continue to work together to place informational materials for immigrants strategically, such as on public transportation in immigrant neighborhoods and in locations typically frequented by immigrants.

Many noted fliers and advertisements on public transportation (buses, trains, and the subway) in particular as being helpful. CBOs can order materials from the DSS Office of Communications and Marketing free of charge. Some said that flyers need to be placed in areas that are specifically frequented by immigrants, such as ethnic restaurants, grocery stores, and convenience stores. One recently arrived young woman from the Dominican Republic suggested flyers about services should be visually-appealing and placed in locations such as Latin restaurants, stores where immigrants frequently shop, and local parks where immigrants go regularly.

9.1.4. HRA and MOIA should work with CBOs to distribute information about benefits and services via messaging platforms such as WeChat and WhatsApp.

Though some immigrants said they received their information about benefits and services directly from the New York City government website, emails, and the 311 app, immigrant respondents cited social media as the most important information medium after flyers and print materials. Many noted foreign-language Facebook pages as especially important. CBOs should take advantage of the social media tool kits provided by HRA and MOIA. Respondents also said messaging platforms such as WeChat and WhatsApp were primary sources of information for immigrant communities. HRA and MOIA should continue their outreach with CBOs to gain access to these social media outlets and ensure that their materials are readily usable for messaging platforms. One woman suggested also supplementing the messaging-based information with print advertisements about how to get added on to informational messaging threads.

9.1.5. City agencies, including HRA and NYC DOHMH, should continue to work with immigrant-serving CBOs and also work closely with NYC Health + Hospitals, religious institutions, schools, and other entities that are considered trustworthy by immigrants to distribute their informational materials for immigrants.

Misinformation or a lack of information about what benefits and services are available to immigrants, as well as the repercussions of using those benefits and services, is one of the largest barriers to immigrants accessing them. This misinformation and lack of understanding can amplify immigrants' fear of using benefits and services. Many immigrants said informational materials were more helpful when they come directly from trustworthy sources. Immigrant-serving CBOs, religious institutions, and schools were noted to be the most trustworthy sources of information apart from family and friends. Information from other sources may be ignored if it does not come from one of these sources. For example, many said TV advertisements were only helpful so long as they were on behalf of a local CBO and in immigrants' native languages. One focus group participant recommended schools continue to send information about resources home to parents through their children. Hospital staff, doctors, and community health fairs were also noted to be trustworthy sources of information. A few others said their consulate was also a good source of information. One immigrant from Colombia said the government should "work closely with community leaders so that they can share and multiply information to their networks." A young woman from India said that government agencies should work more closely with immigrant organizing groups, recreational groups, and support agencies such

as grassroots groups, mutual aid groups, cycling groups, and protest groups. One woman from Colombia suggested that because CBOs are seen as trustworthy, it would be helpful for the New York City government to provide financial stipends and capacity-building to immigrant-serving CBOs and community leaders.

"Misinformation or a lack of information about what benefits and services are available to immigrants, as well as the repercussions of using those benefits and services, is one of the largest barriers to immigrants accessing them."

Given many immigrants fear entering government buildings, in-person informational sessions held directly by the government or in governmental offices may not be as effective in communicating information about benefits and services to immigrants as informational presentations held by institutions which are more trustworthy in the eyes of immigrants.

9.1.6. HRA and CBOs that assist immigrants in benefits enrollment should improve communication between their offices to provide accurate and uniform advice and utilize MOIA's informational and legal hotlines.

Immigrants feared using benefits could lead to repercussions pertaining to their immigration status or that of their family. Many reported receiving conflicting information about these repercussions from different agencies, and thus their uncertainty, rooted in a lack of information, led them to under-utilize benefits. Better communication across agencies could help ensure immigrants are receiving accurate information and not subject to conflicting information. A city worker recounted:

> *A lot of times, by the time we see a client, the client has been to three, four different places already. … If they're being told different things from those three, four places that they've been to before they come to you, what you say to them just falls to the wayside, because it's just something else that someone else is saying. Because if it's a policy, it's going to be a policy whether you talk to the Social Security, Medicaid, or community-based organizations. It'll be just one policy. If you're speaking to all of these people and you're being told three different things, you don't trust what you're being told.*

She suggested having a designated place where workers can refer clients with questions so that their questions are answered accurately. Along those lines, a CBO worker who works mainly with refugees suggested having updated income guidelines for various public assistance benefits in a more accessible way and through push methods, such as email.

CBO staff members who assist immigrants with benefit enrollment should reach out to HRA offices which process benefits for assistance when issues arise with immigrants' benefits applications. Sometimes, atypical situations may present a challenge to immigrants or those assisting them in filling out their application for benefits. To ensure misinformation does not prevent immigrants from accessing benefits, a city worker recommended:

> *If [a] CBO worker has a client, and they're confused about something, [they should] call or reach out to someone from the HRA, because we'll be able to answer them and guide them. We have to, as workers, especially my unit and across other units, be informed of anything that changes in our department, in our policies, what's implemented, what's not implemented, what is extended, what has not been extended. In case organizations reach out to us, we are aware, and if we are not sure, then we contact our directors and our superiors in order for them to guide us for us to guide other agencies.*

HRA staff members should follow the advice of immigration advocates to avoid mistakes in the processing of benefits applications. A city worker who processes nursing home eligibility said that communication with outside advocacy agents help their staff catch and minimize human errors in the processing of immigrants' benefit applications. The advocates help the city agencies internally improve their processes, by pointing out human errors that then serve as training opportunities for other city staff workers. For example, this city worker reminds staff to try all channels before denying a case, so less incorrect rejections occur saying:

> *There were some cases that somehow my staff [did] deny [people placed in nursing homes,] and the attorneys then get back to me. They tell me, "Hey, I submitted all the documentation that was needed for this individual, and your staff rejected it." That we used as a training tool to not do it again. We keep reiterating, "If in doubt, keep it up the line. Last resort, send it to MOIA with all the appropriate information that you may have. Because the attorney may have missed something, and now is when they've given me the information after the case was already rejected. We go back, or I give my staff instructions to go back and re-evaluate and re-accept the case.*

9.2. Reducing Language Barriers

9.2.1. CBOs, courts, NYS DOL, HRA, and the NYPD should ensure immigrants are aware of the interpretation services available to them through social media campaigns and other platforms.

Thirteen immigrants said language was the primary barrier they faced in accessing benefits. All DSS walk-in agencies have a flier in 19 languages explaining their right to telephonic interpretation services and a phone number to call if they feel they did not receive adequate translation. Still, immigrants reported that even though translation services were provided, language barriers were a problem at HRA offices, the NYS DOL unemployment office, with the NYPD, and in the courts. These agencies should ensure interpretation services are more widely available and accurate. Changes to language access requirements for NYS DOL and courts may require changes to state law. While language barriers were reported to be less of a problem at NYC Health + Hospitals facilities, some reported the services to still be limited.

Relatedly, informing the public of the agency's language assistance services is essential to ensure that immigrants can access and rely on this help. A city worker suggested raising awareness through more multilingual social media. HRA makes "I speak _____" cards in several languages. These tools could be used across more agencies. A 2007 Vera Institute of Justice report provided extensive recommendations that local police departments can take to create language access policies that include understanding language needs and demographics of the people they serve, recruiting bilingual personnel, translating signage, and pooling resources and assets with other agencies for language accessibility purposes (Shah, Rahman, and Khashu 2007).

In the healthcare setting, hiring certified medical interpreters and having formal approaches to determine a clinician as a qualified bilingual provider are important suggestions to ensure that patients obtain effective and proper healthcare (Ortega and Shin 2021). In addition, all clinicians should receive training on working with medial interpretation, which should be an intentional part of clinicians' training (ibid).

9.2.2. HRA, NYC DOHMH, and NYC Health + Hospitals should try to match clients and patients to an interpreter who speaks the same dialect, not merely the same language.

Several service providers indicated that even when interpreters were provided, if they did not speak the same dialect as the clients or patients, much of what the immigrants were trying to convey was not fully

communicated. The nuances of the communication were lost in translation. By ensuring that translators speak the same dialect as the immigrant clients and patients with whom they are paired, they can minimize misunderstandings and help immigrants feel more confident in public spheres, such as in city offices, in courts, and with law enforcement.

9.2.3. HRA, NYC DOHMH, and NYC Health + Hospitals should work with MOIA and CBOs to connect clients with services in their native languages and translate informational materials into lesser-used languages.

Immigrants noted the quality of translation as well as the number of languages available as crucial to being properly informed about their rights and benefits. Many people expressed that people overlooked information if it was not available in their native language. Providing more print materials in foreign languages, particularly expanding the availability of materials in certain Asian languages, will help inform immigrants about their rights and available resources in a culturally appropriate way. New York City's Local Law 30 requires agencies to translate materials into 10 languages besides English, and HRA translates its materials into 12 languages comprising 98.4 percent of their clients.[13] However, while English- and Spanish-speakers said they saw enough HRA and CBO flyers in their native language, immigrants from Cambodia, China, Korea, Vietnam, and Sudan said they would like to see more materials or they did not see any information in their native language. One Korean retired home health aide said, "80 to 90 percent of people would probably understand the information better if it is in Korean, no matter how well they learn and speak English." Another Korean immigrant in Queens expressed similar sentiments, saying, "If the city intends to benefit its citizens, they [should] create a city web in different languages." A Vietnamese immigrant and community organizer also said that COVID-related information is not available in Vietnamese, so her agency had to translate these documents and make them available to their members.

CBOs often serve immigrant populations from specific countries and work closely with specific communities. By working together with those CBOs, government agencies and hospitals could ensure immigrant patients are connected with resources in their native language. One immigrant respondent suggested government agencies could work with CBOs to translate more materials. A social worker at a hospital said their hospital cooperates with CBOs to help match immigrant patients with CBOs that can help receive services in their native language. She said this has been particularly useful for matching elderly or disabled patients with home health attendants that speak their language:

> *You will have [a CBO that] says [on] their website, … "We speak these languages," and they'll list all the languages that they speak. Let's say you come across some patients who speak Creole, and the patient requested to have a home attendant who speaks Creole. You can make that request and most agencies will tell you if they have that person available, which is very useful. At the hospital, we can use an [interpretation line], but at home, where you have a home attendant, you have to be able to communicate with that person. Even if it's a visiting nurse, they'll have requests for someone who speaks Spanish and someone who speaks Russian and someone who speaks a different language. Some [CBOs] have that option, which is great, because given the current area that we live in, everybody's trying to cater to the population that they serve.*

Furthermore, in 2020, the MOIA Language Access Taskforce and Language Translation Services team ensured that informational materials about COVID-19 developed by mayoral offices were quickly translated into 26 languages. Coordinating with MOIA for further translation could help smaller ethnic communities receive the information they need.

13 Arabic, Bengali, Simplified Chinese, Traditional Chinese, English, France, Haitian Creole, Korean, Polish, Russian, Spanish, and Urdu.

9.2.4. NYC Health + Hospitals should provide more signage in other languages.

While NYC Health + Hospitals facilities do provide interpretation services, many noted that the interpretation was not provided for the entire duration of their visit. Having signs and directories in other languages could help direct people to the services they need, given interpretation is not provided immediately upon entry to the hospital. One woman explained: "Providing more language services and having more signs and directory in Chinese [at hospitals and clinics] would help a lot, especially for the elderly."

9.2.5. HRA, NYC DOHMH, NYS DOL, NYC Health + Hospitals, and immigrant-serving CBOs that provide social services should continue to hire staff that reflect the cultural diversity of the community they serve.

Sharing cultural and linguistic ties is an important bridge to the communities served by CBOs and a way to promote access to services and programs. The CBOs interviewed serve targeted groups of immigrants depending on the language and cultural capacities within the organization. For instance, a CBO in Brooklyn serves Middle Eastern and North African clients, and while they do not assist Latino and black immigrants. Another mainly serves East Asian and South Asian clients in Manhattan and Queens. Several of the service providers who work in city agencies are immigrants or children of immigrants and use their linguistic and cultural commonalities with immigrant clients to relate to them. Several immigrants highlighted the importance of linguistically and culturally similar hospital staff in receiving care. One Mandarin-speaking doctor said patients come to her hospital from relatively far distances, because they know they will find a doctor who speaks their language. A specialized doctor said her immigrant patients are less worried about sharing personal information with her, especially regarding immigration status, because she speaks Spanish saying, "I am a native Spanish speaker so they feel comfortable, and sometimes they reveal more details than I am asking. I see this more in the Hispanic population. Again, this is because they feel a connection because we share a similar language."

One worker from a CBO that provides housing and social services shared that 98 to 99 percent of their staff members are at least bilingual, mirroring the communities they serve. He said the linguistic diversity of the staff, combined with the verbal and written translation services, is what allows the office to serve their clients effectively. Several people noted having more similar cultural representation at city offices would improve their experience. One person noted that the SNAP office did not have enough Spanish-speaking staff. Another person noted he would like to see more Koreans working at offices that offer benefits.

9.3. Reducing Barriers Regarding Education-Level, Technological Literacy, and Unfamiliarity with Government Systems

9.3.1. CBOs that help with benefits applications and provide educational services should provide more training for immigrants on how to use technology and refer clients to MOIA's digital literacy programs.

Some immigrants, especially older immigrants, have a lower level of technological literacy, which hinders their use of public benefits and services. Some immigrants called upon service providers to be patient with their information and communications technology capabilities. A 56-year-old woman from Trinidad and Tobago spoke of these technological barriers. She said, that service providers need to:

> *make sure, first of all, that their staff [know if] the client is techno[logically] savvy, [if] they're well aware how to use the internet [or] how to get on Zoom, because for a lot of*

us, like 50 and over, close to 60 and over, we don't know how to use Zoom. A lot of things [are] coming via Zoom now. I think they're supposed to be a little more sensitive towards [us] coming from somewhere else who don't know.

Training immigrants how to use technology could minimize the cultural barriers they may face to accessing services. CBOs should also refer clients to MOIA's free language-learning program We Speak NYC developed a curriculum which will help facilitate learners' knowledge of technology (MOIA 2021d).

9.3.2. The Federal Communications Commission, the Chief Technology Officer of the City of New York, the Department for the Aging, and the New York City Housing Authority should continue to invest in expanding access to technology for low-income New Yorkers.

The technological barriers are not only a matter of understanding how to use technology, but a lack of access to technology itself. As more services are moved online, the New York City government should ensure immigrants and all low-income New Yorkers are not excluded from services, by investing in the expansion of access to technology. A mental healthcare provider described that the smartphones provided by a city hall initiative allowed patients to continue receiving therapy:

Technology was a major, major challenge for them. A lot of them had the Obama phones that didn't allow you to do Zoom. A lot didn't have minutes on the Obama phone that wasn't enough to do a session, so that was a big challenge for them at the beginning. The city hall initiative that gave us some smartphones, and I gave them to a lot of my clients. They're able to do the Zoom calls and they're able to get phone calls. You don't have to worry about the minutes running out, so there's a lot of them that haven't returned back to the office, even though some have. They were appreciative of those phones.

9.3.3. HRA, NYC DOHMH, NYS DOL, the Social Security Administration, and CBOs that provided social services should provide information more clearly and simply for people of different education levels.

Several service providers and hospital workers said the education level of immigrants prevented them from accessing the services they needed. Sometimes service providers explained that the shame of admitting that their lack of education was a barrier was a culturally sensitive issue. A CBO worker stressed the need to simplify terminology in written communication even more than city agencies have done thus far to make documents less confusing to immigrants. Similarly, city workers suggested simplifying written communications to immigrants to increase accessibility and understanding. A city worker stated:

A lot of the consumers would come in with paperwork they don't understand – like from immigration, like from Social Security. I know legally we got to put the fancy words in and the whole legal thing, but some immigrants, some people, just need it simple and to the point to understand it. And then once they bring it in, and we read stuff [and tell them,] "Look, you have to do this, this, this to get this." They're like, "Oh, okay, because I didn't understand what they were trying to say to us."

9.3.4. NYC Health + Hospitals providers should consider immigrant patients' level of education and technological literacy and follow up with them using their preferred method of communication.

A certain level of technological literacy is required to use many health service platforms such as MyChart. When immigrants lack knowledge about how to use these platforms, they may be discouraged from using

health care services. NYC Health + Hospitals currently follows up with patients via mailed letters and phone calls and provides access to MyChart as an add-on, but not a primary method of follow-up. An interviewee said her challenge as a health professional was to ensure that immigrant patients, particularly those without primary care, obtained follow-up and treatment on medical conditions. She said:

> *This is our most stressful [question.] Personally, I can tell you. If I call the patient to come next month, are they going to come next month, or should I tell them to come next week so they don't forget? Imagine the burden, and when you send them for labs or testing, reaching out then to them to come back to tell them the results and if they need something. If you send them to specialists. If they have a chronic disease, then they have to come in. It's just that follow-up which also goes back to the health care system navigation and the ability of the patient. How much [do] we know about the patients' ability to navigate [the healthcare system]?*

Health care providers should conduct an initial assessment of each patients' level of technological literacy in order for them to choose the appropriate method of communication and follow-up with the patient. A healthcare provider suggested:

> *You need to screen and see what kind of a person you're dealing with. How much help these people need? Because it is also impossible to just do one blanket at all. We have the portal. We have outreach. We do outreach by letters. We do outreach by phones. Now we have the public health club started. It's just hard if you don't have that initial assessment and you can make sure to know your populations and what to do.*

9.3.5. CBOs and NYC Health + Hospitals social workers should continue to provide accompaniment to immigrants while they fill out benefits applications and forms pertaining to legal status.

Many immigrants are unfamiliar with governmental systems for obtaining benefits, and navigating these systems to do so can present a major challenge. Some people noted that merely supplying immigrants with information about benefits was not enough, and many respondents expressed the need to be accompanied while filling out their applications for benefits. A Vietnamese retiree said even when flyers are translated into other languages, the information on the flyer is still not comprehensible without supplemental explanations. He explained, "[even if] we translate the flyer for them, they see something like that [as] not 'in their language.'"

9.4. Flexibility in Service Provision

9.4.1. CBOs and NYC Health + Hospitals facilities should continue to be flexible in their service provision to accommodate changing needs and changing immigration policies.

Immigration policy changes rapidly, and so do the corresponding repercussions and needs of immigrants as a result. Service providers should be flexible to adapt their services to the rapidly changing needs of immigrants. For example, when the Trump administration started, many immigrants who were eligible to naturalize rushed to apply for citizenship. Hospital social workers said they found themselves assisting immigrants with these applications, even though that was outside the scope of their work. Similarly, when ICE increased their presence in certain neighborhoods, local CBOs said they took quick action to secure their information about immigrant clients as well as provide more informational "know-your-rights" sessions for immigrants. By responding to the changing needs of immigrants due to disruptions in policies and augmented fears, service providers can ensure their immigrant clients and patients are informed, served, and protected.

9.4.2. HRA and the NYS DOL unemployment office should ensure application processes for benefits are flexible and assume a hybrid online/in-person model.

Several immigrants noted the in-person application processes for benefits was inflexible. An immigrant non-profit worker who lost her job explained the inefficiency and difficulty of having to apply for unemployment in-person:

> *[Applying for unemployment] was all in person, … but what happens if somebody cannot leave their home? These were not barriers that they were willing to work with people on. They were like, "You have to be in person. No accommodations." They were just really awful and judgmental. … There was one point when I had to reschedule a meeting with somebody, and they screamed at me on the phone.*

The woman continued to explain that when she directly questioned the callous tone of the representative on the phone, she was hung up on. When she tried calling back her phone calls were repeatedly unanswered and hung up on, and her benefits were terminated. Many immigrants, especially those working in jobs that did not provide time off, said the mandatory in-person nature of service provision was outdated and a large barrier to access.

In addition, many immigrants fear entering city government offices, which may discourage them from taking up benefits. The COVID-19 pandemic has forced many city government offices and CBOs to assume an online or hybrid approach to applying for benefits or service provision. A hybrid model has proven to be the most effective approach to service provision, as it accommodates both those who fear or struggle to make in-person appointments, as well as those who lack the technological literacy to fill out applications and access services online.

9.4.3. MOIA and CBOs that offer English as a second language (ESL) courses should continue to do so both online and in-person.

Some immigrants similarly noted that online ESL classes were more convenient for their schedules, while other people noted in-person classes were better for immigrants who may not be familiar with certain technology. The COVID-19 pandemic also forced many CBOs and MOIA's WSNYC to offer their English lessons online, and many immigrants noted that remote lessons should be continued after the pandemic is over. A few people said this was a solution for working parents or for those who live far away from the educational center. One mother from Mexico said, "It's helpful to have online classes because my younger son is still young. Now I'm going to classes at nighttime."

9.5. Training for Service Providers

9.5.1. Legal service providers, advocates, and CBOs should utilize MOIA and HRA resources to obtain information about eligibility for benefits, application processes, and policy changes.

One CBO worker expressed hope that more training can be available at no cost. She stated, "We get trainings from the New York Immigration Coalition and [other organizations.] They do a lot of trainings. Some of them aren't free. Sometimes I just can't log in on this webinar because it costs, and we don't have the funds to pay for it." HRA's Outreach team hosts free-of-charge training sessions for community partners on how to use ACCESS HRA to assist clients with applying for benefits, in using the Provider Portal to assist with case management, and on other topics by request. Those community partners with limited resources should take advantage of these trainings. These trainings should utilize existing materials from MOIA's ActionNYC program.

9.5.2. HRA, NYC DOHMH, NYC Health + Hospitals, and CBOs that provide social and legal services should ensure informational sessions with qualified immigration lawyers are always available for their staff on the legal rights of immigrants of varying legal statuses.

When there are quick shifts in policies, training on these policy changes would help ensure service providers are well-informed and prepared to serve immigrants. Seven out of 16 city and CBO workers interviewed said they would like to have training sessions more often to keep up with changes in law, policies, and regulations. Several service providers interviewed, particularly city workers, spoke to the importance of staying abreast in changes in policy given their public-facing positions. For example, a city worker elaborated that training from their legal department on the future of public charge, particularly on how benefits such as SNAP and Medicaid could impact immigrants in the future, would have been helpful. Sometimes CBO and hospital workers are familiar with how to navigate benefits systems, but not specifically with how immigrants fit into them. One social worker explained the helpfulness of training by immigration lawyers saying:

> *There's always room to learn more about immigration, because [immigrants'] situations are unique, and not every immigration case is the same. You can only know so much about immigrants based on what they've presented to you. … For us, we find this very helpful, because immigration mainly has to do with the legal part of it, which I don't know as a social worker. I'm not a lawyer, so I can't really speak too much about that, but whenever they train us, we're able to direct the patient to better resources. It's good to get a refresher every now and then, because like I said, immigration is forever changing. Things were different 12 years ago, now it's a different thing. It's constantly changing and here to stay.*

However, respondents said that some lawyers not specifically trained in immigration law gave conflicting information or provided predatory services. HRA, NYC DOHMH, NYC Health + Hospitals, and CBOs that provide legal services should recruit and organize qualified, well-screened immigration lawyers to conduct informational sessions on the law, or continue to do so if they're doing so already. For example, HRA's Office of Policy, Procedures, and Training provides its staff three-day sessions that are a deep dive into noncitizen statuses, documentation, and eligibility often when there is a change or update to these policies. MOIA can help facilitate and organize these sessions given its connections with immigrant-serving organizations.

9.5.3. NYC Health + Hospitals facilities should hold listening sessions with healthcare workers and immigrants to help workers better understand the conditions and challenges faced by immigrants.

A specialist doctor suggested, "I'd like to understand more of a sense of what they go through in their daily lives. The stress that they must be going through, and I think that impacts their health." A social worker who works with immigrant patients at a hospital suggested that hospital workers in the ER should receive more training on how to be empathetic to the situations of immigrant patients. She explained:

> *Previously before Trump came in, when I was [working] in the in-patient [facility] people used to come from the airport straight to the in-patient [facility]. I believe there should be more training with the emergency department staff members, in terms of learning how to show empathy, because still, they look at [immigrant patients like,] "Oh, you're just coming from your country to the airport, and now you're here." No matter the stories that they tell us, we should be empathetic about it. There are some staff members that are not trained to show that kind of feeling.*

And when she felt an emergency room worker was trying to rush to discharge an immigrant patient, she recounted:

I said to him, "You need to show some kind of human feeling. That person could have been you, lying down, so if she is discharged, you should still treat her like a human being." ... For different professions or professionals in the emergency room I believe, there should be across-the-board training, how to really care for patients. I've been in other hospitals' emergency rooms too, the treatments I received weren't that great. Not just in our hospital; it's everywhere. For people who work in the emergency room, even though they are overwhelmed, I know they're stressed out, but there should be training to know how to deal with people who are in crisis because for somebody to come to the emergency room is a crisis situation. That's where I think we need to do training.

9.5.4. NYPD should provide police officers more training on diversity.

Crimes often go under-reported by immigrants and people of color. The incidents with police that sparked the 2020 civil rights protests only exacerbated these communities' distrust of police. Diversity training for the NYPD could help begin to mend these relations. One Haitian focus group participant explained that in order to mend the relations between black and brown communities, it is necessary:

to educate them. Educate the communities and the police. The same way you treat the white people, is the same way you can treat the black or brown people. We are human beings. That's the point. You're taught to hate. That's not something that you're just born and naturally have. …You're not born to hate.

"We are human beings. That's the point. You're taught to hate. That's not something that you're just born and naturally have."

9.5.5. HRA, the NYS DOL unemployment office, NYC Health + Hospitals, and CBOs that help with benefits applications should ensure all staff receive training on the linguistic, cultural, and gender differences among the immigrant communities they serve, and work with immigrant-serving CBOs to improve existing training.

Understanding the differences in both language and cultural perspectives of immigrant communities can help service providers better understand and serve them. Training on these topics would help minimize misunderstandings and break down cultural barriers that may prevent immigrants from taking up benefits.

A Chinese immigrant suggested that service providers be trained on the nuances of speaking cadence in other languages (specifically Chinese), saying it would help service providers to understand more fully what immigrants with minimal English-proficiency are trying to convey. HRA offers Limited English Proficiency training to staff and mandates anti-bias training. City agencies should work with CBOs to develop training modules, and, where they exist, to improve them and ensure they are comprehensive to include cultural stigma around benefits and mental health, cultural gender differences, and trauma-informed service provision.

Many cultures also have different stigmas attached to the use of benefits. For example, whereas Latino immigrants may see using welfare as a responsible way to care for their families, some South Asian immigrants, especially those newly-arrived to the United States, said they saw use of welfare benefits as a type of begging. Many South Asians also had a negative stigma attached use of mental health services. Furthermore, some Central American immigrants saw going to court as risky and may be hesitant to do so, because in their home countries they could be threatened by gangs for testifying. Training to understand these and other

perspectives specific to people of certain ethnicities would help agencies more effectively communicate with those immigrant groups and break down their stigmas and fears.

Furthermore, training on gender differences across different cultures would be beneficial as well. For example, perhaps women of certain cultures will not apply for benefits without approval from their husbands; will not open up about sensitive issues to a male service provider; or will not feel comfortable with a male healthcare provider. Understanding these differences could help HRA, NYS DOL, NYC Health + Hospitals, and CBO staff use the proper channels to reach women immigrants.

9.6. Enforcement

9.6.1. DHS should implement its new guidelines for ICE and Customs and Border Patrol (CBP) regarding not carrying out enforcement activities in "protected" locations in a way that allows immigrants to receive the necessary services or engage in activities that allow for their well-being and safety.

In October 2021, DHS Secretary Alejandro Mayorkas issued a new comprehensive policy to guide ICE and CBP to prevent enforcement action to be taken in or near locations that would restrict people's access to essential services (DHS 2021). However, DHS should also ensure that there are mechanisms in place for immigrants to safely report violations of these guidelines and clearly define what "nearby" means in regards to protected locations to minimize violations due to human error or discretion.

9.6.2. The New York State Senate should make it unlawful for ICE to make civil arrests at "protected" locations including medical facilities, police stations, religious institutions, schools, CBOs, public recreational facilities for children, and other social services establishments in the same way it has restricted arrests at state courthouses without a judicial warrant with the Protect Our Courts Act.

Several immigrants said fear of ICE prevented them from accessing healthcare services, engaging with police, or utilizing other services. Immigrants expressed fear that ICE would intercept them at hospitals, clinics, and health fairs; at government offices; or at police stations. These fears became particularly worrisome when immigrants put their health at risk by avoiding seeking needed medical care out of fear of putting themselves at risk of deportation. The New York State Senate Protect Our Courts Act in the Senate Health Committee as of January 2022 makes it unlawful for ICE to make civil arrests of people attending New York state courthouses without a judicial warrant.[14] The New York State Senate should implement similar laws for other protected locations. The New York State Senate should ensure that government offices such as HRA, NYS DOL, and DOHMH which administer social services are included in the list of "protected" areas.

14 S. 2545, Reg. Sess. (NY. 2021-2022).

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Appendices

A. Immigrants' Benefit Eligibility

Table A.1: Public Benefit-Related Immigrant Categories

Group	Immigration Status
Qualified Immigrants[1,2]	Amerasian immigrant.
	Battered spouses and children of US citizen or lawful permanent resident.[3]
	Citizens of Micronesia, Palau and Marshall Islands (permitted to reside in the US in non-immigrant status and have unlimited eligibility for work authorization under a Compact of Free Association).[4]
	Iraq/Afghan Special Immigrant Visa (SIV) holder.[5,6]
	Lawful permanent resident (LPR).
	Lawfully residing armed services connected noncitizens.[6]
	Members of Hmong or Loatian tribes during the Vietnam era, when the tribe militarily assisted the US, their spouses, their children, and surviving spouses.[6]
	Noncitizen Indians who are members of a federally recognized Indian tribe and Canadian-born American Indians.[6]
	Paroled for period of one year or more.
	Refugees and asylees.
	Victims of trafficking.[7]
	Withholding of deportation or removal.
Persons Residing under Color of Law (PRUCOL)[8]	The US government is not currently debating the removal of the person, and their presence in the US is known to the federal governement.
No Lawful Status	Entry across border without inspection and visa overstays (i.e. undocumented).

1 All information for these immigration statuses come from NILC (2021) and Immigration and Nationality Act, 8 USC §1641 (Jan. 3, 2012).

2 These categories and corresponding benefits eligibility apply only for immigrants who arrived on or after August 22, 1996. NILC (2021) outlines the eligibility for those who arrived before this date.

3 To be considered a "qualified immigrant" under the battered spouse or child category, the immigrant must have an approved visa petition filed by a spouse or parent, a self-petition under the Violence Against Women Act (VAWA) that has been approved or sets forth a *prima facie* case for relief, or an approved application for cancellation of removal under VAWA. The spouse or child must have been battered or subjected to extreme cruelty in the US by a family member with whom the immigrant resided, or the immigrant's parent or child must have been subjected to such treatment. The immigrant must also demonstrate a "substantial connection" between the domestic violence and the need for the benefit being sought. The battered immigrant, parent, or child must also not be living with the abuser. While many people who have U visas have survived domestic violence, they are not considered qualified battered immigrants under this definition (NILC 2021).

4 Considered "qualified immigrants" for Medicaid only (NILC 2021).

5 Iraqi and Afghan Special Immigrant Visa (SIV) holders and special immigrant parolees are eligible for federal benefits to the same extent as refugees. Other Afghans granted parole between July 31, 2021, and September 30, 2022 — and their spouses and children, and parents/guardians of unaccompanied children granted parole after that date — are also eligible for federal benefits to the same extent as refugees. Eligibility for this group continues until March 31, 2023, or the end of their parole term, whichever is later (NILC 2021).

6 Considered equivalent to "qualified immigrants" for some benefits purposes (NILC 2021).

7 Survivors of trafficking and their derivative beneficiaries who obtain a T visa or whose application for a T visa sets forth a *prima facie* case are considered "qualified" immigrants (NILC 2021).

8 This is not a legal status recognized by the United States Citizenship and Immigration Services (USCIS). The groups of people included in this category are detailed in Documentation of Status as an Alien Permanently Residing in the United States Under Color of Law (PRUCOL), 22 CA Code of Regs § 50301.3 (2014).

Table A.2: Immigrants' Eligibility for Various Federal Public Benefits

Group	Immigration Status	Eligibility[1]				
		SNAP[2]	WIC[3]	SSI[4]	UI[6]	Federal Housing Programs[7,8]
Qualified Immigrants	Amerasian immigrant.	Yes	Yes	Yes	Yes	Yes
	Cuban/Haitian entrant.					
	Iraq/Afghan Special Immigrant Visa holder.[5,6]					
	Lawfully residing armed services connected noncitizens.					
	Members of Hmong or Loatian tribes during the Vietnam era, when the tribe militarily assisted the US, their spouses, their children, and surviving spouses.[6]					
	Noncitizen Indians who are members of a federally recognized Indian tribe and Canadian-born American Indians.[6]					
	Refugees and asylees.					
	Victims of trafficking.					
	Withholding of deportation or removal.					
	Lawful permanent resident (LPR).	Five-year bar		Yes, with substantial work history		
	Battered spouses and children of US citizen or LPR.			No		
	Paroled for period of one year or more.					
	Citizens of Micronesia, Palau and Marshall Islands (permitted to reside in the US in non-immigrant status and have unlimited eligibility for work authorization under a Compact of Free Association).[4]	No	No			
PRUCOL	The US government is not currently debating the removal of the person, and their presence in the US is known to the federal governement.	No	Yes	Yes[5]	Yes[5]	No
No Lawful Status	Undocumented.	No	Yes	No	No	No

1 There may be a time limitation on how long one can receive certain benefits. Eligibility may be different for those with disabilities.

2 Source: OTDA (2011). Updates have been made since original publication.

3 Source: New York City Bar (2021).

4 Source: SSA (2021).

5 With the exception of Deferred Action for Childhood Arrivals recipients, PRUCOL immigrants must be "lawfully present" to receive unemployment. For a description of who is considered "lawfully present" see Emergency Management and Assistance, 44 CFR § 152.2 (amended Aug. 30, 2012).

6 Source: DOL (1998)

7 Source: McCarthy and Kolker (2020).

8 Conditions may apply for Cuban/Haitian entrants.

Table A.3: Immigrants' Eligibility for Various Health Care Federal and New York State Benefits

Group	Immigration Status	Eligibility[1,2]					
		Federal Medicaid	Safety Net Assistance	New York State Medicaid	Qualified Health Plans and Essential Plans	Children's Health Insurance Program & AIDS Drug Assistance Program	Emergency Medicaid
Qualified Immigrants	Amerasian immigrant.	Yes	Yes	Yes	Yes	Yes	No
	Citizens of Micronesia, Palau and Marshall Islands (permitted to reside in the US in non-immigrant status and have unlimited eligibility for work authorization under a Compact of Free Association).[4]						
	Cuban/Haitan entrants.						
	Iraq/Afghan Special Immigrant Visa holder.						
	Lawfully residing armed services connected noncitizens.						
	Noncitizen Indians who are members of a federally recognized Indian tribe and Canadian-born American Indians.[6]						
	Refugees and asylees.						
	Victims of trafficking.						
	Withholding of deportation or removal.						
	Lawful permanent resident (LPR).	Five-year bar	Yes	Yes	Yes	Yes	
	Battered spouses and children of US citizen or LPR.						
	Paroled for period of one year or more.						
PRUCOL	The US government is not currently debating the removal of the person, and their presence in the US is known to the federal governement.	No	Yes[3]	Yes[4]	Yes[5,6,7]	Yes[4]	No[8]
No Lawful Status	Undocumented.	No	No	No	No	No	Yes

1 Source: DOH (2021).

2 Eligibility may differ for those who are pregnant or under the age of 21.

3 PRUCOL members must be "lawfully present" with the exception of noncitizens who can show continuous residence since January 1, 1972 or before, but who have not applied for LPR status. Those with a valid nonimmigrant status (except U,T, and S); applicants for adjustment to LPR status with an approved visa petition; and applicants for adjustment under the Nicaraguan Adjustment and Central American Relief Act, Haitian Refugee Immigration Fairness Act, Cuban Adjustment Act, or under INA Registry Provisions are excluded. For a description of who is considered "lawfully present" see Emergency Management and Assistance, 44 CFR § 152.2 (amended Aug. 30, 2012).

4 Those in a valid nonimmigrant status (except U, T, and S visa holders) must be New York State resdients.

5 Applicants must be "lawfully present" with the exception of Deferred Action of Childhood Arrivals recipients and noncitizens who can show continuous residence since January 1, 1972 or before, but who have not applied for LPR status.

[6] Applicants for asylum or withholding of removal must have an Employment Authorization Document (EAD) or be under the age of 14 and have an EAD pending for at least 180 days.

[7] Applicants for cancellation of removal or Temporary Protected Status (TPS), or those with an Order of Supervision must have an EAD.

[8] Noncitizens who can show continuous residence since January 1, 1972 or before, but who have not applied for LPR status are eligible.

B. Nationalities of Immigrant Interviewees

Table B.1: Nationalities of Immigrants in the Sample

Region	Country of Origin	Respondents
Africa	Sudan	1
Asia	Bangladesh	6
	Cambodia	1
	China	7
	India	1
	Japan	1
	Jordan	1
	Malaysia	1
	Nepal	1
	Russia	2
	South Korea	3
	Turkey	1
	Uzbekistan	1
	Vietnam	5
	Yemen	1
Caribbean, Non-Hispanic	Grenada	1
	Guyana	1
	St. Lucia	2
	Trinidad and Tobago	1
Latin America	Argentina	1
	Bolivia	1
	Colombia	2
	Dominican Republic	2
	Ecuador	3
	El Salvador	3
	Guatemala	4
	Honduras	1
	Panama	1
	Peru	1
	Venezuela	1
North Amereica	Mexico	16
Other	Undisclosed	1
	Total	**75**