Immigrant Serving Organizations: Key Partners with Government to Help Those Worst-Hit and Least-Served Through the Lifecycle of the Pandemic

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*The NICE team is included as a coauthor of this piece to recognize that NICE staff designed and implemented the survey and offered insights into the impacts of the pandemic based on their extensive casework with NICE members. The report analyzes NICE data and enacts a useful collaboration between NICE and the Marxe School at Baruch College and its Center for Nonprofit Strategy and Management. This report uses appropriate social science literature on immigration, legal status, health, nonprofits, and related fields in analyzing the survey and other NICE casework data, and their larger social implications, and making policy recommendations. NICE Team members include (in alphabetical order): Mildred Burgos, Manuel Castro, Nilbia Coyote ,Sara Feldman, Tefa Galvis, Alex Garcia, Sara Hobler, Kyla McLaughlin, Macarena Moraga, Diana Moreno, Juan Nolasco, Angelica Novoa, Maritza Ortiz, Anlly Palacios, Jasmin Palaguachi, Jose Payares, Angelica Pena, Joseph Pena, Brayan Ramales, Jeanie Reyes, Natalie Rodriguez, William Rodriguez, Francisco Tecaxco, Karen Vargas, Claudia Zamora.

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Executive Summary

This report offers insights into how the COVID-19 pandemic is affecting immigrant New Yorkers and their families in some of the most hard-hit neighborhoods in New York City and in America. It is based on a survey, conducted by New Immigrant Community Empowerment (NICE), a New York-based nonprofit dedicated to improving the lives of vulnerable and precarious immigrant workers, centered on workers safety and rights, was done between April 20 and May 13, 2020. Its 170 respondents report a grim picture of the pandemic's impact: over 90% of respondents had not worked in the prior four weeks, 36% reported COVID-19 symptoms, and 73% feel they are at risk or could be at risk of becoming homeless. Some 15% report serious mental health issues such as extreme anxiety or suicidal thoughts, due to the pandemic.

NICE's survey gets data on immigrants and their children that other surveys are extremely unlikely to get because they use text or email-based internet surveys, which research shows miss vulnerable populations. The NICE survey was carried out by direct phone call, and thus gives insights other surveys will not get about this most highly impacted and vulnerable part of our community.

NICE's ongoing survey offers a key tool for policy makers, by generating up-to-date data on immigrants and their families. NICE's research and organizational capacity could be used as a model to help City and State authorities plan their responses over the lifecycle of the pandemic. NICE's survey also shows how exclusion of immigrants and their US citizen children or spouses from the federal policies created to ameliorate the worst impacts of the pandemic – especially the CARES Act – have harmed those taxpaying families. Organizations such as NICE can help detect harms to immigrant families that will not be captured by other research. Moreover, they can help in tracking and responding to the pandemic over its lifecycle, in detecting upticks, or in ensuring fair access to and use of treatments for COVID-19, such as a vaccine, once one is developed.

NICE and similar organizations can be invaluable partners for City and State authorities in monitoring and responding to the pandemic now, and in later stages and the transition out. Finally, the pandemic presents foundations with an opportunity to invest in NICE and similar organizations that are doing and reporting on this frontline work in ways that both help their clients/members, and that help local authorities respond more effectively to the pandemic.

I. Introduction

"My wife had symptoms of COVID but did not go to the hospital for fear they would detain her. We have done a month and a half without leaving the house, since March 13th "[1]

Gaizka, a NICE survey respondent explaining how his wife's lack of legal status made her fear she would get deported prevented her from getting medical help despite being gravely ill.

"The rags were so filthy, and we had no soap and little water to clean them, so we felt like we were spreading the virus in the subway car by our cleaning… We started on Monday, but they did not give us masks 'til Wednesday… The gloves they gave us were for making sandwiches, not for cleaning! They would break, and there were no more, so we brought our own…. I worry: How many people will get sick because these cars were 'cleaned' this way?" [2]

Susanna, a NICE respondent reporting unsafe working conditions and fearing other New Yorkers would get sick in ineffectively cleaned subways cars.

Gaizka and Susanna are two of the voices from a survey by New Immigrant Community Empowerment (NICE), a nonprofit working and organizing with and for immigrant workers and families' safety and rights. Gaizka's wife's fear, even in New York City, of going to the hospital despite showing serious COVID-19 symptoms illustrates the awful reality undocumented immigrants face every day – fear of getting needed help because contact with authorities could lead to deportation.

Susanna illustrates how such fear can endanger not only immigrants, but all New Yorkers. She worked cleaning subway cars to keep safe not just essential workers but all New Yorkers and prepare the City to reopen. However, the contractor cut corners and put profit over the health of workers and the public. Susanna was able to overcome her fears and protest her sub-prevailing wage pay and unsafe working with the help of NICE. Susanna should have safe working conditions, and the equipment to do her work well, both to respect her basic human right to safety and dignity at work, but also because her work cleaning the subways, done well, will help keep all New Yorkers safe. Preventing and remediating such risk is essential as New York reopens. Immigrant led/serving organizations like NICE have a key role to play.

Research by NICE gives us insight into how hard-hit these immigrant families are, how few were helped by COVID-19 stimulus spending, and how necessary support from state and local authorities is, now and in the coming two+ years of the pandemic lifecycle.

Moreover, NICE (working with faculty and researchers at the Marxe School of Public and International Affairs and the Center for Nonprofit Strategy and Management, Baruch College, CUNY) offers a model of strategic thinking and planning on how to address the pandemic through what the Centers for Disease Control (CDC) calls its "pandemic phases" or "pandemic intervals" of phases. [3]." The CDC, following the World Health Organization (WHO), finds that pandemic phases are underpinned by the rate and means of transmission, pre-peak phases consist in low-level human-to-human transmission, peak phases show widespread human infection, and post-peak phases include the possibility of recurring infection. We borrow the concept of crisis lifecycle from the disaster research literature because it includes not only the progression of the disaster/pandemic itself, but also public and societal response to it.[4] We posit two closely linked pandemic lifecycles: a *societal* pandemic lifecycle one, which will likely include the immediate crisis; phased reopening by work sector, including construction work; possible COVID-19 case upticks, and re-shutdowns; and transition out of the pandemic; and a *treatment* lifecycle, which involves development of better treatments and eventually a vaccine for COVID-19, but also involves broad and fair availability and use of that vaccine, and transition out of the pandemic. Both lifecycles are at least partly determined by policies the authorities adopt and how society responds.

We propose that NICE and like organizations serve as key partners in monitoring COVID-19 effects now and in later stages of the pandemic, and in promoting community knowledge of and access to the best medical treatments (e.g. a vaccine). Research shows that the ability to generate real time data, and to partner effectively with immigrant (or other vulnerable group) organizations, are invaluable in addressing pandemics[5]. Moreover, research that follows participants for more time generates insights about longer term effects of than short term, one-off interview or survey research (Smith, 2006, 2014). The pandemic thus presents New York City, New York State, and foundation funders with an opportunity to develop a strategy increasing the capacities of such organizations to respond to the COVID-19 pandemic and other future crises.

This report first offers an overview of COVID-19's grim impacts among respondents in the NICE survey, and analyzes why immigrant workers are especially vulnerable, and how they are excluded from public measures meant to partly counteract negative impacts of the pandemic. We next discuss the role that organizations like NICE can play in helping the New York City and New York State respond to the pandemic through its lifecycle (Cordero-Guzman, 2005), and how they and foundations can help in this work.

II. The NICE Survey

The NICE Survey: The Pandemic's Grim Impacts on Immigrant Families

NICE's survey is invaluable because it offers a glimpse into the lives of those most affected by the pandemic in some of hardest hit neighborhoods in America, which are very unlikely to be heard from in most other research on COVID-19. Most research and analysis on COVID-19 is being done in two ways. First, big data, such as cell phone use, that tells how the overall population's behavior (e.g. not travelling more than two miles from one's house) has changed. Such research is helpful for analyzing variation by place (e.g. states with or without stay at home orders), but not so helpful for analyzing how specific, vulnerable populations are affected by COVID-19. Second, most large surveys whose design make them unlikely to reach the population NICE serves and surveys here (see brief appendix). Most surveys on COVID-19 use email or text message to have people respond to an online survey, which research shows routinely misses certain populations. NICE's survey is done by direct call, drawing on relationships with its members. Moreover, NICE's survey captures data from people living in neighborhoods among the most hard-hit in New York City and in America. NICE has about 10,000 and has recently opened offices in Brooklyn and the Bronx (in addition to its Queens home office), giving it close to City-wide reach. We discuss methods issues more in the appendix. NICE's research gives us a direct view into the lives of New York's most vulnerable members.

Extending the ability to gather and analyze such data through the lifecycle of the pandemic is a good investment because it taps into neighborhoods severely impacted by COVID-19. Most NICE survey respondents were from Queens (87%), and especially the neighborhoods of Corona, Elmhurst, Jackson Heights, and Woodside. How hard-hit these neighborhoods are can be seen from the data provided the New York City Department of Health and published in the New York Times heatmap (NYT 2020). Rates of infection per person reported on May 18, 2020, were 1 in 26 persons in Corona and Jackson Heights, 1 in 42 in Woodside, and 1 in 24 in East Elmhurst. Rates of death were astoundingly high: 1 in 243 people (not COVID-19 cases) in East Elmhurst, 1 in 344 people in Elmhurst, 1 in 287 in Jackson Heights, and 1 in 521 in Woodside. Compare these to the Upper West Side – with 1 COVID-19 case for each 114 people, and 1 death for each 1205 people – and Upper East Side – with 1 COVID-19 case per 101 people, and 1 COVID-19 death per 1804 people. To concretize this even more, East Elmhurst has 1506 COVID-19 cases reported on May 19th, and 150 COVID-19 deaths – a 10% death rate. Jackson Heights had a 9.1% death rate (218 deaths of 2385 cases). Corona's death rate is 8.7% (371 deaths of 4248 cases). These breathtakingly higher death rates than reported anywhere else likely reflect that testing at first especially focused on sick people, but also reflect higher population density and housing overcrowding, and the extreme inequalities and insecurity immigrants face, including lack of access to healthcare or regular income. This especially so for undocumented immigrants.[6] This report is an urgent call to action and for more research to understand and mitigate preventable harms resulting from the pandemic.

Perhaps the most heartbreaking fact NICE reports is that by early June, 2020, it had helped 48 families who had lost a family member to COVID-19. Many were the main breadwinners for their

families, and their deaths mean the children in these families are now living in extreme poverty that their parent's work had previously prevented.

NICE's overall survey results are also quite grim and suggest more distress on the close horizon. NICE surveyed 170 of its regular members between April 20 and May 13, 2020. The pandemic has catastrophically endangered the financial security and increased the risk of homelessness of these immigrant families. The pandemic has also seriously harmed the physical and mental health of these immigrant families.

Catastrophic Economic Impacts of the Pandemic

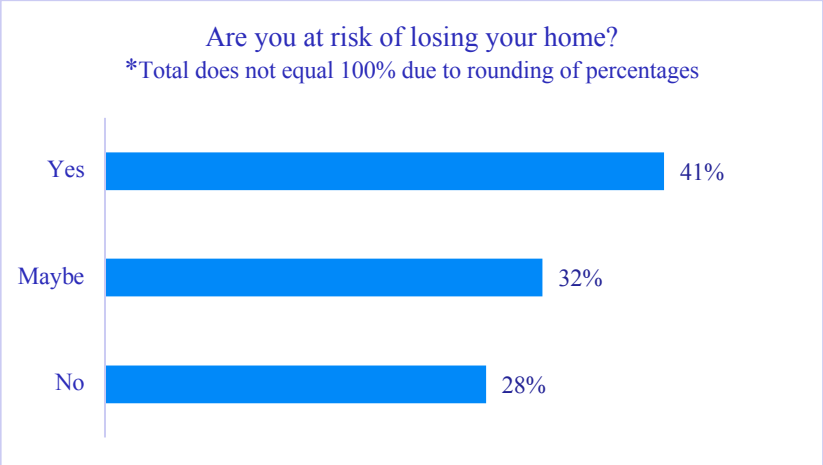
Over 90% of NICE respondents reported that they had not worked in the four weeks prior to the survey, while only 6% reported working in the last month. NICE members reported they had stopped work because their job sites closed due to the pandemic, or they had gotten sick, or were being asked to work in unsafe conditions. Nearly 80% report they have lost all their income and savings during the pandemic.

While loss of income due to COVID-19 is hard for any family, the economic situation of NICE respondents prior to the pandemic suggests it could be catastrophic for them. The majority (62%) of survey respondents earned between $200-$600/week before the pandemic and paid between $100-300/week in rent (61%), from which we infer that most survey respondents spent about half their income on rent. Without savings, many NICE members have been unable to pay rent or utilities, and many are seeking the assistance of food banks.

Stated more plainly, most NICE families lived hand to mouth, meaning that they paid their rent and bought food with the money they earned, unable to save much. When their income fell, so did their ability to pay rent and buy food for their families *that week*.

Catastrophic Increase in Risk of Homelessness, Including for Children

This grave risk to NICE families is seen in the alarming statistic that 41% of survey respondents reported being at risk of losing their housing, and 32% feared they could be at risk. Those at risk lived with an average of 2.2 children, nearly all US citizens. Research shows homeless children face a series of preventable downstream harms, making it harder to learn and thrive as adults, but also that many of these downstream harms are preventable by early intervention. These include lower rates of preschool enrollment and poverty as children, and less socioeconomic progress later in life (Sandel et al 2018; Capps, Fix and Zong 2016).



So far, NICE survey respondents have not been helped by public policies meant to ameliorate the pandemic's worst impacts. The most important public policy – the pandemic stimulus spending – did not help these immigrant families and their US citizen children. Less than half of 1% of NICE respondents reported receiving a pandemic stimulus benefit, and only 9% reported family members being eligible for federal benefits. We return to this issue below.

Pandemic Harms Mental Health

COVID-19 has had strong negative impacts on survey respondents' physical and mental health. Some 36% of respondents report symptoms they understood as COVID-19. Moreover, this rate likely went up, because there is a lag period between infection and visible symptoms, during which time the risk of unknowingly spreading the virus is high[7]. Equally worrisome: 41% reported underlying conditions (e.g. asthma) that can worsen COVID-19's morbidity, increasing chances for greater

harm due to COVID-19. Research by Smith and others shows an overcrowding rate in Mexican and other Latinx households of over 97% -- a fact which increases likelihood of transmission[8].
More than 15% of survey respondents reported "intense anxiety, depression or even suicidal thoughts due to the pandemic." To concretize this statistic, we offer the voices of two NICE survey respondents:

"Psychologically I feel drained to think of my family – Who would take care of them (if I get sick)? I fell into depression and I just have to deal with this. I am a single mother[9]*."*

Well, the truth is its very difficult and impactful, how it affects us, economically and emotionally. For me, my wife tested positive for COVID-19, and so we had difficult moments of fear. But thank God she is recuperating. But also, economically it has affected us. We have not been working for more than a month. I can only say it is very difficult, this situation, as an immigrant, and we do not receive any (COVID-19 relief) benefits[10]. Jorge, a NICE member.

Our finding of increased mental health symptoms is in line with the CDC's findings that lower income people, and Latinxs especially, have reported higher levels of such symptoms[11]. Such intense anxiety or suicidal thoughts harm the health of parents reporting them, but also potentially harm other family members, and especially children. The pandemic and resulting mental health challenges can only have worsened the lives of children of undocumented immigrants, who, research shows, experience a grave set of mental health challenges, including high levels of toxic stress that harm their ability to do well in school (Menjivar et al 2016).

Survey respondents also reported alarmingly high rates of COVID-19 symptoms and risks. Some 36% of those surveyed reported COVID-19 symptoms (loss of taste/smell, cough, difficulty breathing). Actual infection rates could be higher, because infection precedes symptoms, and the surveys were done once.

III. Exclusionary Policies

Exclusionary Policies Make Immigrants, their Families, and their Communities Particularly Vulnerable to the Pandemic, and Will Make the Pandemic Longer and More Harmful

Jorge, quoted in the prior section, not only reports the economic and emotional harm the pandemic has done to his wife and family, but also how the exclusion of immigrants from policies meant to cushion America from the pandemic's worst impacts has also harmed them. Indeed, NICE's research shows how the multi-level exclusions of immigrants from such social safety nets increases the pandemic's harm to their families. These exclusions take several forms.

Undocumented immigrants have been excluded systematically from healthcare in a way that spills over into affecting their families, regardless of the status of the individual members (Berk et al. 2000), which is why it is not surprising that COVID-19 would have such dire effects. Harsh, exclusionary immigration policies, framed and perceived as excluding and targeting based on ethnicity, can have a chilling effect on Latinx and Hispanic US citizens (Toomey et al. 2014; Kline, 2019). The exclusion of this vulnerable population from economic aid and healthcare during the pandemic will have dire consequences for them, their families, and the communities they live in.

Several policies or practices increased the harm done by COVID-19 among immigrants. For instance, as hospitals began to receive COVID-19 patients, public health officials advised people to stay home and to contact their primary care physician over the phone before going to the hospital, But undocumented immigrants were excluded from the Affordable Care Act and most do not have primary care physicians to call (Page et al. 2020). Undocumented immigrants often fear seeking medical attention (Hacker et al. 2015), as the case of Gaizka reported in the introduction showed. Moreover, some immigrants with serious COVID-19 symptoms who went to public hospitals in New York City were asked whether they had insurance and if they were "illegal," and were then made to wait or sent home without a test. Some believe that they were denied a test because they did not have health insurance, and the hospital did not want to do the test without the cost being covered[12].

Immigrants and their families – including US citizen children – have been categorically excluded from public policies meant to remediate the worst economic impacts of the pandemic. In addition to being disproportionately affected by the slowdown of the economy (Kochhar 2020), the CARES Act passed by Congress excluded undocumented individuals and their families – including US citizen children -- from relief money. Only those who filed taxes with a Social Security Number (SSN) – and for whom everyone on their tax filing also has a SSN – were eligible to receive the $1,200 stimulus payment. This clause specifically excluded the huge number of undocumented immigrants who pay their taxes using an Individual Taxpayer Identification Number, or ITIN. The CARES act goes further in its exclusionary logic by making ineligible for the $1200 stimulus check anyone filing taxes with an SSN who files jointly with someone using an ITIN. This clause specifically targets mixed status families, for example, where a US citizen married to an undocumented spouse would also be denied a stimulus check. Moreover, this clause excludes all US citizen children who live with an undocumented parent, of whom there are more than 4 million in the US (Capps, Fix and Zong

2016). Hence, the presence of one undocumented taxpayer in a family would then make the entire family ineligible for the economic relief of the CARES Act, no matter how many of those individuals paid taxes. The Migration Policy Institute estimates that 15.4 million individuals in mixed-status families were excluded from the stimulus payments (MPI 2020), in a clear example of what Menjivar and Abrego (2014) have coined "legal violence" and what Enríquez (2015) has termed "multigenerational punishment."

The cruelty and irony of this clause merits more reflection. Undocumented immigrants use an ITIN to pay taxes for programs for which they themselves are ineligible. In our research, ITIN using, taxpaying, undocumented immigrants have told us they pay their taxes for two reasons: First, because they hope to legalize their status someday, and want to be right with the government on taxes when they apply. Second, they want to teach their children by example about being good citizens – one father explained to his children that he pays his taxes because that is how the government pays for their schools.

Ironically, by excluding immigrants, public officials harm the chances to get the pandemic under control. The spillover of exclusionary logics not only affects immigrants, but their US citizen children, and threatens the health of all New Yorkers and all Americans. Such exclusionary spillovers include heightened anxiety and toxic stress for children, especially young children, which research shows causes problems in school and overall development (Menjivar et al 2016; Aranda et al 2014).

Moreover, in a pandemic, excluding any groups from public programs meant to fight the pandemic increases risks to everyone. For example, a worker who has lost income for months due to the pandemic will face great pressure to return to work and stay at work, even in unsafe conditions (such as Susanna faced), because they need to feed their family and pay rent. The pressure they would feel to stay at an unsafe job or to keep working if sick would be less had their families gotten

the same stimulus checks all other Americans got. One family we spoke to has an undocumented mother with a US citizen husband and four children. Because the mother paid taxes with an ITIN, the 5 US citizen members of the family were denied $2200 ($1200 for the husband and $500 for each child; it would be $3400 if we include the mother) in stimulus checks, which they needed, because the mother's workplace shut down due to the pandemic.

The federal government seems to have recognized this risk in one way and taken half a half-hearted step to correct it. In February 2020, the federal government enacted the public charge rule stating that the use of public services would be detrimental for entry to the US and for immigrants seeking to adjust to legal status or to eventually become citizens. Healthcare professionals noted immigrants disenrolling their families from public benefits such as Supplemental Nutrition Assistance Program (SNAP) – whose main beneficiaries are US citizen children -- even as the rule was being *discussed* (Page et al. 2020). But by March of this year, as COVID-19 cases were rising, USCIS, the agency responsible for implementing the public charge rule, stated on their website that preventive treatment or analysis related to COVID-19 would not be in violation of the new public charge rule.

Our research with immigrants so far suggests this small, welcome, change will not help much, because, very few immigrants or immigrant organizations know about it. Rather, the ramping up of the threat of permanent illegality and deportability of these parents has led them increasingly not to use any public program. The cruel irony is that these parents are avoiding programs meant to help children in their own attempts to protect their US citizen children from being permanently separated from them. This administration's policy of separating immigrant children – even nursing babies – from their parents *as a policy too*l at the US-Mexico border, and without even bothering to create a system to reunite them, speaks much louder than the small announcement on the USCIS website carving out a COVID-19 exception. That, and the public charge rule, are the stories people now know.

IV. Immigrant Organizations

Immigrant Organizations Can Be Partners for Monitoring and Response Through the Pandemic Lifecycle

Immigrant organizations like NICE will be essential in each pandemic lifecycle stage. First, NICE members work mostly in construction, one of the first large industries in New York City's Phase 1 reopening, but also work in restaurants, food delivery, and as nannies. The research NICE has done (and seeks to continue) could offer real-time data on upticks, offering policy makers early warning, so they can respond quickly. As New Zealand and Iceland have taught us, faster response can save thousands of lives.[13] Were NICE and similar organizations able to continue such monitoring and reporting of COVID-19 impacts through the pandemic, it would give us data on crucial policy questions, including: How much income families have lost, and how long it takes to get back on their feet financially? How many families become homeless, and for how long, and how many children are affected? How many of those who had COVID-19 symptoms or diagnoses recovered fully, or continue to experience COVID-19 linked symptoms? How many have avoided seeking medical care for fear of deportation or fear of ruining their chances to legalize later, due to the public charge rule?

Second, NICE and similarly situated organizations are directly linked to the most vulnerable New Yorkers who are unlikely to be contacted by or respond to most polling or online surveys on COVID-19. These include well designed research, such as the CUNY School of Public Health's weekly 1000-person survey on COVID-19 impacts[14], and the CDC's National Center for Health Statistics (NCHS) Household Pulse Survey, done with the US Census[15] (see appendix). NICE in particular has shown impressive capacity in fielding and analyzing a survey so quickly and with minimal funding, and has sites in Queens, Brooklyn, and the Bronx, which have also been hard-hit by COVID-19. Continuing such research will enable NICE to help its members and help guide the City and other authorities in their COVID-19 response. As a trusted community organization, NICE and similarly situated organizations can be valuable partners in monitoring and responding to the pandemic over its lifecycle.

Why and How the NICE Survey and Research Add Value Other Surveys and Research Cannot

The value of the research NICE and similar organizations can/could do can be seen by how most research, and especially surveys, on the pandemic has been done so far. Much of this research analyzes large-scale data sources, such as cell phones usage. Such research can tell us, for example, what percentage of cell phone users in different places are staying home or still moving far distances in public. While powerful for assessing, for example, which states or places have more people staying home or venturing out, such research offers little insight on how different populations are affected. Similarly, the CUNY School of Public Health Survey and NCHS's Household Pulse survey recruit respondents via internet and text, approaches which research shows usually reaches the same kinds

of internet-connected households, and usually misses key demographics (Kennedy, Courtney, and Hartig, Hannah, 2019). One of the least reached and most important populations to reach is exactly the kind of people NICE surveys.

The data NICE has collected, and the interviews and case work it has done with its affected members, offer different but invaluable insights that should also inform current and future responses to the pandemic. NICE's research can tell us, for example, how COVID-19 has both robbed these immigrant families of their ability to earn a living and put many at risk of becoming homeless and hungry. NICE's research describes the reality for too many fellow New Yorkers suffering from COVID-19, but who will not be helped or even noticed by most public responses to the pandemic.

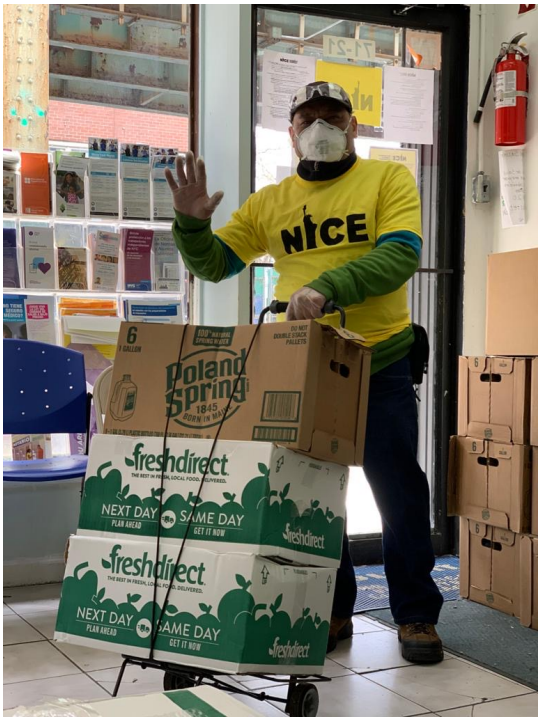
NICE's work and understanding of its members' lives could be used to design or adapt public health, and economic assistance policies, which will be in flux as medical knowledge changes and new treatments are made available. For instance, the knowledge NICE produces could be invaluable in deciding where to allocate material resources to help families, or to design the messaging in social media to promote adherence to social distancing or other safety measures, or to promote the use of a vaccine once it is ready. This report, and NICE's ongoing data collection, intend to help identify such issues, and help public officials and other institutions, to mitigate preventable harms, and protect immigrant communities in the understanding that this will also protect all New Yorkers and Americans.

Third, immigrants' deep trust in their organizations makes them essential partners as we move through the pandemic lifecycle. For example, these organizations can help ensure all New Yorkers have fair access to a vaccine, once we have one. Moreover, research such as NICE has begun will help local authorities in understanding how to communicate with immigrants and their families over the pandemic lifecycle in ways that promote trust in and usage of this vaccine, for example through data based social messaging (see Smith, Waisanen and Yrizar Barbosa *Immigration and Strategic Health Communication*. 2019. Routledge; Freimuth et al 2014). Getting social messaging right matters because it is a key factor determining whether or not people act on the information offered, for example, by getting or not getting a vaccine. Investing in immigrant organizations like NICE will help the City Council stem the COVID-19 pandemic now, craft better responses to possible rebounds, and ensure treatments help all New Yorkers.

NICE and its partner researchers could also help local and state authorities by helping them do effective social messaging and by understanding how immigrants and their families are making decisions about work, treatment, and return to work in the pandemic. The proposed research could get data on how immigrants (like many vulnerable populations) make healthcare decisions with incomplete information and uncertainty about risk or navigate a healthcare system not culturally-linguistically oriented to them (Larson 2016; Vinck et al. 2019; Holmes 2012, 2013). The proposed research could get data on how and where immigrants seek information on COVID-19, what information they trust, and what decision-making heuristics they use in deciding about healthcare, returning to work, etc. within the pandemic (Lipshitz, Klein, Orsanu, and Salas, 2001). Such research can inform how localities and New York State communicate to generate trust and help immigrant families make better healthcare decisions (Smith, Waisanen, Yrizar, 2019; Vaughan et al 2009). Research such as this can also help by assessing institutions' information and social messaging on COVID-19. Done well, social messaging can promote better outcomes, for example getting poor people to enroll in new health programs (Cousineu, et al 2010; Siegrist and Zingg 2014; Freimuth et al. 2014), or later, get the COVID-19 vaccine. These findings could be helpful in advising City or New York State authorities and organizations in how to respond or do social messaging about the pandemic.

Fourth, research shows that immigrant organizations can help generate trust not only in themselves, but in local governmental and health authorities and that such trust fosters greater use of health facilities and treatments (Siegrist and Zingg 2014; Kline,2019; de Graauw 2008; Cordero Guzman, 2005). But these immigrant organizations must survive financially for this work, which City Council funding can help ensure. Funding these organizations, including their capacity to help monitor and report on COVID-19 reporting in their communities, is essential.

Fifth, immigrant led and serving organizations have concretely acted to help ameliorate the impact of the pandemic. Seeing that their communities were not being effectively helped by public efforts,



NICE and three other immigrant-led and immigrant-serving organizations began soliciting food donations and directly delivering food to families in need. Some are working with the City and with private donations to distribute cash assistance directly to those in need. That these organizations have been able to coordinate their responses to the pandemic to serve the most hard-hit communities should be a strong signal to the City that these organizations merit more, and not less, public investment and funding. Not only is their work more essential than ever, the City could use the pandemic to promote their capacity to do more such work and help the City in its mission to protect and help nurture the lives of all New Yorkers.

Sixth, the pandemic has created the opportunity for foundations and other large funders to partner with immigrant community organizations in ways they had not previously. One valuable way they have already done that is by supporting these organizations' food delivery work. But there is a larger opportunity to invest and collaborate with such organizations in the longer term. Smaller community led organizations have noted a pattern through a series of crises, including 9-11, the Financial Crisis, Superstorm Sandy, and now the COVID-19 pandemic. Larger umbrella organizations are given large grants to help address the issues in the immediate crisis, but they rely on these closer to the ground organizations to do the work. They offer small "regrants" to support that work, but these regrants never cover the full cost of the project, nor do they help that organization grow. NICE's growth trajectory, and capacity to grow and respond to the COVID-19 pandemic, suggest another model is possible, whereby such foundations could invest in some community organizations doing the direct service and organizing work with the explicit goal of helping them build organizational capacity and scale up their work. NICE's recent opening of two new offices (in Brooklyn and the Bronx) is a step in this direction. Even while growing like this, NICE has stayed open, in-person, during the pandemic, save for a brief period while it applied for an Essential Business permit.

Finally, funding NICE and other immigrant organizations help keep all New Yorkers safe now and in the long run. Consider Singapore, which nearly quashed the pandemic, but neglected its immigrant workers, causing COVID-19-19 cases to rebound.[16] Returning to Susanna's case above – just as Susanna worried about people who could get sick from a badly cleaned subway car, all New Yorkers should want Susanna to have proper gloves and masks, and want the construction workers, nannies, and deli workers who are part of the fabric of New York life to be as protected as we all are. New York is a resilient place, but must also be a just and smart place, where it protects all New Yorkers equally, so we can all live safely and well.

V. Conclusions & Policy Recommendations

Non-profit organizations play crucial roles for immigrants in New York. They can help provide a safety net that otherwise does not exist for mixed-status households or for undocumented immigrants living on their own. A lesser known, but equally important, role is that non-profits can serve is to produce key research and information for policymakers about vulnerable populations, often in partnership with universities.

We strongly urge the City and State of New York, and foundation funders, to embrace such organizations as key allies in fighting the pandemic. We recommend:

1. Continuing and increasing public funding to such nonprofits. These organizations are essential partners in the fight against the pandemic and are especially vulnerable to the economic contraction the pandemic has caused. Keeping them in business is in the public interest.

2. Earmarking some public funds to enable these organizations to help gather the data needed to assess and respond to the pandemic. These organizations can offer early warnings of upticks in COVID-19 cases, as well as insights in how to respond to limit them.

3. Include immigrant organizations such as NICE in the planning and implementation of responses to COVID-19. They will have insights others will not due to their frontline work with affected families and will offer good ideas on how to respond to keep all New Yorkers safe.

4. Support partnerships of these organizations with public universities, especially CUNY and SUNY, to carry this work out, and protect the health of all New Yorkers. Public universities have a key role to play in improving public life and health and can play a key role in responding to the pandemic.

5. Foundations would do well to talk with some smaller immigrant organizations, such as NICE, to see how they can collaborate to help build the capacity of such immigrant led and serving organizations. These foundations and the City would invest well in building the capacity of such groups to respond through the whole pandemic, and to the next pandemic or crisis.

6. Our final recommendation is aimed at federal policy on COVID-19 and immigration. The specific exclusion from the CARES Act not only of those who pay taxes using an ITIN but also US citizens who are family members of that ITIN using taxpayer is, at best, unfair. The justification cannot be that the ITIN holders do not pay taxes, because the ITIN was created specifically for them to pay taxes. Moreover, this seems like a violation of the 14th Amendment equal protection clause, because it denies a benefit to US citizen children, in the case offered above, due to their association with their own undocumented mother. Policies targeting US citizen children due to their relationship with their mothers are, at best, inconsistent with common American notions of fairness, and America's belief in itself as a country that values families. At the very least, the federal government should take out the clause forbidding US citizen spouses or children from receiving pandemic related benefits in the future.

VI. Methods Appendix

On Surveys on COVID-19 and NICE's Survey

This appendix offers a fuller explanation of two issues raised above: What we can understand the NICE survey findings to represent, and why other surveys are unlikely to reach this vulnerable and important population.

Most surveys use automated voice call to a landline, or internet link via email or link via cell phone bringing users to a survey. The NCHS Household Pulse survey is done via an internet questionnaire, with people invited to participate via email or text message. People like those NICE can survey are very unlikely to be included, because the sample frame for the Pulse survey is the Census Bureau Master Address File Data, and is explained this way: "Housing units linked to one or more email addresses or cell phone numbers were randomly selected to participate, and one respondent from each housing unit was selected to respond for him or herself[17]." Given that such immigrants and their email addresses and households are less likely to appear in this Master Address File, they are more likely to be missed.

Similarly, CUNY's School of Public Health's well done 1000-person random weekly survey on COVID-19 impacts uses three methods unlikely to reach our population. First, it uses Interactive Voice response system to landlines. Such surveys have a 6% response rates; few of our informants have landlines. Second, it uses SMS (Small Message Service to online survey) which requires the respondent navigate through survey questions on their phone. Many of our respondents have limited literacy or distrust unknown links. Finally, it uses an Online panel by Mturk (Amazon Mechanical Turk, online survey tool). While efficient, "the MTurk population is small and potentially overused, and some groups of interest to behavioral scientists are underrepresented and difficult to recruit." (Kennedy et al 2019; Chandler et al 2019). The NICE survey, and others like it, can be vital allies in the public health institutions attempts to gauge and respond to the COVID-19 pandemic through its lifecycle. For these reasons, it is crucial that NICE and similar organizations receive ongoing support to engage in such work.

The NICE survey is not a representative sample of all residents of Queens or specific neighborhoods, so does not tell the overall story of those larger populations. But NICE's survey draws data from a broad swath of the biggest demographic group in these neighborhoods, which are among the most highly impacted by COVID-19 in the country, according to recent New York Times reporting. The NICE survey gives us an intimate picture of how COVID-19 has affected these Latinx immigrants. Of NICE's 170 survey respondents, 148 live in Queens, where NICE's main office is located. Some 104 identified as male, and 66 as female. Moreover, 58% of the respondents live in four zip codes: the Queens neighborhoods of Corona, Jackson Heights, Woodside, and Elmhurst. All NICE respondents were Latinx, and 85% were from four Latin American countries (Ecuador, Colombia, Mexico, and Venezuela). These neighborhoods in Queens have majority Latinx populations. A 2015 NYC Community Health Profile by the NYC Department of Health reported that the Corona and Elmhurst neighborhoods considered together are 66% foreign born, and 52% Latinx[18]. In

Community District 4 (which includes Corona, Corona Heights, and Elmhurst), 59% of the population speaks Spanish at home, and 52% have Limited English Proficiency.[19] Residents of Corona and Elmhurst overall have lower levels of income, but higher levels of labor market participation, and spend a higher percentage of their overall income on rent (59% pay more than 30% of their income for rent) than the overall NYC population (51%). Some 28% of residents in these two neighborhoods had a college degree in 2015 v 41% citywide. Residents of Corona and Elmhurst were also more likely to lack access to healthcare (36%) than the overall NYC population (20%) and reported lower levels of overall health (69% in Corona/Elmhurst v 78% for NYC).[20] District 4's housing density was higher at 3.3 persons per household than the 2.6 persons per household for New York City overall.[21] Hence, while the NICE survey is not representative of the whole population of these Queens neighborhoods, it does capture data on segments of the biggest population group, and especially on respondents unlikely to be contacted in most other research.

VII. The Authors

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IX. ENDNOTES

[1] *Mi esposa tuvo los síntomas pero no quiso ir al hospital por miedo a que la detuvieran tenemos mes y medio sin salir de casa desde el 13 de marzo.*

[2] *Los trapos estaban tan sucios, y no teníamos jabón y apenas poquita agua para limpiarlos, así que sentíamos que estábamos embarrando el virus en el vagón al limpiarlo…Empezamos el lunes, pero no nos dieron máscaras sino hasta el miércoles... ¡Los guantes que nos dieron eran de esos para hacer sándwiches, no para limpiar! Se rompían los guantes, y no había más, así que teníamos que comprar otros…Me preocupé: ¿Cuánta gente se enfermará porque los vagones se estaban 'limpiando' de esta manera?*

[3] https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/global-planning-508.html

[4] See for example: Elizabeth L. Petrun Sayers, PhD, Andrew M. Parker, PhD, Rajeev Ramchand, PhD, Melissa L. Finucane, PhD, Vanessa Parks, MA, Rachana Seelam, MPH. 2019. Reaching vulnerable populations in the disaster-prone US Gulf Coast: Communicating across the crisis lifecycle. *Journal of Emergency Management* Vol 17 No 4. ; Yeoman, Ian, Colin Munro, Joanne Connell, and Linda Walker. 2006. A case study of best practice—Visit Scotland's prepared response to an influenza pandemic. *Tourism Management*. 27(3): 361-393; Asgeirsdottir, Tinna Laufey, Hope Corman, Kelly Noonan, and Nancy Reichman. 2016. Lifecycle effects of a recession on health behaviors: Boom, bust, and recovery in Iceland. *Economics and Human Biology*. 20: 90-107.

[5] Most research on how to plan for pandemics, and how such planning has worked well or poorly, come from studying prior pandemics, including the 1918 Spanish Flu pandemic, but also other more recent ones. Scholarly research on this topic includes Uscher-Pines, et al 2007; Vaughan et al 2009; Cater Pokras et al 2007; Danforth et al 2010; and Kraut, 2010.

[6] **https://www.nytimes.com/interactive/2020/nyregion/new-york-city-coronavirus-cases.html.** These numbers change daily as the NYC Department of Health and Mental Hygiene gets in new data.

[7] Only 4% of respondents reported that someone else in their household reported COVID-19 symptoms. Our worry is that this low rate meant that others in the household were exposed and perhaps infected with COVID-19 after being surveyed. One would expect a higher percentage of persons in the same household to have COVID-19. Since most of those surveyed were the main breadwinner in the household, they were also more likely to be in close contact at their workplace outside the house, which could lend support to this hypothesis.

[8] Unpublished data from the DACA Access Project (aka MIDA) from a survey of 1707 mostly undocumented Mexican and other Latinx immigrants across New York State.

[9] *Psicológicamente me sentí devastada al pensar en mi familia; ¿quién se haría cargo de ellos? Entré en depresión y tuve que lidiar sola con esto, soy madre soltera.*

[10] *Pues la verdad es muy difícil y impactante como nos afectó tanto como en lo económico y emocionalmente porque mi esposa fue positivo con el COVID-19 pues pasamos momentos difíciles de miedo pero gracias a Dios se está recuperando pero también en lo económico nos está afectado pues no estamos trabajando por más de un mes. Sólo me resta decir que es muy difícil esta situación más como inmigrante porque no recibimos ningún beneficio. Muchas gracias.*

[11] **https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm** and https://www.vox.com/science-and-health/2020/5/29/21274495/pandemic-cdc-mental-health

[12] Such cases are reported in Smith's ongoing research on DACA and were reported by CUNY researcher Angelo Cabrera.

[13] https://www.nytimes.com/2020/06/08/world/australia/new-zealand-coronavirus-ardern.html and https://www.newyorker.com/magazine/2020/06/08/how-iceland-beat-the-coronavirus

[14] https://sph.cuny.edu/research/covid-19-tracking-survey

[15] https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

[16] https://www.nytimes.com/2020/04/20/world/asia/coronavirus-singapore.html

[17] https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

[18] https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015chp-qn04.pdf

[19] https://censusreporter.org/profiles/79500US3604107-nyc-queens-community-district-4-elmhurst-south-corona-puma-ny/. The median age in District 4 is 35 years old, lower than the average age in the NICE survey of 45. The lower median age for District 4 likely reflects that that statistic includes everyone, including children, while the NICE average age is only of the respondent themselves.

[20] https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015chp-qn04.pdf

[21] https://censusreporter.org/profiles/79500US3604107-nyc-queens-community-district-4-elmhurst-south-corona-puma-ny/

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New Immigrant Community Empowerment (NICE) is a nonprofit organization dedicated to improving the lives of vulnerable and precarious immigrant workers in New York, with a focus on day laborers, domestic workers, and newly arrived immigrants. We offer an extensive set of services, community organizing, and leadership development programs. NICE serves as a safer alternative for workers who solicit employment at day laborer street corners and fraudulent employment agencies, and who have little access to workforce development services. Workers connect with potential employers, collaboratively agree on rules and fair wages, and build a community of support to address their specific needs.