Responding to COVID-19: Immigrants Face Major Barriers to Accessing Essential Services in the SF Bay Area

A BIMI Policy Report

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COVID-19 disproportionately impacts foreign-born communities due to the overlapping issues of poverty, lack of access to healthcare, and legal vulnerabilities among immigrants.¹ Some immigrants’ precarious legal status means that they do not receive government support under the CARES Act² and are more likely to lack health insurance. Six million immigrants are essential workers in the United States, which increases their risk of exposure to the coronavirus at work or during their commute.³ In the San Francisco Bay Area, stay-at-home orders and social distancing provisions may be nearly impossible to follow for a substantial number of the region’s 2.3 million immigrants, given work demands and crowded living arrangements.⁴ As the number of COVID-19 cases continues to rise in the Bay Area⁵ and across the U.S., it is clear that immigrants are at the front lines of this pandemic.

Where can immigrants turn to for help during the pandemic? What barriers do they face in accessing necessary services? This brief summarizes key issues around immigrant service provision in the San Francisco Bay Area in the context of COVID-19, from economic aid to food assistance. It shines a light on the structural inequities that immigrants face, especially those who are low-income.

In particular, the brief highlights seven key challenges: barriers to accessible healthcare, employment and housing vulnerabilities, obstacles to obtaining economic assistance, fear over using public benefits (even when eligible), going hungry, language barriers, and the digital divide.

This brief draws on research conducted by dozens of undergraduate students at the University of California, Berkeley. When the shelter-in-place order came into effect in March 2020, student researchers analyzed U.S. Census data and conducted virtual interviews with community service providers, elected officials, and local stakeholders to examine how immigrants are affected by COVID-19. The students’ case studies on Alameda, Contra Costa, San Francisco, San Mateo, and Sonoma Counties inform the findings and recommendations of this brief.

We offer four policy recommendations for Bay Area leaders and service providers to better support immigrants and their families. Looking forward, we propose installing more community WiFi hubs, increased translation services to disseminate information, more economic assistance irrespective of legal status, and greater government investment in community-based organizations.

² “The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and signed into law on March 27th, 2020. This over $2 trillion economic relief package provides economic assistance for American workers, families, and small businesses. https://www.congress.gov/bill/116th-congress/senate-bill/3548/text?q=product+actualizaci%C3%B3n
**Major Barriers Immigrants Face in the COVID-19 Pandemic**

During a pandemic, as during any emergency, access to information and resources on safety becomes urgent for all segments of the population. Unfortunately, barriers ranging from language accessibility to documentation, make it difficult for immigrants in the Bay Area to use vital services, if available, and to stay informed about critical COVID-19 developments. The lack of access to information coupled with the limited availability of crucial economic and health services prevents immigrants from receiving the resources they need. These risks not only heighten immigrants’ vulnerability to the coronavirus, but also forces them to bear the burden of prolonged economic impacts.

**Barriers to Healthcare Accessibility**

With immigrants and low-income individuals especially impacted by COVID-19, ensuring adequate access to healthcare services is critically important. Historically, low-income immigrants moved to gateway cities, like San Francisco and San Jose. In such gateway cities, immigrants have an established civic presence and are considered “natural stakeholders in public service provision” by their local governments, which have longstanding infrastructures in place to facilitate partnerships among service providers for immigrants. In the past few decades, however, low-income immigrants have moved to bedroom communities and suburbs outside of traditional gateway cities in the search for affordable housing. Service providers and local communities have not entirely caught up with the new reality of heightened immigrant demand for services in suburbs. The result is a spatial mismatch, where services are not located in the areas where high concentrations of low-income immigrants live.

Due to limited access to private vehicles and the length of travel time by public transportation, low-income immigrants may not be able to access health services that are far away from their communities. For example, the fast-growing immigrant populations in the suburbs of East Contra Costa must travel to clinics concentrated in Berkeley, Oakland, and San Francisco to receive healthcare. Such a trip can take 2-4 hours without a car. Especially during a pandemic, immigrants risk contracting COVID-19 by having to take public transit for hours to reach distant health clinics. These health clinics, which specifically provide care for underserved and uninsured populations, are particularly vital to undocumented immigrants. Out of the 84,000 uninsured individuals in Alameda County, around 65,000 were unable to receive coverage due to their immigration status.  

“Do you know that in San Francisco, just the next county over, they deliver lunches to every single family? Why can’t San Mateo County figure that out? I think it’s about leadership. Whether it’s the mayor level, the Board of Supervisors, the school boards [...] they don’t have a clue how to serve immigrant families.”

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**ANGIE IBARRA**
**GENERATIONS UNITED FOUNDER**

The spatial mismatch is not due solely to a lack of awareness about the new residential patterns of low-income immigrants. Prof. Irene Bloemraad identifies a pattern of “suburban freeriding,” or the phenomenon of suburbs not investing in services for low-income immigrant populations, assuming that immigrants will access services in the nearest large city. Counties with gateway cities have historically offered more services to immigrants, which has been evident in the immigrant-specific COVID-19 responses by Alameda and San Francisco County. San Francisco’s Department of Public Health operates the Healthy San Francisco initiative, giving healthcare access to underserved populations which explicitly includes immigrants. These programs contrast with initiatives in counties without gateway cities. Angie Ibarra, the founder of Generations United, a community based organization in San Mateo County explains, “Do you know that in San Francisco, just the next county over, they de-

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10 Executive Secretary of the San Francisco Health Commission, Mark Morewitz, interview with one of the authors, April 2020.
liver lunches to every single family? Why can’t San Mateo County figure that out?" Reflecting on the dearth of immigrant-oriented services in San Mateo County, she continues, “I think it’s about leadership. Whether it’s the mayor level, the Board of Supervisors, the school boards [...] they don’t have a clue how to serve immigrant families.” Ibarra’s account reflects the research finding that bedroom cities lack institutional experience in serving immigrant populations compared to gateway cities. In contrast to San Mateo County and illustrating their long-established attention to immigrant communities, most health clinics in the city of San Francisco feature inclusive messages about immigrants in their mission statements and provide services in a broad range of languages. Explicit statements of inclusion are important for immigrants’ access to healthcare, given immigrants’ fear of accessing government services due to the effect that it could have on their legal status in the future.

**Employment and Housing Vulnerabilities**

Financially, immigrants are disproportionately impacted by the pandemic due to their lack of job security. This in turn can result in a higher likelihood of eviction from housing. Immigrants are more heavily concentrated in the service industry, an industry in which employees face high exposure to the virus and a likelier chance of unemployment than other occupations. In San Francisco, around 23 percent of the foreign-born population works in the service industry, which is double the proportion compared to the native born population. Low-income immigrant laborers, who make up a significant portion of the essential workforce, are “less likely” to have health insurance through their employers, “less likely” to have union protections, and are “more vulnerable to working in dangerous and physically taxing situations” that put them at higher need for healthcare.

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**SERVICE INDUSTRY CONCENTRATION**

**SAN FRANCISCO COUNTY**

**FOREIGN BORN**
23.1% work in the service industry

**NATIVE BORN**
10.2% work in the service industry

**SOURCE:** AMERICAN COMMUNITY SURVEY 2018 (US CENSUS BUREAU)

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12 de Graauw, Gleeson, and Bloemraad (2013)


on eviction, mixed-status families and undocumented individuals face particular difficulties in challenging abuse by landlords and employers due to fears of immigrant enforcement and deportation. Such fears are compounded by the lack of access to low-cost legal aid. There is an uneven distribution of legal clinics dedicated to helping immigrants in the Bay Area. These legal clinics have also seen an uptick in the number of people to whom they provide services, creating long waitlists during a fraught time.

**Economic Assistance**

Despite their disproportionate economic vulnerability, undocumented immigrants and those on temporary visas are left out of federal economic relief efforts. For instance, the CARES Act does not apply to people without a Social Security Number (SSN) or those who are classified as nonresident aliens. Some states, like California, have tried to provide limited economic assistance to individuals left out of the CARES Act, but a lack of outreach and misinformation means that many immigrants are unaware that they are eligible for such programs, or even that such programs exist. They might also distrust government, worrying about immigration enforcement. In Sonoma County, a city mayor told us that undocumented individuals are more likely to reach out to nonprofits for assistance rather than the city government, noting the importance of community-based organizations to support these vulnerable people in the community.

Nonprofits are struggling to meet the rising demand of immigrants who cannot access government-sponsored relief efforts. For instance, La Luz Center, a community organization that works with immigrants in Sonoma County, had 300 people on a waiting list for phone appointments for help in receiving various social services, including economic relief. Some cities and local nonprofits have also established their own relief funds for their undocumented residents. For example, the city of Oakland and a coalition of seven nonprofits established the Oakland Undocumented Relief Fund (OUR Fund) to provide checks and prepaid debit cards to undocumented community members. Increased funding for community organizations and clinics with immigrant-focused services is needed now more than ever.

**Fear of Using Public Assistance**

Even if services are open to those without legal status or permanent residence, immigrants often avoid using these services out of fear of deportation and mistrust of government agencies. The change to the Public Charge Rule, which was introduced in August 2019 and is now in effect after being temporarily blocked by judicial order, “expands the reasons that an applicant for legal permanent residence can be considered inadmissible because they are likely to become dependent on public benefits.” The rule change was predicted to produce a “chilling effect” on immigrants’ willingness to seek government support as they fear it will have a negative impact on their ability to secure permanent immigration status. In fact, it is anticipated that 15-35 percent of children who are U.S. citizens with at least one noncitizen parent will be disenrolled from Medicaid, affecting up to 2 million children. Despite declarations from the government that COVID-19 testing and treatment are excluded from the public charge rule, the combination of limited outreach efforts from county health leaders and distrust in government have led to a lack of testing among immigrants.

With the ongoing pandemic, LIBRE, a non-profit in San Mateo County, is receiving more calls from those concerned about whether they can seek out public assistance like CalFresh, according to Rocio Garcia, a staff member at the organization. While food banks in the Bay Area do not require a social security number, immigrants express fear and concern about utilizing food bank services. Garcia told us, “We’re trying to make sure people are receiving the appropriate benefits. I think the big issue is debunking [the] public charge [rule].” Though not all individuals are directly affected by

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16 Plant, Natsoulis, and Slootjes (2020).


18 Petaluma City Mayor, Teresa Barrett, interview with one of the authors, April 2020.

19 Director of Programs of La Luz Center, Sandy Sanchez, interview with one of the authors, April 2020.

20 Almasalkhi, Bloemraad, Cho, Roesch, and Slootjes (2019)

21 Almasalkhi, Bloemraad, Cho, Roesch, and Slootjes (2019)

22 Ibid.


25 LIBRE representative, Rocio Garcia, interview with one of the authors, April 2020.
the new rule, in the Bay Area, fear might leave more than 289,000 people affected, and up to 46,000 individuals may forgo nutritional assistance programs, like SNAP/CalFresh, while 98,000 people may withdraw from MediCal. Especially concerning is that 61 percent of those losing benefits are children.26

**Food Insecurity and Going Hungry**

With high unemployment due to the pandemic, many Bay Area residents find themselves in worsening situations of food insecurity. In the first eight weeks of the pandemic alone, the number of residents relying on the Food Bank of Contra Costa and Solano rose by 50 percent.27

All five counties we studied have food banks located in high-density areas, but transportation remains a barrier to accessing emergency food supplies. Angie Ibarra, the founder of a community center in San Mateo, offered a scenario: “Let’s say you’re a single mom with four kids and you don’t have a car. You can't very well pick up all your kids and walk to a facility to get groceries.”28 Immigrants often need a car to reach food banks, and those who must rely on public transportation are at a higher risk of contracting the virus due to likely contact with others.

In response, schools have become important sites for free lunch distribution during the pandemic. Since 26.4 percent of families in Oakland rely on CalFresh/SNAP benefits,29 schools serving free lunch have a profound impact on lessening the rates of hunger among children. However, our case study of Oakland food distribution sites during the pandemic demonstrates that there is a spatial mismatch between where school meals are distributed and the areas where foreign-born households in poverty are concentrated.

Just as food banks experienced a sharp rise in demand for services during the pandemic, school-based food distribution programs faced the same. Jihyun Kim, a teacher from Contra Costa County, reported that on the first day of school closures in March, there were over 450 meals served at Richmond High. By the next day the number doubled to almost 1,000 students.30 Kim added that more than 43,000 meals were distributed in the district by the end of the first week of school closures. With long lines and despite children’s reliance on the school-provided meals, the school could not keep up with the demand.

**Language Barriers**

Publications sharing information about COVID-19 relief services, such as county health websites, are not adequately translated into the languages commonly spoken by immigrants in the Bay Area. Of the 7 million people in the Bay Area, 17.3 percent of its residents—over 1.24 million people—speak English “less than very well.”31 Thus, immigrants with limited English proficiency have a difficult time accessing information about essential services and information about economic relief, COVID-19 testing, and food aid. Many health clinics and food banks do hire bilingual staff and interpreters, but there are “gateway” language barriers that prevent non-English speakers from accessing the services. Often, the avenues through which immigrants must navigate to access information and bilingual services are only available in English. Some community-based health and legal clinic websites are not translated into multiple languages or the drop-down menu that displays translation options is written in English. For example, only one of the five legal clinics in San Mateo County includes a Google Translate button on their website homepage. Even then, the accuracy of auto-generated translations, like those offered through Google Translate, is dubious. Jihyun Kim, who works at a school in Contra Costa County, notes that the

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27 Contra Costa and Solano Food Bank Policy and Advocacy Manager, Cassidie Carmen Bates, interview with one of the authors, April 2020.
28 Founder of Generations United, Angie Ibarra, interview with one of the authors, April 2020.
30 Teacher in Contra Costa County, Jihyun Kim, interview with one of the authors, August 2020.
mandatory eligibility forms to access school-provided food distribution sites “is a barrier because some families don’t have the English proficiency to complete them since they are only offered in English and sometimes Spanish.”\textsuperscript{33} It is thus difficult for immigrants with limited English proficiency to obtain health and food security services, because the forms and websites that contain the information necessary to access these services are not language-appropriate.

The technological divide extends to education. Even before COVID-19, 45 percent of Californians without internet at home said they felt “disadvantaged” when trying to help a child with schoolwork.\textsuperscript{34} With most schools now online, limited access to stable WiFi at home is an obstacle to educational attainment for immigrant families and their children. School districts have launched programs to provide internet hotspots and loan programs, but so far, not all students have access to the technology they need to effectively continue learning. For example, over a month into the pandemic, 350 students were still waiting for access to WiFi in the West Contra Costa Unified School District.\textsuperscript{35} The digital divide risks exacerbating inequalities in immigrant children’s educational attainment, reading proficiency, and language abilities. Access to a computer and a stable internet connection in order to access a virtual classroom could be the difference between economic mobility and continuing the cycle of poverty.

A Digital Divide

Many low-income immigrants lack access to technology and reliable internet. More than one in five Californians (22\%) face challenges with internet access: they either have no access or can only get online via a smartphone.\textsuperscript{34} In Sonoma County alone, around 3,198 foreign-born households lack internet access.\textsuperscript{35}

Limited internet access, in addition to language barriers, means that immigrants have reduced information about the resources and services available to them during the pandemic. For example, the Immigration Institute of the Bay Area had difficulty spreading information to immigrants since not many low-income foreign-born residents are frequent technology-users and they lack public hubs to access these resources.\textsuperscript{36} Previously, numerous immigrant families relied on community centers to facilitate information access.\textsuperscript{37} Locked out of these physical spaces due to the pandemic, immigrants are cut off from their pre-established sources of support.

\textbf{IN THE SAN FRANCISCO BAY AREA...}

\textbf{1.24 million residents}

\textbf{SPEAK ENGLISH "LESS THAN VERY WELL"}

Source: American Community Survey 2006-15 Census Bureau

\textbf{AFTER ONE MONTH OF THE PANDEMIC:}

\textbf{350}

\textbf{WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT STUDENTS WERE STILL AWAITING WIFI ACCESS}

\textsuperscript{36} Attorney at Immigration Institute of the Bay Area, interview with author, April 2020.


\textsuperscript{39} School principal, Melynda Piezas, interview with author, April 2020.
Learning from COVID-19: Recommendations to Expand Service Accessibility in the Bay Area

We have highlighted over a half dozen significant structural inequities and barriers facing the Bay Area’s immigrant population, challenges that especially impact those who are low income or have limited English proficiency. We make four recommendations, both immediate and long term in scope, to support immigrants and their communities in the Bay Area, especially during emergency situations.

**Install Community WiFi Hubs for Distance Learning and Communication**

To overcome the digital divide, we recommend developing more accessible community hubs with a WiFi connection. Not only would this help students keep up with their coursework, but it would also be a boon for their parents, who will gain access to online resources, such as legal assistance and medical information. Some school districts, such as Oakland Unified, have responded to this technology gap by working with the city and donors to purchase Chromebooks and WiFi hotspots. This model should be expanded in communities across the region and the state to ensure preparedness in case of continued distance learning and remote service provision.

**Increase Translation Services to Disseminate Information**

Governments and organizations should tackle language barriers to reliable information about COVID-19. First, county health websites should have information translated into the multiple languages, including at least the top five most spoken languages in their county. One low-budget step is to use Google Translate’s translation function to translate the contents of city and county-wide websites. For example, Sonoma County has a translation button at the bottom of their emergency preparedness website which allows the content to be translated in over 300 languages. The accuracy of these translations, though, has not been examined. Second, rapid response phone lines for medical assistance should have interpretation services in at least the county’s top five most spoken languages. The option to opt-in to interpretation services should be relayed over the phone in all five of the county’s most common languages via pre-recorded message. Third, cities and counties should work with ethnic media to disseminate information about COVID-19 prevention in order for important public health messages to better reach immigrant communities.

**Offer More Economic Assistance Programs Regardless of Legal Status**

The government should provide more economic assistance for undocumented and mixed-status families by developing relief efforts via community-based organizations. Undocumented immigrants’ exclusion from federal economic relief efforts and some state programs reduces their willingness to seek other forms of governmental assistance available to them. Service providers, in partnership with the government, should make intentional efforts to explicitly address undocumented and immigrant Californians’ concerns when advertising government assistance. For example, food banks, which do offer services to anyone, regardless of legal status, should explicitly advertise this policy.
**Government Investment in the Nonprofit Service Landscape**

Finally, governments should invest money and resources in community-based organizations and form partnerships with them to build relationships with immigrant residents. Many cities in Sonoma County rely on nonprofit organizations to deliver social services to residents, and immigrants exhibit more trust in community organizations than government agencies. Thus, forming connections between government and community-based organizations will encourage trust in local government among many mixed-status families who fear using vital government economic or health services directly. For example, the Immigration Institute of the Bay Area, which offers legal services in Contra Costa, is a part of the Contra Costa Workforce Collaborative; it receives half of its funding from the county and offers consultations free of cost, partnering with both the larger community and the local government. Building partnerships between nonprofits and city governments will also develop a robust infrastructure for other initiatives like community farms and gardens which are run by volunteers and provide food for low income families. This will not only provide increased food services but also build intra-community trust.

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**Moving Forward: Building a More Equitable Future**

Lack of access to information and the limited availability of vital services, as outlined in this brief, are ongoing structural issues within the Bay Area and beyond. The COVID-19 pandemic exacerbates existing inequities and further pushes many immigrant families to the financial breaking point. Critically, these systemic weaknesses reach beyond the current pandemic and could reoccur in the event of other disasters familiar to California, like an earthquake or major wildfires. Moving forward, policymakers and community service providers should work together to enrich the service landscape of the Bay Area and to be more attentive to immigrants’ needs, not only because they are essential workers or an important voting bloc, but because they are vital to the fabric of our society. Undertaking these recommendations are necessary to the economic, social, and political health of the San Francisco Bay Area and all of its residents.

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40 Petaluma City Mayor, Teresa Barrett, interview with one of the authors, April 2020.
41 Attorney at Immigration Institute of the Bay Area, interview with one of the authors, April 2020.

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Salomé Ragot is a recent graduate from UC Berkeley with a double major in Global Studies & Spanish. She has worked at BIMI in various capacities: as a research assistant mapping immigrant services, as a mentor to students in Prof. Bloemraad’s sociology class, and as a policy brief researcher. Her immigration research is grounded in her experiences working at various immigration advocacy organizations where she has supported migrants traveling through Mexico with the migrant caravans, immigrants detained in ICE prisons, and undocumented people applying for legal status in the US. Salomé currently works as a removal defense legal assistant at Catholic Charities SF.

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