



COVID-19 Survivor Impact Briefs

Immigrant and Limited English Proficient Communities

The National Resource Center for Reaching Victims conducted a series of listening sessions to unearth the impact the COVID-19 health crisis is having on underserved victims of crime and better resource the crime victim services field to respond to those needs.

This brief summarizes the issues and strategies that emerged from listening sessions on immigrant and Limited English Proficient (LEP) survivors.

Introduction

Immigrants and Limited English Proficient individuals are being affected by COVID-19 in many ways. We at the National Latino Network for Healthy Families and Communities (NLN) and our friends at the Asian Pacific Institute on Gender Based Violence (APIGBV) are seeing communities infected and experiencing severe illness with no access to medical care or be the targets of hate crimes. Some are being left out by the lack of language access in medical settings, and families are being left out of financial support and access to resources due to immigration status. Others are targets of heightened fraudulent activity, while others are being told to seek advice from primary care doctors that do not exist for them. The impact is not the same for immigrants and individual with limited English proficiency, and the access to resources is not equal. This brief explores some of those needs and creative solutions shared during listening sessions, strategy sessions, and conversations with survivors.

Unique Impacts

Increase in Hate, Fraud and Financial Crimes

- A very noticeable increase in hate crimes and bigotry has become more prevalent and has made life for Asian immigrants and Asian-Americans very difficult. Many reports have shown an increase in crime and incidents involving Asians in America. From online harassment to attempted murder and everything in between. There is unease in Asian communities as they deal with the medical crisis as well as the well-founded fears of being the target of hate crimes and harassment. APIGBV has received calls from service providers confirming this situation. Some reports mention up to one hundred (100) incidents happening daily. We expect this number to be higher as this is just what is being reported. Many immigrants and refugees are afraid of coming forward to report crimes to authorities due to fear of deportation and previous hostile experiences with law enforcement. Right now, that fear is doubled as they are afraid also to come forward to seek medical care. The Asian Pacific Policy and Planning Council have created forms in different languages for people to report and [Stop AAPI Hate](#).
- During this crisis, we have heard from our communities about an abundance of fraudulent activity, many times coming from within the same communities. Especially in the Latin@ community, individuals known as “Notarios” assist the community in navigating systems and completing forms or give advice based on their knowledge. We have heard of some notaries or individuals posing as notaries using their credibility based on their role very much accepted in some Latin American countries and in U.S. Latin@ communities to take part in fraudulent activity that we could divide in four categories:
 - Medical treatments: Miracle treatments that “cure” COVID-19 are being offered all over the internet, and through apps (e.g. WhatsApp). Those pushing this rely on the acceptance of homeopathic remedies (“Botanicas/Herboristerias”) in Latinx culture.
 - Financial help fraud: We have heard about offers to help with tax filing in order to get stimulus checks, even when the filers would not qualify for one. We have heard about many ways in which people could get access to funds, only to find their information/identity stolen or asked to put money upfront for non-existent loans.
 - Fraud through email, text and calls: This has also appeared in the community at large, but victims are being contacted in their first language.
 - Misinformation: Although not a crime, Latin@ and other immigrant communities have been the target of misinformation through social media and other channels about the dangers of COVID-19 and what precautions they should take.

Challenges to Access Health Care

- From the beginning of the COVID-19 crisis, the most common advice given has been “if you have symptoms, stay at home, and contact your primary care physician”. For most Latinx, immigrant and refugee individuals this is not possible for a few reasons:
 - Based on their jobs, they have been classified as essential workers and, in many cases, and dependent on this income, forcing them to keep working and becoming exposed to COVID-19.
 - Many immigrants/refugees do not qualify for employment-based healthcare or their employers simply do not include healthcare in their benefits. Therefore, most of them do not have a primary care physician. Who would they go to in these cases? Would they pay out of pocket? Most likely they will end up in the Emergency Room when their symptoms are already advanced.
 - Many have lost their jobs and no longer can afford to pay for medical services out of pocket.
- Access to healthcare among immigrants was not easily accessible even before this crisis started.
- We have heard that undocumented immigrants are afraid of seeking medical care for fear of deportation. Some fear that even if they seek medical care, they will rack up large medical debts that either themselves or their families will have to pay. Some fear they will be discriminated against if they need a ventilator, either because they do not have insurance or if they are undocumented.

Financial Disadvantage

- Even with stimulus checks/deposits being sent to families across the country, we found that many immigrant families will not receive any kind of financial support from the government. Some of those families may be undocumented or individuals in the family may have different immigrations status, hence mixed status family. We have heard of married couples that have applied for change of status and they will not receive any financial support since at least one person in the family may not have a social security number, a requirement for the financial support, according to the CARES Act. [See the Migration Policy Institute report on Mixed-Families ineligible for U.S. Financial Pandemic Relief.](#)
- Other Financial support, which may be private source, have been running out of funds in record times, as resources are scarce.

Ties with Families Abroad

- Immigrants and refugees not only worry about their family living in the U.S., but they may worry about their families in their countries of origin, where access to care may be substandard at best. Even though they may get to keep in touch using technology, they cannot attend to their families abroad due to closed borders, stay at home orders, and/or immigration concerns.

Immigration Issues

- United States Citizen and Immigration Services (USCIS) have closed their offices to the public. Even though they are processing cases, no interviews of any kind are taking place. This can delay access to stability for some victims (e.g. U Visa, T Visa, VAWA cases). This has also led to some confusion about visas and their extensions. Many people are in limbo.

Language Access Challenges

- The gaps that we have seen in the past regarding lack of language access, have made themselves more evident during this crisis.
- Most court services have been suspended across the country, thus making it more difficult for victims to have access to justice, safety and healing.
- There have been reports of people arriving at hospitals and language access not being afforded, leading to negative outcomes. They are not able to communicate with doctors about their symptoms. In some cases, immigrants have died without medical professionals being able to communicate with them. In some instances, their final wishes before death have not been fulfilled due to lack of language access services.
- Departments of Health and other government agencies have failed to provide in some cases information in other languages, leaving individuals to depend on private non-profit or community activists to generate their own materials in other languages. Many advocates have been doing systems advocacy with agencies that have failed to comply with their legal obligations.

- Interpreters have mentioned losing jobs due to the lack of opportunities as courts have closed and emergency services have moved to Zoom, Adobe Connect, Skype and other platforms. Those interpreters working in the medical field have also lost jobs since Intensive Care Units (ICUs) and Emergency Rooms are limiting the number of people who can be in hospital rooms and other hospital public areas. Not all language access services have moved to providing virtual services and moreover, in many cases, doctors do not want to use tablets or computers to avoid touching more surfaces in the fear of spreading the disease.
- Interpreters some times are not called to interpret for victims in virtual settings. Those who have, are reporting issues with technology and victims do not know how to connect and use the technology properly. There is also a digital divide and many communities in rural areas do not have reliable Internet speed to communicate through a video setting.
- Deaf and Hard of Hearing individuals have been affected by the crisis by the lack of access to American Sign Language (ASL) interpreters or their medium of their choice:
 - Use of medical masks not only in medical settings, have made it more difficult for those who rely on lip reading. It has muffled all sound for those who are Hard of Hearing making it more difficult to understand, thus getting partial information or bluffing as they may feel they are inconveniencing practitioners.
 - No access to tablets or hearing assistive technology has also occurred in smaller and/or rural settings.



Promising Strategies

- Community based organizations have been hard at work creating lists of resources that includes different categories such as: medical, legal, resources for non-profits, resources in various language, resources for the Deaf and Hard of Hearing, resources for immigrants, and fact sheets on financial options.
- Non-profits and national organizations have organized spaces for people to share information, resources and stories of what is going on in the field with victims of crime.
- Victim service providers are quickly adapting and finding innovative solutions to staying connected with victims through traditional and alternative ways.
- A lot of in-language materials have been created by community-based organizations so additional people in immigrant/refugee communities can have access to information regarding COVID-19, public health measures and the continuation of services.
- Language Access has not always been on the radar of many governmental and non-profit organizations, as they struggle to provide services in other languages during this crisis. It is more important now than ever that we push for compliance and responsiveness when it comes to this issue.
- Immigrant communities have consistently been underserved and COVID-19 has illuminated the lack of overall support which makes it more difficult for them to get help if they experience a crime. Immigrant communities do not have consistent basic human rights during this pandemic.

About the National Resource Center for Reaching Victims

The National Resource Center for Reaching Victims (NRC) is a clearinghouse for victim service providers, culturally specific organizations, criminal justice professionals, and policymakers to get information and expert guidance to enhance their capacity to identify, reach, and serve all victims, especially those from communities that are underrepresented in healing services and avenues to justice. For more information about the NRC, visit the NRC's website at <http://reachingvictims.org>.

About Casa de Esperanza

Casa de Esperanza – National Latine Network is a leader in the domestic violence movement and a national resource center for organizations working with Latine@s in the United States. Based in St. Paul, Minnesota Casa de Esperanza's mission is to "mobilize Latinas and Latine communities to end domestic violence." Founded in 1982 to provide emergency shelter for Latinas and other women and children experiencing domestic violence, the organization has grown to become the largest Latina organization in the country focused on domestic violence. Casa de Esperanza is also committed to becoming a greater resource to organizations and communities in the areas of sexual assault and trafficking. Casa de Esperanza is home to the National Latine Network for Healthy Families and Communities (NLN), a national project that operates on four pillars: training and technical assistance, public policy initiatives, research and evaluation, and communications. For more information about Casa de Esperanza and the National Latine Network visit Casa's website at <https://www.nationallatinonetwork.org>

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