

The Impact of the COVID-19 Pandemic on Older Latino Immigrants



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This article examines the impact of the COVID-19 pandemic on Latino immigrants age sixty and older from Cuba, Dominican Republic, El Salvador, Mexico, Puerto Rico, and Venezuela. Based on 178 interviews with immigrants in Florida and Massachusetts, this study identifies the financial and health hardships they endured, the kinds of government and nonprofit aid they accessed, the factors keeping many from accessing aid, and the coping strategies they adopted. Respondents faced unemployment, hunger, and loss of income. Unauthorized immigrants and people in mixed-status families were deliberately excluded from federal aid. Many other immigrants who qualified were reluctant or refused it. Immigrants without legal status and those who had more recently arrived were the most severely affected. Individuals and families responded to these challenges by doubling up, going without food and medicine, and working while sick. Greater outreach and more humane public policies could have prevented much of this suffering.

Keywords: older adults, COVID-19, Latino, late-age, immigrants

The pandemic, like other epidemics and disasters, laid bare structural inequalities in society. COVID-19 had highly unequal socioeconomic, health, and mortality impacts across the U.S. population. Socially marginalized populations, including the poor and racial and ethnic minorities, suffered a higher disease and mortality burden and were more likely to experience financial hardships because of the pandemic. In addition, workers who could not isolate and work from home, including those in service oc-

cupations, health care, and other essential jobs, were put at greater risk of getting sick. These social vulnerabilities were in addition to biological vulnerabilities. People with underlying poor health and existing conditions and older adults were also in greater danger from this disease. It became evident early in the pandemic that older adults were at risk of becoming severely ill from the new coronavirus. In countries with the highest number of cases, including the United States, the mortality rate of

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© 2023 Russell Sage Foundation. Calvo, Rocío, and Mary C. Waters. 2023. "The Impact of the COVID-19 Pandemic on Older Latino Immigrants." *RSF: The Russell Sage Foundation Journal of the Social Sciences* 9(3): 60–76. DOI: 10.7758/RSF.2023.9.3.03. Our work was supported by the Russell Sage Foundation grant number 1902-11556 for support of the project "How Social Protection Policies and Institutions Contribute to Older Immigrants' Wellbeing and Sense of Belonging in America." The grant was funded in part by the Carnegie Corporation of New York. Direct correspondence to: Rocío Calvo, at rocio.calvo@bc.edu, Boston College School of Social Work, 140 Commonwealth Avenue, Chestnut Hill, MA United States.

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adults age sixty-five and older doubled that of younger segments of the population and increased with each year of age (Yanez et al. 2020).

We were in the middle of a study about how older Latino immigrants in the United States access government services and private charities when the pandemic hit. We added questions about coping and help-seeking to investigate how the pandemic affected their daily lives and to identify the strategies they used to deal with this new reality. This article explores the problems older Latinos from different origins and diverse migratory pathways faced during the pandemic. We investigate the difficulties they had accessing safety nets, exploring how the fear of immigration enforcement led many older Latinos to avoid any government services even as they dealt with extreme hardship. We document the consequences of the pandemic and their exclusion from some forms of aid for the well-being of these older immigrants

OLDER LATINO IMMIGRANTS AND COVID-19

Older Latino immigrants to the United States have been understudied. Most immigration-related research focuses on younger immigrants and their children. Yet Latinos are the largest group of older immigrants in the country. Forecasted to increase by 161 percent and make up 15 percent of the population age sixty-five and older by 2040 and 21 percent (twenty million people) by 2060, Latinos are also the fastest-growing segment of the older US population (ACL 2021; Gassoumis et al. 2010; Olshansky 2015).

Latinos were disproportionately affected by the pandemic. The Centers for Disease Control and Prevention (CDC) found that compared with non-Hispanic whites, Hispanics had 1.5 times the rate of COVID-19 infection, 2.3 times the rate of hospitalization, and 1.8 times the death rate (CDC 2022). Although research on the impact of the pandemic on older Latinos is still scarce, particularly among the foreign born, recent studies show that they were the most likely group to miss rent or mortgage payments, to lack money for food or medicines (Garcia, Thierry, and Pendergrast 2022), and to be in poor health and without access to health

care even if they lived in multigenerational families (Ankuda et al. 2021). Other evidence shows that older Latinos experienced the highest death rates of any ethnoracial group (Sáenz and Garcia 2021) and that nursing homes where Latinos concentrated were significantly more likely to have coronavirus infections than nursing homes with non-Hispanic people (Gebeloff et al. 2020).

Besides underlying health conditions such as diabetes and cardiovascular disorders that increased older Latinos' susceptibility to the negative effects of the new coronavirus, people faced a high risk of infection because they worked in essential occupations that precluded remote work and did not offer paid sick leave (Asfaw 2022). Additionally, many Latinos had little access to COVID-related information and health care and lived in communities where infection and death rates were high (Garcia et al. 2021). These systemic challenges may have been compounded by restricted opportunities to tap into the safety nets. Some immigrants are undocumented and thus barred from benefits. Others are recent arrivals without a work history in the United States or with one not long enough to qualify for services, including COVID-19 relief measures (Calvo 2020).

The U.S. federal government deployed a series of relief provisions in 2020 under the Coronavirus Aid, Relief, & Economic Security (CARES) Act to ameliorate the financial hardship caused by the pandemic. Americans with incomes under a certain threshold received direct relief payments: \$1,200 for individuals, \$2,400 for couples filing taxes jointly, and \$500 per child. Unemployment assistance was extended, and the Emergency Rental Assistance Program was created to assist households with difficulties paying rent or utilities (Gonzalez et al. 2020). Additionally, the Families First Coronavirus Response Act included a temporary boost of Supplemental Nutrition Assistance Program (SNAP) or food stamps to beneficiaries and allocated extra funds for Aging and Disability Services Programs for nutrition services including home-delivered meals and congregated nutrition services. It also gave states the authority to make it easier for families to continue participating in the program by allowing people to stay on SNAP without having to re-

apply after reaching the maximum amount of time allowed (Gelatt 2020). Not all Americans, however, had access to these benefits. The CARES Act was designed to exclude mixed-status families (spouses of unauthorized immigrants and immigrant children with one unauthorized immigrant parent and the other a U.S. citizen or green card holder) and undocumented immigrants. Only people with a Social Security number were eligible for relief payments; this included a provision that spouses and dependent children listed in a tax filing had to have Social Security numbers, thus excluding an estimated 14.4 million individuals in mixed-status families (Gelatt 2020). Undocumented immigrants, who use individual taxpayer identification numbers to file taxes, were ineligible for relief payments. Immigrants also had to provide evidence of work authorization to qualify for the expanded unemployment benefits (Gonzalez et al. 2020). Although the CARES Act was later modified (in December 2020) to include documented individuals in mixed-status families, unauthorized immigrants remained excluded from any emergency aid tied to the pandemic.

One other federal policy proposal shaped the experiences of immigrants in regard to pandemic relief measures. The Donald Trump administration announced an anti-immigrant public policy—the enforcement of a public charge rule—just as the pandemic was beginning, in February 2020 (Capps et al. 2018). For more than a hundred years, immigration law has stated that people who are not able to support themselves and are thus likely to be a “public charge” could be barred admission to the country. This rule has been selectively applied to bar the entry of different immigrants over the years and was used to justify deportations of Mexican immigrants and Mexican American citizens during the Great Depression (Fox 2012). The Trump administration sought to use this rule to block immigrants from getting permanent residence if they received any government benefits, including Medicaid or SNAP. This new administrative rule was imme-

diately challenged in court. At least nine lawsuits were filed challenging it and while they were ongoing it was not enacted. In 2020 the Biden administration announced they were withdrawing the regulations. However, the threat was widely talked about in immigrant communities and a great deal of confusion and fear surrounded the issue. Most people heard the words “public charge” but were unclear about what it would do to their or their family’s futures to be labeled as such. Because of the lack of specific information, many immigrants, including citizens, legal residents, and the undocumented were wary of any contact with the government.

We know very little about how these immigrants fared during the pandemic. Drawing on 178 in-depth interviews conducted in Massachusetts and Florida, this article highlights the socioeconomic and related health impacts of the pandemic on immigrants sixty years of age and older from Cuba, Dominican Republic, El Salvador, Mexico, Puerto Rico, and Venezuela.

OLDER LATINO IMMIGRANTS ARE DIVERSE

Leaving one’s country to move to America is a major life event all of our respondents shared.¹ But people come from different countries, arrive at various stages in life, and follow unique pathways that create both inequities and opportunities. The dramatic increase of older Latino immigrants in the United States can be traced to two provisions included in the 1965 Immigration and Nationality Act (INA). The first one replaced the national-origins quota system with a preference for family reunification, which resulted in large-scale immigration in the 1970s and 1980s of working-age people from Latin America who have aged in America (Tienda 2017; Tienda and Sánchez 2013). The second one is that the INA exempted parents of citizens from the annual immigration caps imposed on countries, allowing adult children to sponsor their foreign-born parents to come to the United States, which explains the last de-

1. Puerto Ricans are included in the study but they are not immigrants, and they are all U.S. citizens. As a large Latino group in both states we include their experiences, but we recognize they face very different circumstances than the other respondents, all of whom are foreign born.

cade's surge of late-age immigrants (Carr and Tienda 2013).

Besides country of origin and immigration pathways, older Latinos are also heterogeneous in the opportunities they encounter in America. For instance, the historical ties between the United States and Mexico established patterns of circular migration from Mexicans who responded to the high demand for agricultural workers, particularly in the Southwest (Massey, Durand, and Malone 2003). Some used the family reunification channel established by the 1965 INA to settle in the United States. Others simply stayed and have aged in an undocumented status (Tienda 2017). Cubans, by contrast, had a privileged position concerning immigration regulations. Political exiles from Castro's regime aligned with America's interests. The Cuban Adjustment Act of 1966 fostered their arrival and settlement by granting asylees permanent residency status, and therefore access to the same social rights as citizens, just twelve months after arrival (Tienda and Sánchez 2013). As citizens of a U.S. territory, Puerto Ricans also had full social membership since arrival. Their influx to "the Mainland" was bolstered by the postwar economic expansion that heightened the need for manual labor (De Genova and Ramón-Zayas 2003). The economic and political unrest after the assassination of the dictator Rafael Trujillo in 1961, accelerated the migration of Dominicans. Dominicans constitute the fifth-largest group of Latinos in the United States, after Mexicans, Puerto Ricans, Cubans, and Salvadorans. Concerning social citizenship, Dominicans have the largest share of naturalized U.S. citizens, which facilitates access to social benefits (Zong and Batalova 2018). By contrast, the precarious legal status of Salvadorans makes them vulnerable to restrictions on immigration and welfare policies. Migrants from El Salvador have mostly been people fleeing violence, the profound social inequalities in their country of origin, and natural disasters. However, during the 1980s, just 2 percent of Salvadorans' asylum applications were approved. As a result, most Salvadorans are treated in the United States as unauthorized immigrants rather than as refugees, which has historically barred them from access to social rights (Menjívar and Gómez Cervantes

2018). Some have remained unauthorized but an estimated 198,000 have Temporary Protected Status, which was first granted to Salvadoran immigrants in 2001 (Mathema and Martinez 2021).

Venezuelan immigrants have tripled in number since 2000 and now total an estimated 394,000 people (Hassan Gallardo and Batalova 2020). Venezuela has experienced an economic and political crisis that has led to millions of migrants leaving for neighboring states as well as the United States. Inflation, economic collapse, food shortages and corruption, political persecution, and murders of opponents to the government led Venezuelans who could make it to the United States to come without authorization. In March 2021, the Biden administration recognized the dire situation by granting Temporary Protected Status to Venezuelans in the United States. This change in status came a year after the pandemic began, and thus is only now offering some relief to the immigrants who qualify for it.

The great uncertainty created by the pandemic is likely to have a different impact on these groups of immigrants. Their financial ability to deal with lockdowns and unemployment will depend on their personal assets, including public and private pension plans, and on their ability to tap into public safety nets. Arriving at working age, long-term immigrants may be more favorably positioned to surmount pandemic challenges than recent arrivals because they are more firmly embedded in America. They had more time to acculturate, learn the language and the ways to operate in America, and to build networks of support and safeguards, such as employer contributions, that give them access to late-life entitlements such as Social Security and Medicare. By contrast, less familiar with American society and without access to financial and health-care entitlements, additional factors may complicate the ability of recent immigrants to deal with the pandemic. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) made immigrants ineligible for federally funded entitlements at least for five years after arrival (Angel and Berlinger 2018; Treas and Gubernskaya 2015).

Little information is available on how older

immigrants manage and navigate services in light of these restrictions to tap into public safety nets. Although the family has traditionally been a primary caregiving source for older Latinos, smaller families, the relocation of adult children away from their parents, and the increasing participation of women in the labor force have shifted the responsibility for the care of older adults to the state (Angel 2018). Additionally, older Latinos reach later life with more functional limitations and fewer resources to face long-term care than any other group of older Americans (Angel et al. 2014; Hummer and Hayward 2015). Even immigrants with access to social benefits may have experienced financial insecurity during the pandemic as older Latinos rely mainly on Social Security and Supplemental Security Income as their main sources of income late in life (Angel and Angel 2015). Social Security represents more than 90 percent of the total income later in the life of more than half of Latinos (Angel 2015).

In addition to national origin, other important characteristics vary among this population that affect their vulnerability to the pandemic and their responses:

Legal status. Respondents can be undocumented, legal permanent residents, Temporary Protected Status, or citizens.

Working or retirement status. Many older immigrants are still in the labor force and the types of occupations they had put them at risk of the virus. Others are no longer working, but may not have savings, pensions, or Social Security. Still, others are comfortably retired.

Health-care eligibility. Some older Latinos do not qualify for Medicare and have no health insurance; others are covered by public and or private insurance.

Living arrangements. Some respondents lived alone, some with a spouse, and others in multigenerational households.

English-language ability. Access to information and aid was affected by linguistic isolation.

Length of time in the United States. Recent arrivals have had less time to form social

networks, learn how to operate in the United States, and may be less eligible for government aid. More established residents are more integrated and have a better understanding of how to navigate public and private sources of support and aid.

We also compare immigrants' experiences navigating COVID-related aid in Massachusetts and Florida. The CARES Act provisions were federal, but states had leeway concerning benefits such as food stamps stemming from the Families First Coronavirus Response Act. The U.S. Department of Agriculture granted waivers to states who wished to issue emergency nutrition supplements. While Florida extended supplements until July 2021, Massachusetts continued the emergency nutrition aid until March 2022.

DATA AND METHODS

This study is based on 178 in-depth semistructured interviews with Mexicans, Puerto Ricans, Cubans, Dominicans, Salvadorans, and Venezuelans in Massachusetts and Florida (see table 1 for sample characteristics).

We focus on people from these countries because they are among the largest groups of older Latino immigrants in the United States and in each of the data collection sites. Massachusetts is home to more than thirty-five thousand Puerto Ricans and a similar number of Dominicans. Almost fifteen thousand Salvadorans, six thousand Mexicans, and three thousand Cubans also live in Boston. By contrast, Cubans are the largest group in Miami, numbering more than 150,000. Additionally, almost fifteen thousand Puerto Ricans, twelve thousand Dominicans, four thousand Salvadorans, and a similar number of Mexicans live in Miami (U.S. Census Bureau 2020). Because Venezuelans are so recently arrived, the numbers living in each state are not as up to date. Nationally an estimated 394,000 Venezuelans live in the United States (Hassan Gallardo and Batalova 2020). For information on immigrant origin by state, see table 2.

Most research conducted with older Latinos in the United States has focused on immigrants of Mexican origin. To include people from other countries and a range of experiences nav-

Table 1. Summary of Respondents by Characteristics

	Citizen	Permanent Resident	Asylum Seeker	Undocumented	Migrated at 55+
Massachusetts					
Cuba	5	1	0	0	1
Dominican Republic	6	10	0	1	9
El Salvador	2	0	1	11	0
Mexico	1	1	0	10	3
Puerto Rico	17	0	0	0	0
Venezuela	0	13	3	4	20
Florida					
Cuba	13	5	0	0	3
Dominican Republic	5	2	0	2	1
El Salvador	0	1	0	0	0
Mexico	5	2	0	8	2
Puerto Rico	9	0	0	0	3
Venezuela	0	5	9	26	20

Source: Authors' tabulation.

Table 2. Immigrants as Share of State Population

Country of Origin	Massachusetts	Florida
Cuba	15,985 (0.22%)	1,532,516 (7.11%)
Dominican Republic	157,444 (2.23%)	246,209 (1.14%)
El Salvador	65,729 (0.93%)	76,313 (0.35%)
Mexico	47,720 (0.67%)	709,870 (3.29%)
Puerto Rico	325,186 (4.62%)	1,155,423 (5.36%)
Venezuela	6,333 (0.09%)	242,869 (1.27%)

Source: Authors' tabulation based on ACS (U.S. Census Bureau 2020).

igating social services we used a purposive sample strategy (Etikan, Musa, and Alkassim 2016). People with liminal statuses, who do not have access to social and community services, and recently arrived older adults are hard-to-reach groups often excluded from research if they are not intentionally recruited. Our long-established relationship with the Latino community in Massachusetts through our work with immigrant-led organizations facilitated access to potential participants. In Florida, we relied on an extensive network of colleagues who work in community-based organizations to serve as liaisons. To identify participants in both states, we used networks of institutions that provide home and community-based services to older adults, as well as churches and

neighborhood associations led by members of the Latino community. Recent arrivals are often best found through churches because they are typically regular attendees at religious services. It is a gateway to the community and sometimes the only access to help. As a result, religious communities are also a good place to identify especially vulnerable isolated immigrants, such as people with disabilities or who live alone, and those who do not use any social services. Similarly, vulnerable unauthorized older adults tend to concentrate in shelters, soup kitchens, and health-safety net community clinics.

Trusted community leaders (pastors, community health workers, board members of neighborhood associations, and soup kitchen

organizers), served as liaisons by explaining the project in their communities, including people who avoided contact with social services and those who lived with family members or alone but rely on family support or private support and facilitated the telephone numbers of the research assistants and of the principal investigator who speaks Spanish. When potential participants called, researchers asked about people's age, country of origin, and time in the United States to ensure that potential participants aligned with the project parameters. Qualifying participants provided verbal consent and received \$50 for their time. Interviews were conducted by a team of Latino bilingual research assistants.

Analysis

First we coded the a priori themes, index codes, included in the instrument (for the steps to this analysis, see Deterding and Waters 2018). We then searched for recurrent themes related to participants' experiences with COVID. These themes constituted our analytic codes, which were identified and refined by coding all interviews and having weekly discussions with the coding team. We also coded each individual respondent with attribute codes, which allowed the association of themes with attributes of the individual such as city of residence, national origin, gender, time in the United States, and other variables (Deterding and Waters 2018). The final thematic map of the data was developed through periodic discussions between the two principal investigators and a team of four doctoral students. To maintain a balance between data categorization (coding and searching for themes), and preserving the narrative qualities of the interviews we wrote brief profiles of the interviewees and chronological summaries of their lives (Maxwell and Miller 2008).

RESULTS

The older adults who participated in our study shared major life events, such as moving to another country and adapting to new ways to conduct their lives, but they also have unique immigration pathways and incorporation experiences that are key to understanding the impact of the pandemic on their lives.

Legacy of Cumulative (Dis)Advantage

COVID was a compounder of both advantage and disadvantage. Immigrants who struggled economically before the pandemic experienced financial insecurity to the greatest extent. Within this group, the economic fallout was felt most strongly by noncitizens and recent arrivals. Not eligible for pensions, these immigrants were more likely to work before the pandemic and to concentrate in industries most affected by the outbreak. When restaurants and offices closed down, these workers lost their jobs. Those who were undocumented and working under the table often did not qualify for unemployment benefits or COVID relief payments that kept other workers afloat. Many lost their jobs and remained unemployed. Others experienced a severe reduction of work hours with the ensuing loss of income. Without savings, limited by work options due to lockdowns and age-related discrimination, immigrants turned to jobs performed under exploitative conditions.

Take, for instance, the case of Rita. Having arrived at age sixty-three in Miami from her native Venezuela as an asylum seeker, she had spent the last three years working as a live-in nanny. She lost that job during the pandemic outbreak but did not receive unemployment benefits because she was paid in cash. To get to her current job, also as a nanny, she has a long commute by public transportation. Her hours were reduced relative to her previous job, from full-time to ten hours a week, and so was her salary. She is still paid under the table and receives no benefits. This is what she told us when we asked her about her working conditions:

I leave home at 5:30 am to get the bus that comes at 5:40. I get to work at 7 am to stay with the children. The house is a mess. It is horrible. The parents toss their clothes everywhere and expect me to pick them up, the underwear too. Besides helping with the kids, I have to clean, cook, and take care of the laundry, including the ironing. I asked the lady of the house if I could get an increase because I couldn't make it with what they were giving me. Besides, I was supposed to take care of the children, not do all the housework. She

said that she was going to give me only \$20 more per week because I was having breakfast and lunch at the house. I told her that I was hungry and that's why I eat during the day. I cried for over four hours. I was so humiliated. I was a mechanical engineer in Venezuela. I love my country. I came here because I couldn't stay there any longer. I was very vocal against the government. They made my life very difficult in the end. I don't know what it is with the young women here. I understand that not everyone is like that, but how can they treat people who are suffering so much so badly?

Most respondents struggled to get by before the pandemic and those who had to work were forced into dangerous situations. Lack of savings and access to COVID relief measures channeled participants to poorly paid ad hoc jobs usually performed near other people. Work was performed without adequate protective equipment. Dangerous working conditions, plus daily use of public transportation to go to work and crowded living conditions, increased immigrants' vulnerability to the virus. Many got infected but did not get tested or seek health care for fear of being forced to quarantine. For instance, Josefa is a sixty-three-year-old undocumented Mexican who lived by herself having left her children at home to work in the fields of Florida. Unable to miss work because of her need for the money, and wary of giving away information that could be used by immigration enforcement, Josefa decided not to get tested for COVID or seek medical care when she got very sick working in close contact with other immigrants. She explained it this way: "I felt very bad like I had a bad flu. It started on a Friday. I stayed at home over the weekend. On Sunday I still felt bad, but I went to work on Monday. I didn't say anything because they don't let you work if you are sick." When we asked whether she was tested for COVID or sought medical care she explained, "No, in the hospital they put your information on a little sheet of paper. What if ICE [Immigration and Customs Enforcement] gets it and comes for me?"

Unlike Rita and Josefa, Pedro, a seventy-year-old asylum seeker who moved to Boston

two decades ago to escape the spread of violence in El Salvador, was still looking for a job when we talked to him. Having walked across the border when he first moved to America, Pedro regularized his migratory status only four years ago after a long and convoluted process. A work permit through the Temporary Protected Status program gave Pedro access to jobs that contributed to his Social Security benefits. He was working as a janitor for a company that cleaned offices when the pandemic hit. The offices closed. He was laid-off and received unemployment for a brief period of time. However, he did not qualify for a Social Security pension because he had not reached the forty quarters minimum contribution, or ten years, required by law. He is the family breadwinner. His disabled wife cannot work but does not qualify for benefits because she is undocumented. Making rent and sending money to his ninety-year-old mother in El Salvador are Pedro's main concerns:

Here I am. Looking for a job. If they want to give it to me. All this [the pandemic] hurts me. When I fill out applications, they say they will call me. They never do. They think I'm too old. Many people have told me that I don't get a job because I look too old. They think that because I'm seventy I cannot do anything. But I'm fine. If they give me the chance they will see that I can still work. I need to work. I came to this country because things were very difficult in El Salvador, but now with this virus, things are very difficult here too. I'm very concerned about rent. Rent has to be on time, always! I live with my disabled wife. She cannot move. Thanks to God she can hear. She understands everything, but she cannot talk. I need to feed her with a spoon. Only soft foods. I need to take care of her. She doesn't get any help because she doesn't have a social [Social Security number]. And then my mother. She is very old. Lives in El Salvador. I need to send her money. I need to make money to survive.

Ramona and Amancio were also struggling when we talked to them. Although Amancio receives a \$700 disability pension and \$160 in food stamps because he can no longer work,

having lost a foot, it is not enough to make ends meet because Ramona, who is sixty-eight and undocumented, lost her farm job at the onset of the pandemic. We asked whether the pandemic had affected them economically. Ramona explained: “Oh, yes. I didn’t work at the beginning. I just went back [to work], but they only want me for three or four hours a day. . . . It is very difficult [to make ends meet because] they raised our rent and our electric bill.”

In contrast, take the case of Soledad, a seventy-eight-year-old Cuban who moved to Miami at age eighteen with her family fleeing Castro’s communist regime. Soon after arrival, Soledad got a full scholarship to attend college, where she decided to pursue a career in medicine. She worked in the private practices of other physicians until she accrued enough experience to establish her own practice, where she worked for thirty-five years. Single and without children, Soledad was the main caregiver to her aging parents. Both passed away a few years ago, leaving her a substantial estate. She also has a Social Security pension, a private retirement portfolio, and healthy savings. We asked her whether her life had changed with the pandemic:

Girl no!, because my life is secured. Nothing has changed. I’m all set because besides my own retirement and Social Security I have my parents’ inheritance in the bank. They came here with nothing but worked hard. Cubans from those years came with studies. It is different when you compare it with other immigrants that come from a context of poverty. Not only economic poverty but educational deficits. The only thing that has changed is that before the virus I was never at home. I went to the gym, I visited friends, went to the mall to the shops. I loved it! Now I stay home, but I talk to my friends on the phone all the time. I don’t like to watch TV that much, but I love to read and to tend to my garden. I work in my garden every day. I’m fine.

Across respondents, those who have been in the United States the longest, who have legal status, and who have family support were more likely to be retired, and more likely to have a financial cushion to survive the economic

shock of COVID. For those who lived close to the edge and had no savings, the pandemic caused desperate economic shocks. How did these immigrants, who already had limited opportunities to engage with community resources, fare during the pandemic?

Navigating Institutional Protection

For older people who relied on institutional services before the pandemic, such as SNAP or food stamps, the federal increase in response to COVID-19 allowed them to avoid food insecurity and maintain a healthy diet that included fresh foods. Pedro, an eighty-three-year-old Cuban from Florida who before the pandemic received the minimum benefit, \$16 a month, started receiving more than \$200 a month in food stamps with the onset of the pandemic. We asked whether the pandemic had affected his food intake: “The virus has not changed me nothing, they [the government] have increased a lot the help with food.” Rosario, a sixty-nine-year-old Dominican who was sheltering at home to avoid getting infected by COVID, told us, “My health insurance brings me food every week: fruits, vegetables, rice, juices. Different things every week. We are well taken care of.”

Additional institutional protection was distributed among low-income, legal immigrants. When we asked people whether they had received government help to deal with the pandemic, most permanent residents (green card holders) and naturalized citizens mentioned that they had received direct cash transfers. As Evelyn said, “Yes, we got the checks that everybody is getting [stimulus checks] from the government. We are fine.”

The expansion of federal benefits helped some immigrants deal with the impact of the pandemic. Other eligible participants, however, were too confused or afraid to interact with the government. Juana, a long-term permanent resident (green card holder) from Mexico, and her partner Miguel explained: “Yes, we got the check. But we are thinking of asking the government not to send us more money because we don’t know how we are going to pay it back.” Confused about the meaning of the public charge rule, Manuel, a sixty-two-year-old Dominican who moved to Boston two years ago

as a permanent resident to live with his daughter and who has worked as a part-time janitor since then, was still waiting for his stimulus check: “I didn’t get the [stimulus] check because I depend on my daughter. I think I’m a public charge here. That’s why they didn’t send me nothing.” Like Manuel, Altagracia moved from the Dominican Republic to Boston six years ago as a permanent resident to live with her son and his family. She had just turned seventy when we spoke. She had never worked in the United States or received social benefits. Her son lost his job because he contracted COVID. The daycare that her daughter-in-law ran from their home had to close after the pandemic began. Without savings and unable to work, Altagracia’s family was in dire need of financial support. Altagracia wanted to help, but she was too afraid that asking for benefits would jeopardize her children’s chances to come to America:

Friends told me that I can ask for help with my age. But I’m worried that it will affect me for my children. There is a woman that I know that they went to her house and put her down as disabled. She is getting money every month. She asked for her children before me but she has not heard anything. I think that they [the government] believe that she is going to use the money to help her children when they get here. That is why she has not heard anything. I told myself, be careful! Asking for help can affect my children.

Inmaculada’s family was also in need. Although she received Social Security, Medicaid, and food stamps, the entire family—three adult children and six grandchildren—depended on Inmaculada’s husband’s salary as a security guard to cover their basic needs in Florida. Inmaculada’s children are undocumented but her husband is a permanent resident. We asked her whether he has sought help. She told us, “No, my husband doesn’t take anything. When I asked for the coupons [food stamps] they said he could have them too, but he said no. Not to bother him. He says that if one day he wants to become a citizen he doesn’t want that they say that he got help. And that they don’t give him his citizenship because of that.”

Undocumented respondents correctly perceived that they were ineligible for governmental aid. We asked Ramón, a sixty-two-year-old undocumented Venezuelan who had recently arrived in Boston, whether he had received the stimulus check. “No,” he told us, “because I don’t take any of those things so they don’t come to my house to grab me to send me home. They know everything here. They can find you even under a rock.” Having walked across the Mexican border four years earlier to live with her daughter and grandchildren in Boston, Mariana was unable to work any longer because of COVID’s disabling long-lasting effects. Without savings, she could not cover her portion of the rent or shop for groceries. She was rationing her food when we spoke with her. We asked whether she had looked for help: “They offered me [food] stamps and help with housing at the clinic but I said no, no, because if my daughter asks for my papers [green card] the government won’t get me the papers because I got the help. I don’t take anything.”

Even recently arrived immigrants have heard about the public charge rule. Most people did not know what will disqualify them from benefits, future legalization, and from sponsoring relatives to come to the United States. People did not want to give away personal information that could be used by immigration enforcement to find them. Regardless of immigration status, many respondents cited the public charge rule as a primary reason to avoid seeking services. They did not want themselves or their family members to be excluded from a potential immigration amnesty by using services. The expansion of governmental aid to deal with the pandemic economic downturn benefited respondents with lawful immigration status who were already receiving institutional assistance prior to the pandemic. However, even long-term immigrants who had aged in the United States were afraid to have to deal with the government. For respondents like Juana and Miguel, instead of bringing relief, the expansion of benefits brought fear that they would have to repay it. Others who were in need of help and were entitled to benefits, such as Altagracia in Boston and Inmaculada’s husband in Miami, refused to seek assistance because they were afraid it

could jeopardize their chances for naturalization and family reunification. The chilling effect concerning public benefits steaming from the public charge rule was similar across participants from Massachusetts and Florida regardless of migratory status or time in the country.

Nongovernmental Aid

As immigrants lost their jobs and food insecurity soared, respondents had to come up with ways of procuring food while avoiding giving away information that could jeopardize their immigration status or their chances of family reunification. The mistrust toward the government extended to nongovernmental and community-led institutions. Some people turned to food pantries, but only if they did not require registration or identification. María had been living in Boston for less than a year when we interviewed her. She came with a tourist visa, which she had overstayed, to flee Venezuela's violence. A fashion designer by training, she helped her daughter cover rent and other expenses by mending clothes and cleaning apartments. After the pandemic began, people did not want her to come to their houses and stopped giving her clothes to mend. She had no income and her debt was mounting when we found her. We asked whether she had looked for help. She told us this: "I don't dare to go to the government, but I have gone to churches and to the Salvation Army because they don't ask anything. They only ask how many people are in the house to give you the help. They don't ask where I'm from or what is my status in this country."

Not everyone in need turned to nongovernmental organizations for help. Some people believed that they did not deserve the services. Adeline had Temporary Protection Status and thus a work permit. Being able to work, she thought that she had to fend for herself, even though at age sixty-six work was scarce and she was experiencing food insecurity when she spoke with us: "I avoid taking benefits that are for American citizens because I'm not a citizen. I don't want to be a burden to this country. I don't even go to those places that give food for free because I don't believe that I deserve it. Those services are for people that are Ameri-

cans and that need help. Thank God I can work." Others perceived that resources were scarce and that some people needed the help more than they did. Take Enrique, a seventy-five-year-old from the Dominican Republic who lived with his wife and, from the onset of the pandemic, his mother-in-law. Although they were having difficulties making ends meet even before the pandemic, when we asked whether he has sought help, he said this: "I used to go to a church. They gave me a lot of food and other things. They also helped my mother-in-law. But I'm ashamed to go back. Things are very bad. There are people who are worse than us. We at least got our money [food stamps and the stimulus checks]. I stopped going [to get food to the church] when the pandemic started." Mariela shared a similar view when we asked whether she had experienced hunger during the pandemic: "No, thank God. I had a lot of cans [from before the pandemic] that they gave me in church. Although it is hard sometimes because you eat what you have. What are we going to do. My stove has not been lit in a long time." To the question of whether she had gone back to church for other types of food, vegetables, fruits, or meat, Mariela explained, "No, there are other people that need it more than us. That's why I have not come back."

As well as points of distribution of emergency aid, nonprofit and community-led organizations also served as information hubs and crucial intermediaries to services for immigrants, especially for people without access to governmental aid. María Gabriela crossed the southern border two decades ago from her native Mexico with five of her ten children to escape her abusive husband. Now sixty-six, she provides for herself and her disabled adult son, who is also undocumented, by working in the fields of Florida harvesting vegetables. She lost her job with the onset of the pandemic. We asked how she was managing. She told us this:

People from the [mentions community-led organization] help me. Everybody knows about my son's situation. They bring me food, diapers, ... There is also a man, God sent him, who comes and leaves us \$500 or \$600. I don't know who he is or where does he work. The

people from [the community-led organization] talked to him about my son. He came to see him and left us money. I thought only one time he was going to help us, but he has kept helping us. I don't bother him or ask for anything but he gave me his phone number and told me to call him if we need help. I have never called him. When he wants, all by himself, he calls me and tells me that he is going to come to bring us something. He comes, talks to me, and leaves us some help [money]. I don't know anything else.

Caridad, who had been living in Miami with her daughter for a couple of years when we spoke with her and did not have health coverage, said that she found medical care during the pandemic through church: "It is very difficult to migrate when you are old. My son and my daughter-in-law lost their jobs with the pandemic, and they have teenage sons who need a lot of food. Things have become quite difficult at home. I have hypertension and diabetes, and the church looking here and there helped me to find a doctor that saw me."

Respondents from Florida perceived that help, particularly food, was abundant. Several participants mentioned getting overloaded with information about where to go for food. "That [where to go for food] was published everywhere, on the TV, on the radio. They are still at it. Here in Miami, there are a lot of places that still give you food, either in churches or in community centers. That is in all the [television] channels, in all the local channels, tomorrow at X time in Y place they are going to distribute food. They even include the next county that is more to the north!"

To cope with food insecurity and to meet basic needs during the pandemic, respondents sought assistance from nonprofit and community-led organizations. Some people who received pandemic-related assistance, such as food stamps or stimulus checks, were reluctant to seek additional aid because they perceived that other people without access to the same benefits might need the assistance more than they did. Regardless of their immigration status, people preferred organizations that did not require identification. Florida's participants perceived an abundance of re-

sources probably because it has a larger population of older adults who speak Spanish than Massachusetts and media that catered to this population.

Isolation from Caregivers and from Resources

Although some respondents lived in intergenerational households and relied on family for support, many lived on their own. The pandemic reduced their contact with family, caregivers, and the community organizations that help older adults navigate services and get help. Most respondents spoke only Spanish and were unaware or afraid of COVID-specific benefits that they might have been eligible for. Fernando is a seventy-one-year-old permanent resident (green card holder) from the Dominican Republic who moved to Boston five years ago with the help of his daughter. He rents a room in a house attic that includes a little bathroom but no kitchen. The local Spanish-language television news reported that the laundry where Fernando worked had a COVID outbreak. The other families who lived in the house saw the news and asked him to change jobs if he wished to remain living there. Fernando got COVID two days after leaving the laundry and had to quarantine in his room for a month because his tests kept coming back positive. He had no family support (his daughter lives out of state), savings, or even access to a kitchen. When we found him, he explained how he manages: "I do everything I see on social media. I got an electric kettle so I can drink a lot of hot teas and aspirins." Fernando believed that very hot foods helped kill the virus. When we asked what he did about food, he said, "The city calls me and sends me stuff, but not always. I order things from the corner bodega, but I'm mortified because I have a debt and I have to pay the rent. I don't know what I'm going to do." As to whether he had sought COVID-related help, Fernando told us, "No, no. I'm very careful. I don't like illegal things. Those things bring you trouble later. I don't want anything."

Public health mandates for social distancing and physical isolation complicated respondents' access to pre-pandemic networks of support such as neighbors or church members, making it difficult for immigrants to obtain

food, medicines, or arrange for medical visits. Jesús has lived in Florida for more than two decades working in construction and agriculture jobs. He is now sixty-eight years old and his back pain keeps him away from physically demanding jobs. He raises chickens and goats to make ends meet, though it is difficult, especially making rent. He lives in a two-bedroom trailer with two roommates. The rent is \$2,100 a month. Although there is a convenience store two miles from his home, it is expensive. The closest supermarket is in the nearest city twenty-five miles away. Jesús used to take public transportation to go to a community center for food, and to a local clinic that treats undocumented immigrants like him for his back pain. The pandemic has had a serious impact on his daily life, as he explained: “They closed the clinic [with the pandemic]. They canceled all the appointments. I have no place to go. If I get sick I have to go to the emergency room, but you get a bill of \$1,000 or \$2,000 for a five-minute visit.” When we asked how he gets food, he said, “The bus only comes twice a day now, at one and at six. One of my roommates has a car and sometimes he takes me. I only go [to the community center that distributes free food] once or twice a month there.”

During discussions about strategies to navigate resources and meet basic needs during the pandemic, participants who lived in intergenerational families often mentioned getting help from their children or grandchildren. People living on their own, even if they had children living near them, faced a different reality. Carmen lives on her own in Massachusetts since she lost her husband twenty years ago. Her daughter lives close by and used to visit her often, but since the pandemic started, they have not seen each other. At eight-four years of age, Carmen does not want to risk getting COVID. Although she receives Social Security benefits, her budget is tight, and sometimes she has to choose what expenses to cover. When we asked Carmen whether she had talked to her daughter about her situation, she said, “I don’t ask. I make my budget and live with that. Life is very difficult these days. Everything is very expensive. [My daughter] has children too and things to pay for, you know? It is sad that a child feels like she has to help her mother. If she is rich,

ok, but when they live paycheck to paycheck like me, one cannot be a burden for their children.”

Public health measures of social distance and fear of getting sick among a population particularly vulnerable to COVID-19 contributed to the isolation of older adults who lived on their own. Unreliable or absent public transportation services and reduced support networks, such as congregated meals or free clinics, complicated immigrants’ access to basic needs such as food, medicines, or medical care during the pandemic.

Coping with Loss of Income and Resources

The lockdown plus a shift to remote services complicated immigrants’ access to resources to cover basic needs. Even those with Social Security benefits needed additional resources to pay for the higher cost of utilities. A substantial proportion experienced food insecurity from a combination of factors. People could not go grocery shopping independently because public transportation was severely reduced from the beginning of the pandemic. Family members had to deal with additional stressors of unemployment, homeschooling, and relocation; which reduced their ability to help older adults. In fact, respondents with pensions mentioned sharing it with family members. As a result, older adults had to reduce the amount and the quality of their food.

When we talked to Guadalupe, she was living in a three-bedroom house with her husband, three adult children, and six grandchildren. The grandchildren slept in the garage. She had worked in seasonal agriculture jobs since she walked across the U.S.-Mexico border with her fourteen-year-old son nearly three decades ago. Now, at sixty-five, chronic health conditions and a mobility impairment stemming from years working in the fields of Florida make her unemployable. Thanks to the 1986 amnesty, Guadalupe became a permanent resident and eventually a U.S. citizen. She receives a monthly Social Security check of \$630. Her children, who are undocumented, lost their jobs after the outbreak. The only other household income comes from Guadalupe’s husband, who was making \$700 a month as a security guard when we spoke with her. When we

asked Guadalupe what they did for money, she explained, “I got two loans and my son got another. We had to pay for the house! We also have a lot of debt because my son was in the intensive care unit for a week with COVID. I don’t know how much we owe to the hospital but it is a lot.” As to whether they had sought help, she answered, “No, because my husband is a [legal permanent] resident and they started saying that if we got help like the stamps or food he was not going to get his citizenship.” We asked how they managed: “We are very careful with money. Everything is very expensive. We only buy what we need. If I get a pack of chicken I shred it in very tiny pieces so it lasts longer. I mix it with rice and tortillas for the children. We only didn’t eat when they cut out our electricity, but now we don’t go to bed without eating nothing.” Another strategy Guadalupe practiced was to ration medications: “I’m not taking my insulin now because the insurance doesn’t pay for it all. I just do the diet.”

The rapid shift to remote services made it very difficult to treat and manage chronic conditions such as diabetes, cancer, or hypertension, which increased the risk of complications and mortality from COVID-19. The economic hardship stemming from the pandemic rendered medications unaffordable. These barriers are compounded by experiences of systemic discrimination due to race, ethnicity, immigration status, and age in their experiences with the health-care system. This led people to alternative health-seeking strategies, such as self-medication and home remedies given by family members and friends, such as *botellas* made with herbs bought in *boticas*, to treat chronic conditions such as diabetes or coronary diseases. Other strategies to deal with the consequences of unemployment, such as homelessness and food insecurity included consolidating households and pooling resources with other immigrants to buy groceries and pay bills.

For instance, María Gabriela was an eighty-year-old retired professor from Venezuela who came to Miami to visit her daughter three years ago and decided to stay because of the terrible conditions in Venezuela. The pandemic left her granddaughters unemployed. Unable to make rent, they moved with their partners to María Gabriela’s daughter’s apartment. Only her

daughter and her son-in-law were working when we talked with María Gabriela. Most of their income went to pay the monthly \$3,000 for rent and food for seven adults. Because they had other sources of income, no money was left for María Gabriela’s glaucoma medicine. She explained her situation: “Here the eye drops are very expensive. My daughter got me the Obamacare, but it doesn’t cover the eye drops. They are \$900 a month. So I sent money to Venezuela and friends send me the drops. I also have friends in Spain that send the drops when they know of someone that is coming to Miami. That’s how I manage.”

CONCLUSION

In normal times, poor elderly immigrants have a safety net, however precarious it might be. Our respondents relied on adult children and grandchildren, income from low-wage work, pensions and Social Security, and assistance from food pantries and churches. The pandemic disrupted many of these supports and turned some from support to burdens. When children and grandchildren lost employment and income, they sometimes doubled up with elderly relatives and depended on their meager incomes to buy food for their families. When income from work was reduced or disappeared, elderly immigrants had to choose between medicines and food, and fell back on cheaper folk remedies or went without. Many of our respondents reduced their food intake and went hungry. Although federal pandemic aid kept many Americans from such dire straits, our respondents were often unaware of whether they were eligible, were afraid of asking for help, or asked for it and learned that they were specifically excluded because they had no Social Security number.

The Trump administration’s threat to use the public charge rule to deny citizenship or legal status to people who received any government aid was widely talked about in immigrant communities and a great deal of confusion and fear surrounded the issue. Most people heard the words *public charge* but were unclear about what it would do to their or their families futures to be labeled as such. Given the lack of specific information, many respondents were wary of any contact with the government. For

the undocumented, this fear was exacerbated by one of any contact with any institution that might share information with ICE and lead to their capture and deportation. The twin burdens of poverty and fear of ICE led some people with COVID to avoid testing and to work while sick, thus endangering public health. Vaccine hesitancy was also widespread, especially at the beginning of the program, because of these fears.

We found that many respondents had heard rumors and misinformation that affected their behaviors. They did not trust that their immigration status would not be shared with ICE by health-care providers. They heard rumors that the vaccines were unsafe or that those who administered them were inserting chips into people to be able to locate them later.

We designed our study to examine differences between Massachusetts, a more generous social welfare and health-care state, and Florida, a more restrictive state. We were surprised to find only slight differences in response to COVID between people living in these states. Most programs to deal with COVID were national in scope and comparatively generous. The chilling effect of the threat of the public charge rule was national in scope, however, and affected our respondents in the same way regardless of where they lived. The one difference we did find was in an unexpected direction. Elderly Florida residents reported more availability of Spanish-language media describing free food resources. Massachusetts residents were more isolated and did not have as many.

The differences we did find reflected our respondents' national origins, their time in the United States, and their socioeconomic status. These three characteristics were decidedly interrelated. Cubans, on average, had immigrated a long time ago, aged in the United States, were in higher paying jobs when they were younger, qualified for government benefits, and had access to savings and pensions. The special, only recently terminated, status of Cuban immigrants, which gave them legal status and a path to citizenship on arrival in the United States, without a penalty for arriving without authorization, had long-lasting positive benefits for the people we interviewed.

The Salvadorans, Mexicans, and Dominicans we interviewed had a mix of legal statuses. Some were citizens or legal permanent residents or had Temporary Protected Status. Yet they all had members of their families or communities who were undocumented and most of them were severely affected by the fears engendered by the proposed public charge rule. In many cases this fear prevented people who were eligible for COVID relief from receiving it. Among these immigrants, those who had arrived more recently were more at risk for isolation and severe deprivation. Those who had lived in the country for a long time had more knowledge of how to access services and were more integrated into communities where help from churches and nonprofits were discussed.

Venezuelan immigrants were especially deprived. They had only recently arrived, almost all of them without legal authorization. They were working at jobs that disappeared during the pandemic, and they had no access to government aid. Families tried to support each other, but they reported severe hardships.

The consequences of the pandemic for immigrants were made much worse by some policy decisions. Excluding immigrants from the federal pandemic relief money made their economic situation worse. The fear of the public charge rule meant that immigrants who were eligible for help often were hesitant to apply. The assumption that the elderly were not working in essential occupations meant that they were not targeted in messaging about the importance of following public health guidelines. All of these areas were public policy failures that made the pandemic much worse for our respondents than it had to be.

Our research points to specific steps that could help these vulnerable older immigrants. Florida did a better job than Massachusetts in providing information in Spanish, targeted at older people, on how to find food aid. Massachusetts did not have the robust Spanish-language outreach necessary to reach isolated older people and could develop better communications. In both states, nonprofits and government aid should target immigrants who have less time in the United States and are more likely to be isolated. Churches are the one institution we identified that touches the lives

of these immigrants and can be instrumental in connecting them to help.

When targeting help to unauthorized people, it is clear that fear of giving any information to the government stops some from applying for food or medicine. Nonprofits and churches should provide such aid without asking for any personal information, such as names or addresses. This research also shows the large impact of the Trump administration's anti-immigrant messaging and executive actions. The public charge rule was not enacted, but it had an oversize effect on immigrant behavior, preventing many vulnerable people from getting the humanitarian food and medicine they needed. The cruelty of this policy, unfortunately, had a strong and intended effect.

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