

State Action Toolkit for a Refugee and Immigrant Inclusive Response to COVID-19 *State Administration and Legislative Actions*

Crises test who we are as a nation – and we are stronger when we are united, extend compassion to our neighbors, listen to public health experts, and resist medical prejudice and scapegoating. As states and localities respond to the COVID-19 pandemic, it is critical that we ensure that all community members are able to mitigate risks to their vulnerability to COVID-19. Now is a critical moment to make sure the voices of immigrants, refugees, and allies are heard at the state and local levels to ensure healthcare access, language accessibility, economic relief, and protection from deportation.

Since March, over 120 bills have been introduced in 40 state legislatures (+DC) on paid sick leave and worker protections, as well as state funding requests. Over 295 executive actions have been issued in 50 states (+DC) related to declarations of states of emergency, school closures, prohibition of mass gatherings, retail and business closures and restrictions, and stay at home orders. Over 20 state task forces have been established by 12 governors. And, over 30 states (+DC) have issued emergency COVID-19 regulations on a number of issues including but not limited to health insurance carriers, labor and wage, and medical licensure. More information about these proposals can be found [here](#) and [here](#). As of April 21st, 71 legislative chambers have either temporarily adjourned, moved to virtual meetings, or announced an early recess or sine die. To see if your state is expected to return to session this year, post pandemic, [check here](#). Some key principles to ensuring an inclusive response for immigrants and refugees are [available here](#).

To facilitate assistance for refugees and immigrants, here is a [state action platform](#) that outlines the top five ways states can support refugees and immigrants during this difficult time. This toolkit provides guidance to support these efforts for the remainder of 2020 and as we prepare for 2021 state legislative sessions.

- ❖ Integrate Immigrants and Refugees into Healthcare Fields.....1
- ❖ Ensure All Community Members Have the Information they Need in the Language We Speak.....3
- ❖ Protect Our Neighbors from Deportation and Family Separation.....4
- ❖ Provide Full and Equitable Access to Healthcare for All.....5
- ❖ Provide Robust Economic Relief to All Working Families and Small Businesses.....6

Integrate Immigrants and Refugees into Healthcare Fields

For additional resources on state & local efforts to strengthen workforce development opportunities (beyond the healthcare industry) for refugees, please contact [Genevieve Kessler](#) and [Meredith Owen](#).

There are approx. [263,000 refugees and immigrants](#) with health-related degrees in the United States who are underemployed, unemployed, or out of the workforce. [Almost two-thirds](#) (or 165,000) of all underutilized health-care immigrant workers likely obtained their health-related education outside the United States. States like [Minnesota](#), [Washington](#), [California](#), [Missouri](#), and [Massachusetts](#) have passed legislation to address disparities in access to licensure for internationally-trained healthcare professionals. Particularly during the COVID-19 pandemic, it is more important than ever to reduce barriers to entry for internationally-trained healthcare professionals into U.S. healthcare employment. Further, underutilized immigrant healthcare professionals could provide an important linguistic and cultural resource. More than two-thirds are English proficient, in addition to other languages, including Spanish (17%), Tagalog (15%), Chinese (6%), Korean and Arabic (4% each), as well as Haitian, Russian, Vietnamese, Hindi, Portuguese, French, and Telugu (2% each).

Rapid Response Solutions: We recommend that states take the following action to integrate immigrants and refugees into healthcare fields:

- In the immediate term, states should issue executive orders (EOs) to allow internationally-trained doctors and healthcare workers to practice in the state, similar to (and potentially broader than) the [EO](#) issued in [New Jersey](#).
- States should convene a task force of representatives from health systems, higher education, nonprofit organizations, government, and internationally trained health professionals to examine barriers facing internationally trained health professionals seeking to enter the health sector and issue relevant findings and recommendations.

Educate Your State & Local Officials:

- **Contact Your Governor and Your State’s Department of Health/Human Services:** [Click here](#) to contact your governor and [click here](#) to find your state’s health department. Tell them to fulfill the recommendations laid out in the [state action platform](#). [Click here](#) for guidance on how to prepare and organize meetings, and [click here](#) for guidance on how to prepare for virtual meetings.

- **Contact Your State & Local Elected Leaders and Local Public Health Office:** Contact your [state legislators](#), [mayors](#), and [county executives](#) (and if you have close connections, to [city, county, and town officials](#) or [other state and local elected leaders](#)). [Click here](#) to find your local health department. [Click here](#) for guidance on how to prepare and organize meetings, and [click here](#) for guidance on how to prepare for virtual meetings.

What to Say: “My name is [NAME], and I urge you to make it easier for internationally-trained healthcare professionals to practice in our state. Immigrants already play an important role in saving lives in our healthcare system; they are poised to do more during this time of critical need. There are 165,000 internationally-trained healthcare professionals living in the U.S. now. They are eager to help us fight COVID-19, but they are unable to do so because of barriers to employment in the healthcare field, including licensing. At a time when many providers are facing severe shortages, we need to utilize the immense talent of these professionals. There are multiple ways that internationally-trained health professionals can contribute to state health workforces -- from direct care to community health to interpretation. Already Nevada, New Jersey, Colorado, New York and Massachusetts governors have taken steps to tap the talent of internationally-trained health professionals to help meet staffing needs. Our state should use their emergency executive authority to adapt licensing policies so that this talent pool can put their lifesaving skills to use.”

State Executive Order Examples: Six states have signed executive orders related to accelerating or increasing access to emergency licensing for internationally-trained medical or healthcare professionals, including:

- [Colorado](#): Invites a variety of healthcare professionals to contribute to the response and suspends select requirements within the code which would have otherwise prohibited these contributions.
- [Massachusetts](#): Invites physicians with two years of postgraduate medical training. The Board of Medicine will issue guidance.
- [Michigan](#): Invites physicians, physician assistants, registered professional nurses, licensed practical nurses, and respiratory specialists who are licensed in good standing in another country, have at least 5 years of experience, and has practiced for at least 1 year within the last 5 years.
- [Nevada](#): Chief Medical Examiner may waive/exempt a provider that has received training in another country and is not currently licensed in the US.
- [New Jersey](#): Invites foreign trained doctors to contribute to the healthcare response
- [New York](#): Enables graduates of foreign medical schools with at least one year of graduate medical education to support the healthcare response.

Sign On Letters: Here are example sign on letters to support efforts to reduce barriers for internationally-trained healthcare professionals:

- Faith Leaders: [Ohio](#) and [Virginia](#)
- Refugee Leaders: [Ohio](#) and [Virginia](#)

A platform tracking these executive orders can be found at the [IMPRINT Project](#) (click on “COVID-19 Emergency Response” under Issue Area). Additional resources for your meetings can be found here:

- [Click here](#) for a policy brief by World Education Services (WES) on how states can tap the skills of internationally-trained healthcare professionals.
- [Click here](#) for WES’s summary of states’ executive orders related to emergency licensure for internationally-trained healthcare professionals.
- [Click here](#) for more examples of states waiving certain medical license regulations for those with domestic licenses.
- [Click here](#) for a messaging document with more sample talking points.
- [Click here for WES’ blog](#) on licensing of internationally trained workers in the health sector.
- Check out IMPRINT’s [landing page with advocacy resources](#).
- Additional [background](#) information and recommendations can be found at [American Progress](#), [New American Economy](#), and [MPI](#).

Calling all Refugees and Immigrant Health Professionals: If you are interested in contributing to the COVID-19 healthcare response, please visit [Refugees.Rescue.org](#) and submit your information. This resource collects the experience, education and contact information of refugees and immigrants with foreign education and training in healthcare and will connect them with existing opportunities that are presenting in states across the country. Applicants can indicate a preference to stay in their communities or travel elsewhere that opportunities are available. The self-registration asks a number of questions relating to the health background of the applicants as well as mastery of the

English language. After submission, one can connect to the [Medical Reserve Corps](#) as an alternate path. In case you missed it, [Migration Policy Institute \(MPI\)](#) crafted a timely piece on [Immigrant Professionals being an untapped resource.](#)

UpGlo Healthcare Connect – COVID-19 Response: UpGlo Healthcare Connect [matches](#) healthcare employers with internationally-trained healthcare professionals. Internationally-trained healthcare professionals seeking to join UpGlo Healthcare Connect - and hospitals or healthcare employers seeking to connect with this talent pool - can contact healthcareinquiries@upwardlyglobal.org.

As states approach the 2021 state sessions, it is equally critical for state administrations and state legislatures to consider long-term permanent solutions for internationally-trained medical professionals. A toolkit with additional resources for 2021 state sessions is forthcoming. In the meantime, here are some recommendations for long-term permanent solutions:

- States should streamline re-licensing for immigrants, refugees, and individuals with out-of-state (including international) [medical](#) and certain healthcare-based certifications. These professionals should have the same workplace rights and be employed under the same conditions as U.S. citizen professionals.
- States should develop standardized assessment and certification programs to assess clinical readiness as part of the licensure process.
- States should create competency-based apprenticeship and pre-apprenticeship programs, as well as [work-based learning models](#), for healthcare professions.
- States should invest in career guidance and support services for internationally trained healthcare professionals seeking to gain licensure and enter the U.S. health workforce, as well as assistance in accessing non-licensed health occupations that leverage their training and skills ([Welcome Back Centers](#) based at community-based organizations and higher education institutions around the country are a useful service model).
- States should help internationally trained health professionals find long-term pathways to permanent licensure, recognition of their service provided, and assistance in reentering the workforce at the end of the COVID crisis.
- States should fund dedicated residency spots for international medical graduates in their states, to address the barriers international medical graduates face in obtaining the residency placements required for licensing.
- States should provide conditional licenses for internationally trained nurses whose credentials are recognized by [CGFNS International](#) (nursing credentials evaluation) and who are participating in bridge programming to complete gaps in training and clinical requirements.

Ensure All Community Members Have the Information they Need in the Language We Speak

Public health information is not just being released by the CDC and the Administration but also at the state and local level via local health departments. Across the resettlement network, vulnerable populations need to access the same detail of information as other Americans. Unfortunately, state and local agencies do not always provide a) the level of detail in a language other than English and b) materials in the breadth of languages that represent international populations within their state and community.

Solutions: We recommend that states take the following action to ensure all community members have the information they need in the language we speak:

- All COVID-19 resources or emergency communications must be provided in the multiple languages, including any guidance on how to access essential services, such as unemployment assistance, food stamps, cash assistance. Translations should be based on the primary and emerging languages according to neighborhood demographics.
- [Resources and emergency communications should be disseminated through channels that will reach impacted communities](#) including but not limited to refugee and immigrant serving organizations.
- All COVID-19 health care services, including hotlines, must be provided with access to interpreters who provide services in person, over the phone or by video. The availability of these language capabilities should be widely advertised and health institutions should provide an “interpretation graphic” to visually inform residents when interpretation/translation is available upon request.
- Refugees and immigrants need assistance to address distance learning challenges, including digital literacy, language accessibility, etc.

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What to Say: “My name is [NAME], and I/my family live(s) in a diverse/state community and existing resources for COVID-19 resources and emergency communications do not reflect the needs of the residents. Additional languages needed include: _____, _____, and _____. All members of our community need access to accurate and comprehensive information about how to stay safe during the pandemic. Protecting one of us, protects all of us. Like all Americans, immigrant families are interested in making sure that their vulnerable family members are protected. Service providers also need to be informed of language access services to disseminate this information to impacted community members. I urge you to ensure all community members have the information they need in languages we speak.”

Examples:

- **Washington COVID-19 Translated Resources:** [Directory](#)
- **Equality Labs:** [COVID-19 Community Guides](#)
- **Switchboard:** [Roundup of Multilingual Resources](#)
- **COVID-19 / Coronavirus Resources for Refugees:** bit.ly/COVIDHealthResources

Protect Our Neighbors from Deportation and Family Separation

All people deserve to be treated with human dignity. Immigrants, refugees, and asylum seekers are part of our communities. They serve on the front-lines of the pandemic, keep our supply chains working, and pay taxes. To face the fear of deportation or being separated from their families while they do so is not only tragic, but unnecessary. Immigration enforcement must not be used as a tool to break the human spirit and separate families. States should protect the rights of all immigrants, uphold community wholeness, and do everything in their power to keep families together, not tear communities apart.

Solutions: We recommend that states take the following action to protect our neighbors from deportation and family separation:

- Everyone in our community needs to feel safe and able to seek emergency assistance. Governors should announce that they will suspend or supersede municipal or anti-“sanctuary city” laws in order to reassure all residents that they can access aid without fear of penalties - and do everything in their power to see immigration enforcement honor sensitive locations policies.
- To promote community trust and health, local and state governments should suspend all voluntary local collaboration with the Department of Homeland Security (DHS), including 287(g) agreements, administrative warrants, ICE detainers, workplace raids, and any other collaboration related to civil immigration law. There is no federal legal obligation for any state or local agency to use its resources to help ICE or CBP with immigration enforcement.
- Many of our family members are being held in local jails and immigrant detention centers, where they are unsafe and lack adequate care. States and local authorities should release individuals who pose no harm to others from our jails and detention centers, including those with ICE detainers, in order to prevent outbreaks or the further spread of the virus. A sample letter on the importance of releasing people from local custody is here: <https://docs.google.com/document/d/1-FerqZeMUMCU4qTpecdz4HF6HlcnwRvONE1BjyRTESk/edit> and Detention Watch Network has published a toolkit to #FreeThemAll: <https://www.detentionwatchnetwork.org/covid-19>
- States must develop proactive plans for prevention and management of COVID-19 for people in detention. Here is a [template letter](#) to local jail, prison, and detention center administrators.
- States should invest in immigration legal services funding and coordinate directly with non-profit immigrant serving organizations to ensure immigration attorneys are able to represent immigrants who continue to be subject to cruel federal immigration enforcement.
- Governors should establish executive-level offices where all foreign-born people (regardless of status) can report their experiences, and seek assistance via referral to appropriate government and NGO agencies. These offices should be charged with collecting gender-segregated data.

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What to Say: “My name is [NAME], and I urge you to protect our neighbors from deportation and family separation. The health and strength of our communities depend on all of us. We are only as healthy and safe as the most vulnerable members of our community. We need each other. Our immigrant neighbors are deeply rooted in the fabric of our communities and are working on the frontlines of this crisis. This moment requires bold and robust action to protect public health and support working families and our economy. We’re calling on you to ensure that you do not contribute to the spread of the virus or the deaths of your residents by transferring them to ICE detention. ICE has not made any efforts to mitigate the spread of COVID in its facilities, and you must ensure that you do not send more people to face death in immigration detention. . No matter where we’re from or how we got here, we all deserve the best chance to care for our families. The only way we’ll make it through this crisis is if the measures you take protect all of us, including immigrants.”

Provide Full and Equitable Access to Healthcare for All

All community members deserve access to the testing, treatment, and healthcare they need. The COVID-19 public health crisis has illuminated how interconnected we are - our communities are safer when we care for all of our neighbors. Ensuring the health of immigrants, regardless of status, protects all of our health and well-being. Congressional COVID-19-related legislation left out many immigrants who do not have meaningful access to healthcare. States can fill those critical gaps.

Solutions: We recommend that states take the following action to provide full and equitable access to healthcare for all:

- States should ensure minimal burdens to testing and treatment to the public, including undocumented immigrants. Burdens to be addressed should include monetary charges for services, language barriers, concern about impact on visibility and social benefits, and lack of neighborhood access, among others. Guidance should specifically prohibit eligibility questions and/or other requirements to access relief or emergency social services and support.
- States should provide universal COVID-19 testing, treatment, and services -- free of charge and without asking for or recording immigration status. For example, New York State announced [guidance](#) that ensures all low-income residents, regardless of immigration status, have access to COVID-19 testing, evaluation, and treatment.
- States and municipalities must make outreach efforts to bring free and accessible health-care services to immigrant communities.
- Immigrant communities may fear government agencies and places that are meant to keep them safe. Government agencies and health institutions must strengthen policies to ensure that access to care cannot result in immigration consequences, and should publicize these changes to reassure immigrants that testing and treatment is safe.
- State should perform public outreach to ensure all immigrant neighbors know they can seek medical care without fear, and ensure that any medical care received will not become part of a later public charge analysis.

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What to Say: “My name is [NAME], and we must provide COVID-19 testing, treatment, and services for everyone in our states, free of charge and regardless of immigration status. The health and strength of our communities depends on all of us. We are only as healthy and safe as the most vulnerable members of our community. We need each other.

Government agencies and health institutions must strengthen and publicize policies to reassure immigrants that accessing care and services won't result in immigration consequences."

Examples:

- **New York:** The New York Department of Health [issued](#) a [Medicaid Update](#) clarifying that coverage of COVID-19 testing, evaluation, and treatment are included under state emergency Medicaid for those whose income is 138% or less of the federal poverty level.
- **Washington:** The state's [guidance regarding emergency medical services](#) available to state residents regardless of their immigration status [provides](#) that "[t]he assessment and treatment of COVID-19 provided in any outpatient setting, such as office or clinic, telemedicine, online digital or telephonic services is considered a qualifying emergency."
- **California:** California has [implemented](#) the option under the federal relief bill that authorizes testing and testing-related services at 100 percent reimbursement through its Medicaid program (Medi-Cal), to create an "aid code" (eligibility category) for patients to be [enrolled presumptively](#), without regard to income, resources, or immigration status. For immigrants already enrolled in emergency Medicaid, the [state has confirmed](#) that COVID-19-related testing, diagnosis, and treatment will be [covered](#).

Provide Robust Economic Relief to All Working Families and Small Businesses

Many immigrant working families are excluded from congressional emergency economic relief - such as by making them ineligible to receive the cash payments/stimulus checks or unemployment benefits. States and localities can support the social and economic well-being of all neighbors and protect the resilience of our communities by filling these significant gaps. States should consider how to meet all community members' basic needs through additional housing, food, and unemployment assistance.

Solutions: We recommend that states take the following action to provide robust economic relief to all working families and small businesses:

- Economic relief measures – including food stamps, rent and housing assistance, unemployment benefits, cash assistance, and paid leave – must be universally accessible regardless of immigration status and without triggering any immigration penalties.
- States should make unemployment-eligibility determinations on the widest basis possible. States should ensure that all workers impacted by the economic crisis have access to economic relief, including non-traditional employees like independent contractors, self-employed people, DACA & TPS recipients, seasonal laborers, and ITIN holders.
- States should issue a moratorium on evictions and utilities shut-offs for the duration of the economic crisis. States and municipalities with budget capacity should consider universal programs of rental support and/or rent relief, such as those announced by [Minneapolis](#) and [Chicago](#).
- States should issue a moratorium on state tax and debt collection, providing grants and no-interest loans to small businesses, as well as relaxing documentation requirements and ensuring language assistance is provided.
- Relief for small businesses must include immigrant owned businesses and ensure that documentation requirements are relaxed and language assistance provided.
- States should uphold [workers' rights](#), workplace safety, and hazard pay.

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What to Say: "My name is [NAME], and as part of our state's COVID-19 response, I urge you to ensure that economic relief measures, including food stamps, rent/housing assistance, unemployment insurance, cash assistance, and paid leave, are universally accessible regardless of immigration status and without triggering any immigration penalties. Eligibility for unemployment should be expanded to ensure that all workers (including non-traditional employees) impacted

by the economic crisis, regardless of immigration status have access to relief. We should be taking steps to ensure all workers are protected and safe, including providing training and equipment. Worker protections must also be enhanced so that workers who are at high risk or who are afraid for a loved one with underlying conditions are not penalized for safeguarding their health or the health of their loved ones.”

Examples:

- **California:** The governor established a [disaster relief fund](#) with an investment of \$75 million from the state and \$50 million in private funding organized through Grantmakers Concerned with Immigrants and Refugees. The program is designed for undocumented immigrants who are ineligible for federal unemployment and financial relief and provides a one-time cash payment of \$500 per adult, with a cap of \$1,000 per household.
- **Oregon:** The Oregon [Worker Relief Fund](#) is seeking to replace up to 60 percent of lost wages for Oregonians who, due to their or a family member’s immigration status, are disqualified from receiving unemployment insurance or stimulus benefits.
- **Austin:** Local government passed a [resolution](#) that allocates \$15 million dollars to the city’s Relief in a State Emergency (RISE) Fund. Half the funds will go to social service providers to ensure food access, rental assistance, and other direct relief services. The other half will be distributed by organizations to Austin residents who have financial need and are ineligible for federal relief.
- **Colorado:** The Governor [created a program](#) to help workers in essential industries find child care and to increase pay for staff providing care during the crisis.

Local Government Funding to Support Refugee Communities

In order to enact change, the community must get involved. This can be done by paying attention to what is happening in your local communities and local government. In Arizona, the City of Phoenix was awarded \$293 million dollars in federal relief funds under the CARES Act. The city allocated \$3 million dollars of the funding to refugee and asylee communities, broken down in the following way:

- \$1.7 million emergency rent and utility assistance
- \$1 million in RFP for RA’s, ECBO’s and other refugee serving orgs (\$50K per agency)
- \$300K for small refugee owned businesses (\$5K one time grants)

To achieve this success, organizers started closely following virtual city council meetings, trained others how to utilize the “request to speak” system (including refugees and refugee serving orgs), created allies or champions with the city council (in Phoenix, those champions included Councilman Carlos Garcia & Vice Mayor Betty Guardado), and utilized the We Are All America-Arizona coalition to mobilize, strategize and maintain ongoing communication. WAAA-AZ mobilized community members including: immigrants’ rights groups, refugees impacted by COVID-19 and refugee leaders, faith organizations, resettlement sites and other direct service providers, and the broader community to drive out action.

Action items included: speaking at every single council meeting, leaving public comments, training 2-3 refugees to share their stories (provided coaching prior to council meetings), and making calls to the city of Phoenix council and mayor’s office. Organizers also utilized the media to leverage and secure funds - and stayed involved throughout the entirety of the process, including providing input on how funds should be distributed.

To see if your locality received CARES Act payments, please [click here](#). Click for contact information for [mayors](#), [county executives](#), [city, county, and town officials](#), or [other local elected leaders](#). [Click here](#) for guidance on how to prepare and organize meetings, and [click here](#) for guidance on how to prepare for virtual meetings.

Feel free to contact Meredith Owen at mowen@cwsglobal.org for additional guidance in advocating to your local government.

Additional Resources

More resources related to COVID-19 national and state legislative response can be found below:

- **State Action Platform:** <https://bit.ly/StateCOVID19Actions>
- **Health Resources for Refugees and Immigrants:** <https://bit.ly/COVIDHealthResources>
- **Federal Legislative Analysis:** <https://bit.ly/COVIDLegislativeAnalysis>
- **Challenges Refugees Face in Accessing COVID-19 Relief:** <https://bit.ly/COVID19RefugeeChallenges>
- **IRS Updates for Non-tax Filers:** <https://bit.ly/COVIDNonFiler>

- **National Immigration Law Center:** [SHARED CRISIS, SHARED SOLUTIONS: State and Local Advocacy for an Immigrant-Inclusive Response to the COVID-19 Crisis](#)
- **Journal of Urban Health (2020):** [Modeling COVID-19 and impacts on U.S. Immigration and Enforcement \(ICE\) detention facilities](#)
- **Immigrant Legal Resource Center (ILRC):** [Ending 287\(g\) Toolkit for Local Organizers](#) and [National Map of Local Involvement in Deportations](#)
- **Protecting Immigrant Families:** [State Benefits Agency Administrators Toolkit \(public charge\)](#)
- **Protecting Immigrant Families:** [State Attorneys General Toolkit \(public charge\)](#)
- **Protecting Immigrant Families:** [State and Local Government Officials Toolkit \(public charge\)](#)
- **World Education Services:** [Click here](#) for best practices and effective models when creating an Office of New Americans
- **Vera:** How Local Leaders Can Ensure Immigrant Justice During [COVID-19 Guidance Brief](#). This brief includes guidance on how to provide direct financial relief, publicly-funded deportation defense, and calling for the release of immigrants in detention.
- **Vera:** [Immigrant Justice and the COVID-19 Pandemic](#) includes a compilation of our resources and information for the public, advocates, attorneys, government officials, and other stakeholders. Here is Vera's recent [tweet](#) promoting the resources.
- **Vera:** Support Universal Representation [Fact Sheet](#). This fact sheet provides an overview of Vera's SAFE Network and the growing movement for universal representation for immigrants.
- **Vera Blog:** Communities Need [State and Local Deportation Defense Programs](#) Now More Than Ever. Also, see here for [sample messaging and talking points](#) to assist in advocating for publicly-funded deportation defense programs amid COVID-19.
- **New American Economy:** [Resource guide for state and local COVID-19 emergency responses](#)
- **IRAP:** [Database of state- and local-COVID relief funds that are accessible to refugees and other immigrants](#)