

REPORT

Racial Disparities on Full Display:

**COVID-19 IS DISPROPORTIONATELY
AFFECTING COMMUNITIES OF COLOR**

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DPCC

DEMOCRATIC POLICY & COMMUNICATIONS COMMITTEE
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Communities of Color Are Disproportionately Affected By COVID-19

The disproportionate impact of COVID-19 on communities of color is no surprise to public health experts and civil rights leaders. Unfortunately, this pandemic has amplified major structural inequities and discrimination that have impacted communities of color for generations.

Due to a variety of systematic barriers, people of color are less likely to have steady access to quality medical care and are more likely to have preventable, manageable conditions — often experiencing complications due to lack of medical access. They are less likely to live in neighborhoods with available healthy food options and more likely to face exposure to environmental factors that affect health. People of color are also more likely to work service industry jobs or jobs that do not offer sick leave and are now deemed essential.

Communities of color:

- **Have less access to quality health care.** People of color are less likely to receive quality care than other communities and are also more likely to be uninsured. For example, American Indians/Alaska Natives (AIANs) and Latinos are almost 3 times as likely and African Americans are almost twice as likely to be uninsured compared to their white counterparts.
- **Are more likely to have a pre-existing condition.** Because of disparities, people of color are more likely to have pre-existing conditions. Individuals with pre-existing conditions or chronic diseases are more likely to be hospitalized and die from COVID-19. African Americans are also most likely to die of heart disease, the leading killer in the U.S.ⁱ Over 30 percent of AIANs reported at least one form of heart disease in 2012, compared with 11 percent of non-Hispanic whites.
- **Face challenges accessing healthy food.** COVID-19 has worsened many of the challenges Americans face every day, including access to healthy foods. While the national average for food insecurity is 12.3 percent, 22.5 percent of African American households and 18.5 percent of Latino households are food insecure.ⁱⁱ
- **Suffer greater exposure to air pollution** and are at higher risk of the associated health impacts, like asthma. People of color represent nearly 70 percent of the 20.8 million Americans living under the worst air quality conditions, and nearly 50 percent of the 150 million Americans living in counties that have failed at least one air quality standard.ⁱⁱⁱ New studies have found that long-term exposure to air pollution can increase a person's likelihood of dying from COVID-19 by 15 percent.^{iv}
- **Make up a disproportionate number of frontline workers.** As Americans increasingly observe social distancing guidelines by working from home, African American and Latino workers are less likely to have the ability to work from home. African Americans account for nearly 30 percent of bus drivers and nearly 20 percent of all food service workers, janitors, cashiers, and stockers.^v People of color are also working as frontline nursing home workers, caregivers, and food processing workers.
- **Are hit hardest by growing levels of poverty as layoffs and furloughs continue to rise.** Prior to this pandemic, the typical African American and Latino households had a net worth of just \$17,100 and \$20,765, compared with the \$171,000 held by the typical white household. During the Great Recession, unemployment for the U.S. peaked at 10 percent, compared to 17 percent for African American workers, 15 percent for AIANs, and 13 percent for Latino workers.^{vi vii viii}

- **Have less access to capital.** Minority-owned small businesses are less likely than white-owned small businesses to have critical lending relationships with banks—for example, only one percent of African American-owned businesses obtain loans in their founding year while seven percent of white-owned businesses do.^{ix}
- **Are more likely to live in multigenerational family households where self-isolation is nearly impossible.** Data from the 2010 Decennial Census shows that 4 percent of family households in the U.S. are multigenerational family households. Of the multigenerational family households, Native Americans represent 14 percent, Hispanic Americans represent 11 percent, Asian Americans represent 9 percent, and African Americans represent 8 percent.
- **Are more likely to face housing cost burdens leaving them vulnerable to eviction or foreclosure.** More than half of African American and Latino renters experience housing cost burdens, far higher than their white counterparts.^x



- **Experience homelessness at a disproportionate rate.** African American and Latino Americans make up a disproportionate share of the people experiencing homelessness.^{xi}
- **Rely on public transportation services that are under threat during the crisis.** Communities of color make up 60 percent of public transportation riders, with African American riders comprising 24 percent of ridership within communities of color. Local tax revenues and farebox receipts that support transit agency operations have declined precipitously during the crisis. Lost revenues, if not replaced, will eventually result in significant service reductions that limit daily travel for

communities of color and lead to massive layoffs of bus operators and other frontline transit workers.

- **Families in Indian Country face unique challenges during the pandemic.** When discussing the disproportionate impact of COVID-19 on Indian Country, it is essential to note that these realities are the direct and indirect result of hundreds of years of federal policies that have resulted in enormous health care and public health funding gaps and institutional barriers.

Democrats are committed to addressing the risks of COVID-19 and the historic discrimination that has created barriers to economic opportunity and ensuring a healthy future for all Americans.

Democratic priorities achieved in the four COVID-19 packages passed by Congress:

- **Provided \$30 billion in new Paycheck Protection Program funding dedicated to community lenders, including Minority Depository Institutions and Community Development Financial Institutions,** to help ensure that PPP assistance reaches minority-owned small businesses, underserved communities, and nonprofits.
- **Expanded unemployment insurance** to ensure workers who are laid off and furloughed due to coronavirus have the resources they need to pay their bills and take care of their families. Everyone receiving unemployment insurance will receive an increase, and benefits will be extended by 13 weeks.
- **Secured \$25 billion for nationwide testing** as well as language to finally implement a national testing strategy.
- **Secured emergency paid sick and family leave** for many workers employed by businesses with fewer than 500 employees.
- **Directed support to families** in the form of a \$1,200 cash payment along with an additional \$500 per child.
- **Funded Child Care Development Block Grants** to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to the coronavirus.
- **Assisted families with heating and cooling bills** by providing funding for the Low-Income Home Energy Assistance Program (LIHEAP).
- **Boosted funding for community health centers (CHCs),** which help communities provide vital care for the nation's most vulnerable citizens.
- **Included tax relief encouraging employers to implement student loan repayment programs.** This provision will exclude up to \$5,250 in qualifying student loan repayments paid by the employer.
- **Supported Native communities by increasing funding** to the Indian Health Service, Food Distribution Program for Indian Reservations, and Bureau of Indian Education.
- **Supported continued operation of essential safety net programs in Indian Country** by establishing an \$8 billion Coronavirus Relief Fund for Tribal governments.

- **Increased funding for Community Development Block Grants** to help address the effects of the pandemic on communities and states.
- **Provided \$4 billion for Emergency Solutions Grants (ESG)** in the CARES Act to help reduce the number of people living in homeless encampments and congregate shelters.
- **Provided a 60 day foreclosure moratorium for homeowners with federally-backed loans** and up to 360 days of forbearance for homeowners with federally-backed loans who experience financial hardship due, directly or indirectly, to COVID-19.
- **Provided a 120 day moratorium on evictions due to nonpayment of rent** for renters receiving rental assistance or renting in a building with a federally-backed loan.
- **Secured \$25 billion of emergency relief funding for public transportation agencies** to ensure the continuation of essential transportation services and prevent layoffs of frontline transit workers.
- **Secured \$300 million to bring high-speed internet to rural communities** and ensure healthcare providers can perform telehealth services.
- **Secured a total of \$150 billion in federal support for state and local governments with a \$1.25 billion minimum for each state.**

Democratic priorities for future COVID legislation:

- Ensure communities of color have access to quality, affordable health coverage including the expansion of Medicaid in the 14 states that have yet to expand and ensuring the continued operation of IHS facilities that serve remote AIAN communities.
- Guarantee equitable access to widespread testing and inclusion of minority communities in clinical trials for COVID-19 vaccines and treatments.
- Require HHS to release demographic breakdowns for COVID-19 testing, treatment, and fatalities, and create a commission to study COVID-19 disparities.
- Strengthen environmental and health protections for frontline workers by requiring the Occupational Safety and Health Administration to establish additional worker protections. Democrats will also continue holding the Trump Administration accountable for weakening environmental rules and relaxing enforcement of polluters.
- Establish a Heroes Fund to increase pay and protections for frontline workers, and ensure frontline workers have access to paid leave to take care of themselves and their families.
- Increase food security by providing a critically needed increase in Supplemental Nutrition Assistance Program (SNAP) and changes in USDA incentives to increase food donations instead of dumping and destroying crops.
- Close the gap in essential community infrastructure like high-speed internet and water infrastructure.
- Provide emergency rental assistance, mortgage assistance, and other support for families to afford housing and utility payments and stay in their homes during and after the COVID-19 crisis.
- Provide additional support to assisted housing providers, including rural providers, to help maintain access to affordable housing for assisted households.

- Provide funding to local homeless services providers to help individuals and families shelter safely during the pandemic.
- Increase access to the Paycheck Protection Program (PPP) and other business lending programs to ensure communities of color are receiving adequate assistance.
- Expand the Earned Income Tax Credit and the Child Tax Credit, which would boost the incomes of 8 million African American households and 9 million Latino households.
- Provide further relief funding to public transportation agencies to ensure the continuation of essential transportation services for communities of color and prevent layoffs of frontline transit workers after initial CARES funding is exhausted.
- Provide robust funding to state and local governments whose resources have been depleted during the pandemic.

COVID-19 Taking Devastating Toll on Communities of Color

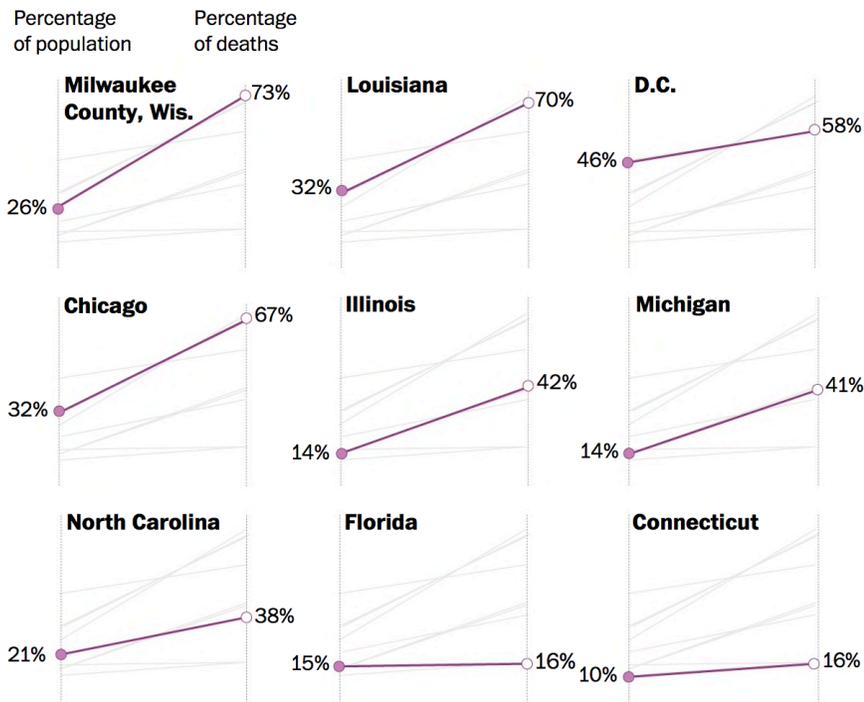
A wide variety of health risks and outcomes are directly affected by where we live, work, and learn. These are known as social determinates of health. ^{xii} Minority communities historically have worse health outcomes due to poor social determinants of health and economic barriers. COVID-19 exposes just how deadly inequality can be. On April 17, the Centers for Disease Control and Prevention (CDC) released preliminary data that shows 30 percent of COVID-19 patients are African American, but African Americans make up only 13 percent of the entire population. ^{xiii} In New York, the state with the most COVID-19 deaths, the disease is twice as deadly for African Americans and Latinos. ^{xiv} In addition, majority African American counties have three times the rate of COVID-19 infection and nearly six times the rate of death as majority non-minority counties. ^{xv}

- In New York, Latino people account for the highest number of deaths, at 34 percent, but only make up 29 percent of the population. African Americans account for 28 percent of deaths and make up 22 percent of the city's population. ^{xvi}
- In Chicago, African Americans account for more than half of those who have tested positive and 72 percent of virus-related fatalities, even though they make up a little less than a third of the population. ^{xvii}
- African Americans, who account for a third of positive tests in Michigan, represent 40 percent of deaths even though they make up 14 percent of the population. ^{xviii xix xx}
- In New Mexico, 29 percent of COVID-19 positives are American Indian and Alaska Native (AIAN) – three times the percentage of the state population as a whole. In Arizona, 16 percent of COVID-19 deaths are

Asian Americans face increasing incidents of discrimination. On March 20, the U.S. Commission on Civil Rights expressed grave concerns about the recent demonstrations of violence and hate toward people of Asian descent. It noted that such discrimination is not only unlawful – it has concrete impacts on access to work, health care, education, and more.

African Americans by percentage of population and share of coronavirus deaths

Only a few jurisdictions publicly report coronavirus cases and deaths by race.



Source: Johns Hopkins University, state health departments and American Community Survey

Source:
[Washington Post](#)

AIAN – even though AIANs make up only 6 percent of the state’s population.

- In Louisiana, about 70 percent of the people who have died are African American, even though they only make up a third of the state’s population. ^{xxi xxii}
- Communities of color are also facing economic hardship. Almost 50 percent of Latino people say they or someone in their household has taken a pay cut, lost a job, or both because of the COVID-19 outbreak. ^{xxiii}

While the statistics we have show communities in crisis, we don’t know the full scope of the problem. Preliminary state and local reports clearly show that COVID-19 is disproportionately affecting communities of color. However, there have been no nationally reported statistics on the race and ethnicity of COVID-19 patients. Racial data was missing from 75 percent of the CDC data released on April 17, and about half of U.S. States have not released demographic data on deaths. ^{xxiv}

“Health disparities have always existed for the African American community, but here again with the crisis now – it’s shining a bright light on how unacceptable that is,” Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Diseases ([Washington Post](#)).

While we know that communities of color have been hard hit, without comprehensive data, we cannot understand the full scope of COVID-19 and develop proper policies to assist those most in need.

Health Outcomes

To public health experts and those aware of the current systems that influence the social determinates of health, the poor COVID-19 outcomes for communities of color are not surprising. That is because people of color in the United States:

- Often live in places with less access to high quality medical care.
- Are more likely to have preventable, manageable conditions, but experience complications due to lack of medical access.
- Are less likely to have health insurance.
- Often live in places with less access to healthy foods.
- Have exposure to environmental health disease risks, including air pollution.
- Are more likely to work in essential, frontline jobs that expose them to COVID-19.

You can learn more about your district's social vulnerability index [here](#).

A Family's Devastating Loss

During three days in April, Sandy Brown of Grand Blanc, Michigan, suffered more loss than many people face in a lifetime.

First her husband, Freddie Jr., became sick. He was admitted to the hospital and diagnosed with COVID-19. He was put on a ventilator after he struggled to breathe.

In the middle of the night, Sandy received a call to come to the hospital right away. But by the time she arrived, her husband of 35 years was gone.

Sandy barely had time to grieve. The next day, her son, Freddie III, became sick and was admitted to the hospital. Freddie III was a student at Mott Community College who hoped to play football as a walk-on at Michigan State University next year.

After improving, Freddie III took a turn for the worse. Once again, Sandy received an urgent phone call from the hospital. First her husband, then her son was gone.

"In three days, I lost my husband and son to an ugly plague," she told the Detroit News. "I watched my son go from completely well and whole and happy to being gone in three days."

On Good Friday, Sandy said goodbye to both her husband and her son. Because of COVID-19, she and the other mourners watched the burials from inside their cars in the cemetery.

Have Less Access to High-Quality Care

Numerous studies have shown that people of color receive less care and lower-quality care than non-minority people, including for the very conditions that exacerbate COVID-19.^{xxv} Many people of color are also uninsured compared to white Americans.^{xxvi} While the ACA narrowed the coverage gaps between people of color and white Americans, the uninsured rate has been increasing since the Trump Administration began sabotage of the ACA in 2017.^{xxvii} While testing is free for everyone regardless of insurance status, uninsured people may lack a relationship with a health care provider and not know where to go to obtain testing.^{xxviii} People of color are overall less likely to have a regular source of health care or to have had a health visit within the past year.^{xxix} Discrimination within the health care system can also lead to long-term health complications and may contribute to a lack of testing referrals for people of color.^{xxx} ^{xxxi}Decades of discrimination have also lead to mistrust in the health care system, making people of color more hesitant to seek care than white Americans.^{xxxii}

This also affects the Native American community. For instance, the Indian Health Service (IHS) has a national clinician vacancy rate of 25 percent, including a 34 percent vacancy rate for physicians and 30 percent for physician assistants. These vacancies mean that IHS facilities are unable to meet the full medical needs of the communities they serve, forcing Native families to drive off reservation for care. Native communities are often in rural, remote areas of the country, leading to difficulties in accessing timely care.

Are More Likely to Have Preventable, Manageable Conditions

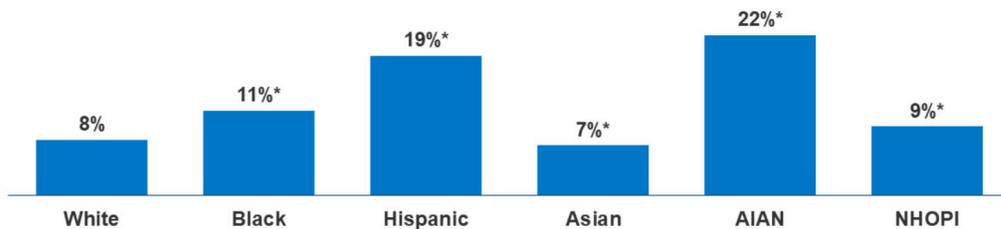
Lack of access to quality health care takes a toll on the health of communities of color. Minorities are more likely to have several underlying health conditions, including heart disease, diabetes, obesity, and hypertension, all of which exacerbate COVID-19.^{xxxiii} Overall, non-elderly African American adults, Latino and AIANs are more likely to report fair or poor health.^{xxxiv}

- According to the CDC, 13.3 percent of African Americans, 11.2 percent of Asian Americans, 20 percent of AIANs, and 10.3 percent of Latino people have diabetes, compared to 9.4 percent of whites. AIANs are 2.5 times more likely to die due to diabetes-related complications.^{xxxv}
- African Americans are also most likely to die of heart disease of all ethnic groups.^{xxxvi} Over 30 percent of AIANs reported at least one form of heart disease in 2012, compared with 11 percent of non-Hispanic whites.



- Latinos (46.9 percent), African Americans (47.5 percent), and AIANs (40 percent) are also the most likely to be obese. ^{xxxvii}
- African Americans have higher rates of asthma^{xxxviii} and are nearly three times more likely to die from asthma.^{xxxix} Individuals below the poverty line are also most likely to have asthma.^{xl} AIAN children are 60 percent more likely to have asthma as non-Hispanic white children. ^{xli}

Uninsured Rates Among Nonelderly Individuals by Race/Ethnicity, 2018



Note: * Indicates statistically significant difference from Whites at the p<0.05 level. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age. NHOPI refers to Native Hawaiians and Other Pacific Islanders. AIAN refers to American Indians and Alaska Natives.

Source: KFF analysis of 2018 American Community Survey, 1-Year Estimates.



Source: [Kaiser Family Foundation](#)

- African American life expectancy has regularly been several years shorter than the rest of the population by almost three years.^{xlii} AIAN life expectancy is 5.5 years below the national average.^{xliii}
- Many people are unable to adhere to medication regimens – either because of lack of access, mistrust of a medical system, expense, or other factors.^{xliv}

These factors make minority communities more susceptible to COVID-19. Ninety percent of hospitalized COVID-19 patients have at least one underlying health condition.^{xlv} Some studies show that COVID-19 may attack other organs besides the lungs, including the heart, leaving people with these pre-existing conditions at greater risk for serious long-term or fatal complications.^{xlvi}

Are Less Likely to Have Health Insurance

People of color are less likely to have health insurance and face more barriers when seeking care^{xlvii}. African Americans (11 percent), Latinos (19 percent), and American Indians (22 percent) are more likely to be uninsured than white Americans. ^{xlviii} Nonelderly AIANs are significantly more likely to be uninsured than the rest of the nonelderly population (17 percent vs. 11 percent).^{xlix}

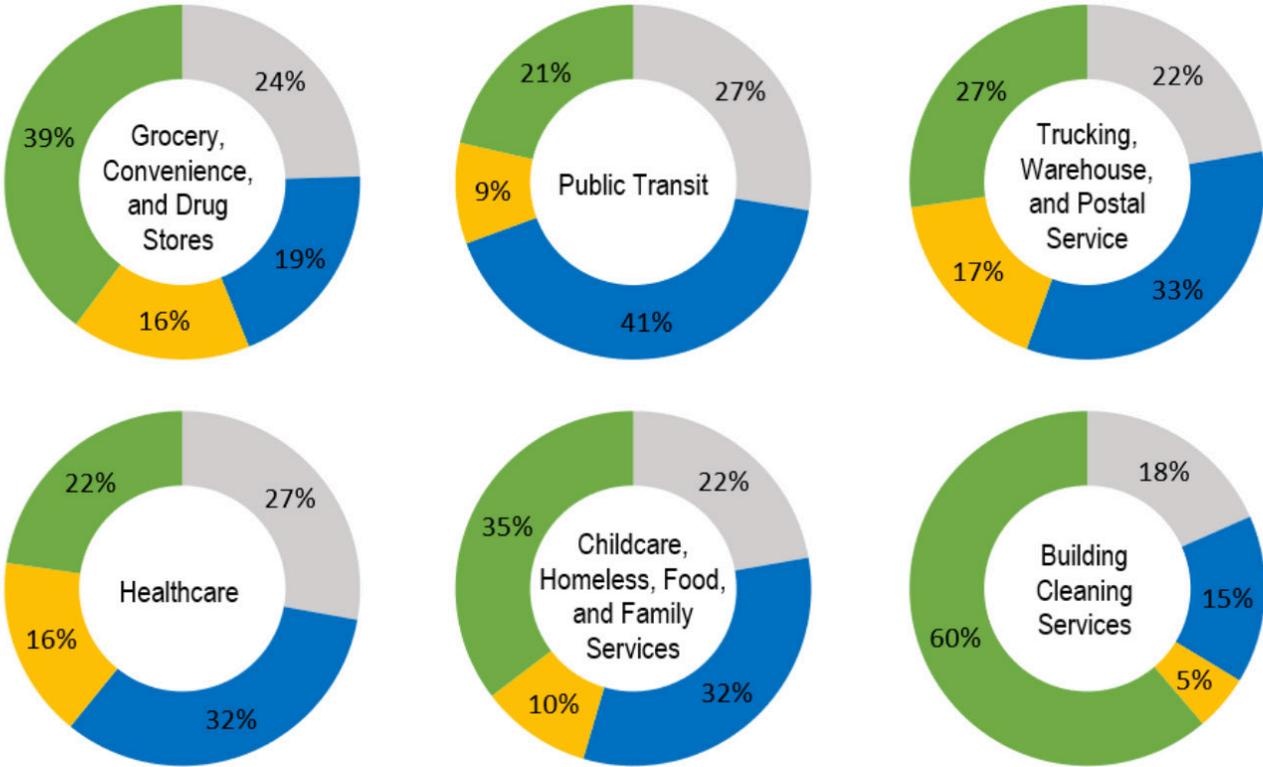
People of color are more likely to fall into the coverage gap or be ineligible for Medicaid or Marketplace coverage because of their citizenship status.¹ They also report more barriers to receiving care, including cost and lack of primary care outside of the emergency room. Without access to reliable health insurance and primary care, people of color turn to our overloaded public health system or simply go without care.

Have Poor Access to Healthy Foods

COVID-19 has worsened many of the challenges Americans face every day. Food insecurity is no different. However, similar to trends prior to this global pandemic, some Americans experience food insecurity at

New York City Frontline Workers, by Race and Ethnicity

■ White ■ Black ■ Asian ■ Hispanic



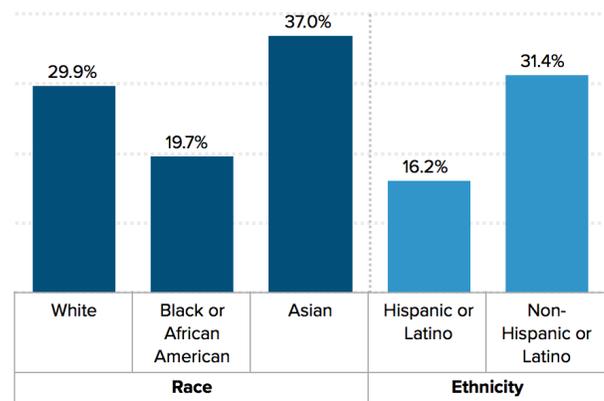
United States Census Bureau. American Community Survey 2014-2018 5-Year Estimates.

Source: [New York City Comptroller](#)



Less than one in five black workers and roughly one in six Hispanic workers are able to work from home

Share of workers who can telework, by race and ethnicity, 2017–2018



Source: U.S. Bureau of Labor Statistics, Job Flexibilities and Work Schedules – 2017–2018 Data from the American Time Use Survey

Source: [Economic Policy Institute](#)

higher rates than others. As noted above, while the national average for food insecurity is 12.3 percent, 22.5 percent of African American households and 18.5 percent of Latino households are food insecure.^{li} AIANs are twice as likely to be food insecure compared to whites.^{lii} Communities of color are at a higher risk of food insecurity due to factors such as income, education, food environment, employment status, and geography. As a result of the policies in place to mitigate the spread of COVID-19, these disparities are getting worse.

Are More Likely To Work Frontline Jobs

During the ongoing spread of COVID-19, our nation has relied heavily on the labor of frontline essential workers in agriculture, cleaning, delivery and warehouse, grocery, healthcare, and public transit jobs. These workers are critical to keeping the economy moving, and many of them come from communities of color. For example, while African American, Asian, and Latino people comprise 36 percent of the overall U.S. workforce, they constitute 58 percent of agricultural workers and 70 percent of maids and housekeepers.^{liii}

In New York City, which has been an epicenter of the COVID-19 epidemic, 75 percent of all frontline workers are people of color, including 82 percent of cleaning service employees. Furthermore, more than 40 percent of transit employees are African American, and 60 percent of cleaning workers are Latino.^{liv}

Although these frontline workers are at risk of contracting COVID-19, they are not always given the resources and support necessary to safely perform their duties.

In addition, many of these workers do not have the luxury of teleworking. African American and Latino workers are less likely to have jobs with the ability to work from home, putting them at greater risk for exposure to coronavirus.^{lv} Only 16.2 percent of Latino workers and 19.7 percent of African American workers can telework.

Make up the Bulk of our Farmworkers

America's food supply depends on the work of approximately 2.4 million farm workers^{lvi}, who are primarily Mexican or of Latin or South American descent. The vast majority of planting, pruning, and harvesting activities are fulfilled by immigrant and migrant workers, many of whom are undocumented and unable to access safety

Remembering Jason Hargrove

On March 20, 2020, Jason Hargrove, a 50-year-old bus driver in Detroit, posted a Facebook Live video that quickly went viral and underscored the dangers and exposure to the virus faced by blue-collar workers on the front lines of the pandemic. Eleven days later, Mr. Hargrove died of complications of COVID-19, the disease caused by the coronavirus.

([The New York Times](#))



Jason Hargrove (Source: [The New York Times](#))



Jason Hargrove and his wife, Desha Johnson-Hargrove (Source: [Time Magazine](#))

net programs. About 10 percent of farm workers enter the country through the H-2A temporary agriculture worker visa program.^{lvii} Out of domestic farm workers, 29 percent of farmworkers are U.S. citizens, 21 percent are legal permanent residents, and 49 percent are undocumented.^{lviii}

Farm work can include backbreaking labor to pick the fruits and vegetables that Americans consume. Other jobs include working on dairy and livestock farms or packing and sorting fresh produce. While some crops are able to be harvested mechanically, many crops still must be harvested by hand. These workers have been designated as essential workers; however, they lack the protections necessary to safeguard their health during this pandemic.

While many farmers have taken steps to reduce the risk of exposure to COVID-19, farmworkers are particularly at risk due to factors like close housing quarters, carpooling, and shared farm equipment. Language barriers can also prevent access to safety information, as 77 percent of workers reported being most comfortable speaking Spanish, and 41 percent of workers reported not being able to read English “at all.”^{lix} In addition, a lack of personal protective equipment (PPE) increases the risk of exposure and spread of COVID-19, as well as puts farm workers at risk when applying pesticides.

Farmworkers already face challenges such as increased risk of food insecurity, lack of health insurance, and low median income. While U.S. Immigration and Customs Enforcement (ICE) has stated that it would not carry out enforcement activities at or near health care facilities^{lx}, many undocumented workers or legal workers in mixed-status families still live in fear and may avoid seeking medical treatment. Ensuring that we treat these workers as the essential workers they are will protect their health and safety and enable our food supply chain to continue.

Additional facts:

- 50 to 65 percent of the migrant and seasonal farmworker population are food insecure.^{lxi}
- According to the National Agricultural Workers Survey (NAWS) 2015-2016, the mean and median income of farmworkers ranges from \$17,500 to \$19,999 for personal income, and from \$20,000 to \$24,999 for family income.^{lxii}
- As of April 22, 2020, about half of the nation’s farmworkers are in states that are among the top 15 in the nation in the number of known cases of COVID-19.^{lxiii}

Suffer Greater Exposure to Air Pollution

Communities of color, especially African Americans, suffer greater exposure to air pollution and are at higher risk of the associated health impacts. Poor air quality is one of the greatest environmental health risks in the United States,^{lxiv} and people of color are consistently overrepresented in counties with the worst air quality.^{lxv}

People of color make up nearly 50 percent of the 150 million Americans living in counties with unhealthy levels of ozone or particle pollution,^{lxvi} ^{lxvii} despite only constituting 39 percent of the total population,^{lxviii} and they represent nearly 70 percent of the 20.8 million Americans living under the worst air quality, according to the American Lung Association.^{lxix} ^{lxx}

Air pollution is associated with serious health problems like hypertension, heart disease, and asthma – the same conditions now tied to severe and fatal cases of COVID-19.^{lxxi} African Americans have higher rates of asthma and are nearly three times more likely to die from asthma-related causes than

Ongoing Environmental Rollbacks Harm Communities Already Struggling with COVID-19

Low-income and minority communities have long suffered environmental injustices. These Americans have greater exposure to air pollution and toxic chemicals,^{cii} and they are at greater risk from the impacts of climate change.^{ciii} The COVID-19 pandemic is exposing these longstanding issues. These environmental challenges are part of the reason why people of color are getting sicker and dying from COVID-19 at a higher rate than the rest of the population.

Unfortunately, these same environmental challenges have been made worse over the past three years. President Trump has weakened nearly 100 environmental and health protections and severely undermined the fight against climate change.^{civ}

Even in the middle of a pandemic, President Trump has taken actions that will worsen environmental injustices. These changes mean low-income and minority communities will suffer more and struggle harder to recover.

During the COVID-19 public health crisis, President Trump has:

- Announced his Administration would not develop more protective standards for fine particulate matter,^{cv} despite research linking exposure to this pollution and higher COVID-19 death rates.^{cvi} Studies have shown that black Americans are exposed to more than 1.5 times more of this pollution than the overall population, and all non-whites are exposed to nearly 1.3 times more.^{cvi}
- Removed the legal authority for the Mercury and Air Toxic Standards, deciding it is no longer “appropriate and necessary” to regulate power plant mercury and air toxic emissions.^{cvi} This rule saves tens of thousands of lives every year and has in part reduced air toxic and mercury emissions by more than 55 percent^{cix} and 80 percent^{cx} respectively. President Trump has now allowed the rule to be effectively challenged in court.
- Waived requirements for oil refineries to produce “summer” gasoline blends,^{cx} which help reduce smog. People of color, especially African Americans, are more likely to live in areas with the worse smog pollution.^{cxii}
- Delayed Superfund cleanup,^{cxiii} which will disproportionately affect minorities who make up nearly 50 percent of Americans living within one mile of a Superfund site,^{cxiv} despite constituting only 39 percent of the U.S. population.^{cxv}

whites.^{lxxii} They are also 40 percent more likely to have high blood pressure and 20 percent more likely to die from heart disease than non-Hispanic whites.^{lxxiii}

A new study from Harvard directly links long-term exposure to air pollution to higher COVID-19 mortality. Researchers found that someone who lives for decades in a county with high levels of fine particulate air pollution is 15 percent more likely to die from COVID-19 than someone in a region with one unit less of fine particulate pollution.^{lxxiv} According to senior study author, Francesca Dominici, **the research suggests that counties with higher pollution levels “will be the ones that have higher numbers of hospitalizations, higher numbers of deaths, and where many of the resources should be concentrated.”**^{lxxv}

The Clean Air Act has produced significant improvements in air quality over the last 50 years, but levels of smog and particle pollution are still increasing, in part due to climate change. From 2016-2018, 150 million Americans were living in counties with at least one failing grade for smog or particle pollution.^{lxxvi} That is an increase from 125 million in 2013-2015, to 134 million in 2014-2016, to 141.1 million in 2015-2017.^{lxxvii} Each of these years are among the ten hottest on record.^{lxxviii} Worsening air quality is among the many climate change impacts that low-income and minority communities suffer from disproportionately.^{lxxix}

Native Communities Face Unique Challenges During COVID-19

As with past public health threats, Native communities are particularly vulnerable to the effects of the COVID-19 pandemic due to a heightened lack of access to quality care, the underfunding the Indian Health Service and Tribal infrastructure, and limited access to federal emergency response and preparedness resources.

Native communities are often in rural, remote areas of the country, leading to difficulties in prompt resource dissemination and effective communication. Patchwork coordination and consultation among states and Tribes can exacerbate these difficulties. For example, on the Navajo Nation reservation, which spans three U.S. states, some patients must travel over 200 miles round-trip to access specialty care providers. IHS notes that intensive care and respiratory specialty care are not part of the Agency’s “core competencies.” In fact, IHS is unsure how many ICU beds or ventilators exist in Indian Country.^{lxxx}

The IHS budget provides **just \$4,078 per capita**, compared to **\$9,726** per capita of general federal healthcare spending for non-AIAN and **\$13,185** per Medicare beneficiary.^{lxxxi} The IHS budget covers **just 16 percent** of the estimated funding need to fully fund all IHS federally operated, Tribally operated, and urban Indian-operated facilities.^{lxxxii}

Native Americans are more likely to live in overcrowded and multigenerational households due to a shortage of affordable housing and housing stock in Native communities. This reality renders in-home self-quarantine virtually impossible if a member of a household tests positive for COVID-19 and must be cared for within the home. It additionally increases the risk of transmission to Tribal elders or people with underlying health conditions.

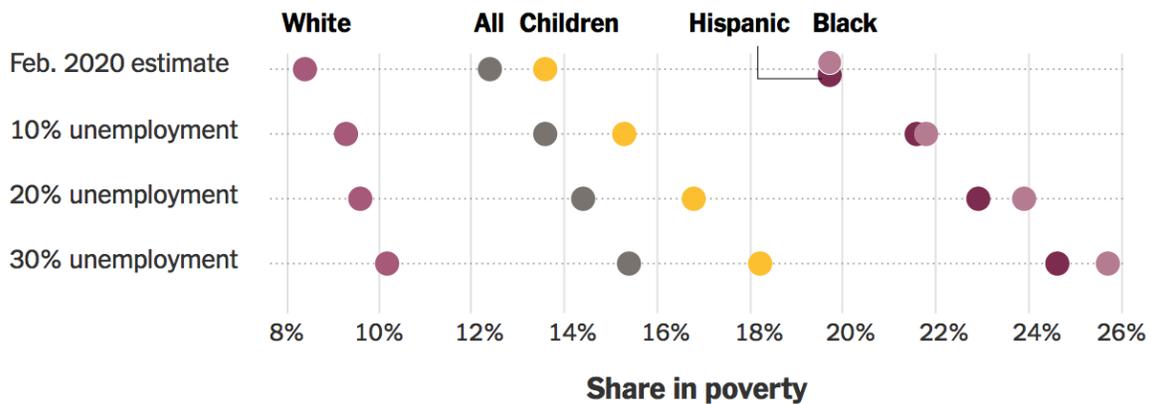
The number of Native American households with incomplete plumbing facilities is **ten times greater** than the national average, and the number with incomplete kitchen facilities is **seven times greater** than the national rate.^{lxxxiii} This lack of access to sanitation prevents many Native households from following public health guidelines considered to be the frontline defense against the novel coronavirus—frequent handwashing and surface cleaning.

According to the National Indian Health Board, IHS and Tribal public health systems have limited access to resources for carrying out health promotion and disease prevention activities, conducting disease surveillance and health status monitoring, and implementing health emergency preparedness protocols.^{lxxxiv}

Unlike states, territories, and some U.S. cities, Tribes do not receive funding from the CDC’s Public Health Emergency Preparedness (PHEP) program. Because they are ineligible, Tribes did not receive pre-COVID-19 planning resources that would have allowed them to increase capacity and response timeliness of their public health entities.

High unemployment is projected to increase the poverty rate and widen racial disparities.

Poverty rate under different unemployment scenarios (second quarter, April-June)

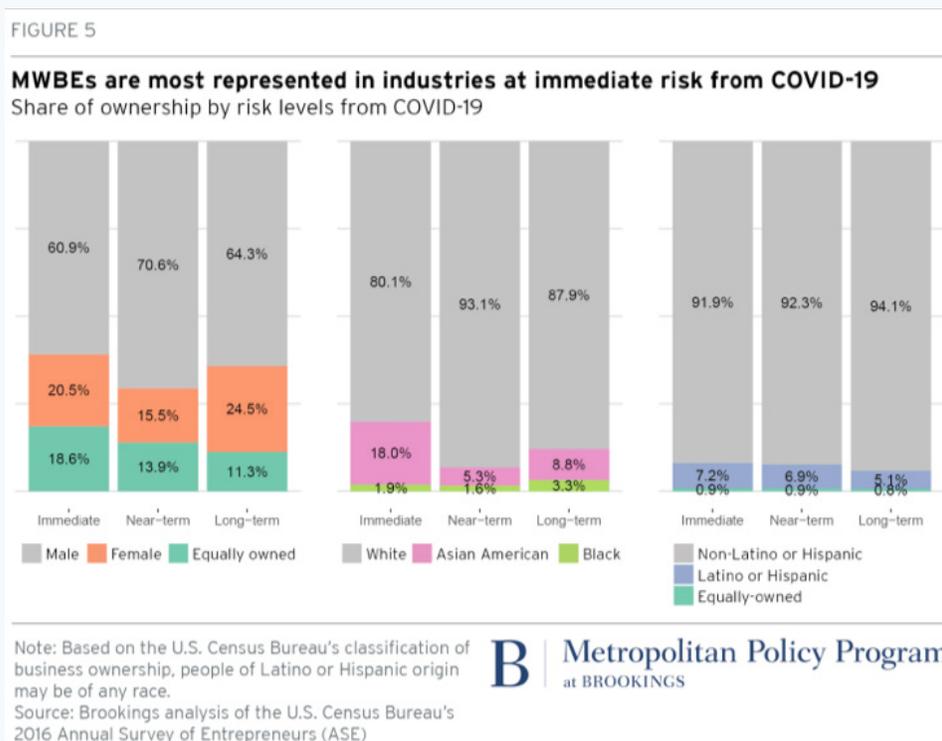


Note: Historical poverty data is based on Supplemental Poverty Measure and has been adjusted for 2019 changes in methodology by the Census Bureau. • Source: Zachary Parolin and Christopher Wimer, Columbia University School of Social Work • The New York Times

Source: [New York Times](#)

Economic Outcomes

The economic fallout from COVID-19 is also having an outsized impact on minority employment. Even before record layoffs and furloughs due to COVID-19, the unemployment rates for African Americans and AIANs were already higher compared to their white counterparts.^{lxxxv} As unemployment continues to rise, families of color are expected to be hit disproportionately harder. According to researchers at Columbia University^{lxxxvi}, rising unemployment is projected to increase racial disparities for African American and Latino individuals, with poverty rates projected to rise twice as much among African Americans as among whites.^{lxxxvii} However, while rates will certainly rise, the projections did not account for actions taken by Democrats in the CARES Act to expand



unemployment insurance and provide direct cash payments to citizens to lessen the damage done by widespread unemployment. In Indian Country, Tribal economies are service-sector and public-sector based. Because Tribal businesses and governments are often the only employers on some reservations, massive layoffs and pending layoffs reported in a recent [Federal Reserve Bank of Minneapolis Center for Indian Country Development] survey will negatively impact AIANs.^{lxxxviii}

Minority Small Business Owners Disproportionately Affected by the Coronavirus

Small businesses, generally defined as businesses employing fewer than 500 employees, account for roughly 44 percent of GDP^{lxxxix} and employ some 120 million people—nearly half of all workers.^{xc} Small-business ownership among people of color is significantly lower than among white business owners—people of color are 40 percent of the population, but are only 20 percent of small-business owners with employees.^{xcj} Additionally, minority-owned businesses access financing much less often than do white-owned businesses—for example, only one percent of African American-owned businesses obtain loans in their founding year while seven percent of white-owned businesses do.^{xcii}



In general, minority-owned small businesses are more likely to be in industries most at risk from the crisis—retail, restaurants, and lodging establishments forced to close due to state stay-at-home orders.^{xciii} For example, looking at African American-owned businesses by revenue, we see health care and social services are the largest sectors followed closely by retail trade.^{xciv}

Further, money from the Paycheck Protection Program, created by the [CARES Act](#), is not sufficiently reaching minority small-business owners. Many minority small-business owners do not have existing relationships with lending institutions, and lending institutions have prioritized loans for those with existing relationships.^{xcv}

Democrats negotiated improvements to the Paycheck Protection Program in the latest round to ensure more minority-owned businesses can receive much-needed relief. Of the \$310 billion allocated to the Paycheck Protection Program in the *Paycheck Protection Program and Health Care Enhancement Act*, \$30 billion is reserved for community-based lenders, small banks, and credit

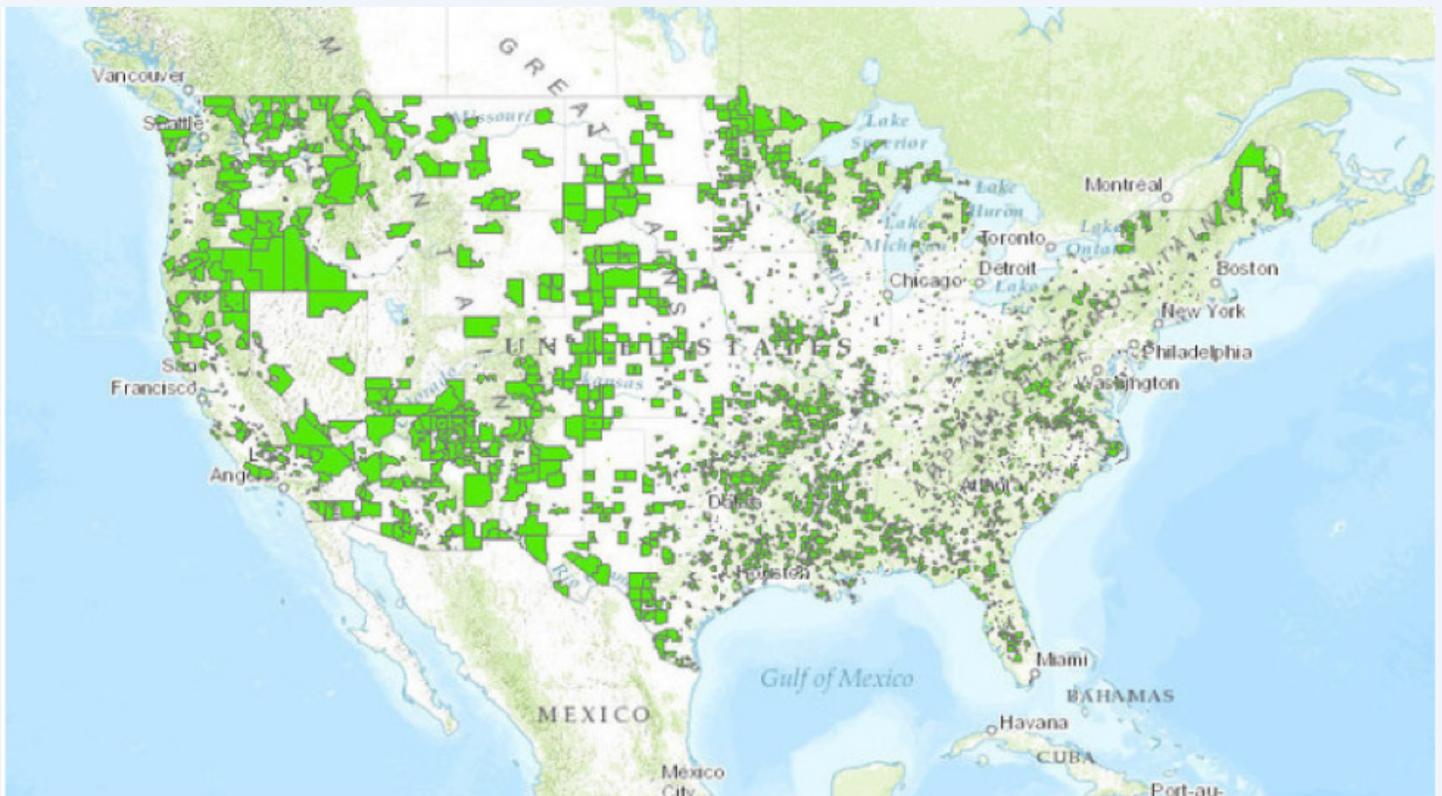
unions, and \$30 billion for mid-sized banks and credit unions.^{xvii} Because of this \$60 billion set-aside, unbanked and underserved businesses—including minority-owned businesses and small non-profits—will now be able to better access the Paycheck Protection Program.

Food Insecurity

COVID-19 has worsened food insecurity. It is recommended that families stock up on food to avoid frequent trips to the grocery store, but this may not be feasible for communities of color, who are most susceptible to food insecurity. Families are seeing a decrease in their income due to business closures or limited operations. Shelter-in-place orders have forced them to provide meals for their children that they would have received at school if classes were in session. While many school districts have continued providing meals, some families have trouble accessing these services due to transportation and child care issues.

The National School Lunch Program (NSLP) and the School Breakfast Program (SBP) provide free or reduced-priced meals to millions of students daily. Participation in these programs is higher among students of color than non-Hispanic white students.^{xviii} Schools have been working tirelessly to continue providing these programs and ensuring children have meals. However, the quality of the food could be a concern in some places, as low-income school systems typically don't have the resources to provide as many healthy food options as schools in higher-income neighborhoods.

Food Deserts in the United States



Source: [USDA](#)

Despite the flexibilities that changes in legislation have allowed, under-funded school systems still may face additional challenges related to equipment and workforce that limit their reach.

Other food-assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program on Indian Reservations (FDPIR), are critical for food-insecure individuals. About 40 percent of SNAP participants are people of color.^{xcviii} Also, approximately 25 percent of AIANs receive some type of federal food assistance and, in some Tribal communities, participation is as high as 80 percent. Food banks also are a great resource for those who are food insecure. However, food banks have reported a large increase in people they are serving and a decrease in product as donations have been slower.

Even though there are various programs and entities that provide food assistance to families in need, many families still have challenges getting access to healthy, affordable food because they live in “food deserts.” Food deserts are areas where residents have limited to no access to healthy food. Because of a lack of grocery stores and farmers’ markets, residents of food deserts might have to rely on convenience stores, fast food restaurants, and gas stations for regular meals. These areas are commonly found in low-income areas and communities of color. Other factors also contribute to the accessibility of healthy foods such as affordability, transportation, and income.

According to a survey by a national association that represents federally funded Tribal food programs on Indian reservations, Indian Tribes are seeing an average 11 percent increase in new participants – with some reservations seeing a 50 percent increase in participation – since WHO officially declared this a pandemic.

Approximately 25 percent of AIANs receive some type of federal food assistance (e.g., SNAP). In some tribal communities, participation is as high as 80 percent.

Housing Issues

People of color are more likely to live in multigenerational family households where self-isolation is nearly impossible. Data from the 2010 Decennial Census shows that 4 percent of family households in U.S. are multigenerational family households. Of these multigenerational family households, Native Americans represent 14 percent, Hispanic Americans represent 11 percent, Asian Americans represent 9 percent, and African Americans represent 8 percent.^{xcix} Living in close quarters with family members who are essential workers or are unable to work from home increases the risk of exposure to COVID-19. In turn, it increases the risk for members of the household who are at higher risk.

People of color are also more likely to experience significant housing cost burdens, leaving them more vulnerable to eviction or foreclosure when faced with of an economic setback. More than half of African American and Latino renters pay more than a third of their income for housing, and African American and Latino homeowners also pay a greater share of their income in housing costs.^c These homeowners and renters may face greater challenges keeping up with rent and utility payments in the face of lost work or reduced hours. Without additional resources, these families could default on their mortgages and experience foreclosure, eviction, and homelessness. Lack of resources would

not only compromise their health but also damage their credit or rental record, making it even more difficult to find a new, safe place to live.

African American and Latino individuals already experience disproportionate rates of homelessness. African Americans make up about 13 percent of the population and about 21 percent of the population experiencing poverty, but 40 percent of the population experiencing homelessness. Without adequate resources to keep people housed and meet the needs of people experiencing homelessness, communities of color will be disproportionately impacted by the health and financial risks of COVID-19.



Democrats are committed to ending racial disparities in the COVID-19 crisis as well as the historic barriers to economic opportunity and a healthy future for all Americans.

- **Establish a special health insurance enrollment period for those who are uninsured.** The Affordable Care Act established health care marketplaces for uninsured people to sign up for health insurance during specific times of the year. These are unprecedented times, and Democrats called on the Trump Administration to re-open the health care marketplaces for people to sign up for quality health insurance.
- **Deploy widespread rapid-response testing as soon as possible.** Nationwide testing is a critical way to help contain the spread of the virus and allow the economy to restart. This is crucial for communities of color that depend on service jobs and who aren't able to work from home. Testing allows local officials to trace the virus' spread and keep workers safe. It also allows local health care professionals to prioritize treatment for those who need it most and manage scarce

clinical resources. Democrats secured \$25 billion in the *Paycheck Protection Program and Health Care Enhancement Act* for testing as well as language to finally implement a national testing strategy. These are critical steps to increasing testing in every community.

- **Push for accurate and timely reporting of demographic breakdowns of COVID-19 testing, treatment, and fatalities.** Without accurate and timely information on the effects of COVID-19 on communities of color, state, local, Tribal, and national governments cannot ensure their containment plans are working for all demographics. Democrats have called on the Administration to institute a more stringent and complete breakdown of COVID-19 demographics.
- **Include minority populations in clinical trials for COVID-19 vaccines and treatments.** Minorities are often not fairly represented in clinical trials. As researchers and institutions begin developing and testing various therapeutics and vaccines for COVID-19, people of color must be included in study designs to ensure participants reflect the general population.
- **Provide oversight of small business programs** to make sure minority businesses are getting the access to capital they need and deserve. There is a talented and strong minority business community across America creating jobs and economic opportunities. However, they are less likely to receive access to the capital they need. For example, only one percent of African American-owned businesses obtain loans in their founding year while seven percent of white-owned businesses do.^{ci}
- **Expand protections for workers on the front lines.** Democrats are fighting for additional workplace protections for essential workers. Democrats have proposed legislation requiring the Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard to ensure all frontline essential workers are kept safe by their employers during the pandemic.
- **Hold the Trump Administration accountable for weakening environmental protections** – especially in the midst of this pandemic. Democrats are calling out this Administration for undermining existing protections and relaxing enforcement of polluters. At the very least, the Trump Administration should extend comment periods, hearings, and meetings for any proposal until after the coronavirus pandemic.
- **Increase pay for essential frontline workers.** Democrats have proposed a Heroes Fund to provide frontline workers with a \$25,000 pay increase (\$13/hour increase) to recognize their ongoing work on the frontlines of this pandemic. The premium pay for essential frontline workers would last through December 31, 2020 and would be made retroactive to the start of the public health emergency (January 27, 2020). This proposal also would provide a one-time \$15,000 bonus for individuals who sign up to become health care workers, home care workers, and first responders. Democrats will continue to ensure workers who are laid off and furloughed have the resources they need to pay their bills and take care of their families.
- **Expand paid leave for workers to take care of themselves and their families.** Democrats secured emergency paid sick and family leave for workers employed by businesses with fewer than 500 employees should they have to stay home to care for a child or if they are experiencing symptoms of coronavirus. Democrats continue to fight to expand paid leave to every worker affected by this crisis.
- **Increase food security by supporting crucial programs to reduce hunger in communities of color.** Access to healthy and affordable meals is critical, as many diet-related illnesses such as obesity, diabetes, and cardiovascular disease are risk factors of COVID-19 morbidity and mortality. Democrats have championed and continue to fight for programs and policies that allow

for better access to food for communities of color, such as:

- » Establishing the Health Emergency Supplemental Nutrition Assistance Program, which allows states to increase benefits for families who need additional food assistance during this crisis.
 - » Eliminating certain restrictions that make it more difficult for families to continue to get the food they need while taking the precautions necessary when businesses are closed and families must stay at home.
 - » Allowing schools and non-profits the flexibility to continue providing school meals, including through mobile delivery.
 - » Creating a new Pandemic Electronic Benefit Transfer for families with children who normally rely on school meals so they can purchase food instead.
- **Expedite high-speed internet deployment.** Democrats secured additional funding in the CARES Act to help close the digital divide, including \$100 million in grant funding available through the USDA's ReConnect Program. Funding can be used for construction, improvement, or acquisition of facilities and equipment needed to provide broadband service in eligible rural areas. \$25 million in grant funding for USDA's Distance Learning and Telemedicine Program will help rural communities upgrade telecommunications capacity. The CARES Act also provided the FCC with \$200 million for a pilot program to assist health care providers to address COVID-19 by using telehealth to connect with patients.
 - **Rebuild essential water infrastructure** to provide needed sanitation and hygiene for communities of color to stop the spread of COVID-19. Democrats recognize the importance of clean water for all Americans and look to rebuild infrastructure by investing in crucial drinking water and wastewater projects.
 - **Ensure housing needs are met for communities of color.** Democrats will continue to push for additional help for housing and homeless services providers as well as emergency rental and mortgage assistance so all Americans can safely shelter in place and remain in their homes during and after the COVID-19 crisis.
 - **Ensure the federal government upholds its trust and treaty responsibilities to AIANs** by making sure Tribes have equitable access to federal resource programs and federal programs that serve AIANs which can meet increased demands caused by the COVID-19 pandemic.
 - **Provide oversight of small business programs to make sure communities of color are getting proper support.** Communities of color rely on small businesses to provide essential services, and many have been hit hardest by the COVID-19 crisis. Congress must continue to provide oversight of relief for businesses and make sure communities of color are receiving adequate financial help.
 - **Hold the Trump Administration accountable for weakening civil rights protections,** especially in the midst of this pandemic. Democrats are calling this Administration to focus on the providing resources to combat this pandemic and halt their proposals that weaken civil rights.

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