COVID-19’s Impact on Communities of Color

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Background

The coronavirus pandemic is exacerbating our nation’s longstanding history of structural racism, xenophobia, and discrimination. As coronavirus cases and deaths rapidly increase throughout the country, one thing has become clear: communities of color are bearing the brunt of this pandemic.\(^1\) For decades, racial and ethnic minorities in this country have endured systemic and environmental racism. This is manifest in those communities’ unequal access to education, housing discrimination, higher unemployment rates, exposure to toxic contamination, and difficulty accessing healthcare. These chronic injustices have left communities of color more vulnerable to the ravages of the coronavirus pandemic. The data is clear: communities of color are at higher risk of getting sick, dying, and suffering financial upheaval due to COVID-19.\(^2\)

Everyone is affected by the virus, but not everyone is equally at risk. Communities of color are being hit the hardest. On March 27, 2020 the CARES Act was signed into law to give millions of Americans some relief from cash assistance, to expanded unemployment benefits insurance, to provide funding for small businesses, and more.\(^3\) However, communities of color are struggling to access any relief and continuing to face health and financial problems at much higher rates than white Americans during this crisis due to the decades of institutional and environmental racism they have endured. Now is the time for real, significant and sustained investment in communities of color, rather than half-measures.

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Higher Rates of Death Among Communities of Color

Death rates. Communities of color are disproportionately affected by COVID-19. In particular, Black and Latinx people account for more COVID-19 cases and deaths than any other racial group although they make up a smaller percentage of the overall population. In Illinois, communities of color only make up 39 percent of the total state population but account for at least 48 percent of COVID-19 confirmed cases and 56 percent of the deaths as of April 6, 2020. In places like Michigan, 14 percent of the population is black but they account for 33 percent of the confirmed COVID-19 cases and at least 40 percent of the deaths. In Louisiana, black people make up 32 percent of the state population but account for over 70 percent of COVID-19 deaths. And in Wisconsin, black people make up only 6 percent of the total population but represent the largest percentage of deaths by race accounting for 34 percent of the city’s total deaths as of April 6th, 2020.

Access to Healthcare

Uninsurance rates. The All Means All campaign has found 59 percent of America’s uninsured are people of color. Another study found that although coverage rates increased for all racial/ethnic groups between 2010 and 2016 with the Affordable Care Act (ACA), most non-white racial groups were still more likely to be uninsured than whites. As of 2018, black people remained 1.5 times more likely to be uninsured than white people and Latinxs were 2.5 times more likely to be uninsured than white people. Nonelderly immigrants, both documented and undocumented, are significantly more likely to be uninsured than citizens. With uninsurance rates higher for communities of color, they are more likely to have chronic underlying health conditions, leaving them especially vulnerable to serious illness and death during COVID-19. Compounding the challenges posed by a lack of health insurance coverage, as people get laid off, they lose their employer-based health insurance and people of color are over-represented in the industries that are hardest hit by this crisis.

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17 Ibid.
Before the crisis, nearly half of the American population had health insurance through their jobs.19

**Barriers to healthcare.** Many people face barriers to healthcare access across the nation, especially communities of color. Despite the implementation of the Affordable Care Act, there has been a decline in access to healthcare for people of color, especially for nonelderly black and Latinx communities.20 The Kaiser Family Foundation found that for these communities, post-ACA coverage, access and use of care is worse compared to white Americans.21 High uninsurance rates and the inability to afford healthcare among Asian, black, and Latinx people are primarily due to low incomes and higher rates of employment in jobs with no health benefits.22 Because of these barriers, minority groups are already more likely to have underlying chronic health conditions that make them especially vulnerable to COVID-19.

**Underlying chronic health conditions.** Individuals with underlying health conditions such as diabetes, heart disease, asthma, and lung disease are at greater risk of becoming severely ill from COVID-19. Black23, Latinx24, and Native American and Alaska Native25 populations experience higher rates of these underlying health conditions and are more likely to report fair or poor health.26 In 2015, black women were 20 percent more likely to have asthma than white women and Latinxs are twice as likely to visit the emergency department for asthma than non-Hispanic whites.27 Similarly, black people are 60 percent more likely to have diabetes and 40 percent more likely to have high blood pressure.28 COVID-19 has exposed these issues like a raw nerve as rates for contracting the virus and death rates for black and Brown communities began to far outpace rates for white people in states like Louisiana, Michigan, and Illinois.

**Weak health infrastructure.** In areas where black and brown communities live, there is often a weaker health infrastructure, including a lack of hospital beds and a greater likelihood of hospital closures. Healthcare deserts are also more common in black and low-income Latinx neighborhoods, meaning these groups are less likely to find primary care physicians and a regular source of medical care.29

19 “Health Insurance Coverage of the Total Population.” Kaiser Family Foundation. 2018. https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22%2C%22sort%22:%22asc%22%7D
21 Ibid.
28 Ibid.
Systemic, Environmental, and Other Forms of Racism

**Housing disparities.** Redlining and decades of systematic exclusion of people of color from some neighborhoods has had a significant impact on places where communities of color live. Institutional racism in the form of residential housing segregation means that members of these communities tend to live in more densely populated areas, exacerbating health disparities and making social distancing more difficult during COVID-19. Additionally, members of these communities often live further away from grocery stores and medical facilities, adding to the challenge of staying home and seeking medical treatment when needed.³⁰

**Incarceration and detention.** The deadly outbreak in prisons, jails, and detention centers disproportionately harms communities of color because of the over-policing and over-sentencing of communities of color, especially black, Latinx, and Indigenous people. For example, 40 percent of people behind bars are black people, yet black people make up only 13 percent of the U.S. population.³¹ Black people were 5.9 times as likely to be incarcerated than whites and Latinx people are 3.1 times as likely. Unequal treatment is built into the justice system at every level, even though rates of criminal behavior are similar across all groups. People of color are more likely to be in contact with police, more likely to be arrested, more likely to be charged, more likely to receive harsh sentences, and more likely to be executed.³²

Prisons, jails, and detention centers have become hotspots for the coronavirus worldwide due to overcrowding, neglect, and the difficulty of practicing social distancing within these environments.³³ In the U.S., there are over 9,400 known cases in prisons nationwide and many states are still not conducting widespread testing.³⁴ Prisons and jails are dangerous during any disease outbreak, but inaction, lack of testing, flagrant violations of safety procedures,³⁵ inadequate medical care,³⁶ inadequate PPE, lack of access to hygiene supplies like soap, and government failure to reduce incarcerated populations³⁷ have created deadly conditions in this crisis. There are more than 2.3 million individuals incarcerated in the U.S.³⁸ and 50,000 people are in immigration detention³⁹ on any given day. 10.6 million people enter jail each year, and the vast majority of them have not been convicted of a crime.⁴⁰ Most people only stay in jail for short periods of time and the high churn rates make outbreaks in

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⁴⁰ Wendy Sawyer and Peter Wagner. “Mass Incarceration: The Whole Pie 2020.” Prison Policy Initiative. April 2020. [https://www.prisonpolicy.org/reports/pie2020.html?c=pie&gclid=Cj0KCQjwka_1BRCPARIsAMlUmEqcGGBl0QqT9FTEBbwzC5PFRGW52X7T1o6aNldEALw_wcB](https://www.prisonpolicy.org/reports/pie2020.html?c=pie&gclid=Cj0KCQjwka_1BRCPARIsAMlUmEqcGGBl0QqT9FTEBbwzC5PFRGW52X7T1o6aNldEALw_wcB)

⁴¹ Wendy Sawyer and Peter Wagner. “Mass Incarceration: The Whole Pie 2020.” Prison Policy Initiative. April 2020. [https://www.prisonpolicy.org/reports/pie2020.html?c=pie&gclid=Cj0KCQjwka_1BRCPARIsAMlUmEqcGGBl0QqT9FTEBbwzC5PFRGW52X7T1o6aNldEALw_wcB](https://www.prisonpolicy.org/reports/pie2020.html?c=pie&gclid=Cj0KCQjwka_1BRCPARIsAMlUmEqcGGBl0QqT9FTEBbwzC5PFRGW52X7T1o6aNldEALw_wcB)
jails deadly for both incarcerated people and for the surrounding communities. For example, Cook County Jail in Chicago has one of the highest rates of infection in the country with more than 800 cases and at least 7 deaths and has undoubtedly contributed to the outbreak in Cook County as a whole.41

Immigrants in detention, including many facing coronavirus outbreaks. There are currently documented COVID-19 cases in at least 35 detention centers and more than 46 have been found to lack hygiene supplies and/or medical staff.42 Less than two percent of immigrants in detention have been tested, but a shocking 60 percent of those tested have tested positive.43 The ACLU has filed suit on behalf of detainees who cannot practice social distancing or maintain social distancing.44 The pandemic enters detention centers with already appalling conditions including moldy food, severe overcrowding, denial of medical care leading to the deaths of children,45 and sexual assaults by staff.46

Environmental injustice. Systemic problems like redlining contribute to the long history of environmental racism, including the placement of factories, coal plants, waste incinerators, refineries, and other toxic sites near communities of color. As a result, communities of color are exposed to disproportionately high levels of toxins.47 A study released by the Harvard T.H. Chan School of Public Health found that a slight increase in long-term exposure to air pollution leads to a large increase in the COVID-19 death rate.48

Sadly, it is no surprise that people of color with higher asthma rates account for a disproportionate share of COVID-19 deaths. Communities of color have the highest number of emergency room visits and hospital stays due to asthma as well as asthma death rates.49 More specifically, black and Latinx groups have the highest rates of asthma in the country.50 For instance, in the Bronx in New York City where black people represent 44 percent of the population, there are some of the highest rates of asthma hospitalizations in the nation -- 5 times the national average.51 Additionally, data shows black children have a 250 percent higher hospitalization rate for asthma and are 500 percent more likely to die from it compared to white children.52 Similarly, communities of color are less likely to have access to clean water due to water contamination in their neighborhoods.53 The disproportionate

44 Ibid.
51 Ibid.
55 Ibid.
exposure to air pollution is likely accounting, in significant part, for the higher rates of COVID-19 cases and deaths we’re seeing.

**Native communities.** Native American and Alaska Native populations are at greater risk of contracting COVID-19 and are more likely to experience complications with over 3,400 cases identified as of April 29, 2020. For years, the healthcare systems that serve Native American and Alaska Native populations have struggled with securing funding for these communities. In addition, these communities live in overcrowded homes that lack safe water, putting them at greater risk. They also have pre-existing conditions including higher rates of diabetes and hypertension than any other racial group in America. To make matters worse, Native American and Alaska Native tribal communities that have endured ongoing systemic discrimination and racism did not receive any of the $8 billion in funding they were supposed to get from the CARES Act.

**Anti-Asian and anti-immigrant bigotry.** People of Asian descent are experiencing an alarming rise in discrimination and, in some cases, physical violence perpetrated by xenophobic people. A reporting center tracking attacks received over 1,100 reports of anti-Asian attacks in just two weeks in late March. In New York’s Chinatown, Asian-owned businesses including stores and restaurants are facing financial hardships and struggling to keep their doors open because of the “misinformation, fear, and stigma associated with the virus.” This bigotry was exacerbated by President Trump’s early insistence on calling the coronavirus the “Chinese virus.”

**Immigrants**

**Essential workers.** According to the Migration Policy Institute, immigrants make up about 6 million workers on the frontlines keeping us all safe during this crisis. They make up 1 in 4 of U.S. healthcare workers and account for 29 percent of all physicians and 38 percent of home health aides on the frontlines. Additionally, 1 in 8 registered nurses are immigrant women. Similarly, the majority of our farmworkers making sure we have food in our grocery stores and on our tables are immigrants, including 21 percent legal permanent residents and 49

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percent undocumented. The Deferred Action for Childhood Arrivals (DACA) Program has been under attack by the Trump Administration and is now being challenged in the Supreme Court. With over 200,000 DACA recipients working on the frontlines, including 29,000 frontline medical workers, it is clear that DACA recipients and immigrants contribute to society and are keeping us all safe during this crisis. Members of Congress and advocacy groups are demanding President Trump extends protections for DACA recipients and TPS holders. Immigrants who are already facing health and financial challenges and fear deportation are risking their lives and their families lives to protect us during this crisis.

New immigrants and the threat of deportation. Immigrants face many challenges because of the anti-immigrant policies and practices of the current Administration including the Muslim Ban, children detained in cages, increased funding for immigration enforcement and ICE raids, and attacks on the DACA and TPS programs. These efforts leave immigrants hesitant to seek medical attention or any support for fear of deportation. Earlier this year, the Trump Administration issued the new Public Charge Rule -- a test that penalizes anyone deemed likely to need government support. In other words, immigrants who may need assistance with basic human rights like shelter, food, or healthcare may be barred entry or denied legal permanent resident (LPR) status. Although the Administration has clarified that seeking assistance during this pandemic will not count as a negative factor for public charge determinations, many may be unaware of this announcement and reluctant to seek help. President Trump has repeatedly blamed immigration and international travel for the spread of the virus and recently issued an executive order to suspend immigration for at least 60 days.

Immigrants are directly affected. Many noncitizens were completely shut out of relief in the CARES Act, including the approximately 10.5 million undocumented immigrants in the U.S., mixed status families, agricultural workers, and about 5 million immigrants including some Legal Permanent Residents (LPRs), DACA recipients, and people with Temporary Protective Status (TPS). Immigrants make up about 13.6 percent of the U.S. population as of 2017. They are facing disproportionate exposure to COVID-19, as well as systematic exclusion from many programs designed to provide relief. These and other anti-immigrant policies have left immigrants especially vulnerable during this crisis. Immigrants are less likely to have any

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health coverage, less likely to access safety-net benefits, and more likely to have lower median incomes than the U.S. born -- all factors that put them at greater risk of falling ill and being hit the hardest by an economic fallout.\textsuperscript{84}

**Excluded from the CARES Act.** Undocumented immigrants, who already face anti-immigrant policies and rhetoric, were left out of much of the third coronavirus response package, the CARES Act. Under the provisions of the CARES Act, immigrants without a Social Security number or families where a member of the household files taxes without a Social Security number, will not have access to healthcare including testing and treatment for COVID-19, will not receive cash assistance, and have limited eligibility for unemployment insurance benefits.\textsuperscript{85} COVID-19 does not discriminate based on immigration status. Our policy responses should not either. Leaving people out of relief measures puts us all at greater risk.

**Employment and Financial Hardship**

**Employment.** With stay-at-home orders, schools and businesses shutting down, and other restrictions in place, millions of people are losing their jobs.\textsuperscript{86} Even in the best of times, workers of color typically see unemployment rates higher than those of white workers, and this recession will be no different. On average, workers of color have jobs with few benefits, lower wages, and limited protections.\textsuperscript{87} They are most vulnerable to potential layoffs during this pandemic and are at higher risk of facing financial hardships. For example, roughly half of Latinx households have lost their jobs and have $500 or less in their savings accounts.\textsuperscript{88}

The current crisis is causing the employment gap to grow even wider. If previous downturns are any indication, people of color could see staggering rates of unemployment in the coming months. Unemployment related to the Great Recession, peaked at 10 percent overall but was 17 percent for black workers and 13 percent for Latinx workers.\textsuperscript{89} The latest projections from the Congressional Budget Office indicate that unemployment during this downturn should peak at 16 percent.\textsuperscript{90} Furthermore, it is worth noting that the unemployment rate does not fully capture the number of people out of a job at any moment and especially in a downturn like this one.\textsuperscript{91} Gig workers, part-time workers, and the self-employed may never be officially captured in official unemployment statistics.

The impact of the crisis is further compounded by existing wealth gaps. As people lose their jobs and see reductions in income, some groups tend to have more resources to fall back on than others. Blacks and Latinxs typically have far less wealth than whites. The median black family has 3,500 in wealth and Latinx families had $6,500 compared to $147,000 for the

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\item \textsuperscript{86} Mitchell Hatman. “Despite staggering unemployment numbers, it’s even worse than it looks.” MARKETPLACE. April 2020. https://www.marketplace.org/2020/04/09/unemployment-numbers-worse-than-it-looks/
\item \textsuperscript{90} CBO. “CBO’s Current Projections of Output, Employment, and Interest Rates and a Preliminary Look at Federal Deficits for 2020 and 2021.” https://www.cbo.gov/publication/56335
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median white family. In aggregate, API families have more wealth than white families, but within this demographic, the richest decile of families has 168 times the wealth of the poorest decile, a ratio higher than other groups.\(^9\)

**Homelessness.** People experiencing poverty often struggle to afford housing because typically it is one of the most expensive household expenditures. More than half of black and Latinx renters spend more than a third of their income for housing and a greater share of their income as homeowners than whites.\(^8\)

As a result, people of color are overrepresented in the homeless population. In Los Angeles, one of the cities hardest hit by COVID-19, about 40 percent of the 60,000 homeless people are black, although they only make up 9 percent of the total population.\(^9\) Black people make up about 21 percent of the population struggling with poverty and 40 percent of the homeless nationwide.\(^8\) People living in poverty and experiencing homelessness are at an increased risk of health and financial problems during this crisis due to a number of factors, including the inability to abide by stay-at-home orders without a home, underlying health conditions due to poor living conditions, and an increase in hospitalizations without having a place to recuperate.

**Food insecurity.** Stay-at-home orders and social distancing practices have prompted many families across the country to stock up on food and make fewer trips to grocery stores. However, many people in communities of color struggle to stock up because they live in “food deserts” with limited grocery store options, are experiencing loss of jobs and income, and have limited access to transportation.\(^8\) With school closures, many families are now required to provide additional food for their kids since they are not receiving school meals.

**Can’t work from home.** COVID-19 has changed the way we live and has drastically changed the workforce. Millions of people are now teleworking in an effort to contain this pandemic. Unfortunately, for many people of color, working from home is not an option. In general, less than 30 percent of workers have occupations that allow them to work from home. For black and Latinx communities, even fewer have the privilege of working from home -- about 84 percent of Latinx workers and about 80 percent of black workers report that they are unable to telework.\(^8\) Even for those in occupations that allow or have begun to allow work from home, many do not have access to consistent, high-speed internet.\(^\) House Democrats attempted to address this in the first iteration of the CARES Act with additional funding for building broadband infrastructure, but this provision did not make it into the final legislation.

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\(^{82}\) Inequality.org. Racial Economic Inequality. [https://inequality.org/facts/racial-inequality/](https://inequality.org/facts/racial-inequality/)


\(^{84}\) National Coalition for the Homeless. "HOMELESSNESS IN AMERICA." 2019. [https://nationalhomeless.org/about-homelessness/](https://nationalhomeless.org/about-homelessness/)


\(^{88}\) Ibid.

\(^{89}\) Table 1. Workers who could work at home, did work at home, and were paid for work at home, by selected characteristics, averages for the period 2017-2018. U.S. Bureau of Labor Statistics. September 2019. [https://www.bls.gov/news.release/txch02.t01.htm](https://www.bls.gov/news.release/txch02.t01.htm)

\(^{90}\) Elise Gould and Heidi Shierholz. “Not everybody can work from home - Black and Hispanic workers are much less likely to be able to telework.” Economic Policy Institute. March 2020. [https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/](https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/)

On the frontlines. Long before the pandemic, essential workers -- making up more than 30 million U.S. workers including healthcare and eldercare workers, grocery store clerks, delivery workers, childcare workers, cleaners, warehouse workers, and bus drivers -- were overworked, underpaid, under protected, and under appreciated. People of color -- black, Latinx, Asian-American/Pacific Islander, or someone identifying as something other than white -- are a large share of the new essential workforce making up about 41.2 percent of the total workforce. As previously stated, about 6 million of those essential workers are immigrants working in some of these critical occupations. That includes the majority of farmworkers that have become essential during this pandemic as they continue to work despite stay-at-home orders.

The Trump Administration issued an executive order requiring the Animal Slaughtering and Processing Industry -- an industry in which more than half of all workers are people of color -- to continue operating despite the lack of worker protections in place. It should be noted that the executive order cited the President’s powers under the Defense Production Act of 1950 as giving him the authority to compel these worksites to remain open, but was hesitant to do so to compel manufacturers to switch to the production of masks and other personal protective equipment (PPE). Frontliners are putting their lives at risk to keep us all safe. They deserve to be kept safe with stronger workplace protections including PPE, expanded paid sick leave, and hazard pay.

Lack of Data

Census count. People of color are generally undercounted in the United States Census compared to whites and that undercount is likely to be exacerbated by the current pandemic. Communities of color miss out on critical funding because it can be challenging to contact, interview, locate and persuade people of color to participate in the census. For instance, about 2 percent of black people were undercounted in 2010 and black children are twice as likely to be undercounted compared to non-black children. One challenge some communities of color in particular face is the lack of an appropriate category. For example, people of Middle Eastern and North African descent are not given a category and are forced to check the “white,” “black,” or “other” categories. Despite strong efforts from advocacy groups to include a Middle Eastern and North African (MENA) category in the 2020 Census, the Trump Administration blocked the efforts and the category was not included in this year’s Census. Additionally, President Trump tried, but failed, to add a citizenship question.

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that likely discouraged many communities of color, especially immigrant families, from participating in the census.\textsuperscript{113} Arab American populations live in all 50 states but 94 percent of them live in metropolitan areas including Los Angeles, Detroit, New York/New Jersey, Chicago, and Washington, D.C. -- some of the cities hardest hit by COVID-19.\textsuperscript{114} The inaccurate reporting from the Census Bureau makes it especially challenging to report the number of COVID-19 cases and deaths by race. COVID-19 makes a stronger case for accurate counting by the Census to ensure federal funding is distributed fairly to states where communities of color need it most.

**Data and testing capabilities.** Historically, there has been poor and incomplete data collection on communities of color. Without demographic data on COVID-19 cases and deaths, it is difficult to properly assess racial disparities. States are providing none to very little data disaggregated by race on their COVID-19 cases and deaths -- 50 percent of COVID-19 cases reported federally are missing race and ethnic data\textsuperscript{115} and there may be higher rates than being reported for communities of color.\textsuperscript{116} The We Must Count Coalition is calling for the release of demographic data for COVID-19 to ensure interventions and health resources are allocated equitably for all communities.\textsuperscript{117} Congresswoman Pressley and Senators Elizabeth Warren, Cory Booker, and Kamala Harris sent a letter to the Department of Health and Human Services demanding federal agencies collect and address racial disparities in the response to COVID-19 but were not successful.\textsuperscript{118} Now, Congresswoman Pressley is leading a push by the Congressional Black Caucus to include a mandate for federal authorities to collect and report race-specific data in the next coronavirus relief package.\textsuperscript{119} It is essential that all communities of color are properly counted for our nation’s response to COVID-19.

**Small Businesses**

**Minority-owned businesses.** Over 50 percent of small businesses -- 4 million establishments -- face financial hardships and other immediate risks due to COVID-19.\textsuperscript{120} Although people of color make up 40 percent of the population, they only represent about 20 percent of the nation’s 5.6 million business owners with employees.\textsuperscript{121} Minorities already own businesses at much lower rates than non-Latinx or Hispanic white individuals.\textsuperscript{122} Minority-owned businesses are also less likely to have the established credit relationship with a bank that allowed most of the businesses who received aid to get their applications processed before money ran out. Asian-owned businesses also reported losses of up to 80 percent as early as____


\textsuperscript{115} Demographics.” Arab American Institute. https://www.aaiusa.org/demographics


\textsuperscript{118} Ed We Must Count. https://www.wemustcount.org/


\textsuperscript{122} Ibid.
late January as fears of the coronavirus mounted.\textsuperscript{123} This pandemic poses a serious threat to entrepreneurs of color.

**Minorities struggle to access emergency loans.** Minorities struggled to apply for small business loans that became available under the provisions of the CARES Act due to the requirement to have a credit card or a line of credit with the institution through which they applied for the loan.\textsuperscript{124} In the interim, Congress passed a $484 billion aid package for small businesses that could provide some relief including $60 billion through small and mid-size banks, credit unions, community development financial institutions (CDFIs), minority depository institutions, community development corporations, and microloan intermediaries, but entrepreneurs of color and their employees are likely to need much bolder and more systemic support to weather this crisis.\textsuperscript{125}

**Conclusion**

From decades of disinvestment and economic policies that largely fail communities of color, this pandemic has exacerbated and exposed the devastating impact of institutionalized racism. To ensure that communities of color survive the COVID-19 pandemic, we must understand how systemic racism has made communities of color more vulnerable to this pandemic.

And while some policymakers are now calling for a return to normal, for communities of color, normal means a society that systematically discriminates in housing, employment, healthcare, education, and everything in between. Rather than returning to normal, policymakers must rebuild a more just, equitable, and resilient nation that leaves no one behind.

