



The Latino Community in the Time of Coronavirus: The Case for a Broad and Inclusive Government Response

Introduction

As the novel coronavirus (COVID-19) first spread across the United States in early 2020, the American economy had finally recovered the total number of jobs lost in the Great Recession of 2009. Unemployment was low, and most workers had access to paid sick leave, employer-sponsored health insurance, and paid vacation.¹

Many workers felt confident that if they lost their jobs, the years they had paid into Unemployment Insurance would help to defray lost wages, and the social safety net—albeit imperfect—could help their families weather the pandemic while they sought new work. By comparison, the patchwork economic foundation supporting large portions of Black and Latino communities is, and has historically been, far more unstable and unreliable.

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This systemic inequality is the sum of numerous policy choices the nation has made over nearly a century since the New Deal first began to create what we now call the social safety net. The Depression-era Social Security system and the Fair Labor Standards Act, for example, offered retirement security and basic worker protections—like the minimum wage—to predominantly White office, industrial, and craft workers, but excluded farm laborers, domestic workers, and other jobs largely held by Black and Brown Americans. When the Interstate Highway System, government-subsidized mortgages, and the mortgage interest deduction fueled a massive increase in suburban homeownership in the post-WWII era, formal housing discrimination and informal practices such as redlining relegated most Latino and Black families to poor-quality housing in segregated neighborhoods with few economic opportunities and under-resourced schools. Soon after the Great Society era produced core supports, including housing assistance, job training, Medicaid, and the Food Stamp program (SNAP's predecessor), so-called "alien restrictions" were added which effectively excluded not just undocumented immigrants, but often their lawfully-present spouses and children—who just so happened to be predominantly Hispanic*—from vital economic, health, and nutritional supports.

The cumulative result of dozens of such policy decisions over the last century—only some of which were explicitly discriminatory based on race or ethnicity—has shaped a fundamentally unequal society, where Hispanic and Black Americans at the onset of the pandemic were simultaneously more susceptible to the coronavirus and resulting economic dislocations, but had a far less comprehensive safety net to fall back on. The pandemic has exposed in myriad ways the unequal social and economic

foundations on which Black and Latino families must build their lives compared to their White counterparts. This is not a matter of happenstance, but an underlying premise to the systems, institutions, and practices that undergird the public policy response to the worst public health and economic crisis in the United States in 100 years.

State of Play: First 120 Days of the COVID-19 Pandemic and the U.S. Government Response

On March 11, 2020, COVID-19 was declared a pandemic by the World Health Organization, and two days later the United States declared a national emergency. Over the course of the ensuing 120 days, COVID-19 initiated an unprecedented global health and economic crisis with severe impacts on the United States: according to the Centers for Disease Control and Prevention (CDC), as of July 1, 2020, there were more than 2.62 million confirmed cases and more than 127,000 deaths attributed to the disease.² In turn, since the onset of the pandemic, advice from public health experts, federal guidelines, and state and local government mandates intended to slow the spread of the virus led to substantial economic declines equivalent to levels last experienced during the Great Depression of the 1930s.³

Government policies to restrict or allow economic activity are directly linked to actual and perceived dangers to public health. The strongest policy responses—including shutdowns of all but "essential" businesses—began in areas with the highest rates of COVID-19 infections. Most

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. This document may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions that are present in the community.



UnidosUS Affiliate Comunidades Unidas in West Valley City, UT run test screenings for COVID-19.

governments have benchmarked phased reopening strategies to the achievement of key metrics, including consistently falling rates of new coronavirus infections for two weeks, equivalent to the accepted COVID-19 incubation period. Accordingly, 120 days after state and local stay-at-home orders started across the country in March, all 50 states, the District of Columbia, and Puerto Rico have begun to reopen in some way.⁴ Along with formal government policy shaping the scope of mandatory shutdowns and phased reopening, there is substantial evidence that these public health measures have demonstrably reduced economic activity writ large.⁵ The relationship between these protective measures and stymied economic activity is apparent: as long as the threat of a potentially deadly infection remains, many businesses are unlikely to reopen completely, workers will be restrained in their willingness to return to work, and consumers will feel less inclined to shop for goods and services to the same degree they had before the pandemic.

Short of eradicating COVID-19 infections, a full return to pre-pandemic levels of economic activity would appear to require some combination of a near-universally accessible vaccine and widespread access to more effective treatments; most experts

believe it will take at least many months and probably a year or more to achieve so called “herd immunity.”⁶ Until then, experts, the empirical evidence to date, and common sense all confirm that controlling the scope of the pandemic and the ability of the economy to recover are intimately linked. Some argue that the worst may be over and are predicting a relatively rapid recovery.⁷ Others predict a much slower recovery, in part due to structural damage already done to the economy.⁸ Either way, it is clear that maximizing the public health response to control the pandemic and minimizing the structural damage to the economy are both key to putting the nation farther down the road to recovery.

Toward that end, Congress has enacted a series of bills in response to the pandemic. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, a \$2.2 trillion bipartisan package from Congress, is the largest and farthest reaching in a series of four major legislative packages, which include the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Families First Coronavirus Response Act, and the Paycheck Protection Program and Health Care Enhancement Act (collectively, herein referred to as the Recovery Legislation). While the sum of

these packages lays the foundation of the government response to aid cash-strapped states and localities, hard-hit industries, small and large businesses, workers, and families afflicted by the crisis, they leave perilous gaps which must be addressed in future recovery legislation.⁹

This analysis first documents how the Latino community is withstanding disparate health and economic impacts from the pandemic. It also considers some of the pre-existing economic and health vulnerabilities that the Latino community faced prior to federal, state, and local government responses to the pandemic. Next, this analysis considers the scope and composition of the Latino and immigrant communities left out of recent legislative pandemic recovery efforts. The last section concludes that absent deliberate interventions to provide relief for all communities, the policy response to the pandemic: will widen disparities between Latinos and other racial and ethnic groups in America; is morally untenable given the contributions that Latinos are making to their country as “essential workers”; and will undermine the shared goal of the American people of achieving a swift and sustainable economic recovery.

In addition to identifying policy interventions that would bring near-term relief, this moment provides our nation with an opportunity to develop a longer-term, equity-centered public health and economic recovery agenda that will better position the nation to respond to future public health crises.

I. Latinos Are Disproportionately Affected by the COVID-19 Pandemic

As a group, Latinos encountered the pandemic relatively vulnerable from a health and economic perspective. A report released in 2019 by UnidosUS assessed the 10-year period following the Great Recession of 2009 to find that, while the nation had largely recovered in the period since, Latinos have experienced a markedly slower recovery. Nonetheless, Latinos have continued to power the U.S. economy and strengthen it with their high levels of labor-force participation, economic purchasing power in excess of three-quarters of a trillion dollars, and above national average rates of entrepreneurship.¹⁰ This section examines how Latinos have been impacted by the health and unfolding economic crisis so far, and how enacted recovery legislation to date have not fully addressed the needs of the community, to the detriment of both Hispanic families and the nation’s long-term pandemic response efforts.

A. COVID-19 Is Impacting the Health and Nutrition of Latinos Disproportionately

Early July data from the CDC on provisional death counts from the pandemic continue to show a weeks-long trend of Latinos and other communities of color contracting and dying from COVID-19 at higher rates than the general population in many states.¹¹ Among the states with the highest number of overall reported COVID-19 cases as of July 1, shown in Table 1, the distributions indicate the same trend of outsized Latino loss of life. Tragically, CDC data also show that as of July 1, more than half (53.8%) of all confirmed cases among patients under the age of 18 are Latino.¹²

Table 1. Share of Latino COVID-19 Deaths in Select States

| State | Reported Deaths | Latino Population (%) | Latino COVID-19 Deaths As a Percentage of State Totals (as of July 1) |
|---------------|-----------------|-----------------------|-----------------------------------------------------------------------|
| New York City | 23,104 | 29.2% | 29.6% |
| New Jersey | 15,035 | 20.6% | 20.9% |
| New York | 8,680 | 11.7% | 15.6% |
| Illinois | 7,124 | 17.4% | 21.6% |
| California | 5,980 | 39.3% | 47.2% |
| Florida | 3,505 | 26.1% | 25.6% |
| Texas | 2,424 | 39.6% | 36.2% |
| Colorado | 1,690 | 21.7% | 23.6% |
| Arizona | 1,632 | 31.6% | 23.5% |

Source: Centers for Disease Control and Prevention, “Provisional Death Counts for Coronavirus Disease, Weekly State-Specific Data Updates”, “Cases & Deaths by Jurisdiction”, July 1, 2020, <https://data.cdc.gov/NCHS/Provisional-Death-Counts-for-Coronavirus-Disease-C/pj7m-y5uh/data>, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

Note: This reporting is based on official government statistics. Due to the underreporting of race and ethnicity data we anticipate that a complete picture of Latino COVID-19 deaths won't be known until well after publication of this report.

These official government statistics almost certainly heavily understate the true health impacts of the pandemic on Latinos for several reasons. First, the data to date on the number of cases and deaths associated with COVID-19 are incomplete due to the fact that ethnicity information is available for only about 50% of all cases nationwide.¹³ UnidosUS and our partners are advocating for measures that would ensure greater transparency and access to disaggregated data, but progress still needs to be made in order to have a complete picture of the impact on Latinos.¹⁴ In Arizona, for instance, where Latinos make up more than 31% of the state's population, ethnicity information is unknown for more than 48% of the state's COVID-19 cases and 12% of its deaths, while in Texas where Latinos make up about 40% of the state's population, the figures are an astounding 90% and 78%, respectively.¹⁵ Moreover, a number of sociological factors—including negative impacts of a harsh immigration landscape and lack of access to health insurance—may result in

fewer Latinos seeking testing or treatment than their non-Hispanic peers.¹⁶ The Trump administration's anti-immigrant agenda, for instance, predated the pandemic but almost certainly has deterred Latinos with immigrant family members from seeking testing and/or treatment. Finally, despite being the youngest population of any major population group in the United States by a wide margin,¹⁷ as noted above, available data suggest that 53.8% of all cases for those under 18 are Latino, far in excess of Latinos' share of the child population.¹⁸ This alarming outcome, coupled with the higher likelihood that children live in larger family units than other age cohorts, reinforces the notion that published morbidity and mortality rates may downplay the actual incidence of COVID-19 in the Latino community.

Moreover, as scientific understanding of the virus and its physiological impacts evolves, several pre-existing structural and societal factors may help explain some of the reasons why Latinos are at higher risk

of infection and suffer from the disease at disproportionate rates. Latinos' risk of contracting the virus is, for instance, compounded by the long-standing inequities in our health system. Before the pandemic, an estimated 19% of Latinos were uninsured, compared to around 6% of non-Hispanic Whites.¹⁹ Among those were nearly 1.6 million Latino children,²⁰ whose uninsured rates were on the rise prior to the start of the pandemic.²¹ Intensifying this inequity, Latino uninsured rates have grown

since the outbreak of the virus, as laid-off workers lose their employer-sponsored coverage. U.S. Census data suggest 22.3% of Latinos were uninsured as of June 9, 2020, although this percentage dropped to 19.4% by June 23.²² These disparities underscore the need to address the health coverage and care gaps on their own merits, but also as an essential element to combatting the COVID-19 pandemic and securing the public health of the nation.

CHART 1: Latinos in Essential Jobs

Latinos Make up 17.6% of the U.S. Workforce, and:



54%
of Agricultural Workers



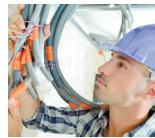
29.7%
of Food Manufacturing Workers



29%
of Medical Assistants



20.5%
of Grocery Store Workers



18.8%
of Transportation and Utilities Workers
(mail and electricity)



15%
of Frontline Protective Service Workers
(firefighters, police, etc.)



14.1%
of Pharmacy and Drugstore Workers

Source: UnidosUS calculation using U.S. Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey." Tables 11 and 18, <https://www.bls.gov/cps/tables.htm> (accessed June 23, 2020).

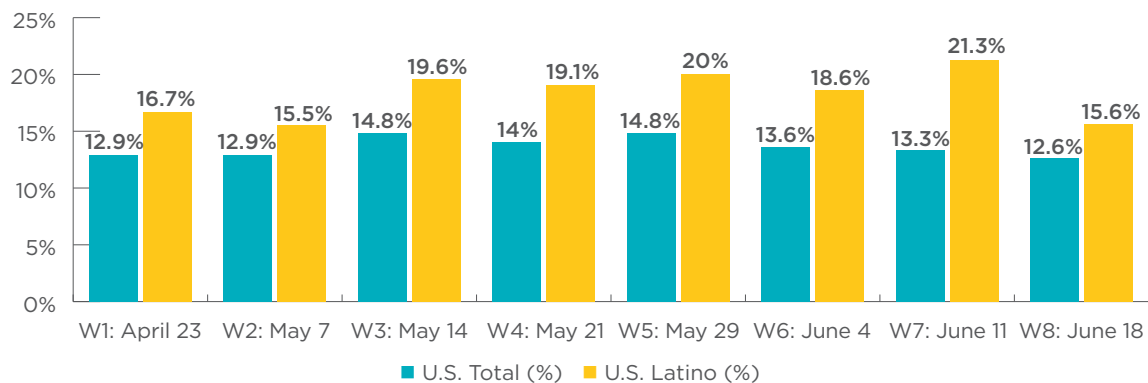
The pandemic continues to expose critical fault lines in the nation's labor force. Latino and immigrant workers are heavily overrepresented²³ in industries such as agriculture and food processing, which have been designated by our federal and local governments as "essential."²⁴ Indeed, farm to table, Latinos power an outsized percentage of the American food supply chain, making up 34% of crop production workers, 35.3% of animal processing workers, 29.7% of food manufacturing workers,

20.1% of transportation and warehousing workers, and 20.5% of grocery store workers.²⁵ Together with the 14% of health care and emergency service workers, 25% of automotive repair workers, and 22% of waste management workers who are Latino,²⁶ hundreds of thousands of Latino workers are considered essential to the safety and security of America and do not have the luxury of telework, physical distancing, or self-isolation during the crisis, leaving them at high risk for exposure to COVID-19.

Finally, the nation's response to COVID-19 has also reinforced the critical importance of federal nutrition programs, such as the school meal programs and the Supplemental Nutrition Assistance Program (SNAP). These programs are particularly important for Latino households with children: prior to the current health and economic crises, 16.8% of Latino children lived in a food-insecure household compared to 10.4% of non-Hispanic White children.²⁷ Indeed, the number of Hispanic

households with children reporting not having enough to eat in the past week has steadily increased since the start of the pandemic, topping out at 21% in the middle of June 2020.²⁸ The highest estimate, which comes from a recent survey using a comprehensive measure of hunger, suggests 42% of Latino households with children might be experiencing food insecurity due to COVID-19, the highest percentage reported for all racial and ethnic groups.²⁹

GRAPH 1: Latino Food Sufficiency, Households with Children



Source: UnidosUS calculation using U.S. Bureau of Labor Statistics, "Household Pulse Survey: Food Sufficiency and Food Security Tables." Table 3b. <https://www.census.gov/data/tables/2020/demo/hhp/hhp6.html> (accessed June 23, 2020).

The subsequent job losses among Latinos as well as school closures will likely only make these problems worse for families. Overall, 40 million Americans, including 10 million Latinos, rely on SNAP every year.³⁰ In addition, millions of Latino children rely on school lunch and breakfast programs for their daily sustenance. While many states have used waivers and flexibilities to continue delivering meals to students, the pandemic has only reinforced the critical role that federal nutrition programs play in helping families put food on the tables and make ends meet.

B. Early Latino Job Losses Confirm that Latinos Are Impacted the Most by an Economic Downturn

The pandemic has been wildly disruptive to the global economy and, in turn, the U.S. labor market. The U.S. Department

of Labor (DOL) reported job losses of 701,000 in March and 20.5 million in April; while 7.5 million "new" jobs were reported in May and June, the cumulative losses are a major economic downturn. Since February, the national unemployment rate skyrocketed from a historic low of 3.5% to 14.7% at the end of April, representing the largest month-over-month increase in the unemployment rate since the DOL started consistently keeping records after World War II.³¹ While the unemployment rate was adjusted to 11% in June as state economies reopened, recent related surges in COVID-19 cases in states like Texas, Florida, California, and Arizona is a reminder that recovery is still a long way off.³² In numeric terms, the number of unemployed persons jumped from 6.6 million in February, when the unemployment rate hovered around historic lows, to more than 17.8 million unemployed workers as of July 2.³³

CHART 2: Latino Employment Indicators during the Pandemic

| INDICATORS | National | Latinos |
|------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| Employed | | |
| • Working people over the age of 16, including those temporarily absent from their jobs | 142.2 million | 24.7 million |
| Unemployed | | |
| • Those who are available to work, trying to find a job, or expect to be called back from a layoff but are not working | 17.8 million | 4.2 million |
| Civilian Labor Force | | |
| • The sum of employed and unemployed people | 159.9 million | 28.9 million |
| Unemployment Rate | | |
| • Share of the labor force that is unemployed | 11.1% | 14.5% |
| Labor Force Participation Rate | | |
| • Share of the population over the age of 16 that is in the labor force | 61.5% | 65.5% |
| Employment-Population Ratio | | |
| • Share of the population over the age of 16 that is working | 54.6% | 56% |

Source: U.S. Bureau of Labor Statistics, "Employment Status of the Hispanic or Latino Population by Sex and Age," Current Population Survey, <https://www.bls.gov/news.release/empsit.toc.htm> (accessed July 2, 2020), Table A and A-3.

Latinos have experienced job losses that have exceeded national averages during this period.³⁴ In March, the Latino unemployment rate of 6% was higher than the national rate of 4.4%, but the most dramatic unemployment disparity was first felt in April—the first full month of data on the economic impacts of the pandemic—when Latino unemployment spiked to 18.9%. While the national unemployment rate stands at 11.1% in June, the Latino unemployment rate remains considerably higher, at 14.5%.³⁵ Put another way, in the past four months the number of employed Latinos dropped from 28.5 million people to 24.7 million, while the number of Latinos considered unemployed rose from 1.3 to 4.2 million.

The official 14.5% figure likely underestimates the true Latino unemployment rate. Research shows that Latinos are less likely than their non-Latino peers to apply for or receive Unemployment Insurance.³⁶ Lower participation is due in part to the higher percentage of noncitizens among Hispanic workers compared to peer groups, some of whom may not be eligible for Unemployment Insurance.³⁷ Controlling for immigration status however, eligible Hispanic workers are still less likely to know that Unemployment Insurance benefits even exist, less likely than their peers to know how to apply, and less likely to receive benefits if they do apply.³⁸ Moreover, the impact on Latino workers



UnidosUS Affiliate Conexión Américas in Nashville, TN distributed fresh fruits and vegetables to families.

may be understated because government collection methods count part-time workers as employed in the official rate, even if the worker would prefer full-time hours. Prior to the pandemic, Latino workers were more likely than their peers to be underemployed.³⁹ Because the official unemployment rate excludes workers who are not currently seeking work due to the virus, workers who have been temporarily furloughed, and workers who involuntarily had their hours cut, it most certainly leaves out large swaths of Latino workers impacted by the crisis.

These snapshots in time are important indicators of our economy's health, but nonetheless tell only part of the story of Latino vulnerability to future job losses.

Latino workers are overrepresented in industries that are the most susceptible to sudden economic contractions, such as construction, or that are seasonal by nature, like the agriculture and hospitality sectors. Among major industries with the highest concentrations of Latino workers—for example, construction (30.4%), agriculture, forestry, fishing, and hunting (27.5%), and leisure and hospitality (24%)⁴⁰—the retail and leisure and hospitality industries were hardest hit in the early months of the COVID-19 pandemic.⁴¹ These industry losses contribute to the disproportionate financial instability that Latinos are experiencing due to the public health crisis and place Latino workers at risk of financial hardship in the event of a second coronavirus wave.

What about Latino Small Business Owners?

In February 2020, Stanford University published a report, *2019 State of Latino Entrepreneurship*, which found that over the last 10 years the number of Latino business owners grew 34%, compared to 1% for all business owners in the United States. Latino businesses contribute about \$500 billion to the U.S. economy in annual sales and employ more than three million people. Just months after the report came out, this upward trajectory has been put in jeopardy by the COVID-19 health crisis.*

Under recent recovery legislation, Congress established the Paycheck Protection Program (PPP) to support small businesses impacted by the crisis. While the program has helped many businesses stay afloat in the short-term, shortcomings persist when it comes to serving America's Latino and minority-owned small businesses:

- Data from the U.S. Small Business Administration (SBA) show that during the first round of PPP funding, 45% of PPP loans by dollar value went to just 4% of borrowers.**
- A national survey by the League of United Latin American Citizens (LULAC) and the U.S. Hispanic Chamber of Commerce of more than 500 Latino small business owners found that only 97 respondents (19%) who applied for loans received them in the first round of PPP funding.†
- A Stanford Latino Entrepreneurship Initiative survey found that, at the end of April 2020, 55% of Latino-owned business with annual revenues above \$1 million were still waiting for PPP loan approval while only 31% had been approved.††
- Sixty-five percent of Latino business owners report they will not be able to continue operating beyond six months if current conditions continue.‡
- A May 2020 survey by UnidosUS and Color of Change found that the majority (51%) of Latino small business owners who sought assistance requested less than \$20,000 in temporary funding from the federal government. Only 12% received the assistance they requested. Meanwhile, about two-thirds report that they have either received no assistance (41%) or are still waiting to hear whether they will receive any federal help (21%).‡‡

* Marlene Orozco et al., "State of Latino Entrepreneurship: 2019 Research Report," Stanford Graduate School of Business, Latino Entrepreneurship Initiative, February 2019, <https://www.gsb.stanford.edu/sites/gsb/files/publication-pdf/report-slei-state-latino-entrepreneurship-2019.pdf> (accessed May 15, 2020).

** Ruth Simon, "In Race for Small-Business Loans, Winning Hinged on Where Firms Bank," *The Wall Street Journal*, April 20, 2020. <https://www.wsj.com/articles/in-race-for-small-business-loans-winning-hinged-on-where-firms-bank-11587410421> (accessed May 15, 2020).

† Suzanne Gamboa, "Few Hispanic business owners got coronavirus relief loans, Latino survey finds," *NBC News*, April 24, 2020, <https://www.nbcnews.com/news/latino/few-hispanic-business-owners-got-coronavirus-relief-loans-latino-groups-n1192086> (accessed May 15, 2020).

†† Stanford Latino Entrepreneurship Initiative, "The Impact of COVID-19 on Latino-Owned Businesses," survey results, Stanford Graduate School of Business, March 2020, http://www.gsb.stanford.edu/sites/gsb/files/2020_slei_first_covid_survey_results.pdf (accessed June 15, 2020).

‡ Ibid.

‡‡ UnidosUS and Color of Change, "Federal Stimulus Survey Findings," nationwide polling conducted by Global Strategy Group, April 30–May 12, 2020, <http://publications.unidosus.org/bitstream/handle/123456789/2051/UnidosUS-Color-Of-Change-Federal-Stimulus-Survey-Findings.pdf?sequence=1&isAllowed=y> (accessed June 15, 2020).

Moreover, business is expected to slow or even halt in some areas as supply chain disruptions create materials shortages and other cost-saving measures from shelter-in-place take hold.⁴² A recent survey by the Associated General Contractors of America finds that several states have halted, delayed, or disrupted ongoing transportation construction projects, while many future projects are being cancelled, partly due to projections that state budgets are under severe pressure.⁴³ Meanwhile, the American Farm Bureau Federation cautions that concerns related to COVID-19 have resulted in significant disruptions in the food supply chain—dips of 20% and 10% in pork and beef processing capacity, respectively, for example—due to recent upticks in COVID-19 cases at processing centers and workers staying home for fear of exposure.⁴⁴ By April, more than 60 food processing centers throughout the U.S. had known coronavirus outbreaks; close to 5,000 meat processing workers—most of them immigrants and people of color—had been infected and at least two dozen had died.⁴⁵ As of June 30, around 244 meatpacking centers in 33 states had known coronavirus outbreaks; more than 26,300 meat processing workers have been infected and at least 95 workers have died.⁴⁶

Latino and immigrant workers also participate in the so-called “gig economy” at higher rates than peers, primarily to supplement household earnings from other jobs.⁴⁷ As the pandemic has unfolded, many gig workers have become *de facto* essential workers charged with the delivery of durable goods, food, and other essential supplies directly to consumers’ homes. Gig work—like other sectors with large proportions of Latino workers—does not generally provide access to quality, affordable employer-sponsored health care options or paid sick leave. The Bureau of Labor Statistics (BLS) estimates that before the pandemic, at least 25% of gig workers lacked health insurance; research suggests that closer to 35% of gig workers were uninsured, and as many as 37% of insured gig workers have forgone medical

treatment due to high costs.⁴⁸ Before the outbreak of COVID-19, more than half of all Latino workers—an estimated 15 million people—lacked even a single paid sick day, forcing them to choose between their health, or the health of their families, and their economic security should they or a family member fall ill.⁴⁹

U.S. Census data and large public opinion polls uniformly document the disproportionate impact of the economic crisis on the Latino community. One poll from late April shows that 61% of Latinos have lost wages or work due to COVID-19, compared with 46% of Americans overall.⁵⁰ A Pew Research Center poll conducted through mid-April found essentially identical results.⁵¹ Another poll, reported by the *Washington Post* in May, found that Hispanics were almost twice as likely as Whites to have been laid off or unemployed as a result of the pandemic.⁵² And a poll conducted by Lake Research for SOMOS, Latino Decisions, and UnidosUS found that “a whopping 65% of Latinos” have faced job loss, wages/hours cut, or loss of self-employment due to the pandemic.⁵³

II. Latinos Have Not Been Fully Included in COVID-19 Recovery Legislation to Date

Controlling the pandemic depends heavily on policies that encourage as much of the population as possible to practice physical distancing, to obtain testing at the first sign of potential coronavirus infection, and for those testing positive to report recent contacts and submit to physical isolation and/or treatment. Similarly, a robust recovery would be aided immeasurably by minimizing as much economic damage and supplying as much financial support for as many workers and consumers as possible. To be sure, Congress has taken important steps to respond to the pandemic, which have

been critical for Latinos. The CARES Act, for instance, has reached many Latino families in the form of Economic Impact Payments, expanded Unemployment Insurance benefits, opportunities to temporarily defer mortgage and student loan payments, and, at least on paper, the opportunity to gain access to COVID-19 testing. Nonetheless, as described below, recovery legislation enacted into law thus far have excluded substantial portions of the Latino population from both public health and economic responses to the pandemic.

A. Congressional Interventions to Address the Pandemic Haven't Confronted Key Structural Inequities, a Necessity for an Effective Health Response

The COVID-19 pandemic has exposed the structural inequities in our social safety net systems. From a health care perspective, at the onset of the pandemic Latinos were one of the most uninsured racial or ethnic groups in the country; indeed, before the pandemic more than 10 million Latinos had no form of health insurance.⁵⁴ Despite gains experienced during the first five years following the passage of the Affordable Care Act (ACA) to close the health coverage gaps between Latinos and other groups, progress has stalled in recent years: a report by UnidosUS and the Georgetown Center for Children and Families, for example, found that the gap between health coverage rates for Latino children and all children widened in 2018 for the first time in a decade: the uninsured rate for Latino children rose to 8.1% compared to 5.2% for all children and 4.2% for non-Latino children.⁵⁵

Furthermore, just as the pandemic has reinforced the importance of access to health care, it has also highlighted the critical role that federal nutrition programs play in helping Latino families put food on the table as discussed in the preceding section. Two months into the pandemic, 50% of Latino households reported trouble accessing food, medicine, or household supplies, according to a poll by Lake

Research for SOMOS, Latino Decisions, and UnidosUS.⁵⁶ Still, despite high rates of food insecurity as compared to other groups, Latino participation in critical public support programs like SNAP have historically been low for a number of reasons including, but not limited to, immigration-related fears such as the Department of Homeland Security's public charge rule.⁵⁷

Three systemic issues were already putting downward pressure on Latino participation in key public health and nutrition supports prior to the pandemic, which federal interventions to date have largely overlooked. First, in a health care system that is largely dependent on employer-sponsored insurance (ESI), research shows Latino workers are less likely to work in jobs that offer ESI.⁵⁸ This is one of the reasons why the ACA has been so significant for the health and wellness of the Latino community: between 2010 and 2016, the ACA contributed to a nearly 20-point decline in the Latino uninsured rate, the largest decline of any ethnic group in the country.⁵⁹ Yet, despite these gains, the nature of employer-sponsored insurance nonetheless contributes significantly to higher uninsured rates among Latinos when compared to their peer groups. In 2018, an estimated 19% of Latinos were uninsured behind only American Indian or Alaska Native citizens.⁶⁰ As the ranks of the Latino unemployed grow as described above, so too will loss of coverage for those who do have ESI.

Second, the government's response does little to mitigate the harms of the Trump administration's counterproductive policy agenda attacking the nation's social safety net. In the past three years, the Trump administration has pursued aggressive efforts to weaken the ACA by, among other things, shortening the open enrollment window, gutting supports for community navigators, and destabilizing private insurance markets.⁶¹ Litigation concerning the ACA's minimum essential coverage provision, or the individual mandate, may be before the U.S. Supreme Court soon. These



UnidosUS Affiliate The Chicano Federation in San Diego, CA fill a gym with supplies to hand out to the community.

policy changes are having measurable impact: between 2016 and 2018, the number of uninsured Latino children increased by more than 122,000, bringing the total to almost 1.6 million Latino children without health insurance.⁶² Since the decline took place over a period when job growth was strong, the growing Latino child uninsured rate probably resulted in part from the Trump administration's health policy actions, which have sought to undermine the ACA. Similarly, in the nutrition context, the Trump administration has proposed regulatory changes to SNAP that, by the federal government's own admission, could push nearly 700,000 needy Americans off the program by making it more difficult for states to facilitate access to resources under SNAP.⁶³ The regulation has been temporarily enjoined by a federal district court.

Third, President Trump's anti-immigrant policies spearheaded by indiscriminate enforcement policies and a suite of "public charge" regulations were having harmful, diffuse impacts on the community even before the start of the pandemic. Research shows that individuals eligible for critical health, nutrition, and other public supports were eschewing applying for them even in the face of mounting Latino food insecurity.⁶⁴ In the case of health care access—critical to the pandemic response—regulatory policy is estimated to lead to between one and three million

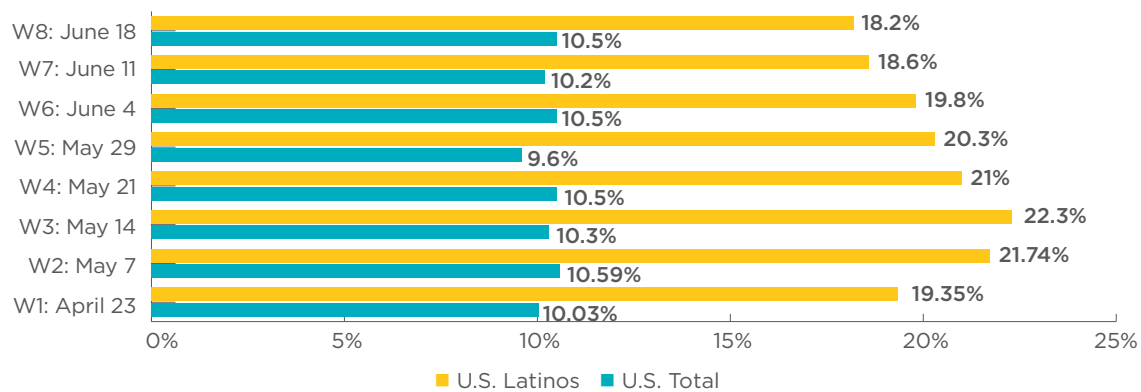
immigrant families to disenroll or forgo Medicaid coverage, despite being eligible.⁶⁵ Meanwhile, with respect to nutrition, the American Public Health Association found a 10% drop in eligible immigrant SNAP enrollments nationwide in 2018,⁶⁶ an outlook made grimmer by a March 2019 study placing these declines within a concurrent increase in child food insecurity among immigrant families.⁶⁷ In heavily immigrant-populated cities like New York City—incidentally the first major COVID-19 epicenter in the United States—Latino immigrant enrollment in SNAP dropped nearly 14% from 2018 to 2019, while SNAP enrollment by Latino U.S. citizens also dropped by 6.4% during that period.⁶⁸

To be sure, recovery legislation enacted to date has included a number of essential provisions, including many important to the Latino community.⁶⁹ For those with private health plans, the CARES Act expands a requirement that private insurers cover COVID-19 diagnostic testing without cost-sharing for services or items provided during a medical visit for COVID-19 testing and preventive services, such as a future vaccine. The measure also provides \$1.32 billion in funding for community health centers for the prevention, diagnosis, and treatment of COVID-19. These health centers have historically played an important role for low-income and uninsured Latinos.

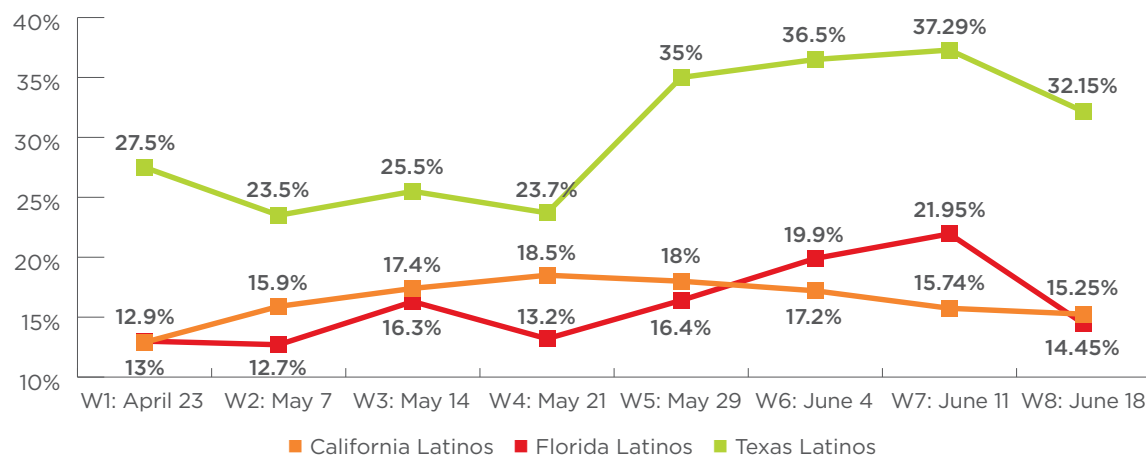
With respect to nutrition support, the CARES Act includes funds for federal programs such as SNAP which reaches more than 40 million Americans, including 10 million Latinos. The legislation provides \$15.8 billion for administering SNAP to cover the benefits of existing participants and the projected increase in caseloads due to the economic downturn during the pandemic. It also provides funding to support states that implement programs to provide increased emergency SNAP benefits to existing SNAP households—up to \$194 for a single individual and \$509 for a family of three—though, a dispute remains as to whether Congress meant for this to be an additional allotment on top of existing benefit or an increase to existing benefit up to the new maximum benefit for the household size.⁷⁰ Finally, it also provides \$8.8 billion to the states to provide children with meals outside of school settings while schools remain closed.

Notwithstanding these important interventions, the U.S. government's recovery legislation to date is woefully incomplete. Health provisions remain limited and favor those with private health plans, and while Medicaid and Children's Health Insurance Program (CHIP) recipients are now able to receive a wide array of free coronavirus testing, gaps in health treatment remain. Laws governing emergency Medicaid, for instance, have not been revised to open eligibility for COVID-19

treatment and associated health issues to anyone regardless of their immigration status. The link between testing and treatment is intricate: individuals who may benefit from free testing might nonetheless eschew it if there is not a pathway for affordable health treatment.⁷¹ To be sure, aid to hospitals and community health centers to care for indigent patients is helpful. However, it is not a sustainable solution for those disconnected from the mainstream health care system, and even with funding authorized to reimburse providers for covering COVID-19 related testing and services, these resources must stretch to cover a number of costs associated with supporting uninsured patients. On June 24, the Trump administration also announced that federal funding would be cut for 13 testing sites, including several sites in states like Texas, which in mid-June started experiencing dangerous spikes in COVID-19 cases.⁷² While the administration anticipates that states will continue funding the sites, this also may mean that only people with private insurance will receive testing and treatment. Thus, the nearly 18 million Latinos enrolled in Medicaid,⁷³ more than 10 million Latinos who remain uninsured,⁷⁴ and millions more experiencing barriers to accessible and affordable health care due to the structural inequities described above, will not be fully accounted for in the U.S. government's health response until universal and affordable health treatment provisions are adopted.

GRAPH 2A: Current Health Insurance Coverage, Self-Reported Uninsured (National)

Source: UnidosUS calculation using U.S. Bureau of Labor Statistics, "Household Pulse Survey: Health Tables." Table 3. <https://www.census.gov/data/tables/2020/demo/hhp/hhp6.html> (accessed June 23, 2020).

GRAPH 2B: Current Health Insurance Coverage, Self-Reported Uninsured (Large Latino Population States)

Source: UnidosUS calculation using U.S. Bureau of Labor Statistics, "Household Pulse Survey: Health Tables." Table 3. <https://www.census.gov/data/tables/2020/demo/hhp/hhp6.html> (accessed June 23, 2020).

Moreover, national efforts to test, treat, and trace individuals with COVID-19 cannot be fully realized where sizeable portions of the population fear immigration consequences for themselves or their immediate family members. Recovery legislation leaves in place immigration status-related restrictions on public health care and nutrition supports, including general restrictions on the ability of many qualified noncitizens—such as green card holders—to apply for health programs like Medicaid and CHIP, or nutrition supports like SNAP, for a period of five years after receiving such a qualified immigration status. The legislation also excludes the

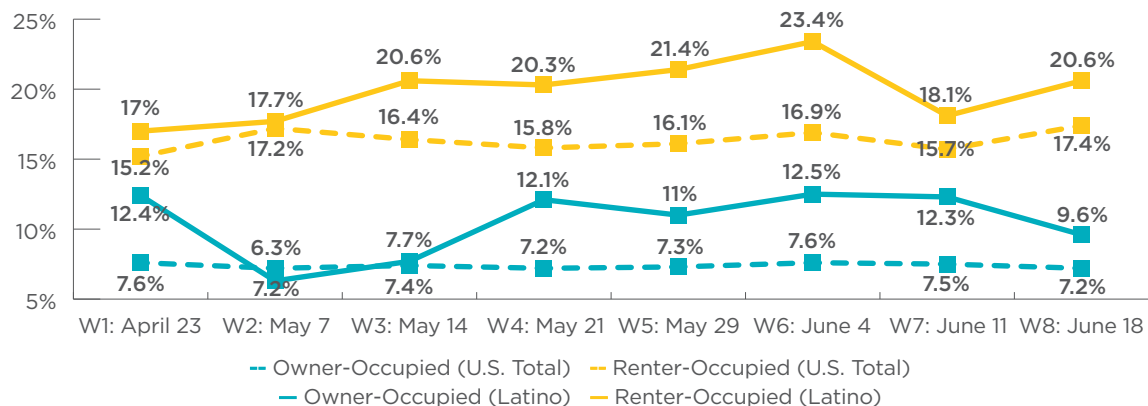
approximately one million individuals with protected status under the Deferred Action for Childhood Arrivals (DACA) policy and the Temporary Protected Status (TPS) program from accessing many of the aforementioned health and nutrition supports, despite many working in jobs deemed “essential” by the federal government.⁷⁵ These circumstances make it difficult to full account for the impact among those disconnected from the mainstream health care system, including farmworkers, undocumented workers, families with mixed immigration status, and qualified noncitizens subject to the five-year waiting period.

B. To Date, Enacted Recovery Legislation Leaves Out Millions of American Families from Key Economic Supports

America's Latino community, which currently numbers more than 58 million individuals, has long made significant contributions to our country's economic, social, and civic life. Today, 80% of Latinos are U.S. citizens,⁷⁶ and half of those remaining are legal permanent residents.⁷⁷ Among Latino children ages zero to 17—who account for one in four of the nation's children—95% are U.S. citizens, nearly all of them by birth.⁷⁸ Yet, the deliberate exclusion of the relatively few Hispanic adults without legal status in the country during this health crisis will be felt by millions of families and their American children.

Compared to other groups, Latinos face long-standing structural inequalities that existed well before the pandemic. While the nation had largely recovered from the Great Recession of 2009, UnidosUS's research confirms that despite modest recent gains, Latino wealth (largely tied to home values) continued to lag behind other groups and had not yet rebounded to pre-Great Recession 2007 levels.⁷⁹ Indeed, the Pew Research Center estimates that following the financial crisis in 2011, "wealth disparities between White households and Black and Hispanic households [were] greater than they [had] been in the past 25 years."⁸⁰ The COVID-19 pandemic threatens to widen wealth disparities between Latinos and other groups even further, making Latinos' future financial recovery all the more difficult.

GRAPH 3: Owner & Renter-Occupied Housing Dwellers Indicating They Did Not Make Housing Payment On-Time (Self-Report)



Source: UnidosUS calculation using U.S. Bureau of Labor Statistics, "Household Pulse Survey: Housing Tables." Tables 1a & 1b. <https://www.census.gov/data/tables/2020/demo/hhp/hhp6.html> (accessed June 23, 2020).

Consider the case of Latinos and housing. Prior to the pandemic, many Hispanics faced precarious housing situations. According to a recent UnidosUS poll, nearly one-quarter (24%) of Latinos reported spending more than 40% of their monthly income on housing costs, with the majority of Latinos citing housing affordability as one of their top concerns.⁸¹ Since the start of the COVID-19 response, subsequent polling from April 2020 finds that 43% of Latinos indicate that they or someone

in their household had trouble making rent or mortgage payments because of the recent coronavirus outbreak.⁸² Recent United States Census data support the poll findings: Graph 3 suggests a widening gap since the start of the pandemic among Latinos in owner and renter-occupied dwellings who indicated that they did not make a timely housing payment in the previous month, as compared to the general population. Absent intervention, many homeowners and renters are at risk

of losing their homes, which could prolong the current economic recession and risk exacerbating the health crisis as families must cohabitate to stave off homelessness.

Enacted recovery legislation to date has excluded large portions of the population from economic relief. Across the board, Latinos—including citizens, legal residents, mixed-status families, and the undocumented—have been

categorically excluded from critical economic supports.⁸³ Experts estimate that 3.7 million children and 1.7 million spouses who are either U.S. citizens or green card holders will not receive Economic Impact Payments under the CARES Act,⁸⁴ despite conservative estimates that at least 50% of undocumented immigrant households file income tax returns using Individual Taxpayer Identification Numbers.⁸⁵

Table 2. Citizens/LPRs not Receiving CARES Act Economic Impact Payments in Select States

| State | Citizen or LPR Spouse/Child Not Receiving Stimulus Rebates (1) | Federal, State, Local Taxes Paid by Undocumented Immigrants (2) |
|------------|----------------------------------------------------------------|-----------------------------------------------------------------|
| Nationally | 5,500,000 | \$3.9 billion |
| California | 1,500,000 | \$7.0 billion |
| Texas | 940,000 | \$4.2 billion |
| New York | 359,000 | \$3.7 billion |
| Illinois | 244,000 | \$1.7 billion |
| Florida | 228,000 | \$1.9 billion |

Sources: (1): Muzaffar Chishti and Jessica Bolter, “Vulnerable to COVID-19 and in Frontline Jobs, Immigrants Are Mostly Shut Out of U.S. Relief,” Migration Policy Institute, April 24, 2020, <https://www.migrationpolicy.org/article/covid19-immigrants-shut-out-federal-relief> (accessed June 15, 2020). (2): New American Economy, “Map the Impact,” <https://www.newamericaneconomy.org/locations> (accessed May 15, 2020).

Mixed-immigration-status families in particular—those generally understood to include at least one family member without authorized immigration status or with a temporary reprieve from deportation—remain among the most vulnerable in the country during the COVID-19 pandemic. It is estimated that about two million undocumented individuals are married to a U.S. citizen or lawful permanent resident (LPR), most of whom are believed to be of Latino heritage.⁸⁶ Moreover, of the nearly six million American children who are estimated to live in mixed-immigration-status homes with at least one undocumented family member, 4.5 million are thought to be

Latino.⁸⁷ What’s more, an overwhelming portion of their parents have lived in the U.S. for a decade or more.⁸⁸

UnidosUS recently examined the scope and characteristics of these American children in mixed-immigration-status households in states with the largest Latino populations.⁸⁹ (See Table 3 below.) While our previous analysis focused on the impacts of harmful immigration policies on the health, education, and economic outlooks of millions of American kids in these families, the analysis presciently predicted the potential scope of their exclusion from COVID-19 remedial efforts, as shown in Table 2.

Table 3. American Children with an Undocumented Family Member by Select States

| State | % of Latino Children Who Are U.S. Citizens | American Kids Living with at Least One Undocumented Family Member |
|------------|--------------------------------------------|-------------------------------------------------------------------|
| Nationally | 95% | 5,800,000 |
| California | 97% | 1,600,000 |
| Texas | 95% | 1,030,000 |
| Florida | 91% | 275,800 |
| Illinois | 97% | 289,300 |
| Arizona | 97% | 191,000 |

Source: Silva Mathema, “Keeping Families Together: Why All Americans Should Care About What Happens to Unauthorized Immigrants,” Center for American Progress, March 16, 2017, <https://www.americanprogress.org/issues/immigration/reports/2017/03/16/428335/keeping-families-together> (accessed May 17, 2020).

As this analysis shows, substantial portions of the Latino community—including millions of U.S. citizens and others lawfully present—are excluded from economic relief provisions of the CARES Act, increasing their economic deprivation in the short term with nearly incalculable long-term effects on their future well-being.

III. Recommendations and Conclusions

Latinos are bearing disproportionate impacts from the pandemic yet continue to be overrepresented among those excluded from relief. From health care and agricultural jobs, to grocery, retail, and gig work, Latinos and immigrants are overrepresented in frontline positions that are universally recognized as essential, placing them and their families at increased risk of getting sick from COVID-19. Yet, many of them cannot access care and protections for themselves and their families. Americans are bearing witness to the damage inflicted by excluding millions from relief. Latinos, especially young Latinos, are disproportionately getting sick and dying, and as they experience wage cuts or job losses, too many have been excluded from economic relief and are unable to make ends meet, pay their mortgage or rent, or buy food. Across the board, Latinos—including

citizens, legal residents, mixed-status families, and the undocumented—have been purposefully excluded from programs due to systemic barriers and suppressed access that prevent them from obtaining even the support for which they purportedly qualify. Like all Americans, Latinos need and deserve equitable access to resources that help them meet their basic needs during this emergency.

The pandemic has exposed the cracks in the country’s social compact and safety net; the need to work together to repair them is urgent. We need federal, state, and local governments to recognize the Latino community’s contributions to our country on the frontlines of the pandemic, and to respond to our community as equally as they respond to the country. Moreover, we must address the systemic inequities that have led to the disproportionate health and economic impacts of the pandemic on the most vulnerable among us. Congress must act quickly to ensure an equitable legislative response of support and the promise of recovery to all families. Failing to include everyone in final legislation is morally indefensible, will worsen pre-pandemic economic inequalities that could persist for decades, and is detrimental to Americans’ shared, interrelated goals of controlling the pandemic and making a rapid and

sustainable economic recovery. If public policies do not fully and equitably respond to the sacrifice and suffering happening in every corner of America, these goals cannot be achieved.

Recommendations

UnidosUS believes that the nation cannot fully restore our economy until the pandemic is controlled, but no contagious virus can be controlled if the nation's public health response continues to exclude significant portions of the population, and not everyone on the frontlines has the protections needed to do their jobs and avoid getting sick. Similarly, the scope and pace of the country's economic recovery will be undermined if the most vulnerable workers are left behind, since they will lack the spending power to contribute to job-creating economic activity.

The lifelines in enacted recovery packages to date do not reach a sizable share of Latino families. The following policy interventions must be made in future recovery legislation:

A. Health Care

On the eve of the pandemic, more than 10 million Latino adults (19%) had no form of health insurance despite having the highest labor participation rate of any group in the United States.⁹⁰ It is counterintuitive that in a country where health insurance is still largely tied to employment, such a large share of our hardest workers still lack basic coverage. As discussed, this is due in part to Latinos being overrepresented in low-wage jobs which offer few protections, as well as decades of being systematically cut out of safety-net programs which help fill these gaps. Under the Trump administration, these pre-existing inequities have worsened in Latino communities by the fear of public charge, which was designed to chill people away from accessing health supports and other assistance to which they are legally entitled. A pandemic has little regard for racial or ethnic origins, nor does a virus prefer an hourly worker to a salaried host; yet, our current health system does.

It is a fundamental logic that bears repeating: public health threats like the COVID-19 pandemic exclude no one, and thus the antidote is an inclusive system that promotes health equity for everyone. Our country is more resilient and economically secure when more people have health insurance and access to care. COVID-19 has underscored what many in the medical and public health community have long understood: the greater the number of Americans who are insured, the better prepared we are as a nation to face the threats of a large-scale public health emergency like the COVID-19 pandemic. Looking ahead, the most effective solution to protect public health before, during, and after a widespread disease outbreak is to eliminate disparities and eligibility restrictions (including for immigrants of all status backgrounds) in our health system and ensure access to quality, affordable health coverage for everyone in the United States.

Given the political challenges to achieve this in the short term, however, effective interim policy solutions are needed to help our country weather the current COVID-19 outbreak. To contain the spread of disease and overcome a pandemic, everyone, regardless of income, place of birth, or immigration status, must have access to free and readily available disease testing, treatment, and vaccines.

Eliminating federal and state barriers to Medicaid and extending Medicaid coverage to the uninsured and underinsured is one of the most effective means of providing needed health care during a public health emergency. Increasing Medicaid enrollment would also require a federal matching assistance percentage (FMAP) increase tied to state economic indicators, which would sustain state Medicaid programs beyond the resolution of the immediate public health crisis. CHIP should also be expanded to all children, regardless of immigration status.

In the short term, without universal access to disease testing, treatment, and vaccines, more people will fall ill or die, and disease outbreaks will take longer to contain and

defeat. However, as previously mentioned, a more aspirational goal is to ensure that all individuals in the United States have quality, affordable, and accessible health insurance. As under COVID-19, Latinos and others who are uninsured and underinsured stand to benefit the most from such policies and bear the brunt of their failures. The outcomes from universal access to testing, treatment, and vaccines as well as coverage can help alleviate the long-standing health disparities currently experienced by Latinos and other excluded communities.

B. Nutrition

As explained earlier in this paper, the COVID-19 pandemic has only reinforced the critical role that federal nutrition programs play in helping families put food on the table and make ends meet. During public health crises that result in job losses and income insecurity, the federal government must provide significant emergency funding and expand eligibility and access to vital nutrition programs. This means that SNAP requires additional investment, including meaningful increases to the SNAP maximum benefit and minimum monthly benefit.

To stave off hunger in the immigrant community, discriminatory eligibility restrictions for SNAP must be eliminated, such as the five-year waiting period currently imposed on lawful permanent resident adults. Additionally, robust funding is needed during a pandemic for other nutrition programs that experience greater demand during an economic downturn, including Disaster SNAP (D-SNAP), child nutrition programs impacted by school closures, food banks, and nutrition programs for the elderly.

C. Economic Support

As the U.S. economy recovers from the ravages of COVID-19, policymakers must focus on equitable growth. Research suggests that the rising tide of economic growth might lift all boats in absolute terms, but they do not lift everyone equally.⁹¹ This is important to America's economic recovery

not only in terms of human welfare, but also in terms of achieving long-term, sustainable economic growth post-recession. Large-scale reviews of historical economic data show that higher levels of income inequality slow economic growth.⁹² The reverse also seems to be true; reduced inequality is linked with greater economic growth overall, as well as greater social mobility through investments in human capital.⁹³ Metro areas which have more inclusive economies—including deconcentrated poverty and a strong minority middle class—are also more resilient to economic shocks.⁹⁴ Under the Trump administration, the United States has undermined factors that could help speed a United States economic recovery, such as huge cuts in legal immigration and shrinking business investment (due in part to the trade war with China).⁹⁵ Inclusive economic recovery measures offer policymakers an opportunity to put the United States on a path toward greater prosperity, or risk a sluggish recovery and long-term economic instability if they do not act.

Today this rationale resonates with respect to the full inclusion of Latinos in the recovery response. As noted above, millions of Latinos—including citizens, legal residents, children, mixed-status families, and the undocumented—have been categorically excluded from critical economic supports made available through enacted relief legislation. Such exclusion will harm families struggling to meet their basic needs, and as a result, slow our nation's economic recovery. UnidosUS submits that future pandemic response legislation must include policies to stem economic inequality in the interests of promoting a speedy, robust, and inclusive recovery.

To prevent individual and collective harm, all workers and taxpayers, regardless of immigration status, need to be included in key policies aimed at helping workers pay their bills during the pandemic. This includes paid sick and family leave so all workers can stay at home temporarily when their well-being and public health demand it; paycheck protection for

gig workers and minority-owned small businesses and their employees, to prevent the loss of a paycheck and a job and the closure of small businesses that sustain them; premium “hazard pay” to honor and incentivize workers who are fulfilling essential jobs which support the nation through the public health crisis and the economic downturn; and automatic employment authorization renewal for DACA and TPS recipients and others eligible to work but unable to renew their work permits due to government agency closures during the crisis.

Latinos are overrepresented among those newly facing unemployment and, as a result, need support to pay for housing, bills, food, medicine, and the like. All workers who lose their jobs as a result of closures caused by the pandemic and physical distancing need access to the Unemployment Insurance they have contributed to, along with expanded Unemployment Insurance benefits afforded under the CARES Act, until it is safe for them to return to their jobs. All taxpaying families, including those with ITIN holders and children, also need the vital support of direct relief payments to meet their basic needs, which will also help sustain their local economies.

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At nearly 60 million strong, America’s Latino community has long made significant contributions to our nation’s economic, social, and civic life. That is also the case as the country battles the coronavirus pandemic, as Latinos are overrepresented among the many essential workers helping us to survive. Latinos are on the frontlines now and will play a critical role in rebuilding after the pandemic. Their equitable inclusion in congressional relief legislation and state and local responses, therefore, is essential. Furthermore, action—or inaction—to stem the tide of the immediate health and economic crisis will also determine whether social and economic disparities will widen, dampening and prolonging recovery efforts.

Looking ahead, our country faces a reckoning with the systemic inequities that have led to disproportionate health and economic impacts on the most vulnerable in our society. Greater inclusion of all people in the policy response to the pandemic would serve as a down payment of sorts toward repairing fractures in the unequal social and economic foundations exposed by the crisis. By contrast, the failure to stem the tide of the immediate health and economic crisis will widen the social and economic disparities that the pandemic has exposed and will make the path toward a more just and equal society far more difficult, expensive, and painful.



UnidosUS, previously known as NCLR (National Council of La Raza), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers that affect Latinos at the national and local levels.

For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration, and that share a desire to make our country stronger.

The UnidosUS Policy and Advocacy component is a leading think tank focusing on issues relevant to the Latino community. Through research, policy analysis, advocacy efforts, civic engagement, and campaigns, it defines a rigorous policy agenda that includes stances on immigration, education, health, employment and the economy, and housing. The component aligns federal work with state-level advocacy and provides support and expertise to state and local leaders in implementing Latino-focused policy.

For more information on UnidosUS, visit unidosus.org or follow us on [Facebook](#) and [Twitter](#).

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