



May 4, 2020

Dear Governors Sununu and Scott,

As faith-based organizing networks representing more than 100,000 families and 100 congregations fighting to slow the spread of the virus and save lives in our state's communities, we are disappointed that neither of you has formally joined the COVID-19 response compact entered into by all other states in the Northeast region, including: Connecticut, Delaware, Massachusetts, New Jersey, New York, Rhode Island, and Pennsylvania. The virus recognizes no state borders and is touching every corner of our region, making regional coordinating essential.

In addition to urging you to join the compact, we are writing to ask you to prioritize equity in your response to the pandemic. The most important precondition for beginning to reopen our states is that you as governors can assure us that your decisions will not lead to disproportionate suffering and deaths in our states' low income, immigrant and rural communities. That requires swift and coordinated action to eliminate gaping racial and income disparities in prevention, testing, and treatment and in the financial support being provided to families. A reopening plan that does not focus on equity will not have our support or succeed.

We want to begin by expressing our disappointment that while each state provides some demographic data on COVID19 cases no state is yet fully reporting testing, treatment, and mortality data by race. No state in the region reports on testing rates by race, something that Illinois does. More and more of our loved ones are falling ill and dying from COVID-19. We do not need to go to a state website to know that the virus is falling disproportionately on our communities. But we also know that clear consistent reporting by race on COVID-19 data is a necessary step for eliminating those disparities.

The data that is available is shocking. In New Hampshire Africans or African Americans account for 5.4 % of cases of the virus, despite being only 1.4% of the state's population, while Latinos account for 6.1 % of the cases and comprise only 3.9% of the state's population. In Vermont, Africans or African Americans account for 2.16% of cases, despite being only 1.4% of the population, while Latinos account for 2.48% of cases and comprise only 2.0%, and we know these numbers of cases do not represent complete data. We anticipate that once demographic data is made available on testing that we will see large under-testing within low-income, rural, immigrant and refugee communities.

Racial and class disparities in how people are experiencing the pandemic are part of a larger story of structural racism and extreme economic inequality that must be addressed through bold public leadership and fundamental changes in education, housing, health care and economic policy. As a first step, we petition you to take a set of immediate and regionally coordinated steps that are within your power as executives to make equity a precondition for re-opening our states. Specifically:

1. **Data:** Order uniform, complete and real-time public reporting on race in testing, confirmed cases, hospitalizations, mortality and participation in state pandemic response programs, and include data on the spread of the virus in prisons and jails.
2. **Prisons and jails:** Use your statutory powers during a public health emergency to take much bolder action to: (a) accelerate reductions in state prison populations, including early release, commuting sentences, and allowing people to serve their sentences in home confinement; (b) assure that every person being released has a safe place to shelter, including where necessary setting up safe temporary housing for people who do not have a home to return to or are homeless, and suspend housing and services restrictions based on a history of justice involvement or on immigration status; (c) order reduction in capacity or closure of local jails and immigrant detention centers in your states that do not meet minimum public health requirements for social distancing (note that only one in ten people held in ICE detention has been convicted of a serious crime and six of ten have no criminal record); (d) direct county sheriffs to reduce the number of people in local jails and stop processing ICE detainees and release those who are being held; and (e) schedule and publicly report on health department inspections of all correctional facilities, including immigrant detention centers, on a weekly basis to assure that they are taking public health precautions, including testing all prisoners and staff.
3. **Neighborhood-based and door-to-door testing:** As our states have ramped up testing they have not taken sufficient steps to bring testing to immigrant communities, rural communities and others most at risk. We urge every state to do more to work with community health centers, community-based organizations, and faith institutions to set up trusted neighborhood-based testing sites that facilitate walk-in and door-to-door testing. We are happy to work with you and your staff to identify trusted institutions in our networks to provide space for testing.
4. **Large-scale contact tracing prioritizing most at-risk communities – New England Public Health Corps focused on racial equity.** We are heartened that states in the region, including Massachusetts and Rhode Island are making a serious investment in building large-scale contact tracing programs. We know that this is a well-established method for responding to infectious disease outbreaks that is being used to successfully respond to the pandemic in other countries. However, given the enormous racial disparities in how people are experiencing COVID-19 and the distrust this generates we do not believe that contact tracing will work in the region if it is not community-based and targeted to the hardest hit communities. It must also provide an assurance of confidentiality, especially for people who are

undocumented or entangled in the criminal justice system.

There are at-least three elements of any contact-tracing program that need to be in place to assure community trust and racial equity: (a) Local people need to be hired from the communities in which they are working (we know from our own organizing and research that people are much more willing to respond when the person asking is culturally competent); (b) Resources for contact tracing need to be targeted to the most vulnerable communities through partnerships with community health centers, community based organizations, and faith institutions; and (c) The scope of a Public Health Corps contact tracing program needs to include support services so that people who are most-vulnerable who test positive are able to get the support they need to shelter safely and access food and medicine.

5. **Use emergency Medicaid funds and state resources to cover testing and treatment for all residents at-no cost:** We need a public commitment from you that testing and treatment for COVID-19 related illnesses will be available at no cost to everyone, including people who are uninsured or undocumented. Less severe COVID-19-related hospitalization cost an estimated \$13,297 and a more severe stay in intensive care an average of \$40,218.¹ Tens of thousands of families without health insurance or with plans that have large out-of-pocket costs could face financial distress and bankruptcy if they contract COVID-19. Many people will skip or not seek timely care due to cost and that will prolong and deepen the public health crisis.
6. **Cash and food assistance to people excluded from unemployment benefits and stimulus checks:** One of the most disgraceful aspects of our nation's deadly response to the pandemic has been the degree to which we have relied on immigrants to do the hardest most dangerous work without adequate protection, while going out of our way to exclude them from safety net programs. The CARES Act excluded from economic impact payments an estimated 4.3 million adults and 3.5 million children who live in immigrant and mixed-status families that pay billions of dollars in federal taxes with ITIN numbers. These families are also left out of state unemployment programs. We urge you to follow the lead of other states, such as California, in designing state programs that provide direct cash and food assistance to any low-wage worker excluded from the CARES Act stimulus checks and unemployment assistance. Our states should also provide additional hazard pay to essential state health care and service workers including home care aides paid through Medicaid.
7. **Moratorium on evictions and rental assistance fund:** We appreciate the steps you have taken in New Hampshire and Vermont to halt evictions and foreclosures during the public health crisis. We need a consistent regional commitment that there will be no evictions (including no eviction filings) as well as utility shut offs during the pandemic so that everyone can safely shelter, and we need state rental

¹ <https://www.kff.org/uninsured/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/>

and homeowner assistance funds that are adequate to keep people who have lost their incomes from losing their homes.

8. **Universal option to vote by mail or in-person:** November 3 is close at hand. States must take immediate action to guarantee that every voter will be able to choose whether they vote by mail, no excuse, or in-person. Confidence in the fair functioning of our democratic systems is fundamental to the trust needed for people to work together to respond to the pandemic and rebuild. That is why it is critical that as state leaders you make a clear public commitment to fair voting.

A fair state voting system during a pandemic must include the following best practices developed by national civil rights organizations: (a) offering all voters the choice to vote either through no-excuse mail-in absentee ballots or safe in-person voting, without making a request for an absentee ballot foreclose the option of voting in-person (as it currently does in some states); (b) mailing absentee ballots to all registered voters during a public health emergency; (c) making it possible for voters to return their ballots with pre-paid envelopes and have their ballots counted as long as they are post-marked by Election Day; (d) a minimum early-vote period of 14-days that includes at-least one weekend; (e) all voters should have the ability to register to vote online, by mail, or in person and allow same-day voter registration; (f) all voters should be able to vote at in-person voting places that meet public health standards and do not expose voters or poll workers to undue risk of infection; and (g) provide safe early voting opportunities for front-line workers and patients in hospitals and other health and care facilities

Everything we know from public health professionals about containing and mitigating an epidemic says that our public response needs to be targeted to communities most at-risk, and based on two-way communication. We urge you to follow science rather than politics and prejudice by speaking publicly about racial equity and directly engaging communities of color as full partners in the life and death decisions you are making.

Respectfully,

The Reverend Sarah Rockwell, Board Chair, Granite State Organizing Project

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