



Social Equity Caucus
an Inclusive Learning Community

Governor Phil Scott
Commissioner Mark Levine, MD

12/15/2020

Gentlemen:

The coronavirus pandemic has brought into sharp relief the issue of health disparities in our country. Vermont has not been immune. Our Department of Health data has long shown the effect of health disparities among population groups. The new data – incomplete though it may be – now shows us that rates of COVID-19 are three times higher for BIPOC compared with white non-Hispanic Vermont residents, and that those testing positive have markedly higher rates of hospitalization. Put another way, as a result of health disparities, BIPOC Vermonters are at higher risk of contracting the virus, and at higher risk of more serious health impacts once contracted.

Those factors – risk for contracting, and degree of health impact – have appropriately been identified as key criteria in determining the priority groups for access to the limited number of vaccines as they become available. Group 1a and 1b, for example, constitute health care workers at high risk of contracting the virus, and older adults in congregate care settings or those with comorbid conditions that are at significantly higher risk for adverse outcomes. We are writing to urge that the next immediate priority group – a Group 1c – be those in the known BIPOC health disparity subgroup, which has higher rates of both contracting and experiencing higher adverse outcomes from COVID-19.

There are two important reasons:

First, this is a part of our population who meet our criteria for priority in access to vaccination. The risks within this group are statistically higher as an identified class than the next identified subgroups, which include people such as those in education settings or correctional settings, or those with moderate underlying conditions. Objectively speaking, it is an appropriate identification of a group at higher risk and in greater need of access to vaccination.

Second, we are in the midst of a national recognition of the impacts of systemic racism in our country. Health disparities are a direct consequence of this history. It is clear that the health disparities that place BIPOC Vermonters at particular risk are one of the direct consequences of systemic racism. As the Department of Health notes in regards to rates of COVID-19, “What are some contributing factors that led to the disparities we see for Black, Indigenous and people of color? Systemic and structural racism, and oppressive systems affect the conditions in which people are born, grow, live and work.”

The mission of the Social Equity Caucus is to focus deliberately on improving outcomes for marginalized peoples and create a vehicle for Vermonters to access their representation, leadership and community. It is not enough to get rid of institutionalized inequality—we aim to institutionalize equity and inclusivity.



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Confronting systemic racism means directly addressing such consequences, and the current pandemic provides a direct opportunity, for one specific consequence, to take an appropriate step to disavow this history of discrimination. It also presents an opportunity for a direct public statement of our intentions as a state to take every opportunity possible to act to attack the impacts of systemic racism and to take compensatory actions whenever possible.

This is one such opportunity.

We recognize and appreciate that the current Department of Health statement on vaccine allocation says that, “We will also collaborate with community organizations and other partners to make sure people who are disproportionately affected by COVID-19, including Black, Indigenous and people of color, have equitable access to the vaccine.”

However, equitable access is not the same as prioritization, and while it acknowledges the risk of disparate treatment and attempts to ensure against it, it does not speak affirmatively in terms of the systemic inequities that produced that risk status, nor does it take affirmative action in response to those pre-existing disparities.

We thus urge the administration to take the affirmative action of responding to the increased risks of COVID-19 by identifying BIPOC Vermonters as a specific priority group for receiving the new vaccine immediately after Groups 1a and 1b.

As you can probably appreciate but is worth emphasizing, prioritizing BIPOC Vermonters means more than putting them at the front of the line for the vaccine. There are generations of mistrust from lived experience with medical experimentation and loss of agency in health care for BIPOC Americans. We hope you will commit to the requisite language access, relationship-building, and other supports that ensure a renewed experience with medical care for our most marginalized communities.

Sincerely,

Sen.(Elect)Kesha Ram, Rep. Kevin Coach Christie
Co-Chairs, Social Equity Caucus

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