VT Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
http://hrc.vermont.gov

[phone] 802-828-2480
[fax] 802-828-2481
[tdd] 877-294-9200
[toll free] 1-800-416-2010

Bor Yang
Executive Director and Legal Counsel
Direct line: (802) 828-2493
Bor.Yang@vermont.gov

April 9, 2020

Email correspondence only

Commissioner Mark Levine, M.D.
Department of Health
108 Cherry Street
Burlington, Vermont 05402

Dear Commissioner Levine:

First and foremost, we thank you and everyone at the Department of Health for your hard work and leadership in this unprecedented crisis. The Department of Health has provided information quickly, transparently and objectively when we have needed it most. It is in our shared goal of protecting Vermonters that we write this letter to ask the Department of Health to encourage, guide and work with local hospitals and clinics to monitor, collect and report complete demographic data. In addition to sex and age, we need to have data related to race, ethnicity, national origin and disability.

We know that African Americans are dying from COVID-19 at a disproportionate rate.[1] The city of Chicago serves as an alarming example: While African Americans only make up 30% of the city's population, they account for 69% of COVID-19 related deaths.[2] Data from Louisiana and Michigan reflect similar disparities.[3] Without race and ethnicity data, we will never know if similar disparities exist in Vermont, and whether they are due to varying risk factors in populations, implicit bias in the delivery of health services, inequality in access to healthcare and insurance, the failure of educational efforts to inform and notify all Vermonters of COVID-19 related issued, or other overlapping and compounding factors such as socioeconomic status.

In New York City, Latinos have the highest COVID-19 death rate among documented cases.[4] In general, Latino/a workers are less likely to have paid time off from work.[5] Undocumented workers who are recognized as being essential to maintaining our dairy farms in Vermont, are largely left without necessary protections against transmission of the virus. They are being asked to keep working while they live in cramped and overcrowded homes, but they have been excluded from the protections and supports

[1] https://www.theguardian.com/world/2020/apr/08/its-a-racial-justice-issue-black-americans-are-dying-in-greater-numbers-from-covid-19.
[2] https://www.forbes.com/sites/niallmccarthy/2020/04/07/covid-19-is-having-a-devastating-impact-on-african-americans-infographic/#5e8ed97978fa.
[3] Id.
[4] https://www.nbcnewyork.com/news/coronavirus/hispanic-community-in-nyc-disproportionately-impacted-by-covid-19-officials/2365896/
[5] Institute for Women's Policy Research, "Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation and Earnings, " February 2016. https://iwpr.org/publications/paid-sick-days-access-and-usage-rates-vary-by-raceethnicity-occupation-and-earnings/.

in the recent stimulus package, have no paid leave or health insurance.[6] Furthermore, the extraordinary measures required to keep hospital staff and patients safe has inevitably resulted in the denial of live interpreter services to people whose primary language is not English.

Failure to provide qualified live interpreters can have devastating outcomes for people who are Deaf and hard of hearing. American Sign Language (ASL) is uniquely different from spoken language in that it is three dimensional; the subtleties of language and information can be lost on a flat screen. Generally, Deaf patients prefer live interpreters from their community because when a patient is in pain, is immobile, has vision impairment, or is both Deaf and from a different ethnic background than the provider, a remote interpreter through a screen cannot serve as an effective form of communication. When interpreting particularly complex information, a community interpreter can move around, use body language and has the freedom of space to convey information. Additionally, developmental disorders and mental health issues coupled with being Deaf might also be a basis for using community interpreters who know the local dialects and accents and regional signs. Lastly, there is a lack of standardization across the different states for ASL interpreters that does not exist for local community interpreters.[7]

We also know that individuals with psychiatric disabilities heavily rely on the support of family members and friends who may be denied access to clinics and hospitals at this time due to the virus. We've seen COVID-19 show up at disproportionate rates in nursing homes and homes for the disabled.[8] Therefore, it would not be surprising to find that community members with disabilities experience COVID-19 response differently.

No conclusions should be drawn from the aforementioned disparities; they are provided here simply to highlight the importance of data collection. As you may know, the Human Rights Commission (HRC) is an independent state entity that enforces the anti-discrimination laws of the state and has a statutory obligation to move policies forward that advances the interests of Vermont's most vulnerable and those most in need of protection. The work of the HRC, the Department of Health, the Governor and Legislature is only beneficial to the people of Vermont if our work is informed by accurate and objective data. To this end, we call upon you to respond to this request and thank you for this opportunity to convey our concerns.

Sincerely,

Bor Yang, Esq.
Executive Director and Legal Counsel

cc. Jaye Pershing Johnson, Governor's Legal Counsel *via email*
Tracy Dolan, Deputy Health Commissioner *via email*

---

[6] https://vtdigger.org/2020/04/06/undocumented-farmworkers-essential-but-excluded-in-coronavirus-response/?fbclid=IwAR2kRaWwShE9AAtE-SckPc6BB1kab0CWTpf6O_1a56x5G5VmmoP_XWnGZag.

[7] HRC interview with Deaf Vermonters Advocacy Services; HRC Investigation Julie Hay v. UVMC.

[8] https://www.nytimes.com/2020/04/08/nyregion/coronavirus-disabilities-group-homes.html?fbclid=IwAR2f-l-6_yh6u4fdhisDBdzyUq93V-ZGrUX9CrlN46SKBG9AHMkWxWDJPSE.