# PROTECTING MARGINALZIED COMMUNITIES IN THE TIME OF COVID-19


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**COVID DEMAND PRINCIPLES**

ACCESSIBLE

EQUITABLE

CULTURALLY COMPETENT

MULTI-SECTORAL

COLLOBORATIVE

CO-LED & CO-DESIGNED

REPRESENTATIVE & LINGUISTICALLY DIVERSE

PRIVATE & CONFIDENTIAL

NOT FINANCIALLY BURDENSOME

SUSTAINABLE

MAY 19, 2020

DEAR GOVERNOR CUOMO & MAYOR DE BLASIO

We the advocates, activists, community-based organizations, providers of health services, equity champions, and practitioners have come together to magnify necessary information and efforts that center equity in the COVID-19 response and recovery. The COVID-19 virus does not discriminate — it can infect anyone. However, when an indiscriminate virus is unleashed in a country where racially unjust systems have long decided who lives, who dies, who thrives and who just gets by, the impact is anything but equal.

As data disaggregated by race trickles out from state and local health agencies, it has confirmed what many of us not only feared but also anticipated: Black, Latinx and other people of color, who are the people of the global majority, are disproportionately dying from COVID-19. We applaud the city and state efforts to release race/ethnicity, age, gender, and zip code/county data and we know that the DOHMH has convened an Emergency Partner Engagement Council. There are task forces both at the city and state level addressing this public health crisis. However, we believe we can do more and there is a need for a broader empowered body that makes recommendations to the city on access and response issues. In addition, contact tracing must be balanced with maintenance of trust with marginalized communities and sensitivity to individual situations.

We are and can continue to compound the tragedy by diminishing or ignoring our most marginalized communities, particularly immigrants, communities of color, people with disabilities, LGBT, homeless individuals and families, people who are incarcerated, people with a history of, and of interaction with the criminal justice system, people who are facing insecure housing, people at risk of domestic and

other forms of violence, and low-income workers. Determinants of health like poverty, violence, inadequate affordable housing, and immigration policies underlie these horrific disparities. This has been the case for centuries and was the result of thousands of decisions made by local, state, and federal authorities in both the public and private sectors. **Therefore, we are in the best position to speak to them now, and need our state and city to support the following demands:**

● All city and state task forces must be co-led by those impacted. We will be more successful in the recovery, with a multi-agency advisory group composed of people from many affected communities in the city. Only by this, we can learn more about how to reach communities and develop best practices for outreach, testing, and emergent issues.

● City and state must place investments in community leaders, community-based organizations, and FQHCs for the planning, tracing curriculum development, training, hiring, and contracting.

● Hiring of tracers at the city and state level must be composed of workers from the impacted communities. We need an army of contact tracers in every community, but they must be representative and linguistically diverse.

● Protect privacy and ensure confidentiality in contact tracing. We must take cautious steps with tracking technology for contact tracing. We must uphold people's right to medical confidentiality. Ensure anonymity as a critical component to the tracing protocols.

● Tests must be available during evenings and on weekends. Compliance with the city's sick-leave policy will need to be enforced, and individuals with positive tests must receive documentation from the city validating their need to stay home and self-isolate.

● Documentation should be translated into the recipient's home language. Testing sites must be available throughout all five boroughs, with a priority on the neighborhoods that have been hardest hit by COVID-19 in Queens, Brooklyn, and the Bronx.

● Information on testing needs to include the difference between viral and antibody testing; who can benefit the most from which test; the utility of testing for people concerned that they are asymptomatic carriers, and shifts in prioritization for who may request a test. This information must be available widely and in at least the top 10 languages.

● Protect people from surprise medical bills for any testing and treatment.

● Further disaggregate existing data collection around race/ethnicity, sex, and age. Expand this to include collecting information on primary written and spoken language, disability status, sexual orientation, gender, identity, and socioeconomic status of participants. Hospitalization and other data sets required for hospitals to submit should be further disaggregated, more accessible, and allow for greater flexibility in analysis. Local Law 126 requires City agencies to collect disaggregated data by ethnicity by providing the top 30 largest ancestry groups and languages spoken in the city of New York based on Census data, plus a write in option, however, does not extend to the Health and Hospitals Corporation. Data collection should also be carried out in nursing homes, residential facilities, homeless shelters and other congregate settings, detention centers, and capture deaths at home or in the streets. The improvements to data must be extended to dissemination, and utilization to effectively lessen the growing health disparities in the COVID-19 pandemic in the city and State.

Our demands should be part of the planning and implementation process immediately and should also serve as a roadmap for the kind of long-term reforms needed to enact a more equitable public health approach in New York City and State.

**Respectfully the following growing number of Supporters**:

Sandra Abramson, Advocate

Natasha Atkins, Advocate

9/11 Environmental Action

Academy of Medical & Public Health Services, Inc.

African Services Committee

American Heart Association

Arthur Ashe Institute for Urban Health

Arts, Crafts & Theater Safety

Bedford Stuyvesant Family Health Center

Betances Health Center

BOOM!Health

Barbara J. Brody, Advocate

Brooklyn-Queens-Long Island Area Health Education Center

Campaign for New York Health

Anne Collete, Advocate

Elizabeth Rosenthal, Advocate

Center for Independence of the Disabled, NY

Center for the Integration and Advancement of New Americans

Chinatown YMCA

Steven Cecchini, Advocate

Coalition on Positive Health Empowerment

Community Healthcare Network

Alexa Aviles, Community Leader, BK CB7 Member, Candidate
City Council D-38

Community Service Society

Damayan Migrant Workers Association

Joseph Sackman, Democratic Candidate for NYS Assembly District 15

Janine Thomas, Labor Activist

Doctors Council-SEIU

East End Action Network

East Harlem Block Nursery, Inc.

Jen Epstein, Advocate

Esterquest & Associates, Inc

Finger Lakes for New York Health

Carol Forestal, Advocate

Fort Greene Strategic Neighborhood Action Partnership

Grassroots Action NY

Enrique Jerves, Immigrant Rights Activist

Health Business Solutions

Andrea Lyman, MD, MSc, MS, Health Care Provider

Health People

iHealth

India Home inc

Indivisible Nassau County

Japanese American Social Services, Inc.

Marilyn Williams, Activist

Sara Kim, Advocate

Betty Kolod, MD, Advocate

Korean Community Services of Metropolitan New York, Inc.

Latino Commission on AIDS

Latinos for Healthcare Equity

HANAC, Inc.

League of Women Voters of St. Lawrence County, New York

Eileen Duffy, Let's Visit Lee Zeldin

LI ADAPT

Joe Sackman, Long Island Activists

Long Island Inclusive Communities Against Hate

Mekong NYC

Metro New York Health Care for All

Anne Mitchell, Activist

Judy Wessler, Public Health Advocate

NAPAWF NYC Chapter

Neighbors to Save Rivington House

New York #insulin4all

New York 2nd District Democrats

New York State Nurses Association

Nobody Leaves Mid-Hudson

Helen Krim & Barbara Estrin Northwest Bronx Indivisible Activist

PEER: Progressive East End Reformers

Nikaurys Perez, Advocate

Physicians for a National Health Program-NY Metro Chapter

Polonians Organized to Minister to Our Community, Inc.

Barbara Brenner, Retired

Priscilla Bassett, Senior Activist

Rise and Resist

J. Rivera, Advocate

Robert Schwab, LCSW, Advocate

Robin Mack Consulting LLC

Sakhi for South Asian Women

Sapna NYC, Inc

Sara D Roosevelt Park Community Coalition

South Asian Youth Action

St. Ann's Corner of Harm Reduction, Inc.

Mandy Strenz, Advocate

Suffolk Progressives

Reshma Shah, Advocate

The Haitian Americans United for Progress, Inc.

The Hepatitis C Mentor and Support Group-HCMSG

Together We Will Long Island

Treatment Action Group

Alex Passas, Ulster Activist

United Chinese Association of Brooklyn

University Settlement

Uptown Progressive Action

Uptown Progressive Action, a NYPAN chapter

Womankind

Carol Yost, Retired

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