



Governor Larry Hogan, Chair
Governor Andrew Cuomo, Vice Chair
Members, Executive Committee
National Governors Association
444 N. Capitol St NW, Ste. 267
Washington, D.C. 20001
Sent via email

May 6, 2020

RE: Establish equity task forces to address the disproportionate impact of COVID-19

Dear Governor Hogan and Governor Cuomo:

On behalf of Amnesty International USA,¹ I write to urge governors across the country to establish and fund equity task forces to address the disproportionate impact of the Coronavirus Disease 2019 (COVID-19) on communities already facing inequities, discrimination, and marginalization. Equity task forces are a necessary step toward ensuring that the United States' public health response incorporates concrete, deliberate, and targeted actions to ensure non-discriminatory and full access to care, improved equities and health outcomes, and the meaningful respect of human rights.

The response to COVID-19 must center human rights at all stages of the crisis – prevention, preparedness, containment, and treatment – in order to best protect public health and support people who are most at risk of adverse impacts. During a pandemic, the health of one person affects the health of all. Centering human rights facilitates effective responses to public health emergencies such as COVID-19.

The outbreak of COVID-19 is impacting all of us, though some communities are more likely to bear the brunt of an inadequate public health response and face additional challenges in following public health guidance and accessing health care services. This disparate impact is felt by, but not limited to, communities of color, Indigenous Peoples, people who are

¹ A Nobel Prize-winning global movement of more than eight million people worldwide campaigning to promote human rights, Amnesty International calls on all governments and other actors involved to ensure that all responses to the COVID-19 outbreak are in compliance with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk, and that the specific human rights risks associated with any particular response are addressed and mitigated. Amnesty International USA is the movement's U.S.-based section with more than one million activists, supporters, and members.

experiencing homelessness, housing insecurity, or poverty, people with disabilities, people who are undocumented, migrant workers, people in precarious/insecure employment including in the “gig” economy, people who are incarcerated or held in immigration detention, and people who are working in the informal sector or with lower socio-economic status.

For example, the limited data that is currently available indicates that COVID-19 is disproportionately impacting communities of color. As early as the beginning of March 2020, the Centers for Disease Control and Prevention (CDC) reported disparities in health outcomes suggesting that black communities might be disproportionately affected by COVID-19.² According to Louisiana’s governor, as of April 24, black residents in Louisiana account for approximately 33 percent of the state’s population yet represent nearly 60 percent of known COVID-related deaths.³ According to the Chicago Department of Public Health, as of April 29, while black residents represent 30 percent of the city’s population, they account for 54 percent of the city’s known COVID-related deaths and 40 percent of confirmed cases.⁴ In New York City, North Carolina, Michigan, Wisconsin, and Illinois, COVID-19 cases have disproportionately affected communities of color, immigrant communities, and lower-income neighborhoods.⁵ The situation seems even more dire for some Indigenous communities: as of mid-April, the Navajo Nation’s coronavirus infection and death rates are 10 times higher per capita than their neighboring Arizona.⁶

Socioeconomic factors further contribute to disparities in COVID-19 outcomes. People with lower incomes are more likely to have chronic health conditions that increase the risk for COVID-19 and more serious health outcomes; may be unable to adhere to physical distancing guidelines due to living circumstances or employment as essential and frontline workers or

² U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, “Morbidity and Mortality Weekly Report: Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 – COVID-NET, 14 States” (March 1–30, 2020), available at www.cdc.gov/mmwr/index.html.

³ “Gov. Edwards Announces Funding to the Health Equity Task Force to Examine Causes and Solutions to COVID-19 Racial Disparities” (April 24, 2020), available at <https://gov.louisiana.gov/index.cfm/newsroom/detail/2473>.

⁴ City of Chicago, CHICAGO COVID-19 UPDATE, available at www.chicago.gov/city/en/sites/covid-19/home/latest-data.html.

⁵ See “Coronavirus hits poor, minority communities harder,” *Axios* (April 4, 2020), available at www.axios.com/coronavirus-cases-deaths-race-income-disparities-unequal-f6fb6977-56a1-4be9-8fdd-844604c677ec.html; “The New York Neighborhoods With the Most Coronavirus Cases,” *Wall Street Journal* (April 1, 2020), available at www.wsj.com/articles/the-new-york-neighborhoods-with-the-most-coronavirus-cases-11585781164.

⁶ See “The Navajo Nation’s coronavirus infection and death rates are 10 times higher than the neighboring state of Arizona,” *Business Insider* (April 20, 2020), available at www.businessinsider.com/coronavirus-navajo-nations-infection-rate-10-times-higher-than-arizonas-2020-4.

as the family's sole earner; and have higher rates of underlying medical conditions.⁷ In the United States, black and Latinx workers are less likely to be able to work from home⁸ or have employment that provide them paid leave, which would allow them to stay home and seek appropriate medical care if they or a family member become ill.

COVID-19 and the U.S.'s public health response has brought these structural inequities into sharp focus. These inequities are compounded with inequality and discrimination to amplify the effects of the outbreak in certain communities.

Human Rights in the COVID-19 Public Health Response

An effective and fair U.S. response to the COVID-19 pandemic will incorporate human rights in all aspects of prevention, treatment, and care. A human rights-centered response protects the well-being of all, while explicitly addressing the inequities and inequality, enlarged by a U.S. history of structural discrimination and deficient human rights framework.

The United States, among other countries, has signed or ratified human rights treaties requiring it to guarantee the right to health.⁹ The right to health includes the prevention, treatment, and control of epidemic diseases, such as COVID-19.¹⁰ There is an obligation to ensure that preventive care, goods, services, and information are available and accessible to all persons.

The U.S. government must fully account for the needs of adversely impacted and marginalized groups and people in its plans and strategies to respond to COVID-19. The government must also plan for groups that have been particularly and disproportionately impacted by the epidemic who may require targeted assistance.

⁷ See "As Coronavirus Deepens Inequality, Inequality Worsens Its Spread," *The New York Times* (March 15, 2020), available at www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html; "Coronavirus hits poor, minority communities harder," *Axios* (April 4, 2020), available at www.axios.com/coronavirus-cases-deaths-race-income-disparities-unequal-f6fb6977-56a1-4be9-8fdd-844604c677ec.html; "The other COVID-19 risk factors: How race, income, ZIP code can influence life and death," *USA Today* (April 22, 2020), available at <https://www.usatoday.com/story/news/health/2020/04/22/how-coronavirus-impacts-certain-races-income-brackets-neighborhoods/3004136001/>.

⁸ U.S. Department of Labor, Bureau of Labor Statistics (Sept. 24, 2019), available at www.bls.gov/news.release/pdf/flex2.pdf.

⁹ The right to health is contained in several international human rights treaties, including the International Covenant on Economic, Social, and Cultural Rights (ICESCR), and most countries in the world have ratified at least one treaty that requires them to respect, protect, and fulfill aspects of the right to health. While the U.S. has signed but not ratified the ICESCR, its obligations include the guarantee of civil, cultural, economic, political, and social rights, in accordance with the principle of interdependence and indivisibility of human rights.

¹⁰ ICESCR, Article 12(2).

The U.S. must also respect, protect, and fulfill all people’s human rights, which as indicated above, have not been enjoyed by certain communities.¹¹ Every person should have a standard of living that can ensure their health, dignity, and well-being as well as that of their family. This includes the human rights to housing, food, water, clothing, education, necessary social services, and the right to security in the event of unemployment, sickness, disability, old age or other lack of livelihood in circumstances beyond their control. The U.S. must also take specific action to end discrimination and stigma, and to protect all individuals from mistreatment.

Recommendation

As an initial step, Amnesty International calls for a targeted approach to address disparities and inequities through, in part, the creation of equity task forces at the state level in consultation and collaboration with impacted communities. These equity task forces should be adequately funded.

While not limited to, at a minimum these task forces should ensure the following:

- All state and local authorities collect properly anonymized data, to be made public on the impact of COVID-19, disaggregated based on race and ethnicity, religion, gender, gender identity, sexual orientation, Indigenous identity, disability, and socio-economic status. All such data collection must be strictly limited and proportionate to the legitimate aim of addressing disparities in public health, and should not continue longer than necessary to address such aims.
- All state and local authorities collect this data for the number of people tested, number of positive cases, and number of people who have recovered or died as a result of COVID-19. In addition to the general public, this data should be collected and made public for people that are penalized or detained for violation of shelter in place orders, and people in jails and prisons including those that are released from detention. Similarly, this data should be disaggregated based on the aforementioned demographic information.
- All communities have access to public health information and have the ability to follow guidance, including the development of community-based responses, to ensure that communities can follow public guidance, including physical distancing.
- All communities have increased access to intimate-partner/domestic violence resources, supported through more funding for violence prevention and response.
- All communities have access to healthcare services that are available, accessible, affordable, and of good quality on the basis of non-discrimination.
- All communities have a safety net that respects, protects, and fulfills economic and social rights including the right to housing, healthcare, and livelihood.

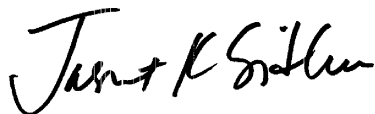
¹¹ See International Covenant on Civil and Political Rights (ICCPR), ICESCR.

- State and local authority shelter-in-place orders are not selectively or disproportionately enforced, and that alternatives to custodial detention and fines are considered where appropriate.
- [Gun violence prevention programs are adequately funded and prioritized](#) given the number of guns that have been purchased in the wake of COVID-19.
- [All immigrants and asylum-seekers who are detained solely because of their immigration status be released](#); all families in immigration detention be released together; and full healthcare and protection against COVID-19 provided for those who remain in detention.
- [Consider the release of as many people as possible from prisons and jails](#), and provide appropriate health care and tools of prevention to those who cannot be released.
- Task forces can make longer-term recommendations to federal and local governments for ensuring the human rights of all communities during the response to and recovery from the COVID-19 pandemic.

Amnesty International looks forward to hearing what steps governors are taking to implement the recommendations above and ensure the rights for all on the basis of equity and non-discrimination.

If you have questions or seek to discuss these matters, I may be reached at JSidhu@aiusa.org and 202-823-1832. I look forward to your response.

Respectfully,



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Amnesty International USA

cc: Bill McBride, Executive Director