Dear Governors Baker, Carney, Cuomo, Lamont, Murphy, Raimondo, and Wolf,

As faith-based organizing networks representing more than 300,000 families and 800 congregations fighting to slow the spread of the virus and save lives in communities of color in your states, we are grateful for your decision to work together to respond to the pandemic. While COVID-19 recognizes no state borders and is touching every corner of our region, it is falling most devastatingly on our Black, Latino and immigrant communities.

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 communities of color. That requires swift and coordinated action to eliminate gaping racial disparities in prevention, testing, and treatment and in the financial support being provided to families. A reopening plan that does not focus on racial equity and closing the COVID-19 racial death gap 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. New York reports on mortality rates by race, but not cases by race. In remaining states, as of April 28, only 52% of reported cases include race data, and only 83% of reported deaths include race data. And Pennsylvania does not report on Latino cases or deaths. 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 on your state websites is shocking. Across the seven-state region Black residents are 3.4 times more likely to die from COVID-19 than White residents. Black residents are 2.4 times and Latino residents 2.3 times more likely to
be represented among confirmed cases than White residents. We anticipate that, once
demographic data is made available on testing, we will see large under-testing within
Latino, Black, Native-American and immigrant communities. We are attaching our
analysis of racial disparity data you have on your state websites as of April 28, 2020.
Racial 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 in the region. 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 racial
equity a precondition for reopening 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, and disaggregated data for hospitals and workplaces.

2. **Prisons, jails and criminal justice**: Use your statutory powers during a public
health emergency to take much bolder action to: (a) accelerate reductions in
state and county 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; (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; (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; and (f) track, address publicly, and take action to eliminate
racial disparities in how state and local police are enforcing rules related to
masks and social distancing.

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 communities of
color most at-risk. We urge every state to do more to work with community health
centers, community-based organizations, and faith institutions in Black, Latino,
Asian and immigrant neighborhoods 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 (a 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. 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 contact tracing program focused on racial equity 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 and 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 that some states and municipalities have taken to halt evictions and foreclosures during the public health crisis. We need a consistent regional commitment that there will be no evictions (this includes no eviction filings) or utility shut-offs during the pandemic so that everyone can safely shelter, and we need state rental 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: Many of our states have primaries in the coming weeks and months, and 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 is it 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 postmarked 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. Nothing without us is for us or will have our support.

We look forward to meeting with you and your representatives to the regional compact as soon as possible to discuss these recommendations. Please contact Bishop Dwayne Royster, Northeast Regional Director, Faith in Action and Executive Director of POWER PA at droyster@faithinaction.org for more information.

Respectfully,

Rev. Heyward Wiggins, III, Board Chair & Charlene Walker, Executive Director
Faith in New Jersey

Rev. Dr. Mark Kelly, Senior Pastor, Mother Bethel AME Church & Elder Melanie DeBouse, Senior Pastor, Evangel Chapel, Board Co-Chairs & Bishop Dwayne Royster, Executive Director
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I Have a Future  

Rev. Jose Encarnacion, Board Chair & Isabel Gonzalez, Executive Director  
Worcester Interfaith  

cc.  
Dr. Albert Ko, Professor of Epidemiology and Medicine, Yale School of Public Health  
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Paul Mounds Jr., Chief of Staff for the Office of Governor Ned Lamont  
Dr. Kara Odom Walker, Secretary, Delaware Dept. of Health and Social Services  
Kurt Foreman, President and CEO of the Delaware Prosperity Partnership  
Sheila Grant, Chief of Staff for the Office of Governor John Carney  
Lauren Peters, Undersecretary at the Executive Office of Health and Human Services  
Michael Kennealy, Secretary, Executive Office of Housing & Economic Development  
Kristen Lepore, Chief of Staff for the Office of Governor Charlie Baker  
Dr. Richard Besser, President and CEO of the RWJF  
Jeh Johnson, Former Secretary of Homeland Security  
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Michael Dowling, President and CEO of Northwell Health  
Robert Mujica, Director of the NYS Division of the Budget  
Melissa DeRosa, Secretary to Governor Andrew Cuomo  
Dr. Rachel Levine, Secretary of the Department of Health  
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