



To: Senate Appropriations, House Appropriations, House Commerce and Economic Development, Senate Economic Development, Housing and General Affairs, Senate Government Operations, House Government Operations, Senate Health and Welfare and House Health Care

From: Vermont Racial Justice Alliance
Re: A Moral State Budget
Date: 18 February 2021

Dear Committees,

The Vermont Racial Justice Alliance calls upon the state to **commit to a moral budget** to address the impact of systemic racism in Vermont. This generational work must start now as **we declare racism a public health emergency**. We kindly ask your consideration as we move forward ACT, a bold agenda that will address the impact of systemic racism on Black and Brown people in Vermont.

As a result of our work in 2017, the Vermont Attorney General alongside the Human Rights Commission asserted what many had long known and experienced: that “white people continue to control virtually every power structure in the state” (Act 54, 2017). This led to our work, which produced the Racial Equity Executive Director and Panel (Act 9, 2018, special). Though progress has been made in identifying some of the challenges, much work remains and now is the time for Vermont to make a full commitment to affect change into the future.

We at the Vermont Racial Justice Alliance are proud to advocate for state policies that empower American Descendants of Slavery (ADOS) and Black, Indigenous, and other People of Color (BIPOC), and seek equity for these groups in our community. We believe the racial reckoning that continues nationwide and in Vermont has the ability to bring the transformative change needed to reimagine our state systems that for too long have left ADOS and other BIPOC behind. We stand at an intersection of the compounding crises of systemic racism and COVID-19. This crossroads presents an opportunity to undergo the paradigm shift needed to disrupt and dismantle systemic racism in Vermont.

We have found that:

- 1) Stark and persistent health inequities exist in the United States based on race and that are caused by systemic racism,
- 2) Systemic racism is a principal social determinant of individual and public health, impacting economic, employment, education, housing, justice, and health opportunities and outcomes, all of which further adversely impact the health of People of Color,



- 3) The COVID-19 pandemic is now exacerbating these inequities, and Black and Latino people in the United States have been nearly three times as likely to die,
- 4) These same inequities exist in Vermont, and during the pandemic, though Black residents comprise just over one percent of Vermont's population, they account for approximately 4.8 percent of the total confirmed COVID-19 cases as of December 16, 2020,
- 5) Research and experience demonstrate that Vermont residents experience barriers to the equal enjoyment of good health based on race and ethnicity,
- 6) The incidence rate of COVID-19 for non-White Vermonters is 74.2 versus 26.2 for White Vermonters, and specifically the incidence rate for Black Vermonters is 225.7; the incidence rate for Asian Vermonters is 61; the incidence rate for Hispanic Vermonters is 41.7; and the incidence rate for other races is 20.5,
- 7) While there are not statistically significant differences in the rates of preexisting conditions, such as diabetes, lung disease, and cardiovascular disease, among White and non-White Vermonters, there are disparities in the rates of preexisting conditions among Vermonters testing positive for COVID-19, which suggests that non-White Vermonters are at higher risk of exposure to COVID-19 due to their type of employment and living arrangements,
- 8) 36 percent of non-White Vermonters had household contact with a confirmed case of COVID-19, as compared to only 20 percent of White Vermonters,
- 9) According to the Department of Health's 2018 Behavioral Risk Factor Surveillance System report, non-White Vermonters are: (a) statistically less likely to have a personal doctor; (b) statistically more likely to report poor mental health; (c) more than twice as likely to report rarely or never getting the necessary emotional and social support; (d) significantly more likely to have depression; (e) significantly more likely to have been worried about having enough food in the past year; and (f) significantly more likely to report no physical activity during leisure time,
- 10) Non-white Vermonters are disproportionately represented in the total number of patients in the highest level of involuntary hospital beds in the State, comprising 15 percent of the patients admitted to the Vermont Psychiatric Care Hospital between May 1, 2019 and April 30, 2020,
- 11) Social determinants of health are underlying, contributing factors of the foregoing health inequities,



- 12) 21 percent of Black Vermonters own their own homes, while 72 percent of White Vermonters own their own homes, and nationally, 41 percent of Black Americans own their own homes,
- 13) The median household income of Black Vermonters is \$41,533.00 while the median household income of White Vermonters is \$58,244.00, and in 2018, 23.8 percent of Black Vermonters were living in poverty while 10.7 percent of White Vermonters lived in poverty, and 57 percent of Black Vermonters earned less than 80 percent of Vermont's median income while 43 percent of White Vermonters earned less than 80 percent of Vermont's median income,
- 14) About one in two non-White Vermonters experience housing problems, which is defined as having homes that lack complete kitchen facilities or plumbing, having overcrowded homes, or paying more than 30 percent of household income towards rent, mortgage payments, and utilities,
- 15) Black Vermonters are overrepresented among Vermonters experiencing homelessness, in that they make up six percent of Vermonters experiencing homelessness, while making up approximately one percent of Vermont's population.

Considering the growing body of evidence that verifies the racial inequities existing in Vermont and the United States, we urge you **to include the following appropriations** in the Fiscal Year 2022 Vermont State Budget. We must:

1. Create a **Task Force** to study and develop reparations proposals for the institution of chattel slavery; and make recommendations to the General Assembly on appropriate remedies. This appropriation includes the procurement of supplies, services, and property, entering into contracts, research or surveys, the preparation of reports, and other activities necessary for the discharge of the duties of the Task Force. **\$200,000.00**
2. Create a **Cultural Empowerment and Economic Advancement Program**. There shall be a Cultural Empowerment and Economic Advancement Network statewide. Funding will include a State Program Director and a grant fund for qualified BIPOC-led organizations and collaboratives to provide programming throughout the state. Community Empowerment Centers will offer rich programming in the true history, contributions, and resilience of American Descendants of Slavery (ADOS) and other BIPOC. Through these Empowerment Centers, programming shall be provided to clear obstacles to economic empowerment, including adult basic education, personal and career development, entrepreneurial and business training, and technical assistance. Capital access and other programming shall exist. Centers of excellence for arts and STEM will be available and facilities will include Community and Youth centers. BIPOC Land and Home Ownership



programming will be administered through an independent Land Access and Opportunity Board (H.273). **\$20,000,000.00**

3. Promote **Health Equity**. To address the vast disconnect that black and brown people have historically experienced with the health care system, a new approach must be undertaken. H.210 proposes the establishment of the Office of Health Equity. The Health Equity Advisory Commission will issue grants for the promotion of health equity, collect data to better understand health disparities in Vermont, and require an additional two hours of continuing education on cultural competency and anti-racism in health professions. **\$5,000,000.00**
4. Continue statewide work of dismantling systemic racism by **expanding the Director of Racial Equity Office** to include policy, research, outreach and capacity. Expand Executive Director of Racial Equity programming to institutionalize racial impact assessment, racial equity monitoring and continuous monitoring of personnel capabilities. The Statewide Racial Equity Program will compel compliance that integrates into annual individual and organizational performance reviews. This work will require appropriations for two FTE and technology infrastructure to support statewide collection and management of racially disaggregated data. **\$1,250,000.00**

The history of slavery in our country continues to haunt our society and has led to centuries of systemic racism. This racism is a plague to us all. The worst effects continue to be on the Black people in our society who, like their enslaved ancestors, live in a society that continually marginalizes and systematically oppresses them. Consistent with the resilience of our ancestors, we continue the struggle for our power, agency and security.

We call on our state leaders, agencies and legislators to A.C.T.:

- Acknowledge & Reconcile Historic Systems of Racism
- Create New Structures for Black American Cultural & Economic Empowerment
- Transform State Systems & Public Safety

Respectfully,

Vermont Racial Justice Alliance
Steering Committee