VCIL Vermont Center for Independent Living

People with disabilities working together for dignity, independence, and civil rights

Good Morning,

My name is Kate Larose, and I serve as the statewide pandemic equity coordinator with the Vermont Center for Independent Living. At VCIL, we are people with disabilities working together for dignity, independence, and civil rights.

My work includes assessing the current pandemic related issues Vermonters with disabilities are experiencing, responding to the needs that exist—including for COVID longhaulers—develop resources and community, and to support people in advocating for equal access to education, healthcare, and civic life.

While we all wish that the pandemic were over, that is simply not the case.

Instead of a decrease in death and disability, we've arrived at a perverse plateau in which the burden has merely been shifted to those who are most vulnerable.

Last month, Commissioner Dr. Levine testified before this committee. He provided an overview on the social determinants of health, and the VDH definition of health equity. I am asking that committee members consider this framing as you listen to my testimony today.

Earlier this month, the Biden administration announced its plans to end the COVID public health emergency (and with it, no-cost access to vaccines, testing, and treatment). But despite the prevailing narrative that the pandemic is over, we continue to witness the unfolding of a mass disabling event. This declaration will almost certainly move us from emergency back to disaster.

And yet we are repeatedly told by national and state leaders that this is progress. That we "have all the tools needed to protect ourselves", and that it's time to "go back to normal". In reality, we have done nothing more than to rebrand "staggering levels of illness and death" as something that is both expected and welcomed; the human sacrifice that must be paid by some in order to suit the desires of the majority.

Our public health agency and news sources continue to report that our risks are low.

Even at times when the majority of the state are at the highest levels of community transmission. (This is a CDC measure that VDH refuses to include in their weekly reporting.)

We are told that COVID will weaken over time, despite that the fact that it continues to become more transmissible and more dangerous with each subsequent infection.

When our leaders tell us that COVID is something we should learn to live with, what they actually mean is that it is something some of us should just learn to die from.

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And the tools that we are constantly told we have?

They are becoming less effective, burdensome to access, kept from us, or are being pulled from the market because they no longer work.

And the simple and cost-effective measures that continue to be effective—such as the use of masks in congregate and healthcare settings, or not having people work in those settings while they are positive—have been cast aside.

Yet current policy response provides nothing more than vapid platitudes in the face of harm with the highest costs being paid by Vermonters who are older, disabled, Black, Indigenous, People of Color, rural, or low income.

We've pivoted from the response stage of benign neglect, to embracing choices that openly drive and increase health disparities, belied by our tacit agreement to force people into seclusion, accept high levels of death for all—and especially for some—and met out harms to adults and children alike.

The weight of loneliness at this stage is crushing, even while needed self-protective behaviors are pathologized by broader society.

Worse yet, is that the one immutable lever of change that people should have access to at this moment to help change policies—the federally protected civil right of voting—is also being withheld to many with disabilities at this moment.

This is a map of the 175 towns that decided not to utilize the accessible voting options provided by H.42. Voters in these towns will be unable to cast their ballots for all articles unless they are physically present indoors at town meeting next week.

In just the past week alone I've been contacted by dozens of Vermonters desperate for access to high quality face masks and tests, the right to vote, and safe access to education and healthcare.

Here are just a few of their stories:

- A woman in her 80s with developmental disabilities who has spent three years in nearly complete isolation, only to get COVID last month after accessing needed healthcare. She's worried about getting infected again the next time she needs to use medical transport to see her specialists.
- A retired veteran who served as a Lt. Colonel who is in his 80s and unable to leave the house and is being denied the right to vote on his town budget.
- A couple residing in an assisted living facility who did not otherwise have access to KN95 masks to protect themselves.
- A VFW chapter reaching out asking for molecular tests and respirators to protect their members

- A child at high risk of severe illness or death who was denied safe access to public education, whose mother is now tasked with homeschooling her child

VCIL is currently conducting an annual survey of those we serve statewide. The results so far indicate that—while the majority of those we serve are continuing to take the highest level of precautions possible to protect themselves—half have had COVID at least once, with the majority of those infections happening in year three of the pandemic.

We also asked if people had to limit or forego any aspects of their life as a result of COVID concerns.

Not surprisingly in an ongoing pandemic, people are unable to visit with friends and family, go to the grocery store or pharmacy, access medical care and other necessary activities, and are being shut out of work, volunteerism, and education.

In the past year, have you limited any of the following activities as a result of COVID concerns?

In person visits with friends or family	69%
Going to grocery store or pharmacy	55%
Medical or dental care	42%
Other necessary activities (voting, visits to post office or DMV, pet care, car care, etc.)	37%
Work or volunteer hours	20%
Education/schooling	10%

As you consider ways in which you will or will not address structural discrimination in the biennium ahead, I invite you to continually use social determinants of health and VDH's definition of health disparity as your measuring stick.

As lawmakers, you must always ask yourselves:

- Who bears the burden of our current policies?
- Who bears the burden of our inaction?

I leave you today with the words of Dr. Tedros Ghebreyesus, director of the World Health Organization: "No one is safe until everyone is safe."

Thank you.