



RACIAL EQUITY AND SOCIAL JUSTICE ADVISORY COMMITTEE

March 9, 2021

Honorable Governor Larry Hogan
100 State Circle
Annapolis, Maryland 21401-1925

Dear Governor Hogan,

We are the Montgomery County Maryland Government's Racial Equity and Social Justice Advisory Committee. **We strongly urge you to take the five specific actions outlined below to ensure that the COVID-19 vaccine actually reaches those Black, Indigenous, and People of Color (BIPOC) communities in Montgomery County that have been the most impacted by the pandemic and whose current access to the vaccine is following all too familiar patterns of racial exclusion.**

The current situation is dire in our county. Although Black county residents ages 75+ make up 19% of COVID-19 cases in that age group, they currently account for only 7% of pre-registrations to access the vaccine. Hispanic residents ages 75+ make up 40% of COVID-19 cases in that age group, but account for only 8% of pre-registrations. Several committee members have backgrounds in public health, so we are particularly aware that shortfalls of this immense magnitude are not explained away by claims of population-specific "vaccine hesitancy". Instead, they point to something structurally broken in how vaccine rollout policy has been set at the state level. **There are five steps that the state can take to mitigate the racial disparities in the county:**

1. Give Montgomery County more vaccine doses. **The scarcity of doses in Maryland's most populous county and one of its most diverse counties is itself a racial equity issue,** forcing different populations into unnecessary competition for minimal doses. Montgomery County has 17.4% of the state's population but our county HHS has only received 5.5% of the state's daily allotment. Given the disparate burden of disease by race, a racially equitable vaccination regimen is also the most efficient vaccination regimen to bring the pandemic to a close. If the state cannot give Montgomery County HHS more doses, at the least, it could give at least 5 or 6 weeks of clarity (instead of the current 4 weeks) about the number of doses available each week to allow our HHS to do better planning.

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2. Fix the signup portal by March 25, 2021. The current bugs that allow anyone with the signup link to jump the line hampers any ability to distribute the vaccine in either an equitable or efficient manner. Additionally, more support should be added for the signup process itself, such as a hotline where residents can seek help navigating the website. **In addition to being confusing about how and where to sign up, many in BIPOC communities lack internet access and computer skills, problems which amplify inequities.** The state can also find and fund alternate ways to promote signups and provide technical assistance, through a more expansive campaign directly reaching BIPOC using all media formats, and by increasing funding for county outreach programs.

3. Review and improve the state's own racial equity plan for vaccine rollout. Other jurisdictions in other states have also called explicitly for Black and Brown residents to be specifically prioritized given the realities of which communities have been most impacted. **A refusal to consider the geographic distribution, access constraints, and burden of COVID-19 disease of BIPOC residents within each county--especially in the context of a scarcity of doses and overly broad "race-blind" prioritization categories--cannot be papered over by opening a few mass vaccination sites in a few of Maryland's more diverse counties.** Transportation access and equity is also a health equity issue: the inability of many of our BIPOC residents to travel to other counties' mass vaccination sites--due to not owning a car or lacking funds--effectively excludes them. The state could require entities receiving doses to target doses towards residents of census tracts that have had higher burdens of COVID-19 disease. The state should also make available funds to enable community groups with experience working with excluded populations to rapidly scale up vaccine outreach and messaging tailored to each community, and lean on existing successful efforts in other domains to reach historically excluded communities (such as census teams). **The state should fund and partner with local county organizations and community institutions with deep, trusted roots in Black and Latino/a/e communities to run mobile mass vaccination sites directly in the hardest hit communities. We are also requesting a meeting with Brigadier General Janeen L. Birckhead to help us better understand the state's equity plan.**

4. Provide clarity to county HHS departments on who is responsible for vaccinating special populations of urgent public health need that may have restricted access to the healthcare system. In particular--and of urgent public health need given how the disease spreads in close quarters--**clarity is needed around who will be responsible for vaccinating essential grocery workers, incarcerated people, undocumented residents, as well as those who are without health insurance.**

5. **Implement innovative public health solutions to mitigate the temporary shortfall in doses.** For example, Maryland can send every single state resident high-quality face masks (such as ASTM level 3 surgical masks) for a mere couple dollars per resident per week,

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which would enable all residents to better protect themselves and each other, and is in line with CDC recommendations, as we wait for vaccine supply chain issues to be solved.

An effective state vaccine policy that truly endeavors to meet the needs of all Marylanders must address these five steps. Despite operational uncertainty at the state level, the Montgomery County HHS has been taking the appropriate steps to target the doses towards areas that have a high burden of disease, but it needs the state's support.

A vaccine rollout in Montgomery County that leaves behind our communities of Black, Indigenous, Hispanic, and other residents of color--if the state refuses to take these simple actions--will not only leave a historical stain on the legacy of the COVID-19 vaccine rollout on the state of Maryland, but will also harm the ability of Maryland to rapidly and efficiently control and end the pandemic everywhere in the state, to the detriment of our schools, our businesses, and ultimately all of our residents. Thank you for considering our recommendations. We must work together to support the needs of our beautifully diverse residents here in Maryland, both during these difficult times and beyond.

Respectfully,



Partap Verma
Chair, RESJ Committee



Shane Lloyd
Vice Chair RESJ Committee

cc Marc Elrich, County Executive
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