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May 11, 2021

Via Electronic and Letter Mail

Governor Kay Ivey
Governor, State of Alabama
600 Dexter Avenue
Montgomery, AL 36130
Constituent.services@governor.alabama.gov

RE: Ensuring Equitable Distribution of COVID-19 Vaccine in Alabama

Dear Governor Ivey:

On behalf of the NAACP Legal Defense and Educational Fund, Inc. (“LDF”) and Greater Birmingham Ministries we call on you to take immediate steps to eliminate the stark racial disparities in Alabama’s distribution of COVID-19 vaccinations. COVID-19 is a public health crisis that affects the entire Alabama community but has disproportionately impacted communities of color. Ensuring vaccine equity through prioritization of those most vulnerable to COVID-19 protects and benefits everyone.

Since the onset of the coronavirus pandemic, communities of color have borne a disproportionate burden of COVID-19 infections, hospitalizations, and deaths.¹ Black communities, in particular, have been ravaged by COVID-19, dying at nearly twice the rate of white people nationwide.² Black and Latinx individuals often hold frontline essential and service industry jobs, which prevent them from working from home, and disproportionately experience social and healthcare inequities, all of which contribute to increased risk of COVID-19 exposure.³ Nevertheless, Black and Latinx individuals nationwide are receiving the COVID-19 vaccine (“the vaccine”) at significantly lower rates than white individuals. As of May 6, 2021, more than 149 million people nationally have received at least one vaccine dose, however, racial and ethnic data is available for only approximately 55% of recipients.⁴ Of those, only 8.8% of doses thus far have been administered to Black people and 12.6% to Latinx people.⁵ In contrast, 63.2% of those vaccine doses have been administered to white people nationally.⁶ Black residents in Alabama are likewise underrepresented in vaccine distribution even though they should be especially targeted due to their disproportionate higher rates of serious illness and death from COVID-19: Black residents have received only 24% of Alabama’s vaccinations despite constituting 27% of the overall population, while 72% of vaccinations have gone to white residents even though only 68% of the Alabama’s population is white.⁷ These figures cannot be explained by the so-called “vaccine hesitancy” among Black residents. In fact, polls indicate that Black people have no greater vaccine

hesitancy than white people.⁸ Indeed, Black communities in Alabama have actively sought access to COVID-19 education and vaccine.⁹

As Alabama's leadership, it is your responsibility to ensure equitable vaccine distribution and protect your most vulnerable residents from increased risk of COVID-19 infection, hospitalization, and death. Barriers to vaccine access, such as vaccine deserts, lack of digital access, and inattention to unhoused and incarcerated communities, unduly burden communities of color and limit their ability to obtain the COVID-19 vaccine.¹⁰ This disparate treatment directly threatens the rights of Black and Latinx Alabama residents in possible violation of Title VI of the Civil Rights Act of 1964, as well as the safeguards afforded under the Equal Protection Clause of the Fourteenth Amendment and Article I, § 1 of the Alabama Constitution. On April 2, 2021, the United States Department of Justice (the "DOJ") issued a statement making clear that "[t]he Civil Rights Division, together with other agencies throughout the Federal government, will continue to monitor civil rights issues related to COVID-19 and vigorously enforce civil rights laws."¹¹ Quite simply, "[c]ivil rights protections and responsibilities still apply, even during emergencies. They cannot be waived."¹² As a result, we urge you to review the following factors, among others, that contribute to vaccine inequity and immediately implement our recommendations, specified below, to remedy the racial inequities in your vaccination distribution methods.

A. Vaccine Deserts and Vaccine Tourism

Due to racial segregation, redlining, and other effects of structural racism, predominantly Black communities are often housed in areas with little to no healthcare infrastructure and few, if any, healthcare resources.¹³ This means Black residents are significantly more likely than white residents to live at least a mile away from the nearest quality pharmacy, clinic, hospital, or healthcare center.¹⁴ Thus, when local governments primarily rely on preexisting health care infrastructure and providers for vaccine administration, many Black individuals have few, if any, options for receiving the vaccine in their own communities—creating "vaccine deserts."¹⁵ Further, vaccine deserts are largely concentrated in low-income communities of color, which commonly lack transportation or rely on public transport.¹⁶ Thus, the populations with high vulnerability to COVID-19 infection and death are the same populations excluded from vaccine access and distribution.¹⁷

These disparities are particularly stark in Alabama. For example, in Mobile County, out of 18 vaccination sites listed on the Alabama Department of Public Health website, 14 were "located in the whiter half of neighborhoods in the county."¹⁸ Furthermore, just over a month ago, "Alabama Regional Medical Services – a health clinic that primarily serves a lower-income, Black neighborhood – ha[d] not received a single dose of the COVID-19 vaccine" while "the first doses in the state went to nearby Mountain Brook, an affluent white suburb of Birmingham."¹⁹ Moreover, Ritch's Pharmacy in Mountain Brook was among the first pharmacies to receive vaccine doses, as was MainStreet Family Care, a chain of urgent-care clinics concentrated in majority white areas.²⁰ Individuals in Birmingham have shared additional troubling aspects of the vaccination rollout. For example, billing system failures have led to Medicare recipients and uninsured people being turned away from scheduled vaccine appointments, with doses being discarded as a result. Many who were eligible for vaccines were stuck on waiting lists for months, with the only nearby site with walk-in appointments receiving only 100 doses per day, causing

people to arrive as early as 5 a.m. and wait in line for up to four hours, when the facility opens at 9 a.m., to have a chance for a vaccine.

Disturbingly, these disparities appear to be the direct result of conscious choices on the part of Alabama officials to exclude Black neighborhoods from vaccination. For example, a local commissioner in Jefferson County reported that “state officials have told her that they are not distributing vaccines to majority-Black neighborhoods because they expect people there may be hesitant to take them.”²¹ As a result, Black residents live much farther, on average, from the closest vaccination site than white residents—a national trend that is “especially prevalent” in Alabama.²² In Alabama, therefore, Black residents in vaccine deserts must shoulder the additional costs and burdens of finding transportation to vaccine centers outside of their neighborhoods while juggling employment obligations, childcare responsibilities, declining health, and other consequences of living in racially segregated neighborhoods that are deprived of healthcare resources. This trend cannot continue. We strongly urge you to implement the following recommendations to eliminate these inexcusable barriers and racial disparities in Alabama’s vaccine access and distribution methods.

- **Prioritize the establishment and expansion of vaccination sites, such as mobile healthcare centers, clinics, and other healthcare facilities, in underserved communities hardest hit by COVID-19 and those located in vaccine deserts.** Ensure vaccination sites consider the targeted community’s specific challenges, such as access to healthcare facilities, limited internet access, lack of transportation or limited mobility, limited English language proficiency, limited hours of availability due to work or childcare, and limited income, and provide solutions that circumvent these challenges.
 - Review and analyze geographic data, such as ZIP Codes and census tracts, to ensure that investments in public health infrastructure prioritize healthcare and vaccination of populations that are underserved or most vulnerable to COVID-19 infection, including frontline essential and service industry workers.²³ Place new vaccination sites in accessible public spaces within underserved communities, *e.g.*, near or within churches, community centers, public housing residences, public schools, and parking lots.
- **Collaborate with and rely on trusted community-based organizations, religious institutions, stakeholders, leaders, and activists within communities most impacted by COVID-19, before, during, and after implementing all efforts to combat vaccine inequity.** Because vaccine inequity overwhelmingly impacts vulnerable communities of color, all efforts to ensure equitable vaccine access should center around meaningful engagement with Black and Latinx communities, particularly elders and those residing in vaccine deserts. These engagement efforts should be conducted in partnership with, or led by, grassroots organizations, local activists, clergy, and other key community stakeholders to achieve increased vaccine distribution and reduce vaccine hesitancy in vulnerable communities of color.²⁴
- **Take action to guard against vaccine tourism.** Frequently, when vaccination centers are brought to underserved communities to increase vaccine access for vulnerable residents, the targeted vulnerable residents are still unable to access the vaccines because more

affluent people from outside areas, who have the resources and connections to learn of and travel to the new vaccination site, “skip” ahead of underserved residents to receive a vaccination—commonly labeled “vaccine tourism.”²⁵ To avoid vaccine tourism, elected officials should work with the targeted community’s stakeholders and leaders to ensure that members of the targeted community are prioritized for vaccine resources.²⁶ There should also be a public campaign to condemn vaccine tourism and discourage more privileged constituents and people outside your constituency from depriving vaccine access to those more vulnerable to COVID-19 infection, serious illness, or death, which creates greater burdens and harms for everyone.

- **In coordination with trusted community-based organizations, stakeholders, leaders, and activists representing Black, Latinx, and other communities of color, create easily accessible public education campaigns** that target, reach, and inform vulnerable and underserved populations, including unhoused and incarcerated populations, about vaccine eligibility, safety, efficacy, and distribution sites, and emphasize the absence of any cost associated with vaccination.
 - All public education campaigns should directly address vaccine hesitancy in communities of color, in a manner that validates and takes seriously the concerns, acknowledges the healthcare industry’s history of racial discrimination and experimentation on Black communities, clarifies that the COVID-19 vaccine will not replicate those practices, and provides accessible resources and data showing the safety of the vaccine.

- **Eliminate additional barriers to vaccine access.**
 - Increase community-based vaccination sites in vulnerable zip codes and—to prevent vaccine tourism and limited vaccine access for those targeted and vulnerable communities—encourage proof of residency within the targeted area prior to vaccination. However, because proof of residency requirements typically place additional burdens on low-income residents and communities of color,²⁷ all proof of residency requirements should be broad and include acceptance of identifying documents beyond government-issued identification, such as current mail (not limited to utility bills), statements from others residing in the community, school records, individual attestation of residency in targeted district, and more.
 - Eliminate all fees and co-pays associated with an individual’s COVID-19 vaccination, including hospital and clinic administrative fees, even if reimbursable.
 - Create free, COVID-19 sanitized,²⁸ wheelchair-accessible methods of public transportation to and from vaccination centers and underserved areas, racially segregated neighborhoods, and vaccine deserts for residents needing transportation assistance.²⁹

B. Lack of Digital Access & Difficulties with Online Platforms

State and local governments nationwide, including those in Alabama, rely primarily on online platforms to disseminate crucial public health information about the safety and efficacy of the vaccine; vaccine appointment eligibility and registration; and location of vaccination sites.

However, approximately “one in eight Alabamians –including one in four rural residents” do not have access to broadband internet connectivity.³⁰ This digital divide disproportionately impacts the elderly, low-income residents, and those in rural communities.³¹ Lack of digital access is also more prevalent in communities of color with over 80% of white Americans owning a computer as compared to just 58% of Black Americans and 57% of Latinx Americans.³² Even residents who have technology devices and dependable internet access must contend with complex registration processes, multi-step verifications, and numerous platforms as they search for the few available vaccine appointments.³³ This complicated registration process further limits vaccine accessibility for those who lack digital proficiency or the time or capacity to review various websites. The digital divide and complicated registration systems should not prevent your constituents from receiving the vaccine.³⁴ As such, we recommend you take the following steps:

- **Permit all vaccine sign-up and registration, waiting in line, and distribution processes to be completed in-person and by telephone, as well as online and via SMS messaging.**
- **Streamline the registration process by placing details about vaccine appointment availability on a single website.** Centralizing this information will increase user confidence and avoid confusion arising from users navigating multiple websites. Also ensure that vaccination telephone hotlines and in-person registration systems are consolidated so that all necessary information can be obtained from a central source. Make all information about the vaccine and vaccination sites available in the most common languages used by your constituents.
- **Implement outreach methods from prior successful public education campaigns, such as the use of mobile sign-up units that travel to residences and frequent high-traffic locations in underserved communities, to ensure vulnerable communities can easily receive vaccine and appointment information.** Coordinate with local community-based organizations, religious institutions, elected officials, activists, and other leaders to identify additional reliable methods of broad transmission of vaccine and appointment information with considerations of language proficiency.

C. Inattention to the Unhoused and Incarcerated Populations

COVID-19 vaccination plans must prioritize those experiencing housing instability and homelessness.³⁵ Black people, particularly those who are older or have poor health, are disproportionately represented in unhoused communities,³⁶ making them even more susceptible to severe COVID-19 infection and death.³⁷ Communities of color are also facing increased housing insecurity due to the economic toll of the pandemic.³⁸ Black and Latinx households are more than twice as likely to report being behind on housing payments than white households.³⁹ In fact, Black people represent just 21% of all renters, but 35% of all defendants on eviction cases during the pandemic.⁴⁰ In Alabama, 2018 findings revealed that, statewide, there were 3,434 people who were homeless on a given night, constituting 7 per 10,000 people in the general population; this rate was even higher in Birmingham, with 9.4 per 10,000 people experiencing homelessness.⁴¹ The economic collapse brought on by the pandemic has only made this problem worse, leading to a surge in residents experiencing homelessness.⁴² Unhoused communities often rely on congregate settings such as homeless shelters or outdoor communities, where they are in poorly ventilated

spaces and are unable to engage in the practices necessary to slow the transmission of the virus, such as social distancing, regular cleaning⁴³ and frequent handwashing.

Similarly, vaccination plans must prioritize incarcerated people. COVID-19 outbreaks in carceral facilities have been rampant, with one in five state and federal prisoners testing positive for coronavirus, a rate more than four times greater than the general population.⁴⁴ Like those in other congregate settings, individuals in jails, prisons, and detention centers are housed in poorly ventilated facilities and are unable to socially distance, have limited access to personal protective equipment and cleaning supplies, and lack adequate health care resources to prevent and treat COVID-19 infections.⁴⁵ Additionally, the constant movement between carceral facilities and outside communities by both carceral staff and residents increases the likelihood of community spread of the virus from carceral facilities to outside communities.⁴⁶ Alabama's prisons have led as the fifth-highest inmate death rate, 31 per 10,000 prisoners, in the country.⁴⁷ On February 8, 2021, the Alabama Department of Public Health expanded vaccination eligibility to people living in congregate settings, including incarcerated people.⁴⁸ Despite receiving thousands of vaccine doses, the Alabama Department of Corrections prioritized the vaccination of corrections staff.⁴⁹ Only recently—and not until months after becoming eligible—did any incarcerated people started to receive vaccinations.⁵⁰ It remains unclear whether vaccination of carceral staff prevents their transmission of COVID-19 to others; therefore, simultaneous vaccination of those living and working in carceral facilities is necessary to meaningfully reduce transmission rates both within carceral settings and the surrounding communities.⁵¹ The failure to more urgently prioritize incarcerated persons for vaccination illogically ignores the *shared* increased risk of infection between staff and incarcerated persons, and creates an additional vector for spreading COVID-19 among communities and burdening the healthcare infrastructure.⁵²

Housing insecurity and incarceration should not be death sentences. Accordingly, we ask that you take the following efforts:

- **Provide targeted information to unhoused and incarcerated populations about vaccine eligibility, safety, efficacy, distribution, and lack of cost** with special consideration of the unique concerns and hesitations of these populations.
- **Prioritize the unhoused and incarcerated populations in vaccination plans** given their greater susceptibility to infection within congregate settings and greater risk of serious illness or death given their higher rates of comorbidities.⁵³ At a minimum, these populations should be vaccinated simultaneous to staff working with them.
- **Employ mobile vaccination clinics to reach unhoused communities and individuals**, including those residing outside of shelters and simultaneously offer free and COVID-safe forms of transportation (*e.g.*, designated buses, free taxis, shuttle service) to vaccination sites.

D. Collection and Publication of Demographic Vaccine Data

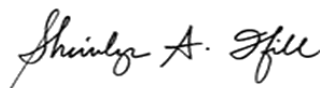
In addition to the above barriers to vaccine equity, there is a nationwide lack of public vaccine distribution data, disaggregated by key demographics, such as race, ethnicity, age, sex,

disability, English proficiency, and geographic location.⁵⁴ These gaps in data hinder the public from tracking and evaluating the racial equity of vaccine distribution nationally and within specific localities. Given the importance of ensuring fair treatment for all Alabama residents, we therefore strongly recommend that you continue to require rigorous and frequent collection and publication of vaccine administration data at the county, city, and state level, disaggregated by race, ethnicity, age, sex, disability, English proficiency, geographic location, including residency of those vaccinated, and other relevant demographics.

To rectify the stark racial disparities in Alabama's vaccine distribution and halt the spread of COVID-19, you must ensure that Alabama centers racial equity as a key principle in vaccine distribution plans and efforts. Without this critical intervention, your most vulnerable constituents will remain largely unvaccinated and will continue to disproportionately fall ill from the virus or die, creating greater risks of community spread within your entire constituency and further burdening your overstretched healthcare infrastructure. Communities of color have already disproportionately borne the weight of this unprecedented public health crisis. You now have a critical opportunity to reverse this trend by ensuring racial equity in vaccine distribution.

During this unprecedented public health crisis, residents of Alabama, including residents of color, are looking to you for the bold leadership and swift action that is desperately needed at this time. We thus encourage you to meet this moment by implementing the above recommendations and making clear your firm commitment to racial equity for all. Thank you for your time and consideration, and please do not hesitate to contact Katurah Topps at ktopps@naacpldf.org or Kaydene Grinnell at kgrinnell@naacpldf.org if you have any questions or concerns.

Sincerely,



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¹ Samantha Artiga, Bradley Corallo & Olivia Pham, *Racial Disparities in COVID-19*, KAISER FAM. FOUND. (Aug. 17, 2020), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>.

² Ctrs. for Disease Control & Prevention, COVID-19 Hospitalization and Death by Race/Ethnicity (Apr. 23, 2021) <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#footnote02>.

³ See Dev Wakely, *Working in Alabama during the COVID-19 Pandemic: Who faces the Danger?*, ALA. ARISE (July 27, 2020), <https://www.alarise.org/blog-posts/working-in-alabama-during-the-covid-19-pandemic-who-faces-the-danger> (noting that more than 1 in 3 of Alabama’s front-line workers are people of color, and that “[e]ven among essential workers, people of color are more likely to face heightened exposure in certain public-facing industries. In Alabama, the share of Black people working in grocery or convenience stores is two and a half times larger than in the U.S. workforce overall”).

⁴ Ctrs. for Disease Control & Prevention, *Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States*, <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic> (last visited May 6, 2021)

(reporting that Hispanic/Latinx, Black non-Hispanic, and Asian non-Hispanic populations are all being vaccinated at disproportionately lower rates, while the white non-Hispanic population is being vaccinated at higher rates).

⁵ *Id.*

⁶ *Id.*

⁷ See Nambi Ndugga, Olivia Pham, Latoya Hill, Samantha Artiga & Salem Mengistu, *Latest Data on COVID-19 Vaccinations Race/Ethnicity*, KAISER FAM. FOUND., <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-covid-19-vaccinations-cases-deaths-race-ethnicity/> (last visited May 7, 2021).

⁸ Juana Summers, *Little Difference in Vaccine Hesitancy Among White and Black Americans*, *Poll Finds*, NPR (Mar. 12, 2021), <https://www.npr.org/sections/coronavirus-live-updates/2021/03/12/976172586/little-difference-in-vaccine-hesitancy-among-white-and-black-americans-poll-find>.

⁹ Mary Scott Hodgkin, *Black Residents Call for More COVID Vaccine Outreach and Access*, BIRMINGHAM WATCH, (Feb. 18, 2021), <https://birminghamwatch.org/black-residents-call-for-more-covid-vaccine-outreach-and-access/>.

¹⁰ In addition to the factors listed here, a failure to prioritize vaccination of frontline essential workers and individuals 65 years old and older, as the Center for Disease Control recommends, contributes to the racial inequalities in COVID-19 infection and vaccine access. See Ctrs. For Disease Control and Prevention, *How CDC is Making Vaccine Recommendations* (Apr. 28, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html>; Kathleen Dooling, *Phased Allocation of COVID-19 Vaccines* (Dec. 20, 2020) <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling-508.pdf>.

¹¹ Press Release, Pamela S. Karlan, U.S. Dep't of Just., Statement by the Principal Deputy Assistant Attorney General for Civil Rights Leading a Coordinated Civil Rights Response to Coronavirus (COVID-19) (Apr. 2, 2021), <https://www.justice.gov/opa/pr/statement-principal-deputy-assistant-attorney-general-civil-rights-leading-coordinated-civil>.

¹² *Id.*

¹³ See Lucas A. Berenbrok et al., *Access to Potential COVID-19 Vaccine Administration Facilities: A Geographic Information Systems Analysis*, UNIV. OF PITT. SCH. OF PHARMACY & W. HEALTH POL'Y CTR., 3-4 (Feb. 2, 2021), <https://s8637.pcdn.co/wp-content/uploads/2021/02/Access-to-Potential-COVID-19-Vaccine-Administration-Facilities-2-2-2021.pdf> (finding that, across 69 U.S. counties housing 26 million people, and nearly 70,000 potential COVID-19 vaccine administration sites nationwide, “Black residents had a significantly higher risk than White residents of having a driving distance greater than 1 mile to the closest potential COVID-19 vaccine administration facility.”).

¹⁴ *Id.*

¹⁵ See *Where Black Americans Will Travel Farther than Whites for COVID-19 Vaccination*, UNIV. PITT. MED. CTR. (Feb. 4, 2021), <https://www.upmc.com/media/news/020421-vaxmap-2>.

¹⁶ *Id.*

¹⁷ See Berenbrok et al., *supra* note 13, at 4; see also Mackenzie Bean, *Black Americans More Likely to Live in Vaccine Deserts*, *Pitt Study Finds*, BECKER'S HOSP. REV. (Feb. 4, 2021), <https://www.beckershospitalreview.com/public-health/black-americans-more-likely-to-live-in-vaccine-deserts-pitt-study-finds.html> (“About three-fourths of counties with disparities in vaccine access also had high COVID-19 infection rates, averaging more than 50 new cases per 100,000 residents between November 2020 and January [2021].”).

¹⁸ Sean McMinn et al., *Across The South, COVID-19 Vaccine Sites Missing From Black And Hispanic Neighborhoods*, NPR (Feb. 5, 2021), <https://www.npr.org/2021/02/05/962946721/across-the-south-covid-19-vaccine-sites-missing-from-black-and-hispanic-neighbor>.

¹⁹ Ari Shapiro & Farah Eltohamy, *Alabama Official on Vaccine Rollout: ‘How Can This Disparity Exist In This Country?’*, WAMU 88.5: ALL THINGS CONSIDERED (Mar. 11, 2021), <https://wamu.org/story/21/03/11/alabama-official-on-vaccine-rollout-how-can-this-disparity-exist-in-this-country>.

²⁰ Margaret Newkirk, *A Black Neighborhood in Alabama Has Yet to Get a Single Vaccine*, BLOOMBERG (Feb. 25, 2021), <https://www.bloomberg.com/news/features/2021-02-25/a-black-neighborhood-in-alabama-has-yet-to-get-a-single-vaccine> (“The proportion of Alabama’s White population getting the vaccine is almost twice that of Black people, according to state data. And it’s not because of the oft-repeated claim that African-Americans don’t want it, said Sheila Tyson, a commissioner in Jefferson County . . . ‘It’s an excuse,’ Tyson said. ‘How do they know we are turning down the vaccine if it is not offered to us?’”); Akilah Johnson, *Lack of Health Services and Transportation Impede Access to Vaccine in Communities of Color*, WASH. POST (Feb. 13, 2021),

<https://www.washingtonpost.com/health/2021/02/13/covid-racial-ethnic-disparities> (highlighting structural barriers limiting access to care for communities of color as key drivers of racial disparities in vaccination).

²¹ Shapiro & Eltohamy, *supra* note 19.

²² Bean, *supra* note 17.

²³ See *supra* note 4; see also Elise Gould & Valerie Wilson, *Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus—Racism and Economic Inequality*, ECON. POL’Y INST. (June 1, 2020), <https://www.epi.org/publication/black-workers-covid/> (noting that Black workers are more likely to be in frontline essential jobs, forcing them to risk their own and their families’ health to earn a living).

²⁴ See, e.g., Ellie Rushing, Oona Goodin-Smith & Anna Orso, *Philly Black Doctors Clinic Outpaced the City in Vaccinating Black Residents, but Group Says There’s ‘Room for Improvement’*, INQUIRER (Feb. 25, 2021), <https://www.inquirer.com/health/coronavirus/philadelphia-coronavirus-vaccine-black-doctors-covid-consortium-20210225.html>.

²⁵ Jen Kirby, *Don’t Hate the Vaccine Tourists, Hate the Vaccine Game*, VOX (Feb. 12, 2021) <https://www.vox.com/22262653/vaccine-tourism-covid-19>; Kiran Misra, *‘Vaccine Tourism’: Tens of Thousands of Americans Cross State Lines for Injections*, GUARDIAN (Jan. 31, 2021), <https://www.theguardian.com/us-news/2021/jan/31/us-vaccine-tourism-state-borders-covid-19-shots> (noting that vaccine tourism has “contributed to racial and socioeconomic disparities in vaccine distribution so far: from New York to New Jersey to Chicago, vaccine recipients have been overwhelmingly white, residing in wealthier zip codes”).

²⁶ For example, setting up mobile vaccination centers at various times and locations most accessible to low-income communities of color, such as within a public housing community, in the evening, to account for working families.

²⁷ See e.g., Sari Horwitz, *Getting a photo ID so you can vote is easy. Unless you’re poor, black, Latino or elderly*, WASH. POST (May 23, 2016), https://www.washingtonpost.com/politics/courts_law/getting-a-photo-id-so-you-can-vote-is-easy-unless-youre-poor-black-latino-or-elderly/2016/05/23/8d5474ec-20f0-11e6-8690-f14ca9de2972_story.html; see also NAACP LDF, FREQUENTLY ASKED QUESTIONS: ALABAMA’S DISCRIMINATORY PHOTO ID LAW, <https://naacpldf.org/wp-content/uploads/Greater-Birmingham-Ministries-v.-Alabama-FAQ-1.pdf> (noting that “[n]ationally, 25% of Black and 16% of Latino voting-age citizens have no form of government issued photo ID, compared to just 8% of whites.”).

²⁸ Any public transportation method must follow rigorous COVID-19 safety and cleaning protocols. See Ctrs. for Disease Control & Prevention, *Using Transportation*, [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/DAILY-LIFE-COPING/USING-TRANSPORTATION.HTML#PARATRANSIT](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html#paratransit) (last updated Feb. 17, 2021) (describing robust COVID-19 safety measures recommended for use with various forms of transportation, including mask requirements, social distancing guidelines, and cleaning protocols).

²⁹ For example, some cities provide free curb-to-curb service for individuals with vaccine appointments. See Taylor Moore, *If You Can’t Get to Your Vaccine Appointment, These Cities Will Drive You*, NEXT CITY (Feb. 17, 2021), <https://nextcity.org/daily/entry/if-you-cant-get-to-your-vaccine-appointment-these-cities-will-drive-you>.

³⁰ Marsha Folsom, *Opinion, Alabama Urgently Needs Broadband for Every Community and Family*, AL.COM (Dec. 10, 2020), <https://www.al.com/opinion/2020/12/alabama-urgently-needs-broadband-for-every-community-and-family.html> (citing data from the Federal Communications Commission and the National Telecommunications and Information Administration).

³¹ Andrew Perrin & Erica Turner, *Smartphones Help Blacks, Hispanics Bridge Some – But Not All – Digital Gaps with Whites*, PEW RES. CTR. (Aug. 20, 2019), <https://www.pewresearch.org/fact-tank/2019/08/20/smartphones-help-blacks-hispanics-bridge-some-but-not-all-digital-gaps-with-whites/>.

³² *Id.*

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