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May 11, 2021

Via Electronic and Letter Mail

The Honorable Muriel Bowser
Office of the Mayor
John A. Wilson Building
1350 Pennsylvania Avenue
NW, Washington, DC 20004
eom@dc.gov

RE: Ensuring Equitable Distribution of COVID-19 Vaccine in Washington D.C.

Dear Mayor Bowser:

On behalf of the NAACP Legal Defense and Educational Fund, Inc. (“LDF”), we call on you to take immediate steps to eliminate the stark racial disparities in Washington D.C.’s distribution of COVID-19 vaccinations. COVID-19 is a public health crisis that affects the entire Washington D.C. 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 and at disproportionately higher rates than white people in the District.³ 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.⁴ 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.⁵ Of those, only 8.8% doses thus far been administered to Black people and 12.6% to Latinx people.⁶ In contrast, 63.2% of vaccines have been administered to white people nationally.⁷ Similarly, at the local level, communities of color have received significantly fewer vaccinations than their racial group’s respective COVID-19 case, hospitalization, or death rates, as well as their share of the total local population.⁸ Black residents in D.C. 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:

only 33% of Black D.C. residents are either fully or partially vaccinated, despite being 46% of the population,⁹ in comparison to 38% of white residents, who represent just 41% of D.C. residents.¹⁰ These figures cannot be explained by so-called “vaccine hesitancy” among Black residents. In fact, polls indicate that Black people have no greater vaccine hesitancy than white people.¹¹ Rather, the under-vaccination of Black residents is due primarily to lack of access, not lack of willingness.¹²

As Washington D.C.’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.¹³ This disparate treatment directly threatens the rights of Black and Latinx Washington D.C. 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. 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.”¹⁴ Quite simply, “[c]ivil rights protections and responsibilities still apply, even during emergencies. They cannot be waived.”¹⁵ 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.¹⁶ 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.¹⁷ 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 areas—creating “vaccine deserts.”¹⁸ Further, vaccine deserts are largely concentrated in low-income communities of color, which commonly lack transportation or rely on public transport.¹⁹ Thus, the populations with high vulnerability to COVID-19 infection and death are the same populations excluded from vaccine access and distribution.²⁰

These disparities are particularly stark in Washington D.C. Vaccination sites at health care centers and hospitals are largely in predominantly white neighborhoods.²¹ Even retail pharmacies supplying the vaccine are generally concentrated in Wards 2, 3, and 6, all of which have a population that is majority white. Additionally, reports in February noted that white District residents have been able to secure vaccine appointments at vaccination hubs intended to service predominantly Black neighborhoods.²² Further, when the vaccine registration opened, white residents were able to secure the lion’s share of appointments. For example, during the week of January 11, Ward 3 residents, a Ward where 81% of residents are white,²³ obtained 2,465 of open vaccine appointments.²⁴ During that same week, in Ward 7, only 197 residents were able to register for a vaccine appointment, and in Ward 8, merely 94 residents obtained appointments.²⁵ Both

Ward 7 and 8 are majority Black communities, with 97.78% of the population being Black in Ward 7 and 91.84% of the population being Black in Ward 8.²⁶

The consequence is that Black residents live much farther, on average, from the closest vaccination site than white residents. In Washington D.C., therefore, Black residents in vaccine deserts must shoulder additional costs of finding transportation to vaccine centers outside of their neighborhoods²⁷ 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 the District'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 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 workers.²⁸ 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 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.
- **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.”²⁹ To avoid vaccine tourism, elected officials should work with the targeted community's stakeholders and leaders to ensure members of the targeted community are prioritized for vaccine resources.³⁰ 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, 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,³¹ 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,³² 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.³³

B. Lack of Digital Access & Difficulties with Online Platforms

State and local governments nationwide, including Washington D.C., 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, predominantly Black neighborhoods and Wards in the District have lower broadband internet subscription rates. According to the Urban Institute, “only 45 percent of households in Ward 7 and 48 percent of households in Ward 8 have broadband subscriptions,” contrasted with 82% in Ward 2 and 86% in Ward 3.³⁴ This digital divide disproportionately impacts the elderly, low-income residents, and those in rural communities.³⁵ 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.³⁶ 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 available vaccine appointments.³⁷ 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.³⁸ 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.**
- **Implement outreach methods from prior successful public education campaigns, such as the use of mobile sign-up units that travel to residencies and frequent high-traffic locations in under-served 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.³⁹ Black people, particularly those who are older or have poor health, are disproportionately represented in unhoused communities,⁴⁰ making them even more susceptible to severe COVID-19 infection and death.⁴¹ Communities of color are also facing increased housing insecurity due to the economic toll of the pandemic.⁴² Black and Latinx households are more than twice as likely to report being behind on housing payments than white households.⁴³ In fact, Black people represent just 21% of all renters, but 35% of all defendants on eviction cases during the pandemic.⁴⁴ In Washington D.C., there are an estimated 6,521 individuals experiencing homelessness.⁴⁵ As of December of 2020, approximately 7% of sheltered homeless people contracted COVID-19.⁴⁶ The unsheltered homeless community also faced substantial obstacles due to COVID, at times exacerbated by the District's actions. Despite CDC guidance stating that forced removal from homeless tent cities and encampments could exacerbate health risks both for the homeless and housed community, D.C. conducted 10 full encampment removals.⁴⁷ 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 cleaning⁴⁸ and frequent handwashing. While the District has created a designated clinic⁴⁹ and established periodic pop-up clinics to vaccinate homeless residents,⁵⁰ there should be greater outreach and vaccination opportunities for the remaining unhoused residents who are unvaccinated.⁵¹

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 4 times greater than the general population.⁵² Like those in other congregated 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.⁵³ 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.⁵⁴ Washington D.C. is no exception; the Department of Corrections staff have attested to likewise conditions in D.C. jails, stating that incarcerated people were not screened for COVID-19, social distancing was not enforced, and corrections staff and inmates alike lacked personal protective equipment.⁵⁵ We applaud your decision to permit vaccination of incarcerated people and urge you to ensure that D.C.'s carceral facilities are equipped to ensure that incarcerated individuals have access to resources about the COVID-19 vaccine so they may make an informed decision about vaccination.⁵⁶

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.⁵⁷ 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

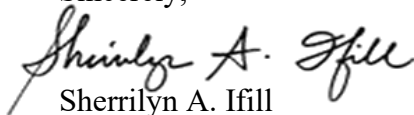
In addition to the above barriers to vaccine equity, there is a nationwide lack of public vaccine distribution data, disaggregated by key demographics, such as race, ethnicity, age, sex, and geographic location.⁵⁸ These gaps in data hinder the public from tracking and evaluating the racial equity of vaccine distribution nationally and within specific localities. Washington D.C. has maintained publicly available data on COVID-19 infections and the status of vaccination efforts.⁵⁹ Although the city has collected such data, there is a clear absence of data reporting the number of incarcerated people who have been vaccinated. We therefore strongly recommend that you publish data on the number of incarcerated people who have been vaccinated. Additionally, we recommend that you continue to collect and publish vaccine administration data 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 Washington D.C.'s vaccine distribution and halt the spread of COVID-19, you must ensure that the District 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 Washington D.C., 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 *COVID-19 Hospitalization and Death by Race/Ethnicity*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#footnote02> (last updated Mar. 12, 2021).

³ Nambi Ndugga, Olivia Pham, Latoya Hill, Samantha Artiga & Salem Mengistu, *Latest Data on COVID-19 Vaccinations Race/Ethnicity*, KAISER FAM. FOUND. (Mar. 3, 2021), <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-covid-19-vaccinations-cases-deaths-race-ethnicity/>; see also *COVID-19 Surveillance*, Washington D.C., <https://coronavirus.dc.gov/data> (last visited April 22, 2021).

⁴ See Khalida Volou “DC has highest percentage of essential employees in US” WUSA 9 (May 12, 2020) <https://www.wusa9.com/article/news/local/dc/dc-essential-workers-jobs-country/65-10935108-93c3-4641-a506-70de4b11e574>; Doni Crawford & Qubilah Huddleston, “The Black Burden of COVID-19” D.C. Fiscal Policy Institute (April 16, 2020) <https://www.dcfpi.org/all/the-black-burden-of-covid-19/> (noting that “[i]n DC, most occupations held by Black workers are those that are deemed essential... For many of these essential workers, physical distancing is simply an impossible economic decision to make.”).

⁵ *Demographic Characteristics of People Receiving COVID-19 Vaccinations in the United States*, CTRS. FOR DISEASE CONTROL & PREVENTION, <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).

⁶ *Id.*

⁷ *Id.*

⁸ See Ndugga et al., *supra* note 3.

⁹ *Vaccination Data*, DC HEALTH, <https://coronavirus.dc.gov/data/vaccination> (last visited April 16, 2021).

¹⁰ United States Census, “QuickFacts: District of Columbia” <https://www.census.gov/quickfacts/DC> (last visited April 16, 2021); *WHO Coronavirus Disease (COVID-19) Dashboard*, WORLD HEALTH ORG., <https://covid19.who.int/> (last visited Mar. 1, 2021).

¹¹ Juana Summers, Little Difference In Vaccine Hesitancy Among White And Black Americans, Poll Finds, NPR, <https://www.npr.org/sections/coronavirus-live-updates/2021/03/12/976172586/little-difference-in-vaccine-hesitancy-among-white-and-black-americans-poll-find> (Mar. 12, 2021) (“There is little difference in reluctance to take the coronavirus vaccine among Black and white people in the U.S.”).

¹² *Id.* (noting that among those surveyed, “73% of Black people and 70% of White people said that they either planned to get a coronavirus vaccine or had done so already; 25% of Black respondents and 28% of white respondents said they did not plan to get a shot”); see also 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); Aja Beckham, Colleen Grablick, & Jenny Gathright, *Black D.C. Residents Say They Want the COVID-19 Vaccine. But The Barriers to Access Are Many*, DCIST (Jan. 27, 2021), <https://dcist.com/story/21/01/27/black-dc-residents-want-coronavirus-vaccine-but-lack-access/>.

¹³ 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 (CDC) recommends, contributes to the racial inequalities in COVID-19 infection and vaccine access. See CDC’s *COVID-19 Vaccine Rollout Recommendations* at, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html> and the CDC’s Advisory Committee on Immunization Practices’ *Phased Allocation of COVID-19 Vaccines*, at <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-20/02-COVID-Dooling.pdf>.

¹⁴ 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>.

¹⁵ *Id.*

¹⁶ See Lucas A. Berenbrok et al., Access to Potential COVID-19 Vaccine Administration Facilities: A Geographic Information Systems Analysis 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”).

¹⁷ *Id.*

¹⁸ See Erin Hare, *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>.

¹⁹ *Id.*

²⁰ See BERENBROK ET AL., *supra* note 16, 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 the 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].”).

²¹ *Vaccination Registration*, DC HEALTH, <https://coronavirus.dc.gov/vaccinatedc> (last visited March 30, 2021).

²² Abby Goodnough & Jan Hoffman, *The Wealthy Are Getting More Vaccinations, Even in Poorer Neighborhoods*, NEW YORK TIMES (Feb. 2, 2021), <https://www.nytimes.com/2021/02/02/health/white-people-covid-vaccines-minorities.html>.

²³ *Population Data for Ward: Ward 3*, DC HEALTH MATTERS, (Jan. 2021), <https://www.dchealthmatters.org/demographicdata?id=131490§ionId=935/>.

²⁴ Margaret Barthel & Colleen Grablick, *DC Health To Open More Than 4,300 Coronavirus Vaccine Appointments On Saturday*, dcist (Jan. 15, 2021), <https://dcist.com/story/21/01/15/dc-coronavirus-vaccines-jan-16/>.

²⁵ *Id.*

²⁶ *2021 Demographics*, DC HEALTH MATTERS <https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131495§ionId=> (last visited April 1, 2021).

²⁷ AllTransit, *AllTransit Gap Finder*, <https://alltransit.cnt.org/gap-finder/> (last visited March 30, 2021) (noting that 24.4% of households in Washington D.C. are underserved by transit.).

²⁸ See, e.g., 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).

²⁹ 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”).

³⁰ 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.

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- ³¹ 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”).
- ³² 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> (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).
- ³³ For example, some cities provide free curbside 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>.
- ³⁴ Leah Hendey, *New Data Reveal Digital Divides across DC Neighborhoods*, Urban Institute (July 25, 2019), <https://greaterdc.urban.org/blog/new-data-reveal-digital-divides-across-dc-neighborhoods>.
- ³⁵ 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/>.
- ³⁶ *Id.*
- ³⁷ Rebecca Tan & Julie Zauzmer, *Vaccine sign-up in the D.C. region has been a mess. It didn't have to be this way*. WASHINGTON POST (March 5, 2021), https://www.washingtonpost.com/local/vaccine-signup-dc-maryland-virginia/2021/03/04/e1cbd598-7ad1-11eb-b3d1-9e5aa3d5220c_story.html. See Cristina Silva, *'It's Life and Death': Non-English Speakers Struggle to Get COVID-19 Vaccine Across US*, USA TODAY (Feb. 22, 2021), <https://www.usatoday.com/story/news/nation/2021/02/22/covid-19-vaccine-registration-non-english-speakers-left-behind/4503655001>; see also Julie Zauzmer, Meagan Flynn, & Antonio Olivo, *Glitches, errors, a nonworking number: D.C. Residents still struggle to get vaccine appointments*, WASHINGTON POST (Feb. 26, 2021), https://www.washingtonpost.com/local/coronavirus-dc-vaccines/2021/02/26/fa78681e-7828-11eb-9537-496158cc5fd9_story.html.
- ³⁸ Sara Ashley O'Brien, *COVID-19 Vaccine Rollout Puts a Spotlight on Unequal Internet Access*, CNN BUS. (Feb. 4, 2021), <https://www.cnn.com/2021/02/04/tech/vaccine-internet-digital-divide/index.html>.
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