



May 11, 2021

Via Electronic and Letter Mail

The Honorable Ron DeSantis
Office of Governor Ron DeSantis
State of Florida
The Capitol
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Tallahassee, FL 32399-0001
GovernorRon.Desantis@eog.myflorida.com

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

Dear Governor DeSantis:

On behalf of the NAACP Legal Defense and Educational Fund, Inc. (“LDF”), American Civil Liberties Union of Florida, and the NAACP Florida State Conference we call on you to take immediate steps to eliminate the stark racial disparities in Florida’s distribution of COVID-19 vaccinations. COVID-19 is a public health crisis that affects the entire Florida 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. As a result, Black and Latinx communities are overrepresented in COVID-19 cases in Florida, accounting for 57% of cases and 42% of deaths.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 have thus far 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 The situation in Florida is equally alarming, as Black residents have only received 8% of the administered vaccinations in Florida and Latinx residents have only received 24%, compared to 79% for white residents.⁷ Recent studies have shown that communities of color are increasingly more willing and intending to receive the vaccine than initially predicted, however, lack of access to the vaccine has led to the stark under-vaccination of Black and Latinx

populations in Florida.⁸ 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.⁹ Indeed, Black communities in Florida have actively sought access to COVID-19 education and vaccine.¹⁰

As Florida’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.¹¹ This disparate treatment directly threatens the rights of Florida Black and Latinx 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 1, Section 2 of the Florida 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.”¹² Quite simply, “[c]ivil rights protections and responsibilities still apply, even during emergencies. They cannot be waived.”¹³ 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.¹⁴ 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.¹⁵ 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.”¹⁶ Further, vaccine deserts are largely concentrated in low-income communities of color, which commonly lack transportation or rely on public transport.¹⁷ Thus, the populations with high vulnerability to COVID-19 infection and death are the same populations excluded from vaccine access and distribution.¹⁸

Expansion of vaccine programs to local retailers such as Publix has also ignored the harsh reality that many lower-income, Black and Latinx, and rural residents do not have these major retail stores nearby.¹⁹ Black and Latinx residents in Florida’s vaccine deserts must shoulder the additional costs and burdens of finding transportation to vaccine centers outside of their neighborhoods—sometimes commuting 25 to 108 miles by public transportation—while juggling employment obligations, childcare responsibilities, declining health, and other consequences of living in racially segregated neighborhoods that are deprived of healthcare resources.²⁰ This trend cannot continue. We strongly urge you to implement the following recommendations to eliminate these inexcusable barriers and racial disparities in Florida’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 in vaccine deserts 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 and/or most vulnerable to COVID-19 infection, including frontline essential workers.²¹ Place new vaccination sites in accessible public spaces within underserved communities, *e.g.*, near 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.²²

- **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.”²³ 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.²⁴ There should also be a public campaign to condemn vaccine tourism and discourage more privileged constituents, or 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,²⁵ 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.²⁶
 - 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,²⁷ 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.²⁸

B. Lack of Digital Access & Difficulties with Online Platforms

State and local governments nationwide, 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, for many Americans nationwide, reliable broadband internet access is a luxury beyond reach.²⁹ This digital divide disproportionately impacts the elderly, low-income residents, and those in rural communities.³⁰ 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.³¹ 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.³² This complicated registration process is compounded by technical issues with vaccine appointment websites, increased demand, and quickly filled book times, further limiting vaccine accessibility for those who lack digital proficiency or the time or capacity to review various websites.³³ 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 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.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 Florida currently has the 15th largest unhoused population and the second largest unsheltered homeless population in the nation with 44% of your unhoused residents living without shelter.⁴¹ These rates are particularly alarming as, 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 cleaning,⁴² 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.⁴³ With approximately 80,000 imprisoned persons, Florida has already experienced 18,069 COVID-19 prisoner cases and 218 COVID-19 prisoner deaths.⁴⁴ As a result, Florida has the fourth highest number of total COVID-19 cases in the nation for state prison systems, with a positive infection rate of 2 times that of Florida overall and a death rate of 1.5 times that of Florida overall.⁴⁵ 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.⁴⁶ 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.⁴⁷ Nevertheless, Florida's vaccine distribution efforts have prioritized the vaccination of carceral staff, and delayed the

vaccination of incarcerated persons.⁴⁸ This approach 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.⁴⁹ Furthermore, 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 outside communities.⁵⁰

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.⁵¹ 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.

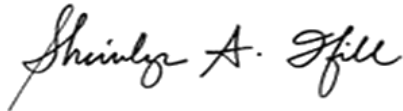
D. Collection and Publication of Demographic Vaccine Data

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.⁵² 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 accurate information in ensuring fair treatment of all Florida residents, we therefore strongly recommend that you continue to require rigorous and frequent collection and publication of vaccine administration data at the state level,⁵³ disaggregated by race, ethnicity, age, sex, disability, English proficiency, geographic location, and other relevant demographics.

To rectify the stark racial disparities in Florida's vaccine distribution and halt the spread of COVID-19, you must ensure that Florida 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 Florida, 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 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).

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 Ndugga et al., *supra* note 3.

⁸ Cary Funk and Alec Tyson, *Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases*, PEW RESEARCH CENTER, https://www.pewresearch.org/science/wp-content/uploads/sites/16/2020/12/PS_2020.12.03_covid19-vaccine-intent_REPORT.pdf, (Dec. 2020); see also Cary Funk and Alec Tyson, *Growing Share of Americans Say They Plan to Get a COVID-19 Vaccine- or Already Have*, PEW RESEARCH CENTER (Mar. 5, 2021), https://www.pewresearch.org/science/wp-content/uploads/sites/16/2021/03/PS_2021.03.05_covid-19-vaccines_REPORT.pdf; Danielle Prieur, *Orlando*

Commissioner Cites Accessibility, Not Hesitancy, For Discrepancy in Blacks' Vaccinations, HEALTH NEWS FLORIDA (Feb. 17, 2021), <https://health.wusf.usf.edu/health-news-florida/2021-02-17/orlando-commissioner-cites-accessibility-not-hesitancy-for-discrepancy-in-blacks-vaccinations>.

⁹ 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>.

¹⁰ Olivia Goldhill, *In Palm Beach, Covid-19 vaccines intended for rural Black communities are instead going to wealthy white Floridians*, STAT NEWS, (Mar. 4, 2021), <https://www.statnews.com/2021/03/04/covid19-vaccines-for-rural-black-communities-going-to-wealthy-white-floridians/>; see also Emerald Morrow, *Data shows Black and Hispanic Floridians left behind in vaccine access*, WTSP, (Mar. 4, 2021), <https://www.wtsp.com/article/news/health/coronavirus/data-shows-black-and-hispanic-floridians-left-behind-in-vaccine-access/67-c1c86c53-516b-44a0-8c37-e5a9f22344bc>.

¹¹ 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 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>.

¹² 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>.

¹³ *Id.*

¹⁴ 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.").

¹⁵ *Id.*

¹⁶ 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>.

¹⁷ *Id.*

¹⁸ See Berenbrok et al., *supra* note 14, 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].").

¹⁹ Melissa Repko, *Covid Vaccine 'deserts' and tech woes: Publix's Florida rollout highlights risks as retailers play a larger role*, CNBC, (Feb. 5, 2021) <https://www.cnbc.com/2021/02/05/covid-vaccine-publix-efforts-in-florida-offer-lessons-for-retailers.html>.

²⁰ Wilkine Brutus, *Palm Beach County Commissioner Fights Against 'Vaccine Deserts' In the Glades Areas*, WLRN 91.3 FM, (Feb. 2, 2021) <https://www.wlrn.org/news/2021-02-02/palm-beach-county-commissioner-fights-against-vaccine-deserts-in-the-glades-area>; see also Stefany Valderrama, *Addressing 'vaccine desert': Wells Rec Center becoming permanent vaccine site*, CBS12 News, (Mar. 11, 2021) <https://cbs12.com/news/local/addressing-vaccine-desert-wells-rec-center-becoming-permanent-vaccine-site>.

²¹ *Id.*

²² 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>.

²³ 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”).

²⁴ 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.

²⁵ 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”).

²⁶ *Id.*

²⁷ 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).

²⁸ 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>.

²⁹ PEW RSCH. CTR., *Internet/Broadband Fact Sheet*, (Apr. 7, 2021) <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/?menuItem=2ab2b0be-6364-4d3a-8db7-ae134dbc05cd> (noting that for households earning less than \$30,000 per year, only 57% have access to broadband internet access at home while 92% of households earning more than \$75,000 per year have broadband internet access at home).

³⁰ 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/>.

³¹ *Id.*

³² 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 Sydney Pereira, *New Yorkers Eligible for COVID Vaccine Report Frustrations With City Registration Websites*, GOTHAMIST (Jan. 11, 2021), <https://gothamist.com/news/new-yorkers-eligible-vaccine-report-frustrations-city-registration-websites>.

³³ Megan Gannon, *Seniors experience issues with Publix vaccine site, company says issue is now fixed*, WFLA FCC, <https://www.wfla.com/community/health/coronavirus/seniors-experience-issues-with-publix-vaccine-site-company-says-issue-is-now-fixed/> (Feb. 15, 2021); see also Jeffrey Schweers, *Florida seniors still struggle to get COVID vaccine, even as DeSantis expands access*, TALLAHASSEE DEMOCRAT, (Mar. 3, 2021) <https://www.tallahassee.com/story/news/local/state/2021/03/01/florida-seniors-covid-vaccine-governor-desantis-expands-access-65-appointment-publix/6866858002/>.

³⁴ 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>.

³⁵ See Ctrs. for Disease Control & Prevention, *Interim Guidance on COVID-19 Vaccination Implementation*, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/vaccination-guidance.html>. (last updated Apr. 30, 2021) (“Homeless services are often provided in congregate settings, which could facilitate the spread of infection, including infection caused by the virus that causes COVID-19. Because many people who are homeless are older adults or have underlying medical conditions, they may also be at increased risk for severe illness.”).

³⁶ Harmeet Kaur, *African Americans Are Disproportionately More Likely to Experience Homelessness, a Government Report Finds*, CNN, (Jan. 24, 2020), <https://www.cnn.com/2020/01/24/us/african-americans-hud-homelessness-report-trnd/index.html>.

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