



Statement of Kate Vlach
Office of the Attorney General

Before

The Committee on Health
The Honorable Vincent C. Gray, Chairperson

Public Oversight Roundtable

The District's COVID-19 Vaccination Process

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Via WebEx
John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
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Introduction

Greetings Chairman Gray, Councilmembers, staff, and residents of the District of Columbia. My name is Kate Vlach, and I have the privilege of serving as an attorney in the Office of the Attorney General for the District of Columbia. I am pleased to appear before you to speak about an issue of great importance to our office: ensuring equitable access to healthcare, particularly the COVID-19 vaccine.

There is not a person among us untouched by the COVID-19 pandemic. At the same time, we know that this disease is not an equal opportunity offender. Because of historical and ongoing structural racism—including vast disparities in access to healthcare, the necessity to continue to work outside of the home, reliance on public transportation, and living in more densely populated neighborhoods including those with more people living in multi-generational homes and multi-unit buildings with less than ideal ventilation systems and less access to green space—Black and Latinx residents of the District have been diagnosed with COVID-19 at two to three times the rate of white residents.¹ Indeed, people of color account for 89 percent of the District’s COVID-19 deaths.² This undisputed reality is well understood and, therefore, must inform our vaccine distribution policy to ensure it does not exacerbate inequality in our city.

¹ “Total Positives by Race/Ethnicity,” *Coronavirus Data*, D.C., <https://coronavirus.dc.gov/page/coronavirus-data> (last visited Jan. 28, 2021).

² “Total Deaths by Race,” *Coronavirus Data*, D.C., <https://coronavirus.dc.gov/page/coronavirus-data> (last visited Jan. 28, 2021). Unfortunately, similar racial disparities in COVID-19 infections and deaths plague the nation. See Dan Keating et al., “Blacks, Hispanics and Asians are still dying from covid-19 at higher rates” The coronavirus is killing black Americans at an alarmingly high rate,” *Wash. Post* (Nov. 20, 2020) <https://www.washingtonpost.com/graphics/2020/health/covid-race-mortality-rate/>.

OAG's Commitment to Health Justice

The Office of the Attorney General (OAG) uses the law to promote the public welfare and to protect the rights of vulnerable populations. Our Elder Justice Section guards seniors against financial exploitation and has monitored nursing home safety during the COVID-19 pandemic; our Social Justice Section fights for healthy and habitable living conditions for residents of affordable housing; and our Civil Rights Section combats discrimination to ensure equitable access to critical services—like healthcare—regardless of race, ethnicity, or disability.

While OAG does not pretend to be an expert in medical services, it is readily apparent that the current vaccine scheduling system has resulted in distribution of the vaccine in a manner that does not match disease risk and, thus, has resulted in significant racial disparities in access to this life-saving vaccine. For example, the first round of vaccine sign-ups, which required seniors to access and quickly navigate an unfamiliar online portal in order to secure an appointment for the vaccine, resulted in 36 percent of all appointments going to residents of the ward with the lowest number of COVID-19 deaths.³ In contrast, only one percent of appointments went to residents of the ward with the highest number of deaths.⁴ The racial impact of this dichotomy is stark and wholly unacceptable—81 percent of residents of the

³ Executive Office of the Mayor. *DC Health to Make Additional Vaccination Appointments Available to Residents of Wards 1, 4, 5, 7, and 8 on Saturday, January 16*, Jan. 15, 2021 at <https://mayor.dc.gov/release/dc-health-make-additional-vaccination-appointments-available-residents-wards-1-4-5-7-and-8>.

⁴ Id.

ward that claimed the most appointments are white and 92 percent of residents of the ward left with the fewest appointments are Black.⁵

A policy or process that produces such disparate outcomes requires all of us to ask a simple question: What barriers are causing this inequality, and how can we make the system more fair and just? OAG commends Councilmembers and DC Health for tackling this question and for being open to improving the vaccine distribution process. It is in this spirit that OAG offers the following suggestions to advance our shared goal of achieving a more equitable approach to distributing the COVID-19 vaccines.

Promoting Equitable Access by Accounting for Barriers

Vaccine policy must account for infrastructural and resource barriers, obstacles that are often correlated with race, age, and disability. Below we offer recommendations that are intended to address these barriers and achieve more equitable access to vaccines.

(1) Offer a variety of registration options to bridge the digital divide.

The current web-based vaccine registration process is shutting out senior Black and brown residents who do not own or have access to comparable technological resources that our better economically positioned neighbors have. For this reason,

⁵ “Race Data For Ward: Ward 8,” DC Health Matters, <https://www.dchealthmatters.org/demographicdata?id=131495§ionId=940> (last visited Jan. 29, 2021); “Race Data For Ward: Ward 3” DC Health Matters, <https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131490§ionId=940> (last visited Jan. 29, 2021).

alternative approaches to vaccine registration that overcome these technology barriers are necessary, including:

- Implementing a waitlist with facilitated sign-ups: Councilmembers have proposed a waitlist process wherein residents register for the vaccine once—perhaps with the help of a family member, friend, or a community organization—and receive notice when an appointment is available based on their prioritization category and risk level. This approach would place residents with fewer tech resources on firmer footing given that more than half of low-income and very-low-income households in the District lack an internet subscription, and that older adults more often lack the technological literacy to deftly navigate an unfamiliar online portal.⁶ It would also leverage the existing relationships and connections of health clinics, church groups, and service organizations that are already in the community and can reach vulnerable populations.
- Investing in non-internet-based registration methods and setting aside additional appointments for offline sign-ups: Just as DC Health has increased staffing for the appointment call center, it should also invest in community-facilitated and door-to-door or person-to-person sign ups (conducted with appropriate PPE and social distancing). These person-to-person contacts should also be armed with truthful information about the

⁶ Connect.DC, *Building the Bridge: Report on the State of the Digital Divide in the District of Columbia* (2015) 9 at https://connect.dc.gov/sites/default/files/dc/sites/connect/page_content/attachments/State%20of%20the%20Digital%20Divide%20Report.pdf.

vaccine to combat misinformation and overcome distrust that people of color might understandably have considering historical mistreatment of minorities during the infamous Tuskegee syphilis study and Henrietta Lack's experience at Johns Hopkins University in Baltimore.

As the Public Health Commissioner of Columbus, Ohio, and a Black physician, Dr. Mysheika Roberts has emphasized, "We have to dig deep, go the old-fashioned way with flyers, with neighbors talking to neighbors, with pastors talking to their church members."⁷ U.S. Census workers have safely employed door-to-door strategies during the pandemic. And in the election context—another mass-mobilization effort we engage in as a citizenry—in-person outreach has been shown to turn out people of color and to build trust on controversial issues.⁸ Reserving batches of appointments for those scheduling over the phone and through door-to-door sign ups would make these modalities viable alternatives to internet registration.

- Optimizing online registration for cellphones and non-broadband connections: We understand that DC Health has made recent changes to the vaccine website to support more traffic and streamline information entry. Ensuring that the site loads well on cell phones and non-broadband

⁷ Hannah Recht & Lauren Weber "Black Americans are getting vaccinated at lower rates than white Americans," *PBS News Hour* (Jan. 19, 2021) <https://www.pbs.org/newshour/health/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans>.

⁸ See Zahra Hirji & Ryan Brooks, "Democrats Turn to Door-Knocking To Win Georgia," *BuzzFeed News* (Nov. 21, 2020). <https://www.buzzfeednews.com/article/zahrahirji/georgia-senate-race-democrats-on-ground-covid>; Benoit Denizet-Lewis, "How Do You Change Voters' Minds? Have a Conversation," *New York Times* (Apr. 7, 2016) https://www.nytimes.com/2016/04/10/magazine/how-do-you-change-voters-minds-have-a-conversation.html?_r=0.

connections should also be a priority because cell phones are the only link to the internet for many Black and Latinx families and because more than a third of residents of Wards 5, 7, and 8 lack broadband internet access.⁹

(2) Offer vaccinations in more locations at more times of day to accommodate mobility barriers and working family’s schedules.

Many residents hit hardest by COVID-19 have limited mobility due to age or disability, lack reliable transportation, and live far from vaccination sites. Ward 8, which has the highest loss of life from the disease, has only two vaccination sites.¹⁰ Preliminary research from the University of California- San Francisco suggests that residents of predominately Black neighborhoods are more likely to visit pop-up sites in their communities than they are to visit mass pre-scheduled clinics at medical facilities.¹¹ Churches, schools, libraries, fire stations and other decentralized locations could serve as accessible vaccination sites, and, once more supply is available, some could host walk-up vaccination fairs without appointments.

Additionally, most appointments are during business hours when families who might assist elders in navigating transportation and other logistics are at

⁹ “Digital Inclusion Initiative,” *Connect.DC*, <https://connect.dc.gov/page/fact-sheet> (last visited Jan. 30, 2021).

¹⁰ Aja Beckham et al., “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/>.

¹¹ See Cameron Scott, “Kim Rhoads helps pioneer pop-up COVID-19 testing to reach Bay Area Black communities,” *UCSF Department of Epidemiology and Biostatistics* (Nov. 16, 2020) <https://epibiostat.ucsf.edu/news/kim-rhoads-helps-pioneer-pop-covid-19-testing-reach-bay-area-black-communities>; See also Jay Caspian Kang, “What the San Francisco Bay Area Can Teach Us about Fighting a Pandemic,” *New Yorker* (Jan. 4, 2021) <https://www.newyorker.com/news/california-chronicles/what-the-san-francisco-bay-area-can-teach-us-about-fighting-a-pandemic>.

work. Offering more vaccinations in the evening and on weekends could promote more equitable access.

(3) Collect and release comprehensive vaccination data.

As has been publicly reported, most states, and the District of Columbia, are not publicly releasing racial and ethnic data on people receiving the coronavirus vaccine, despite the disproportionate COVID-19 death rates for Black and Latinx people.¹² While health equity experts understand that public health officials and vaccinators are properly focused on getting vaccines into arms, data on race and ethnicity are essential to make sure that the vaccine is distributed equitably and to understand the specific reasons why vulnerable communities are not receiving the vaccine. This information is a matter of life and death, given that Black and brown people are nearly three times more likely than their white counterparts to die of COVID-19. As Dr. Reed Tuckson, a former DC Health director and founder of the Black Coalition Against COVID-19, has noted, “There is no public health department anywhere in America that does not, and did not, understand the importance of data-driven public health programs. None of us should be comfortable with excuses. We need to solve the problem.”¹³ Similarly, Dr. Mandy Cohen, Secretary of North Carolina’s Department of Health and Human Services, made

¹² Lola Fadulu & Dan Keating, “Few states are accurately tracking coronavirus vaccinations by race. Some aren’t at all.” *Wash. Post* (Jan. 27, 2021) https://www.washingtonpost.com/local/social-issues/race-data-vaccine-states/2021/01/27/fc9df6de-6001-11eb-afbe-9a11a127d146_story.html.

¹³ *Id.*

clear that, “It’s not just nice data to have. Rather, we use the data very actively ... to better target our vaccination efforts.”¹⁴

The state uses the data to correct inequalities, and the public can use the data to see how the state is performing and to hold it accountable. But currently, District vaccine data lack race and demographic detail and are not available at the neighborhood level. We are heartened that Dr. Nesbitt is focused on this critical issue and stand ready to assist her in ensuring that all medical providers, including hospitals, clinics, and pharmacies, immediately provide this information.

(4) Continue outreach to ensure all populations are being served.

We also must conduct outreach to ensure our vaccine policy accounts for all our residents. For example, through outreach by our Elder Justice Section, we learned that participants in the Elderly and Persons with Disabilities (EPD) waiver program who receive Medicaid-funded home healthcare may be falling through a crack in the current system. These EPD participants are not in group settings where staff are scheduling vaccines, and many cannot schedule appointments on their own. We urge the Council to take special care to ensure that elders and persons with disabilities who are not living in congregate settings are getting the vaccination support they need, and that vaccine policy is informed by outreach throughout the District. This roundtable is an important part of that effort.

¹⁴ Id.

(5) Continuously broadcast facts about vaccine safety and availability.

Finally, we have been pleased with the increasing number of educational events to spread the word about vaccine safety to counter misinformation and increase vaccine confidence. The Office of Attorney General is adding its voice to the chorus and will promote the message to and through our networks of legal service partners, our youth advisory council, our faith leaders group, and our Cure the Streets violence interrupters. We encourage all District agencies to join us in activating all existing channels to deliver frequent updates about the efficacy and availability of the COVID-19 vaccine.

Conclusion

I want to thank this Committee for convening this critical conversation about how to keep all residents safe and healthy in the face of the COVID-19 pandemic. We at the Office of the Attorney General are grateful for the Council's enduring efforts to achieve health justice in the District. I am happy to answer any questions that members may have.