



February 1, 2021

Governor Charlie Baker
Massachusetts State House
Office of the Governor
24 Beacon Street, Room 280
Boston, MA 02133

Secretary Marylou Sudders, MSW, ACSW
Executive Office of Health and Human Services
1 Ashburton Place, 11th floor
Boston, MA 02108
marylou.sudders@state.ma.us

Commissioner Monica Bharel, MD, MPH
Massachusetts Department of Public Health
250 Washington Street, 2nd floor
Boston, MA 02108
monica.bharel@state.ma.us

Re: Urgent Need to Address Vaccine Administration Concerns

Dear Governor Baker, Secretary Sudders, and Commissioner Bharel,

Lawyers for Civil Rights and the Greater Boston Latino Network write to urge the Commonwealth to take affirmative and proactive steps to ensure that communities of color and immigrant communities, already hit hardest by COVID-19, will have unimpeded access to the vaccine.

In Massachusetts, the significant health disparities in contracting COVID-19 are well documented. A recent study from Harvard T.H. Chan School of Public Health and Beth Israel Deaconess Medical Center found that cities with the largest population of Black and Latinx communities in Massachusetts suffered higher COVID-19 infection rates and death. Researchers found an additional 10 percent increase in the Black population, with 312.3 more cases per 100,000 people. There was also a 10 percent increase in the Latinx population with 258.2 more cases per 100,000.¹ The death rate for Black and Latinx residents in the Commonwealth is three times higher than for white residents.²

Accordingly, we applaud and commend Governor Baker's pledge to reserve 20 percent of the state's vaccine supply for hard-hit communities in recognition of the disproportionate impact

¹ *Hundreds of Medical Professionals Call on Baker to Prioritize Vaccine Access for Black and Immigrant Communities*, Boston Globe (January 18, 2021) (retrieved from <https://www.bostonglobe.com/2021/01/19/metro/hundreds-medical-professionals-call-baker-prioritize-vaccine-access-black-immigrant-communities/>).

² *Across Two Waves: COVID-19 Disparities in Massachusetts*, Boston Indicators (December 18, 2020) (retrieved from https://www.bostonindicators.org/reports/report-website-pages/covid_indicators-x2/2020/december/persisting-covid-disparities).



COVID-19 has had on communities of color.³ However, we join and support the hundreds of medical professionals and community leaders throughout Massachusetts calling upon the Governor and Department of Health to actively fulfill this promise by ensuring vaccines are delivered and administered directly in minority communities, and not merely set aside.⁴ As outlined below, there are multiple safeguards the Commonwealth can implement in its vaccination program that can help ensure urgently needed accessibility in our hardest-hit communities and populations. It is the responsibility of the state to provide equitable access to vaccines via good public policy that protects our most vulnerable.

Lawyers for Civil Rights is a non-profit, non-partisan organization formed to marshal the resources of the legal community to address discrimination. We engage in impact litigation as well as policy advocacy and community education. We are a steering committee member of the Greater Boston Latino Network. We also run a medical-legal partnership with MGH, where we provide free legal support to hundreds of low-income patients from communities of color and immigrant communities who have been directly impacted by COVID-19.

I. Increase the number of vaccination sites in communities of color by directly partnering with trusted community-based organizations

Despite Governor Baker's 20 percent pledge during Phases Two and Three of the state's vaccination plan,⁵ there have already been stark disparities in vaccine access during Phase One. Currently, white residents in the Commonwealth make up around 71 percent of the state's population,⁶ and have overwhelmingly been the recipients of the state's vaccine program. Of the 496,103 doses administered in Massachusetts as of January 28, approximately 43 percent of those who are fully vaccinated are white residents, while less than 10 percent of Black, Latinx, and Asian residents combined are fully vaccinated.⁷

Additionally, Black and Latinx residents living in Suffolk County, one of the state's most populated and diverse counties, are more likely to need to travel farther for a vaccine. In Suffolk County, less than 14 percent of Black residents and around 26 percent of Latinx residents live within 1 mile of a vaccination site, compared with nearly 46 percent of white residents.⁸ Additionally, the only public mass vaccination site in Suffolk County opening February 1 for priority groups is Fenway Park—miles away from severely affected areas. There are not enough Commonwealth-run vaccination sites in hard-hit communities such as Dorchester, Mattapan,

³ *Vaccine Rollout Earmarks Additional Doses for Hard-Hit Mass. Communities. But Delivering on that Could be a Challenge*, Boston Globe (December 22, 2020) (retrieved from <https://www.bostonglobe.com/2020/12/22/nation/vaccine-rollout-earmarks-additional-doses-hard-hit-mass-communities-delivering-that-could-be-challenge/>)

⁴ *See Hundreds of Medical Professionals Call on Baker to Prioritize Vaccine Access for Black and Immigrant Communities*, *supra* n. 1.

⁵ *COVID-19 Vaccination Program*, Massachusetts Department of Public Health (retrieved from <https://www.mass.gov/info-details/covid-19-vaccination-program>).

⁶ *Massachusetts Population Estimates*, United States Census Bureau (as of July 1, 2019) (retrieved from <https://www.census.gov/quickfacts/MA>).

⁷ The state has incomplete vaccination data re: race and ethnicity, as around 28% of doses are labeled unknown or other. *Massachusetts Department of Public Health COVID-19 Dashboard* (January 28, 2021) (retrieved from: <https://www.mass.gov/doc/weekly-covid-19-vaccination-report-january-28-2021/download>).

⁸ *In Suffolk County, Black and Latino Residents Face Stark Disparities In Vaccine Access*, Boston Globe (January 23, 2021) (retrieved from <https://www.bostonglobe.com/2021/01/23/nation/suffolk-county-black-latino-residents-face-stark-disparities-vaccine-access/>).

East Boston, and Chelsea—where the average daily incidence rate of COVID-19 cases is among the highest in the state at 142.6 infections per 100,000 people.⁹ As of February 1, the only local vaccination site to be added in this area is the Reggie Lewis Center at Roxbury Community College.¹⁰ However, this location is still around 10 miles from one of the hardest hit communities in the state, Chelsea, where many residents are patients at the MGH HealthCare Center, and do not have access to a car. Several Walgreens in Chelsea and Roxbury have been added as general vaccination sites starting in Phase Two, but it is unclear how many vaccination appointments these locations will be able to accommodate daily.

Our concern is that there is not yet a publicly available plan that details exactly where and how the state is going to administer vaccines to hard-hit communities during Phases Two and Three. We strongly urge the Commonwealth to articulate and implement such a plan.

Vaccination site accessibility efforts should include:

- Modeling a location-based strategy similar to that of Rhode Island which, as a matter of public health and equity with respect to vaccine distribution, prioritized its most severely affected and densely populated communities. Central Falls, Rhode Island, one of the worst-hit areas in the Northeast, is a working-class city with a majority Latinx population, nearly half of which was infected with COVID-19 by the end of 2020.¹¹ A location-based vaccine distribution, such as the Rhode Island model, could also help reduce vaccine waste and ensure that more individuals are getting immunized (as opposed to vaccines going unused).
- Collaborating with trusted community partners such as the Greater Boston Latino Network to identify appropriate mass vaccination sites¹² within priority zip codes to increase vaccine accessibility. For example, Inquilinos Boricuas en Acción (IBA) could set-up a vaccination tent in the public plaza at the heart of Villa Victoria in Boston's South End. These trusted community-based sites can support the Commonwealth's vaccination campaign with linguistic-competency and culturally-relevant practices.
- Accounting for other variables, such as hours that vaccination sites are open, and provide options for alternative and late-shift essential workers to get immunized.
- Addressing neighborhoods and communities that lack an easily-accessible CVS/Walgreens so that a vaccination site is within reasonable traveling distance.

⁹ *In Suffolk County, Black and Latino Residents Face Stark Disparities In Vaccine Access*, *supra* n. 8.

¹⁰ *Covid-19 Vaccination Locations*, Commonwealth of Massachusetts (<https://www.mass.gov/info-details/covid-19-vaccination-locations>)

¹¹ *Should Residents of Hard-Hit Cities and Towns Be Vaccinated Before Other Groups? Some Epidemiologists Think So*, Boston Globe (December 24, 2020) (retrieved from: <https://www.bostonglobe.com/2020/12/23/nation/should-residents-hard-hit-cities-towns-be-vaccinated-before-other-groups-some-epidemiologists-think-so>).

¹² Mass vaccination sites are defined as high volume, large venue sites. *Supra* n. 10.

II. Incorporating centralized statewide pre-registration and communications

There are also significant concerns about additional logistical hurdles to overcome, particularly as the state expands eligibility to larger populations starting in February under Phase Two. We are troubled that Massachusetts presently does not have one centralized website where individuals can pre-register and sign up to receive the vaccine. There have already been reports of Massachusetts residents frantically calling their local health department or primary care doctor for information about when they may be able to get the vaccine—only to hear that most of the time, doctors and local departments also do not have the answers. Other states such as New Mexico, Oklahoma, and Indiana have launched websites and other systematized communication portals to allow residents to preregister for a vaccine and alert them when an opening is available—making these states among the top third of states nationally for administering doses per population.¹³

For example, New Jersey’s Vaccine Scheduling System (NJVSS)¹⁴ and New Mexico’s Department of Health have a vaccine pre-registration site to schedule both the initial vaccine and subsequent booster shot.¹⁵ Incorporating a similar system is imperative to ensuring that all of Massachusetts’ allotted vaccines are being administered to the public, with a particular equity lens for communities of color, and no doses go to waste. So far, the state has struggled to capitalize on such a system, thus rendering precious vaccine doses unused. Only about 43 percent of doses shipped to Massachusetts have been administered.¹⁶ By allowing eligible residents to pre-register on a statewide website, the system can answer questions about when individuals are eligible, give real-time notifications as to when each individual’s Phase is activated, instruct registrants how to set up an appointment, and provide other necessary and timely updates.

III. Partner with community-based organizations in organizing public health education inclusive of cultural competence and language accessibility

It also must be acknowledged that there are historical reasons for medical distrust among many people of color, including mistreatment, abuse, and generations of unequal access to medical treatment.¹⁷ In a December 2020 survey of Massachusetts residents conducted by Suffolk University and the Boston Globe, only 11 percent of Black and 32 percent of Latinx respondents said that they were willing to get vaccinated as soon as possible. The survey also revealed that about one-third of Black residents and nearly one-quarter of Latinx residents do not want to receive a vaccine at all.¹⁸ Two hurdles must be primarily addressed in overcoming vaccine hesitancy: 1) the overall lack of access to accurate information about the vaccine and where to easily obtain one; and 2) again, a justified lack of trust in the government and medical programs

¹³ *Massachusetts Lagging Behind Most Other States in COVID-19 Vaccination Rollout*, Boston Globe (January 23, 2021) (retrieved from: <https://www.bostonglobe.com/2021/01/23/metro/massachusetts-lagging-most-other-states-covid-19-vaccination-rollout/>)

¹⁴ See *New Jersey Scheduling System (NJVSS)*, <https://covidvaccine.nj.gov/>

¹⁵ See *New Mexico Department of Health COVID-19 Vaccine Registration System*, <https://cvvaccine.nmhealth.org/>

¹⁶ See *Massachusetts Lagging Behind Most Other States in COVID-19 Vaccination Rollout*, *supra* n. 13.

¹⁷ *Coronavirus Vaccines Face Trust Gap in Black and Latino Communities, Study Finds*, Washington Post (November 23, 2020) (retrieved from: <https://www.washingtonpost.com/health/2020/11/23/covid-vaccine-hesitancy/>).

¹⁸ *Vaccine Rollout Earmarks Additional Doses for Hard-Hit Mass. Communities. But Delivering on that Could be a Challenge*, *supra* n. 3.

due to past and present discrimination, inclusive of abuses against people of color.¹⁹ By directly partnering with trusted community-based organizations such as the Greater Boston Latino Network, public health educators can collaborate to help build bridges into communities of color and immigrant communities, and to provide accurate and truthful information.

In addition to communicating accessibility information such as where and when the vaccine is available, health authorities need to directly address concerns relevant to certain communities of color and immigrant communities. Anti-immigrant rhetoric and initiatives, particularly over the past several years, have heightened fear and anxiety in immigrant communities about any involvement with governmental entities. For undocumented immigrants, there is concern of having their data shared with immigration authorities. Lawyers for Civil Rights has fielded a number of calls from undocumented individuals who are concerned they will be deported if they receive a vaccine. Documented immigrants share similar concerns and confusion, particularly around the rule promulgated by the Trump Administration that expands who can be deemed a “public charge” and thus ineligible to adjust status, based on receipt of public benefits. To this day, these fears have caused many immigrants to resist signing up for federally-funded programs, including COVID-19 tests or vaccines.²⁰

For Black Americans, health officials need to broach the issue of heightened concerns of vaccine side effects. In a survey by the Kaiser Family Foundation, 71 percent of vaccine-hesitant Black respondents reported this was their biggest concern. Black respondents were also twice as likely to worry they might get COVID-19 from vaccination.²¹ A public health education campaign must include partnership with trusted voices within Black communities. Public health education also should include detailed information on vaccine side effects for those with comorbidities, including diabetes, hypertension, or asthma—all conditions that disproportionately impact Black patients.²²

In addition to culturally competent public health education, language accessibility is also highly important. For example, in addition to being prioritized by zip code, residents of the Central Falls Housing Authority in Rhode Island have received information on how to reserve a vaccination time in both English and Spanish.²³ Similarly, any statewide registration system that Massachusetts establishes must be available in multiple languages inclusive of communities with other primary languages outside of English, including but not limited to Spanish, Portuguese,

¹⁹ *The Best Evidence for How to Overcome COVID Vaccine Fears*, Scientific American (January 7, 2021) (retrieved from <https://www.scientificamerican.com/article/the-best-evidence-for-how-to-overcome-covid-vaccine-fears1/>).

²⁰ *Fear of Deportation Prompts Undocumented Immigrants to Resist COVID-19 Vaccine*, WBGH (January 7, 2020) (retrieved from <https://www.wgbh.org/news/local-news/2021/01/05/fear-of-deportation-prompts-undocumented-immigrants-to-resist-covid-19-vaccine>).

²¹ *Kaiser Family Foundation COVID-19 Vaccine Monitor: December 2020*, Kaiser Family Foundation (December 15, 2020) (retrieved from <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>).

²² *Black People Are Justifiably Wary of a Vaccine. Their Trust Must Be Earned*, Washington Post (December 9, 2020) (retrieved from <https://www.washingtonpost.com/opinions/black-people-are-justifiably-wary-of-a-vaccine-their-trust-must-be-earned/>).

²³ *COVID-19 Vaccine to Be Delivered to Central Falls Housing Authority later this week*, Boston Globe (December 28, 2020) (retrieved from <https://www.bostonglobe.com/2020/12/28/metro/covid-19-vaccine-be-delivered-central-falls-housing-authority-later-this-week/>).

Haitian Creole, Khmer, and Mandarin. Furthermore, it is critical that multilingual public health educators/providers (or interpreters) be made available.

IV. Culturally competent and language accessible health education must also be given to those incarcerated or detained in the Commonwealth

We also urge the Commonwealth to give culturally competent public health education regarding the vaccine to those who are incarcerated and detained within the state's criminal and immigration systems. These educational materials should be offered in the individual's primary/preferred language. Having public health educators and health care workers who speak the individual's language—or having an interpreter present—is of extreme importance to address general and culturally relevant concerns.

So far in Bristol County, only around 9 percent of about 700 prisoners and immigrant detainees have agreed to be vaccinated.²⁴ Imprisoned individuals are particularly concerned about unethical medical practices—inclusive of vaccinations—and are particularly susceptible to general misinformation or a lack of accurate information regarding the vaccine. Individuals who are incarcerated and detained comprise an extremely vulnerable group in society whose personal agency and mobility during a pandemic have been expressly limited by the state. As such, the state must take additional measures to overcome mistrust of a government-issued vaccine.

Prison advocates have noted reports from some inmates in the state that they were handed written materials about the vaccine (it is unknown whether or not these materials were made available in multiple languages other than English), and given around thirty minutes to review the information given. Then, they needed to fill out a form about whether or not they would take the vaccine. These inmates said that the Department of Corrections (DOC) did not make staff available to answer questions about a range of issues, including how the vaccine may interact with allergies or pre-existing conditions.²⁵ In order to bridge this informational and equity gap, the Commonwealth must proactively administer culturally competent and comprehensive public health education to all of those incarcerated and detained within the state so a fully well-informed decision may be made by each individual.

V. Vaccination sites must be free of law enforcement, including police and Immigration and Customs Enforcement (ICE)

As stated above, immigrants in the Commonwealth have expressed fear of deportation by having their information shared with ICE. Even though medical privacy laws prevent medical and health providers from sharing information with ICE, pervasive and legitimate fears within the immigrant community exist due to the presence of ICE and law enforcement in neighborhoods.

For example, 66 percent of the 40,000 residents in Chelsea—one of the communities hardest-hit by COVID-19—are Latinx, many of whom are working class and undocumented.²⁶ Chelsea is

²⁴ *Prison, Jail Inmates are Starting to Receive COVID-19 Vaccines. Some are Passing on the Offer*, Boston Globe (January 22, 2021) (retrieved from <https://www.bostonglobe.com/2021/01/22/nation/prison-jail-inmates-are-starting-receive-covid-19-vaccines-some-are-passing-offer/>)

²⁵ *Prison, Jail Inmates are Starting to Receive COVID-19 Vaccines. Some are Passing on the Offer*, *supra* n. 24.

²⁶ *Chelsea, City of the Working Latino Immigrant, Emerges as a COVID-19 Hotspot*, Boston Globe (April 7, 2020) (retrieved from <https://www.bostonglobe.com/2020/04/07/opinion/chelsea-city-working-latino-immigrant-emerges-covid-19-hotspot/>)



also incredibly densely populated: as a result of earning low wages in a high-cost housing market, the majority of residents live in overcrowded housing (defined as more than one person living in one bedroom). In addition to being economically vulnerable, many undocumented residents have limited access to health care and may elect out of public-health options due to fears about having their personal information shared with ICE. As a result, many immigrants in the community have justifiably been afraid to interact with actors perceived as potentially being capable of leaking information to either law enforcement or the federal government—ranging from administrators of benefits programs to healthcare providers.²⁷

Therefore, the state must ensure that public vaccination sites are free of law enforcement, including local and state police as well as ICE officials. Additionally, during community public health education as well as at the vaccination sites themselves, state and health authorities must be extremely clear about an individual's rights under these medical privacy laws. It must be explained exactly where any collected information is going, and what the information can—and cannot—be used for.

VI. Working in Partnership

Unless the Commonwealth proactively addresses the equity gap in vaccine access and administration, further disparities will prevail. Through collective efforts—setting up more vaccination sites directly in severely affected communities of color and immigrant communities; implementing a statewide registration/communications portal; and offering culturally competent and language accessible public health education to some of the state's most vulnerable populations—the Commonwealth can help urgently protect the public health of all of us from this relentless virus.

We respectfully request a meeting with you and other relevant leaders, so we can explore these urgent issues in greater detail. We want to help strengthen the Governor's equity efforts regarding vaccine access for all. Please feel free to follow up with the team at Lawyers for Civil Rights including Melanie Gleason, Laura Maslow-Armand, Nina Garcia, Iván Espinoza-Madrigal, and Oren Sellstrom at mgleason@lawyersforcivilrights.org. We stand ready to assist in this effort any way that we can.

Sincerely,

Lawyers for Civil Rights

Greater Boston Latino Network (GBLN)

²⁷ *How Fear Spreads the Coronavirus*, The Atlantic (May 29, 2020) (retrieved from <https://www.theatlantic.com/politics/archive/2020/05/immigrants-sick-covid-19-are-scared-seek-help/612142/>).