

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et
al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

**MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS' MOTION
FOR A PRELIMINARY INJUNCTION**

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Our country is in an unprecedented pandemic. COVID-19 has infected over one million people. Alabama alone has over 10,000 confirmed COVID-19 cases and over 400 deaths. This crisis is likely to last for many months or longer.

In these extraordinary circumstances, multiple provisions of Alabama law pose direct and severe obstacles to voting: (1) the requirement that an absentee ballot include an affidavit that is either notarized or signed by the voter in the presence of two adult witnesses, Ala. Code §§ 17-11-7 to 17-11-10 (“Witness Requirement”); (2) the requirement that copies of a voter’s photo ID accompany absentee ballot applications, *id.* § 17-9-30(b), or absentee ballots, *id.* §§ 17-11-9 and 17-11-10(c) (“Photo ID Requirement”); and (3) the prohibition on curbside voting (“Curbside Voting Prohibition”) (collectively, the “Challenged Provisions”).

Plaintiffs seek to enjoin the Witness Requirement for all voters because it violates the fundamental right to vote under the U.S. Constitution, Section 201 of the Voting Rights Act (“VRA”), and the Americans with Disabilities Act (“ADA”). Plaintiffs People First of Alabama, Porter, and Thompson seek an injunction against the Photo ID Requirement that, as interpreted by Secretary Merrill, Governor Ivey, and State of Alabama (collectively, the “State Defendants”) and as applied to elderly or disabled voters who are most vulnerable to COVID-19, violates the U.S. Constitution and ADA. And Plaintiffs seek to enjoin the Curbside Voting Prohibition because it violates the U.S. Constitution and ADA by denying voters a reasonable

and safe means of voting in person.

To ensure voters remain safe during the pandemic, the Centers for Disease Control and Prevention (“CDC”) recommends that states “[e]ncourage voters to use voting methods that minimize direct contact with other people” and permit “drive-up voting.” Ex. 1. The Challenged Provisions flout this guidance and pose a risk to the lives of Plaintiffs and many thousands of other voters who seek a safe method of exercising their right to vote in the July 14, 2020 primary runoff elections. Moreover, the burdens of the Witness Requirement and Curbside Voting Prohibition fall more heavily on Black voters, who are more likely to live alone and have a disability and are afflicted by and die from COVID-19 at starkly disproportionate rates. Ex. 2.

Because at least tens of thousands of Alabama voters are at risk of being disenfranchised, Plaintiffs ask that the Court enjoin the Challenged Provisions.

FACTUAL BACKGROUND

I. The COVID-19 Pandemic

As Plaintiffs’ expert Dr. Arthur Reingold explains: COVID-19 is a disease caused by the novel coronavirus SARS-CoV-2, which spreads mainly from person-to-person through close contact and respiratory droplets when an infected person coughs or sneezes. Reingold Decl. ¶¶ 6-7 (Ex. 3). People infected may transmit the virus without showing symptoms themselves. *Id.* ¶ 10.

COVID-19 can cause severe consequences, including long-term illness and

death. Ex. 3 ¶ 6; *see also* Ex. 5. It is ten times deadlier than the flu. Ex. 4. Anyone can get COVID-19, but it is particularly fatal for older people and people with certain medical conditions. Reingold Decl. ¶ 6. WHO data shows a 3.6% mortality rate for people age 60-69 and an 8% rate for those age 70-79. Ex. 6.

II. Public Health Guidance Regarding COVID-19

No vaccine currently exists and one will likely not be available for over a year. Ex. 3 ¶ 9. Social distancing is the only effective means of protecting against COVID-19 infection. *Id.* Governor Ivey has emphasized that “a 6-foot distance between one another is paramount.” Ex. 7. But virus particles may spread 16 feet from a cough or 26 feet from a sneeze. Ex. 9. The Alabama Department of Public Health (“ADPH”) has told the public “to spend as much time as possible at home.” Ex. 8.

The CDC has issued guidelines concerning voting during the COVID-19 pandemic, encouraging “voters to use voting methods that minimize direct contact with other people [,]” including “drive-up voting” and “mail-in methods of voting.” Ex. 1. There is no evidence that the virus is spread via the mail. Ex. 10. The medical risks of widespread in-person voting during the pandemic are increasingly clear. *See, e.g.*, Ex. 11, Ex. 12. For example, Wisconsin has identified 52 people who participated in-person in its April 7 primary and have now tested positive. Ex. 13.

III. The Effect of COVID-19 in Alabama

Governor Ivey declared a State of Emergency on March 13, 2020. Ex. 14.

Beginning March 19, she issued various orders limiting the operation of public facilities and businesses, culminating in the amended May 8th “Safer-at-Home” order effective until May 22. Ex. 15 (March 19 order); Ex. 16 (March 26 order); Ex. 17 (April 2 order); Ex. 18 (April 3 order); Ex. 19 (April 28 order); Ex. 20 (May 8 “Safer-at-Home” order). The State of Emergency will last until July 12. Ex. 21.

Under the Safer-at-Home order, some businesses may open, subject to social distancing rules. Ex. 19 at 2-5. But all Alabamians, “especially vulnerable persons”—*i.e.*, those above 65 or with certain conditions—are encouraged to stay home and stay six feet apart from people outside of their household. *Id.* at 2.

Still, the number of COVID-19 cases are rising throughout Alabama. Mobile County, which has a July 14 primary runoff in the First Congressional District, is one of the counties hardest hit by COVID-19. Ex. 22; *see also* Dkt. 1 ¶ 74. As of May 11, Mobile County had 1,478 confirmed cases of COVID-19. Ex. 23.

Moreover, community transmission of COVID-19 is expected to persist until the widespread use of a vaccine. Ex. 3 ¶ 11. Alabama’s top health officer has also stated that this pandemic’s “end is not yet in sight.” Ex. 24. The rate of transmission in Alabama may have increased after the Governor lifted the strict stay-at-home order and adopted the more relaxed Safer-at-Home order on April 30. Ex. 25. On April 30, the seven-day average of new cases was 177, and the 14-day average of new cases was 194. Ex. 26. By May 5, the seven-day average of new cases was 241,

and the 14-day average was 222. *Id.* As of May 11, the ADPH reported 1,245 hospitalizations; 10,009 infections; and 401 deaths from COVID-19. Ex. 2; Ex. 27.

IV. Alabama's Upcoming Elections

Throughout 2020 in Alabama, there are major statewide elections on July 14, Ex. 30, and November 3, and dozens of local elections set for August 25. Ex. 28. Secretary Merrill initially dismissed inquiries about a COVID-19 related safety plan, including curbside voting, for the July 14 primary runoff. Ex. 29; *see also* Doc. 1 ¶ 86. But, on March 28, Secretary Merrill issued an emergency rule that permits every Alabamian to vote absentee, but this rule maintains the Witness and Photo ID Requirements. Ex. 31. When a voter publicly asked Secretary Merrill how a person without a copier at home could satisfy the Photo ID Requirement in the pandemic, the Secretary sarcastically dismissed the question. Ex. 32; *see* Dkt. 1 ¶¶ 123-124.

On March 19 and April 17, Plaintiffs requested that Secretary Merrill remove the Witness Requirement and allow curbside voting to protect the safety of voters in upcoming elections. Ex. 33; Ex. 34. Secretary Merrill did not respond to this request.

On April 8, Secretary Merrill wrote to the U.S. Election Assistance Commission requesting over \$6 million in funds to pay for an anticipated significant increase in absentee voting and other voting changes due to COVID-19. Ex. 35.

V. The Risks Posed by the Challenged Provisions in the COVID-19 Crisis

A. The Witness Requirement

The Witness Requirement compels voters to sign an affidavit accompanying

their absentee ballot before either a notary or two adult witnesses, Ala. Code §§ 17-11-7 to 17-11-10. But thousands of voters do not live with two other adults, and so cannot satisfy this requirement without violating social distancing protocols.

Of the 3.8 million Alabamians of voting age, about 1.57 million adults live alone or with only one other person. Cooper Decl. ¶ 13 (Ex. 36). Over 14% (555,330) of adult Alabamians live alone, and 38.9% (215,966) of them are age 65 and older. *Id.* ¶ 7. Around 30% of Alabamians over 18 and 44% of Alabamians over 65 both live alone and have a disability. *Id.* ¶ 8. These numbers are similar in the First Congressional District. *Id.* ¶¶ 19-20.

Of the 980,850 Black Alabamians of voting age, 19% (186,497) live alone. *Id.* ¶ 9. And 29.7% (55,388) of Black Alabamians over age 18 who live alone have a disability. *Id.* ¶ 11. Of all Black households (*i.e.*, not individuals), 37.1% are people who live alone, while 27.5% of White households are people who live alone. *Id.* ¶ 16(d). And 14.1% of all Black and 3.8% of White households are headed by women who live alone with children under 18 (*i.e.*, not legally competent witnesses). *Id.*

B. The Photo ID Requirement

The Photo ID Requirement requires persons submitting an absentee ballot application (and some absentee ballots) to include a copy of their photo ID. Ala. Code. §§ 17-11-9 and 17-9-30. A voter who fails to provide ID with the application cannot receive an absentee ballot. *Id.* § 17-9-30(b). Those voters who must return ID

with their absentee ballot must do so, *id.* § 17-10-1(c), or their ballot will be rejected if they do not provide ID pursuant to a provisional ballot process. *Id.* § 17-10-2(a)(3).

Given the Safer-at-Home order and social distancing guidelines, many offices, county courthouses, public libraries, schools, and businesses remain closed. Yet, many voters lack access to the technology needed to make copies at home: 12.8% (over 200,000) of all Alabama households lack a computer, smartphone, or tablet. Attach. A-2 to Cooper Decl., at 9. Even if such a voter could find an open store to copy their IDs, over 6% of all Alabamians lack a vehicle, and may need to take public transit, increasing the risk of infection for themselves and others. Ex. 9.

Moreover, tens of thousands of Alabama voters lack photo ID and now cannot get one. Since March 23, nearly every photo ID-issuing office in Alabama, including the Alabama Law Enforcement Agency (“ALEA”) offices and county courthouses, are closed. Ex. 37; Ex. 38 at 1; Ex. 39; Ex. 40 at 1. To the extent ALEA continues to operate any photo ID-issuing offices, it discourages vulnerable persons from visiting driver license locations. Ex. 37. And there is no evidence that Secretary Merrill has deployed “mobile ID units” to issue IDs since at least April 3. Ex. 41.

Yet Secretary Merrill’s emergency rule instructs voters that the Photo ID Requirement remains in effect, and he does not interpret the existing exemption to the Photo ID Requirement in Alabama Code § 17-9-30(d) to apply to voters with conditions that put them at a higher risk from COVID-19 infection. Ex. 31; Ex. 32.

C. Curbside Voting Prohibition

No provision of Alabama law known to Plaintiffs expressly prohibits curbside or drive-thru voting. *See generally* Ala. Code § 17-9-1 to § 17-9-15. Nonetheless, Secretary Merrill prohibits election officials from offering curbside voting. For example, on November 8, 2016, Secretary Merrill ordered a polling place that was offering curbside voting to voters with disabilities to immediately stop. Dkt. ¶ 129; Ex. 42. The county complied. *Id.* Secretary Merrill has not indicated he will permit curbside voting in the pandemic. Ex. 29. Yet the CDC “[e]ncourage[s] drive-up voting,” Ex. 1, and the Governor has also encouraged “drive-in” gatherings to protect individuals, particularly vulnerable persons, from COVID-19. Ex. 19 at 2.

A majority of states permit curbside voting. Ex. 43 at 63. Additional states have used curbside voting as a safety accommodation to voters during the pandemic, including Arkansas (Ex. 44), Ohio (Ex. 45), Wisconsin (Ex. 46), and Wyoming. Ex. 47. Nothing indicates that curbside voting in these states led to fraud or other issues.

D. The Racial Impact of the Challenged Provisions and COVID-19

Nationally, the COVID-19 pandemic has had a particularly devastating effect on Black people. Ex. 48 at 459. Sadly, these racially disparate patterns of illness and mortality due to COVID-19 exist in Alabama as well. As of May 11, Black people in Alabama represent 38.4% of reported COVID-19 cases and 45.5% of related deaths, despite making up just 27% of the state’s population. Ex. 2. In Mobile

County, as of May 11, Black people accounted for 44.2% of infections, 59.1% of hospitalizations, and 52.9% of COVID-19 deaths, despite being only 36% of the county's population. Ex. 23. For this reason, Dr. Karen Landers of the ADPH has directly urged Black people to "stay at home" and practice social distancing. Ex. 49.

Plaintiffs' expert, Dr. Courtney Cogburn, explains that racial disparities in serious illness and death due to COVID-19 are inextricably tied to discrimination in healthcare, housing, and employment. Cogburn Decl. ¶¶ 6-15 (Ex. 50). This includes discrimination in healthcare, the rationing of COVID-19 testing and care, and the increased risk of underlying diseases linked to segregation. *Id.* The CDC agrees that racial disparities related to COVID-19 result from "institutional racism." Ex. 51.

Racial discrimination in Alabama has resulted in similar inequalities. In Alabama, 20.7% of Black and 13.7% of Whites people work in "essential" service jobs forcing them to leave home and face increased exposure to COVID-19. Cooper Decl. ¶ 16(c). By contrast, 39.1% of White people versus only 26.2% of Black Alabamians hold "white collar" jobs that are much more likely to allow them to work safely at home. *Id.* Black Alabamians are also more likely than Whites to lack health insurance (11.5% vs. 8.1%), *id.* ¶ 16(f); have a disability (among people over 65, 42.7% vs. 38.1%), *id.*; lack a high school degree (16.6% vs. 11.4%), *id.* ¶ 16(b); and live below the poverty line (27.7% vs. 11.3%), *id.* ¶ 16(a). Similar racial disparities exist in the First Congressional District. *Id.* ¶ 17. And Alabama's Black Belt region

will likewise be hit hard by COVID-19. Elope Decl. ¶¶ 9-14 (Ex. 67).

VI. Injuries and Irreparable Harm to Plaintiffs

Plaintiffs Robert Clopton, Eric Peebles, Howard Porter, Jr., and Annie Carolyn Thompson are lawfully registered Alabama voters who plan to vote in the upcoming 2020 elections. Clopton Decl. ¶ 3 (Ex. 52); Peebles Decl. ¶¶ 3, 5, 11 (Ex. 53); Porter Decl. ¶ 1 (Ex. 54); Thompson Decl. ¶¶ 3, 5, 15 (Ex. 55). Plaintiffs Clopton, Porter, and Thompson are over 65 years of age, and eligible to vote on July 14. Ex. 52 ¶¶ 1, 3; Ex. 54 ¶¶ 1, 4; Ex. 55 ¶¶ 3, 15. All four individual Plaintiffs have disabilities recognized by the ADA; are highly vulnerable to COVID-19; and usually vote in person. Ex. 52 ¶¶ 1, 3, 4-6; Ex. 53 ¶¶ 6, 10; Ex. 54 ¶¶ 5-6, 13; Ex. 55 ¶¶ 3, 6, 14-16. But, to avoid exposure to COVID-19, they must vote absentee in 2020 elections. Ex. 52 ¶ 13; Ex. 53 ¶ 17; Ex. 54 ¶ 14; Ex. 55 ¶ 24.

Plaintiffs Clopton, Peebles, and Thompson live alone or with one other person and cannot comply with the Witness Requirement without endangering their health. Ex. 52 ¶¶ 8-10; Ex. 53 ¶ 15; Ex. 55 ¶ 21. They will be forced to make a choice between their health and their vote. Ex. 52 ¶ 14; Ex. 53 ¶ 17; Ex. 55 ¶¶ 16, 24. Ms. Thompson cannot safely comply with the Photo ID Requirement, because she does not have copying technology at her home. Ex. 55 ¶¶ 18-19. Mr. Porter may be unable to comply with this requirement since he is not certain that he can afford to maintain his printer through July. Ex. 54 ¶¶ 14-15.

If given the option, Plaintiffs Clopton, Peebles, Porter, and Thompson would consider curbside voting to minimize the threat of infection. Ex. 52 ¶ 14; Ex. 53 ¶ 16; Ex. 54 ¶ 16; Ex. 55 ¶ 23. They do not intend to vote in a way that puts them at risk of infection. Ex. 52 ¶ 14; Ex. 53 ¶¶ 12, 15, 17; Ex. 54 ¶ 17; Ex. 55 ¶¶ 16, 21, 24.

Plaintiffs People First of Alabama (“People First”), Greater Birmingham Ministries (“GBM”), and the NAACP (collectively, “Organizational Plaintiffs”) have members who are registered voters and plan to vote in the July 14 election but are at higher risk of serious complications from COVID-19. Ellis Decl. ¶¶ 8-9 (Ex. 56); Douglas Decl. ¶ 9 (Ex. 57); Simelton Decl. ¶ 9 (Ex. 58). They have members who live alone or with one other adult and so are unable to comply with the Witness Requirement. Ex. 56 ¶¶ 10-11; Ex. 57 ¶¶ 9-11; Ex. 58 ¶¶ 9-10. Members also include voters who lack access to the technology needed to satisfy the Witness and Photo ID Requirements. Ex. 56 ¶ 12; Ex. 57 ¶ 9; Ex. 58 ¶ 9. If curbside voting were available, members with medical or physical disabilities or who need help to vote would use it. Ex. 56 ¶ 13; Ex. 57 ¶¶ 10-11; Ex. 58 ¶¶ 9-10. If the Challenged Provisions remain in place, these members will be disenfranchised. Ex. 56 ¶¶ 12-13; Ex. 57 ¶ 10; Ex. 58 ¶¶ 9-10. Organizational Plaintiffs have diverted their resources to address the Challenged Provisions. Ex. 56 ¶ 14; Ex. 57 ¶ 7; Ex. 58 ¶¶ 5-6.

ARGUMENT

A preliminary injunction is warranted if Plaintiffs show: (1) a likelihood of

success on the merits; (2) likelihood of suffering irreparable harm; (3) the balance of hardships favor them; and (4) the injunction serves the public interest. *Jones v. Governor of Fla.*, 950 F.3d 795, 806 (11th Cir. 2020). The Court can take judicial notice of census data, voting statistics, public health reports, and newspapers. Fed. R. Evid. 201(b)(2); *see generally U.S. ex rel. Osheroff v. Humana, Inc.*, 776 F.3d 805, 811 (11th Cir. 2015); *Hollis v. Davis*, 941 F.2d 1471, 1474 (11th Cir. 1991).

I. Plaintiffs Are Likely to Prevail on the Merits

A. The Witness Requirement is Unlawful amid the COVID-19 Crisis

1. The Witness Requirement violates the Constitution.

The First and Fourteenth Amendments do not allow a state to make voters choose between protecting their health or forfeiting their fundamental rights. Any burden on the right to vote must be balanced against the alleged state interest supporting the burden. *See Burdick v. Takushi*, 504 U.S. 428, 434 (1992); *Anderson v. Celebrezze*, 460 U.S. 780, 788-89 (1983). Yet, together and separately, the Challenged Provisions will deprive Plaintiffs and thousands of others of their right to vote. They will do so by imposing restrictions on the franchise that are at odds with public health guidance expected to remain in place for the foreseeable future.

The *Anderson-Burdick* test requires the Court to “weigh the character and magnitude” of the asserted constitutional injury against Alabama’s justifications for the burdens imposed by the challenged rules, “taking into consideration the extent to which those justifications require the burden to plaintiffs’ rights.” *Democratic*

Exec. Comm. of Fla. v. Lee, 915 F.3d 1312, 1318 (11th Cir. 2019) (“*Lee*”).

Once Plaintiffs show that the Challenged Provisions seriously burden the right to vote, they must survive strict scrutiny. Defendants must then prove that they are “narrowly drawn to serve a compelling state interest.” *Id.* But, “even when a law imposes only a slight burden on the right to vote, relevant and legitimate interests of sufficient weight still must justify that burden.” *Id.* at 1318-19.

In the current crisis, courts have applied strict scrutiny to similar witness requirement and ballot-access laws that conflict with social distancing rules to severely burden the right to vote. *See League of Women Voters of Va. v. Va. State Bd. of Elec.*, No. 6:20-cv-0024, _ F. Supp. 3d _, 2020 WL 2158249, at *7-8 (W.D. Va. May 5, 2020) (“*LWVV*”) (finding witness requirement’s “substantial” burdens outweighed any countervailing state interests); *Garbett v. Herbert*, No. 2:20-cv-245-RJS, 2020 WL 2064101, at *6-8 (D. Utah Apr. 29, 2020) (finding in “extraordinary circumstances” of this crisis, a ballot access law “imposes a severe burden”); *Libertarian Party of Ill. v. Pritzker*, No. 20-cv-2112, 2020 WL 1951687, at *4 (N.D. Ill. Apr. 23, 2020) (same); *Esshaki v. Whitmer*, No. 20-cv-10831, 2020 WL 1910154, at *1 (E.D. Mich. Apr. 20, 2020) (same). Courts have also applied strict scrutiny in other emergencies. *See Fla. Democratic Party v. Scott*, 215 F. Supp. 3d 1250, 1257 (N.D. Fla. 2016) (holding a registration deadline “severe[ly] burden[ed]” right to vote where a hurricane prevented registration in final week); *Ga. Coal. for the*

Peoples' Agenda, Inc. v. Deal, 214 F. Supp. 3d 1344, 1345-46 (S.D. Ga. 2016) (same).

In addition, strict scrutiny is appropriate where the effects of the Challenged Provisions bear more heavily on specific groups—like racial minorities, low-income people, the elderly, or people with disabilities. *See Jones*, 950 F.3d at 822; *Ga. Coal. for the People's Agenda, Inc. v. Kemp*, 347 F. Supp. 3d 1251, 1264 (N.D. Ga. 2018) (“*Kemp*”).

a.) *The Witness Requirement will disenfranchise thousands.*

Forcing thousands of people to put their health on the line or face disenfranchisement imposes a severe burden on the right to vote. *See, e.g., Price v. N.Y. State Bd. of Elec.*, 540 F.3d 101, 107 n.8 (2d Cir. 2008) (noting that for “voters who are . . . housebound” the burden of a lack of absentee voting opportunity “could be quite significant”). The breadth and severity of the Witness Requirement’s burdens merit strict scrutiny because they needlessly force voters to make unconstitutional choices. The greater the burden that a challenged law places on the right to vote, “the stricter the scrutiny” the law must survive. *Lee*, 915 F.3d at 1319.

The Witness Requirement asks the 1.57 million adults in Alabama who live alone or with only one other person, *supra* at 6, to make the impossible “choice between adhering to guidance that is meant to protect not only their own health, but the health of those around them, and undertaking their fundamental right—and,

indeed, their civic duty—to vote in an election.” *LWVV*, 2020 WL 2158249, at *8.

Under the Governor’s “Safer at Home” order, all Alabamians—but, in particular, “vulnerable persons,” like Plaintiffs—are ordered to limit travel outside the home. *See supra* at 4. And public health guidance directs people who do leave their homes to maintain at least six feet of distance from others. *See supra* at 3-4. The CDC also encourages as many voters as possible “to use voting methods that minimize direct contact with other people.” Ex. 1. The CDC’s views are “authoritative.” *Tolman v. Doe*, 988 F. Supp. 582, 586 (E.D. Va. 1997).

“Requiring individuals to have one or more people they are not otherwise being exposed to come into close enough proximity to witness their ballot would place them at increased risk of infection.” Ex. 3 ¶ 18. This risk is even greater for disabled or elderly people, like Plaintiffs, *supra* at 10, who “are at the greatest risk of severe cases, long-term impairment, and death.” Ex. 3 ¶ 6.

Even in normal circumstances, the Witness Requirement causes election officials to reject the ballots of a significant number of absentee voters. In the 2018 elections, 1,368 Alabama voters had their absentee ballots rejected. Ex. 59 at 29. About a quarter of these ballots were rejected because of the Witness Requirement. Ex. 60. But in that election, only 57,832 people or 3.4% of all voters cast mail-in absentee ballots. Ex. 59 at 29. Voters then did not face COVID-19 related restrictions on obtaining witnesses to vouch for them on those ballots. And Secretary Merrill

predicts absentee voting to increase greatly in 2020 because of COVID-19. Ex. 35.

The burdens imposed by the Witness Requirement will disproportionately fall on members of populations at heightened risk of death or severe complications from COVID-19. As noted, 14.6% of Alabamians live alone and, of those adults, many of them are also seniors or people with disabilities. *See supra* at 6. Black Alabamians are also much more likely to live alone or live only with children. *Id.*

Plaintiffs' individual circumstances highlight how the Witness Requirement acts as a significant barrier to voters. Plaintiffs Thompson and Peebles live alone, and Plaintiff Clopton lives with only one other person. *See supra* at 10. To satisfy the Witness Requirement, these voters would need to closely interact with one or more people from outside their households. Further, Plaintiffs also have medical conditions that make them more susceptible to death or serious illness from COVID-19. *Id.* Plaintiffs cannot both follow the guidance to stay isolated at home and obtain two witnesses as demanded by the Witness Requirement.

A voter can also have their absentee ballot notarized to satisfy the Witness Requirement. But this alternative is no less risky or burdensome. Traditional notarization would still require a voter's personal interaction with a person outside their home in violation of social distancing rules. Although Governor Ivey issued an executive order permitting notarization of documents via videoconferencing in lieu of personal appearance, Ex. 17, not all voters (or notaries) have access to

videoconferencing technology. *See supra* at 7. Black Alabamians are nearly two times more likely than White people to lack videoconferencing technology. Cooper Decl. ¶ 16(g). Further, a notary may also require the payment of a \$5.00 fee to notarize the absentee ballot affidavit. Ala. Code § 36-20-74. Yet, it is unconstitutional to make “the affluence of the voter or payment of any fee an electoral standard.” *Jones*, 950 F.3d at 821 (citation omitted).

When, as here, a law endangers the health of thousands of voters, the most exacting level of scrutiny is required. Plaintiffs are effectively “disabled from voting” because they cannot safely “go to the polls on election day” or meet the Witness Requirement due to the COVID-19 crisis and public health rules. *See O’Brien v. Skinner*, 414 U.S. 524, 527, 530-31 (1974) (enjoining an absentee ballot law as-applied to eligible voters in jail). Even if the Witness Requirement did not usually burden many voters, which it does, “these are not ordinary times.” *LWVV*, 2020 WL 2158249, at *8. Alabama cannot impose this requirement when doing so endangers voters’ lives. *See Fla. Democratic Party*, 215 F. Supp. 3d at 1258.

b.) *The Witness Requirement is not narrowly tailored.*

Because the Witness Requirement places voters in significant danger, it is subject to strict scrutiny. Even if a lesser level of scrutiny applied, the risks to voters far outweigh any nominal benefits to Alabama from enforcing this requirement.

Alabama law states that the Witness Requirement “goes to the integrity and

sanctity of the ballot and election.” Ala. Code § 17-11-10(b). But this requirement does not meaningfully protect the integrity of an absentee ballot. Witnesses are not required to identify themselves by legibly printing their name. Ala. Code §§ 17-11-7, 17-11-9 & 17-11-10. Nor are Alabama election officials required to follow up with witnesses to confirm their identity, their age, or that they indeed witnessed the signing of the voter’s affidavit. *Id.* § 17-11-10. Instead, officials merely confirm the affidavit contains the witness signatures and is otherwise correct; then the ballot is counted. *Id.* § 17-11-10(b). While instances of fraud are very rare,¹ a person determined to falsely submit an absentee ballot and risk imprisonment could just as easily forge the two witnesses’ signatures.

By contrast, several provisions of Alabama law do serve the State’s interest in election integrity. First, the absentee ballot application is required to “contain sufficient information to identify the applicant.” Ala. Code § 17-11-4. The current absentee ballot application requires a voter to submit either their driver’s license number or the last four digits of their social security number, which allows election officials to verify the voter’s identity even before they send the absentee ballot. Ex. 63. Second, the affidavit requires an absentee voter to swear that the information is

¹ The Heritage Foundation—which is committed to “[p]reventing, deterring, and prosecuting election fraud”—identifies about a dozen Alabama election fraud cases concerning absentee voting in the past 20 years. Ex. 61. None of these cases plausibly could have been stopped by the Witness Requirement. In the same period, over 29 million ballots were cast. Ex. 62 at 4-9.

true and warns that it is a criminal offense to knowingly give false information to illegally vote absentee. Ala. Code § 17-11-7. Finally, it is a felony to willfully falsify an absentee ballot application or verification documents. *Id.* § 17-17-24(a).

Given these alternative methods of protecting election integrity, the additional step of requiring the voucher of a notary or two witnesses offers no real protection against fraud. “For the fraudster who would dare to sign the name of another qualified voter at the risk of being charged with [a felony], writing out an illegible scrawl on an envelope to satisfy the witness requirement would seem to present little to no additional obstacle.” *LWVV*, 2020 WL 2158249, at *9. In federal and state law, there is a “long practice of relying on the threat of penalty of perjury to guard against dishonesty and fraud.” *Lee*, 915 F.3d at 1323; *see, e.g.*, 28 U.S.C. § 1746; Ala. Code §§ 13A-10-109, 12-21-83 & 40-29-115. And, when Congress eliminated all witness requirements for absentee voter registration, it found that “warnings of penalties” were sufficient to deter fraud. S. Rep. 103-6, 1993 WL 54278, at *13 (1993).

In fact, in 2017, Secretary Merrill stated that a bill that added the Photo ID requirement and removed the Witness Requirement would strengthen the absentee voting law. Ex. 64. While Plaintiffs seek to enjoin the Witness Requirement, they do not seek a blanket injunction against the Photo ID Requirement. *See supra* at 1. Further, “a significant majority of the states have chosen other means to combat voter fraud.” *LWVV*, 2020 WL 2158249, at *9 n.13; *see also* Ex. 65. And, amid this

crisis, other courts have ruled that similar witness requirements are no more effective at preventing voter fraud than self-executed affidavits made under penalty of perjury. *See LWVV*, 2020 WL 2158249, at *9 (finding injunction against witness requirement would not increase fraud); *League of Women Voters of Okla. v. Ziriaux*, No. 118,765, __ P.3d __, 2020 WL 2111348, at *1 (Okla. May 4, 2020) (allowing self-executed affidavits—rather than notarization—to meet a witness requirement).

The Witness Requirement places an unnecessary and dangerous burden on elderly, disabled, Black, and other voters who must choose between their health and their vote. “The Constitution does not permit a state to force such a choice on its electorate.” *LWVV*, 2020 WL 2158249, at *8. It cannot survive any level of scrutiny.

2. The Witness Requirement violates Section 201 of the VRA.

Section 201 mandates that “[n]o citizen shall be denied, because of his failure to comply with any test or device, the right to vote in any . . . election.” 52 U.S.C. § 10501(a). Section 201 bars any “test or device” that requires any voter to “prove his qualifications by the voucher” of another person. *Id.* § 10501(b)(4). “All literacy tests and similar voting qualifications were abolished” by Section 201. *N.W. Austin Mun. Util. Dist. No. One v. Holder*, 557 U.S. 193, 198 (2009).

Under the Witness Requirement, an absentee ballot that “is not witnessed by two witnesses 18 years of age or older . . . will not be counted.” Ala. Code § 17-11-7. Witnesses must vouch for a voter’s identity by “certify[ing] that that the [voter] is

known (or made known) to [the witnesses] to be the identical party he or she claims to be.” *Id.* Under the plain text of the VRA, it is *per se* illegal: it is a “prerequisite for voting” that demands that a voter “prove his qualifications by the voucher” of another. 52 U.S.C. § 10501(b); *see also id.* § 10310(c)(1) (defining “voting” in the VRA to include “all action necessary to make a vote effective”). The Witness Requirement is a banned test for all voters or, at least, as-applied to those vulnerable persons who must vote absentee in this crisis. *Cf. O’Brien*, 414 U.S. at 530.

The Witness Requirement allegedly “goes to the integrity and sanctity of the ballot and election.” Ala. Code § 17-11-10(b). But that justification, cannot overcome the VRA’s clear text, which reflects Congress’s judgment that prohibited tests and devices “unduly lend themselves to discriminatory application, either conscious or unconscious.” *Oregon v. Mitchell*, 400 U.S. 112, 216 (1970) (opinion of Harlan, J.). Before the VRA, other “supporting witness” requirements were defended as necessary to identify a voter. *See, e.g., United States v. Ward*, 349 F.2d 795, 799 (5th Cir. 1965). Whatever the state interest, these tests are presumptively discriminatory. *See Lodge v. Buxton*, 639 F.2d 1358, 1363 (5th Cir. 1981), *aff’d sub nom. Rogers v. Lodge*, 458 U.S. 613 (1982). And, while proof of discrimination is irrelevant under Section 201, the racial impact here is clear. *See supra* at 6.

3. The Witness Requirement violates Title II of the ADA.

The ADA seeks to address the “pervasive unequal treatment” of people with

disabilities in numerous areas, including voting. *Nat'l Ass'n of the Deaf v. Florida*, 945 F.3d 1339, 1351 (11th Cir. 2020). Title II of the ADA states that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services. . . .” 42 U.S.C. § 12132.

To prevail under the ADA, Plaintiffs need prove only that (1) they are qualified persons with a disability; (2) they were excluded from participation in or denied the benefits of a public entity’s services or activities; and (3) the exclusion or denial of the benefit was by reason of the plaintiff’s disability. *See Nat'l Fed. of the Blind v. Lamone*, 813 F. 3d 494, 502-03 (4th Cir. 2016). “Plaintiffs need not, however, prove that they have been disenfranchised or otherwise ‘completely prevented from enjoying a service, program, or activity’ to establish discrimination” in violation of the voting rights protected by the ADA. *Disabled in Action v. Bd. of Elec. in City of N.Y.*, 752 F.3d 189, 198 (2d. Cir. 2014) (citation omitted).

Once Plaintiffs prove that a Challenged Provision prevents them from voting, Plaintiffs must offer “reasonable modifications to rules, policies, or practices.” 42 U.S.C. § 12131(2); *see also* 28 C.F.R. § 35.130(b)(7). A modification to a rule is reasonable if it will not cause “undue hardship.” *U.S. Airways, Inc. v. Barnett*, 535 U.S. 391, 401-03 (2002). The burden of showing that a modification is reasonable is “not a heavy one” and it “is enough for the plaintiff to suggest the existence of a plausible accommodation.” *Nat'l Fed. of the Blind*, 813 F.3d at 507-08. The

determination of reasonableness is “fact-specific.” *Id.* at 508.

As described *supra* at 10-11, Plaintiffs are otherwise qualified persons with disabilities, which include medical vulnerabilities that place them at extremely high risk of serious bodily injury or death should they leave the confines of their homes. *See* 28 C.F.R. § 35.108. Plaintiffs are also eligible to vote and would do so with reasonable accommodations. Absent a modification to the Challenged Provisions, Plaintiffs will be prevented from voting and completely denied their “right to participate in the democratic process.” *Nat’l Ass’n of the Deaf*, 945 F.3d at 1349.

As explained above at 18-20, there are numerous other ways for voters with disabilities, as well as others, to confirm their identity in the absence of the Witness Requirement. Defendants have no valid reason to refuse to accommodate voters by allowing self-executed affidavits in lieu of this requirement. *See Nat’l Fed. of the Blind*, 813 F.3d at 509 (holding that a state violated the ADA where it failed to show that accommodating voters with disabilities would compromise election integrity).

B. The Photo ID Requirement Violates the Constitution and ADA

1. The Photo ID Requirement severely burdens voters’ rights.

The Photo ID Requirement demands nearly every voter to submit a photocopy of their photo ID with either their absentee ballot or the application. But, under existing state law, a voter who is entitled to vote absentee pursuant to the “the Voting Accessibility for the Elderly and Handicapped Act . . . shall not be required to

produce identification.” Ala. Code § 17-9-30(d). Interpreting this provision, the absentee ballot application exempts from the Photo ID requirement any voter who is over 65 or has a disability *and* is “unable to access [their] assigned polling place due to . . . life-altering disorder that affects [their] ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak[.]” Ex. 63.

But Secretary Merrill does not interpret this exemption to apply to Plaintiffs Porter and Thompson, and People First’s members. Rather, he has told such voters to leave home in violation of social distancing protocols to make copies. Ex. 32. Thus, given the lack of an exemption for people who are most vulnerable to COVID-19, the Photo ID Requirement “go[es] beyond the merely inconvenient” to severely burden the right to vote. *Kemp*, 347 F. Supp. 3d at 1264 (citation omitted).

The Photo ID Requirement demands that these vulnerable voters, particularly those who lack a copier or photo ID, do the opposite of what public health officials have advised them to do. They must leave home; congregate in person at a public space; and touch potentially contaminated surfaces like copiers, counters, and doors. Otherwise, they must forego their right to vote. For voters who cannot copy their IDs at home, the Photo ID Requirement is a “nearly insurmountable hurdle” because it requires voters to risk their health. *See Libertarian Party of Ill.*, 2020 WL 1951687, at *4 (finding a candidate signature requirement unconstitutional as applied in the current crisis). And while it “is a ‘basic truth that even one disenfranchised voter—

let alone several thousand—is too many,” *Lee*, 915 F.3d at 1321 (citation omitted), over 200,000 households lack the computer needed to copy photo IDs. *Supra* at 7.

Given the serious burdens that the Photo ID Requirement places on thousands of voters in the current crisis, the Constitution demands that this requirement face strict scrutiny review, which it cannot survive. *See LWVV*, 2020 WL 2158249, at *7-8. Due to the lack of any substantial state interest in applying the Requirement to vulnerable voters during this crisis, it also cannot survive a lesser level of scrutiny.

2. The Photo ID law should be construed to protect lives.

Defendants cannot claim a discernible interest in compelling citizens to leave home to copy photo IDs or to vote in person amid a pandemic. While the risk of contagion remains, Defendants cannot state an interest that makes the Photo ID Requirement “necessary to burden the plaintiff’s rights.” *Anderson*, 460 U.S. at 789.

Nor is the Photo ID Requirement “narrowly drawn” to achieve any asserted interest, as is needed to satisfy strict scrutiny. *Lee*, 915 F.3d at 1318. Only Arkansas and Wisconsin also require photo ID for absentee voters. A photo ID law for absentee voting makes little sense since a voter mails in copies of their photo ID and so never shows their face to elections official for a comparison.

Even if the Photo ID Requirement might usually be useful in combating fraud (which it is not), Defendants cannot show that refusing to include vulnerable voters in the existing exemption, is narrowly tailored in the pandemic. Plaintiffs “accept

the propriety of requiring photo ID from persons who already have or can get it with reasonable effort, while endeavoring to protect the voting rights of those who encounter high hurdles.” *Frank v. Walker*, 819 F.3d 384, 386 (7th Cir. 2016). But for many voters—especially the elderly and those at greatest risk of hospitalization or death if they contract the virus—the only way to limit exposure to COVID-19 is through “self-isolation.” Ex. 3 ¶ 9; *see supra* at 3. But, given the “substantial burden” imposed by attempts to both obtain or copy photo ID and avoid infection, Plaintiffs and many other elderly or disabled voters will be dissuaded from voting. *See supra* at 10-11. The Constitution requires the Court to offer relief to those voters who face serious barriers to satisfying even an otherwise valid law. *Frank*, 819 F.3d at 387. Defendants’ “countervailing” interests in election integrity are not sufficient to uphold in the Photo ID Requirement. *LWVV*, 2020 WL 2158249, at *8.

To cure this constitutional violation, Defendants could simply construe the existing exemption, Ala. Code § 17-9-30(d), to authorize those voters who are most vulnerable to COVID-19 to vote absentee without providing copies of their photo IDs. But Defendants have rejected a construction that would exempt voters like Plaintiffs Porter and Thompson, opting instead to severely burden their rights.

The Court can address this constitutional harm: “a federal court can review a state official’s interpretation of—or gloss over—state law when it is alleged to violate the United States Constitution.” *League of Women Voters of Fla., Inc. v.*

Detzner, 314 F. Supp. 3d 1205, 1213 (N.D. Fla. 2018). Accordingly, the Court should “enjoin[] the state from enforcing [its] laws as a violation of the First and Fourteenth Amendments.” *Id.*; accord *Obama for Am. v. Husted*, 697 F.3d 423, 431 (6th Cir. 2012) (similar); *Charles H. Wesley Educ. Found v. Cox*, 324 F. Supp. 2d 1358, 1366-68 (N.D. Ga. 2004) (similar), *aff’d* 408 F.3d 1349 (11th Cir. 2005) (“*Cox*”). Further, as Plaintiffs are protected by the ADA, *supra* at 10, Defendants must interpret the Photo ID Requirement in a manner that protects their right to vote.

C. The Curbside Voting Prohibition Unlawfully Burdens Voters

Despite the clear danger linked to congregating at polling stations, Secretary Merrill prohibits curbside voting. The Curbside Voting Prohibition flouts the CDC’s and Governor’s support for drive-up service at public gatherings. *See supra* at 3-4.

While some vulnerable voters may normally vote in person, the Curbside Voting Prohibition makes it significantly and needlessly more dangerous now. *Cf. Disabled in Action*, 752 F.3d at 198-99 (explaining state cannot force voters with disabilities to cast absentee ballots, thus robbing them of option of voting in person).

1. The Curbside Voting Prohibition is unconstitutional.

The insides of polling locations are a “prime area for increased transmission” of COVID-19. Ex. 3 ¶ 16. Curbside voting is important because it will minimize a person’s close contacts at polling locations. *Id.* ¶ 17. Without curbside voting, vulnerable voters, like Plaintiffs, must leave their vehicles to vote in person at a place

where there is a substantially increased risk of contracting COVID-19.

Although absentee voting offers an option for some voters, other voters—including Organizational Plaintiffs’ members—must vote in person to receive assistance. *See supra* at 11. People with physical disabilities or low literacy are more likely to need assistance from poll workers in voting. Black voters are also more likely to be disabled and to be undereducated. *See supra* at 6, 9. The VRA requires that disabled or low literacy voters receive assistance. 52 U.S.C. § 10508.

Given the burden of the Curbside Voting Prohibition it must be narrowly drawn to support a compelling state interest. *Burdick*, 504 U.S. at 434. Secretary Merrill has indicated the Curbside Voting Prohibition prevents “voting irregularities.” Ex. 42. But he has not explained why or how curbside voting risks voter fraud. Most states offer curbside voting and four other states have expanded curbside voting due to COVID-19. These states are not overrun with fraud. *See supra* at 8; *accord Fla. Democratic Party*, 215 F. Supp. 3d at 1257 (finding it relevant that “[m]any other states” had voluntarily undertaken the requested remedial action).

The Curbside Voting Prohibition places vulnerable persons who need help to vote or cannot safely vote absentee because of the Photo ID or Witness Requirements in an untenable position: risk their health to vote inside of a polling site, or forego their right to vote. This prohibition severely burdens voters and cannot stand.

2. The Curbside Voting Prohibition violates the ADA.

As discussed above at 10-11, Plaintiffs meet the definition of disabled under the ADA and, therefore, Defendants are required to accommodate them to vote safely amid this crisis. But the Curbside Voting Prohibition excludes Plaintiffs and their members with disabilities from participating in elections, violating the ADA.

The State Defendants must reasonably modify processes at in-person polling places to permit “delivery of services at alternate accessible sites.” 28 C.F.R. § 35.150(b). The ADA regulations “explicitly prohibit [Alabama] from denying individuals with disabilities access to its services because its ‘facilities are inaccessible to or unusable’ by people with disabilities. *Disabled in Action*, 752 F.3d at 197 (quoting 28 C.F.R. § 35.149). COVID-19 effectively makes every poll site inaccessible to vulnerable voters. And courts have ordered similar relief in much less dire circumstances. *See id.* at 201-02 (ordering the relocation of polling places).

Such an accommodation would be consistent with Alabama law, which does not expressly prohibit curbside voting. *See generally* Ala. Code §§ 17-9-1 to 17-9-15. The CDC also encourages drive-up voting amid this crisis, Ex. 1, and the ADA requires curbside voting where, as here, poll sites are “inaccessible.” Ex. 66.

II. The Threat of Irreparable Harm and Balance of Equities Merit Relief

“The denial of the opportunity to cast a vote that a person may otherwise be entitled to cast—even once—is an irreparable harm.” *Jones*, 950 F.3d at 828. Here, Plaintiffs face an unconscionable risk to their safety and the safety of others if they

are compelled to vote under the Challenged Provisions. There “can be no injury more irreparable” than “serious, lasting illness or death.” *Thakker v. Doll*, No. 1:20-cv-480, 2020 WL 1671563, at *4 (M.D. Pa. Mar. 31, 2020). A preliminary injunction provides the only effective means of protecting Plaintiffs’ and others’ rights to vote.

Organizational Plaintiffs also are “irreparably harmed when the right to vote is wrongfully denied or abridged—whether belonging to [their] membership or the electorate at large.” *See N.C. State Conf. of NAACP v. Cooper*, No. 18-cv-1034, 2019 WL 7372980, at *24 (M.D.N.C. Dec. 31, 2019); *Common Cause Ga. v. Kemp*, 347 F. Supp. 3d 1270, 1295 (N.D. Ga. 2018). Moreover, Organizational Plaintiffs are irreparably harmed by the diversion of resources. *See supra* at 11. All Plaintiffs’ harms will continue until July 14. Ex. 3 ¶¶ 13, 15; Ex. 67 ¶ 17.

Further, the “protection of the Plaintiffs’ franchise-related rights is without question in the public interest.” *Cox*, 408 F.3d at 1355. “Frustration of federal statutes and prerogatives are not in the public interest,” and Defendants suffer “no harm from the state’s nonenforcement of invalid legislation.” *United States v. Alabama*, 691 F.3d 1269, 1301 (11th Cir. 2012). An injunction also promotes the “paramount government interest” in the “protection of the public’s health and safety.” *Gun S., Inc. v. Brady*, 877 F.2d 858, 867 (11th Cir. 1989).

CONCLUSION

For the reasons above, Plaintiffs request that the Court grant their motion.

DATED this 14th day of May 2020. Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on the 14th day of May 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification to all counsel of record.

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**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et
al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF DEUEL ROSS

DEUEL ROSS declares, pursuant to 28 U.S.C. § 1746, as follows:

1. I am over the age of 18 and competent to make this declaration. I am an attorney for Plaintiffs. I am barred in New York and have been admitted *Pro Hac Vice* before this Court in the above-captioned matter. I submit this declaration on behalf of the Plaintiffs to provide true and correct copies of certain the listed exhibits submitted in support of Plaintiffs' Motion for a Preliminary Injunction (Doc. 15).

2. **Exhibit 1** is a true and correct copy of the Centers for Disease Control and Prevention (CDC) webpage entitled "Recommendations for Election Polling Locations: Interim guidance to prevent spread of coronavirus disease 2019 (COVID-19)," dated March 27, 2020, and available at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html>.

3. **Exhibit 2** is a true and correct copy of “Characteristics of Laboratory-Confirmed Cases of COVID-19,” a report published daily on the website of the Alabama Department of Public Health, dated May 11, 2020, and available at: <https://www.alabamapublichealth.gov/covid19/assets/cov-al-cases-051120.pdf>

4. **Exhibit 3** is a true and correct copy of the Declaration of Dr. Arthur L. Reingold, dated May 6, 2020.

5. **Exhibit 4** is a true and correct copy of “Coronavirus vs. Flu: Which Virus is Deadlier,” a Wall Street Journal article, dated March 10, 2020, and available at: <https://www.wsj.com/articles/coronavirus-vs-flu-which-virus-is-deadlier-11583856879>.

6. **Exhibit 5** is a true and correct of “Coronavirus infection may cause lasting damage throughout the body, doctors fear,” a Los Angeles Times news article dated April 4, 2020, and available at: <https://www.latimes.com/science/story/2020-04-10/coronavirus-infection-can-do-lasting-damage-to-the-heart-liver>.

7. **Exhibit 6** is a true and correct copy of “People in their 60s at higher coronavirus risk too, say scientists,” a The Guardian news article, dated April 22, 2020, and available at: <https://www.theguardian.com/society/2020/apr/22/people-in-their-60s-at-higher-coronavirus-risk-too-say-scientists>.

8. **Exhibit 7** is a true and correct copy of “Governor Ivey Announces New Primary Runoff Election Date,” a press release published by the Office of the Governor of Alabama, dated March 18, 2020, and available at:

<https://governor.alabama.gov/newsroom/2020/03/governor-ivey-announces-new-primary-runoff-election-date/>.

9. **Exhibit 8** is a true and correct copy of “It’s safer at home; protect yourself and your community from COVID-19,” a press release published by the Alabama Department of Public Health, dated March 27, 2020, and available at:

<https://www.alabamapublichealth.gov/news/2020/03/27.html>.

10. **Exhibit 9** is a true and correct copy of “Coronavirus might spread much farther than 6 feet in the air. CDC says wear a mask in public,” a USA Today news article, dated April 5, 2020, and available at:

<https://www.usatoday.com/in-depth/news/2020/04/03/coronavirus-protection-how-masks-might-stop-spread-through-coughs/5086553002/>.

11. **Exhibit 10** is a true and correct copy of “Media Statement – COVID-19,” a United States Postal Service press statement, dated April 30, 2020, and available at:

<https://about.usps.com/newsroom/statements/usps-statement-on-coronavirus.htm>.

12. **Exhibit 11** is a true and correct copy of “Poll Worker at Chicago Voting Site Dies of Coronavirus,” an NBC Chicago news article, dated April 13, 2020, and

available at: <https://www.nbcchicago.com/news/local/chicago-politics/poll-worker-at-chicago-voting-site-dies-of-coronavirus-election-officials-say/2255072/>.

13. **Exhibit 12** true and correct copy of “Two Broward poll workers, including one who handled voters’ driver licenses, test positive for coronavirus,” a South Florida Sun Sentinel news article, dated March 26, 2020, and available at: <https://www.sun-sentinel.com/coronavirus/fl-ne-broward-elections-poll-workers-coronavirus-20200326-wmg775dvjc5jis2oagxlpml-story.html>.

14. **Exhibit 13** is a true and correct copy of “52 people who worked or voted in Wisconsin election have COVID-19,” a PBS News Hour news article, dated April 29, 2020, and available at: <https://www.pbs.org/newshour/health/52-people-who-worked-or-voted-in-wisconsin-election-have-covid-19>.

15. **Exhibit 14** is a true and correct copy of a Proclamation of the Governor of the State of Alabama, the initial declaration a state of emergency due to the coronavirus (COVID-19), dated March 13, 2020, and available at: <https://governor.alabama.gov/assets/2020/03/2020-03-13-Initial-COVID-19-SOE.pdf>.

16. **Exhibit 15** is a true and correct copy of “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Dr. Scott Harris, dated March 19, 2020, and available at:

<https://www.alsde.edu/COVID19%20Updates/Alabama%20State%20Health%20Officer%20Statewide%20Social%20Distancing%20Order%20%20%283.19.20%29.pdf>.

17. **Exhibit 16** is a true and correct copy of a Proclamation by the Governor of Alabama, dated March 26, 2020, and available at:

<https://www.alabamapublichealth.gov/legal/assets/soe-covid19-instruction-032620.pdf>.

18. **Exhibit 17** is a true and correct copy of a Proclamation by the Governor of Alabama, dated April 2, 2020, and available at:

<https://www.alabamapublichealth.gov/legal/assets/soe-covid19-040220.pdf>.

19. **Exhibit 18** is a true and correct copy of the “Stay-at-Home” order, or the amended “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Dr. Scott Harris, dated April 3, 2020, and available at:

<https://governor.alabama.gov/assets/2020/04/Final-Statewide-Order-4.3.2020.pdf>.

20. **Exhibit 19** is a true and correct copy of the “Safer-at-Home” order, or the further amended “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Scott Harris, M.D., dated April 28, 2020, and available at:

<https://governor.alabama.gov/assets/2020/04/Safer-At-Home-Order-Signed->

[4.28.20.pdf](#)

21. **Exhibit 20** is a true and correct copy of the amended Safer-at-Home order, or the further amended “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Dr. Scott Harris, dated May 8, 2020, and available at: <https://governor.alabama.gov/assets/2020/05/Safer-at-Home-Order-FINAL-5.8.2020.pdf>

22. **Exhibit 21** is a true and correct copy of “Gov. Kay Ivey extends public health emergency, issues COVID-19 lawsuit protections,” an Alabama Political Reporter news article, dated May 8, 2020, and available at: <https://www.alreporter.com/2020/05/08/gov-kay-ivey-extends-public-health-emergency-issues-covid-19-lawsuit-protections/>

23. **Exhibit 22** is a true and correct copy of “Handful of Alabama counties still seeing coronavirus cases rise over last 14 days,” an Alabama Media Group news article, dated April 30, 2020, and is available at: <https://www.al.com/news/2020/04/handful-of-alabama-counties-still-seeing-coronavirus-cases-rise-over-last-14-days.html>.

24. **Exhibit 23** is a true and correct copy of “Characteristics of COVID-19 Patients—Mobile County, Alabama, 2020,” a report published on the website of the Mobile County Health Department, dated May 11, 2020, and available at:

http://mchd.org/Documents/BulkDocuments/News_5112020112640am_NewCOVIDReport05.11.20.pdf.pdf

25. **Exhibit 24** is a true and correct copy of “Safeguard Your Overall Health in the COVID-19 Pandemic,” a statement published on the website of the Alabama Department of Public Health and identified therein as a message from State Health Officer Scott Harris, M.D, dated May 4, 2020, and available at:

<http://www.alabamapublichealth.gov/news/sho-message.html>

26. **Exhibit 25** is a true and correct copy of “Alabama records 300+ new COVID-19 cases for first time since April 12,” an Alabama Political Reporter news article, dated May 2, 2020, and is available at:

<https://www.alreporter.com/2020/05/02/alabama-records-300-new-covid-19-cases-in-a-day-for-first-time-since-april-12/>

27. **Exhibit 26** is a true and correct copy of “Tracking COVID-19 cases in Alabama,” a data aggregation and visualization created by the Alabama Political Reporter using data provided by the Alabama Department of Public Health, dated May 11, 2020, and is available at: <https://www.alreporter.com/mapping-coronavirus-in-alabama/>

28. **Exhibit 27** is a true and correct copy of “COVID-19 in Alabama,” a page on the website of the Alabama Department of Public Health, dated May 11, 2020, and is available at: <https://dph1.adph.state.al.us/covid-19/>

29. **Exhibit 28** is a true and correct copy of “Upcoming Elections,” a web page on the website of the Alabama Secretary of State, downloaded as a PDF on May 10, 2020, and available at:

<https://www.sos.alabama.gov/alabama-votes/voter/upcoming-elections>

30. **Exhibit 29** is a true and correct copy of “Election Day epidemic? Alabama has no plan,” an Alabama Media Group news article, dated March 10, 2020, and is available at: <https://www.al.com/news/2020/03/election-day-epidemic-alabama-has-no-plan.html>

31. **Exhibit 30** is a true and correct copy of a Proclamation by the Governor of Alabama, dated March 18, 2020, and is available at:

<https://governor.alabama.gov/assets/2020/03/2020-03-18-1st-Supplemental-COVID-19-SOE.pdf>

32. **Exhibit 31** is a true and correct copy of “Certification of Emergency Rules Filed with Legislative Services Agency,” a document published on the website of the Alabama Secretary of State, and certifying a new rule number titled and numbered “820-2-3-.06-.01ER, Absentee Voting During State of Emergency,” dated March 18, 2020, and available at:

<https://www.sos.alabama.gov/sites/default/files/SOS%20Emergency%20Rule%20820-2-3-.06-.01ER.pdf>

33. **Exhibit 32** is a true and correct copy of two “tweets” publicly posted

by the official personal Twitter account of Alabama Secretary of State John Merrill on April 21, 2020, and available at:

<https://twitter.com/JohnHMerrill/status/1252620168611717120>

<https://twitter.com/JohnHMerrill/status/1252652987241172992>

34. **Exhibit 33** is a true and correct copy of a letter sent by the Alabama State Conference of the NAACP, Greater Birmingham Ministries, and counsel for Plaintiffs to Alabama Secretary of State John Merrill, dated March 19, 2020.

35. **Exhibit 34** is a true and correct copy of a letter sent by the Alabama State Conference of the NAACP, Greater Birmingham Ministries, and counsel for Plaintiffs to Alabama Secretary of State John Merrill, dated April 17, 2020.

36. **Exhibit 35** is a true and correct copy of a Letter from John H. Merrill, Alabama Secretary of State, to Mona Harrington, Acting Executive Director, U.S. Election Assistance Commission, dated April 8, 2020, and is available at:

https://www.eac.gov/sites/default/files/paymentgrants/cares/AL_CARES_Disbursement_RequestLetter.pdf

37. **Exhibit 36** is a true and correct copy of the Declaration of William S. Cooper and related attachments, dated May 11, 2020.

38. **Exhibit 37** is a true and correct copy of “ALEA Continues to Modify its Driver License Division Operations in Response to COVID-19,” a press release published by the Alabama Law Enforcement Agency, dated March 23, 2020, and

available at: <https://www.alea.gov/news/alea-continues-modify-its-driver-license-division-operations-response-covid-19>

39. **Exhibit 38** is a true and correct copy of the “Administrative Order Suspending All In-Person Court Proceedings for the Next Thirty Days” issued by the Supreme Court of Alabama, dated March 13, 2020, and available at:

<https://www.alacourt.gov/docs/COV-19%20order%20FINAL.pdf>

40. **Exhibit 39** is a true and correct copy of “ALEA Finalizing Plans to Resume Normal Driver License Division Operations; Safety a Top Priority,” a press release published by the Alabama Law Enforcement Agency, dated May 8, 2020, and available at: [https://www.alea.gov/news/alea-finalizing-plans-resume-normal-](https://www.alea.gov/news/alea-finalizing-plans-resume-normal-driver-license-division-operations-safety-top-priority)

[driver-license-division-operations-safety-top-priority](https://www.alea.gov/news/alea-finalizing-plans-resume-normal-driver-license-division-operations-safety-top-priority)

41. **Exhibit 40** is a true and correct copy of “Administrative Order No. 6: Extending Orders and Deadlines Concerning the Suspension of In-Person Proceedings through May 15, 2020,” issued by the Supreme Court of Alabama, dated April 30, 2020, and available at:

<https://www.alacourt.gov/docs/Administrative%20Order%20No.%206.pdf>

42. **Exhibit 41** is a true and correct copy of “Mobile ID Locations” from the Alabama Secretary of State John Merrill’s official webpage, as it appeared on May 11, 2020, and available at:

<https://www.sos.alabama.gov/alabama-votes/photo-voter-id/mobile-id-locations>

43. **Exhibit 42** is a true and correct copy of “Secretary of State’s office shuts down curbside voting in Hale County,” an ABC News 3040 news article, dated November 8, 2016, and available at: <https://abc3340.com/news/election/secretary-of-states-office-shuts-down-curbside-voting-in-hale-county>

44. **Exhibit 43** is a true and correct copy of “Voters with Disabilities: Observations on Polling Place Accessibility and Related Federal Guidance,” a report published by the U.S. Government Accountability Office, dated October 2017, and available at: <https://www.gao.gov/assets/690/687556.pdf>

45. **Exhibit 44** is a true and correct copy of “Voting in age of coronavirus gets uncertain test runs,” an ABC News news article, dated March 31, 2020, and is available at:

<https://abcnews.go.com/Politics/note-voting-age-coronavirus-uncertain-test-runs/story?id=69877935>

46. **Exhibit 45** is a true and correct copy of “Ohio offering curbside voting, extending absentee deadline for those in hospital in wake of coronavirus,” a USA Today news article, dated March 16, 2020, and is available at:

<https://www.usatoday.com/story/news/politics/elections/2020/03/16/coronavirus-ohio-offering-curbside-voting-states-head-polls-tuesday/5058230002/>

47. **Exhibit 46** is a true and correct copy of “Early voting: Where you can still cast a ballot in-person before the April 7 election in the Milwaukee area,” a

Milwaukee Journal Sentinel news article, dated March 31, 2020, and is available at:

<https://www.jsonline.com/story/news/politics/elections/2020/03/31/coronavirus-wisconsin-where-you-can-still-vote-early/2883706001/>

48. **Exhibit 47** is a true and correct copy of “States focus on alternatives to in-person voting as they move forward with primaries amid coronavirus pandemic,” an ABC News news article, dated March 20, 2020, and is available at:

<https://abcnews.go.com/Politics/states-focus-alternatives-person-voting-move-forward-primaries/story?id=69688445>

49. **Exhibit 48** is a true and correct copy of “Morbidity and Mortality Weekly Report: Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020,” a report published by the Centers for Disease Control and Prevention, dated April 17, 2020, and available at:

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6915e3-H.pdf>

50. **Exhibit 49** is a true and correct copy of “Dr. Karen Landers says large number of COVID-19 deaths are African American,” a WHNT-TV Huntsville news article and video downloaded as a PDF from the MSN.com website, dated April 10, 2020, and is available at

<https://www.msn.com/en-us/foodanddrink/foodnews/dr-karen-landers-says-large-number-of-covid-19-deaths-are-african-american/vp-BB12rYB6>

51. **Exhibit 50** is a true and correct copy of the Declaration of Dr. Courtney D. Cogburn, dated May 7, 2020, which includes a true and correct copy of Dr. Cogburn's curriculum vitae.

52. **Exhibit 51** is a true and correct copy of "COVID-19 in Racial and Ethnic Minority Groups," a web page downloaded as a PDF from the website of the Centers for Disease Control and Prevention, dated April 22, 2020, and available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

53. **Exhibit 52** is a true and correct copy of the Declaration of Robert Clopton, dated May 11, 2020.

54. **Exhibit 53** is a true and correct copy of the Declaration of Eric Peebles, dated May 8, 2020.

55. **Exhibit 54** is a true and correct copy of the Declaration of Howard Porter, Jr., dated May 9, 2020.

56. **Exhibit 55** is a true and correct copy of the Declaration of Annie Carolyn Thompson, dated May 7, 2020.

57. **Exhibit 56** is a true and correct copy of Susan Ellis, Executive Director, People First of Alabama, dated May 11, 2020.

58. **Exhibit 57** is a true and correct copy of the Declaration of Scott Douglas, Executive Director, Greater Birmingham Ministries, dated May 12, 2020.

59. **Exhibit 58** is a true and correct copy of the Declaration of Bernard Simelton, Sr., State President, Alabama Conference of the NAACP, dated May 7, 2020.

60. **Exhibit 59** is a true and correct copy of “Election Administration and Voting Survey: 2018 Comprehensive Report,” a report submitted to Congress by the U.S. Election Assistance Commission, dated 2018, and is available at:

https://www.eac.gov/sites/default/files/eac_assets/1/6/2018_EAVS_Report.pdf

61. **Exhibit 60** is a true and current copy of data from the 2018 Election Assistance Commission (EAC) Election Administration and Voting Survey reflecting data, broken down by Alabama county, of the total number of mail ballots received for counting and the number rejected for lack of a witness signature. I created this table from data accessed on the EAC’s website at <https://www.eac.gov/research-and-data/datasets-codebooks-and-surveys>, using the EAVS Data Codebook and the EAVS Datasets Version 1.2 (released February 18, 2020).

62. **Exhibit 61** is a true and correct copy of “Election Fraud Cases,” a web page on the website of the Heritage Foundation, filtered to show cases reported in the State of Alabama, downloaded as a PDF on May 10, 2020, and available at:

https://www.heritage.org/voterfraud/search?combine=&state=AL&year=&case_type=All&fraud_type=24489&page=0

63. **Exhibit 62** is a true and correct copy of “Primary/Primary Run-Off/General Election Statistics-State of Alabama,” a PDF report downloaded from the website of the Alabama Secretary of State, dated June 25, 2018, and available at: <https://www.sos.alabama.gov/sites/default/files/voter-pdfs/turnout.pdf>

64. **Exhibit 63** is a true and correct copy of “Application for Absentee Ballot,” a PDF application form downloaded from the website of the Alabama Secretary of State by navigating to <https://www.sos.alabama.gov/sites/default/files/voter-pdfs/absentee/RegularAbsenteeAppFillable.pdf>, downloaded on May 10, 2020.

65. **Exhibit 64** is a true and correct copy of “Bill would eliminate requirement to give reason for voting absentee,” an Alabama Media Group news article, dated January 13, 2019, and available at: https://www.al.com/news/birmingham/2017/04/bill_would_eliminate_requireme.html

66. **Exhibit 65** is a true and correct copy of “Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options,” by the National Conference of State Legislatures, dated April 14, 2020, and available at <https://www.ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>, which can be access by selecting the tab titled “Processing, Verifying, and Counting Absentee Ballots” and scrolling down to the chart “Verifying

Authenticity of Absentee/Mailed Ballots.”

67. **Exhibit 66** is a true and correct copy of “The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities,” a web page on the website of the U.S. Department of Justice, Civil Rights Division, Disability Rights Section, dated September 2014, and available at: [https://www.ada.gov/ada_voting/ada_voting ta.htm](https://www.ada.gov/ada_voting/ada_voting_ta.htm)

68. **Exhibit 67** is a true and correct copy of the Declaration of Latesha E. Elope, MD, MSPH, dated May 12, 2020.

69. I declare under penalty of perjury that, to the best of my knowledge, the foregoing is true and correct.

Dated: May 12, 2020



Deuel Ross

EXHIBIT 1



Coronavirus Disease 2019

Recommendations for Election Polling Locations

Interim guidance to prevent spread of coronavirus disease 2019 (COVID-19)

Updated March 27, 2020

Summary of changes:

- Encourage moving election polling locations away from long term care facilities and facilities housing older persons to minimize COVID-19 exposure among older individuals and those with chronic medical conditions.
- Updated EPA COVID Disinfectant link.

Background

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes [coronavirus disease 2019](#) (COVID-19). Based on what is currently known about SARS-CoV-2 and about similar coronaviruses, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of SARS-CoV-2 to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through contact with contaminated surfaces. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in election polling locations.

Purpose

This guidance provides recommendations on the routine cleaning and disinfection of polling location areas and associated voting equipment (e.g., pens, voting machines, computers). It suggests actions that polling station workers can take to reduce the risk of exposure to COVID-19 by limiting the survival of the virus in the environment. This guidance will be updated if additional information becomes available.

Definitions:

- *Community settings* (e.g. polling locations, households, schools, daycares, businesses) encompass most non-healthcare settings and are visited by the general public.
- *Cleaning* refers to the removal of dirt and impurities including germs from surfaces. Cleaning alone does not kill germs. But by removing them, it decreases the number of germs and therefore any risk of spreading infection.
- *Disinfecting* kills germs on surfaces. Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduce any risk of spreading infection.

Actions for elections officials in advance of election day

- **Encourage voters to use voting methods that minimize direct contact with other people and reduce crowd size at polling stations.**
 - Encourage mail-in methods of voting if allowed in the jurisdiction.
 - Encourage early voting, where voter crowds may be smaller throughout the day. This minimizes the number of individuals a voter may come in contact with.
 - Encourage drive-up voting for eligible voters if allowed in the jurisdiction.

- Encourage voters planning to vote in-person on election day to arrive at off-peak times. For example, if voter crowds are lighter mid-morning, advertise that in advance to the community.
- Encourage relocating polling places from nursing homes, long-term care facilities, and senior living residences, to minimize COVID-19 exposure among older individuals and those with chronic medical conditions.
- Consider additional social distancing and other measures to protect these individuals during voting.

Preventive actions polling workers can take

- **Stay at home if you have fever, respiratory symptoms, or believe you are sick**
- **Practice hand hygiene frequently:** wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- **Practice routine cleaning of frequently touched surfaces:** including tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, etc.
- **Disinfect surfaces that may be contaminated with germs after cleaning:** A list of products [with EPA-approved emerging viral pathogens claims](#) is available. Products with EPA-approved emerging viral pathogens claims are expected to be effective against the virus that causes COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, use of personal protective equipment).
- **Clean and disinfect voting-associated equipment (e.g., voting machines, laptops, tablets, keyboards) routinely.** Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consult with the voting machine manufacturer for guidance on appropriate disinfection products for voting machines and associated electronics.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to clean voting machine buttons and touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Preventive action polling stations workers can take for themselves and the general public

Based on available data, the most important measures to prevent transmission of viruses in crowded public areas include careful and consistent cleaning of one's hands. Therefore:

- **Ensure bathrooms at the polling station are supplied adequately with soap, water, and drying materials so visitors and staff can wash their hands..**
- **Provide an alcohol-based hand sanitizer with at least 60% alcohol** for use before or after using the voting machine or the final step in the voting process. Consider placing the alcohol-based hand sanitizer in visible, frequently used locations such as registration desks and exits.
- **Incorporate social distancing strategies, as feasible.** Social distancing strategies increase the space between individuals and decrease the frequency of contact among individuals to reduce the risk of spreading a disease. Keeping individuals at least 6 feet apart is ideal based on what is known about COVID-19. If this is not feasible, efforts should be made to keep individuals as far apart as is practical. Feasibility of strategies will depend on the space available in the polling station and the number of voters who arrive at one time. Polling station workers can:
 - Increase distance between voting booths.
 - Limit nonessential visitors. For example, poll workers should be encouraged not to bring children, grandchildren, etc. with them as they work the polls.
 - Remind voters upon arrival to try to leave space between themselves and others. Encourage voters to stay 6 feet apart if feasible. Polling places may provide signs to help voters and workers remember this.
 - Discourage voters and workers from greeting others with physical contact (e.g., handshakes). Include this reminder on signs about social distancing.

Recommendations for processing mail-in ballots

- Workers handling mail in ballots should practice hand hygiene frequently
- No additional precautions are recommended for storage of ballots

References

- [Community Mitigation Guidance for COVID-19 Response in the United States: Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response](#)
- [Handwashing: Clean Hands Save Lives](#)
- [Protect Yourself & Your Family](#)

Page last reviewed: March 10, 2020

EXHIBIT 2

CHARACTERISTICS OF LABORATORY-CONFIRMED CASES OF COVID-19

ALABAMA
PUBLIC
HEALTH

9,904 LABORATORY-CONFIRMED CASES
1,245 TOTAL HOSPITALIZATIONS
129,426 TOTAL TESTED
393 COVID-19 DEATHS

CLINICAL AND EPIDEMIOLOGIC CHARACTERISTICS



In ICU	460
On Mechanical Ventilation	274

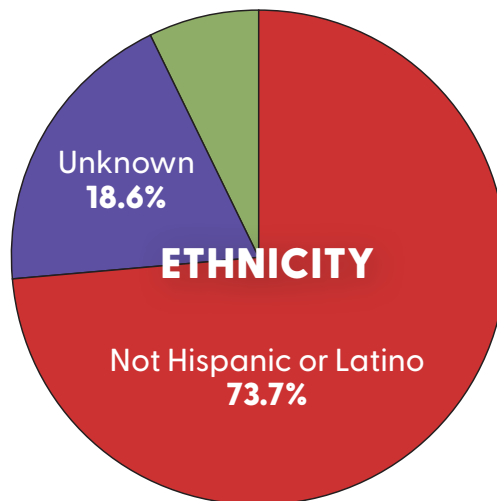
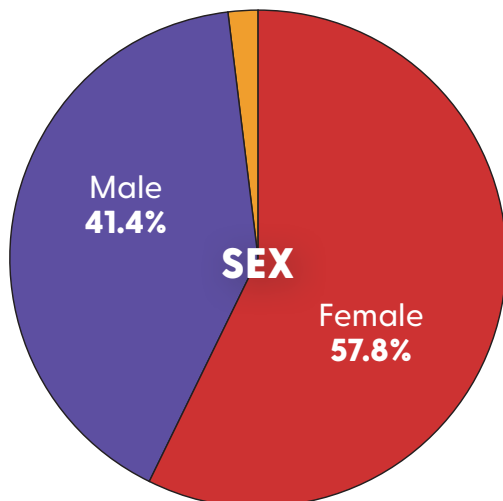
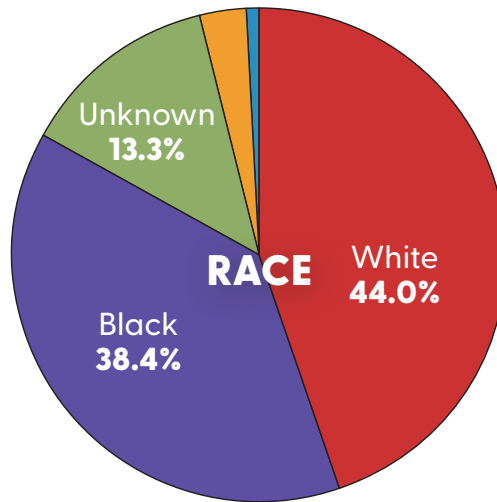
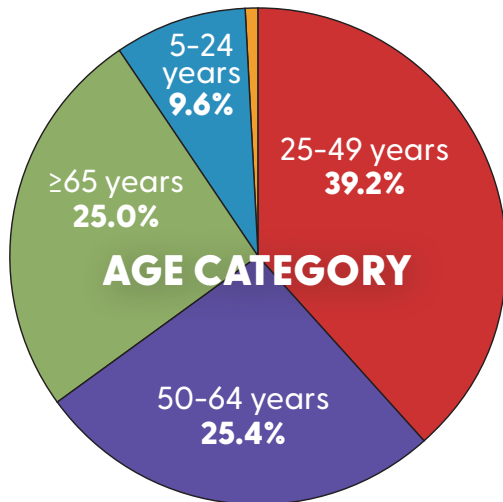


Healthcare Worker (Hospitals and doctor's offices)	1,390
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Long-Term Care Facility Employee	634
Long-Term Care Facility Resident	1,026

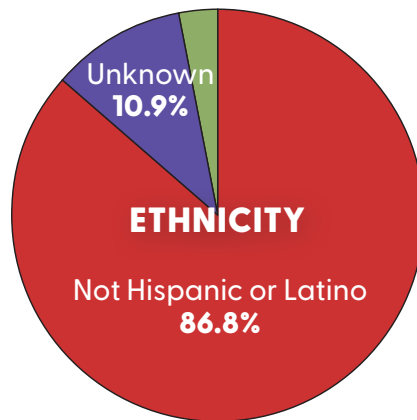
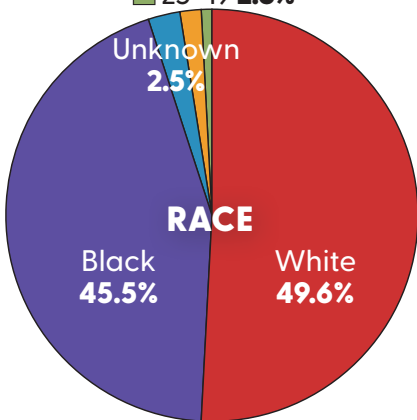
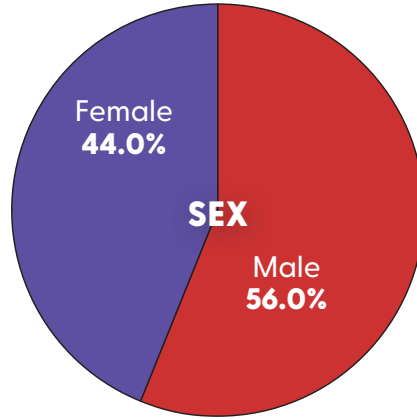
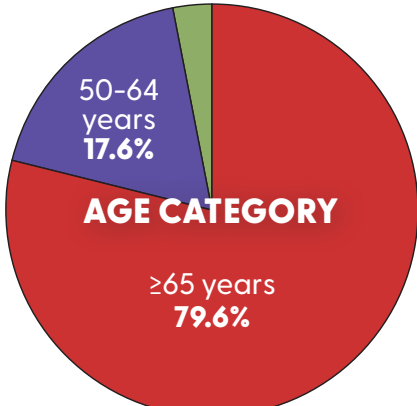
DEMOGRAPHIC CHARACTERISTICS



LABORATORY-CONFIRMED COVID-19 CASE CHARACTERISTICS

ALABAMA
PUBLIC
HEALTH

DEMOGRAPHIC CHARACTERISTICS OF LABORATORY-CONFIRMED COVID-19 CASES WHOSE DEATH HAS BEEN VERIFIED

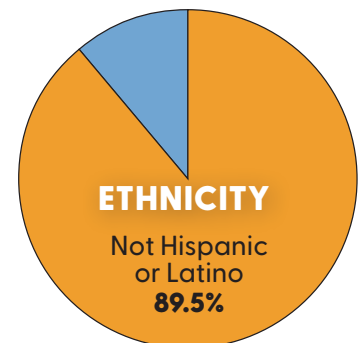
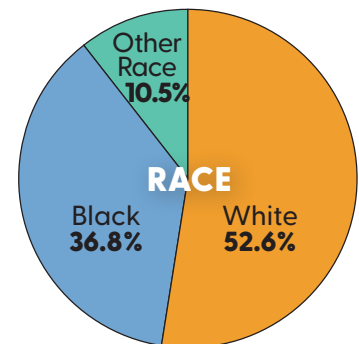
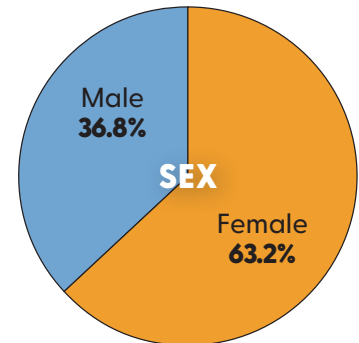
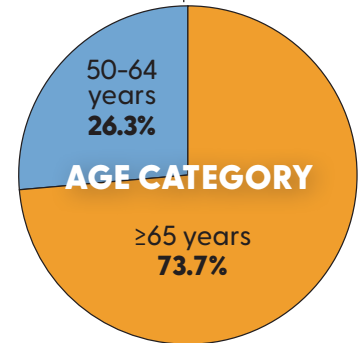


DEATHS WITH NO UNDERLYING CONDITIONS

TOTAL NUMBER: 19
TOTAL COVID-19 DEATHS: 393

AGE IN YEARS

Median: **72** | Range: **50-92**



UNDERLYING MEDICAL CONDITIONS FOR LABORATORY-CONFIRMED COVID-19 CASES WHOSE DEATH HAS BEEN VERIFIED

UNDERLYING MEDICAL CONDITIONS	LABORATORY-CONFIRMED COVID-19 CASES	Percentage
Cardiovascular Disease	249	63.4%
Chronic Liver Disease	10	2.5%
Chronic Lung Disease	98	24.9%
Chronic Renal Disease	106	27.0%
Diabetes Mellitus	154	39.2%
Immunocompromised Condition	80	20.4%
Multiple Underlying Medical Conditions	225	57.3%
None	19	4.8%
Currently Pregnant	0	0.0%

Some patients may have more than one high risk health condition.

As of 5/11/20 at 9:30am - Updated daily

EXHIBIT 3

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF DR. ARTHUR L. REINGOLD

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am the Division Head of Epidemiology and Biostatistics at the University of California, Berkeley, School of Public Health. I have worked on the prevention and control of infectious diseases in both the United States, including eight years at the US Centers for Disease Control and Prevention (“CDC”), and with numerous developing countries around the world for over forty years. Since its inception in 1994, I have directed or co-directed the CDC-funded California Emerging Infections Program. I am a member of the Society for Epidemiologic Research and the American Epidemiological Society; an elected Fellow of the Infectious Disease Society of America and of the American Association for the Advancement of Science; and an elected member of the Institute of Medicine of the National Academy of Sciences. I was previously the President of both the Society for Epidemiologic Research and the American Epidemiological Society. I have served on the editorial boards of the journals: American Journal of Epidemiology, Epidemiology, and Global Public Health.

2. I received my A.B. in biology from the University of Chicago in 1970, and my M.D. from the University of Chicago in 1976. Among other things, I completed a residency in internal medicine and a preventative medicine residency with the CDC.

3. My research focuses on emerging and re-emerging infections in the United States and in developing countries; vaccine-preventable diseases in the United States and in developing countries; and disease surveillance, outbreak detection, and outbreak response.

4. Attached and incorporated by reference to this declaration is a copy of my curriculum vitae. (Attached here as Exhibit A).

5. I am currently collaborating on research concerning SARS-CoV-2 and its incidence, and serving on SARS-CoV-2 advisory groups for multiple organizations, including UC Berkeley, the University of California system, and the City and County of San Francisco, among others.

6. SARS-CoV-2 is a novel coronavirus that causes Coronavirus Disease 2019 (COVID-19). The virus is a respiratory virus with patients typically presenting with acute respiratory signs and symptoms, which can escalate in some patients to respiratory failure and other serious, life-threatening complications. The most common symptoms are fever, cough, and shortness of breath. Other identified symptoms include muscle aches, headaches, chest pain, diarrhea, coughing up blood, sputum production, runny nose, nausea, vomiting, sore throat, confusion, lack of senses of taste and smell, and anorexia. Due to the respiratory impacts of the disease, individuals may need to be put on oxygen, and in severe cases, patients may need to be intubated and put on a ventilator. People of every age can and have contracted COVID-19, including severe cases, but geriatric patients are at the greatest risk of severe cases, long-term impairment, and death. Likewise, those with immunologic conditions and with other pre-existing

conditions, such as hypertension, certain heart conditions, lung diseases (e.g., asthma, COPD), diabetes mellitus, obesity, and chronic kidney disease, are at high risk of a life-threatening COVID-19 illness. Information available to date shows that, if infected with the SARS-CoV-2 virus, racial and ethnic minority populations, especially African-Americans, are at a substantially elevated risk of developing life-threatening COVID-19 illnesses and to die of COVID-19.

7. SARS-CoV-2 is readily spread through respiratory transmission. All people are susceptible to and capable of getting COVID-19 because of the ease with which it spreads. The virus is spread through droplet transmission; that is, when an infected individual speaks, coughs, sneezes, and the like, they expel droplets which can transmit the virus to others in their proximity. Though not yet determined, scientists are currently assessing whether the virus is aerosolized, such that tiny droplets containing the virus remain in the air and can be inhaled by others who come into contact with that air. The virus is also known to be spread through the touching of contaminated surfaces, for example, when an infected person touches a surface with a hand they have coughed into and then another person touches that same surface before it has been disinfected and then touches their face. Each infected individual is estimated to infect two to eight others. In addition, some people are so-called “superspreaders,” who cause widespread infections.

8. Diagnostic testing for the virus is currently most often done through use of a reverse-transcriptase polymerase chain reaction (RT-PCR) test. There has not been sufficiently wide-spread and easily accessible testing throughout the United States, including in Alabama. Serologic tests, which detect antibodies to the virus and thus indicate whether someone has already been exposed to it, are being developed but have not yet been validated or produced at scale.

9. There is not yet any FDA-approved vaccine against SARS-CoV-2, which could be used to immunize the population to the virus. As a result, the only ways to limit its spread are self-

isolation, social distancing, frequent handwashing, and disinfecting surfaces. Self-isolation involves not physically interacting with those outside one's household. Social or physical distancing is maintaining at least six feet of distance between individuals. Both of these interventions are aimed at keeping infected individuals far enough apart from other individuals so that they do not pass the virus along. Frequent handwashing and regular disinfecting of surfaces curb the spread via contaminated surfaces.

10. Transmission of SARS-CoV-2 can occur in any location where there is close proximity (less than six feet) between individuals. And because transmission of the virus can occur via environmental surfaces, there is also risk of spread of the virus at any location where multiple individuals touch surfaces. Some individuals who are infected with the virus do not have any symptoms but can transmit the virus and/or are infectious before they develop any symptoms. This means that isolating only persons known to be infected will not stop the spread of infection. Rather, to prevent increasing the scope of the outbreak of COVID-19, we must assume that anyone could be infected and infect another person.

11. Due to the lack of adequate testing, the time lag in getting results back from laboratories, and the lengthy incubation time, we cannot yet definitely determine the full effects of stay-at-home orders and social distancing. But social distancing has worked to slow the spread of respiratory viruses generally and in places that are ahead of Alabama and the United States in the current pandemic. There is evidence that cities and states that have implemented stay-at-home orders earlier than Alabama are experiencing reduced transmission. Current modeling shows that social distancing and stay-at-home orders are lessening transmission. However, transmission of the virus will continue through the population until the development and widespread use of a vaccine and/or herd immunity.

12. It is unlikely that an FDA-approved vaccine will be available for approximately 12 to 18 months, and indeed may take longer than that due to the number of steps in the process of development, trial and error, scaling to clinical trials, assessing side effects, and assessing efficacy across the population at large.

13. Herd immunity occurs when a high percentage of the population become immune to an infectious disease, such that the spread is dramatically slowed, as infected persons can become dead-ends for the virus, so to speak, because they are not interacting with anyone to whom they can transmit the virus. Approximately 80-95% of a population must be immune in order to achieve herd immunity, depending on the infectiousness of the agent. In this context, an individual's immunity can come from either a vaccine or from previous infection. Herd immunity can protect those in a population who cannot be vaccinated and for whom infection can be particularly serious. Without herd immunity, we can expect that COVID-19 will continue to transmit widely.

14. As SARS-CoV-2 is a new virus, also referred to as a novel virus, only those who have been infected and recovered are possibly immune; there is not a pre-existing population already immune to the virus. Anyone who has not yet been infected is susceptible to infection. Also, due to the virus's novelty, we do not know whether any immunity generated by previous infection lasts permanently, for a specified period, or whether reinfection is possible. As a result, herd immunity is unlikely unless and until the development and widespread use of an effective vaccine or a sufficiently high proportion of the population has been infected. Only once serologic antibody testing is widely available will we be able to determine who in the population is not susceptible to either infection or transmission based on their immunity due to earlier infection. As a result, even if transmission slows due to behavioral interventions such as social distancing and

stay-at-home orders, we can expect resurgences of COVID-19, including significant community transmission, throughout 2020 and into 2021 across the United States, until the development and widespread use of a vaccine. Such resurgence is particularly likely if/when these behavioral modifications are lifted when community transmission is still continuing. Although community transmission is still occurring in the state, Alabama modified its stay-at-home order on April 28 to permit beaches and certain businesses to open subject to sanitation and social-distancing guidelines. Given this easing of behavioral interventions, Alabama is likely to see a resurgence of COVID-19 cases.

15. As SARS-CoV-2 is novel, we also cannot say definitively whether its incidence and prevalence will rise and fall based on weather/what season it is. If virus transmission and prevalence do decline over the summer months, it remains likely that they will resurge in the fall and winter. However, certain other coronaviruses—such as SARS and MERS-CoV—do not appear to demonstrate seasonality of infection. And the current virus has circulated widely in countries currently in their hot seasons. These two points suggest that transmission of and infection with the virus may not be affected by the weather.

16. Due to the ease of transmission, the high risk to certain parts of the population, and the fact that the virus will continue to surge unless and until wide-spread vaccination and/or herd immunity is achieved, individuals will need to continue to take steps to prevent infection. Polling locations are a prime area for increased transmission of SARS-CoV-2 due to the close proximity of a large number of individuals—voters, observers, poll workers—in a limited space. A polling location also has a large number of common surfaces that multiple people touch: the doors, the poll books to sign in, pens, voting booths, and voting machines. Due to the transmission of the virus via contaminated environmental surfaces, polling locations are highly likely to cause

increased infection. My opinion has been further confirmed by accounts like the one from the Wisconsin Department of Health Services, which has reported that fifty-two voters and poll workers have been identified as having contracted SARS-CoV-2 after participating in the primary election held on April 7, 2020. This is one example of the risks of transmission I have described. ,

17. In light of COVID-19, reducing the number of people in close proximity at polling locations and eliminating barriers to widespread vote-by-mail or absentee balloting are much safer options for public health. Drive-up or “curbside” voting can help to minimize a person’s close contacts with poll workers, other voters, and surfaces at polling locations and thus reduce the spread of COVID-19 via person-to-person contact and environmental surfaces. Changes to the absentee voting process that vastly decrease the number of individuals needing to violate social distancing protocols to obtain witnesses or photo IDs for their absentee ballots would also help to substantially decrease the number of people coming into close proximity with one another at public spaces, businesses, and polling locations and thus also decrease the communal spread of COVID-19.

18. For example, for individuals without another person able to witness in their household, the requirement that they have a notary or two people witness their absentee ballot would place them at increased risk of exposure to and/or transmission of COVID-19. Requiring individuals to have one or more people who they are not otherwise being exposed to come into close enough proximity to witness their ballot would place them at increased risk for infection. Similarly, requiring someone to leave home to travel to a store or government office and interact with other people to either photocopy their photo ID or obtain photo ID increases the chances of infection. These requirements are particularly risky for those who are at a greater risk of complications and death from COVID-19.

complications and death from COVID-19.

I declare under penalty of perjury that the foregoing is true and correct. Executed on May 6, 2020


Dr. Arthur I. Reingold

November, 2019

CURRICULUM VITA

Arthur Lawrence Reingold

PRESENT POSITION: Professor of Epidemiology
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 University of California, Berkeley
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DATE OF BIRTH: October 31, 1948

PLACE OF BIRTH: Chicago, Illinois

MARITAL STATUS: Married

EDUCATION: 1966 - 70 A.B. University of Chicago
 1970 - 76 M.D. University of Chicago

POSTGRADUATE TRAINING: 1976 - 78 Internal Medicine Resident, Mount Auburn Hospital
 Cambridge, Massachusetts
 1980 - 82 Preventive Medicine Resident, Centers for Disease
 Control (CDC) - Atlanta, Georgia

POSITIONS HELD: 1979 - 80 Epidemic Intelligence Service Officer,
 State of Connecticut - Department of Health Services
 Hartford, Connecticut
 1980 - 81 Epidemic Intelligence Service Officer,
 Special Pathogens Branch - Bacterial Diseases Division
 Centers for Disease Control (CDC) - Atlanta, Georgia
 1981 - 85 Assistant Chief, Respiratory & Special Pathogens
 Epidemiology Branch, Center for Infectious Diseases
 Centers for Disease Control (CDC) - Atlanta, Georgia
 1985 - 87 CDC Liaison Officer, Office of the Director
 Centers for Disease Control - Atlanta, Georgia

FACULTY APPOINTMENTS: 1979 - 80 Instructor, Department of Medicine (Epidemiology)
 University of Connecticut - Hartford, Connecticut
 1985 - 87 Visiting Lecturer, Department of Biomedical and
 Environmental Health Sciences (Epidemiology)
 University of California, Berkeley
 1987 - Professor of Epidemiology, School of Public Health,
 University of California, Berkeley
 1989 - Professor, Department of Epidemiology and
 Biostatistics - University of California, San Francisco

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FACULTY APPOINTMENTS:
(CONTINUED)

1990 - 94	Head, Epidemiology Program, Department of Biomedical and Environmental Health Sciences, University of California, Berkeley
1991 -	Clinical Professor, Department of Medicine University of California, San Francisco
1994 - 2000	Head, Division of Public Health Biology and Epidemiology University of California, Berkeley
2000 - 2018	Head, Division of Epidemiology, School of Public Health, University of California, Berkeley
2018 -	Head, Division of Epidemiology and Biostatistics, School of Public Health University of California, Berkeley
2008 - 2014	Associate Dean for Research, School of Public Health, University of California, Berkeley
2009 - 2014	Edward Penhoet Distinguished Chair for Global Health and Infectious Disease

MEDICAL LICENSURE: California

BOARD CERTIFICATION: 1980 American Board of Internal Medicine

AWARDS: 1970 - 74 Medical Scientist Training Program
1985 Commendation Medal, U.S. Public Health Service
1986 Charles Shepard Award, Centers for Disease Control (CDC)

MEMBERSHIPS: 1970 Sigma Xi
1978 American College of Physicians
1983 American Society for Microbiology
1984 Society for Epidemiologic Research
1986 Infectious Disease Society of America (Fellow)
1988 American Epidemiological Society
1991 American College of Epidemiology (Fellow)
1994 AAAS (Fellow)
2003 Institute of Medicine (Member)

PROFESSIONAL ACTIVITIES

CONSULTATIONS: 1981 Institute of Medicine: Toxic-shock syndrome
1981 Food and Drug Administration: Toxic-shock syndrome
1982 United States Agency for International Development:
Control of meningococcal meningitis in West Africa
1983 World Health Organization (WHO):
Control of meningococcal meningitis in Nepal
1983 East-West Center, University of Hawaii: Role of indoor air pollution
in acute respiratory infections in developing countries
1984 Institute of Medicine: Meningococcal vaccines

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CONSULTATIONS: (CONTINUED)	1986	World Health Organization (WHO): Control of meningococcal meningitis in South Asia	
	1987 - 1993	Center for Child Survival, University of Indonesia: Control of Acute Respiratory Infections	
	1988	Evaluation of the Combating Communicable Childhood Disease Program, Ivory Coast	
	1994	Evaluation of National Epidemiology Board Program, Rockefeller Foundation	
	1995	Planning of a School-based Acute Rheumatic Fever Prevention Project - New Zealand Heart Foundation	
	1995	Vaccines Advisory Committee, Food & Drug Administration Approval of acellular pertussis vaccine	
	1996	External Reviewer, NIAID Group B Streptococcus Research Contract with Harvard University	
	1996 - 2000	U.S. Food and Drug Administration; Consultant to the Vaccines Advisory Committee	
	1996	World Health Organization, Consultation on Control of Meningococcal Meningitis in Africa	
	1998 – 2002	Advisor to the INCLLEN "Indiaclen" project	
	2002 – 2003	Evaluation of a School-based Acute Rheumatic Fever Prevention Project – New Zealand Heart Association	
	ADVISORY BOARDS AND PANELS:	1988 - 1989	Member, Advisory Committee on Ground Water and Reproductive Outcomes, State of California Department of Health Services
		1989 - 1990	AIDS Advisory Committee, Alameda County Board of Supervisors
1989 - 1993		Advisory Committee, Birth Defects Monitoring Program, State of California Department of Health Services	
1993 - 1995		Centers for Disease Control (CDC): Public Health Service Advisory Panel on the Case Definition for Lyme Disease	
1992 - 1994		World Health Organization (WHO): Task Force on Strengthening Epidemiologic Capacity; Childhood Vaccine Initiative	
1996 - 2000		Armed Forces Epidemiological Board	
1997 - 2012		University of California, San Francisco AIDS Research Institute Steering Committee	
1998 - 2003		Emerging Infections Committee of the Infectious Diseases Society of America	
1998 – 2000		Panelist, Howard Hughes Medical Institute Predoctoral Fellowship	
2001 - 2006		Technical expert, Sub-Committee on the Protection of Public Health; California State Strategic Committee on Terrorism	

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ADVISORY BOARDS PANELS (CONTINUED)	2003 - 2008	Advisory Board, Chinese University of Hong Kong – Centre for Emerging AND Infectious Diseases
	2004 -	Advisory Board, University of California, Berkeley Clinical Research Center
	2004 - 2008	Advisory Board, New York University School of Medicine Fellowship in Medicine and Public Health Research
	2004 - 2005	Institute of Medicine Committee on Measures to Enhance the Effectiveness of CDC Quarantine Station Plan for U.S. Ports of Entry
	2005 - 2012	Strategic Advisory Group of Experts (SAGE) for Vaccine Policy, World Health Organization (WHO) (Deputy Chairman, 2010-2012)
	2005 -	Data and Safety Monitoring Committee; F.I. Proctor Foundation, University of California, San Francisco (UCSF)
	2007 - 2012	NIH Fogarty International Center External Advisory Board
	2007 - 2009	Chair, Working Group on Pneumococcal Vaccine, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2008 - 2012	Working Group on H5N1 Influenza Vaccines, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2008 - 2011	Chair, Leptospirosis Burden Epidemiology Reference Group, World Health Organization (WHO)
	2008 - 2012	National Biosurveillance Advisory Subcommittee of the Advisory Committee to The Director, Centers for Disease Control and Prevention (CDC)
	2008 - 2009	Institute of Medicine Committee on the Review of Priorities in the National Vaccine Plan
	2009 - 2012	Chair, Working Group on Hepatitis A Vaccine, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2011 - 2013	Member, Institute of Medicine Committee on Vaccine Priorities
	2011 - 2014	Member, Working Group on Vaccine Hesitancy, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2012 - 2014	Chair, Review of the Heterologous Effects of Childhood Vaccines, World Health Organization (WHO)
	2012 - 2014	Chair, External Review of the Measles Rubella Initiative (of WHO, CDC, UNICEF, American Red Cross, and United Nations Foundation)
	2013 - 2018	Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services
	2016-2017	Member, Institute of Medicine Committee on a National Strategy for the Elimination of Hepatitis B and C
	2018 -	Member, Independent Review Committee, Global Alliance for Vaccines and Immunizations (GAVI)
	2018 -	Member, Strategic Advisory Group, Partnership for Influenza Vaccination Introduction

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LEADERSHIP POSITIONS:

1997 - 2012	Secretary-Treasurer, American Epidemiological Society
2009 - 2010	President, Society for Epidemiologic Research
2015 – 2016	President, American Epidemiological Society (AES)

EDITORIAL BOARDS:

1995 - 2000	Board of Editors, American Journal of Epidemiology
2001 - 2005	Board of Editors, Epidemiology
2005 -	Editorial Advisory Board, Global Public Health
2009 - 2010	Editorial Advisory Board, American Journal of Epidemiology

ASSOCIATE EDITORSHIPS:

2017 -	Current Epidemiology Reports
2018 -	Vaccine

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PUBLICATIONS:

1. Hayes RV, Pottenger LA, Reingold AL, Getz GS, Wissler RW. Degradation of I¹²⁵ - labeled serum low density lipoprotein in normal and estrogen-treated male rats. *Biochem Biophys Res Comm* 1971;44:1471-1477.
2. Reingold AL, Kane MA, Murphy BL, Checko P, Francis DP, Maynard JE. Transmission of hepatitis B by an oral surgeon. *J Infect Dis* 1982;145:262-268.
3. Reingold AL, Dan BB, Shands KN, Broome CV. Toxic-shock syndrome not associated with menstruation: a review of 54 cases. *Lancet* 1982;1:1-4.
4. Bartlett P, Reingold AL, Graham DR, et al. Toxic-shock syndrome associated with surgical wound infections. *JAMA* 1982;247:1448-1450.
5. Reingold AL, Hargrett NT, Shands KN, et al. Toxic-shock syndrome surveillance in the United States, 1980-1981. *Ann Intern Med* 1982;96:875-880.
6. Reingold AL, Hargrett NT, Dan BB, Shands KN, Strickland BY, Broome CV. Nonmenstrual toxic-shock syndrome: a review of 130 cases. *Ann Intern Med* 1982;6:871-874.
7. Broome CV, Hayes PS, Ajello GW, Feeley JC, Gibson RJ, Graves LM, Hancock GA, Anderson RJ, Highsmith AK, Mackel DC, Hargrett NT, Reingold AL. In-vitro studies of interactions between tampons and *Staphylococcus aureus*. *Ann Intern Med* 1982;96:959-962.
8. Guinan ME, Dan BB, Guidotti RJ, Reingold AL, et al. Vaginal colonization with *Staphylococcus aureus* in healthy women: a review of four studies. *Ann Intern Med* 1982;96(pt.2):944-947.
9. Schlech WF III, Shands KN, Reingold AL, et al. Risk factors for development of toxic-shock syndrome: association with a tampon brand. *JAMA* 1982;248:835-839.
10. Reingold AL, Bank JD. Legionellosis. In: Easmon CSF, Jeljaszewicz J, eds. *Medical Microbiology*. London: Academic Press 1982 (I):217-239.
11. Reingold AL. Toxic-shock syndrome. In: Spittell JA Jr., ed. *Clinical Medicine*. Philadelphia: Harper & Row Publishers 1982 (II):1-6.
12. Kornblatt AN, Reingold AL. Legionellosis. In: Steele JH, Hillyer RV, Hopla CE, eds. *CRC Handbook Series in Zoonoses*. CRC Press 1982:313-324.
13. Wilkinson HW, Reingold AL, Brake JB, McGiboney DL, Gorman GW, Broome CV. Reactivity of serum from patients with suspected Legionellosis against 29 antigens of legionellaceae and *Legionella*-like organisms by indirect immunofluorescence assay. *J Infect Dis* 1983;147:23-31.
14. Meenhorst PL, Reingold AL, Gorman GW, et al. *Legionella pneumonia* in guinea pigs exposed to aerosols of concentrated potable water from a hospital with nosocomial Legionnaires' disease. *J Infect Dis* 1983;147:129-132.

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15. Reingold AL. Nonmenstrual toxic-shock syndrome: the growing picture. JAMA 1983; 249:932 (editorial).
16. Reingold AL. Meningococcal meningitis. Nepal Paed Soc J 1983; 2:144-148.
17. Reingold AL, Broome CV, Phillips CJ, Meda H, Tiendrebeogo H, Yada A. Evidence of continuing protection against group A meningococcal disease one year after vaccination: a case-control approach. Med Trop 1983;43:225.
18. Reingold AL, Kane MA, Hightower AW. Disinfection procedures and infection control in the outpatient oral surgery practice. J Oral Maxillofac Surg 1984;42:568-572.
19. Broome CV, Reingold AL. Current issues in toxic-shock syndrome. In: Remington JS, Swartz MN, eds. Current clinical topics in infectious diseases. McGraw Hill 1984;65-85.
20. Herwaldt LA, Gorman GW, McGrath T, Toma S, Brake B, Hightower AW, Jones J, Reingold AL, et al. A new Legionella species, Legionella feeleei species nova, causes Pontiac fever in an automobile plant. Ann Intern Med 1984;100:333-338.
21. Ajello GW, Feeley JC, Hayes PS, Reingold AL, Bolan G, et al. Trans-isolate medium: a new medium for primary culturing and transport of Neisseria meningitidis, Streptococcus pneumoniae, and Haemophilus influenzae. J Clin Microbiol 1984;20:55-58.
22. Hayes PS, Graves LM, Feeley JC, Hancock GA, Cohen ML, Reingold AL, et al. Production of toxic-shock-associated protein(s) in Staphylococcus aureus strains isolated from 1956 through 1982. J Clin Microbiol 1984;20:42-46.
23. Reingold AL, Thomason BM, Brake BJ, Thacker L, Wilkinson HW, Kuritsky JN. Legionella pneumonia in the United States: the distribution of serogroups and species causing human illness. J Infect Dis 1984;149:819.
24. Blaser M, Reingold AL, Alsever RN, Hightower A. Primary meningococcal pericarditis: A disease of adults associated with serogroup C Neisseria meningitidis. Rev Infect Dis 1984;6:625-632.
25. Jones EE, Alford PL, Reingold AL, et al. Predisposition to invasive pneumococcal illness following parainfluenza type 3 virus infection in chimpanzees. JAVMA 1984;185:1351-1353.
26. Reingold AL, Thomason BM, Kuritsky J. Results of Legionnaires' disease direct fluorescent-antibody testing at Centers for Disease Control, 1980-1982. In: Thornsberry C, Balows A, Feeley JC, and Jakubowski J, eds. Legionella, ASM 1984;21-22.
27. Kuritsky JN, Reingold AL, Hightower AW, Broome CV. Sporadic Legionellosis in the United States, 1970 to 1982. In: Thornsberry C, Balows A, Feeley JC, and Jakubowski J, eds. Legionella, ASM 1984;243-245.
28. Fleming DW, Reingold AL. Legionella. In: Braude AI ed. Medical Microbiology and Infectious Diseases, Second Edition W.B. Saunders 1985;352-358.

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29. Garbe PL, Arko RJ, Reingold AL, et al. Staphylococcus aureus isolates from patients with non-menstrual Toxic Shock Syndrome: Evidence for Additional Toxins. JAMA 1985;253:2538-2542.
30. Garbe PL, Davis BJ, Weisfeld J, Markowitz L, Miner P, Garrity F, Barbaree JM, Reingold AL. Nosocomial Legionnaires' Disease: Epidemiologic Demonstration of Cooling Towers as a Source. JAMA 1985;254:521-524.
31. Fleming DW, Cochi SL, MacDonald KL, Brondum J, Haves PS, Plikaytis BD, Holmes MB, Audurier A, Broome CV, Reingold AL. Pasteurized milk as a vehicle of infection in an outbreak of listeriosis. NEJM 1985;312:404-407.
32. Meenhorst P, Reingold AL, Groothuis DL, et al. Water-related nosocomial pneumonia caused by Legionella pneumophila serogroups 1 and 10. J Infect Dis 1985;152:356-364.
33. Bolan G, Reingold AL, Carson L, et al. Infections with Mycobacterium chelonae in patients receiving dialysis and using processed hemodialyzers. J Infect Dis 1985;152:1013-1019.
34. Reingold AL. Toxic-shock in the United States of America: epidemiology. Postgrad Med J 1985;61:21-22.
35. Reingold AL, Broome CV, Hightower AW, et al. Age-specific differences in duration of clinical protection after vaccination with meningococcal polysaccharide A vaccine. Lancet 1985;II:114-118.
36. Petitti DB, Reingold AL, Chin J. The incidence of toxic-shock syndrome in Northern California: 1972-1983. JAMA 1986;255:368-372.
37. Reingold AL. Toxic-shock syndrome and the contraceptive sponge. JAMA 1986;255:242-243 (editorial).
38. Berkley S, Reingold AL. Toxic-shock syndrome. In: Kass EH and Platt R, eds. Current Therapy in Infectious Disease. B.C. Decker, Inc. 1986;78-81.
39. Reingold AL. Toxic-shock syndrome. In: Wheat J and White A, eds. Infectious Diseases, University of Chicago Press, 1986.
40. Reingold AL, Broome CV. Nosocomial central nervous system infections. In: Bennett JV, Brachman PS, eds. Hospital Infections. Little Brown & Co. 1986;521-529.
41. Markowitz L, Reingold AL. Toxic-shock syndrome. In: Maxcy-Rosenau Public Health and Preventive Medicine, 12th edition Appleton-Century-Crofts 1986;456-459.
42. Reingold AL, Xiao DL, Plikaytis B, Ajello L. Systemic mycoses in the United States, 1980-1982. J Med Vet Mycol 1986;24:433-436.
43. Cochi SL, Markowitz L, Owens Jr RC, Stenhouse DH, Regmi DN, Shrestha RPB, Acharya IL, Manandhar M, Gurubacharya VL, Owens D, Reingold AL. Control of epidemic group A meningococcal meningitis in Nepal. Int J Epid 1987;16:91-97.
44. Markowitz LE, Hightower AW, Broome CV, Reingold AL. Toxic-shock syndrome: Evaluation of national surveillance data using a hospital discharge survey. JAMA 1987;258:75-78.

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45. Berkley SF, Hightower AW, Reingold AL, Broome CV. The relationship of tampon characteristics to menstrual toxic-shock syndrome. *JAMA* 1987;258:917-920.
46. Reingold AL, Kane MA, Hightower AW. Failure of gloves and other protective devices to prevent transmission of hepatitis B virus in oral surgeons. *JAMA* 1988;259:2558-2560.
47. Reingold AL. The role of Legionellae in acute infections of the lower respiratory tract. *Rev Infect Dis* 1988;10(5):1018-1028.
48. Harrison LH, Broome CV, Hightower AW, Hoppe CC, Makintubee S, Sitze SL, Taylor JA, Gaventa S, Wenger JD, Facklam RR, and the *Haemophilus Vaccine Efficacy Study Group* (includes A.L. Reingold). A day-care based study of the efficacy of Haemophilus influenzae B polysaccharide vaccine. *JAMA* 1988;260(10):1413-1418.
49. Schwartz B, Broome CV, Hightower AW, Brown GR, Ciesielski CA, Gaventa S, Gellin BG, Mascola L, and the *Listeriosis Study Group* (includes A.L. Reingold). Association of sporadic listeriosis with consumption of uncooked hot dogs and undercooked chicken. *Lancet* 1988;II:779-782.
50. Carson LA, Bland LA, Cusick LB, Favero MS, Bolan G, Reingold AL, et al. Prevalence of nontuberculous mycobacteria in water supplies of hemodialysis centers. *Appl Environ Micro* 1988; 54:3122-3125.
51. Petitti DB, Reingold AL. Update through 1985 on the incidence of toxic shock syndrome among members of a prepaid health plan. *Rev Infect Dis* 1989;11:S22-27.
52. Reingold AL, Broome CV, Gaventa S, Hightower SW, and the Toxic-Shock Syndrome Study Group. Risk factors for menstrual toxic-shock syndrome: results of a multi-state case-control study. *Rev Infect Dis* 1989;11:S35-42.
53. Gaventa S, Reingold AL, Hightower AW, et al. Active surveillance for toxic-shock syndrome in the United States, 1986. *Rev Infect Dis* 1989;11:S28-34.
54. Schwartz B, Gaventa S, Broome CV, Reingold AL, et al. Non-menstrual toxic-shock syndrome associated with barrier contraceptives: report of a case-control study. *Rev Infect Dis* 1989;11:S43-49.
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EXHIBIT 4

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U.S.

Coronavirus vs. Flu: Which Virus Is Deadlier?

The two maladies are similar in many ways, but people have more protection against seasonal flu



A discharged Covid-19 patient in Wuhan, China, bowed to the doctors while leaving the hospital on Tuesday.

PHOTO: STRINGER/GETTY IMAGES

By [Betsy McKay](#)

Updated March 10, 2020 12:49 pm ET

The new coronavirus and the seasonal flu are similar in many ways. Both are respiratory diseases that spread through droplets of fluid from the mouth and nose of someone who is infected. Both are contagious, produce similar symptoms and can be deadly.

But there are some major differences. While both produce many of the same symptoms—fever, cough and muscle aches—and are particularly hard on the elderly, they come from two different families of viruses. People have more protection from the flu because there is a vaccine and they are exposed to flu viruses every year.

There is no vaccine yet to protect people against Covid-19, the disease caused by the new virus.

“I think what we’re seeing with Covid-19 is what influenza would look like without a vaccine,” said Neil Fishman, who is chief medical officer at the Hospital of the University of Pennsylvania and an infectious-disease specialist.

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Scientists haven't yet established exactly how deadly or transmissible the new virus is. But so far the new coronavirus appears to be deadlier than the seasonal flu, which kills thousands of Americans every season.

Calculations of the mortality rate for Covid-19 have ranged between 2% and 3.4% since the virus was identified in China in January, according to World Health Organization data. Those percentages are derived by dividing the number of confirmed deaths globally into the number of confirmed cases.

By contrast, the seasonal flu has a death rate of approximately 0.1%.

Covid-19's higher death rate is one reason that billionaire global-health philanthropist Bill Gates recently warned in an article in the New England Journal of Medicine that "Covid-19 has started behaving a lot like the once-in-a-century pathogen we've been worried about."

But public-health scientists say the real death rate is probably lower than the current estimates. U.S. health officials suggested in another article in the New England Journal of Medicine that the death rate could be well below 1%. (Other estimates have ranged between 1% and 2%.) That's because current calculations are based on tallies of people who were ill enough to be tested, they wrote.

Epidemiologists say they are certain there are many more people who were infected but didn't receive a test—either because they weren't ill enough to get one or didn't have access to a test. Problems with a test developed in the U.S. means many people haven't been able to get one.

Studies suggest there are also people who were infected but had no symptoms.

"We don't know the proportion of mild or asymptomatic cases," Marc Lipsitch, professor of epidemiology at Harvard T.H. Chan School of Public Health and director of the Center for Communicable Disease Dynamics, said in a recent teleconference.

In addition, the mortality rate has differed by region and by intensity of transmission, according to a report by an international mission to China of experts led by the WHO. It was 5.8% in an explosive initial outbreak in Wuhan. But in other, less-hard-hit areas of China, which had more time to prepare to care for patients, it was 0.7%. The rate in China has come down

over time, the report said. In South Korea, which has had more than 7,000 cases, the mortality rate is 0.7%.

To calculate the “infection fatality rate”—meaning an infected person’s risk of death—will require large-scale studies to determine how many people in an area where there has been an outbreak have antibodies to the virus in their blood, Dr. Lipsitch said. That would show how many people had been infected, he said.

SHARE YOUR THOUGHTS

Have you been tested for flu or coronavirus? What was your experience? Join the conversation below.

Two blood tests have been licensed in China to conduct such studies, according to the WHO.

The new coronavirus, called SARS CoV-2, infects the lower respiratory tract. About 80% of people in a cohort of nearly 56,000 people in China had either mild or moderate illnesses, according to the report by the experts who traveled to China. Those illnesses started with a fever, dry cough, fatigue and other flulike symptoms, but sometimes included shortness of breath and progressed to a mild form of pneumonia, according to the report.

Another 13.8% became severely ill, requiring oxygen, and 6.1% were critical, meaning respiratory and organ failure, according to the report. People over the age of 60 and those with underlying conditions such as cardiovascular disease, chronic lung disease, diabetes and cancer were at highest risk, the report said.

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There are contradictory reports of how transmissible Covid-19 is. The disease does not seem to spread as easily as the flu, according to the WHO, which found that most of the spread in China was through close contacts like family members. Other disease modeling suggests the new virus is more transmissible than the flu.

Experts say the new coronavirus may appear to be more transmissible than flu right now because people have at least some immunity to seasonal flu viruses, since the flu goes around every year, and there is a flu vaccine.

About 34 million people in the U.S. have had the flu this season, which is still ongoing but starting to ease, according to the latest flu report from the Centers for Disease Control and Prevention. Of them, about 20,000 have died.

Flu strains change slightly every year, and the number of deaths depends on how severe the strains that are circulating that season are, according to the CDC. The most severe flu pandemic in recent history killed tens of millions of people in 1918 and 1919, meaning more than 2.5% of those it infected, according to CDC research.

Write to Betsy McKay at betsy.mckay@wsj.com

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EXHIBIT 5



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SCIENCE

Coronavirus infection may cause lasting damage throughout the body, doctors fear



Medical staff attend to a COVID-19 patient. Doctors are seeing signs of long-term health problems in patients who have recovered from the disease. (Sascha Schuermann / Getty Images)

By MELISSA HEALY
STAFF WRITER

APRIL 10, 2020 | 3:03 PM



For a world grappling with the new coronavirus, it's becoming increasingly clear that

even when the pandemic is over, it won't really be over.

Now doctors are beginning to worry that for patients who have survived COVID-19, the same may be true.

For the sickest patients, [infection with the new coronavirus](#) is proving to be a full-body assault, causing damage well beyond the lungs. And even after patients who become severely ill have recovered and cleared the virus, physicians have begun seeing evidence of the infection's lingering effects.

In a [study](#) posted this week, scientists in China examined the blood test results of 34 COVID-19 patients over the course of their hospitalization. In those who survived mild and severe disease alike, the researchers found that many of the biological measures had "failed to return to normal."

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Chief among the worrisome test results were readings that suggested these apparently recovered patients continued to have impaired liver function. That was the case even after two tests for the live virus had come back negative and the patients were cleared to be discharged.



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At the same time, as cardiologists are contending with the immediate effects of COVID-19 on the heart, they're asking how much of the damage could be long-lasting. In an [early study](#) of COVID-19 patients in China, heart failure was seen in nearly 12% of those who survived, including in some who had shown no signs of respiratory distress.

When lungs do a poor job of delivering oxygen to the body, the heart can come under severe stress and may emerge weaker. That's concerning enough in an illness that typically causes breathing problems. But when even those without respiratory distress sustain injury to the heart, doctors have to wonder whether they have underestimated COVID-19's ability to wreak lasting havoc.

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“COVID-19 is not just a respiratory disorder,” said [Dr. Harlan Krumholz](#), a cardiologist at Yale University. “It can affect the heart, the liver, the kidneys, the brain, the endocrine system and the blood system.”

SCIENCE

We can't shelter in place forever: How the coronavirus lockdown might end

April 10, 2020

There are no long-term survivors of this wholly new disease: Even its first victims in China are little more than three months removed from their ordeal. And physicians have been too busy treating the acutely ill to closely monitor the progress of the roughly 370,000 people worldwide known to have recovered from COVID-19.

Still, doctors are worried that in its wake, some organs whose function has been knocked off kilter will not recover quickly, or completely. That could leave patients more vulnerable for months or years to come.

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“I think there will be long-term [sequelae](#),” said Yale cardiologist [Dr. Joseph Brennan](#), using the medical term for a disease’s downstream effects.

“I don’t know that for real,” he cautioned. “But this disease is so overwhelming” that some of the recovered are likely to face ongoing health concerns, he said.

Another question that could take years to answer is whether the SARS-CoV-2 virus that causes COVID-19 may lie dormant in the body for years and spring back later in different form.

It wouldn’t be the first virus to behave that way. After a chicken pox infection, for instance, the herpes virus that causes the illness hides quietly for decades and often emerges as the painful affliction shingles. The virus that causes hepatitis B can sow the seeds of liver cancer years later. And in the months after the West African Ebola epidemic subsided in 2016, the virus responsible for that illness was [found](#) to have taken up residence in the vitreous fluid of some of its victims’ eyes, causing blindness or vision impairment in 40% of those affected.

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Organ transplants plummeted as the coronavirus spread, study says

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Given SARS-CoV-2's affinity for lung tissue, doctors quickly suspected that some recovered COVID-19 patients would sustain lasting damage to their lungs. In infections involving the coronavirus that cause [severe acute respiratory syndrome](#)

[\(SARS\)](#), about one-third of recovered patients had lung impairment after three years, but those symptoms had largely cleared 15 years later. And researchers [found](#) that one-third of patients who suffered [Middle East respiratory syndrome \(MERS\)](#) had scarring of the lungs — fibrosis — that was probably permanent.

In a mid-March review of a dozen COVID-19 patients discharged from a hospital in Hong Kong, two or three were described as having difficulty with activities they had done in the past.

[Dr. Owen Tsang Tak-yin](#), director of infectious diseases at Princess Margaret Hospital in Hong Kong, told reporters that some patients “might have around a drop of 20 to 30% in lung function” after their recovery.

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SCIENCE

How a discovery that brought us Viagra could help those battling the coronavirus

April 5, 2020

Citing the history of lasting lung damage in SARS and MERS patients, a team led by UCLA radiologist [Melina Hosseiny](#) is [recommending](#) that patients who have recovered from COVID-19 get follow-up lung scans “to evaluate long-term or permanent lung damage including fibrosis.”

As doctors try to assess organ damage after COVID-19 recovery, there’s a key complication: Patients with disorders that affect the heart, liver, blood and lungs face a higher risk of becoming very sick with COVID-19 in the first place. That makes it difficult to distinguish COVID-19 after-effects from the problems that made patients vulnerable to begin with — especially so early in the game.

Right now, “we’re all in the middle of it,” said [Dr. Kim Williams](#), a cardiovascular disease specialist at Rush University Medical Center in Chicago. “We have much more information about what happens acutely, and we’re trying to manage that.”

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What they do know is that when COVID-19 patients show symptoms of infection, the function of many organs is knocked off course. And when one organ begins to fail, others often follow.

Add to that chaos the force of inflammation, which flares in those with severe COVID-19. The result can do damage throughout the body, prying plaques and clots from the walls of blood vessels and causing strokes, heart attacks and venous embolisms.

SCIENCE

Ventilators for coronavirus patients are in short supply. How scientists might pivot

April 7, 2020

Krumholz, who organized a [meeting of cardiologists](#) to discuss COVID-19 this week, said the infection can cause damage to the heart and the sac that encases it. Some patients develop heart failure and/or arrhythmias during the disease’s acute phase.

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Heart failure weakens the organ, though it can regain much of its strength with medications and lifestyle changes. Still, former COVID-19 patients can become lifelong cardiology patients.

Muddying this picture is another potential after-effect: blood abnormalities that

make clots of all sorts more likely to form.

In a [case report](#) published this week in the New England Journal of Medicine, Chinese doctors described a patient with severe COVID-19, clots evident in several parts of his body, and immune proteins called [antiphospholipid antibodies](#).

A hallmark of an autoimmune disease called [antiphospholipid syndrome](#), these antibodies sometimes occur as a passing response to an infection. But sometimes they linger, causing dangerous blood clots in the legs, kidneys, lungs and brain. In pregnant women, antiphospholipid syndrome also can result in miscarriage and stillbirth.

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Brennan said that in a new disease like COVID-19, the signposts that usually guide physicians in assessing a patient's long-term prognosis are just not there yet. "Coagulopathy," for instance, "usually rights itself," he said.

"But this isn't usual."

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Melissa Healy

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Melissa Healy is a health and science reporter with the Los Angeles Times writing from the Washington, D.C., area. She covers prescription drugs, obesity, nutrition and exercise, and neuroscience, mental health and human behavior. She's been at The Times for more than 30 years, and has covered national security, environment, domestic social policy, Congress and the White House. As a baby boomer, she keenly follows trends in midlife weight gain, memory loss and the health benefits of red wine.

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EXHIBIT 6

The Guardian



People in their 60s at higher coronavirus risk too, say scientists

UK has advised over-70s to be extra vigilant but other countries have opted for lower age thresholds

Coronavirus - latest updates
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Sarah Boseley

Wed 22 Apr 2020 04.36 EDT

UK guidance urging the over-70s to take particular care to observe social distancing and avoid contact with people outside the home is leaving people aged 60 to 69 at increased risk from coronavirus, say scientists.

Prof Azeem Majeed and colleagues at Imperial College London (ICL) noted that other countries had different policies and the World Health Organization said the highest risk was in over-60s.

According to a paper published by the Centre for Evidence-Based Medicine at Oxford University, the death rate among people in their 70s is 8%, and the rate among those in their 60s is 3.6%, which the ICL scientists said was “still substantial”.

They recommend that the 7.3 million people in their 60s in the UK should be more careful about physical distancing and personal hygiene.

“In the absence of government guidance, people in this group (60-69) can make their own informed decisions on how to minimise their risks of Covid-19 infection. This can include isolating themselves in a similar manner to that recommended by the UK government for people aged 70 years and over,” they said in a paper published in the Journal of the Royal Society of Medicine.

“While the severity of the disease increases from the age of 40 years, those above the age of 60 years and those with underlying medical conditions including, but not limited to, diabetes, cardiovascular diseases, chronic respiratory diseases and cancers are at the highest risk.”

They cited international evidence that over-60s are at higher risk. “The US Centers for Disease Control and Prevention reports that 80% of Covid-19-related deaths are in those aged 65 years and over,” they said. In China, 80% of deaths were in the over-60s.

Switzerland and France were among the countries that advised over-65s to take greater precautions against infection, they added.

Other scientists agree there is a cause for concern about the 60-69 age group. Dr Tom Wingfield from the Liverpool School of Tropical Medicine, said: “It would be helpful to see what evidence was used to inform the UK government’s decision to define people over 70 years old as a high-risk group rather than using a lower age threshold such as 60 or 65 years old. This is a really important issue for the general public when we consider that more than 7 million people in the UK are aged between 60 and 69 years old.

“In addition to the general public, it is also vital that carers and key workers who are aged over 60, including those returning from retirement to work in the NHS and other social care settings, are provided with accurate information to be able to make informed decisions about minimising their own risk from Covid-19.”

● This article was amended on 23 April 2020 to clarify the UK lockdown measures for people over 70.

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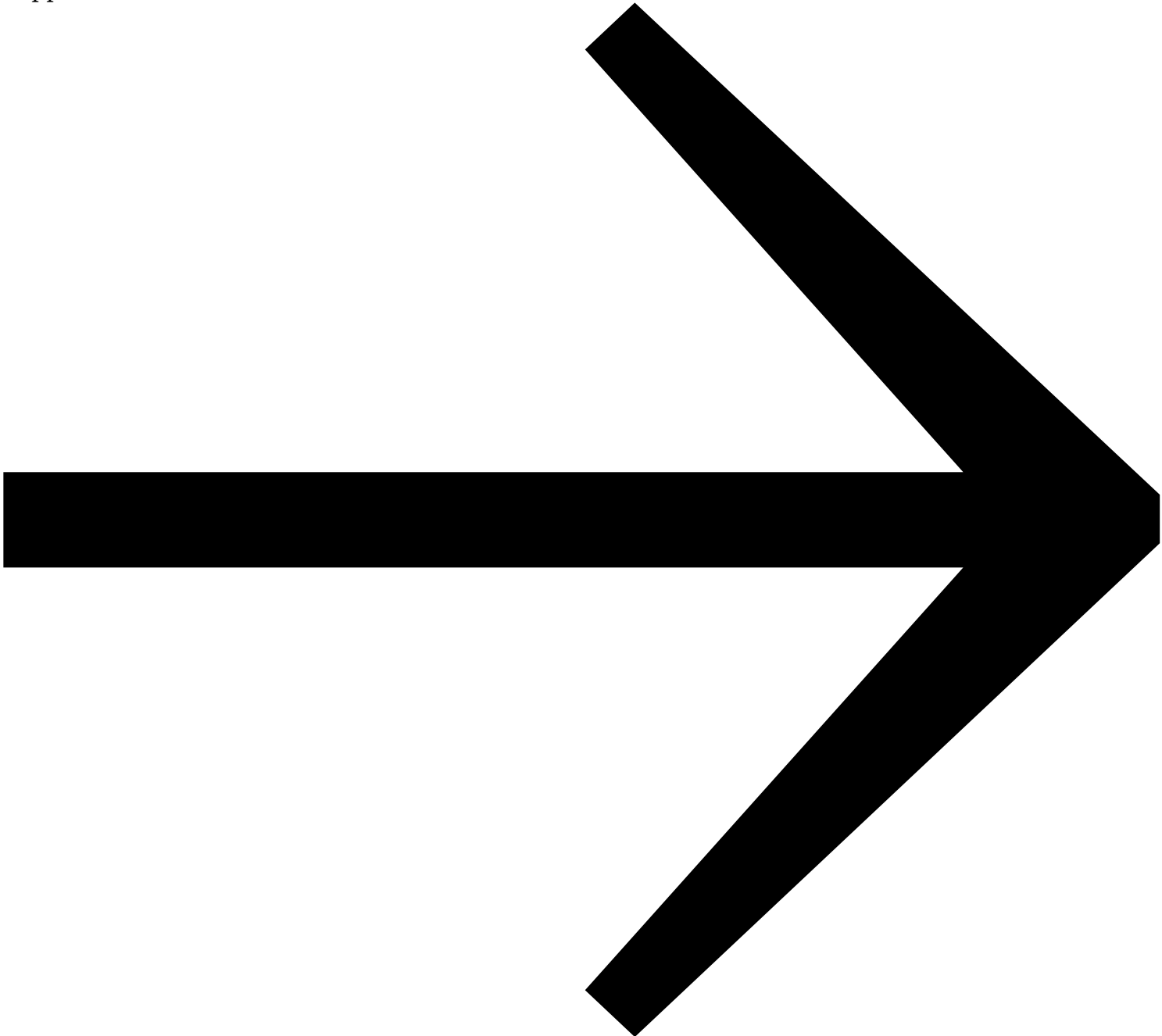
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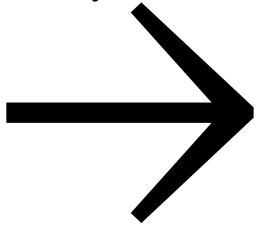
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For COVID-19 resources, please visit altogetheralabama.org.

View the current Safer At Home Order [here](#). The **amended** Safer at Home Order takes effect Monday, May 11, 2020.

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Governor Ivey Announces New Primary Runoff Election Date



March 18, 2020

[Press Releases](#)

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MONTGOMERY – Governor Kay Ivey on Wednesday announced the Primary Runoff Election would be held on July 14, 2020 due to the concerns surrounding the COVID-19 (Coronavirus) pandemic.

“Exercising my extraordinary powers under the Emergency Management Act, I am setting Alabama’s Primary Runoff Election for July 14, 2020,” said Governor Kay Ivey. “The ability to hold free and fair elections is an inherent right as citizens of the United States and the great state of Alabama, but the safety and wellbeing of Alabama citizens is paramount.

“Our State Health Officer, Dr. Scott Harris, is recommending that we should practice social distancing and refrain from public gatherings of more than 25 individuals. Maintaining a 6-foot distance between one another is paramount. This guidance alone would be making an election day a hotbed for spreading the virus.

“Persons who are 65 years or older as well as those with previous heart and lung diseases are more vulnerable to the Coronavirus. Knowing the average age of our faithful poll workers qualifies them to be most at-risk adds the necessity to extend the election runoff date.

“Delaying the election to July 14 is not a decision I came to lightly, but one of careful consideration. I appreciate the guidance of Attorney General Steve Marshall and Secretary of State John H. Merrill for their collaboration to ensure the continuity of our state government.”

On Tuesday, Attorney General Steve Marshall issued an emergency ruling declaring Governor Ivey had the authority to delay the runoff under the State of Emergency declaration.

“Governor Ivey has the legal authority under the Alabama Emergency Management Act to declare a state of emergency as a result of the current pandemic,” says Attorney General Steve Marshall. “Accordingly, she also has the

lawful ability to postpone a primary runoff election to protect public health and safety during the state of emergency.”

Upon the governor’s issuance of the amended State of Emergency proclamation rescheduling the Primary Runoff Election to be held on July 14, 2020, the Secretary of State shall give notice and provide the amended Administrative Calendar, via certified mail and email, to all applicable election officials.

“I am grateful to Governor Ivey and General Marshall for their proactive leadership, sincere dedication, and spirit of teamwork displayed during these trying times,” said Secretary of State John H. Merrill. “It is critical that we provide a safe and secure environment for all 3,585,209 voters in the State of Alabama to participate in the electoral process.”

The Secretary of State is encouraging anyone who is concerned about contracting the virus or spreading the illness may vote by absentee. For information regarding voter registration, locating a polling place, or how to obtain an absentee ballot, please contact the Secretary of State’s [website](#).

###

The supplemental State of Emergency is available [here](#).

Gov. Ivey Announces New Primary Runoff Ele...



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It's safer at home; protect yourself and your community from COVID-19

FOR IMMEDIATE RELEASE

CONTACT: Karen Landers, M.D.
 (256) 383-1231

A new health order requires the closure of certain “non-essential” businesses in Alabama. This order is effective March 28 at 5 p.m. The order defines affected businesses and activities that include entertainment venues, athletic facilities, close-contact service providers, and retail stores. The order is in effect until 5 p.m. April 17 when a determination on extending the order will be made.

A previous order concerning day care centers is unchanged, and earlier health orders regarding on-premise consumption of food or drink at restaurants and bars remain in effect. Except for certain situations that are described in the health order, elective dental, medical and surgical procedures are to be postponed until further notice.

State Health Officer Dr. Scott Harris said, “Everyone plays a critical role in protecting others and is encouraged to spend as much time as possible at home to prevent an increase in new infections.”

The list of businesses, venues, and activities below will be closed to non-employees or not take place:

Entertainment venues

- Night clubs
- Bowling alleys
- Arcades
- Concert Venues
- Theaters, auditoriums, and performing arts centers
- Tourist attractions (including museums and planetariums)
- Racetracks
- Indoor children's play areas
- Adult entertainment venues
- Casinos
- Bingo Halls
- Venues operated by social clubs

Athletic facilities and activities

- Fitness centers and commercial gyms
- Spas and public or commercial swimming pools
- Yoga, barre, and spin facilities
- Spectator sports Activities on commercial or public playground equipment
- Sports that involve interaction with another person of closer than 6 feet
- Activities that require use of shared sporting apparatus and equipment

- Activities on commercial or public playground equipment

Close-contact service providers:

- Barber shops
- Hair salons
- Waxing salons
- Threading salons
- Nail salons and spas
- Body-art facilities and tattoo services
- Tanning salons
- Massage-therapy establishments and massage services

Retail Stores:

- Furniture and home-furnishings stores
- Clothing, shoe, and clothing-accessory stores
- Jewelry, luggage, and leather goods stores
- Department stores
- Sporting goods stores
- Book, craft, and music stores

The public is reminded to stay home if sick except to seek medical care, cover coughs and sneezes, wash hands often, avoid touching eyes, nose, and mouth with unwashed hands, and keep a six-foot distance between yourself and others. Fines for each violation of the health order are up to \$500.

The Alabama Department of Public Health encourages the public to keep informed by visiting alabamapublichealth.gov. The ADPH toll-free hotline and e-mail address are as follows:

- COVID-19 General Information - 800-270-7268

Telephone calls are answered from 7 a.m. until 9 p.m. daily, and a language line is available for people who do not speak English.

- The COVID-19 General Information Email address - covid19info@adph.state.al.us
(<mailto:covid19info@adph.state.al.us>)

In addition, a toll-free phone line provides information about available testing sites and hours of operation statewide at 888-264-2256. No medical advice is given on this line.

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03/27/2020

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EXHIBIT 9



Coronavirus might spread much farther than 6 feet in the air. CDC says wear a mask in public.

Ramon Padilla, and Javier Zarracina, USA TODAY

Updated 7:27 a.m. EDT Apr. 5, 2020

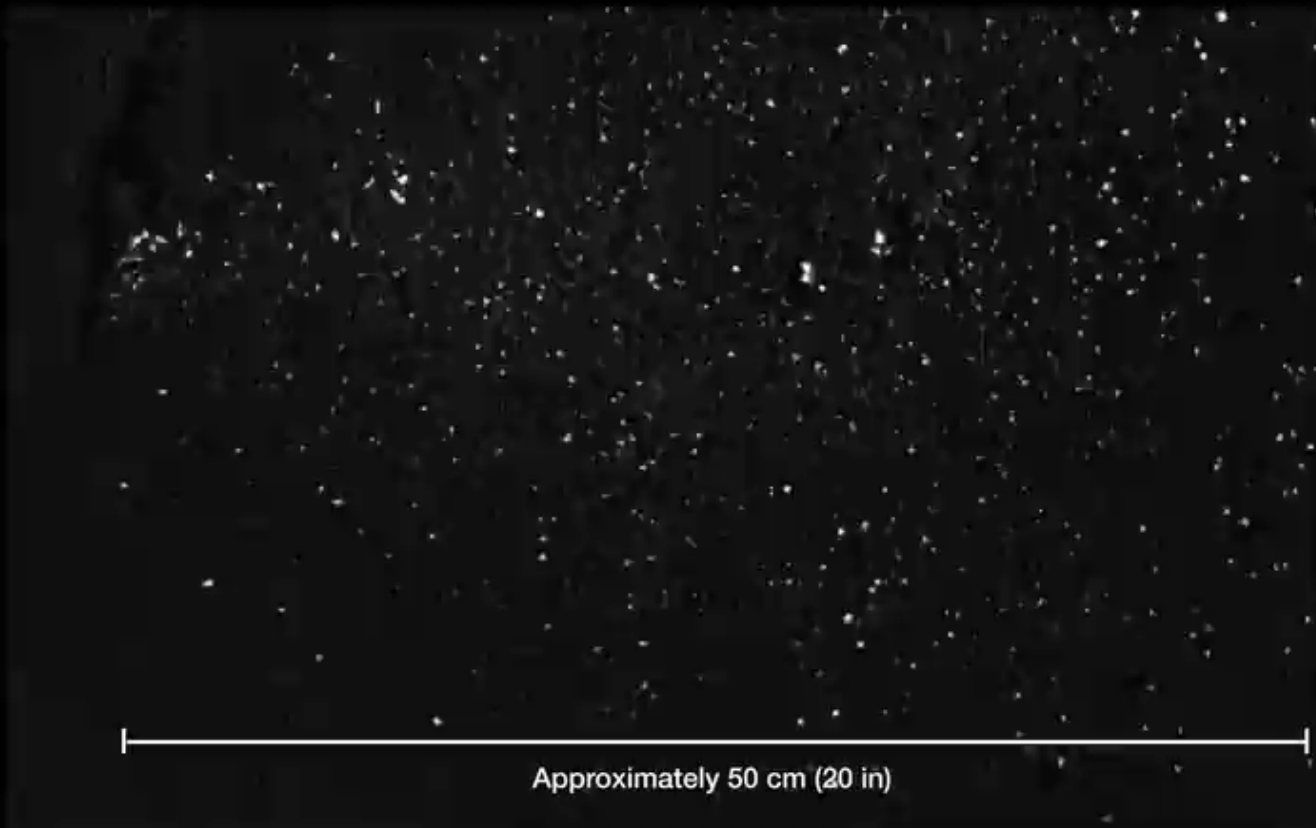
Air contaminated with the COVID-19 virus might travel four times farther than the 6 feet the CDC asks we distance ourselves, according to a recent study.

The study published in the [Journal of the American Medical Association](#) found that under the right conditions, liquid droplets from sneezes, coughs and just exhaling can travel more than 26 feet and linger in the air for minutes.

Findings such as these may have some bearing on the [CDC's recommendation on Friday that Americans wear non-surgical face masks in public](#) — especially in places "where other social

There is no virtual wall at this 3- to 6-foot distance, says Lydia Bourouiba, the study's author, who specializes in fluid dynamics and is an associate professor at the Massachusetts Institute of Technology. These findings suggest the greatest risk is for health care workers working with infected patients, she says.

As seen in this video, shot from different views and [posted with Bourouiba's report](#), the invisible cloud can travel up to 26 feet:



The study focuses on a turbulent gas, the cloud emitted when someone coughs, sneezes or exhales. Liquid droplets of various sizes drop onto surfaces, while others can be trapped in a cloud that can swirl around a room with a payload, in theory, of pathogen-bearing droplets.

How cough and sneeze droplets travel

A lot goes into how far the cloud and its droplets travel: a person's physiology, the environment, humidity and temperature. “The cloud can reach up to 26 feet for sneezes and less than that for coughs — about 16 to 19 feet,” Bourouiba says.

According to [a 2009 World Health Organization report](#), when someone coughs, they can spray up to 3,000 droplets. A sneeze could yield 40,000.

Virus-filled droplets smaller than a human hair

Bourouiba's study did not look at gas clouds of patients infected with the SARS-CoV-2 virus but it hypothesized: "The rapid international spread of COVID-19 suggests that using arbitrary droplet size cutoffs may not accurately reflect what actually occurs with respiratory emissions" and lead to inadequate recommendations and more sick people.

These droplets can be very small — "as small and invisible as the micron size to the ones that you can see that are on the order of the millimeter" says Bourouiba. A human hair is 60 to 120 microns thick.

Aerosols: The smallest droplets may carry COVID-19

Researchers don't know how many virus-laden particles people infected with COVID-19 might expel in the average droplet, including the micron-size droplets — called aerosols — that linger in the air.

"Aerosols are different," says Dr. Stanley Deresinski, clinical professor of medicine and infectious diseases at Stanford University. "Very small particles may be suspended in the air for a long time, sometimes for hours. They're suspended by air currents."

Those floating airborne droplets — some shielded by turbulent gas clouds — can stay suspended long enough for someone to walk through and inhale the virus. Inside the gas cloud "the lifetime of a droplet could be considerably extended by a factor of up to 1000, from a fraction of a second to minutes," Bourouiba's study says.

Droplets containing virus reach air circulation systems

Pathogens in the cloud could potentially reach air circulation systems inside buildings, says Bourouiba. "There was sampling done in air vents with positive detection of the virus."

A separate [JAMA Network study](#) found that exhaust outlets tested positive for SARS-CoV-2: "small virus-laden droplets may be displaced by airflows and deposited on equipment such as vents," the study says.

"Now, there are other questions about whether the detected virus particles are still live," says Bourouiba. "However, finding the virus in air vents is more compatible with that longer distance range that can be reached through the cloud."

Fresh air can help rid coronavirus droplets

These findings heighten the dangers for those caring for COVID-19 patients. Without sufficient air circulation to disperse the cloud, its concentrated payload of droplets can linger in hospitals and homes.

“Drops are trapped in the cloud for quite some time and they can remain locally concentrated,” says Bourouiba.

The best defenses are the outdoors and open windows which dissipate the clouds or droplets.

“When one is outside, with air circulation or wind, the cloud and its payload is easily dispersed and less concentrated. Making sure that indoor spaces are aired frequently also reduces the concentration,” Bourouiba says.



Sign In

Surgical masks are helpful at blocking large droplets, but unlike respirators they do not provide a reliable level of protection from inhaling smaller airborne particles, according to the CDC.



Sign In

N95 respirators are tight-fitting and filter out at least 95% of airborne particles as small as 0.3 microns. They have a protection factor (APF) of 10, according to the CDC. That means the N95 reduces the aerosol concentration to 1/10 of that in the room — or blocking 90% of airborne particles.

An elastomeric respirator is a reusable device with exchangeable cartridge filters. It fits tight against the user's face and also has a APF of 10. Before reusing the mask, all its surfaces need to be wiped down with a disinfectant.

In addition to respirators, health care workers should wear personal protective equipment (PPE) to help limit exposure to the virus through their eyes or contaminated clothing.

■ Should you make a homemade face mask?

The [CDC](#) now recommends Americans wear cloth face coverings in public settings where it's difficult to stay at least 6 feet apart, such as grocery stores and pharmacies — especially in areas with high levels of community transmission.

When asked about the CDC recommendations for people the general public to wear masks or other improvised devices, Bourouiba offered a qualified response:

they are not perfectly sealed....

"It is important, therefore, to understand that such masks are not necessarily protective for the wearer in terms of preventing inhalation of the residual droplets in the air, which enter from the sides unfiltered, but they can provide a way to reduce the range of contamination from the droplets-laden cloud."

The CDC press release says that cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure. They recommend that critical supplies such as surgical masks or N-95 respirators continue to be reserved for health care workers and other medical first responders. Top trends on Google Friday were face mask patterns and bandanas.

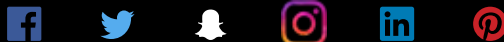
The start of allergy season could also hasten new infections. Bourouiba warned that asymptomatic carriers could spread COVID-19 through any sneezing and coughing triggered by allergies.

Contributing: George Petras and Jim Sergent

Originally Published 6:52 p.m. EDT Apr. 3, 2020

Updated 7:27 a.m. EDT Apr. 5, 2020

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EXHIBIT 10

Statements

Media Statement – COVID-19

April 30, 2020

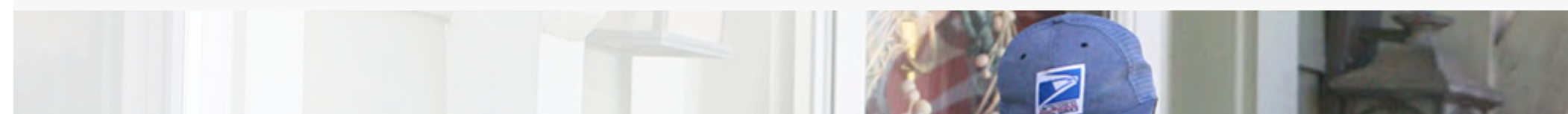
The United States Postal Service is proud of the work our more than 600,000 employees play in processing, transporting, and delivering mail and packages for the American public. We provide a vital public service that is a part of this nation's critical infrastructure. The Postal Service has a dedicated Coronavirus Disease 2019 (COVID-19) Command Response leadership team that is focusing on employee and customer safety in conjunction with operational and business continuity during this unprecedented epidemic. We continue to follow the strategies and measures recommended by the Centers for Disease Control and Prevention (CDC) and public health departments. The CDC has information available on its website at <https://www.coronavirus.gov> that provides the latest information about COVID-19.

To reduce health risks for our employees and customers and to safeguard our operational and business continuity, the Postal Service is doing the following:

- Ensuring millions of face coverings, including masks, gloves and cleaning and sanitizing products are available and distributed to more than 30,000 locations every day through our Postal Service supply chain. We also have opened up local purchasing authorities and sourcing options so that our employees can access additional supplies within the communities they serve. We have expanded our national sourcing of supplies and services to ensure that increasing demands are met.
- Requiring that non-public facing Postal Service employees wear face coverings while at work, when proper social distancing cannot be achieved or maintained.
- In the local and state jurisdictions where there is an ordinance for the mandatory use of face coverings, we are voluntarily aligning by requiring that our public-facing Postal Service employees use face coverings.
- Requesting customers use face coverings while in our retail facilities located in jurisdictions that have implemented orders requiring use of face coverings by individuals within those jurisdictions.
- Reinforcing workplace behaviors to ensure that contact among our employees and with our customers reflects the best guidance regarding healthy interactions, social distancing, and risk minimization. We have implemented measures at retail facilities and mail processing facilities to ensure appropriate social distancing, including through signage, floor tape, and “cough/sneeze” barriers. We have changed delivery procedures to eliminate the requirement that customers sign our Mobile Delivery Devices for delivery. For increased safety, employees will politely ask the customer to step back a safe distance or close the screen door/door so that they may leave the item in the mail receptacle or appropriate location by the customer door.
- Updated our cleaning policies to ensure that all cleaning occurs in a manner consistent with CDC guidance relating to this pandemic.
- Updated our leave policies to allow liberal use of leave and to therefore give our employees the ability to stay home whenever they feel sick, must provide dependent care, or any other qualifying factor under the Families First Coronavirus Response Act. We have entered into agreements with our unions to provide 80 hours of paid leave to non-career employees for issues related to COVID-19, and have expanded the definition of sick leave for dependent care for covered employees to deal with the closures of primary and secondary schools across the country.
- Expanded the use of telework for those employees who are able to perform their jobs remotely.
- Issuing a daily cadence of employee talks, articles, videos, and other communications to ensure employees have the latest information and guidance.
- Leveraging localized continuity of operations plans that can be employed in the case of emergencies to help ensure that the nation's postal system continues to function for the American people. With a longstanding history of quickly adapting its operational plans to changing conditions, the Postal Service maintains steady communications with mailers during natural disasters or other events that require emergency responses and advises residential customers and business mailers with regard to postal facility disruptions that may impact delivery in an affected area via its USPS Service Alerts webpage at: <https://about.usps.com/newsroom/service-alerts/>.

The Postal Service delivers much needed medications and Social Security checks, and we are the leading delivery service for online purchases. The Postal Service is an essential service for purposes of compliance with state or municipality shelter-in-place orders or other social distancing restrictions. The statute that created the Postal Service begins with the following sentence: “The United States Postal Service shall be operated as a basic and fundamental service provided to the people by the Government of the United States, authorized by the Constitution, created by an Act of Congress, and supported by the people.” 39 U.S.C. §101(a).

According to the CDC, the virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). “COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets from someone who is infected.” (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>) The CDC recognizes that while it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, this is not thought to be the main way the virus spreads. (<https://www.cdc.gov/coronavirus/2019-ncov/fag.html#How-COVID-19-Spreads>)





Our COVID-19 response

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EXHIBIT 11



CORONAVIRUS

Poll Worker at Chicago Voting Site Dies of Coronavirus, Election Officials Say

By **Mary Ann Ahern** • Published April 13, 2020 • Updated on April 13, 2020 at 10:52 pm



Illinois Gov. J.B. Pritzker and Chicago Mayor Lori... [Read more](#)

A poll worker who was stationed at a Chicago voting site on election day died from the coronavirus, the Chicago Board of Elections said Monday.

The person was a city employee who was working the March 17 election at the Zion Hill Baptist Church in the city's 17th Ward, officials said Monday. City officials identified him as Revall Burke. The Cook County Medical

He was a "hardworking, health-conscious ex-Marine," Patch reported, and left behind six children as well as a large extended family.

The Board will be sending letters to all poll workers at that location as well as voters who cast their ballots there in person, field investigators and cartage companies who may have been around at the time the worker was there, Board of Elections spokesman Jim Allen said.



Revall Burke, 60, died from the coronavirus April 1, according to the Cook County Medical... [Read more](#)

Voters and polls workers who were at the polling place at Andrew Jackson Language Academy, located at West Harrison Street and South Loomis Street on the city's West Side, received letters informing them that a person who voted there in person on election day tested positive for the coronavirus.

Local



APR 14

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"Although the Board took every precaution possible by supplying poll workers with hand sanitizers, gloves and instructions for wiping down the equipment, the fact remains that you and an individual who has now tested positive voted at the same Polling Place," the letter reads, advising individuals who feel they are experiencing any COVID-19 symptoms follow federal, state and local health officials' protocol.

Get the latest news on COVID-19 delivered to you. Click here to sign up for our coronavirus newsletter.

Letters about a report of a positive case were also sent to voters and polls workers at the Montclare Senior Residences of Avalon Park, located at 1200 E. 78th St., election officials said.

Authorities said another round of letters about a confirmed coronavirus case also went out to those who voted at Dever Elementary School, located at 3436 N. Osceola Ave.

The letters also ask that anyone who tested positive after March 17 notify the Board of Elections by contacting its human resources department at (312) 269-7950.

"We're letting voters and poll workers know as soon as we have confirmed a coronavirus case," Allen said. "We're doing our best to learn from this and move forward."





Gov. J.B. Pritzker addressed the election during his daily coronavirus briefing on Sunday - encouraging increased use of mail-in ballots for the November election.

"We relied on the local election authorities and backed them up in this effort that they would have sanitizer, PPE, that would protect the people who were working in those facilities... and if there were electronic screens that those were being wiped down," Pritzker said.

"We want to be looking at allowing everybody in the state to vote by mail and make it easier for people to do that so we have fewer people that would want to show up on election day at a precinct."

Pritzker and the Chicago Board of Elections traded barbs on election day in March over the Board's claim that he denied its request to postpone the election or move to all mail-in ballots.

Allen said in an election day conference call with members of the media that a call was made to the governor's office within hours of the Centers for Disease Control and Prevention classifying the coronavirus outbreak as a pandemic.

"There's nothing magical about March 17 unless you're St. Patrick," Allen said at the time, adding that the circumstances were "not anywhere near a normal situation."



With early voting underway in the Illinois primary next Tuesday, there's a renewed push to keep... [Read more](#)


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"Not surprisingly, they could not even explain the legal basis for their request," Pritzker said on election day. "Nor could they promise the people of Illinois that the state would be able to hold an election on their suggested date of May 12."

"There are people out there today who want to say, 'It's a crisis, bend the rules and overstep your authority,'" he continued. "It is exactly in times like these that the constitutional bounds of our democracy should be respected above all else."

Pritzker said in an earlier statement that he did not have the authority to cancel or delay the election - a change that would have required legislative approval.

"Elections are the cornerstone of our democracy and we could not risk confusion and disenfranchisement in the courts. No one is saying this is a perfect solution. We have no perfect solutions at the moment. We only have least bad solutions," his statement read.

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CORONAVIRUS



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Do you expect US states to re-impose coronavirus restrictions in the coming months due to higher rates of infection after reopening their economies?

- Yes, definitely
- Maybe somewhat / In some cases
- No, definitely not
- No opinion / Other

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EXHIBIT 12

SECTIONS

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SOUTH FLORIDA'S CONFUSING REOPENING: HERE'S WHAT TO EXPECT

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CORONAVIRUS

Two Broward poll workers, including one who handled voters' driver licenses, test positive for coronavirus



By ANTHONY MAN

SOUTH FLORIDA SUN SENTINEL | MAR 26, 2020



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Peter Antonacci, the Broward County supervisor of elections, said that two poll workers from the March 17 presidential primary have tested positive for coronavirus.(Mike Stocker / Sun Sentinel)

Two Broward County poll workers, including one who accepted and handled voters' driver licenses on primary day, have tested positive for the new coronavirus.

One of the poll workers was on duty for all nine days of early voting at a site in Weston. That person also worked at a precinct in Hollywood on primary day on March 17. A second poll worker was on duty at another Hollywood precinct on March 17.

One of the poll workers was assigned to the David Park Community Center in Hollywood on primary day. As one of eight workers at that location, he handled peoples' driver licenses and scanned them as part of the voter check-in and identification process.

[RELATED: Congressman Ted Deutch in self-quarantine after his college-age son returned from Spain with coronavirus symptoms »](#)

A total of 61 people voted at that location, but there was also one other person operated another scanning device, so not everyone's license would have been handled by the worker who now has COVID-19, the disease caused by the new coronavirus.

The same poll worker was also a poll deputy at the early voting site at the Weston Branch library, where 3,088 people voted over nine days from March 7-15. His job at that location was operating outside the polling place, directing voters.

The other poll worker who tested positive was on duty at the Dr. Martin Luther King Jr. Community Center in Hollywood, where 204 people voted on March 17. That person held a position that generally doesn't involve contact with voters.

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Supervisor of Elections Peter Antonacci said on Thursday that the early voting site and the two neighborhood voting locations had hand sanitizer and signs encouraging people to use it.

Antonacci said people who voted at those locations "may wish to seek medical advice." He said he has not received any guidance from health authorities as to the potential risk to any voter.

[RELATED: Florida orders two-week delay in property tax payment deadline »](#)

The neighborhood polling places on primary day had eight workers each. The early voting site had 16 workers.

Almost all the other workers on duty at those locations have been notified, as well as county staff who may have come in contact with the infected poll workers. Antonacci

said his staff had not been able to reach two of the poll workers by late Thursday afternoon.

The total work force of poll workers was about 4,000 on March 17 and about 300 for the nine days of early voting.

LATEST CORONAVIRUS

More aid to states? That may depend on their political hue

As countries restart, WHO warns about lack of coronavirus tracing, 'some seriously blind driving over the next few months'

White House orders everyone who enters West Wing to wear face mask — but not Trump — amid president's push to 'reopen' US

Anthony Man can be reached at aman@sunsentinel.com or on Twitter @browardpolitics

Anthony Man

South Florida Sun Sentinel



Anthony Man is the Sun Sentinel's political writer. Concentrating on local political people, parties and trends, he also covers state and national politics from a South Florida perspective. He previously covered Palm Beach County government and made repeated reporting trips to Tallahassee. He has also covered state and local politics in Illinois.



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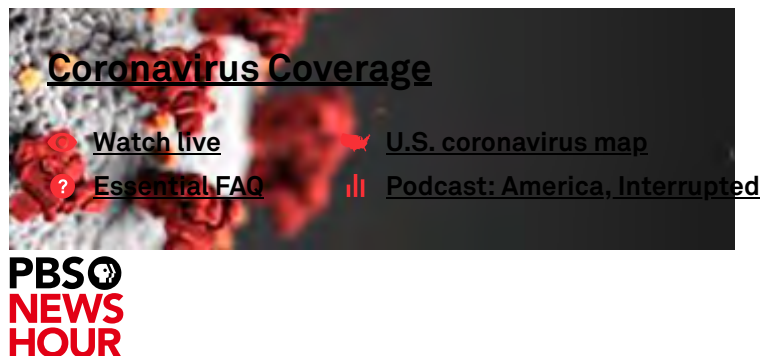
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EXHIBIT 13



52 people who worked or voted in Wisconsin election have COVID-19

Health Apr 29, 2020 1:41 PM EDT

MADISON, Wis. — There are no plans to postpone or otherwise alter a special congressional election in Wisconsin that is less than two weeks away, even though more than 50 people who voted in person or worked the polls during the state's presidential primary this month have tested positive for COVID-19.

Democratic Gov. Tony Evers tried to change the April 7 election so that it would be conducted entirely by mail, but he was blocked by the Republican-led Legislature and conservative Wisconsin Supreme Court. Evers and others had warned that allowing in-person voting would cause a spike in coronavirus cases, but so far the impact appears to be limited.

Several of the 52 people who have tested positive and were at the polls on April 7 also reported other ways they may have been exposed to the virus, the Wisconsin Department of Health Services said Tuesday. Because of that, it's unclear if those people contracted the virus at the polls.

The 52 positive cases were in people who tested positive in the two weeks after the election, so by April 21. Most people show symptoms within 14 days of exposure, though some people who have the virus don't show symptoms.

READ MORE: Record absentee ballots sustain turnout in Wisconsin primary

After next week, the state will no longer ask people who test positive for the virus whether they were at the polls on April 7 because of how much time has passed, said Julie Willems Van Dijk, who heads the state health agency.

"We're getting to the point where the door will be closing on those," she said.

Most of the positive cases were in Milwaukee County. The city's health commissioner has said the data was being analyzed and an update was expected next week.

Statewide, there have been more than 6,200 confirmed cases and 300 deaths since the outbreak began.

Although voters had to wait in long lines on April 7, primarily in Milwaukee, that likely won't happen with the May 12 special congressional election, where the largest city in the 7th Congressional District is Wausau, which is home to about 40,000 people. That House race is the only one on the ballot, unlike in this month's election, which featured the presidential primary and a state Supreme Court race.

Election clerks in the district have said they're ready for the election after they managed to make it through this month's election despite the difficulties posed by the pandemic. There's also a push to encourage absentee voting. About 71% of all voters in the April 7 election cast absentee ballots.

Evers has made no move to alter the special election even though as it currently stands, it would occur while his stay-at-home order is still in effect. The order is scheduled to run until May 26, but Republicans have asked the state Supreme Court to block it.

READ MORE: 'We've got to get going.' States under pressure to plan for the general election amid a pandemic

The 7th Congressional District covers all or parts of 26 northern and northwestern Wisconsin counties and is the state's largest congressional district, geographically.

The race pits Democrat Tricia Zunker, president of the Wausau school board, against Republican state Sen. Tom Tiffany, who has been endorsed by President Donald Trump. Trump carried the heavily Republican district by 20 percentage points in 2016.

By – **Scott Bauer, Associated Press**

More states lift restrictions, as small businesses struggle to secure relief

Health Apr 28

EXHIBIT 14



STATE OF ALABAMA
PROCLAMATION
BY THE GOVERNOR

WHEREAS the Alabama Emergency Management Act of 1955, as amended, confers upon the Governor the power to proclaim a state of emergency when a public health emergency has occurred or is reasonably anticipated in the immediate future, *see* Ala. Code § 31-9-8;

WHEREAS the State Health Officer has reported the appearance of the 2019 novel coronavirus known as COVID-19 in the State of Alabama; and

WHEREAS the appearance of COVID-19 in the State indicates the potential of widespread exposure to an infectious agent that poses significant risk of substantial harm to a large number of people;

NOW, THEREFORE, I, Kay Ivey, Governor of the State of Alabama, on the recommendation of the State Health Officer and pursuant to relevant provisions of the Alabama Emergency Management Act of 1955, as amended, Ala. Code §§ 31-9-1 *et seq.*, do hereby declare that a state public health emergency exists in the State of Alabama. I direct the appropriate state agencies to exercise their statutory and regulatory authority to assist the communities and entities affected. I also direct the Alabama Department of Public Health and the Alabama Emergency Management Agency to seek federal assistance as may be available.

FURTHER, I hereby proclaim and direct all of the following:

I. Alternative standards of care

I find that COVID-19 cases could overwhelm the health care facilities and personnel of this State and undermine their ability to deliver patient care in the traditional, normal, and customary manner or using the traditional, normal, and customary standards of care. To that end:

- A. Health care facilities that have invoked their emergency operation plans in response to this public health emergency may implement the "alternative standards of care" plans provided therein, and those alternative standards of care are declared to be the state-approved standard of care in health care facilities to be executed by health care professionals and allied professions and occupations providing services in response to this outbreak.
- B. These alternative standards of care shall serve as the "standard of care" as defined in section 6-5-542(2), Code of Alabama, for the purposes of section 6-5-540 *et seq.* The "degree of care" owed to patients by licensed, registered, or certified health care professionals for the purposes of section 6-5-484 shall be the same degree of care set forth in the alternative-standards-of-care plans. To the extent that the provisions of section 6-5-540 *et seq.* are inconsistent with this order, those provisions are hereby suspended.

- C. All health care professionals and assisting personnel executing the alternative-standards-of-care plans in good faith are hereby declared to be "Emergency Management Workers" of the State of Alabama for the purposes of Title 31 of the Code of Alabama.
- D. The State Health Officer shall inform members of the public on how to protect themselves and on the actions being taken in response to this public health emergency.
- E. Any person suspected or confirmed as having COVID-19 shall obey the instructions given or communicated by the State Health Officer, or his designee, to prevent the spread of disease pursuant to section 22-11A-7, Code of Alabama. Instructions may include, but are not limited to, specific directions to be followed related to necessary self-monitoring, quarantine, and isolation. I direct all relevant state agencies to consult with the State Health Officer and provide all appropriate assistance to assure compliance with such instructions.

II. Price gouging

In accordance with sections 8-31-1 through 8-31-6 of the Code of Alabama, all persons are hereby placed on notice that it is unlawful for any person within the State of Alabama to impose unconscionable prices (i.e., to engage in "price gouging") for the sale or rental of any commodity or rental facility during the period of a declared state of emergency.

III. School closures

Any affected school system that is closed as a direct result of its response to COVID-19 and that loses student days or employee days, or both, may appeal to the State Superintendent of Education for relief in fulfilling the local school calendar with respect to student days or employee days, or both, with no loss of income to employees. *See Ala. Code § 16-13-231(b)(1)c.2.*

IV. State-government office closures

State government offices may be closed at the direction of the Governor. State agency heads will receive instructions from the Governor's Office or the State Personnel Director if closures are authorized.

V. Waiver of certain federal hours-of-service requirements

Pursuant to 49 C.F.R. § 390.23, this declaration of a state of emergency facilitates a waiver of certain regulations of the U.S. Department of Transportation-Federal Motor Carrier Safety Administration (FMCSA), including 49 C.F.R. Part 395 (Hours of Service for Drivers), as it relates to the provision of emergency-or disaster-related materials, supplies, goods, and services. This waiver shall terminate at the earliest of (1) the conclusion of the motor carrier's or driver's direct assistance in providing emergency relief; (2) 30 days from the initial declaration of emergency; (3) the issuance of a proclamation terminating this State of Emergency; or (4) any other time dictated by the FMCSA's regulations. Motor carriers that have an out-of-service order in effect may not take advantage of the relief from regulation that this declaration provides under 49 C.F.R. § 390.23.

FURTHER, I declare that this proclamation and all subsequent orders, laws, rules, or regulations issued pursuant hereto shall remain in full force and effect for the duration of the public health emergency unless rescinded or extended by proclamation.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal to be affixed by the Secretary of State at the State Capitol in the City of Montgomery on this 13th day of March, 2020.

Kay Ivey
Governor

ATTEST:

John H. Merrill
Secretary of State

EXHIBIT 15

**ORDER OF THE STATE HEALTH OFFICER
SUSPENDING CERTAIN PUBLIC GATHERINGS
DUE TO RISK OF INFECTION BY COVID-19**

(APPLICABLE STATEWIDE)

WHEREAS, Coronavirus Disease 2019 (COVID-19) has been detected in Alabama; and

WHEREAS, the appearance of COVID-19 in the State poses the potential of widespread exposure to an infectious agent that poses significant risk of substantial harm to a large number of people; and

WHEREAS, the State Board of Health has designated COVID-19 to be a disease of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance; and

WHEREAS, on March 13, 2020, on recommendation of the State Health Officer, Kay Ivey, Governor of the State of Alabama, declared a state public health emergency exists in the State of Alabama; and

WHEREAS, on March 16, 2020, the Jefferson County Health Officer, in response to a rapidly growing number of cases of COVID-19 being detected in Jefferson County, issued an order suspending certain public gatherings in that county; and

WHEREAS, on March 17, 2020, the State Health Officer issued a similar order for counties surrounding Jefferson, including Blount, Saint Clair, Shelby, Tuscaloosa, and Walker Counties, and

WHEREAS, further social distancing measures are necessary to be implemented on a statewide basis to prevent the spread of COVID-19; and

WHEREAS, *Code of Ala. 1975, § 22-2-2(4)*, authorizes the State Health Officer, on behalf of the State Board of Health, to direct that conditions prejudicial to health in public places within the State be abated;

NOW THEREFORE, THESE PREMISES CONSIDERED, it is ordered that the following be implemented statewide:

1. Effective today, March 19, 2020, at 5:00 P.M., all gatherings of 25 persons or more, or gatherings of any size that cannot maintain a consistent six-foot distance between persons, are prohibited. This Order shall apply to all gatherings, events or activities that bring 25 or more persons in a single room or single space at the same time.

2. Effective today, March 19, 2020, at 5:00 P.M., all beaches shall be closed. For purposes of this section, the term "beach" means the sandy shoreline area abutting the Gulf of Mexico, whether privately or publicly owned, including beach access points.

3. Effective Friday, March 20, 2020, all Senior Citizen Center gatherings shall be closed. Senior Citizen Centers and their partners are urged to assure that their clients continue to receive needed meals via curbside pick-up or delivery.

4. Effective at the close of school or business today, March 19, 2020, the following shall be closed:

a. All schools, public and private, including but not limited to: elementary, secondary, postsecondary, technical, or specialty schools, and colleges and universities. This school closure order is not intended to prevent any employers from making continued necessary staffing decisions. Employers are authorized to advise employees to work from home or maintain flexible work schedules. If working from home is not feasible, the employee should practice social distancing, maintaining consistent six-foot distance between persons, for the duration of this order and follow public health guidelines.

b. Preschools and childcare centers.

(1) This shall not apply to childcare centers operated for the exclusive benefit of essential employees of the following categories of employers: State and Local Governments, First Responders (including EMS and Fire Services), Law Enforcement, Hospitals, Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities), End Stage Renal Disease Treatment Centers, Pharmacies and Grocery Stores. For this exception to apply, the childcare center must be employer-operated and located on the premises of, or in the immediate vicinity of, one of these enumerated categories of employers, and a parent or guardian of each child shall be readily available. The childcare center must meet local and state fire and health requirements.

(2) This shall also not apply to licensed childcare centers that contract to provide services exclusively to the above-named employers, or that provide services exclusively to children of essential employees of the above-named employers.

(3) This shall also not apply to daytime special activities programs provided by local boards of education for children of essential employees of the above-named employers if those children were between the ages of 6 and 12 as of March 13, 2020.

(4) In the childcare centers and special activities programs addressed in (1), (2), and (3) above, no more than 11 children shall be allowed in any one room at the same time, and operators of these centers and programs are encouraged to use enhanced sanitation practices consistent with guidance from the CDC and the Alabama Public Department of Public Health.

5. Effective immediately, all Hospitals and Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities) shall prohibit visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations such as maternity and end-of-life.

6. Effective immediately, all elective dental and medical procedures shall be delayed.

7. Effective today, March 19, 2020, at 5:00 P.M., all restaurants, bars, breweries, or similar establishments shall not permit on-premises consumption of food or drink.

a. Such establishments may continue to offer food for take-out or delivery provided the social distancing protocols including maintaining a consistent six-foot distance between persons are followed.

b. Such establishments are strongly encouraged to offer online ordering and curbside pick-up of food.

c. Hospital food service areas are excluded from this order provided they have their own social distancing plan.

8. If organizers or sponsors of otherwise suspended events desire, they may submit a request for an exemption from this order, at the discretion of the State Health Officer. While the State Health Officer is under no obligation to grant such an exemption, it shall be fairly considered based on the following criteria:

a. Effective measures have been taken to identify those attending the event who may potentially be affected with COVID-19, including but not limited to personal testing for the disease or submission of current medical clearances to the organizer.

b. Effective measures have been taken to prevent the spread of infection even by those that are infected while not symptomatic, including the provision of anti-infection measures such as proper facemasks, personal sanitation measures, and other measures that may be considered proper.

Requests for an exemption must be submitted AT LEAST two weeks in advance of any scheduled event.

9. Prior to April 6, 2020, a determination shall be made whether to extend this Order.

Upon the effective dates and times set forth above, this Order supersedes all orders previously issued by the State Health Officer and Jefferson and Mobile County Health Officers, and shall remain in full force and effect until rescinded by order of the State Health Officer. The Jefferson and Mobile County Health Officers are authorized, after consultation with the State Health Officer, to implement more stringent measures as local circumstances require.

Done on this 19 day of March, 2020.



Scott Harris, M.D., M.P.H.
State Health Officer

EXHIBIT 16



STATE OF ALABAMA
PROCLAMATION
BY THE GOVERNOR

WHEREAS, on March 13, 2020, I declared the existence of a state public health emergency based on the appearance of the 2019 novel coronavirus known as COVID-19 in the State of Alabama;

WHEREAS that initial proclamation included provisions designed to assist in preventing the spread of COVID-19 and in mitigating the consequences of COVID-19;

WHEREAS, on March 18, 20, and 23 of 2020, I issued supplemental proclamations to further address the occurrence of COVID-19 in the State of Alabama; and

WHEREAS new implications of COVID-19 come to light on a continual basis, requiring flexibility and adaptability by all levels of government within the State of Alabama;

NOW THEREFORE, I, Kay Ivey, Governor of the State of Alabama, pursuant to the relevant provisions of the Alabama Emergency Management Act of 1955, as amended, Ala. Code §§ 31-9-1, *et seq.*, do hereby proclaim the existence of conditions that warrant implementation of additional extraordinary measures and relief during the state public health emergency now in effect in order to guard public health and protect human life. I therefore proclaim and direct all of the following:

I. Alternative Methods of Instruction for the 2019-2020 School Year

Beginning at the start of school on April 6, 2020, all public K-12 schools shall implement a plan to complete the 2019-2020 school year using alternate methods of instruction as established by the State Superintendent of Education. Local school districts shall make staffing decisions and determinations related to access to school buildings in accordance with all applicable public health orders and the recommendations of the Centers for Disease Control and Prevention and the Alabama Department of Public Health.

II. Emergency-services licensure extension

The licensure period applicable to emergency medical services personnel and provider services is hereby extended for the duration of the current state of emergency. *See* Ala. Code § 22-18-4(a). For purposes of this section, the terms "emergency medical services personnel" and "provider service" shall have the same definitions as provided in Alabama Code section 22-18-1.

III. Notaries and witnesses

Because person-to-person contact increases the risk of transmitting COVID-19, I find that it would promote the safety and protection of the civilian population to adopt measures that reduce the necessity of in-person meetings. To that end:

- A. Notaries in Alabama who are licensed attorneys or operating under the supervision of licensed attorneys may notarize signatures through videoconferencing programs and confirm the signatures of witnesses who

participate virtually through videoconferencing as though they were physically present at the signing.

- B. Any person who witnesses a document through videoconference technology may be considered an “in person” witness, provided that the presence and identity of such witnesses are validated by the notary at the time of the signing by the same identifications required under current law.
- C. The official date and time of the notarization shall be the date and time when the notary witnesses the signature via the videoconference technology. All documents must be returned to the notary for certification and execution.

IV. Electronic transactions for state agencies

Notwithstanding any provision of state law, including Alabama Code sections 8-1A-17 and 8-1A-18, any governmental agency of this state with rulemaking authority reviewable under section 41-22-23 may determine, without promulgating a rule, (A) the extent to which it will create and retain electronic records and (B) the extent to which it will send and accept electronic records and electronic signatures to and from other persons. To the maximum extent possible, the terms used in this section shall have the same meaning as the terms defined in section 8-1A-2 of the Uniform Electronic Transactions Act.

V. Summonses in lieu of arrest

Because the conditions of jails inherently heighten the possibility of COVID-19 transmission, I find that it would promote the safety and protection of the civilian population to adopt measures that reduce the movement of persons into and out of county and municipal jails in a way that does not jeopardize public safety. To that end:

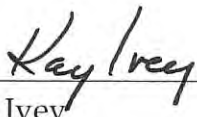
- A. A county or municipality may authorize law enforcement officers to issue a summons and complaint in lieu of custodial arrest for any violation or misdemeanor except as provided below.
- B. A county or municipality may not authorize a law enforcement officer to issue a summons and complaint in lieu of arrest in any of the following circumstances:
 - 1. The person is charged with committing a crime involving violence, threat of violence, or domestic violence, as defined under Article 7 (commencing with Section 13A-6-130) 17 of Chapter 6, Title 13A;
 - 2. The person is charged with the use or possession of alcohol or a controlled substance and, in the opinion of the law enforcement officer, poses a risk to public safety;
 - 3. A victim of the crime is a minor;
 - 4. The person is charged with driving under the influence as codified in section 32-5A-191; or
 - 5. The person is charged with a crime that would require restitution to the victim.
- C. If a county or municipality elects to authorize law enforcement officers to issue a summons and complaint in lieu of custodial arrest, the county or municipality shall set a fee schedule for the summons and complaint that is concurrent with the bail fee and court costs currently associated with a custodial arrest for the same crime.

FURTHER, to the extent a provision in this supplemental proclamation conflicts with any provision of state law, that law is hereby suspended for the duration of this state of emergency, and this proclamation shall control.

FURTHER, I declare that this proclamation and all subsequent orders, laws, rules, or regulations issued pursuant hereto shall remain in full force and effect for the duration of the public health emergency unless rescinded or extended by proclamation.

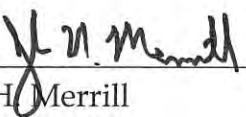


IN WITNESS, WHEREOF, I have hereunto set my hand and caused the Great Seal to be affixed by the Secretary of State at the State Capitol in the City of Montgomery on this 26th day of March, 2020.



Kay Ivey
Governor

ATTEST:



John H. Merrill
Secretary of State

EXHIBIT 17



STATE OF ALABAMA
PROCLAMATION
BY THE GOVERNOR

WHEREAS, on March 13, 2020, I declared the existence of a state public health emergency based on the appearance of the 2019 novel coronavirus known as COVID-19 in the State of Alabama;

WHEREAS that initial proclamation included provisions designed to assist in preventing the spread of COVID-19 and in mitigating the consequences of COVID-19;

WHEREAS, on March 18, 20, 23, and 26 of 2020, I issued supplemental proclamations to further address the occurrence of COVID-19 in the State of Alabama; and

WHEREAS new implications of COVID-19 come to light on a continual basis, requiring flexibility and adaptability by all levels of government within the State of Alabama;

NOW THEREFORE, I, Kay Ivey, Governor of the State of Alabama, pursuant to the relevant provisions of the Alabama Emergency Management Act of 1955, as amended, Ala. Code §§ 31-9-1, *et seq.*, do hereby proclaim the existence of conditions that warrant implementation of additional extraordinary measures and relief during the state public health emergency now in effect in order to guard public health and protect human life. I therefore proclaim and direct all of the following:

I. Cutting red tape for health care providers

Because of an anticipated "surge" of COVID-19 patients requiring treatment by health care facilities and providers, I find that it would promote the safety and protection of the civilian population to adopt measures that expand the capacity of the health care workforce. To that end:

A. Expanded scope of practice for certain health care professionals.

1. Certified Registered Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, physician assistants, and anesthesia assistants may practice in a licensed health care facility as follows during the period of the public health emergency I declared on March 13, 2020:
 - a. Certified Registered Nurse Practitioners and Certified Nurse Midwives who possess an active, unencumbered Certificate of Qualification to engage in advanced practice nursing pursuant to Ala. Code § 34-21-84—or who possess an active, unencumbered registered nurse license and equivalent advanced practice approval issued by the appropriate licensing board of another state, the District of Columbia, a territory of the United States, or a province of Canada—are authorized to practice to the full scope of their practice as determined by their education, training, and current national certification(s) from a national certifying agency recognized by the

Alabama Board of Nursing in the clinical specialty consistent with the educational preparation and appropriate to the area of practice.

- b. Certified Registered Nurse Anesthetists who possess an active, unencumbered Certificate of Qualification to engage in advanced practice nursing pursuant to Ala. Code § 34-21-84—or who possess an active, unencumbered registered nurse license and equivalent advanced practice approval issued by the appropriate licensing board of another state, the District of Columbia, a territory of the United States, or a province of Canada—are authorized to practice to the full scope of their practice as determined by their education, training, and current national certification(s) by the National Board of Certification and Recertification for Nurse Anesthetists or other certifying body approved by the Board of Nursing.
 - c. Certified Registered Nurse Anesthetists practicing under this subsection are authorized to determine, prepare, monitor, or administer such legend and controlled medications as are necessary for the performance of anesthesia-related services, airway management services (whether or not associated with the provision of anesthesia), and other acute care services within the scope of their practice as determined by their education, training, and current national certification(s) by the National Board of Certification and Recertification for Nurse Anesthetists or other certifying body approved by the Board of Nursing.
 - d. The chief of the medical staff or medical director of a licensed health care facility, or his or her designee, may serve as the collaborating physician for an unlimited number of Certified Registered Nurse Practitioners and Certified Nurse Midwives, provide direction to an unlimited number of Certified Registered Nurse Anesthetists, and supervise an unlimited number of physician assistants and anesthesia assistants.
 - e. Certified Registered Nurse Practitioners and Certified Nurse Midwives under collaborative practice with, and physician assistants practicing under a registration with the chief of the medical staff or medical director, or his or her designee shall be authorized to perform all skills as authorized under the licensed health care facility's protocols and to prescribe all drugs listed in the licensed health care facility's protocols and formulary as may be necessary to provide health care to patients; provided that the Certified Registered Nurse Practitioner, Certified Nurse Midwife, or physician assistant must possess an active registration from the United States Drug Enforcement Administration and a Qualified Alabama Controlled Substances Certificate to prescribe controlled substances.
 - f. Certified Registered Nurse Anesthetists practicing under the direction of, and anesthesia assistants practicing under a registration with, the chief of the medical staff or medical director, or his or her designee shall be authorized to perform all skills as authorized under the licensed health care facility's protocols as may be necessary to provide health care to patients.
 - g. The licensed healthcare facility implementing these arrangements shall be charged with keeping accurate records thereof.
2. Physicians practicing outside of a licensed health care facility shall have temporary emergency approval for collaboration agreements with Certified

Registered Nurse Practitioners and Certified Nurse Midwives, and registration agreements with anesthesia assistants and physician assistants, not to exceed a cumulative three hundred and sixty hours (nine full-time equivalents or "FTEs") per week, unless further expansion of this FTE limit is deemed necessary to address the public health emergency and is authorized by emergency rules promulgated by both the Board of Medical Examiners and the Board of Nursing. Emergency collaborations and registration agreements between physicians and Certified Registered Nurse Practitioners, Certified Nurse Midwives, anesthesia assistants, and physician assistants practicing outside of a licensed health care facility shall be limited to the applicable standard protocol and formulary approved by the Alabama Board of Nursing and the Board of Medical Examiners, except that practitioners who have previously been approved for additional skills or drugs shall retain those authorizations.

3. Emergency collaboration and registration agreements shall be deemed approved upon submission to the Alabama Board of Nursing and the State Board of Medical Examiners.
 4. Certified Registered Nurse Practitioners and Certified Nurse Midwives practicing pursuant to an existing Alabama collaborative practice agreement or an Alabama emergency collaboration are authorized to provide all services within their scope of practice via telehealth services. Advanced Practice Registered Nurses licensed or approved as such in another state, territory, the District of Columbia, or a province of Canada who currently provide services to Alabama residents at practice sites physically located in another state, territory, the District of Columbia or a province of Canada may, during the period of this declared public health emergency, provide telehealth services incident to continuity of care for their existing Alabama patients without obtaining an emergency collaboration in Alabama.
- B. Practice by out-of-state health care practitioners.** The Board of Pharmacy, the Board of Nursing, the Medical Licensure Commission, and the State Board of Medical Examiners shall adopt emergency rules within three business days of the issuance of this proclamation to allow expedited licensures and/or temporary permits for the practice of pharmacy, nursing, and medicine in Alabama by individuals in possession of active, unencumbered licenses in other states, if not already authorized by rule.
- C. Expedited reinstatement of medical licenses.** Notwithstanding the procedure governing the reinstatement of medical licenses found in Alabama Code section 34-24-337, the Alabama State Board of Medical Examiners and the Medical Licensure Commission of Alabama shall adopt a joint emergency rule within three business days of the issuance of this proclamation to provide for the expedited reinstatement of medical licenses to qualified physicians who desire to provide health care to people in Alabama suffering from and affected by the COVID-19 pandemic. This rule shall allow for the expedited reinstatement of medical licenses for a time period to be determined by the Board of Medical Examiners and the Medical Licensure Commission to individuals who maintained good standing while they practiced in Alabama, who have no disciplinary history in Alabama or elsewhere, and who, in the judgment of the Board of Medical Examiners and Medical Licensure Commission, are competent to practice medicine with reasonable skill and safety to patients.

II. Expanding capacity of health care facilities

Because the increasing number of patients requiring treatment for COVID-19 is placing a strain on the resources of healthcare facilities and pharmacies, I find that it would promote the safety and protection of the civilian population to adopt measures to

expedite permitting and provide temporary relief from certain laws and rules concerning the State's healthcare infrastructure. To that end:

- A. The State Health Planning and Development Agency and, as appropriate, the Statewide Health Coordinating Council and the Certificate of Need Review Board, is hereby authorized and directed to promulgate emergency rules to provide for temporary waivers to the Certificate of Need process to permit new services, facilities, and other resources needed for the treatment of patients affected by the appearance of COVID-19, or to free up bed and treatment space at existing health care facilities to permit such needed treatment.
- B. The Alabama Board of Pharmacy shall adopt emergency rules to allow expedited temporary pharmacy permits.

III. Notaries and witnesses

My supplemental emergency proclamation issued March 26, 2020, is hereby amended to address the remote notarization of documents by unsupervised, non-attorney notaries and to enhance record-keeping requirements. Specifically, the relevant section of that supplemental proclamation is amended to read as follows:

* * *

Because person-to-person contact increases the risk of transmitting COVID-19, I find that it would promote the safety and protection of the civilian population to adopt measures that reduce the necessity of in-person meetings. To that end:

- A. Notaries appointed in Alabama may notarize signatures through videoconferencing programs, and confirm the signatures of witnesses who participate virtually through videoconferencing, as though they were physically present at the signing—provided that they maintain a recording of the audio-visual communication for a period of five years following the date the recording is noted in the notary's logbook.
- B. Any person who witnesses a document through videoconference technology may be considered an "in person" witness, provided that the presence and identity of such witnesses are validated by the notary at the time of the signing by the same identifications required under current law.
- C. The official date and time of the notarization shall be the date and time when the notary witnesses the signature via the videoconference technology. All documents must be returned to the notary for certification and execution.
- D. The provisions of this section shall take effect tomorrow, April 3, 2020. Any notarizations previously performed under section III of my supplemental proclamation dated March 26, 2020, are valid.

IV. Public meetings

Because person-to-person contact increases the risk of transmitting COVID-19, I find that it would promote the safety and protection of the civilian population to adopt measures that reduce the necessity of in-person meetings. To that end:

- A. Notwithstanding any provision of state law, any governmental entity or quasi-governmental entity created pursuant to a state statute or municipal ordinance need not meet in person to establish a quorum if the entity complies with the Open Meetings Act procedures established by section III of the supplemental emergency proclamation I issued on March 18, 2020.
- B. Notwithstanding any provision of state law, any meeting or public hearing of an entity described in subsection A that is scheduled by law to occur during this state

public health emergency may be postponed by the chair or other person responsible for setting it. The chair or other person shall provide notice of the postponement in a manner consistent with the provisions of section 36-25A-3 of the Open Meetings Act and shall reschedule the meeting or public hearing as soon as practicable.

V. Remote shareholder meetings

Because person-to-person contact increases the risk of transmitting COVID-19, I find that it would promote the safety and protection of the civilian population to adopt measures that reduce the necessity of in-person meetings. To that end:

- A. Notwithstanding any other provision of law, corporations governed by Chapter 2 of Title 10A of the Code of Alabama (1975) and Chapter 2A of Title 10A of the Code of Alabama (1975), may provide an alternate means of meeting for eligible stockholders via remote participation pursuant to guidelines and procedures adopted by the corporation's board of directors.
- B. Stockholders remotely participating in a stockholders' meeting shall be deemed present and may vote at that meeting if:
 1. The corporation has implemented reasonable measures to verify membership of each person participating; and
 2. The corporation has provided stockholders participating remotely a reasonable opportunity to participate in the meeting and to vote on matters submitted to the stockholders, including an opportunity to communicate, and to read or hear the proceedings of the meeting, substantially concurrently with the proceedings.
- C. Any guidelines and procedures adopted under this section must provide for pre-meeting notice to the stockholders that describes the means of remote communication to be used during the meeting and the notice must include the record date for determining the stockholders entitled to vote at the meeting, if that date is different from the record date for determining stockholders entitled to notice of the meeting.
- D. The corporation shall make the list of stockholders entitled to vote available at the meeting, and any stockholder, or the stockholder's agent or attorney, is entitled to inspect the list at any time during the meeting on a reasonably accessible electronic network, and the information required to access such list shall be provided with the notice of the meeting.

VI. Slowing COVID-19 transmission in jails

Because the conditions of jails inherently heighten the possibility of COVID-19 transmission, I find that it would promote the safety and protection of the civilian population to allow local officials to reduce the number of local inmates being held in county jails in a way that does not jeopardize public safety. To that end:

- A. With the exception of alleged probation and parole violations based upon new criminal charges, any alleged probation or parole violator who has been in the custody of a jail for more than 20 days without a probation or parole hearing shall be released. If the hearing is not held within the specified time, the sheriff shall release the alleged probation or parole violator unless he or she is being held for other criminal charges.
- B. For technical violations punishable by no more than 45 days as set out in Alabama Code section 15-22-54(e) or section 15-22-32(b), credit TO SATISFY ANY SUCH VIOLATION shall be given for all time served in county and municipal jails after entering custody for the violation at issue.

C. Nothing in this section shall be construed to preclude the use of communications technology in the conduct of probation or parole revocation hearings.

FURTHER, to the extent a provision in this supplemental proclamation conflicts with any provision of state law, that law is hereby suspended for the duration of this state of emergency, and this proclamation shall control.

FURTHER, I declare that this proclamation and all subsequent orders, laws, rules, or regulations issued pursuant hereto shall remain in full force and effect for the duration of the public health emergency unless rescinded or extended by proclamation.



IN WITNESS, WHEREOF, I have hereunto set my hand and caused the Great Seal to be affixed by the Secretary of State at the State Capitol in the City of Montgomery on this 2nd day of April, 2020.

Handwritten signature of Kay Ivey in black ink, written over a horizontal line.

Kay Ivey
Governor

ATTEST:

Handwritten signature of John H. Merrill in black ink, written over a horizontal line.

John H. Merrill
Secretary of State

EXHIBIT 18

**ORDER OF THE STATE HEALTH OFFICER
SUSPENDING CERTAIN PUBLIC GATHERINGS
DUE TO RISK OF INFECTION BY COVID-19**

(APPLICABLE STATEWIDE)

AMENDED APRIL 3, 2020

WHEREAS Coronavirus Disease 2019 (COVID-19) has been detected in Alabama; and

WHEREAS the appearance of COVID-19 in the State poses the potential of widespread exposure to an infectious agent that poses significant risk of substantial harm to a large number of people; and

WHEREAS the State Board of Health has designated COVID-19 to be a disease of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance; and

WHEREAS, on March 13, 2020, on recommendation of the State Health Officer, Kay Ivey, Governor of the State of Alabama, declared a state public health emergency exists in the State of Alabama; and

WHEREAS, on March 16, 2020, the Jefferson County Health Officer, in response to a rapidly growing number of cases of COVID-19 being detected in Jefferson County, issued an order suspending certain public gatherings in that county; and

WHEREAS, on March 17, 2020, the State Health Officer issued a similar order for counties surrounding Jefferson, including Blount, St. Clair, Shelby, Tuscaloosa, and Walker Counties, and

WHEREAS, on March 19, 2020, the State Health Officer issued an order, and on March 20, 2020, and March 27, 2020, amended orders, of statewide application suspending certain public gatherings; and

WHEREAS further social distancing measures are necessary to be implemented on a statewide basis to prevent the spread of COVID-19; and

WHEREAS Ala. Code § 22-2-2(4) authorizes the State Health Officer, on behalf of the State Board of Health, to direct that conditions prejudicial to health in public places within the State be abated;

NOW THEREFORE, THESE PREMISES CONSIDERED, it is ordered that the following Stay at Home order be implemented statewide:

1. Effective Saturday, April 4, 2020, at 5:00 P.M., every person is ordered to stay at his or her place of residence except as necessary to perform any of the following “essential activities”:

- a. **To obtain necessary supplies.** A person may leave his or her place of residence to obtain the following supplies for himself or herself, for other household members, including pets, or for a loved one or friend who cannot or should not leave home or cannot care for himself or herself:
 - (i) Food and other consumer goods necessary to maintain a person's daily routine or to maintain the safety, sanitation, and routine operation of a home or residence;
 - (ii) Supplies needed to work from home;
 - (iii) Pharmaceutical prescriptions or other medical supplies;
 - (iv) Fuel for automobiles or other vehicles or other vehicle supplies;
 - (v) Materials for distance learning or other education-related purposes; and
 - (vi) Any other supplies necessary to maintain a person's or pet's daily routine or to maintain the safety, sanitation, and routine operation of a home or residence.

- b. **To obtain or provide necessary services.** A person may leave his or her place of residence to obtain or provide the following services for himself or herself, for other household members, including pets, or for a loved one or friend who cannot or should not leave home or cannot care for himself or herself:
 - (i) Dental, medical, or surgical procedures allowed under paragraph 14 of this Order;
 - (ii) Government-funded services or benefits;
 - (iii) Automobile repair services;
 - (iv) Services vital to the treatment or care of people with physical, intellectual, or developmental disabilities, or people with substance-use disorders;
 - (v) Services related to any public or private distance learning activities and education continuity, including all services under education continuity plans approved by the State Superintendent of Education; and
 - (vi) Any other services necessary to maintain a person's or pet's health and safety or to preserve the person's ability to perform an essential activity as defined in this paragraph.

- c. **To attend religious services.** A person may leave his or her place of residence to attend an event that is a religious worship service, wedding, or funeral in either of the following circumstances:
 - (i) The event involves fewer than 10 people and the people maintain a consistent six-foot distance from one another; or

- (ii) The event is a “drive-in” worship service that adheres to the following rules:
 - 1. All participants shall remain in their vehicles for the entirety of the service;
 - 2. The participants in each vehicle all share the same place of residence; and
 - 3. Participants do not come within six feet of participants in other vehicles.
- d. **To take care of others.** A person may leave his or her place of residence to care for a family member, friend, or pet in another household, or to donate blood, or to transport family members, friends, or pets as allowed by this Order.
- e. **To work.** A person may leave his or her place of residence to perform work at “essential businesses and operations” as defined in paragraph 2 below or to perform essential work-related activities as follows:
 - (i) Work-related activities to maintain the value of a business, establishment, corporation or other organization, such as managing inventory, ensuring security, and processing payroll and employee benefits;
 - (ii) Work-related activities to enable people to work or shop remotely from their residences or to allow people to buy products through drive-by, curbside, or door-to-door delivery; or
 - (iii) Work-related activities that do not require any regular interaction within six feet of another person.
- f. **To engage in outdoor activity.** A person may leave his or her place of residence to participate in outdoor activity that involves fewer than 10 people so long as the person maintains a consistent six-foot distance from other persons.
- g. **To seek shelter.** A person may leave his or her place of residence to seek shelter if required by his or her employment by an “essential service of business” or if his or her residence is unsafe or at imminent risk of becoming unsafe. A person may also leave his or her place of residence to seek help from providers of basic necessities to economically disadvantaged people, such as food pantries.
- h. **To travel as required by law.** A person may leave his or her place of residence to travel as required by law enforcement or court order, including the transportation of children required by a custody agreement.
- i. **To see family members.** A person may leave his or her place of residence to visit the residence of other persons who are related to him or her.

Anyone leaving his or her home or place of residence as authorized in this order shall take reasonable steps to maintain six feet of separation from other persons.

2. For the purposes of this Order, “essential businesses and operations” means and includes:

- a. **Government operations**, including public safety and first responders, law enforcement, fire prevention and response, courts and court personnel, military, emergency management personnel, corrections, probation and parole, child protection, child welfare, EMTs, 911 call-center employees, all workers and vendors that support law enforcement and emergency management operations and services, and other federal, state, tribal, or local officials or employees;
- b. **Health-care providers and caregivers**, including physicians, dentists, mental health workers, nurses, chiropractors, physical therapists, veterinarians, hospitals/clinics, medical practices, research and laboratory operations, hospice, health care facilities, clinical staff, nursing homes, residential health care facilities, adult day care centers, blood banks, congregate-care facilities, assisted living facilities, elder care, medical wholesale and distribution, home health workers and aides, medical supply and equipment manufacturers and providers, medical waste disposal, hazardous waste disposal, other ancillary healthcare services;
- c. **Infrastructure Operations**, including electric, natural gas, and water utilities, nuclear facilities and other generating facilities, utility poles and components, fuel pipelines and transmission systems, petroleum producers, telecommunications, electronic security and life safety services, wireless communication companies, communications sales and customer support, telecommunication and data centers, cybersecurity operations; businesses and other operations concerned with flood control, aviation, and the maintenance, operation, or construction of dams, airports, ports, roads and highways, and mass transit; automotive sales and repair, vehicle rental and taxi services, network providers (such as Uber and Lyft), freight and passenger rail, motor carriers, pipelines, and other transportation infrastructure and businesses, water and waste water systems, transportation companies such as airlines and bus lines, hazardous waste disposal, hotels and commercial lodging services, and RV parks;
- d. **Manufacturing facilities**, including food processing and production; companies that produce pharmaceuticals, food additives, medical equipment, medical devices and supplies, technology, biotechnology, chemical products, telecommunications products; automotive production and suppliers, airplane, ship, and space vehicle or rocket manufacturers; companies involved in healthcare, energy, steel and steel products, fuel and petroleum exploration and production, lubricants, greases and engine oils, mining, national defense, sanitary and cleaning products, household products, personal care products, products used by any other Essential Business or Operation;
- e. **Agricultural operations and farms**, including food cultivation, livestock, cattle, poultry and seafood operations, transportation of agricultural products, livestock auctions, feedlots, dealers and brokers of livestock, farmer’s markets, feed stores, repairers and suppliers of agricultural equipment, gas, diesel and petroleum suppliers, companies involved with aquaculture, horticulture, and chemicals, including pesticide, herbicide,

and fertilizer producers and distributors, forest products businesses, including those involved in forestry operations, logging, manufacture of lumber and paper products; meat processing facilities, rendering facilities and transporters, feed processing facilities, veterinary services;

- f. **Essential retailers**, defined as all supermarkets, food and beverage stores, including liquor stores and warehouse clubs, food providers, convenience stores, office-supply stores, bookstores, computer stores, pharmacies, health care supply stores, hardware stores, home improvement stores, building materials stores, stores that sell electrical, plumbing, and heating materials, gun stores, gas stations; auto, farm equipment, bicycle, motorcycle, and boat supply and repair stores, and businesses that ship or deliver groceries, food, and goods directly to residences;
- g. **Restaurants and bars**;
- h. **Essential personal services**, defined as trash collection, mail and shipping services, home repair, automotive sales and repair; warehouse, distribution and fulfillment centers, kennels, animal shelters, laundromats/laundry service, drycleaners, childcare facilities, public transportation, and providers of business services including security and payroll; funeral, cemetery, and related services;
- i. **Media operations**, including newspapers, digital news sites, television, radio and other media services;
- j. **Education operations**, including educators supporting public and private K-12 schools, colleges and universities or other educational institutions, for purposes of facilitating distance learning and education continuity plans approved by the State Superintendent of Education, performing critical research or other essential functions, including public schools preparing and transporting distance-learning materials and meals to eligible students and colleges providing lodging for students (all in compliance with paragraph 12 below);
- k. **Financial services**, including banks and related financial institutions, credit unions, payday lenders, businesses that process credit card and other financial transactions, and other services related to financial markets;
- l. **Professional Services**, including legal services, accounting services, insurance services, real estate services (including appraisal and title services);
- m. **Providers of basic necessities to economically disadvantaged populations** including businesses, religious and secular non-profit organizations, food banks, homeless shelters and congregate-care facilities;
- n. **Construction and construction-related services**, including building and construction, lumber, building materials and hardware businesses, electricians, plumbers, other construction tradesmen and tradeswomen, exterminators; cleaning and janitorial, HVACR and water heating businesses; painting, moving and relocating services, other

skilled trades, and other related construction firms and professionals for maintaining essential infrastructure;

- o. **Essential public services**, defined as services necessary to maintain the safety, sanitation and essential operations of residences and essential businesses and essential business operations, including law enforcement, fire prevention and response, firearm and ammunition manufacturers and retailers, building code enforcement, security, emergency management and response, building cleaning including disinfection, automotive sales and repair, mortuaries and cemeteries;
- p. **Military or defense operations**, including employers and personnel who support the essential products and services required to meet national security commitments, including personnel working for companies and their subcontractors, who perform under contract to the Department of Defense providing materials and services to the Department of Defense and government-owned/contractor-operated and government-owned/government-operated facilities.
- q. **Essential services or product providers**, defined as vendors that provide services or products, including logistics, transportation, and technology support, child care programs and services, medical waste disposal, hazardous waste disposal, services needed to ensure the continuing operation of an essential business or operation, operation of government agencies, and to provide for the health, safety and welfare of the public;
- r. **Religious entities**, including religious and faith-based facilities, entities and groups;
- s. **Federally-designated critical infrastructure**, defined as workers and related industries identified by the U.S. Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (CISA) in its “Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response,” <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>, as may be amended;
- t. **Other state-designated essential businesses and operations**, defined as businesses and operations deemed essential by the Alabama Department of Public Health or the Alabama Emergency Management Agency; and
- u. **Support operations for essential businesses and operations**, defined as employees, contractors, agents, suppliers, or vendors of an essential business or operation as defined in this paragraph.

3. Operators of “essential businesses and operations” as defined in paragraph 2 may, but need not, issue credentials to their employees verifying their status as an employee of an essential business or operation. The decision to provide any such credentials is left to the discretion of the essential business or operation.

4. “Essential businesses and operations” as defined in paragraph 2 shall take all reasonable steps, for employees and customers, to (a) avoid gatherings of 10 persons or more and (b) maintain a consistent six-foot distance between persons.

5. Effective March 28, 2020, at 5:00 P.M., the following businesses, venues, and activities shall be closed to non-employees or not take place:

a. **Entertainment venues** as follows:

- (i) Night clubs
- (ii) Bowling alleys
- (iii) Arcades
- (iv) Concert venues
- (v) Theaters, auditoriums, and performing arts centers
- (vi) Tourist attractions (including museums and planetariums)
- (vii) Racetracks
- (viii) Indoor children’s play areas
- (ix) Adult entertainment venues
- (x) Adult novelty stores
- (xi) Casinos
- (xii) Bingo halls
- (xiii) Venues operated by social clubs

b. **Athletic facilities** and activities as follows:

- (i) Fitness centers and commercial gyms
- (ii) Spas and public or commercial swimming pools
- (iii) Yoga, barre, and spin facilities
- (iv) Spectator sports
- (v) Sports that involve interaction with another person of closer than 6 feet
- (vi) Activities that require use of shared sporting apparatus and equipment

(vii) Activities on commercial or public playground equipment

c. **Close-contact service providers** as follows:

- (i) Barber shops
- (ii) Hair salons
- (iii) Waxing salons
- (iv) Threading salons
- (v) Nail salons and spas
- (vi) Body art facilities and tattoo services
- (vii) Tanning salons
- (viii) Massage therapy establishments and services

6. Effective Saturday, April 4, 2020, at 5:00 P.M., all “essential retailers” as defined in paragraph 2, including grocery stores, pharmacies, and “big box” stores, shall comply with the following rules in addition to any other applicable provisions of this Order:

- a. **Emergency maximum occupancy rate.** Occupancy shall be limited to no more than 50 percent of the normal occupancy load as determined by the fire marshal. This “emergency maximum occupancy rate” shall be posted in a conspicuous place, and enough staff shall be posted at the store entrances and exits to enforce this requirement.
- b. **Social distancing.** An employee of the essential retailer place may not knowingly allow customers or patrons to congregate within six feet of one another.
- c. **Sanitation.** The essential retailer shall take reasonable steps to comply with guidelines on sanitation from the Centers for Disease Control and Prevention and the Alabama Department of Public Health.

7. Notwithstanding any other provision of this Order, a business may continue to operate through curbside pickup, delivery, remotely, or any other method that does not involve a customer entering its building, provided that the business takes all reasonable steps to ensure a consistent six-foot distance between persons.

8. Effective March 28, 2020, at 5:00 P.M., all non-work related gatherings of 10 persons or more, or non-work related gatherings of any size that cannot maintain a consistent six-foot distance between persons, are prohibited.

9. Effective immediately, any person who has tested positive for COVID-19—other than institutionalized persons—shall be quarantined to their place of residence for a period of 14 days

after receiving positive test results. Any person quarantined pursuant to this provision shall not leave their place of residence for any reason other than to seek necessary medical treatment. Any person requiring assistance while under quarantine may contact Alabama Voluntary Organizations Active in Disaster (VOAD), <http://alvoad.communityos.org/cms/>. While under quarantine, the person must shall take precautions as directed by his or her health care provider or the Department of Public Health to prevent the spread of the disease to others.

10. Effective March 28, 2020, at 5:00 P.M., all beaches shall be closed. For purposes of this section, the term “beach” means the sandy shoreline area abutting the Gulf of Mexico, whether privately or publicly owned, including beach access points.

11. Effective, March 20, 2020, all regular programs at Senior Citizen Centers shall be ended except that Senior Citizen Centers and their partners are urged to assure that their clients continue to receive needed meals via curbside pick-up or delivery.

12. Effective March 20, 2020, the following shall be closed:

a. In-person instruction or classes at all schools, public and private, including but not limited to: elementary, secondary, postsecondary, technical, or specialty schools, and colleges and universities.

(i) This order is not intended to prevent any employers from making continued necessary staffing decisions. Employers are authorized to advise employees to work from home or maintain flexible work schedules. If working from home is not feasible, the employee should practice social distancing, maintaining consistent six-foot distance between persons, for the duration of this order and follow public health guidelines.

(ii) This order shall not apply to-daytime special activities programs provided by local boards of education for children, ages 6 through 12 as of March 13, 2020, of first responders (including EMS and fire services) and licensed health-care providers and their essential employees; and essential employees of the following categories of employers: state and local governments, law enforcement, hospitals, nursing home/long-term care facilities, (including assisted living and specialty-care assisted living facilities), end-stage renal disease treatment centers, pharmacies, and grocery stores. In these special activities programs, 12 or more children shall not be allowed in any one room at the same time, and operators of these programs are encouraged to use enhanced sanitation practices consistent with guidance from the CDC and the Alabama Department of Public Health.

b. Facilities providing child day care, including any child day care facility described in Ala. Code § 38-7-2, at which 12 or more children are in a room or other enclosed space at the same time. Center employees are encouraged to use enhanced sanitation and social-distancing practices consistent with guidance from the Centers for Disease Control and Prevention and the Alabama Department of Public Health. This Order does not change the Minimum Standards for Day Care promulgated by the Alabama Department of Human Resources, except that 12 or more children shall not be allowed in a room or other enclosed space at the same time.

13. Effective March 20, 2020, all Hospitals and Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities) shall prohibit visitation of all visitors, as defined by the facility, and non-essential health care personnel, except for certain compassionate care situations such as maternity and end-of-life.

14. Effective March 28, 2020 at 5:00 P.M., all dental, medical, or surgical procedures shall be postponed until further notice, subject to the following exceptions:

a. Dental, medical, or surgical procedures necessary to treat an emergency medical condition. For purposes of this order, “emergency medical condition” is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected by a person’s licensed medical provider to result in placing the health of the person in serious jeopardy or causing serious impairment to bodily functions or serious dysfunction of bodily organs.

b. Dental, medical, or surgical procedures necessary to avoid serious harm from an underlying condition or disease, or necessary as part of a patient’s ongoing and active treatment.

15. Effective March 19, 2020, at 5:00 P.M., all restaurants, bars, breweries, or similar establishments shall not permit on-premises consumption of food or drink.

a. Such establishments may continue to offer food for take-out or delivery provided the social distancing protocols, including maintaining a consistent six-foot distance between persons, are followed.

b. Such establishments are strongly encouraged to offer online ordering and curbside pick-up of food.

c. Hospital food service areas are excluded from this order provided they have their own social distancing plan.

16. This Order shall remain in full force and effect until 5:00 P.M. on April 30, 2020. Prior to 5:00 P.M. on April 30, 2020, a determination shall be made whether to extend this Order—or, if circumstances permit, to relax this Order.

17. This Order supersedes and preempts all orders previously issued by the State Health Officer and Jefferson and Mobile County Health Officers concerning COVID-19 mitigation measures, and this Order shall remain in full force and effect until rescinded by order of the State Health Officer or its expiration. After the date this order is issued, the Jefferson and Mobile County Health Officers are authorized, after approval by the State Health Officer, to implement more stringent measures as local circumstances require.

This Order also supersedes and preempts any county and municipal orders or ordinances, whenever adopted, that purport to impose less stringent COVID-19-related curfew or quarantine measures.

Done on this 3rd day of April, 2020.

A handwritten signature in blue ink, appearing to read "Scott Harris", written in a cursive style.

Scott Harris, M.D., M.P.H.
State Health Officer

EXHIBIT 19

**ORDER OF THE STATE HEALTH OFFICER
SUSPENDING CERTAIN PUBLIC GATHERINGS
DUE TO RISK OF INFECTION BY COVID-19**

(APPLICABLE STATEWIDE)

AMENDED APRIL 28, 2020

WHEREAS Coronavirus Disease 2019 (COVID-19) has been detected in Alabama; and

WHEREAS the appearance of COVID-19 in the State poses the potential of widespread exposure to an infectious agent that poses significant risk of substantial harm to a large number of people; and

WHEREAS the State Board of Health has designated COVID-19 to be a disease of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance; and

WHEREAS on March 13, 2020, on recommendation of the State Health Officer, Kay Ivey, Governor of the State of Alabama, declared a state public health emergency exists in the State of Alabama; and

WHEREAS on March 16, 2020, the Jefferson County Health Officer, in response to a rapidly growing number of cases of COVID-19 being detected in Jefferson County, issued an order suspending certain public gatherings in that county; and

WHEREAS on March 17, 2020, the State Health Officer issued a similar order for counties surrounding Jefferson, including Blount, St. Clair, Shelby, Tuscaloosa, and Walker Counties, and

WHEREAS on March 19, 2020, the State Health Officer issued an order, and on March 20, 2020, March 27, 2020, and April 3, 2020, amended orders, of statewide application suspending certain public gatherings; and

WHEREAS social-distancing and related measures remain necessary on a statewide basis to prevent the spread of COVID-19; and

WHEREAS Ala. Code § 22-2-2(4) authorizes the State Health Officer, on behalf of the State Board of Health, to direct that conditions prejudicial to health in public places within the State be abated;

NOW THEREFORE, THESE PREMISES CONSIDERED, it is ordered that the following *Safer at Home* order be implemented statewide:

1. Recommendations for individuals. Effective April 30, 2020, at 5:00 P.M., all individuals—and especially vulnerable persons—are encouraged to exercise personal responsibility in slowing the spread of COVID-19 by:

- a. Minimizing travel outside the home, especially if sick;
- b. Wearing face coverings around people from other households when it is necessary to leave the home;
- c. Washing hands frequently with soap and water or hand sanitizer, especially after touching frequently used items or surfaces;
- d. Refraining from touching one’s face;
- e. Sneezing or coughing into a tissue, or the inside of one’s elbow; and
- f. Disinfecting frequently used items and surfaces as much as possible.

“Vulnerable persons” means individuals 65 years and older or individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

2. Quarantine for infected persons. Effective immediately, any person who has tested positive for COVID-19—other than institutionalized persons—shall be quarantined to their place of residence for a period of 14 days, or other period of time as directed by the State Health Officer, or his designee, after receiving positive test results. Any person quarantined pursuant to this provision shall not leave their place of residence for any reason other than to seek necessary medical treatment. Any person requiring assistance while under quarantine may contact Alabama Voluntary Organizations Active in Disaster, <http://alvoad.communityos.org/cms>. While under quarantine, the person shall take precautions as directed by his or her health care provider or the Alabama Department of Public Health to prevent the spread of the disease to others.

3. Non-work related gatherings. Effective March 28, 2020, at 5:00 P.M., all non-work related gatherings of 10 persons or more, or non-work related gatherings of any size that cannot maintain a consistent six-foot distance between persons from different households, are prohibited. But “drive-in” gatherings of any size are permitted if the participants adhere to the following rules:

- a. All participants shall remain in their vehicles for the entirety of the event;
- b. The participants in each vehicle must all share the same household; and
- c. Participants shall not come within six feet of participants in other vehicles.

For purposes of this paragraph, “non-work related gathering” includes church services, weddings, funeral services, social gatherings, concerts, festivals, sporting events, and similar events.

4. Protections for employees. Effective April 30, 2020, at 5:00 P.M., and unless otherwise permitted or required by this order, all employers shall take reasonable steps, where practicable as work duties permit, to protect their employees by:

- a. avoiding gatherings of 10 employees or more;
- b. maintaining six feet of separation between employees;
- c. regularly disinfecting frequently used items and surfaces;
- d. encouraging handwashing;
- e. preventing employees who are sick from coming into contact with other persons;
- f. facilitating remote working arrangements; and
- g. minimizing employee travel.

5. Protections for customers, etc. Effective April 30, 2020, at 5:00 P.M., and unless otherwise permitted or required by this order, the operator of any business, government office, or other establishment open to the public shall take reasonable steps, where practicable, to protect their customers, constituents, or other guests by:

- a. avoiding gatherings of 10 or more such persons;
- b. maintaining six feet of separation between such persons (except for those persons who share the same household); and
- c. regularly disinfecting frequently used items and surfaces.

6. Retailers. Effective April 30, 2020, at 5:00 P.M., all retail stores shall comply with the following rules:

- a. **Emergency maximum occupancy rate.** Occupancy shall be limited to no more than 50 percent of the normal occupancy load as determined by the fire marshal. This “emergency maximum occupancy rate” shall be posted in a conspicuous place, and enough staff shall be posted at the store entrances and exits to enforce this requirement.
- b. **Social distancing.** An employee of the retail store may not knowingly allow customers or patrons to congregate within six feet of one another.
- c. **Sanitation.** The retail store shall take reasonable steps to comply with guidelines on sanitation from the Centers for Disease Control and Prevention (“the CDC”) and the Alabama Department of Public Health.

7. **Higher-risk businesses and activities.** Effective March 28, 2020, at 5:00 P.M., and notwithstanding any other provision of this order, the following businesses, venues, and activities shall be closed to non-employees or not take place:

a. **Entertainment venues** as follows:

- (i) Night clubs
- (ii) Bowling alleys
- (iii) Arcades
- (iv) Concert venues
- (v) Theaters, auditoriums, and performing arts centers
- (vi) Tourist attractions (including museums and planetariums)
- (vii) Racetracks
- (viii) Indoor children's play areas
- (ix) Adult entertainment venues
- (x) Casinos
- (xi) Bingo halls
- (xii) Venues operated by social clubs

b. **Athletic facilities** and activities as follows:

- (i) Fitness centers and commercial gyms
- (ii) Spas
- (iii) Yoga, barre, and spin facilities
- (iv) Sports that involve interaction with another person of closer than 6 feet
- (v) Activities that require use of shared sporting apparatus and equipment
- (vi) Activities on commercial or public playground equipment

c. **Close-contact service providers** as follows:

- (i) Barber shops
- (ii) Hair salons (other than hair restoration centers)

- (iii) Waxing salons
- (iv) Threading salons
- (v) Nail salons and spas
- (vi) Body art facilities and tattoo services
- (vii) Massage therapy establishments and services (other than for medically prescribed services)

8. **Beaches.** Effective April 30, 2020, at 5:00 P.M., all beaches shall be open to gatherings of fewer than 10 persons, and anyone using the beaches must maintain a consistent six-foot distance between himself or herself and all persons from a different household. For purposes of this section, the term “beach” means the sandy shoreline area abutting the Gulf of Mexico, whether privately or publicly owned, including beach access points.

9. **Senior Citizen Centers.** Effective March 20, 2020, all regular programs at Senior Citizen Centers shall be ended except that Senior Citizen Centers and their partners are urged to assure that their clients continue to receive needed meals via curbside pick-up or delivery.

10. **Educational institutions and child day care facilities.** Effective March 20, 2020, the following shall be closed:

- a. In-person instruction or classes at all schools, public and private, including but not limited to: elementary, secondary, postsecondary, technical, or specialty schools, and colleges and universities.
 - (i) This order is not intended to prevent any employers from making continued necessary staffing decisions. Employers are authorized to advise employees to work from home or maintain flexible work schedules. If working from home is not feasible, the employee should practice social distancing, maintaining consistent six-foot distance between persons, for the duration of this order and follow public health guidelines.
 - (ii) This order shall not apply to daytime special activities programs provided by local boards of education for children, ages 6 through 12 as of March 13, 2020, of first responders (including EMS and fire services) and licensed health-care providers and their essential employees; and essential employees of the following categories of employers: state and local governments, law enforcement, hospitals, nursing home/long-term care facilities, (including assisted living and specialty-care assisted living facilities), end-stage renal disease treatment centers, pharmacies, and grocery stores. In these special activities programs, 12 or more children shall not be allowed in any one room at the same time, and operators of these programs are encouraged to use enhanced sanitation practices consistent with guidance from the CDC and the Alabama Department of Public Health.

- b. Facilities providing child day care, including any child day care facility described in Ala. Code § 38-7-2, at which 12 or more children are in a room or other enclosed space at the same time. Center employees are encouraged to use enhanced sanitation and social-distancing practices consistent with guidance from the CDC and the Alabama Department of Public Health. This Order does not change the Minimum Standards for Day Care promulgated by the Alabama Department of Human Resources, except that 12 or more children shall not be allowed in a room or other enclosed space at the same time.

11. Hospitals and similar institutions. Effective March 20, 2020, all Hospitals and Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities) shall prohibit visitation of all visitors, as defined by the facility, and non-essential health care personnel, except for certain compassionate care situations such as maternity, end-of-life, and support for persons with disabilities.

12. Medical procedures. Effective April 30, 2020, at 5:00 P.M., dental, medical, or surgical procedures may proceed unless the State Health Officer or his designee determines that performing such procedures, or any category of them (whether statewide or regionally), would unacceptably reduce access to personal protective equipment or other resources necessary to diagnose and treat COVID-19. Providers performing these procedures shall follow all applicable COVID-19-related rules adopted by a state regulatory board or by the Alabama Department of Public Health. In the absence of such rules, providers should take reasonable steps to comply with applicable COVID-19-related guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC, including “Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I” from CMS, available at <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>, and “Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)” from the CDC, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>.

13. Restaurants and similar establishments. Effective March 19, 2020, at 5:00 P.M., all restaurants, bars, breweries, or similar establishments shall not permit on-premises consumption of food or drink.

- a. Such establishments may continue to offer food for take-out or delivery provided the social distancing protocols, including maintaining a consistent six-foot distance between persons, are followed.
- b. Such establishments are strongly encouraged to offer online ordering and curbside pick-up of food.
- c. Hospital food service areas are excluded from this order provided they have their own social distancing plan.

14. **Duration.** This Order shall remain in full force and effect until 5:00 P.M. on May 15, 2020. Prior to 5:00 P.M. on May 15, 2020, a determination shall be made whether to extend this Order—or, if circumstances permit, to relax this Order.

15. **Preemption.** This Order supersedes and preempts all orders previously issued by the State Health Officer and Jefferson and Mobile County Health Officers concerning COVID-19 mitigation measures, and this Order shall remain in full force and effect until rescinded by order of the State Health Officer or its expiration. After the date this order is issued, the Jefferson and Mobile County Health Officers are authorized, after approval by the State Health Officer, to implement more stringent measures as local circumstances require.

This Order also supersedes and preempts any county and municipal orders or ordinances, whenever adopted, that purport to impose less stringent COVID-19-related curfew or quarantine measures.

Done on this 28th day of April, 2020.

A handwritten signature in blue ink, appearing to read "Scott Harris", is written over a horizontal line.

Scott Harris, M.D., M.P.H.
State Health Officer

EXHIBIT 20

**ORDER OF THE STATE HEALTH OFFICER
SUSPENDING CERTAIN PUBLIC GATHERINGS
DUE TO RISK OF INFECTION BY COVID-19**

(APPLICABLE STATEWIDE)

AMENDED MAY 8, 2020

WHEREAS Coronavirus Disease 2019 (COVID-19) has been detected in Alabama; and

WHEREAS the appearance of COVID-19 in the State poses the potential of widespread exposure to an infectious agent that poses significant risk of substantial harm to a large number of people; and

WHEREAS the State Board of Health has designated COVID-19 to be a disease of epidemic potential, a threat to the health and welfare of the public, or otherwise of public health importance; and

WHEREAS on March 13, 2020, on recommendation of the State Health Officer, Kay Ivey, Governor of the State of Alabama, declared a state public health emergency exists in the State of Alabama; and

WHEREAS on March 16, 2020, the Jefferson County Health Officer, in response to a rapidly growing number of cases of COVID-19 being detected in Jefferson County, issued an order suspending certain public gatherings in that county; and

WHEREAS on March 17, 2020, the State Health Officer issued a similar order for counties surrounding Jefferson, including Blount, St. Clair, Shelby, Tuscaloosa, and Walker Counties, and

WHEREAS on March 19, 2020, the State Health Officer issued an order, and on March 20, 2020, March 27, 2020, April 3, 2020, and April 28, 2020, amended orders, of statewide application suspending certain public gatherings; and

WHEREAS social-distancing and related measures remain necessary on a statewide basis to prevent the spread of COVID-19; and

WHEREAS Ala. Code § 22-2-2(4) authorizes the State Health Officer, on behalf of the State Board of Health, to direct that conditions prejudicial to health in public places within the State be abated;

NOW THEREFORE, THESE PREMISES CONSIDERED, it is ordered that the following *Safer at Home* order be implemented statewide:

1. Recommendations for individuals. Effective April 30, 2020, at 5:00 P.M., all individuals—and especially vulnerable persons—are encouraged to exercise personal responsibility in slowing the spread of COVID-19 by:

- a. Minimizing travel outside the home, especially if sick;
- b. Wearing face coverings around people from other households when it is necessary to leave the home;
- c. Washing hands frequently with soap and water or hand sanitizer, especially after touching frequently used items or surfaces;
- d. Refraining from touching one’s face;
- e. Sneezing or coughing into a tissue, or the inside of one’s elbow; and
- f. Disinfecting frequently used items and surfaces as much as possible.

“Vulnerable persons” means individuals 65 years and older or individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

2. Quarantine for infected persons. Effective immediately, any person who has tested positive for COVID-19—other than institutionalized persons—shall be quarantined to their place of residence for a period of 14 days, or other period of time as directed by the State Health Officer, or his designee, after receiving positive test results. Any person quarantined pursuant to this provision shall not leave their place of residence for any reason other than to seek necessary medical treatment. Any person requiring assistance while under quarantine may contact Alabama Voluntary Organizations Active in Disaster, <http://alvoad.communityos.org/cms>. While under quarantine, the person shall take precautions as directed by his or her health care provider or the Alabama Department of Public Health to prevent the spread of the disease to others.

3. Non-work related gatherings. Effective May 11, 2020, all non-work related gatherings of any size that cannot maintain a consistent six-foot distance between persons from different households are prohibited.

Organizers of religious gatherings are strongly encouraged to read and implement the Alabama Department of Public Health’s “Guidelines for Places of Worship,” available at <https://alabamapublichealth.gov/covid19/assets/cov-sah-worship.pdf>.

4. Protections for employees. Effective May 11, 2020, and unless otherwise permitted or required by this order, all employers shall take reasonable steps, where practicable as work duties permit, to protect their employees by:

- a. maintaining six feet of separation between employees;

- b. regularly disinfecting frequently used items and surfaces;
- c. encouraging handwashing;
- d. preventing employees who are sick from coming into contact with other persons;
- e. facilitating remote working arrangements; and
- f. minimizing employee travel.

In addition to complying with the requirements of this paragraph, employers are strongly encouraged to read and implement the Alabama Department of Public Health’s “Guidelines for Safeguarding All Businesses,” available at <https://alabamapublichealth.gov/covid19/assets/cov-sah-businesses.pdf>.

5. Protections for customers, etc. Effective May 11, 2020, and unless otherwise permitted or required by this order, the operator of any business, government office, or other establishment open to the public shall take reasonable steps, where practicable, to protect their customers, constituents, or other guests by:

- a. maintaining six feet of separation between such persons (except for those persons who share the same household); and
- b. regularly disinfecting frequently used items and surfaces.

6. Retailers. Effective May 11, 2020, all retail stores shall comply with the following rules:

- a. **Emergency maximum occupancy rate.** Occupancy shall be limited to no more than 50 percent of the normal occupancy load as determined by the fire marshal. This “emergency maximum occupancy rate” shall be posted in a conspicuous place, and enough staff shall be posted at the store entrances and exits to enforce this requirement.
- b. **Social distancing.** An employee of the retail store may not knowingly allow customers or patrons to congregate within six feet of a person from another household.
- c. **Sanitation.** The retail store shall take reasonable steps to comply with guidelines on sanitation from the Centers for Disease Control and Prevention (CDC) and the Alabama Department of Public Health.

7. Close-contact service providers. Effective May 11, 2020, close-contact service providers—such as barber shops, hair salons, waxing salons, threading salons, nail salons and spas, body art facilities, tattoo services, and massage therapy establishments and services—shall comply with the following rules:

- a. **Social distancing.** Employees shall not knowingly allow clients or persons accompanying a client to congregate within six feet of a person from another household.

- b. **Facial coverings.** Each employee shall wear a mask, or other facial covering that covers his or her nostrils and mouth, at all times while providing services within 6 feet of a client.
- c. **Hand sanitation.**
 - (i) Employees shall wash their hands thoroughly with soap and water immediately before providing services within 6 feet of a client.
 - (ii) Employees of all close-contact service providers are encouraged—and employees providing nail services or facial services are required—to wear gloves when providing services within 6 feet of a client. To the extent employees wear gloves when providing services, they should use a new pair of gloves for each client and should put them on immediately after washing their hands.

In addition to complying with the requirements of this paragraph, close-contact service providers are strongly encouraged to read and implement the Alabama Department of Public Health’s “Guidelines for Close Contact Personal Service Businesses,” available at <https://alabamapublichealth.gov/covid19/assets/cov-sah-close-contact.pdf>.

8. **Athletic facilities.** Effective May 11, 2020, athletic facilities—such as fitness centers and commercial gyms, spas, and yoga, barre, and spin facilities—shall comply with the following rules:

- a. **Social distancing.**
 - (i) Employees shall not knowingly allow patrons or guests to congregate within six feet of a person from another household.
 - (ii) Employees shall not knowingly allow patrons or guests to participate in any of the athletic activities prohibited in paragraph 9—including sports that involve interaction with another person of closer than 6 feet and activities that require use of shared sporting apparatus and equipment.
 - (iii) Employees must take reasonable steps to prevent people from congregating in lobby areas, break rooms, and other common areas.
- b. **Limits on facility access.** An athletic facility must limit facility occupancy to 50 percent of the normal occupancy load as determined by the fire marshal. Athletic facilities must also prohibit patrons and guests from accessing showers, hot tubs, steam rooms, lockers, saunas and other recreational water or spa facilities. Pools may be open subject to the social-distancing rules of this paragraph.
- c. **Facial coverings.** Each employee shall wear a mask or other facial covering that covers his or her nostrils and mouth at all times while in regular interaction with clients or guests.

In addition to complying with the requirements of this paragraph, operators of athletic facilities are strongly encouraged to read and implement the Alabama Department of Public Health’s “Guidelines for Athletic Facilities,” available at <https://alabamapublichealth.gov/covid19/assets/cov-sah-athletic-facilities.pdf>.

9. Higher-risk businesses and activities. Effective May 11, 2020, and notwithstanding any other provision of this order, the following businesses, venues, and activities shall not take place or be closed to spectators, audience members, or members of the public to which these businesses, venues, and activities are normally open:

a. **Entertainment venues** as follows:

- (i) Night clubs
- (ii) Bowling alleys
- (iii) Arcades
- (iv) Concert venues
- (v) Theaters, auditoriums, and performing arts centers
- (vi) Tourist attractions (including museums and planetariums)
- (vii) Racetracks
- (viii) Indoor children’s play areas
- (ix) Adult entertainment venues
- (x) Casinos
- (xi) Bingo halls
- (xii) Venues operated by social clubs

b. **Athletic activities** as follows:

- (i) Sports that involve interaction with another person of closer than 6 feet
- (ii) Activities that require use of shared sporting apparatus and equipment
- (iii) Activities on commercial or public playground equipment

10. Beaches. Effective May 11, 2020, anyone using the beaches must maintain a consistent six-foot distance between himself or herself and all persons from a different household. For purposes of this section, the term “beach” means the sandy shoreline area abutting the Gulf of Mexico, whether privately or publicly owned, including beach access points.

11. Senior Citizen Centers. Effective March 20, 2020, all regular programs at Senior Citizen Centers shall be ended except that Senior Citizen Centers and their partners are urged to assure that their clients continue to receive needed meals via curbside pick-up or delivery.

12. Educational institutions and child day care facilities. Effective March 20, 2020, the following shall be closed:

- a. In-person instruction or classes at all schools, public and private, including but not limited to: elementary, secondary, postsecondary, technical, or specialty schools, and colleges and universities.
 - (i) This order is not intended to prevent any employers from making continued necessary staffing decisions. Employers are authorized to advise employees to work from home or maintain flexible work schedules. If working from home is not feasible, the employee should practice social distancing, maintaining consistent six-foot distance between persons, for the duration of this order and follow public health guidelines.
 - (ii) This order shall not apply to daytime special activities programs provided by local boards of education for children, ages 6 through 12 as of March 13, 2020, of first responders (including EMS and fire services) and licensed health-care providers and their essential employees; and essential employees of the following categories of employers: state and local governments, law enforcement, hospitals, nursing home/long-term care facilities, (including assisted living and specialty-care assisted living facilities), end-stage renal disease treatment centers, pharmacies, and grocery stores. In these special activities programs, 12 or more children shall not be allowed in any one room at the same time, and operators of these programs are encouraged to use enhanced sanitation practices consistent with guidance from the CDC and the Alabama Department of Public Health.
- b. Facilities providing child day care, including any child day care facility described in Ala. Code § 38-7-2, at which 12 or more children are in a room or other enclosed space at the same time. Center employees are encouraged to use enhanced sanitation and social-distancing practices consistent with guidance from the CDC and the Alabama Department of Public Health. This Order does not change the Minimum Standards for Day Care promulgated by the Alabama Department of Human Resources, except that 12 or more children shall not be allowed in a room or other enclosed space at the same time.

13. Hospitals and similar institutions. Effective March 20, 2020, all Hospitals and Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities) shall prohibit visitation of all visitors, as defined by the facility, and non-essential health care personnel, except for certain compassionate care situations such as maternity, end-of-life, and support for persons with disabilities.

14. Medical procedures. Effective April 30, 2020, at 5:00 P.M., dental, medical, or surgical procedures may proceed unless the State Health Officer or his designee determines that

performing such procedures, or any category of them (whether statewide or regionally), would unacceptably reduce access to personal protective equipment or other resources necessary to diagnose and treat COVID-19. Providers performing these procedures shall follow all applicable COVID-19-related rules adopted by a state regulatory board or by the Alabama Department of Public Health. In the absence of such rules, providers should take reasonable steps to comply with applicable COVID-19-related guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC, including “Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I” from CMS, available at <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>, and “Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)” from the CDC, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>.

15. Restaurants and similar establishments. Effective May 11, 2020, all restaurants, bars, breweries, or similar establishments shall operate as follows:

- a. Such establishments may continue to offer food for take-out or delivery provided the social distancing protocols, including maintaining a consistent six-foot distance between persons, are followed.
- b. Such establishments are strongly encouraged to offer online ordering and curbside pick-up of food.
- c. Hospital food service areas are excluded from this order provided they have their own social distancing plan.
- d. Insofar as such establishments offer on-premises consumption of food or drink, they must limit the party size at tables to no more than eight persons and maintain at least six feet of separation between people seated at different tables, booths, chairs, or stools.
- e. Each employee shall wear a mask or other facial covering that covers his or her nostrils and mouth at all times while in regular interaction with patrons or guests.
- f. Such establishments must disallow self-service by guests at drink stations, buffets, or salad bars.

In addition to complying with the requirements of this paragraph, establishments subject to this paragraph are strongly encouraged to read and implement the Alabama Department of Public Health’s “Guidelines for Restaurants and Bars,” available at <https://alabamapublichealth.gov/covid19/assets/cov-sah-restaurants-bars.pdf>.

16. Duration. This Order shall remain in full force and effect until 5:00 P.M. on May 22, 2020. Prior to 5:00 P.M. on May 22, 2020, a determination shall be made whether to extend this Order—or, if circumstances permit, to relax this Order.

17. **Preemption.** To the extent this Order conflicts with any order previously issued by the State Health Officer concerning COVID-19 mitigation measures, this Order supersedes and preempts the conflicting provisions of the previously issued order effective on the dates specified above. This Order also supersedes and preempts all orders previously issued by the Jefferson and Mobile County Health Officers concerning COVID-19 mitigation measures, and this Order shall remain in full force and effect until rescinded or modified by order of the State Health Officer or its expiration. After the date this order is issued, the Jefferson and Mobile County Health Officers are authorized, after approval by the State Health Officer, to implement more stringent measures as local circumstances require.

This Order also supersedes and preempts any county and municipal orders or ordinances, whenever adopted, that purport to impose less stringent COVID-19-related curfew or quarantine measures.

Done on this 8th day of May, 2020.

A handwritten signature in blue ink, appearing to read "Scott Harris", is written over a horizontal line.

Scott Harris, M.D., M.P.H.
State Health Officer

EXHIBIT 22

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Alabama

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News

Handful of Alabama counties still seeing coronavirus cases rise over last 14 days

Updated Apr 30, 2020; Posted Apr 30, 2020

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By [Ramsey Archibald | rarchibald@al.com](#)

After several weeks of shutdown, Alabama is set to begin the process of reopening. But unlike some of its neighbors, the state isn't fully reopening yet. Alabama has met only two of three criteria for reopening set by the White House: A decrease in patients reporting symptoms of COVID-19 and adequate hospital capacity.

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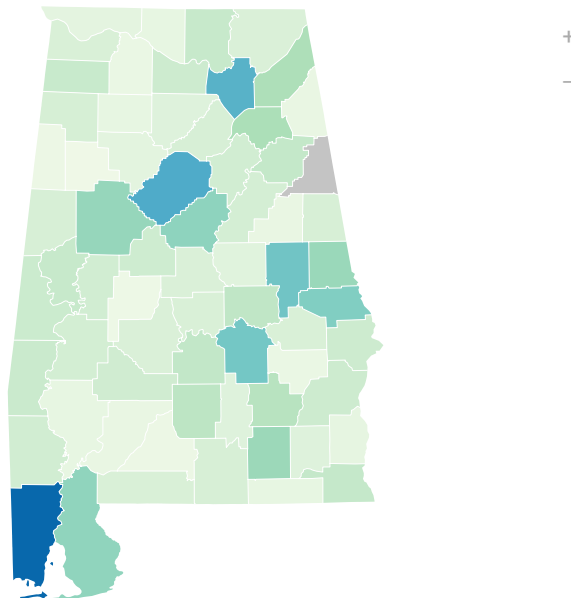
It's fallen short of the third - a 14-day decrease in confirmed cases - and some parts of the state are farther than others from reaching that goal.

Related: [Coronavirus cases still rising in pockets across rural Alabama](#)

Mobile County, which crossed the 1,000 confirmed case mark on Wednesday, has added

the most new cases over the last two weeks, highlighting a disparity in where new cases of the virus are popping up across Alabama. Mobile County added 447 cases between April 15 and Wednesday morning - that's more than the total case count in all but one of Alabama's 67 counties. Jefferson County, the most populous in the state, had 862 cases as of 11 a.m. Wednesday.

New coronavirus cases since April 15



Map: Ramsey Archibald • Source: Alabama Department of Public Health • [Get the data](#)
• Created with [Datawrapper](#)

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Jefferson added the second most new cases over the last two weeks with 234, and Marshall County, in northeast Alabama, added 206 cases. Marshall, Jefferson and Mobile were the only counties to add more than 200 cases over that timespan.

Tallapoosa County, which has been part of an east Alabama hotspot that includes Chambers and Lee counties, added 130 cases, the fourth most in the last two weeks. Montgomery, home of the state capital and the fourth largest county in the state, added 119. It's the last of the five counties to add more than 100 cases.

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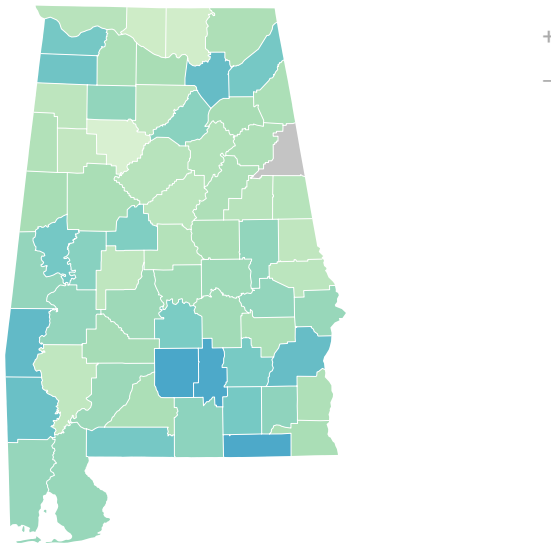
Those five counties account for roughly 45 percent of all new coronavirus cases in Alabama in the last two weeks.

Many parts of Alabama, including some of the state's most populous counties, have begun to slow the rate of new cases. Madison County, home of Huntsville, added just 28 confirmed cases in the last two weeks. Only 12.6 percent of Madison's 222 cases were confirmed in that time span. Limestone County, part of the Huntsville metro, added just 6 cases in the last 14 days.

Chambers County, which at one point was experiencing the state's worst outbreak, added 64 new cases in two weeks. Roughly 22 percent of its 291 cases are new, the seventh lowest mark of any county.

New coronavirus cases as percent of total cases

New cases are within last 14 days



Map: Ramsey Archibald • Source: Alabama Department of Public Health • [Get the data](#)
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In Mobile, nearly 45 percent of total cases are less than two weeks old. That's by far the highest percentage of new cases for any of Alabama's large, urban areas.

In more rural Marshall County, 206 new cases represents more than 65 percent of its total case count. A handful of other small counties had a higher percentage spike in

recent weeks, led by Butler County in southeast Alabama, where 76 percent of all cases came in the last two weeks. That 76 percent represents just 35 cases, though, in a small county. None of the rural counties above Marshall on that list had a large total number of cases.

For a look at the rate of change within all Alabama counties, [click here](#).

Do you have an idea for a data story about Alabama? Email Ramsey Archibald at rarchibald@al.com, and follow him on Twitter [@RamseyArchibald](https://twitter.com/RamseyArchibald). Read more Alabama data stories [here](#).

Advertisement

Patient describes recovering from COVID-19



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EXHIBIT 23

Characteristics of COVID-19 Patients—Mobile County, Alabama, 2020

Updated May 11, 2020

This summary describes data on COVID-19 patients available in the Alabama Department of Public Health surveillance system (ALNBS) at 8:00 am on 05/11/2020. Investigations of patients reported in recent days are ongoing and may be incomplete.

Table 1. Characteristics of Patients with COVID-19 Disease—Mobile County, Alabama, May 11, 2020

	Number	(%)
COVID-19 Disease	1,478	(100.0)
Hospitalized	186	(12.6)
Died from COVID-19	85	(5.8)
Age		
0-4	10	(0.7)
5-24	143	(9.7)
25-49	530	(35.9)
50-64	388	(26.3)
65+	386	(26.1)
Unknown	21	(1.4)
Sex		
Female	888	(60.1)
Male	584	(39.5)
Unknown	6	(0.4)
Race		
African American	653	(44.2)
Asian	6	(0.4)
White	413	(27.9)
Other/Unknown	406	(27.5)
Zip Code		
36582	52	(3.5)
36605	145	(9.8)
36608	115	(7.8)
36609	79	(5.3)
36695	118	(8.0)
Other 365	247	(16.7)
Other 366	652	(44.1)
Unknown	70	(4.7)
Other Characteristics		
Healthcare Workers	221	(15.0)
Employees of a LTCF*	123	(8.3)
Residents of a LTCF*	232	(15.7)
Recovered	278	(18.8)

*Long-term Care Facility

Table 2. Severe Outcomes among Patients with COVID-19 Disease—Mobile County, Alabama
May 11, 2020.

	Number	(%)		Number	(%)
<i>Hospitalized</i>	186	(100.0)	<i>Died</i>	85	(100.0)
Age			Age		
0-4	0	(0.0)	0-4	0	(0.0)
5-24	1	(0.5)	5-24	0	(0.0)
25-49	20	(10.8)	25-49	1	(1.2)
50-64	51	(27.4)	50-64	19	(22.4)
65+	109	(58.6)	65+	64	(75.3)
Unknown	5	(2.7)	Unknown	1	(1.2)
Sex			Sex		
Female	98	(52.7)	Female	39	(45.9)
Male	88	(47.3)	Male	46	(54.1)
Unknown	0	(0.0)	Unknown	0	(0.0)
Race			Race		
African American	110	(59.1)	African American	45	(52.9)
White	63	(33.9)	White	34	(40.0)
Other/Unknown	13	(7.0)	Other/Unknown	6	(7.1)
Other Characteristics			Other Characteristics		
Intensive Care	79	(42.5)	Hospitalized	74	(87.1)
Mechanical Ventilation	45	(24.2)	Underlying Conditions	80	(94.1)
			Former LTCF resident	40	(47.1)
			Former LTCF employee	2	(2.4)



Figure 1. Number of Patients with COVID-19 Disease, by Report Date–Mobile County, Alabama, May 11, 2020

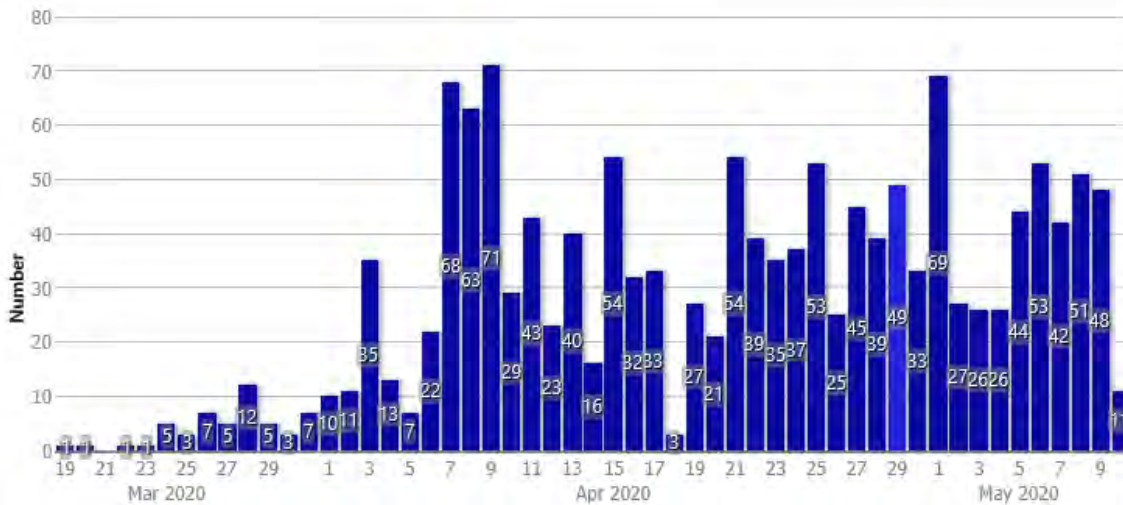
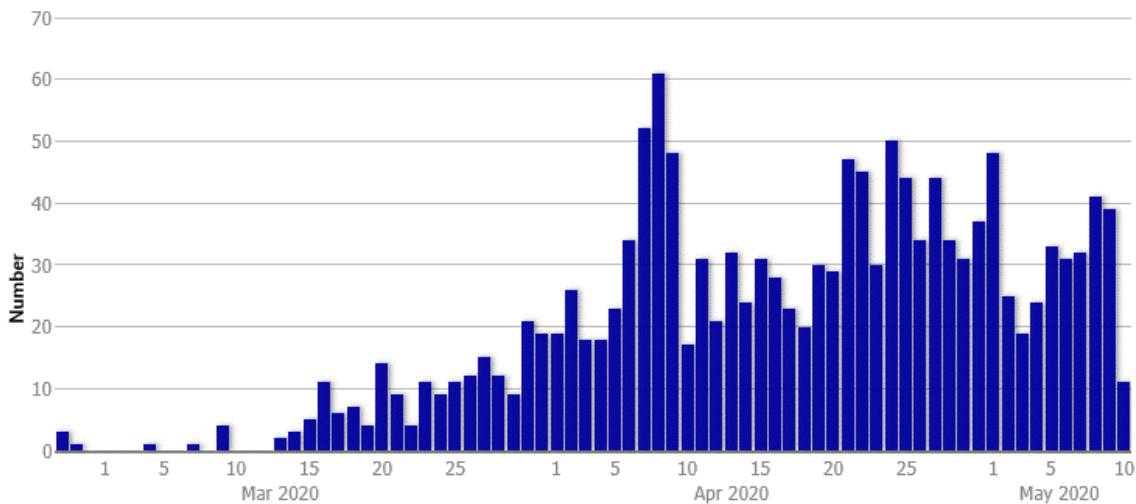


Figure 2. Number of Patients with COVID-19 Disease, by Event Date–Mobile County, Alabama, May 11, 2020.

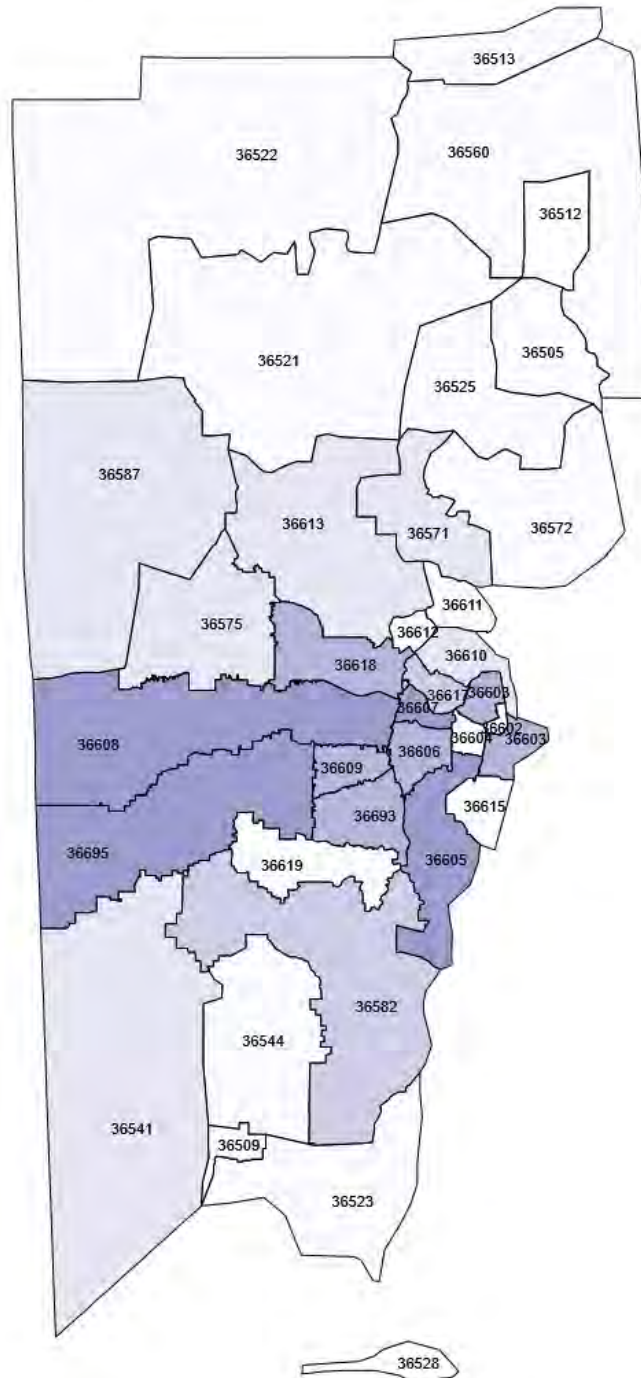
Note: Due to a large number of asymptomatic infections or investigations missing “Illness Onset Date”, we are now charting COVID-19 cases by the date closest to their first COVID event (illness onset, lab specimen collection, reported to public health, etc).



This report was generated by the Mobile County Health Department. All data are preliminary and subject to change as we continue to investigate reports of COVID-19 disease in Mobile County residents.

Figure 3. Residence Zip Code of Patients with COVID-19 Disease—Mobile County, Alabama, May 11, 2020

Zip code was known for 1,452 patients with COVID-19 disease. The relative density of cases by zip code ranges from <25 (light blue) to ≥ 100 (dark blue).



This report was generated by the Mobile County Health Department. All data are preliminary and subject to change as we continue to investigate reports of COVID-19 disease in Mobile County residents.

EXHIBIT 24

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Safeguard Your Overall Health in the COVID-19 Pandemic

Coronavirus disease, (COVID-19), is a major stressor as Alabama experiences a true state of emergency and one whose end is not yet in sight. No one was fully prepared for the current outbreak which has infected more than 1 million people in our country alone. Everyone's routines have been changed and many are facing significant financial and other pressures like never before. This time of social distancing finds people may be more vulnerable to emotional and physical illness.

While fear and anxiety about this deadly virus can be overwhelming, experience shows there are ways to cope. The Centers for Disease Control and Prevention (CDC) suggests the following:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body.
 - Take deep breaths, stretch, or meditate.
 - Eat healthy, well-balanced meals.
 - Exercise regularly, get plenty of sleep.
 - Avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

Taking care of yourself should also involve making proactive steps to safeguard your physical health. Now that Alabama's stay at home orders have been modified, there are many positive actions that you can take for better health. Preventive care for conditions such as hypertension should not be overlooked. Medical appointments can be kept and elective surgeries that had to be postponed can be rescheduled. Healthcare providers are acutely aware of the risks posed by COVID-19 and know to strictly adhere to infection control measures to protect everyone's health and safety. Telehealth remains an option for many specialties while you try to stay at home.

Prenatal care is vital as Alabama continues to face an urgent maternal and infant health crisis along with the pandemic. While it is not known whether pregnant women have a greater chance of becoming sick with COVID-19, at this time it appears pregnant women seem to have risks equal to other adults who are not pregnant. Be sure to contact your health care provider to receive recommendations on getting the care you need while preventing the spread of disease, perhaps through telemedicine.

Alabama pediatricians and public health providers recently cautioned that we must maintain high rates of childhood vaccination by adhering to a schedule of vaccinations at recommended intervals. As an example of the need, measles is highly contagious and can be a serious illness in all age groups, especially in preschoolers and adults. One of four people with measles will be hospitalized; a few will get encephalitis and may die. This is especially tragic since measles is largely preventable (more than 97 percent) with vaccination.

Our department's vision continues to be healthy people, healthy communities, healthy Alabama. Everyone needs to take precautions to prevent COVID-19, but there is no need to panic. We expect recommendations and treatments for this deadly virus will continue to advance. More is being learned each day, so I hope you stay motivated to gain knowledge and continue to consistently follow the practices that will prevent the spread of the disease in your home, community, and state.

Scott Harris, M.D.
State Health Officer

(May 2020)

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Page last updated: May 4, 2020

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EXHIBIT 25

Alabama records 300+ new COVID-19 cases for first time since April 12

APR alreporter.com/2020/05/02/alabama-records-300-new-covid-19-cases-in-a-day-for-first-time-since-april-12/

By Chip Brownlee

May 2,
2020

The Alabama Department of Public Health reported more than 300 new COVID-19 cases Saturday — the first day since April 12 when more than 300 new cases were reported in a single day.

As of Saturday at 6:30 p.m., at least 7,611 people have tested positive for the virus, an increase of 317 since Friday. At least 288 people have died from COVID-19 and more than 1,000 have been hospitalized.

Mapping COVID-19 in Alabama

We're tracking the latest numbers and trends here.

Saturday's increase of 317 is the most since April 12, when 321 new cases were reported. The single largest daily increase was on April 9, when 339 new cases were reported, according to **APR's** analysis of the Department of Public Health's data.



Cut-off times for reporting new positive cases could have contributed to part of Saturday's large increase, but a seven-day average of new cases also shows a rising number of new reported cases over the last three days. Until Friday, the seven-day average of new reported cases fell.

The total number of people tested in Alabama has also risen in the past week, from 71,344 on April 25 to 98,716 on Saturday. Still, only 2 percent of the state's population has been tested.

On average, about 80 people per 100,000 are being tested per day, according to **APR's** analysis of the state's reported totals.

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Over the past week, Alabama has recorded 1,398 new cases of the virus.

Mobile County has recorded the most new cases, reporting 284 new cases over the last week, including 73 on Saturday. The number of new confirmed cases reported Saturday in Mobile County is the second-most since the outbreak began in mid-March. The county's largest daily increase was on April 9, when it recorded 80 new cases.

More than 1,172 cases in total have been reported in Mobile County.

The COVID-19 death toll among Alabama long-term care facility residents has jumped to 183, according to the Alabama Department of Public Health, up from 107 fatalities from the virus just a week ago.

The 183 reported deaths among long-term care facility residents account for nearly 43 percent of the state's 429 COVID-19 deaths, as of Tuesday, May 12.

Long-term care facilities include both nursing homes and assisted-living facilities. It's not clear how many of the deaths are linked to nursing homes and how many are linked to assisted-living facilities.

The number of deaths has not been regularly released by the Alabama Department of Public Health, but it comes as several nursing homes in the state have experienced serious outbreaks — including facilities in Mobile, Alexander City and Hoover.

On Tuesday, the Alabama Department of Veterans Affairs said that at least 23 residents of the Bill Nichols state veterans home in Alexander City have died from the virus. More than 130 residents and employees at the veterans home in Tallapoosa County have tested positive.

In Mobile, at least 20 residents and three employees have died from COVID-19 at Crowne Health Care of Mobile. More than 115 cases of the virus have been confirmed at the nursing home.

Across the state, more than 1,046 long-term care residents have tested positive for the virus, and 667 long-term care facility employees have tested positive.

The Alabama Department of Public Health did not say how many long-term care facility employees have died from the virus.

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More than 100 cases of COVID-19 have been confirmed at an East Alabama veterans home among residents and staff, and nearly two dozen residents have died from the virus since early April, the Alabama Department of Veterans Affairs said Tuesday.

At least 91 residents have tested positive for the virus at the Bill Nichols State Veterans Home in Alexander City, Alabama, in Tallapoosa County, a department spokesperson said in an email.

At least 41 residents remain ill with the virus, and 23 have died.

Forty-one employees at the state-run veterans home have tested positive. Twelve of those have recovered and are back on staff, the department said.

Three employees have also tested positive at the William F. Green State Veterans Home in Bay Minette.

The department, in the statement, said there are currently no reports of residents testing positive at other state veterans homes in Bay Minette, Huntsville and Pell City.

In an email to **APR**, Horton said the Nichols veterans home saw its cases increase when the home was able to test all residents beginning on April 18, "which allowed the home to identify those residents who were asymptomatic."

State Veterans Affairs Commissioner Kent Davis is now "advocating for universal testing of residents at all state veterans homes," Horton said.

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Senior living facilities, nursing homes and long-term care facilities have been hit especially hard by COVID-19, which is far more deadly for those who are older and those who have underlying medical conditions. Early on, testing supply shortages made it difficult to test residents at long-term care facilities.

Horton said state veterans homes began screening all employees before they entered facilities on March 10. By March 12, veterans homes began restricting visitations to staff, necessary medical personnel and immediate families of residents who faced end-of-life situations.

The first employee tested positive for COVID-19 at Bill Nichols on March 30, and the employee was not allowed to enter the home. At the time, CDC guidelines called for residents of long-term care facilities to be tested only if they exhibited symptoms. By April 3, the first resident showed symptoms, and by April 8, the first resident had tested positive for the virus.

"At the request of ADVA Commissioner Kent Davis, two independent reviews by the U.S. Department of Veterans Affairs, April 20, and the Alabama Department of Public Health, April 21, show that the home has followed all VA, CDC, and state health guidelines for the use personal protective equipment and other preventive measures," the state VA said in a statement to **APR**.

Across the state, more than 1,046 long-term care residents have tested positive for the virus, and 667 long-term care facility employees have tested positive.

As of May 4, at least 107 long-term care facility residents had died, which accounted for about 36 percent of the state's deaths at the time. By Tuesday, the number of deaths among Alabama long-term care facility residents increased to 183, according to the Alabama Department of Public Health.

The state's nursing home association has called for more testing of residents and staff for months, including testing for those who are asymptomatic.

"It's getting better, but we're still not where we want to be," a spokesperson for the association said last week. "I'm not casting any blame on the Alabama Department of Public Health. They've worked with us hand-in-hand. But when there's just not enough tests available, there are not enough tests available."

Across the country, nursing homes and long-term care facilities, including veterans homes, have been devastated by the virus. In New Jersey, half of the state's COVID-19 fatalities have been linked to nursing homes. At a state veterans' home in New Jersey, at least 74 deaths have been linked to the virus.

"Residents who test positive for the virus are moved to isolation areas inside the homes for further care and treatment," the department's statement said. "Employees who exhibit symptoms of the virus are prohibited entry into the facilities. The ADVA and HMR are working closely with the Alabama Department of Public Health, CDC, and the U.S. Department of Veterans Affairs, on all reported positive cases."

At least six inmates and four employees at a federal prison in West Alabama have tested positive for COVID-19.

According to the Federal Bureau of Prisons, at least 12 cases have been identified in federal correctional facilities in Alabama, ten of them at Federal Correctional Institution Aliceville, a low-security women's prison in southern Pickens County.

FCI Aliceville houses 1,395 total inmates. At least three other inmates have recovered after testing positive and three staff have recovered at FCI Aliceville, according to the bureau.

At least 1 inmate at Keeton Corrections Inc. in Birmingham has also tested positive. One staff member at FPC Montgomery has tested positive.

Five staff members who previously tested positive for the virus at Talladega Federal Correctional Institution have since recovered.

<u>Facility</u>	<u>Inmates Positive</u>	<u>Staff Positive</u>	<u>Inmate Deaths</u>	<u>Staff Deaths</u>	<u>Inmates Recovered</u>	<u>Staff Recovered</u>	<u>City</u>
Aliceville FCI	6	4	0	0	3	3	Aliceville
Keeton Corrections, Inc. (Birmingham) (RRC)	1	0	0	0	0	0	Birmingham
Montgomery FPC	0	1	0	0	0	0	Montgomery
Talladega FCI	0	0	0	0	0	5	Talladega

There are 3379 federal inmates and 250 federal prison staff who have confirmed positive test results for COVID-19 nationwide. As of Monday, 656 inmates and 279 staff have recovered. At least 49 federal inmates have died.

The bureau said that it has begun additional testing of asymptomatic inmates to assist in slowing transmissions within a correctional setting. It is unclear if asymptomatic inmates at federal prisons in Alabama are being tested and how many federal inmates have been tested in Alabama.

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In Alabama's state prison system, at least 9 inmates have tested positive, and three have recovered. At least one inmate has died from COVID-19, according to the Alabama Department of Corrections. Only 116 out of approximately 22,000 inmates in Alabama state prisons have been tested.

Sen. Doug Jones, D-Alabama, is advocating for a plan to give small businesses another round of help in paying employees by using the services of payroll processors. The plan to help aid small businesses was featured in The New York Times Monday.

Several lawmakers have become frustrated with banks delivering aid to businesses during the coronavirus economic crisis and have begun exploring ways to sidestep the banks to deliver aid.

One of these proposals is using Internal Revenue Service records and payroll processing companies, as well as the Federal Reserve, to help distribute money more swiftly.

Jones is advocating for using the processors, which already distribute wages for close to 40 percent of U.S. businesses. And companies that don't use payroll processors could get payouts directly from the I.R.S.

"Another option makes it easier and takes a little pressure off the banks," Jones told The New York Times. "They've been overwhelmed."

Jones had urged fellow lawmakers to consider using payroll companies rather than banks when the first installment of the Payroll Protection Program was taking shape.

The CARES Act included stimulus checks, a \$660 billion package for small businesses and enhanced unemployment benefits. The PPP quickly ran out of money and had to be replenished last month.

Some banks withheld stimulus cash from people with overdrawn accounts and some banks' debit cards, used to distribute unemployment benefits, didn't work properly.

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This has frustrated some lawmakers.

Jones has joined his colleagues Sens. Mark Warner of Virginia, Bernie Sanders of Vermont and Richard Blumenthal of Connecticut in proposing a "Paycheck Security" grant program to cover the wages and benefits of employees of affected businesses and non-profits until the economic and public health crisis is resolved.

Jones has said securing wages and benefits for workers is imperative to ensure public health, too, by giving people the security they need to stay home and avoid spreading the virus.

Several publicly traded companies — notably Ruth's Chris Steak House and the Los Angeles Lakers — were able to get PPP loans due to their close working relationships with banks while small businesses were still in the application process when the PPP ran out of money the first time.

Both the Lakers and Ruth's Chris Steak House have since returned the money.

"We're hoping that it's really going to get better now that Ruth's Chris isn't supposed to be front and center," said Sen. Ron Wyden, D-Oregon. "But it's still going through a set of banking channels."

There is some skepticism of taking the PPP from banks.

"We need to look at the programs that are out there, and tweak them to get them to work better," said Sen. Rob Portman, R-Ohio. "I would hate to take it away from banks and try something else that we haven't tried yet."

Jones is seeking re-election later this year. Former Sen. Jeff Session and former Auburn head football coach Tommy Tuberville are both running for the GOP nomination in the Republican primary runoff in July.

EXHIBIT 26



Tracking COVID-19 cases in Alabama

The virus has now spread to every one of Alabama's 67 counties. Both the state's largest cities and its rural areas are being hit by COVID-19.

Page build, data gathering and analysis by [CHIP BROWNLEE](#)

Data visualization templates provided by [FLOURISH](#)

Jump to:

Cumulative charts

7-day trends

County data

Hospitalizations

Demographics

National data

Updated Monday, May 11, at 6:20 p.m.

10,164

POSITIVE CASES

+275 TODAY

593

CURRENTLY HOSPITALIZED

-13 ON FRIDAY

403

DEATHS

+10 TODAY

129,444

TOTAL TESTS

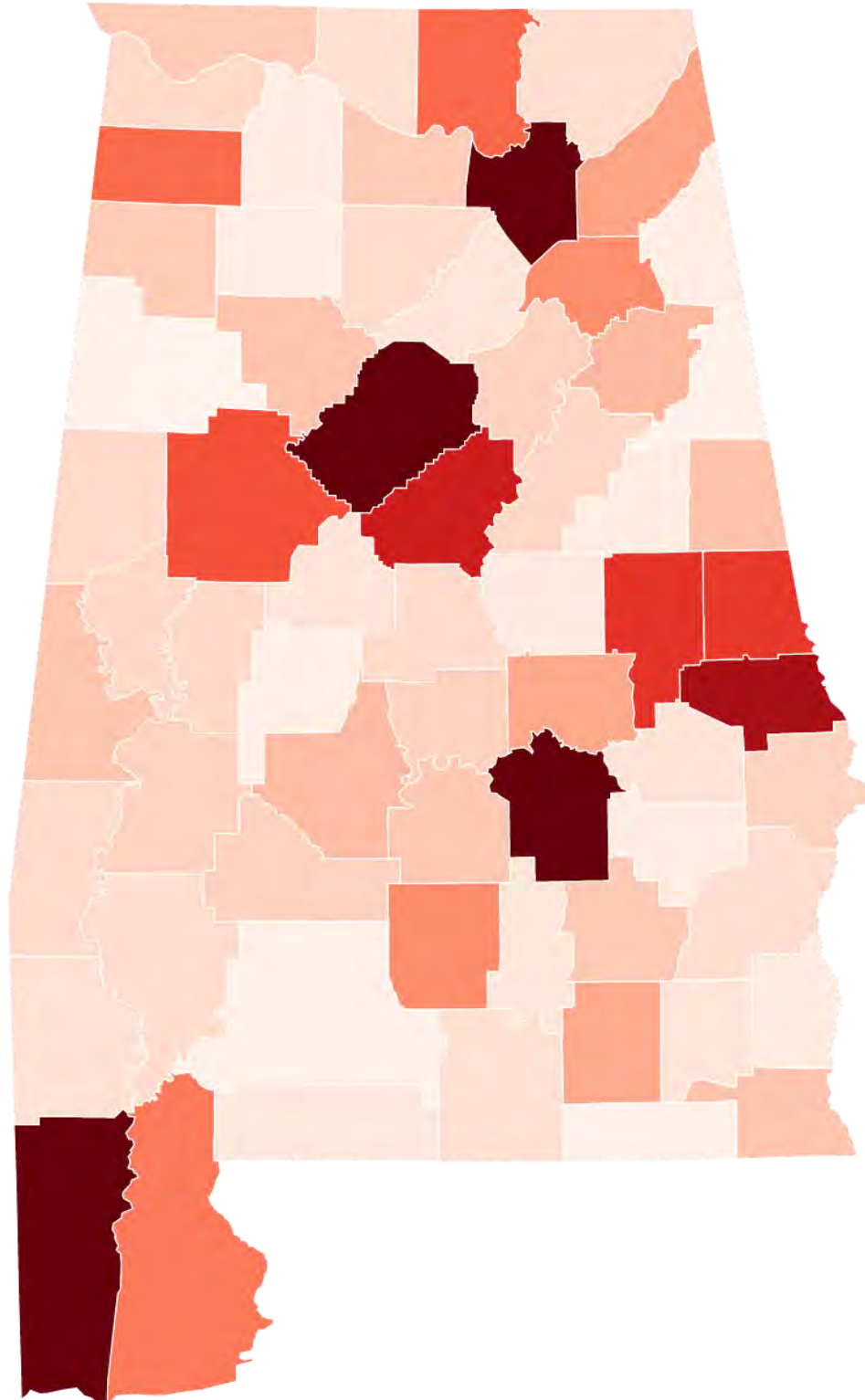
+938 TODAY

Totals above are cumulative except for hospitalizations. "Today" indicates data reported today from 12 a.m. to 11:59 p.m. Hospitalizations will not be updated on weekends.

Click next to see cases per 100,000 people and more data.

Confirmed cases in Alabama by county

Lab-confirmed COVID-19 cases in Alabama by county.

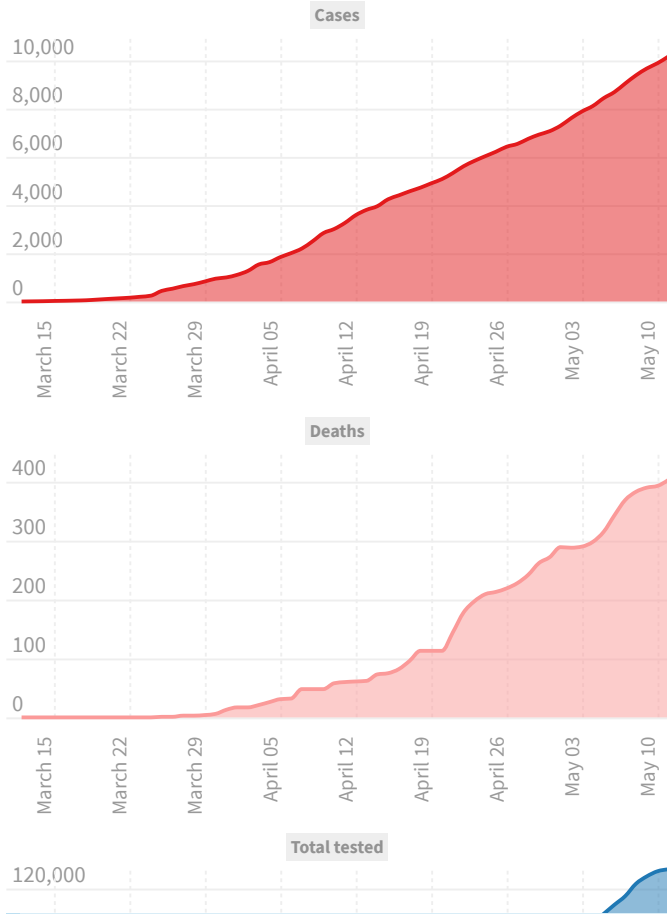


Data: Alabama Department of Public Health

Cumulative confirmed cases, deaths and total tested

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

Note: Y axes are of different scales to show trends.



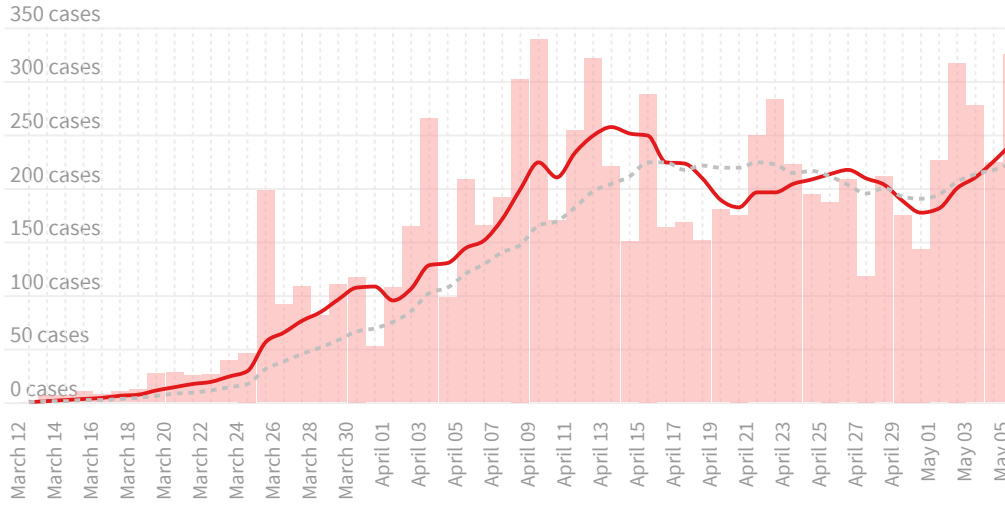
Data: Alabama Department of Public Health

Click next to see **deaths** and more data.

Cases per day and 7-day, 14-day averages

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

7-day average 14-day average Cases per day



Data: Alabama Department of Public Health

Alabama county by county data

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

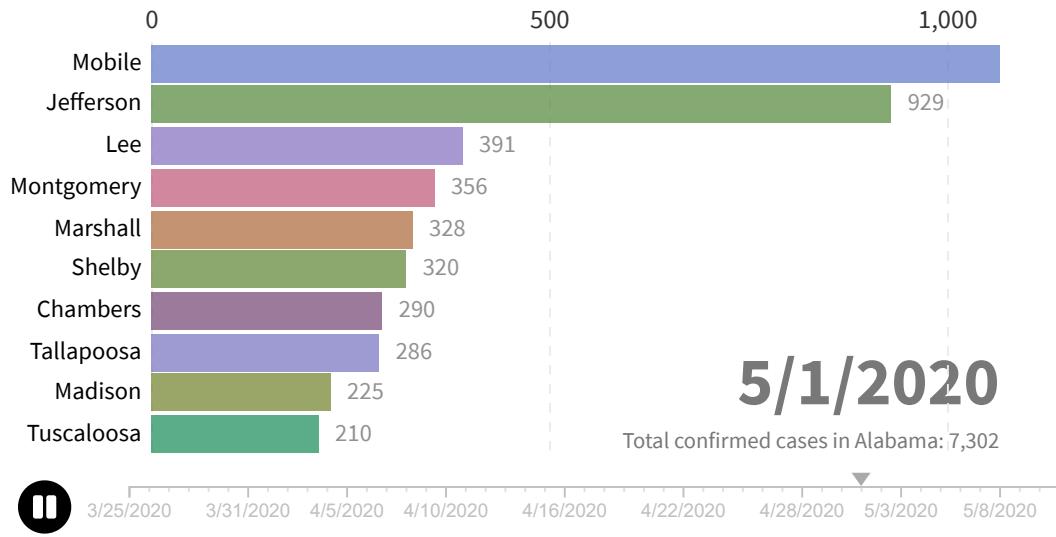
County	Today	Past week	Total cases	Cases per 100,000	Deaths	... per 100,000	Tested	... per 100,000	% popu tesi
Autauga	10	31	84	150	4	7.2	1264	2262	2.
Baldwin	2	36	224	100	6	2.7	4718	2113	2.
Barbour	2	16	61	247	1	4.1	454	1839	1.
Bibb	0	4	46	205	1	4.5	930	4153	4.
Blount	1	5	45	78	0	0	967	1672	1.
Bullock	3	10	26	257	1	9.9	156	1544	1.
Butler	7	82	196	1008	6	30.9	705	3625	3.
Calhoun	1	20	125	110	3	2.6	2300	2025	2.
Chambers	3	17	319	959	21	63.2	1284	3861	3.
Cherokee	2	8	24	92	0	0	417	1592	1.
Chilton	2	9	67	151	1	2.3	855	1924	1.
Choctaw	1	16	67	532	0	0	241	1914	1.
Clarke	7	20	63	267	1	4.2	607	2570	2.
Clay	1	5	27	204	1	7.6	348	2629	2.
Cleburne	0	1	13	87	1	6.7	141	946	0.
Coffee	4	16	150	287	0	0	1098	2098	2.
Colbert	4	29	70	127	2	3.6	1427	2583	2.
Conecuh	1	5	14	116	0	0	192	1591	1.
Coosa	2	3	33	309	1	9.4	207	1941	1.
Covington	2	10	55	148	1	2.7	702	1895	1.

Data: Alabama Department of Public Health

Top 10 counties by number of confirmed cases

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

Click play to start the visualization.



Data: Alabama Department of Public Health

Click next to see new cases per day by county

Cumulative cases by county

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

Note: Y axes will change as you sort the chart.

Type the name of your county here to see a chart.

Data: Alabama Department of Public Health



Click next to see **cumulative hospitalizations** and ICU occupancy

1 of 2

Confirmed COVID-19 patients in hospitals by day

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

Note: This chart shows the number of confirmed COVID-19 inpatients in hospitals. Data for weekends is not included. Fewer hospitals report on weekends.

7-day average Hospitalized by day

Data: Alabama Department of Public Health

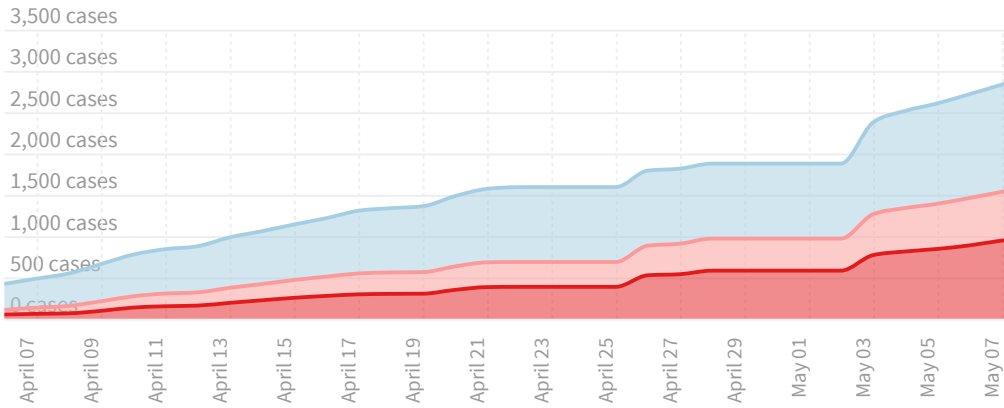
Cumulative hospitalizations, ICU bed occupancy and ventilator usage lag behind current hospitalizations because these numbers are gathered by epidemiology

staff at the Alabama Department of Public Health. Current hospitalizations are reported voluntarily by hospitals and may not include all cases. Not all hospitals report on weekends.

Cases among health workers, long-term care facilities

Updated Monday, May 11, at 6:20 p.m. • Data for today is partial

Long-term care residents Long-term care employees Health care workers



Type text here to filter to one data set.

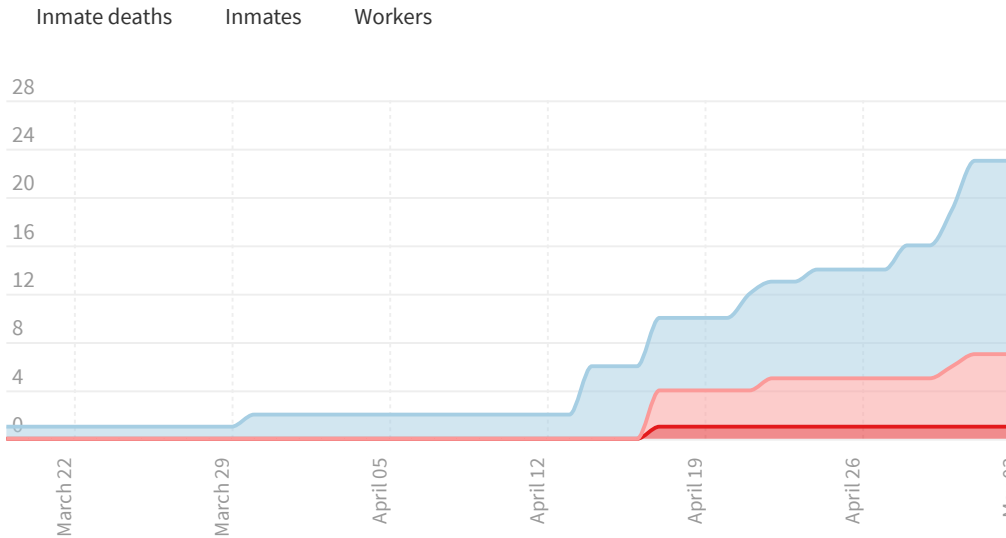
Data: Alabama Department of Public Health

Long-term care facilities include both nursing homes and assisted living facilities. Health care workers includes those who work in doctor's offices and hospitals.

Positive cases and deaths in Alabama prisons

Last updated Friday, May 8, at 10:20 p.m.

Affected Facilities: St. Clair Correctional Facility • Staton Correctional Facility • Bullock Correctional Facility • Elba Community Based Facility and Community Work Center • Limestone Correctional Facility • Elmore Correctional Facility • Mobile Community Based Facility/Community Work Center • Ventress Correctional Facility • Kilby Correctional Facility • Bibb Correctional Institution • Elmore Correctional Facility • Easterling Correctional Facility • Alex City Community Based Facility/Community Work Center • Hamilton Aged & Infirm • Holeman Correctional Facility



Type text here to filter to one data set.

Data: Alabama Department of Corrections

Click next to see **age demographics** of deaths.

1/4 < >

Racial demographics of verified deaths

Updated Sunday, May 10, at 6:15 p.m.

Note: We update this data once daily.

Percent of deaths Percent of Alabama Population



Type text here to show only one data set.

Data: Alabama Department of Public Health • U.S. Census Bureau

 We are providing our underlying data to researchers and policy makers. Email us here.

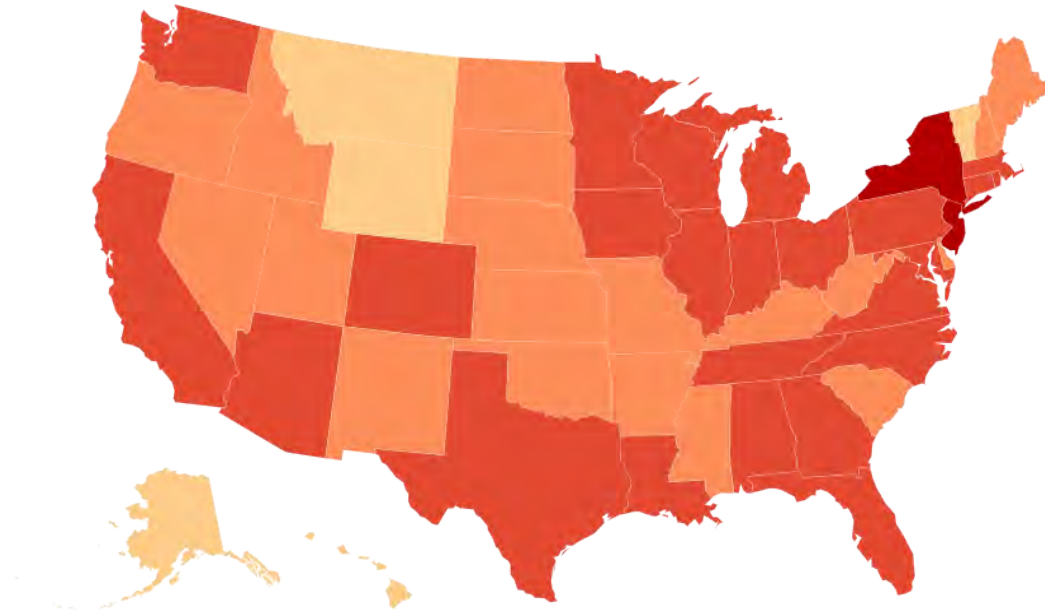


United States coronavirus data and maps

United States

Updated Monday, May 11, at 3:40 p.m.

Number of cumulative confirmed coronavirus cases per state

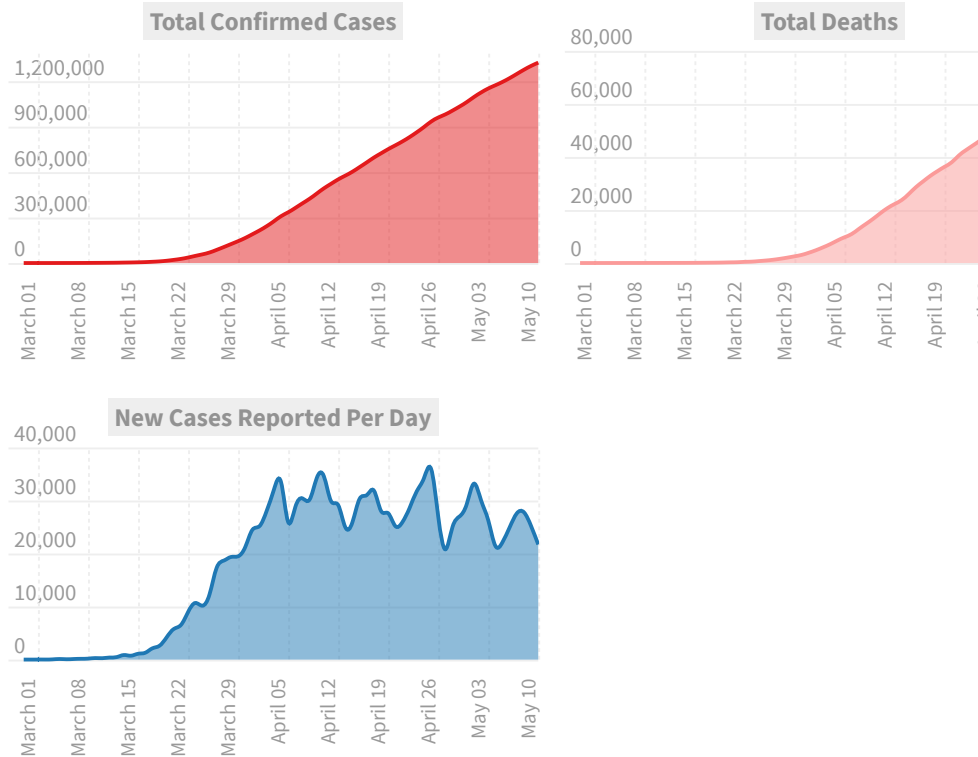


Data: COVID Tracking Project

Growth of COVID-19 in the United States

Updated Monday, May 11, at 3:40 p.m.

Note: Y axes are of different scales to show trends.



Type text here to filter to one data set.

Data: COVID Tracking Project



Global coronavirus data and maps

Global coronavirus data and maps provided by the team at Flourish.



Click next to see cases

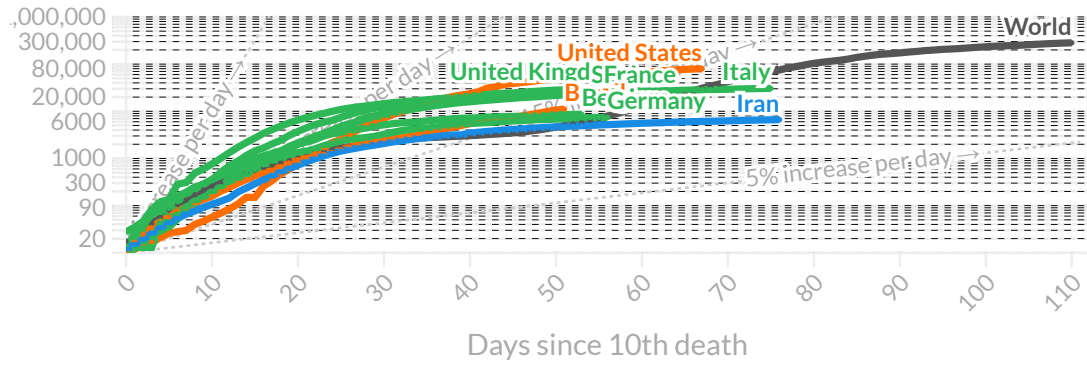
1 of 2

COVID-19: deaths since 10th death

Data updated 11 May 2020

Show the top for based on on a

Click to filter



Source: ECDC/WHO, Our World in Data, EIU, ICM, EIU, ICM

A Flourish chart

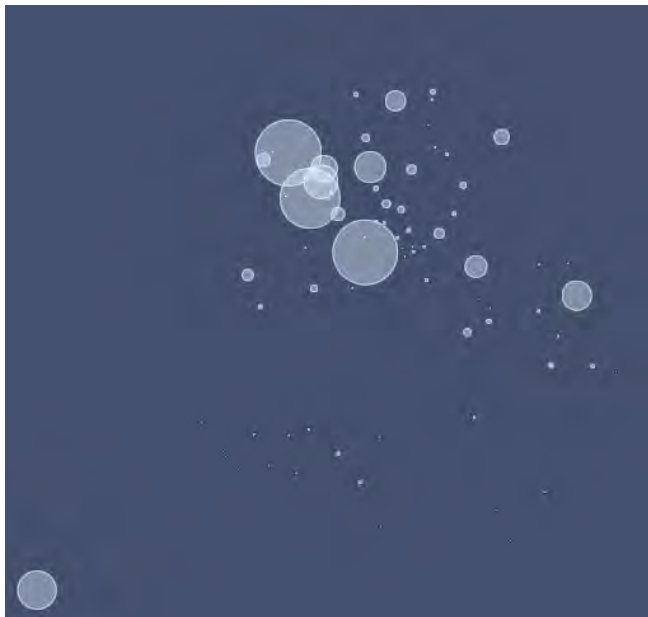


Click next for more views

1 of 3

COVID-19: deaths by country





Data updated 11 May 2020



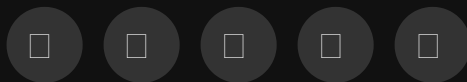
Data: [ECDC/OVID](#) • Graphic: [Flourish](#), [embed this](#)

 A Flourish map

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- GUEST COLUMNISTS
- PODCAST
- NEWSLETTER

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EXHIBIT 27

COVID-19 in Alabama

Alabama Department of Public Health Division of Infectious Diseases & Outbreaks



[ADPH COVID-19 Home](#)

[ADPH COVID-19 Dashboard](#)

Total Cases: 10009 and Total Deaths: 401

As of 5/11/2020, 6:13:22 PM

Confirmed Cases		Test Sites	
County of Residence	Cases	Total Tested	Deaths
Autauga	80	1264	4
Baldwin	221	4718	5
Barbour	61	454	1
Bibb	46	930	1
Blount	44	967	0
Bullock	24	156	1
Butler	193	705	6
Calhoun	125	2300	3
Chambers	316	1284	21
Cherokee	23	417	0
Chilton	67	855	1
Choctaw	67	241	0
Clarke	58	607	1
Clay	27	348	1
Cleburne	13	141	1
Coffee	147	1098	0
Colbert	66	1427	2
Conecuh	13	192	0
Coosa	33	207	1
Covington	54	702	1
Crenshaw	41	384	0
Cullman	65	1761	0
Dale	44	651	0
Dallas	114	1050	3
DeKalb	150	1509	2
Elmore	152	1700	4
Escambia	37	756	3
Etowah	186	2721	10
Fayette	7	384	0
Franklin	237	1081	2
Geneva	14	335	0
Greene	72	331	3
Hale	70	544	2
Henry	28	274	1
Houston	105	1594	4
Jackson	60	1754	2

Jefferson	1126	23493	61
Lamar	13	332	0
Lauderdale	95	2386	2
Lawrence	25	440	0
Lee	428	3993	30
Limestone	57	1506	0
Lowndes	100	296	6
Macon	48	391	2
Madison	249	10246	4
Marengo	81	706	4
Marion	96	1029	7
Marshall	567	3742	8
Mobile	1466	12225	90
Monroe	15	322	1
Montgomery	624	4208	15
Morgan	94	2285	0
Perry	19	361	0
Pickens	68	590	2
Pike	95	894	0
Randolph	105	633	7
Russell	80	707	0
Shelby	369	5551	17
St. Clair	83	1849	1
Sumter	102	499	4
Talladega	73	1811	2
Tallapoosa	325	1777	42
Tuscaloosa	282	5756	4
Unknown or Out of State	N/A	3005	N/A
Walker	106	1395	0
Washington	54	320	2
Wilcox	83	295	4
Winston	21	559	0

Cases: 10009	Tested: 129444	Deaths: 401
-------------------------------	---------------------------------	------------------------------

EXHIBIT 28



Alabama Votes

- [FAQ](#)
- [Voters](#)
- [Candidates](#)
- [PACs](#)
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- [Contact Us](#)

Upcoming Elections

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State Elections

Date	Election
July 14, 2020	Primary Runoff Election
November 3, 2020	Statewide General Election

Local Elections/Referendums

Date	Election
August 25, 2020	Various Municipal Elections
August 3, 2021	City of Dothan - Municipal Election

Alabama Election Cycle Calendar

See below for information regarding upcoming election cycles in Alabama. In addition to the election cycle calendar, you will also find a list of Alabama State School Board districts, a list of Circuit Court Judge districts, and a list of Alabama counties with elected School Board Superintendents.

[2020 Election Information](#)

[Alabama Election Cycle Calendar](#)

[State School Board and Circuit Court Judge Districts](#)
[Counties with Elected School Board Superintendents](#)

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EXHIBIT 29

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Alabama

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Election Day epidemic? Alabama has no plan

Posted Mar 10, 2020



Alabama Secretary of State John Merrill: "We don't need for people to be concerned about something that may not ever happen." (Mickey Welsh/Montgomery Advertiser via AP) AP

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This is an opinion column.

If this were the Three Little Pigs, Ohio is building its polling places out of bricks.

Ohio Secretary of State Frank LaRose is taking coronavirus seriously and has planned ahead of an outbreak rather than waiting for one to strike.

Ohio is getting ready.

Alabama insists this Big Bad Coronawolf is so overblown.

In Ohio, LaRose's office is taking steps to protect the public and poll workers. They're making sure citizens can safely exercise their right to vote while not compromising their personal safety.

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Here are a few of the things Ohio is doing right.

- They are moving polling places out of senior citizen centers and other places where those at a higher risk of the disease could be exposed.
- They are encouraging citizens to vote early or vote by mail — both options Alabama doesn't have.
- They are implementing curbside drop-off for absentee ballots.
- They are taking steps to keep voting machines clean and to protect the health of poll workers — who if you haven't noticed at your polling place, typically aren't spring chickens.

None of these measures is crazy.

None of these measures is panic-inducing.

None of these measures is especially expensive.

In an earlier time, you might have even called these steps conservative. And before I forget — LaRose is a Republican. This isn't partisan. Not there, at least.

While a few of Ohio's steps will require public employees to work a little harder, it's a cheap insurance policy that protects voters' most precious right.

But here? Such things are crazy talk.

Alabama has a runoff election in three weeks. But when I asked Alabama Secretary of State John Merrill about our plan in case coronavirus spreads, he tried to shut the conversation down. Not only would he not answer the question, but he seemed to get mad that I'd even asked.

"I'm going to tell you why we're not going to talk about that," Merrill said. "Because we don't need for people to be concerned about something that may not ever happen. The story that you're thinking about writing is not even important."

I hope for all our sakes that he's right. But if he's not, then what happens?

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"We follow the lead of the governor," Merrill said. "We follow the lead of (State Health Officer) Dr. Scott Harris. We follow the lead of the Alabama Department of Health. When they tell us that we have a concern. That's when we'll introduce that to everybody."

I asked him what the *that* was they'd introduce. Is there a secret plan?

"We'll respond," he said.

How?

"We'll respond accordingly based on what information we have," he said.

Merrill wouldn't tell me any more than that.

“We don’t have any (coronavirus cases) yet,” he said. “So we don’t need to have our people have an increased level of anxiety.”

Three weeks ago, Italy had three reported coronavirus cases. Today that country is under lockdown, its hospitals are overrun, and it’s quarantined from the rest of the world. If there’s anything we’ve learned about this virus, it’s that it moves fast and it’s better to be prepared today than sorry later.

For now, Alabama is doing nothing.

Merrill insisted several times there’s nothing to stop anyone from voting absentee.

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“If you want to vote absentee, you can go vote absentee right now,” he said.

Only, in Alabama, we don’t have no-excuse absentee voting, so that’s not true for everybody, or even most people. None of the legally acceptable excuses would cover someone who has to self-quarantine or someone who doesn’t want to expose themselves in a crowded setting on Election Day.

We’re not prepared.

We could change that, though. The Alabama Legislature is in session right now. The governor and lawmakers could start fixing these problems today.

Or Merrill could share the plan, if there is a plan. Or just borrow someone else’s.

But he won’t. Because Merrill isn’t LaRose. And this ain’t Ohio.

It’s Alabama, where we don’t build our houses out of bricks. Or sticks. Or straw.

Heck, we don’t even have a house.

You can follow his work on his Facebook page, [The War on Dumb](#). And on [Twitter](#). And on [Instagram](#).

Advertisement

Kyle Whitmire ✓
@WarOnDumb

The War on Dumb is a thing on Facebook now, too. Expect better, demand better, come help Alabama do better.
facebook.com/TheWarOnDumb/

WAR ON DUMB
ALABAMA POLITICS  HIGHER EXPECTATIONS

116 10:57 AM - Dec 18, 2019

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More columns by Kyle Whitmire

Drones help police pollution in Alabama. Lawmakers want to make that a crime.

Monuments bill sails through committee. Open Records Act left to die.

How do you speed up executions in Alabama? Lawmakers want to cut out state Supreme Court.

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EXHIBIT 30



STATE OF ALABAMA
PROCLAMATION
BY THE GOVERNOR

WHEREAS, on March 13, 2020, I declared the existence of a state public health emergency based on the appearance of the 2019 novel coronavirus known as COVID-19 in the State of Alabama;

WHEREAS that initial proclamation included provisions designed to assist in preventing the spread of COVID-19 and in mitigating the consequences of COVID-19;

WHEREAS, on March 16, 2020, President Donald J. Trump and the Centers for Disease Control and Prevention ("CDC") issued the "15 Days to Slow the Spread" guidance advising individuals to adopt far-reaching social-distancing measures, such as working from home and avoiding gatherings of more than 10 people; and

WHEREAS new implications of COVID-19 come to light on a continual basis, requiring flexibility and adaptability by all levels of government within the State of Alabama;

NOW, THEREFORE, I, Kay Ivey, Governor of the State of Alabama, pursuant to relevant provisions of the Alabama Emergency Management Act of 1955, as amended, Ala. Code §§ 31-9-1 *et seq.*, do hereby proclaim the existence of conditions that warrant implementation of additional extraordinary measures and relief during the state health emergency now in effect in order to guard public health and protect human life. I therefore proclaim and direct all of the following:

I. Rescheduling of the March 31, 2020, Primary Runoff Election

I find that conducting the primary runoff election currently scheduled for March 31, 2020, poses a serious public-health threat because there is not enough time before then to implement best practices for safely conducting an election under conditions related to COVID-19. To that end:

- A. The primary runoff election scheduled for March 31, 2020, is hereby rescheduled to July 14, 2020.
- B. Nothing in this section shall be construed to alter, amend, or modify any other provision of state law regarding the conduct of this primary runoff election. The Secretary of State and appropriate election officials shall take all reasonable efforts to publicize voter registration and absentee-voting opportunities.
- C. The Secretary of State shall amend his Administrative Calendar to reflect the rescheduled primary runoff date and provide a copy to all appropriate election officials via certified mail and email. The Secretary of State shall also provide an amended copy of the Alabama Fair Campaign Practices Act filing calendar to all

candidates and committees participating in the rescheduled primary runoff election.

II. School Closures

This supplemental proclamation shall ratify my previous order, issued orally on March 13, 2020, requiring the closure of all K-12 public schools at the end of the day Wednesday, March 18, 2020, with reopening scheduled for the start of school on Monday, April 6, 2020, should circumstances permit. Nothing in this section shall supersede any decision or order issued prior to the date of this supplemental proclamation that require school closures to a greater extent than required by this section. The State Superintendent of Education and State Health Officer shall consult with one another on a continuing basis and provide recommendations to me, as warranted, regarding the opening or closure of schools in response to COVID-19.

III. Open Meetings Act

I find that the government response to COVID-19 requires a careful balance between concerns for public health and safety (including the effectiveness of COVID-19 mitigation strategies), for the continued operations of governmental body, and for the right of the public to the open conduct of government. To that end:

- A. Notwithstanding any provision of the Open Meetings Act, members of a governmental body may participate in a meeting—and establish a quorum, deliberate, and take action—by means of telephone conference, video conference, or other similar communications equipment if:
 1. Any deliberation conducted, or action taken, during the meeting is limited to matters within the governmental body's statutory authority that is (a) necessary to respond to COVID-19 or (b) necessary to perform essential minimum functions of the governmental body; and
 2. The communications equipment allows all persons participating in the meeting to hear one another at the same time.
- B. Governmental bodies conducting a meeting pursuant to this section are encouraged, to the maximum extent possible, to use communications equipment that allows members of the public to listen to, observe, or participate in the meeting.
- C. No less than twelve hours following the conclusion of a meeting conducted pursuant to this section, a governmental body shall post a summary of the meeting in a prominent location on its website—or, if it has no website, in any other location or using any other method designed to provide reasonable notice to the public. The summary shall recount the deliberations conducted and the actions taken with reasonable specificity to allow the public to understand what happened.
- D. Nothing in this section shall be construed to alter, amend, or modify any other provision of the Open Meetings Act, including the notice requirements found in section 36-25A-3 and the enforcement, penalty, and remedy provisions found in section 36-25A-9. Any action or actions taken in violation of paragraph A will be deemed invalid.
- E. To the maximum extent possible, the terms used in this section shall have the same meaning as the terms defined in section 36-25A-2 of the Open Meetings Act.

IV. Procurement of emergency-related supplies

I find that state agencies and local awarding authorities may be required to procure goods or services to properly and adequately respond to the public health threat posed by COVID-19. Therefore, my emergency proclamation dated March 13, 2020, shall satisfy the notice and writing requirements of the emergency provisions found in sections 41-16-23 and 41-16-53 of the competitive bid law. I hereby authorize state agencies and local awarding authorities to enter into contracts for goods and services without public advertisement to the extent necessary to respond to COVID-19. State agencies and local awarding authorities shall maintain accurate and fully itemized records of all expenditures made pursuant to this section.

V. Reimbursement for certain state employees

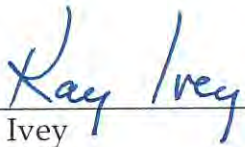
I proclaim that it is fair, reasonable, and appropriate that those State of Alabama employees who are required to perform response services away from their home base of operations be reimbursed for the actual expenses they incur while performing these services on behalf of the State of Alabama. Therefore, I authorize the reimbursement of actual and necessary expenses, as prescribed by the Fiscal Policies and Procedures Manual, for state employees who have been, are being, or may be called away from their home base in response to this state of emergency. All such claims for expense reimbursement must be reasonable and must be certified as such by the employee's agency head or appointing authority.

FURTHER, to the extent a provision of this supplemental proclamation conflicts with any provision of state law, such law is hereby suspended for the duration of this state of emergency, and this proclamation shall control.

FURTHER, I declare that this proclamation and all subsequent orders, laws, rules, or regulations issued pursuant hereto shall remain in full force and effect for the duration of the public health emergency unless rescinded or extended by proclamation.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal to be affixed by the Secretary of State at the State Capitol in the City of Montgomery on this 18th day of March, 2020.



Kay Ivey
Governor

ATTEST:



John H. Merrill
Secretary of State

EXHIBIT 31

APA-4
Revised 1/2018

CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE SERVICES AGENCY
OTHNI LATHRAM, DIRECTOR

Pursuant to Code of Alabama 1975, §§41-22-5(b) and 41-22-6(c) (2)a. and b.

I certify that the attached emergency (amendment, new rule, new chapter, repeal or adoption by reference) is a correct copy as promulgated and adopted on the 18th day of March, 2020.

AGENCY NAME: Alabama Secretary of State

RULE NO. AND TITLE: 820-2-3-.06-.01ER Absentee Voting During State of Emergency

EFFECTIVE DATE OF RULE: March 18, 2020

EXPIRATION DATE (If less than 120 days): _____

NATURE OF EMERGENCY:

The Governor of Alabama declared a State of Emergency effective March 13, 2020 and postponed the primary runoff election until July 14, 2020. This rule allows for voters to cast an absentee ballot due to the State of Emergency.

STATUTORY AUTHORITY: Section 17-11-3(e) Code of Alabama

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS _____ YES NO

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

Hugh Evans
State Capitol Suite E-201
600 Dexter Avenue, Montgomery, AL 36130
(334) 353-7857

REC'D & FILED

MAR 18 2020

LEGISLATIVE SVC AGENCY

J. H. Merrill
Secretary of State

MARCH 18, 2020

820-2-3-.06-.01ER **Absentee Voting During State of Emergency.**

(1) Pursuant to 17-11-3(e) of the *Code of Alabama*, and without limitation, due to the State of Emergency issued by the Governor of Alabama on March 13, 2020, as amended on March 18, 2020, as well as the National Emergency declared by the President of the United States on March 13, 2020 related to the 2019 Novel Coronavirus known as COVID-19, any qualified voter who determines it is impossible or unreasonable to vote at their voting place for the Primary Runoff Election of 2020 due to the declared states of emergency, shall be eligible to check the box on the absentee ballot application which reads as follows:

“I have a physical illness or infirmity which prevents my attendance at the polls. [ID REQUIRED]”

(2) Any qualified voter of this state who applies and successfully submits an application, with proper identification, for an absentee ballot pursuant to this Emergency Administrative Rule shall be eligible to vote an absentee ballot for the Primary Runoff Election of 2020.

(3) All Absentee Election Managers and any other election officials of this state are hereby directed and instructed to follow this Emergency Administrative Rule and accept all absentee ballot applications filed hereunder immediately.

Authors: David Brewer, Hugh Evans, Clay Helms, Grace Newcombe.

Statutory Authority: 17-11-3(e)

History: New Rule: Filed, March 18, 2020

EXHIBIT 32

 **Stephen Stetson** @StetsonStephen · Apr 21
I am attempting to apply for an absentee ballot for Alabama's July 14 runoff. I have found the PDF of the application and am fortunate enough to have a printer. But it also requires a copy of my drivers license. Do I have to go find a photocopier? @alasecofstate @JohnHMerrill

7 18 103

 **Stephen Stetson** @StetsonStephen · Apr 21
So to exercise my right to vote I need to have a computer, with Internet, a printer, with toner and paper, and a smart phone with a camera or a scanner or a copy machine?

7 19 178

 **Secretary of State** @alasecofstate · Apr 21
A photo ID is required by law to vote in Alabama. An absentee ballot application can be downloaded online or requested by visiting or calling your local Absentee Election Manager. You can also call our office at (334) 242-7210 and we will send you an application.

12 5 9

 **Stephen Stetson** @StetsonStephen · Apr 21
Secretary Merrill, I don't think this addresses the question I am asking. I have a photo ID and appreciate that it is required to vote. I'm asking about how to get it into the envelope. Are folks going to need cameras, scanners and photocopiers to show proof of ID?

10 11 155

 **John Merrill** @JohnHMerrill
Replying to @StetsonStephen @alasecofstate and @ReynoldsShook

People that have a hard time figuring out the answer to that question probably need to vote in person

11:28 AM · Apr 21, 2020 · Twitter for iPhone

7 Retweets 33 Likes

7 18 103 7 19 178 12 5 9 10 11 155



Eddie Burkhalter @BurkhalterEddie · Apr 21

Alabama Sec. of State tweets this in response to a man's concern that to vote in the July 14 by absentee voters must have either a photocopier or smart phone/printer to mail in copy of photo ID with application.



John Merrill ✓ @JohnHMerrill · Apr 21

Replying to @StetsonStephen @alasecofstate and @ReynoldsShook
People that have a hard time figuring out the answer to that question probably need to vote in person

35

237

633



John Merrill ✓

@JohnHMerrill

Replying to @BurkhalterEddie

When I come to your house and show you how to use your printer I can also teach you how to tie your shoes and to tie your tie. I could also go with you to Walmart or Kinko's and make sure that you know how to get a copy of your ID made while you're buying cigarettes or alcohol

1:38 PM · Apr 21, 2020 · [Twitter for iPhone](#)

EXHIBIT 33

New York Office
40 Rector Street, 5th Floor
New York, NY 10006-1738
T. (212) 965 2200 F. (212) 226 7592
www.naacpldf.org



Washington, D.C. Office
700 14th Street, NW, Suite 600
Washington, D.C. 20005
T. (202) 682 1300 F. (202) 682 1312

March 19, 2020

Via Email

Hon. John Merrill
Alabama Secretary of State
State Capitol Building Suite S-105
600 Dexter Avenue
Montgomery, Alabama 36130
John.Merrill@sos.alabama.gov

Re: Ensuring Ballot Access for Alabama Voters during the Coronavirus Pandemic

Dear Secretary Merrill:

The NAACP Legal Defense and Educational Fund, Inc., Southern Poverty Law Center, the Alabama State Conference of the NAACP, the Alabama Disabilities Advocacy Program, and Greater Birmingham Ministries write to ask that you issue guidance and administrative rules to permit every eligible voter in Alabama to vote in the upcoming runoff election—now postponed to July 14, 2020¹—in a manner that is safe, secure, and orderly during this unprecedented national and statewide health crisis.

As you know, the COVID-19 (coronavirus) pandemic presents extraordinary public health, safety, and logistical concerns for every Alabama voter. On March 10, the President responded to the rapid spread of COVID-19 by declaring a national emergency.² The same day, Governor Ivey formed a COVID-19 task force to make preparations for the COVID-19 outbreak.³ On March 13, the Governor declared a state of emergency for Alabama.⁴ These declarations are based on the well-founded concern that COVID-19 could lead to the death or serious illness of millions and overwhelm our healthcare system. To date, there are 51 confirmed COVID-19 cases in Alabama.⁵ But, for each confirmed case, there could be as many as 10 unconfirmed ones.⁶ To slow the outbreak, the State has ordered school closures,

¹ Mike Carson, “Gov. Kay Ivey Postpones March 31 Runoff because of Coronavirus,” Alabama Media Group (Mar. 18, 2020), <https://www.al.com/news/2020/03/gov-kay-ivey-postpones-march-31-runoff-because-of-coronavirus.html>.

² Brooke Singman, “Trump Declares National Emergency over Coronavirus, Enlists Private Sector,” Fox News (Mar. 14, 2020), <https://www.foxnews.com/politics/trump-declares-national-emergency-coronavirus>.

³ Governor Kay Ivey to All State Government Heads, *Coronavirus (COVID-19) Preparations Protocol Memorandum*, Mar. 10, 2020, available at <http://www.doc.state.al.us/docs/Coronavirus%20Preparation%20Memo.pdf>.

⁴ Proclamation by the Governor of the State of Alabama, State of Emergency: Coronavirus (COVID-19), Mar. 13, 2020, available at <https://governor.alabama.gov/newsroom/2020/03/state-of-emergency-coronavirus-covid-19/>.

⁵ “51 confirmed cases of COVID-19 in Alabama,” Fox10tv.com, Mar. 18, 2020, https://www.fox10tv.com/news/coronavirus/confirmed-cases-of-covid--in-alabama/article_73131178-692c-11ea-be9c-7332f5f816a2.html

⁶ Ruiyun Li, et al, *Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus*, Science Magazine (Mar. 16, 2020), <https://science.sciencemag.org/content/early/2020/03/13/science.abb3221>.

March 19, 2020
Page 2 of 3

asked people to work from home, warned seniors and people with health issues against gatherings of more than 10 people, discouraged any groups of over 25 or where people cannot be spaced six feet apart, and urged everyone to practice social distancing.⁷

Because conducting elections and other basic governmental functions in this situation presents exceptional challenges, Governor Ivey has “direct[ed] the appropriate state agencies to exercise their statutory and regulatory authority to assist communities and entities affected.”⁸

Therefore, we urge you to use your power under state law⁹ to immediately issue rules that:

- Permit every qualified voter in Alabama to vote through mail-in absentee ballots;
- Clarify that voters with the highest susceptibility to COVID-19—including, but not limited to people over age 65, people with diabetes, and immunocompromised individuals—are exempt from the photo ID requirements related to absentee voting;
- Extend the absentee ballot request deadline to 3:00 p.m. on Election Day;
- Accept absentee ballots postmarked by Election Day (July 14) and received within 10 days of Election Day;
- Allow any voter or a designee to drop off their absentee ballot at any polling place;
- Allow any person designated by the voter (including staff of nursing homes and senior centers if the voter resides in these facilities) to pick up the voter’s absentee ballot and drop that absentee ballot off by the close of polls on Election Day;
- Allow curbside voting to any eligible voter that is concerned about coming inside a polling location; and
- Undertake an aggressive voter education plan to ensure that voters are aware of and know how to exercise these options and to counter (intentional or unintentional) disinformation with facts.

The above measures, in conjunction with the recommendations made by others,¹⁰ will benefit all eligible voters, but are particularly important for older voters, low-income people,

⁷ Press Release, “Governor Ivey Issues Statement on Updated Public Health Precautionary Guidelines,” Mar. 17, 2020, <https://governor.alabama.gov/newsroom/2020/03/governor-ivey-issues-statement-on-updated-public-health-precautionary-guidelines/>.

⁸ Proclamation by the Governor, *supra* fn.3.

⁹ Under Alabama Code § 17-11-3(e), in a state of emergency that “renders substantial compliance” with absentee voting laws “impossible or unreasonable for a group of qualified voters who respond to the emergency,” the Secretary can “adopt an emergency rule to allow those qualified voters to vote by absentee ballot.” In these unique circumstances, where the President and Governor have called on everyone in the state to take drastic steps to “respond to the emergency,” everyone must be allowed to vote absentee under this provision.

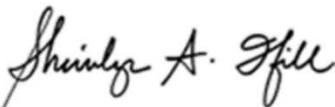
March 19, 2020
Page 3 of 3

voters with disabilities, and people of color who are less likely to have access to the healthcare, social networks, and transportation necessary to feel safe voting in-person.

Moreover, if, for example, polling places need to be relocated to protect vulnerable populations, like the elderly and people with disabilities, the affected voters must be promptly notified of any changes. Election officials must also ensure that any poll site changes do not violate the Voting Rights Act, that any new sites are compliant with the Americans with Disabilities Act, and that the new sites are consistent with all other federal nondiscrimination and election laws. Also, to prepare for the possibility that COVID-19 may lead to the unavailability of large numbers of poll workers,¹¹ your office should immediately begin working with local election officials on a special effort to recruit and train additional poll workers.

Given the urgency of this matter, we request that you respond by **noon on Wednesday March 25, 2020** to Deuel Ross (dross@naacpldf.org), Natasha Merle (nmerle@naacpldf.org) and Caren Short (caren.short@splcenter.org). Thank you.

Sincerely,



Sherrilyn A. Ifill
President and Director-Counsel
Deuel Ross
Natasha Merle
NAACP Legal Defense
& Educational Fund, Inc.
(212) 965-7712



Caren E. Short
Senior Staff Attorney
Nancy G. Abudu
Deputy Legal Director
Southern Poverty Law Center
(334) 235-8708



Benard Simelton
President
Alabama State Conference
of the NAACP

/s/ Scott Douglas
Scott Douglas
Executive Director
Greater Birmingham Ministries

/s/ James A. Tucker
James A. Tucker
Director
Alabama Disabilities Advocacy Program

¹⁰ See, e.g., Letter from the Leadership Conference on Civil and Human Rights to State Election Officials, etc., Mar. 17, 2020, available at <http://civilrightsdocs.info/pdf/policy/letters/2020/COVID-19-Coalition-Letter-updated-3.17.20.pdf>; Brennan Center for Justice, Memorandum re: How to Protect the 2020 Vote from the Coronavirus, Mar. 16, 2020, [https://www.brennancenter.org/sites/default/files/2020-03/Coronavirus Response Memo.pdf](https://www.brennancenter.org/sites/default/files/2020-03/Coronavirus%20Response%20Memo.pdf).

¹¹ Nationally, two-thirds of poll workers are age 61 or older. Election Administration Commission, Election Administration and Voting Survey: 2018 Comprehensive Report, at 9, https://www.eac.gov/sites/default/files/eac_assets/1/6/2018_EAVS_Report.pdf.

EXHIBIT 34



ALNAACP



SENT VIA EMAIL

April 17, 2020

Hon. John Merrill
Alabama Secretary of State
State Capitol Building Suite S-105
600 Dexter Avenue
Montgomery, Alabama 36130
John.Merrill@sos.alabama.gov

Re: March 19 Letter – Ensuring Ballot Access for Alabama Voters during the Coronavirus Pandemic

Dear Secretary Merrill:

We write to follow up on our March 19 letter—sent on behalf of the undersigned civil and voting rights organizations—in which we requested that you take action to ensure ballot access for all Alabama voters during the ongoing coronavirus pandemic. Because we have received no response from your office, we write again to request that you implement the below reforms now to ensure that every eligible Alabama voter can vote safely and securely in the upcoming runoff election on July 14, 2020, and in November. These safeguards are necessary to protect Alabama voters' fundamental constitutional rights. *See Dem. Exec. Comm. of Fla. v. Lee*, 915 F.3d 1312, 1319 (11th Cir. 2019) (blocking state practices that subjected voters to the “risk of disenfranchisement”).

Specifically, on March 19, we requested that your office:

- Permit every qualified voter in Alabama to vote through mail-in absentee ballot in every 2020 election;
- Clarify that voters with the highest susceptibility to COVID-19 are exempt from the photo ID requirements related to absentee voting;
- Extend the absentee ballot request deadline to 3:00 p.m. on Election Day;
- Accept absentee ballots postmarked by Election Day (July 14, 2020) and received within 10 days of Election Day;
- Allow any voter or a designee to drop off their absentee ballot at any polling place;
- Allow any person designated by the voter to pick up the voter's absentee ballot and drop off that absentee ballot by the close of polls on Election Day;
- Allow curbside voting to any eligible voter who is concerned about coming inside a polling location; and
- Undertake an aggressive voter education plan to ensure voters are aware of and know how to exercise these options and to counter (intentional or unintentional) disinformation with facts.

(continued on back)

Although your office has taken one of these commonsense steps to avoid a public health disaster for the runoff election,¹ you have not offered a comprehensive plan for safeguarding voters throughout 2020. You have yet to adequately explain to voters how to safely navigate the absentee ballot process.² Under current law, voters are required to submit a photocopy of their ID and have two witnesses sign their ballot—steps that, for most voters, will require person-to-person interaction or travel outside of their homes in violation of the stay-at-home order. Your office has also failed to explain in any detail how it will allocate millions in federal elections funding provided by the federal coronavirus relief bill.

Election officials must take decisive action to protect the health of voters and election workers and prevent erosion of the democratic process. States that held elections in March and April saw massive statewide breakdowns in typical election procedures. For example, in Palm Beach County, Florida, at least five polling places could not open because workers did not show up at the polls. And, in Palm Beach County alone, more than 800 poll workers resigned the Monday before Election Day.³ In Chicago and its suburbs, election officials were forced to relocate 94 polling places at the last minute after they decided that it was not safe for the sites to be used on Election Day.⁴ And most recently, in Wisconsin, thousands of voters risked their health to vote in long lines when most polling locations closed and absentee ballots were not mailed out in time.⁵

We remain willing to work with your office in designing and implementing the protocols needed to allow all eligible voters to participate safely in the 2020 elections. We are available for a call or videoconference at your convenience. We respectfully request a response by Friday, April 24, 2020.

Sincerely,



Deuel Ross, *Senior Counsel*
Natasha Merle, *Senior Counsel*
NAACP Legal Defense & Educational Fund, Inc.
(212) 965-7712

/s/ James A. Tucker
James A. Tucker, *Director*
Alabama Disabilities Advocacy Program

/s/ Scott Douglas
Scott Douglas, *Executive Director*
Greater Birmingham Ministries



Caren E. Short, *Senior Staff Attorney*
Nancy G. Abudu, *Deputy Legal Director*
Southern Poverty Law Center
(334) 235-8708



Benard Simelton, *President*
Alabama State Conference of the NAACP

1

Runoff Election of 2020” if that voter “determines it is impossible or unreasonable to vote at their voting place for the Primary Runoff Election of 2020 due to the declared states of emergency.” Emergency Rule 820-2-3-.06ER Absentee Voting During State of Emergency (Mar. 18, 2020), available at <https://www.governor.gov/secretary-of-state/newsroom/100-days-left-apply-absentee-ballot-primary-runoff-election>

² Alabama Secretary of State’s Newsroom, “100 Days Left to Apply for Absentee Ballot for Primary Runoff Election,” <https://www.sos.alabama.gov/newsroom/100-days-left-apply-absentee-ballot-primary-runoff-election>

³ “Coronavirus upends primary elections in Florida, Illinois, and Arizona; vote postponed in Ohio,” Los Angeles Times, March 17, 2020, <https://www.latimes.com>

⁴ Rachel Hinton, “Coronavirus forces ‘entirely unprecedented’ Election Day scramble,” Chicago Sun Times, March 12, 2020, <https://chicago.suntimes.com/politics/2020/3/12/21177525/coronavirus-forces-move-chicago-cook-county-polling-places-unprecedented-election>

⁵ Ella Nilsen & Li Zhou, *How Wisconsin’s election disenfranchised voters*, Vox, Apr. 7, 2020, <https://www.vox.com/2020/4/7/21212053/wisconsin-election-coronavirus-disenfranchised-voters>

EXHIBIT 35

ALABAMA STATE CAPITOL
600 DEXTER AVENUE
SUITE S-105
MONTGOMERY, AL 36130



(334) 242-7200
FAX (334) 242-4993
WWW.SOS.ALABAMA.GOV
JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL
SECRETARY OF STATE

April 8, 2020

The Honorable Mona Harrington
Acting Executive Director
U.S. Election Assistance Commission
1335 East-West Highway, Suite 4300
Silver Spring, MD 20910

Dear Ms. Harrington:

The purpose of this letter is to certify that the State of Alabama will use the funds provided under the Notice of Grant Award, Agreement #AL20101CARES, for activities consistent with the laws described in Section 906 of HAVA and will not use the funds in a manner that is inconsistent with the requirements of Title III of HAVA.

We further certify that we have reviewed and accept the terms of the award as specified in the Notice of Grant Award. Our UEI number (formerly DUNS) is 079333469 and the signed Certifications are enclosed.

We are requesting \$6,473,612.00. We will use the funds to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the 2020 Federal election cycle. To address the effects of the coronavirus on the elections, to be held in Alabama on July 14, 2020 (Primary Runoff Election), and November 3, 2020 (General Election), we shall utilize the funds, as follows:

1. Due to an extended period of absentee voting for the March 31, 2020 Primary Runoff Election, the election being changed to July 14, 2020 and the determination that absentee voting continue, provide funding to Alabama's 67 Alabama counties by and through their respective county governing bodies (called County Commissions) to pay for increased absentee election costs.
2. In preparation for possible increased absentee election activity related to the November 3, 2020 General Election, possibly provide funding to Alabama's County Commissions to pay for increased absentee election costs.
3. In preparation for additional duties, regarding the perpetual sanitization of a polling place during the July 14, 2020 Primary Runoff Election and possibly during the November 3, 2020 General Election, provide funding to Alabama's County Commissions to pay each Poll Worker an additional \$25.00 only on July 14, 2020 and November 3, 2020.

4. To enable Alabama's County Commissions to apply to the Alabama State Chief Election Official (Secretary of State) for funding to secure items, services or other to prevent, prepare for or respond to the coronavirus related to the July 14, 2020 Primary Runoff Election and November 3, 2020 General Election.

The funding approved by Congress and the President is greatly appreciated by Alabama. We have funding available to meet our maximum match commitment of \$1,294,722 as necessary and no later than December 31, 2020. The above funding purposes are aligned to support Alabama's County Commissions as they serve as the legislative bodies of their respective counties which are each responsible for paying for costs related to the administration of the July 14, 2020 and November 3, 2020 elections in Alabama. The State of Alabama appreciates the support to meet the challenge the coronavirus will present to our local county governing bodies as they assist not only the administration of the elections aforesaid, but also care for the monetary needs of the various local election officials.

If you have any questions about this request, please contact my Chief of Staff, David Brewer, at 334-242-2707 or david.brewer@sos.alabama.gov.

Sincerely,



John H. Merrill
Secretary of State

cc. Kinza Ghaznavi, Grants Manager

EXHIBIT 36 (PART 1)

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et
al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF WILLIAM S. COOPER

WILLIAM S. COOPER, acting in accordance with 28 U.S.C. §1746, 26(a)(2)(B), the Federal Rules of Civil Procedure, and Rules 702 and 703, the Federal Rules of Evidence, does hereby declare and say:

I. Introduction

1. My name is William S. Cooper. I have a B.A. degree in Economics from Davidson College. As a private consultant, I currently serve as a demographic expert for the Plaintiffs.

2. I have testified at trial as an expert witness on redistricting and demographics in federal courts in about 40 voting rights cases in 16 states. My testimony in these lawsuits almost always included a review of demographics and socioeconomic characteristics for the jurisdictions at issue.

3. The attorneys for the plaintiffs asked me to review measures of socioeconomic status for African Americans and non-Hispanic Whites in Alabama,

as reported in the *1-Year 2018 American Community Survey* (2018 ACS) published by the U.S. Census Bureau.

II. Citizenship and Age by Race/Ethnicity – 2018 ACS

4. The citizen voting age population in Alabama is 3,712,212, of whom 979,390 are single-race African-American (26.38%), 80,325 are Latino (2.16%), and 2,554,006 (68.8%) are non-Hispanic White.¹

5. The voting age population of Alabama is 3,798,766, of whom 25.8% are non-Hispanic African-American, 1.2% are Latino, and 77.5% are non-Hispanic White.² (See **Attachment A-2 at p. 1**)

6. There are 829,663 persons 65 and over in Alabama, of whom 19.7% are non-Hispanic African-American, 1.2% are Latino, and 77.0% are non-Hispanic White. (**Attachment A-2 at p. 1**)

III. Population Living Alone by Age – 2018 ACS

¹ Source: **Table S2901 -- CITIZEN, VOTING-AGE POPULATION BY SELECTED CHARACTERISTICS**

<https://data.census.gov/cedsci/table?q=voting%20age%20population&g=0400000US01&tid=ACSSST1Y2018.S2901&t=Age%20and%20Sex&vintage=2018>

² Source: **Table S0201 – SELECTED POPULATION PROFILE**

The PDF version of Table S0201 is not yet available from the Census Bureau's new website which replaced American Factfinder. Right click on any cell in the webpage source below to download an Excel compatible version of the S0201 dataset.

<https://data.census.gov/cedsci/table?q=s0201&tid=ACSSPPIY2018.S0201&y=2018&t=400%20-%20Hispanic%20or%20Latino%20%28of%20any%20race%29%20%28200-299%29%3A451%20-%20White%20alone,%20not%20Hispanic%20or%20Latino%3A453%20-%20Black%20or%20African%20American%20alone,%20not%20Hispanic%20or%20Latino%3ARace%20and%20Ethnicity&hidePreview=true&moe=false&g=0400000US01>

7. For the 3.8 million Alabamians of voting age, 555,330 (14.6%) live alone. Of the 829,663 persons who are 65 and over, 215,966 (26.0%) live alone.³ Thus, about 38.9% of persons who live alone are over 65.

8. For Alabamians of voting age living alone, 29.9% (165,882) are disabled.⁴ And for the subset of 65 and over living alone, 44.0% (95,102) are disabled.

IV. Population Living Alone By Race and Age – 2018 ACS

9. For the 980,850 African Americans of voting age, 186,497 (19.0%) live alone.⁵ Of the 163,093 African Americans who are 65 and over, 49,636 (30.4%) live alone.

³ Source: **Table DP02 -- SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES**

https://data.census.gov/cedsci/table?q=single%20person%20households&hidePreview=false&tid=ACSDP1Y2018.DP02&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=DP02_0001E&g=0400000US01

⁴ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

[https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP\(18:99\)&cv=DIS&rv=ucgid&nv=HHT\(4,6\)&wt=PWGTP&g=0400000US01](https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP(18:99)&cv=DIS&rv=ucgid&nv=HHT(4,6)&wt=PWGTP&g=0400000US01)

⁵ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

[https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP\(18:99\)&cv=RACBLK&rv=ucgid&nv=HHT\(4,6\)&wt=PWGTP&g=0400000US01](https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP(18:99)&cv=RACBLK&rv=ucgid&nv=HHT(4,6)&wt=PWGTP&g=0400000US01)

10. For the 2.57 million White persons of voting age, 356,356 (13.9%) live alone.⁶ Of those who are 65 and over (639,098), 161,117 (25.2%) live alone.

IV. Population Living Alone with a Disability By Race and Age – 2018 ACS

11. For voting age African Americans living alone, 29.7% (55,388) are disabled.⁷ For the subset of 65 and over living alone, 45.9% of African Americans (22,782) are disabled.

12. For voting age Whites living alone, 30.2% (107,647) are disabled.⁸ For the subset of 65 and over living alone, 44.0% of Whites (70,816) are disabled.

V. Two-Person Households – 2018 ACS

13. There are 654,468 two-person households in occupied housing units in Alabama.⁹ Thus, 1,308,926 Alabamians live in two-person households. After

⁶ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

[https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP\(18:99\)&cv=RACWHT&rv=ucgid&nv=HHT\(4,6\)&wt=PWGTP&g=0400000US22](https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP(18:99)&cv=RACWHT&rv=ucgid&nv=HHT(4,6)&wt=PWGTP&g=0400000US22)

⁷ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

<https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP%2818%3A99%29&cv=RACB LK,DIS&rv=ucgid&nv=HHT%284,6%29&wt=PWGTP&g=0400000US01>

⁸ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

[https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP\(18:99\)&cv=RACWHT,DIS&rv=ucgid&nv=HHT\(4,6\)&wt=PWGTP&g=0400000US01](https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=AGEP(18:99)&cv=RACWHT,DIS&rv=ucgid&nv=HHT(4,6)&wt=PWGTP&g=0400000US01)

⁹ Source: **Table S2501 – Occupancy Characteristics**

https://data.census.gov/cedsci/table?q=Household%20Size%20and%20Type&hidePreview=false&tid=ACSST1Y2018.S2501&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=S2501_C01_001E&t=Household%20Size%20and%20Type&g=0400000US01

excluding 298,973 children under age 18 in two-person households,¹⁰ the remainder amounts to 1,009,963 persons of voting age. This means that about 1.57 million Alabamians of voting age live alone (555,330) or with just one other person of voting age (1.01 million).

VI. Two-Person Households, One or More African Americans – 2018 ACS

14. There are 630,488 African Americans living in two-person households in Alabama.¹¹ After excluding an estimated 115,096 children under age 18 in these two-person households,¹² there are 515,392 African Americans of voting age. This means that nearly 702,000 African Americans of voting age live alone (186,497) or with just one other person of voting age (515,392).

VII. Socioeconomic Characteristics by Race/Ethnicity – 2018 ACS

15. In Alabama, African Americans and Latinos trail non-Hispanic Whites across most key indicators of socioeconomic well-being. This disparity is

¹⁰ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

<https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=NP%2800,2%3A3%29,AGEP%2800,1%3A17%29&rv=ucgid&wt=PWGTP&g=0400000US01>

¹¹ Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

<https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=NP%2800,2%3A3%29&cv=RACBLK&rv=ucgid&wt=PWGTP&g=0400000US01>

¹² Source: **ACS 1-Year Estimates - Public Use Microdata Sample (2018)**

<https://data.census.gov/mdat/#/search?ds=ACSPUMS1Y2018&vv=NP%2800,2%3A3%29,AGEP%2800,1%3A17%29&cv=RACBLK%281%29&rv=ucgid&wt=PWGTP&g=0400000US01>

summarized in the charts in **Attachment A-1** and the table in **Attachment A-2**, as reported in Table S0201 from the 2018 ACS.

16. The following items specifically compare single race non-Hispanic African Americans and non-Hispanic Whites:

a) Income

- More than one-fourth (27.7%) of African Americans in Alabama live in poverty, compared to 11.3% of Whites. (**Attachment A-1 at p. 22 and Attachment A-2 at p. 8**)
- Two in five (41.2%) of African-American children live in poverty, compared to 13.1% of White children. (**Attachment A-1 at p. 22 and Attachment A-2 at p. 8**)
- About half (52.0%) of African American female-headed households with children live in poverty, compared to a 38.0% poverty rate for White female-headed households. (**Attachment A-1 at p. 20 and Attachment A-2 at p. 8**)
- African-American median household income is \$33,503, compared to \$58,257 for White households. (**Attachment A-1 at p. 14 and Attachment A-2 at p. 7**)
- Per capita income disparities in Alabama track the disparities seen in median household income. African-American per capita income is \$19,160, compared to White per capita income of \$31,937. (**Attachment A-1 at p. 17 and Attachment A-2 at p. 7**)
- About a quarter (26.3%) of African-American households rely on food stamps (SNAP) – over three times the 8.0% SNAP participation rate of White households. (**Attachment A-1 at p. 15 and Attachment A-2 at p. 7**)

(b) Education

- Of persons 25 years of age and over, nearly one-sixth (16.6%) of African Americans have not finished high school, compared to 11.4% of their White counterparts. (**Attachment A-1 at p. 5 and Attachment A-2 at p. 3**)
- At the other end of the educational scale, for ages 25 and over, 17.3% of African Americans have a bachelor's degree or higher, compared to 28.3% of Whites. (**Attachment A-1 at p. 5 and Attachment A-2 at p. 3**)

(c) Employment

- The Black unemployment rate (for the population over 16 (expressed as a percent of the civilian labor force) is 9.4% – compared to a 4.2% White unemployment rate. (**Attachment A-1 at p. 11 and Attachment A-2 at p. 5**)
- Of employed African Americans, 26.2% are in management or professional occupations, compared to the 39.1% rate of Whites. (**Attachment A-1 at p. 13 and Attachment A-2 at p. 6**)
- Of employed African Americans, 20.7% are in service occupations, compared to the 14.8% rate of similarly employed Whites. (**Attachment A-1 at p. 13 and Attachment A-2 at p. 6**)

(d) Household Composition

- Of all African American households, 37.1% contain persons living alone. Of all White households, 27.5% contain persons living alone. (**Attachment A-1 at p. 28 and Attachment A-2 at p. 2**)¹³
- Of all African American households, 14.1% are female-headed, with children under 18. By comparison, 3.8% of White households are female-headed with children. (**Attachment A-1 at p. 29 and Attachment A-2 at p.**

¹³ As noted in ¶9 supra, at the individual level, 19.0% of African Americans of voting age live alone and 30.4% of those 65 and over live alone.

2)

(e) Home ownership

- About half of African-American householders (49.9%) are homeowners, while more than three-fourths of White households (76.1%) are owner-occupied. (**Attachment A-1 at p. 21 and Attachment A-2 at p. 8**)
- Median home value for African-American homeowners is \$94,100, compared to the \$161,300 median home value for Whites. (**Attachment A-1 at p. 25 and Attachment A-2 at p. 9**)

(f) Health

- About two in five African Americans (42.2%) aged 65 and over have a disability, compared to 38.1% of their White cohorts. (**Attachment A-1 at p. 7 and Attachment A-2 at p. 4**)
- About one in nine African Americans (11.5%) has no health insurance coverage, compared to 8.1% of Whites. (**Attachment A-1 at p. 18 and Attachment A-2 at p. 7**)

(g) Transportation/Communication

- About one in eight African-American households (12.7%) lacks access to a vehicle, while 3.9% of White households are without a vehicle. (**Attachment A-1 at p. 23 and Attachment A-2 at p. 8**)
- About 10.6% of African Americans carpool or take public transportation to work, compared to 7.0% of Whites. (**Attachment A-1 at p. 12 and Attachment A-2 at p. 5**)
- There is an 8-point Black-White gap in households with a computer, smartphone, or tablet – 81.1% versus 89.3%. (**Attachment A-1 at p. 27 and Attachment A-2 at p. 9**)
- More than one fourth (29.6%) of African American households do not have a broadband internet connection, compared to 17.2% of White households. (**Attachment A-1 at p. 27 and Attachment A-2 at p. 9**)

VIII – First Congressional District – 2018 ACS

17. Racial inequalities found in Alabama’s First Congressional District (“CD 1”) mirror the statewide statistics. These disparities are summarized in the charts in **Attachment B-1** and the table in **Attachment B-2**, as reported in Table S0201 from the 2018 ACS.¹⁴

18. The voting age population in CD 1 is 552,917, of whom 26.0% are non-Hispanic African-American and 67.3% are non-Hispanic White. (See **Attachment B-2 at p. 1**).

19. For the voting age population in CD 1, 86,961 (15.7%) live alone. Of the 127,083 persons who are 65 and over, 32,810 (25.8%) live alone.¹⁵ Thus, about 37.7% of persons who live alone in CD 1 are over 65.

¹⁴ Source: **Table S0201 – SELECTED POPULATION PROFILE**

For CD 1, Table S0201 does not report estimates for Latinos or other minorities.

<https://data.census.gov/cedsci/table?q=s0201&tid=ACSSPP1Y2018.S0201&y=2018&t=400%20-%20Hispanic%20or%20Latino%20%28of%20any%20race%29%20%28200-299%29%3A451%20-%20White%20alone,%20not%20Hispanic%20or%20Latino%3A453%20-%20Black%20or%20African%20American%20alone,%20not%20Hispanic%20or%20Latino%3ARace%20and%20Ethnicity&hidePreview=true&moe=false&g=5001600US0101>

¹⁵ Source: **Table DP02 -- SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES**

https://data.census.gov/cedsci/table?q=single%20person%20households&hidePreview=false&tid=ACSDP1Y2018.DP02&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=DP02_0001E&g=0400000US01_5001600US0101

20. There are 97,278 two-person households in occupied housing units in CD 1.¹⁶ This means that at least 184,239 residents of voting age live alone (86,961) or with just one other person of voting age.

IX. City of Mobile – 2016 Centers for Disease Control

21. The City of Mobile is the largest municipality in CD 1. The 2018 ACS estimates a voting age population in Mobile of 150,306, representing 27.2% of CD 1. In January 2018, about half (52.2%) of the 141,005 registered voters are African American.¹⁷

22. The Centers for Disease Control has produced census tract-level maps depicting 2015-2016 health outcomes for the voting age population for 500 U.S. cities, including Mobile.¹⁸ **Attachment C** is an excerpt of maps from the Mobile report, depicting the incidence of a number of disabling health conditions by tract, *viz.* arthritis, asthma, cancer, hypertension, high cholesterol, diabetes, kidney disease, pulmonary disease, heart disease, and stroke.

¹⁶ Source: **Table S2501 – Occupancy Characteristics**

https://data.census.gov/cedsci/table?q=Household%20Size%20and%20Type&hidePreview=false&tid=ACST1Y2017.S2501&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=S2501_C01_001E&t=Household%20Size%20and%20Type&g=5001500US0101

¹⁷ Source: Mobile County registered voter file.

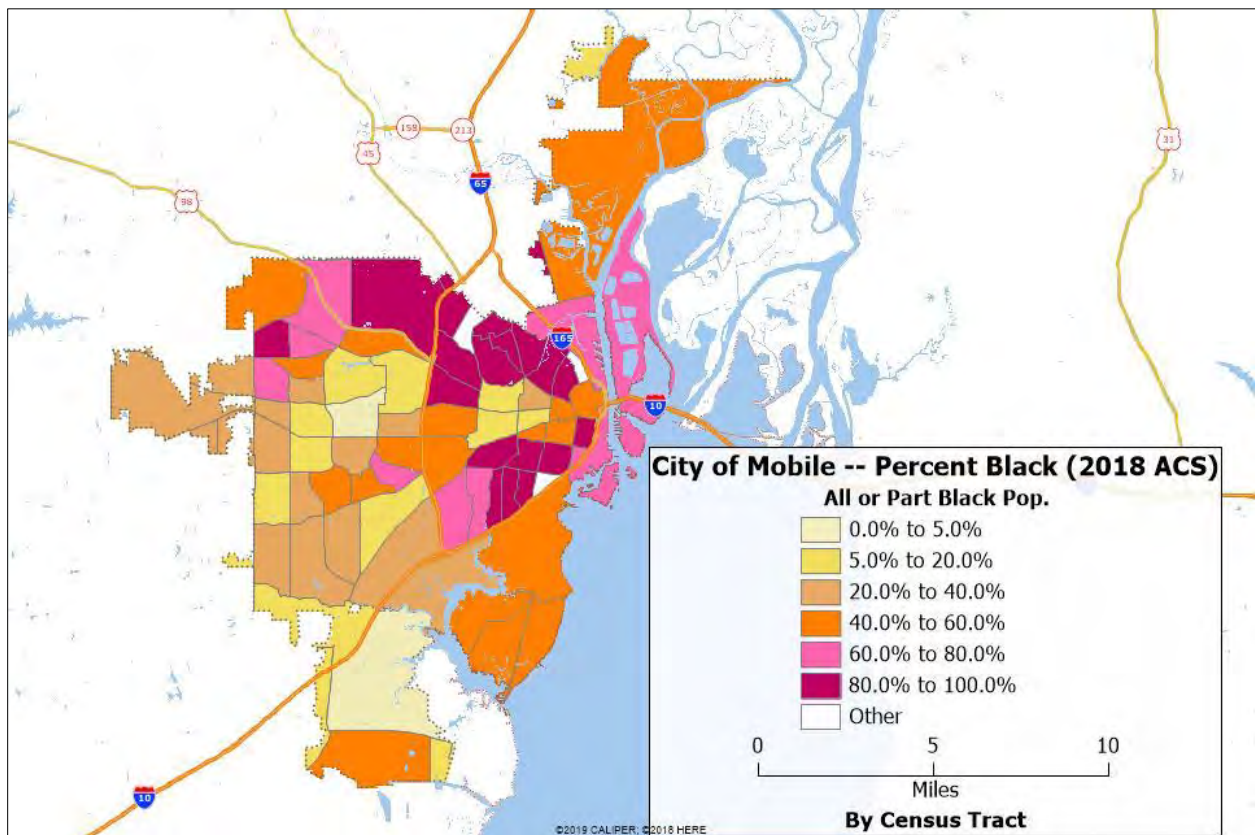
¹⁸ Source: Centers for Disease Control

<https://www.cdc.gov/500cities/map-books.htm#accordion-10-card-1>

23. The map of Mobile shows the percentage of the African American population by census tract. As can be discerned from the map, there is a visual correspondence between areas with a high proportion of African-Americans and the at-risk health conditions shown in the CDC maps.

Figure 1

City of Mobile -- Percent Black by Census Tract – 2018 ACS



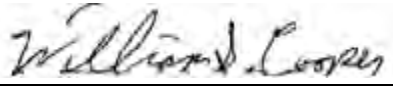
24. Put simply, voters across the city and, in particular, African-American voters and persons with disabilities could endanger their health by going to the polls on Election Day during the Covid-19 pandemic.

25. As shown in **Attachment D**, the socioeconomic racial disparities in Mobile are severe.

#

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury of the laws of the United States that the foregoing is true and correct according to the best of my knowledge, information and belief.

Executed on: **May 11, 2020**



WILLIAM S. COOPER

ATTACHMENT A-1

Selected Socio-Economic Data

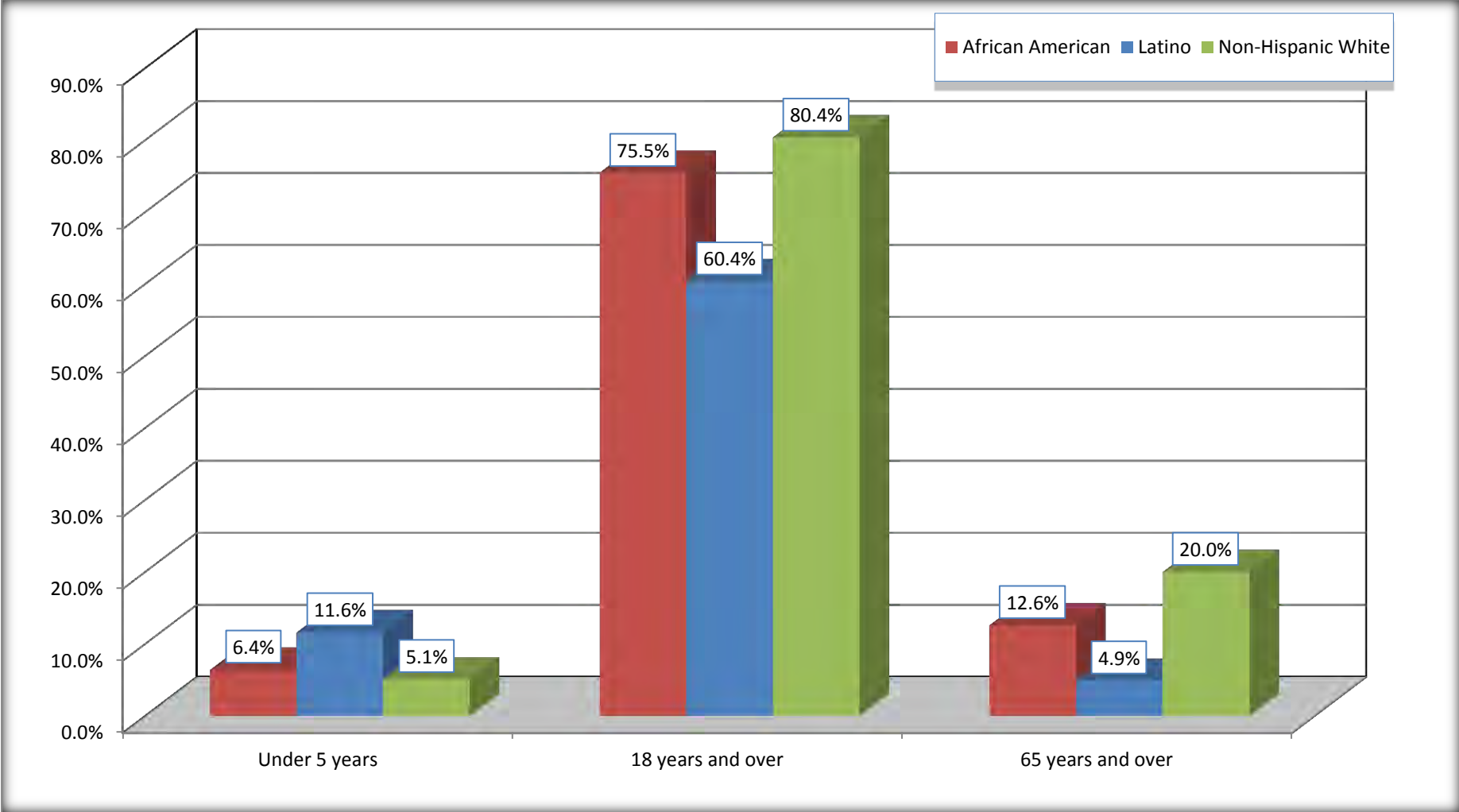
Alabama

NH African American and Latino vis-à-vis NH White

Data Set: 2018 American Community Survey 1-Year Estimates

Population by Age

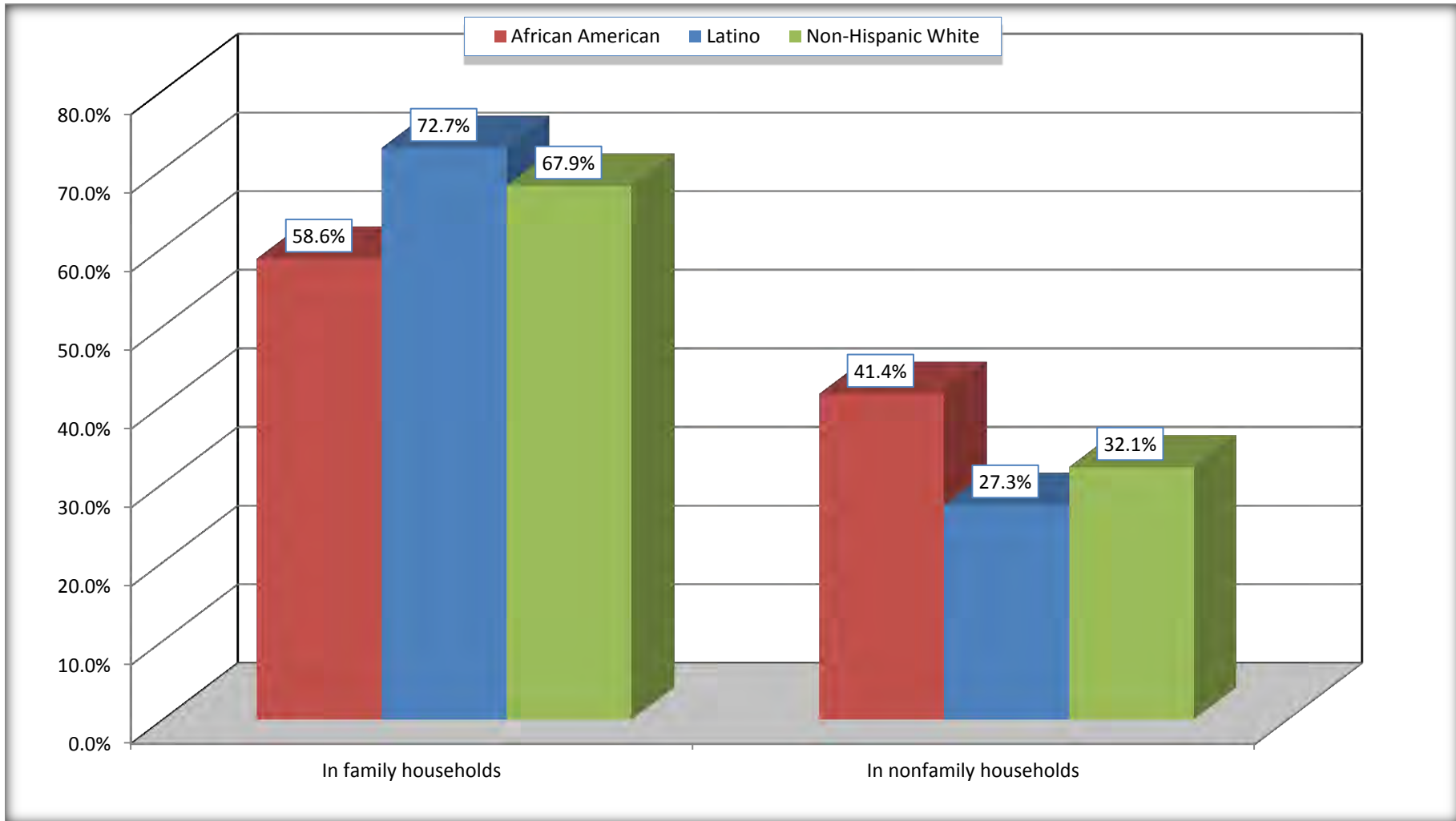
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Household Type for Population in Households

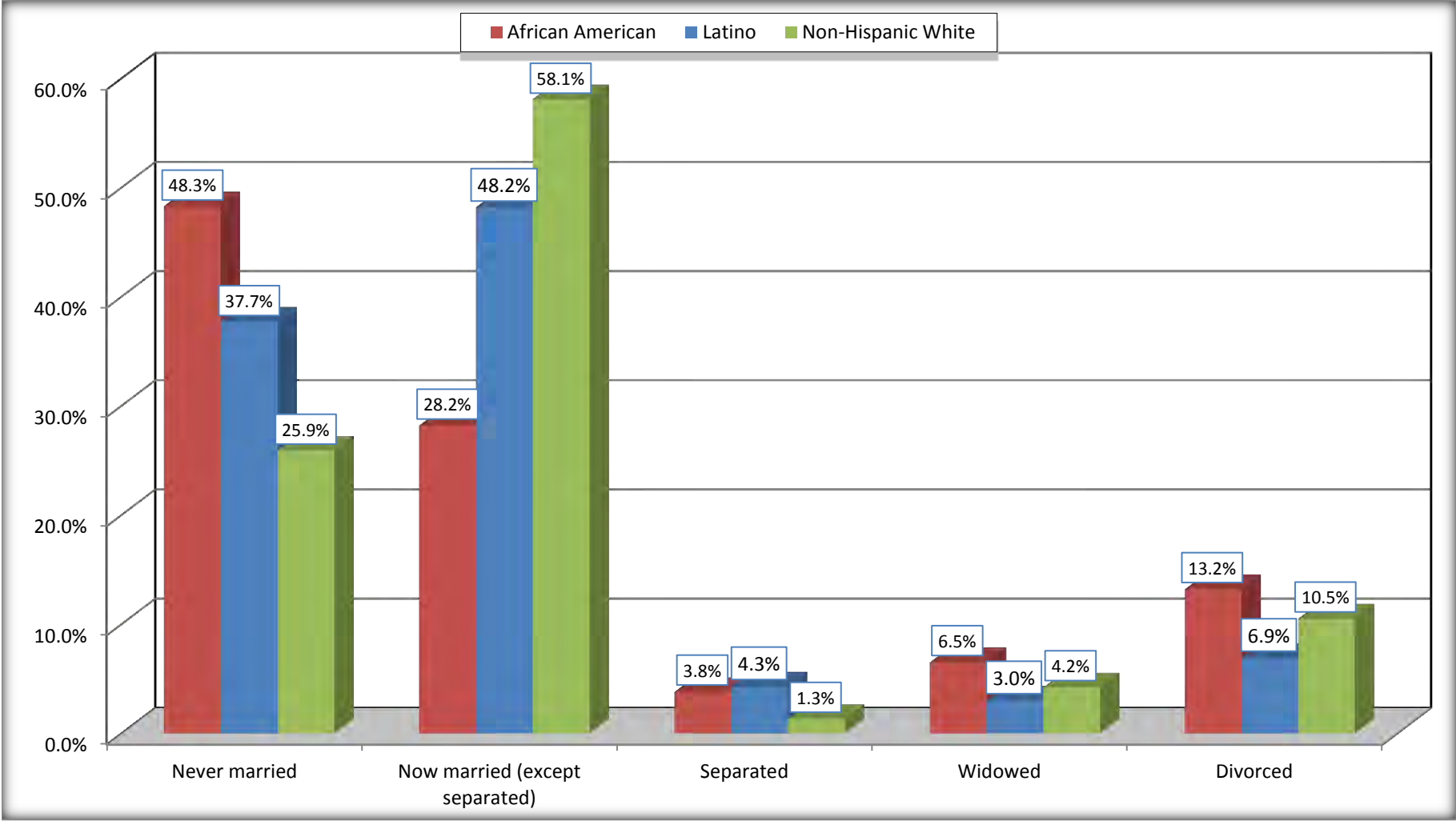
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Marital Status for the Population 15 Years and Over

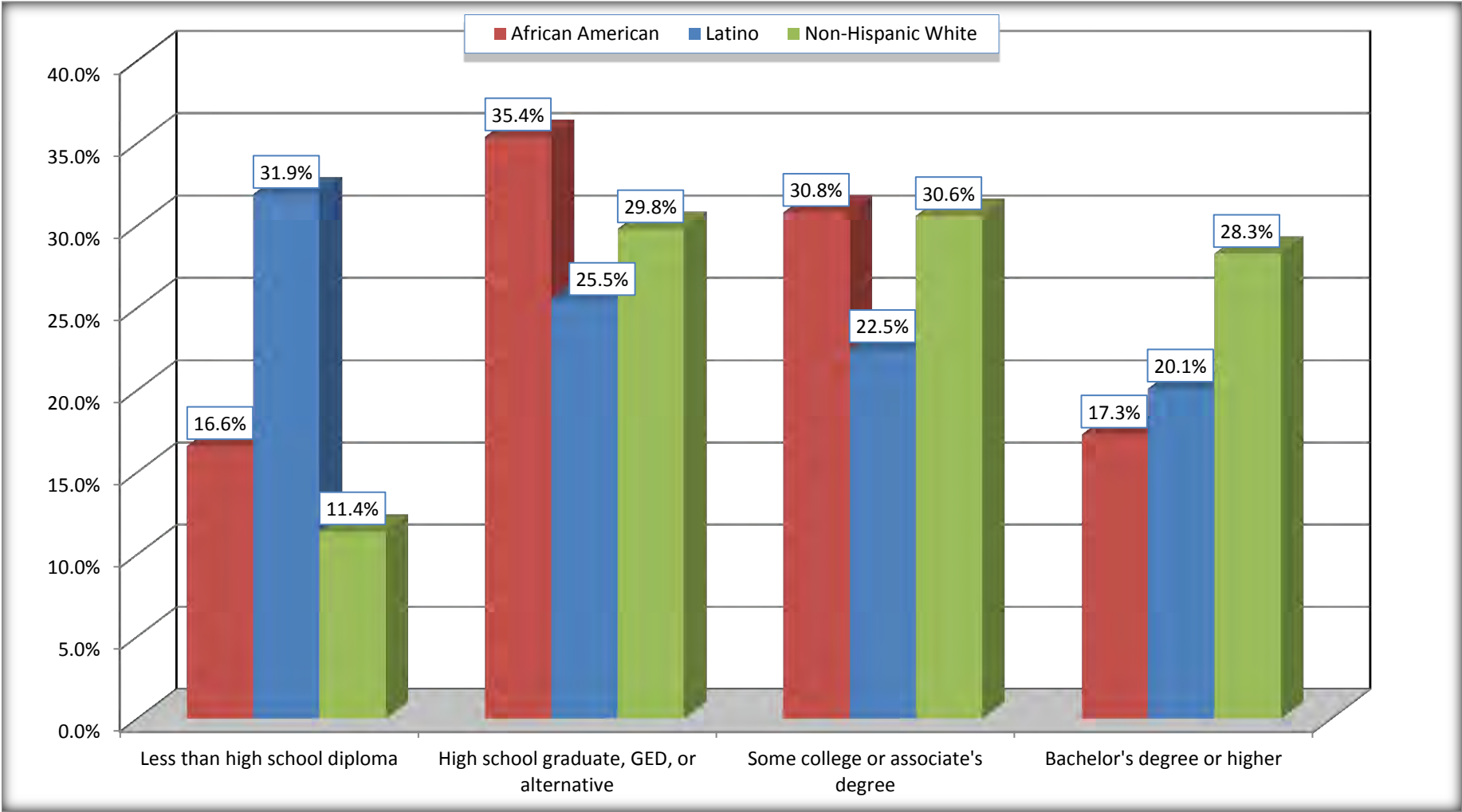
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Educational Attainment for the Population 25 Years and Older

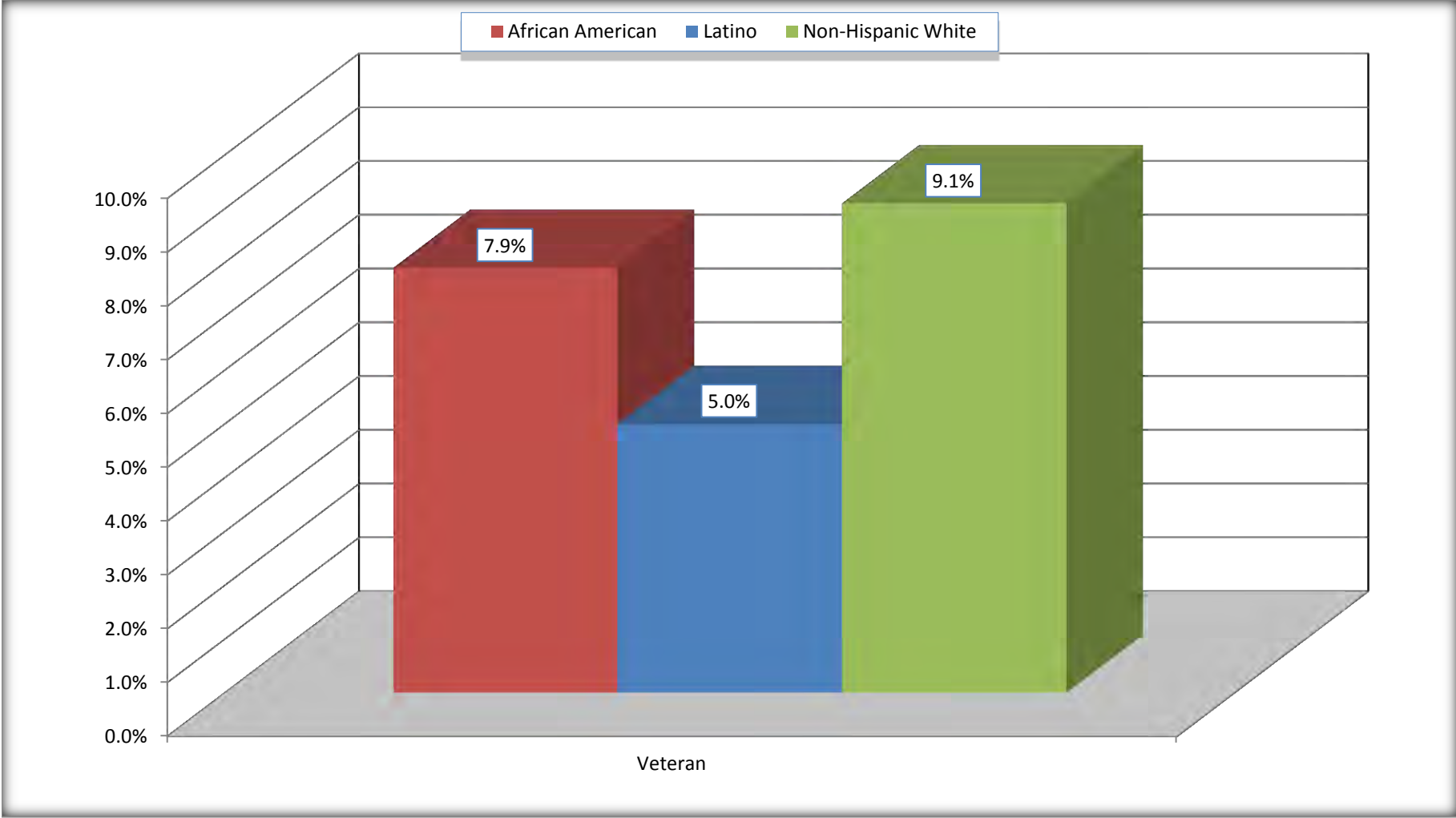
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Veterans in the Civilian Population 18 Years and Over

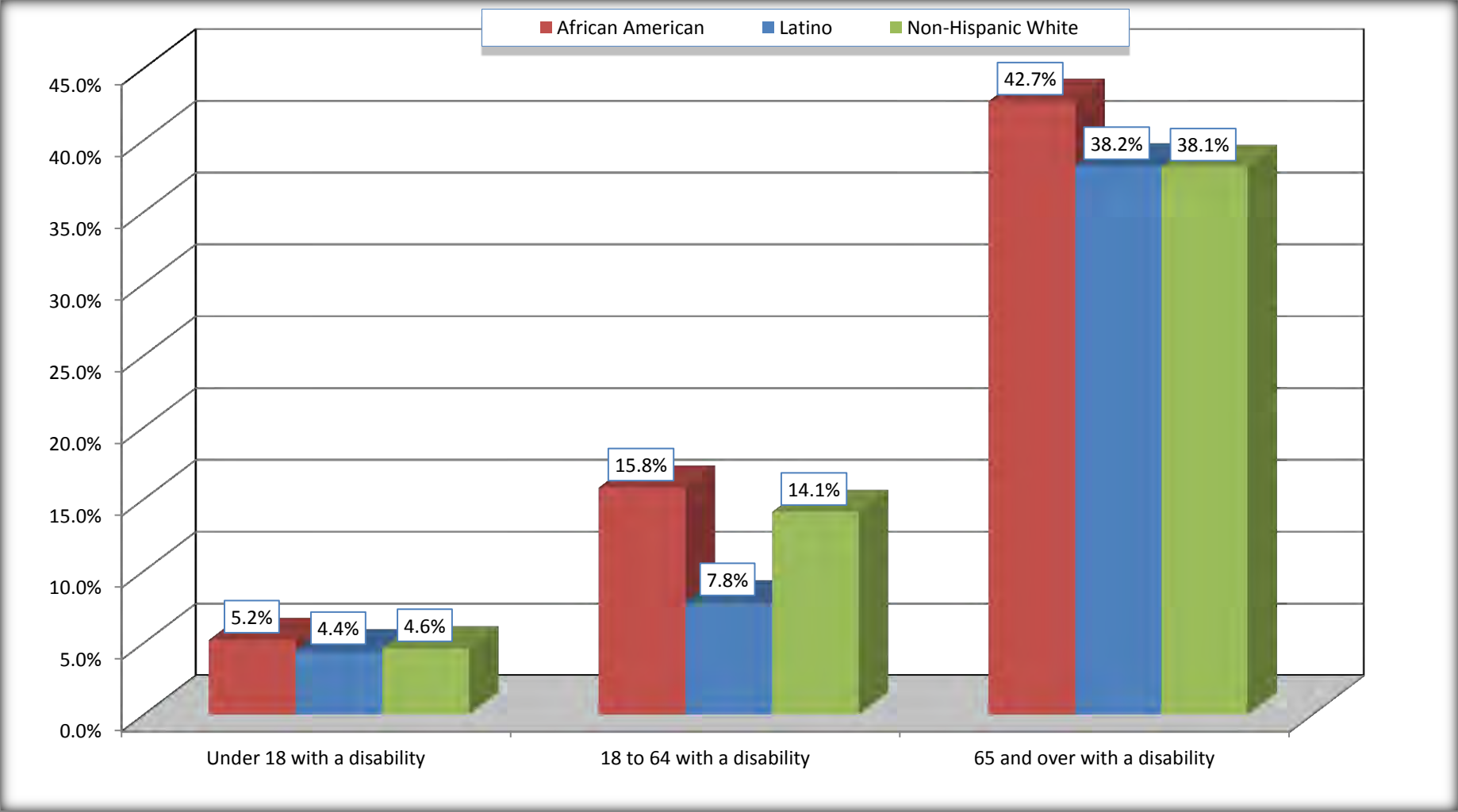
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Disability by Age -- Civilian Noninstitutionalized Population

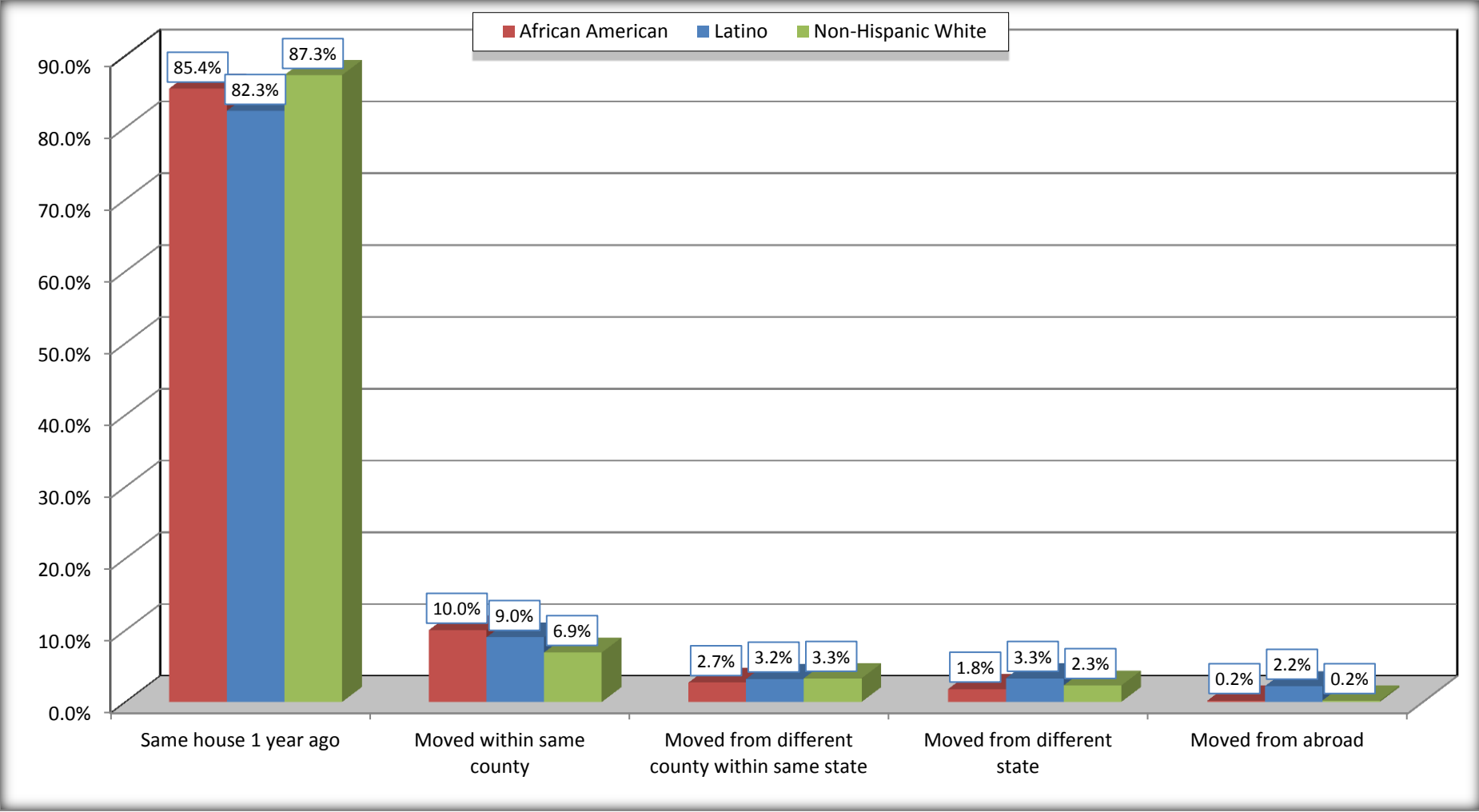
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Geographical Mobility in the Past Year (Population 1 Year and Over)

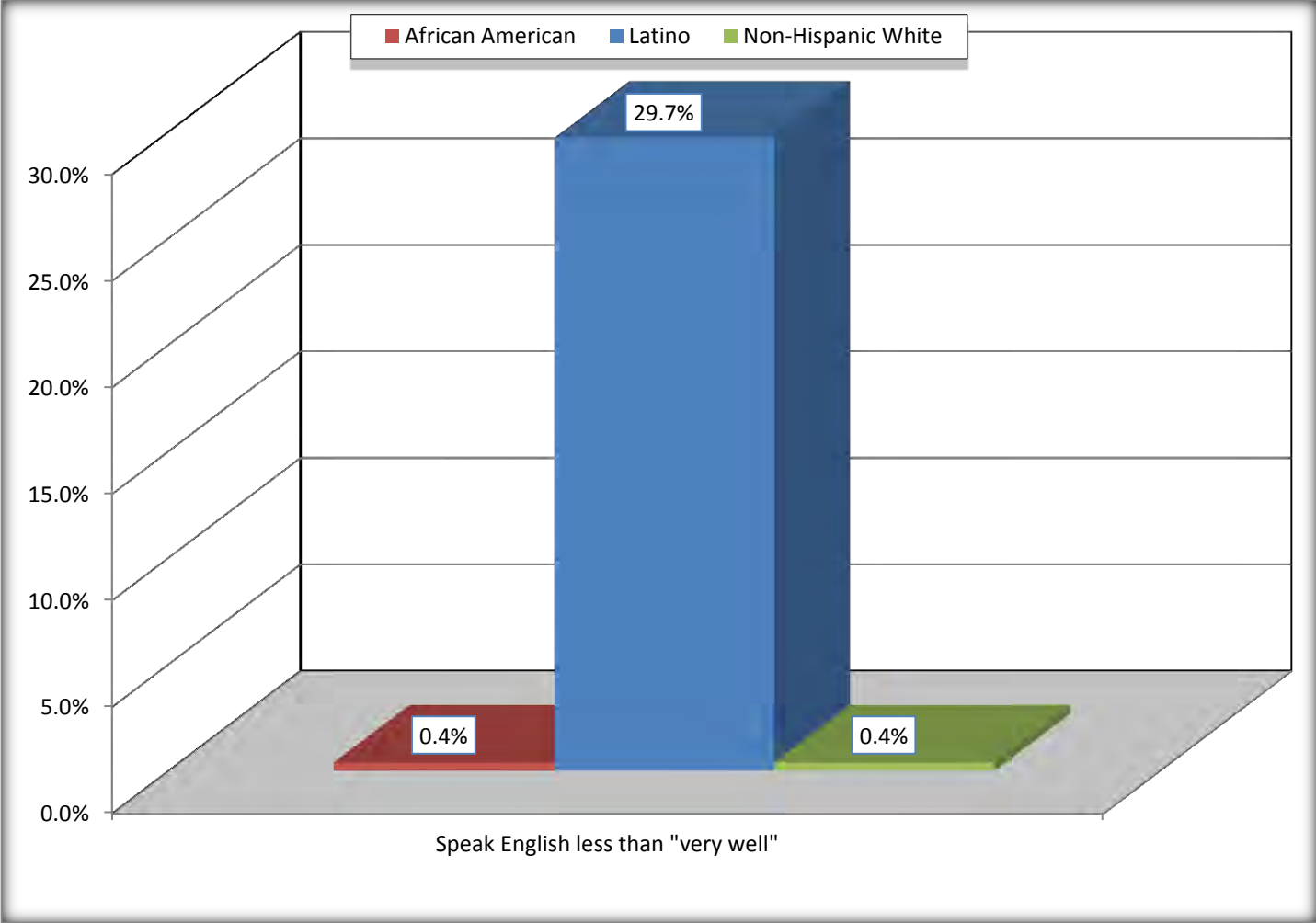
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Speak English Less than "Very Well" (Population 5 Years and Over)

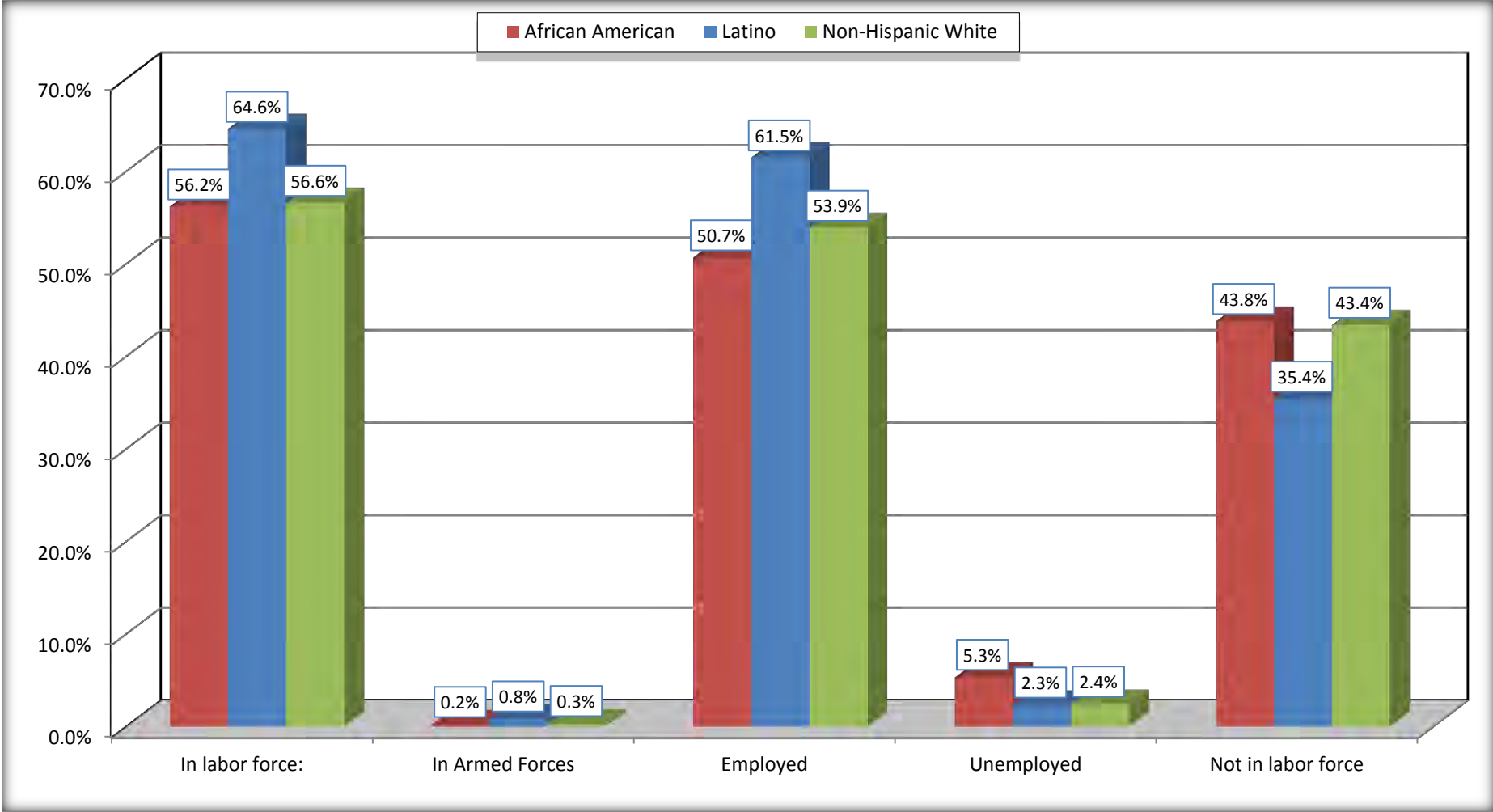
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Employment Status for the Population 16 years and over

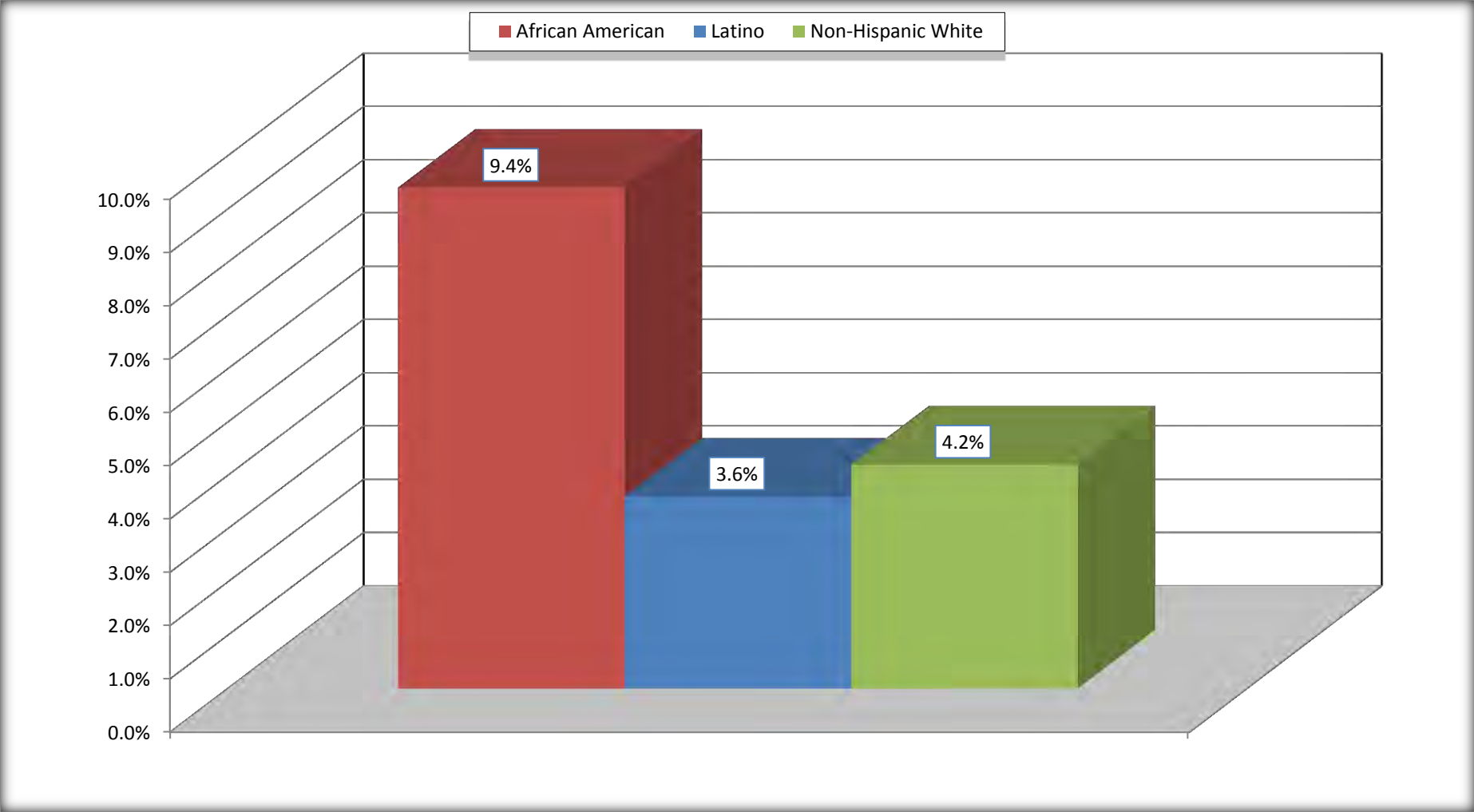
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Unemployment (Civilian Labor Force -- Ages 16 and Over)

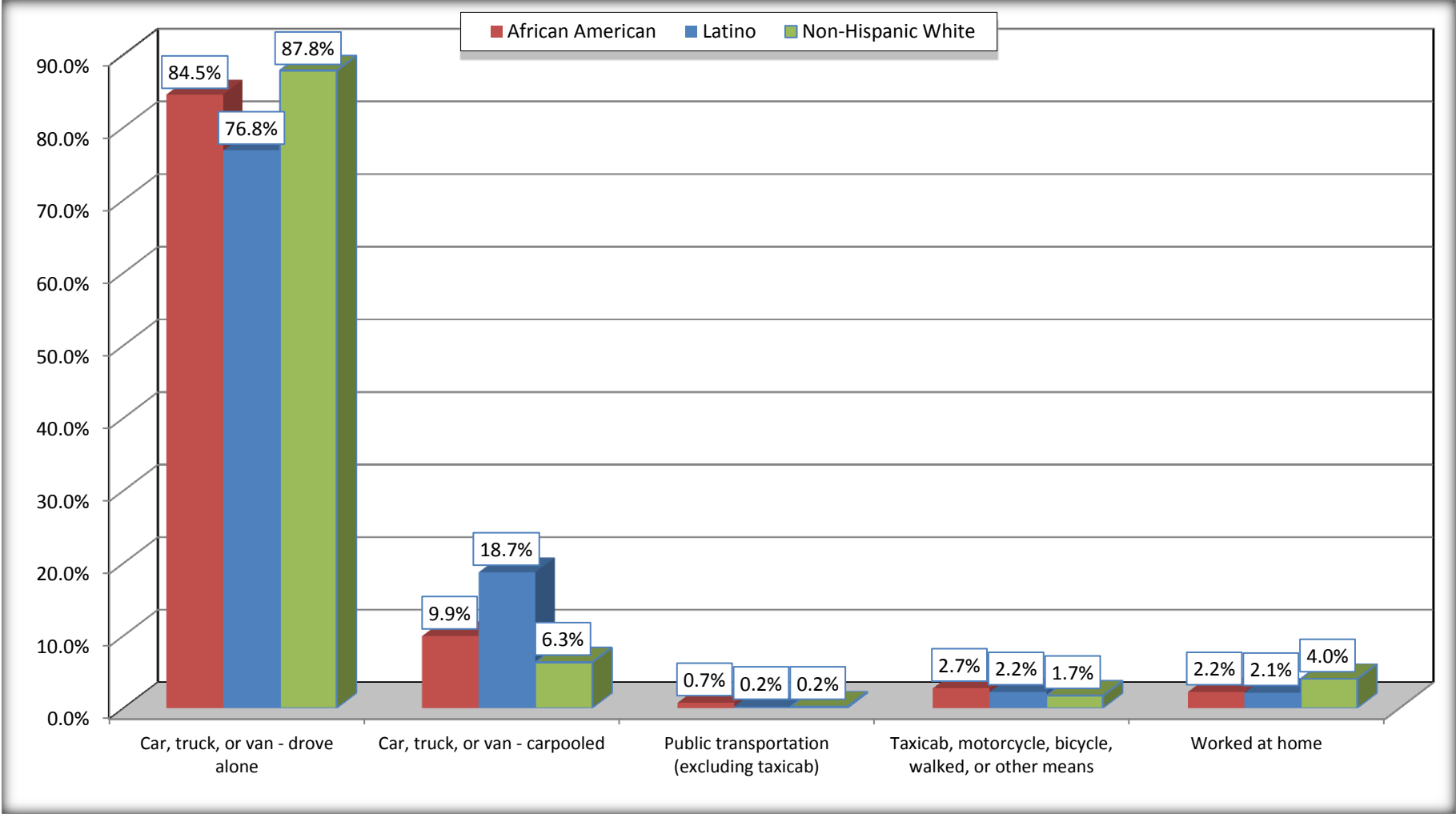
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Means of Transportation to Work (Workers 16 Years and Over)

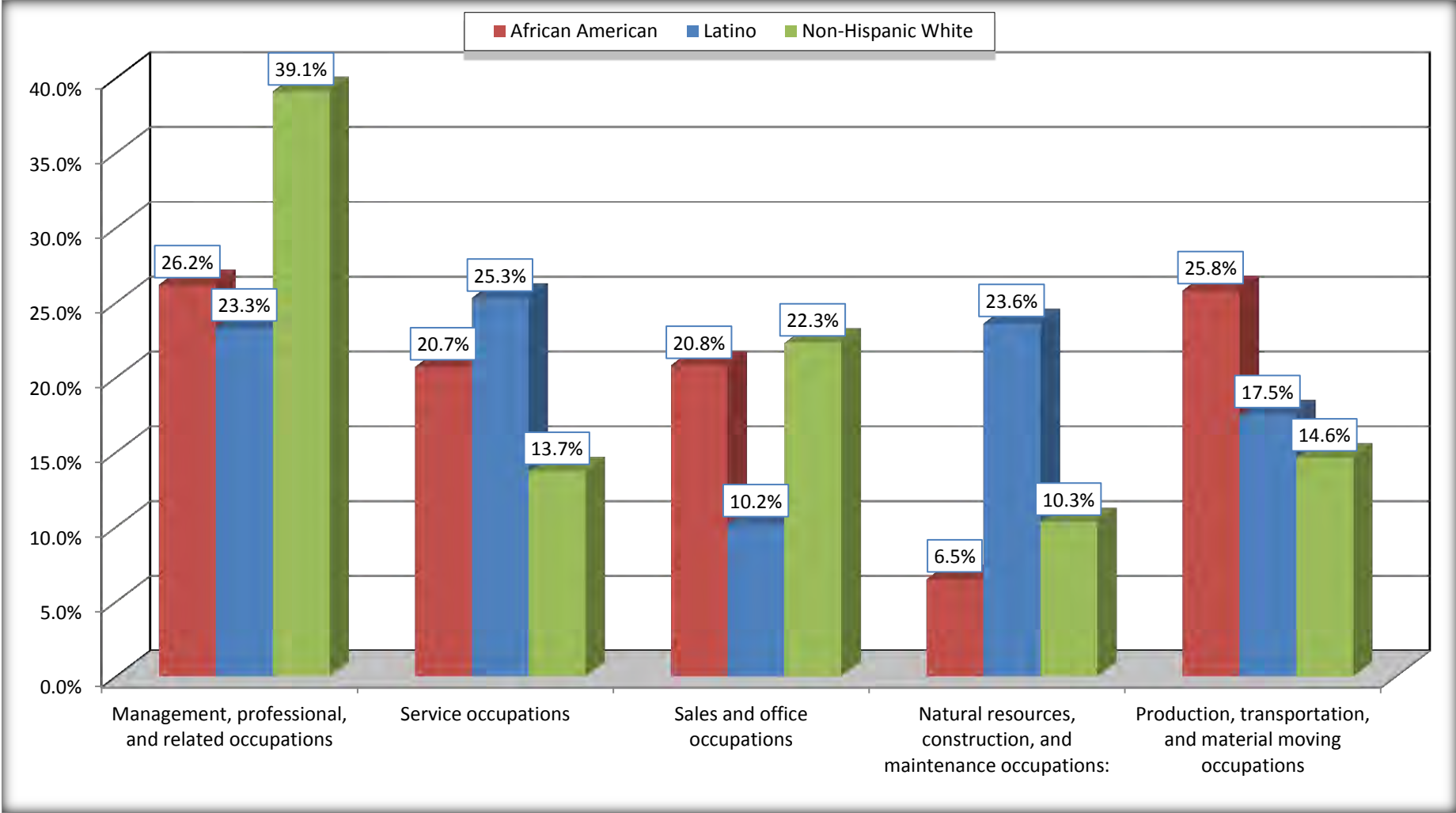
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Occupation for the Civilian Employed 16 Years and Over Population

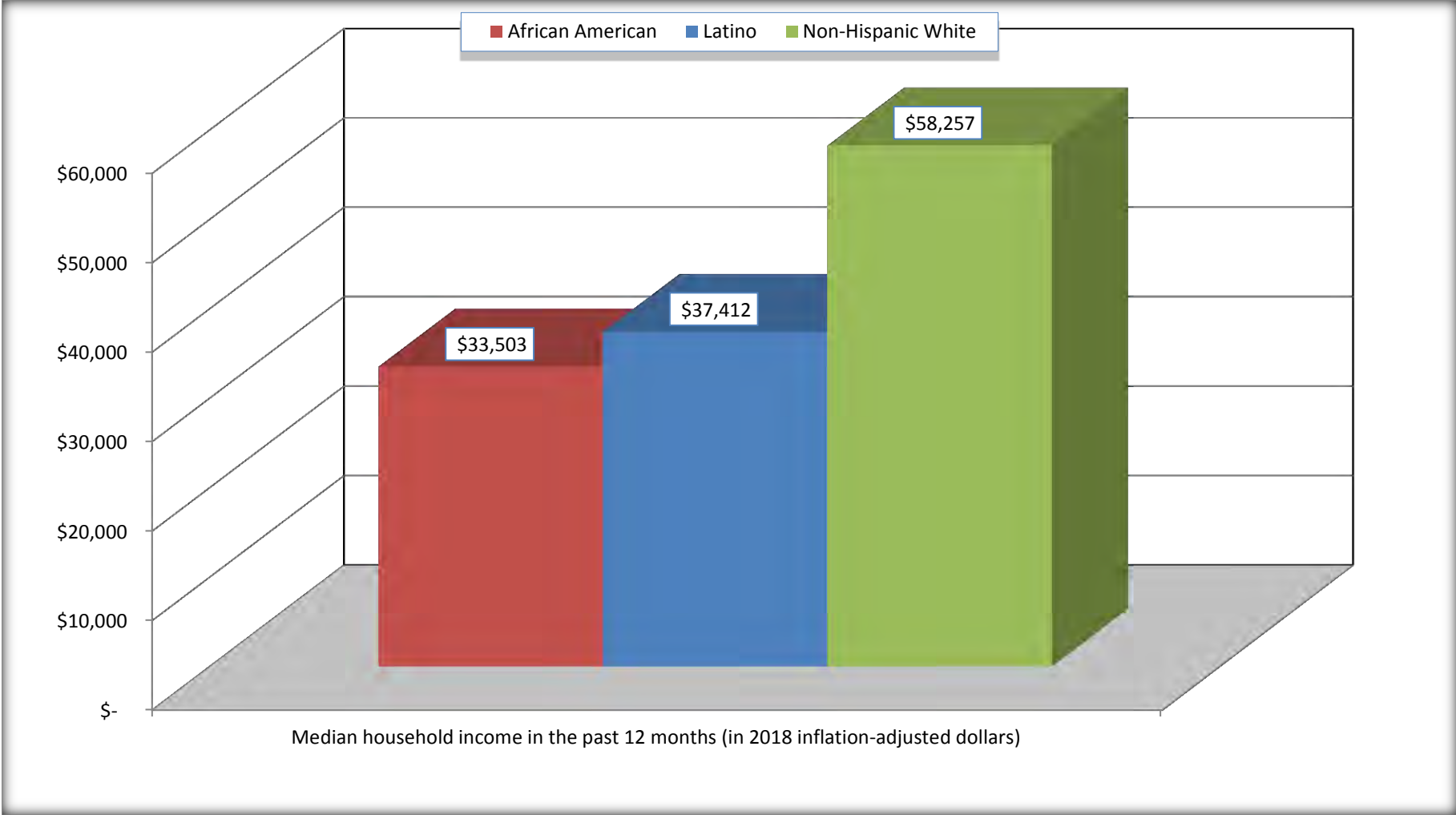
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Median Household Income in the Past 12 Months

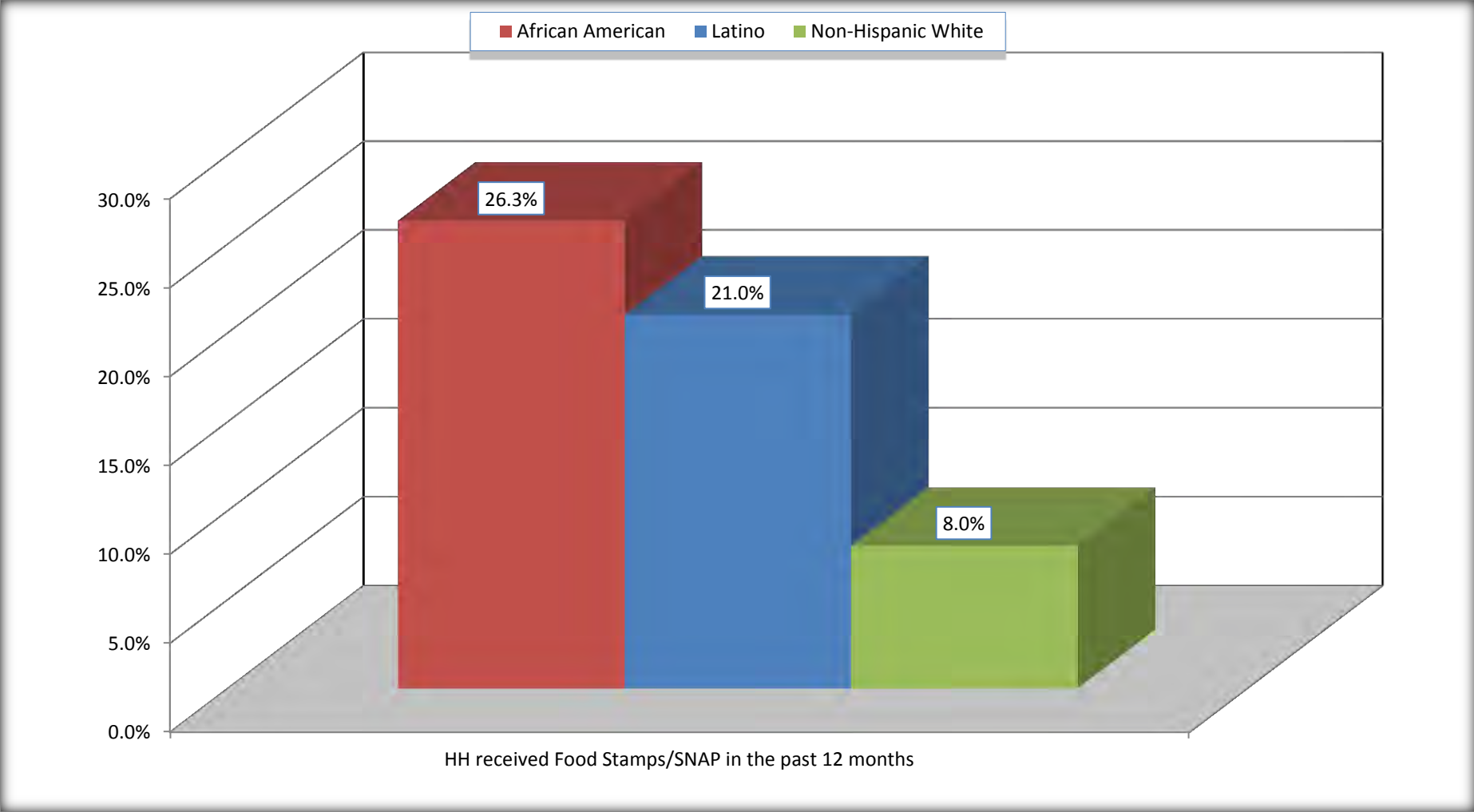
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Receipt of Food Stamps/SNAP in the Past 12 Months by Household

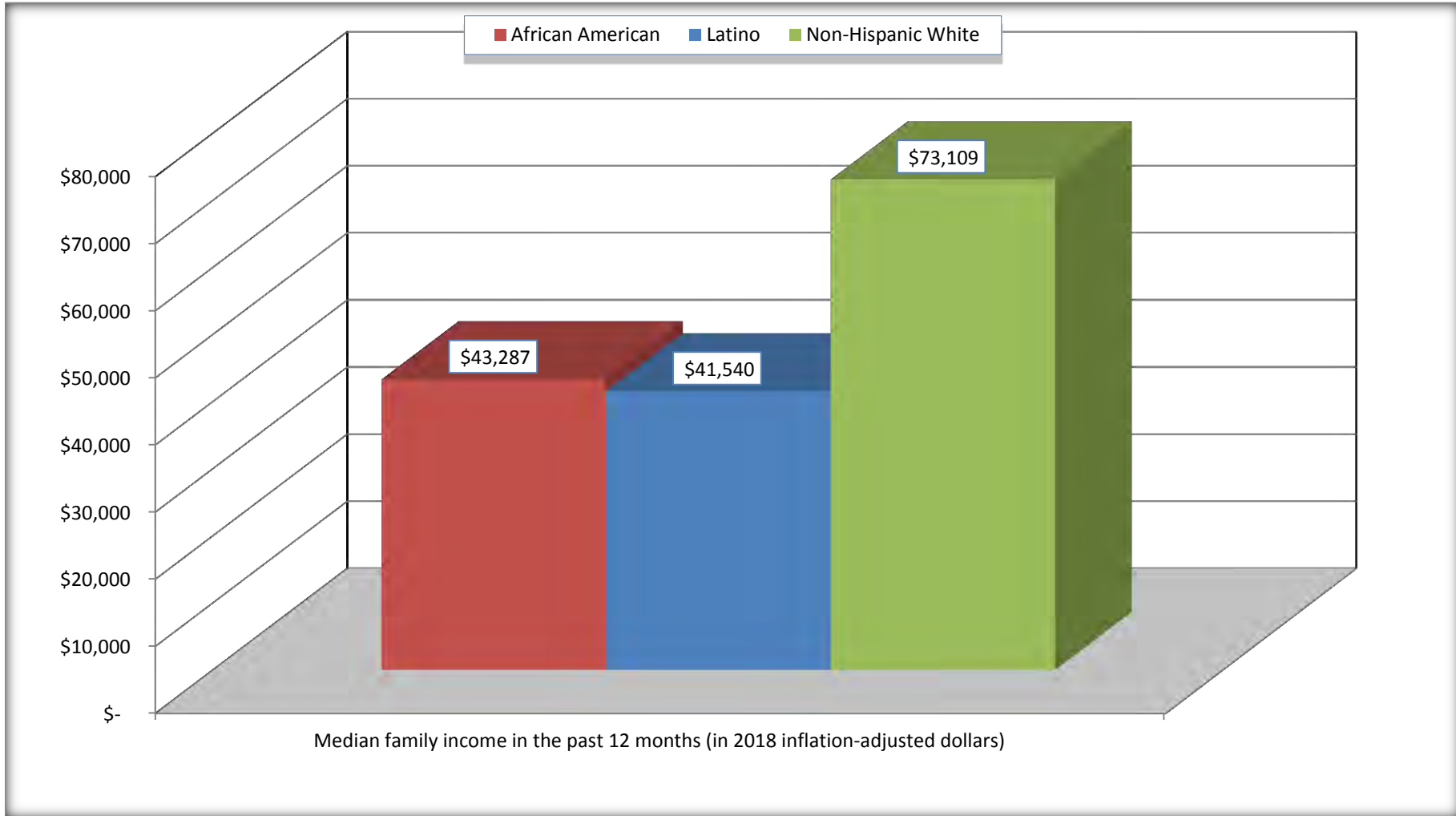
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Median Family Income in the Past 12 Months

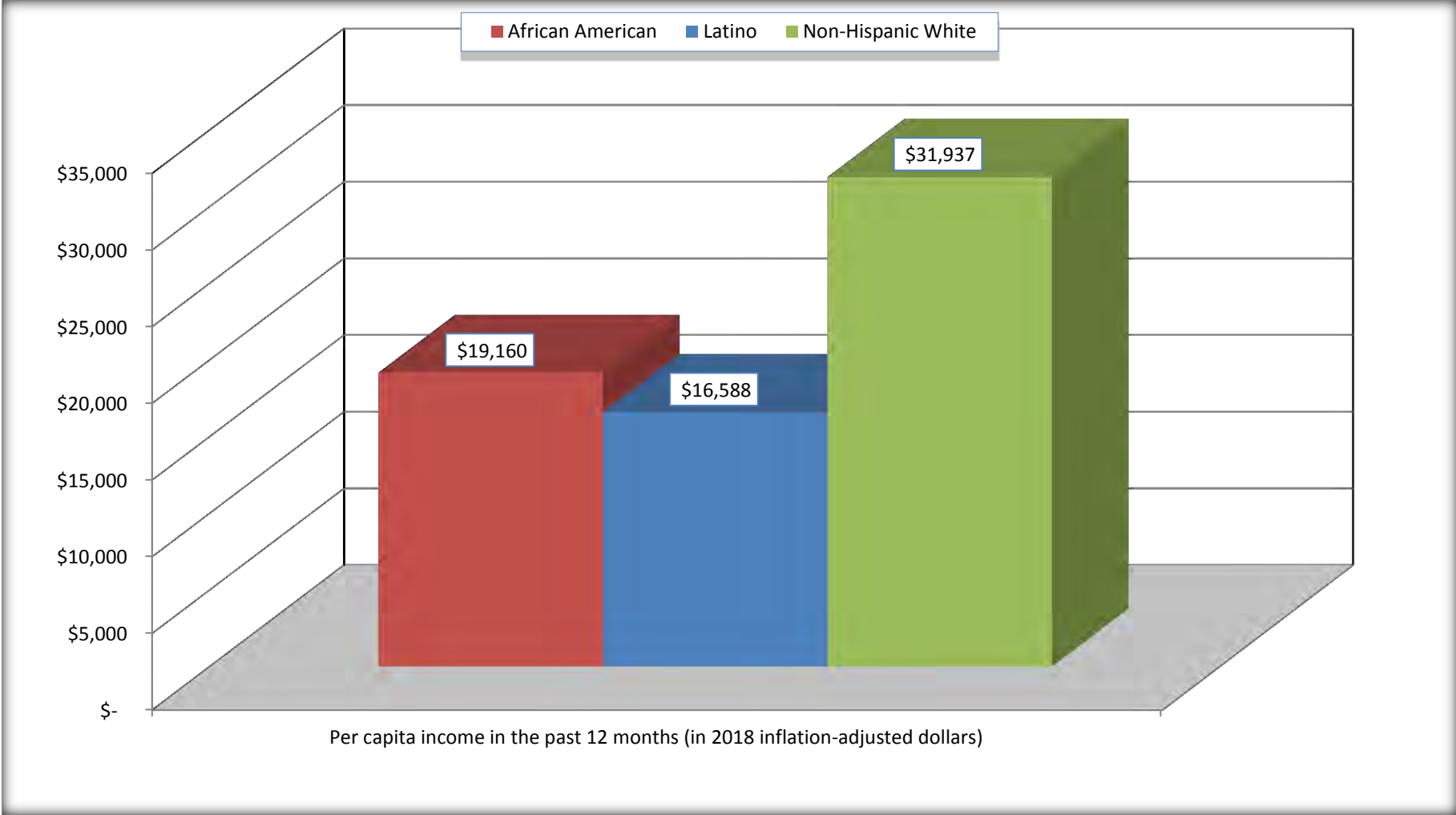
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Per capita Income in the Past 12 Months

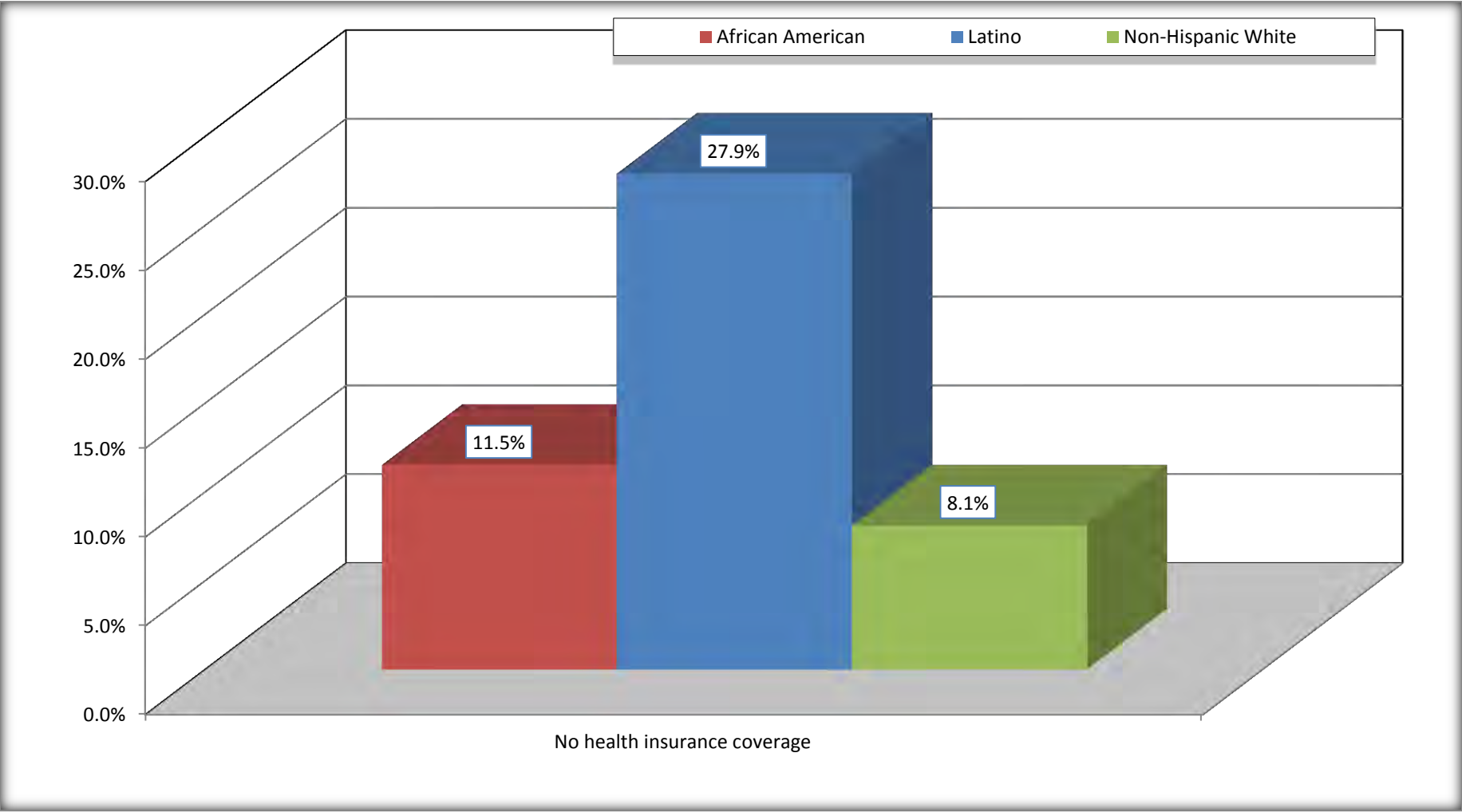
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Lack of Health Insurance Coverage -- Civilian Noninstitutionalized Population

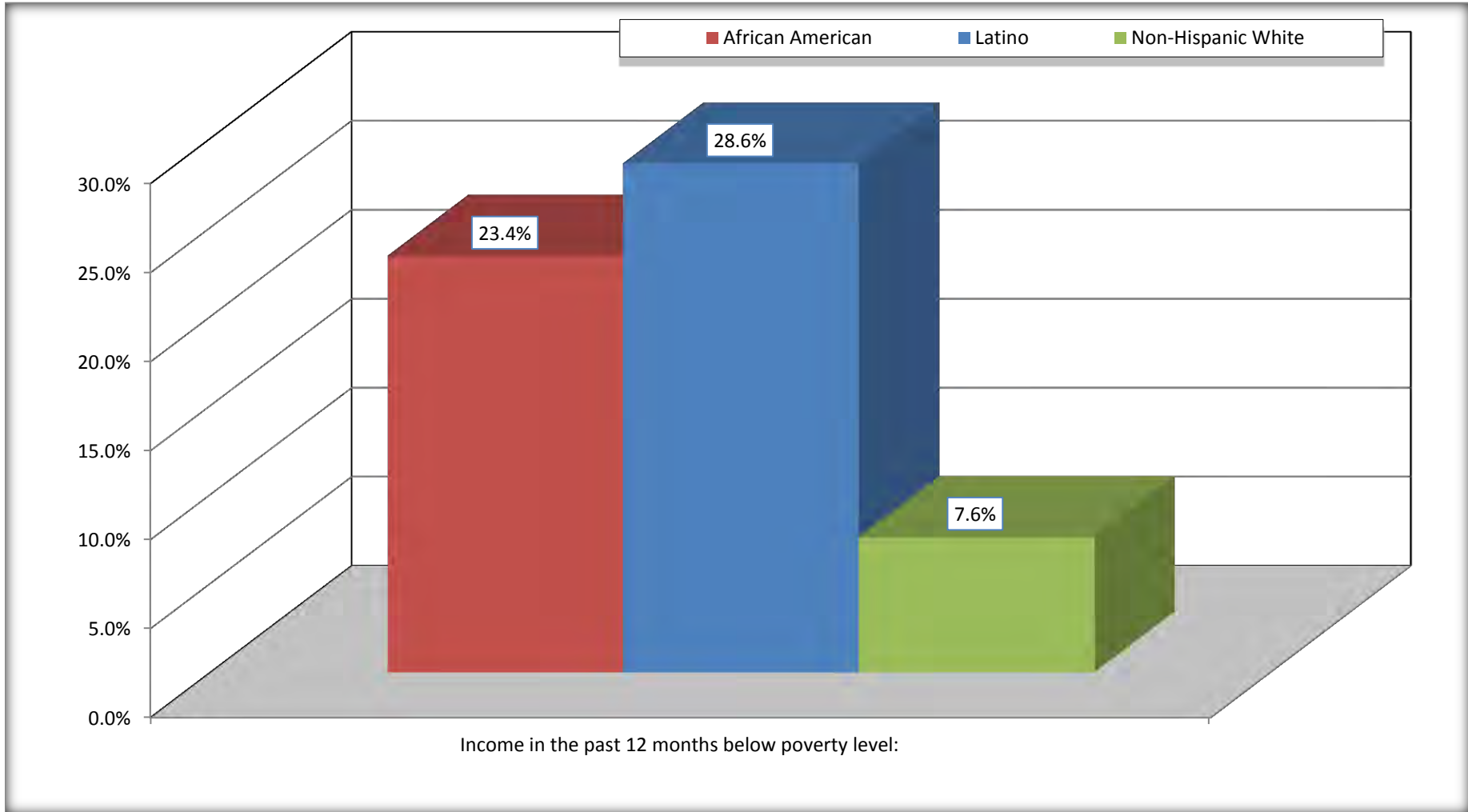
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Family Households Below Poverty in the Past 12 Months

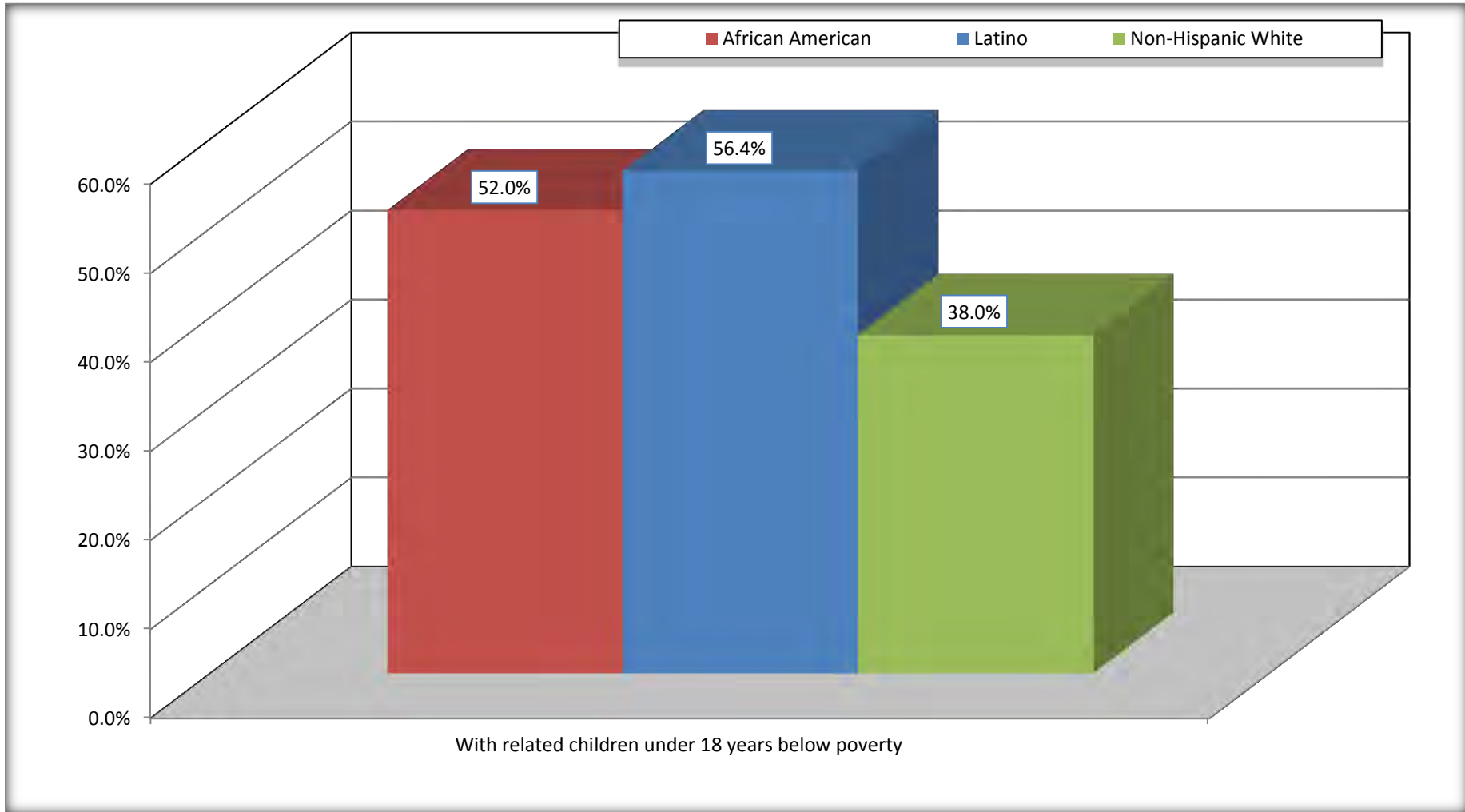
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Female-headed Households with Related Children Below Poverty in the Past 12 Months

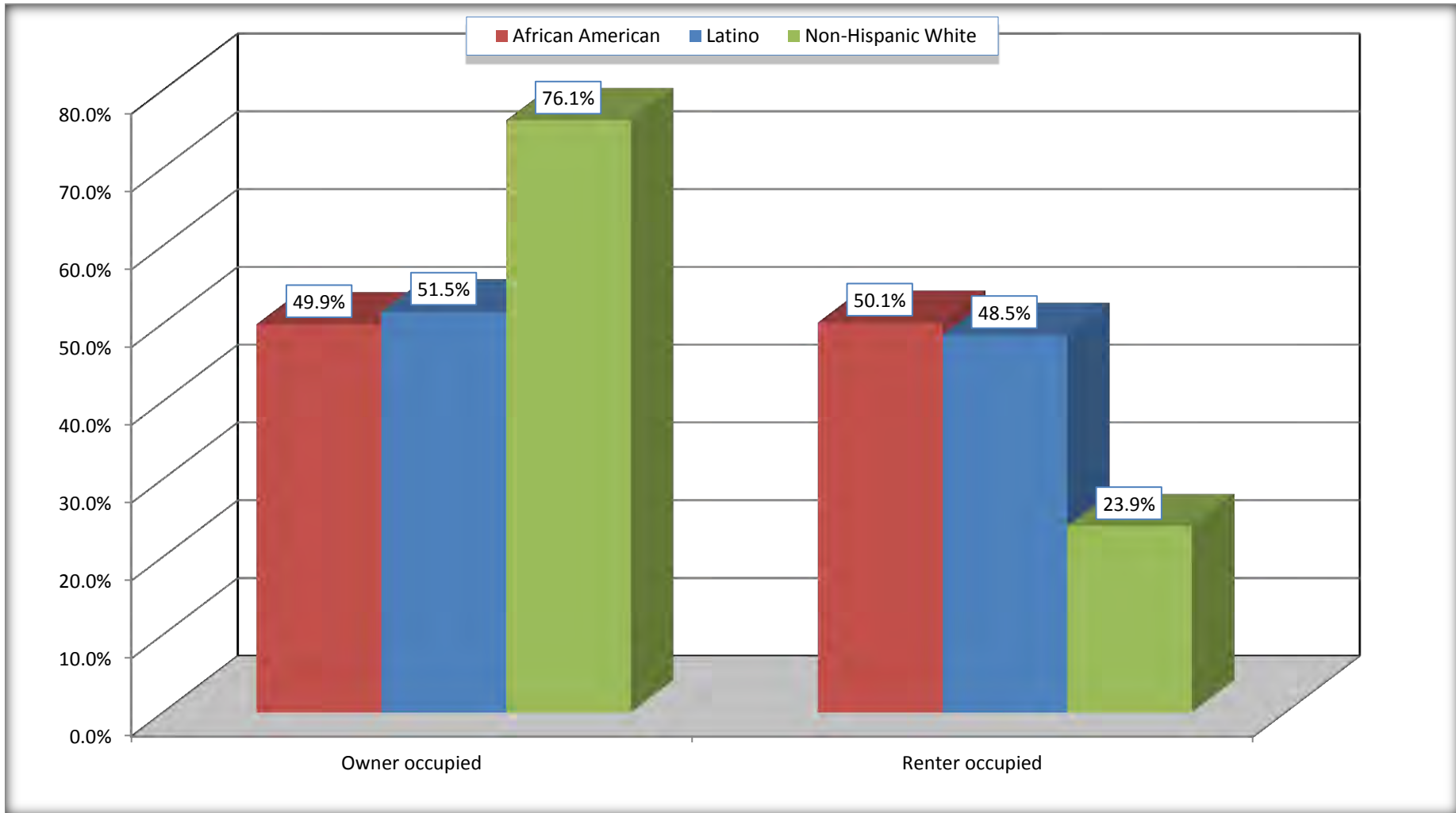
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Home Owners and Renters by Household

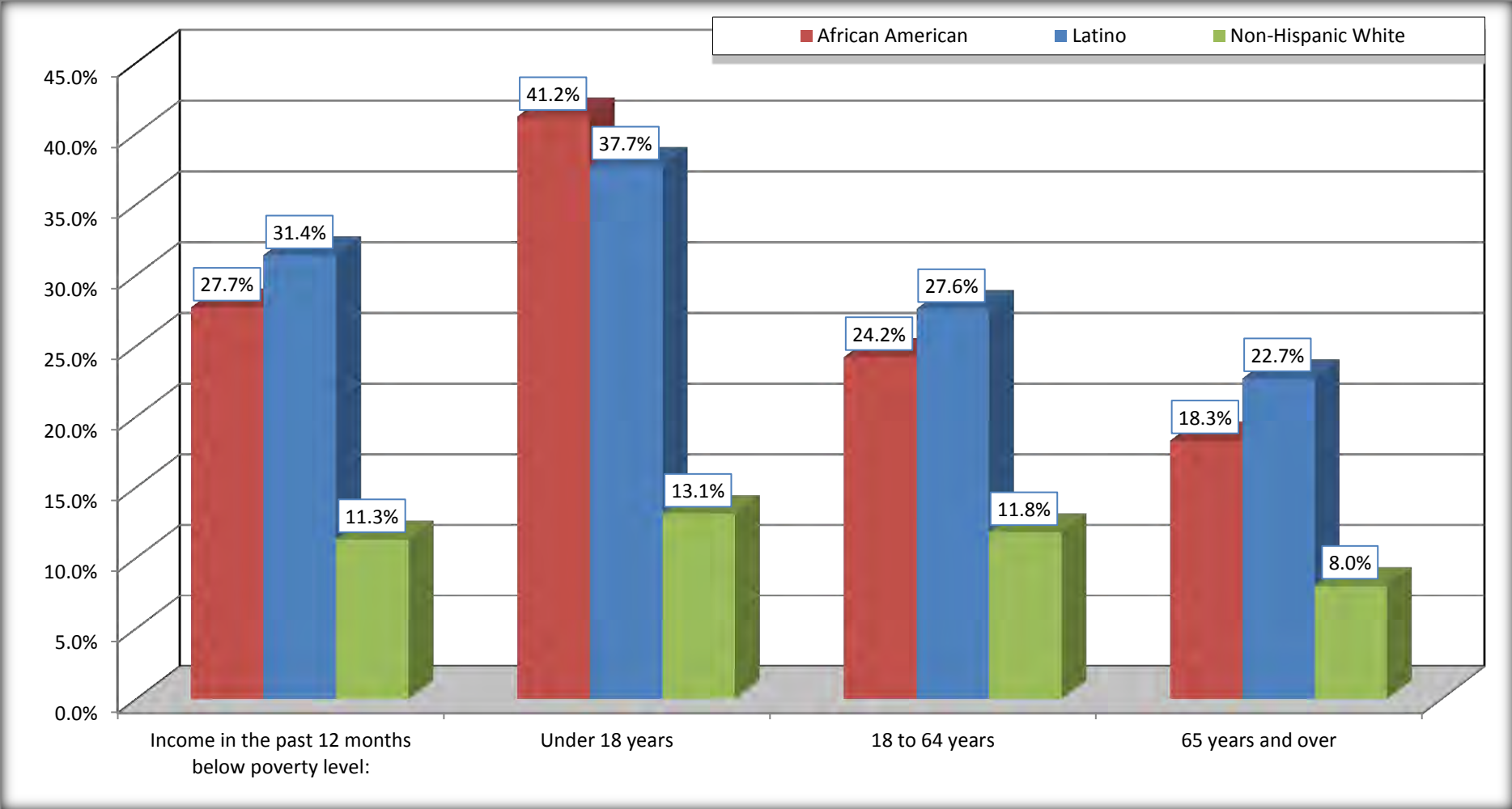
Alabama



Source: S0201 SELECTED POPULATION PROFILE
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Population Below Poverty in the Past 12 Months

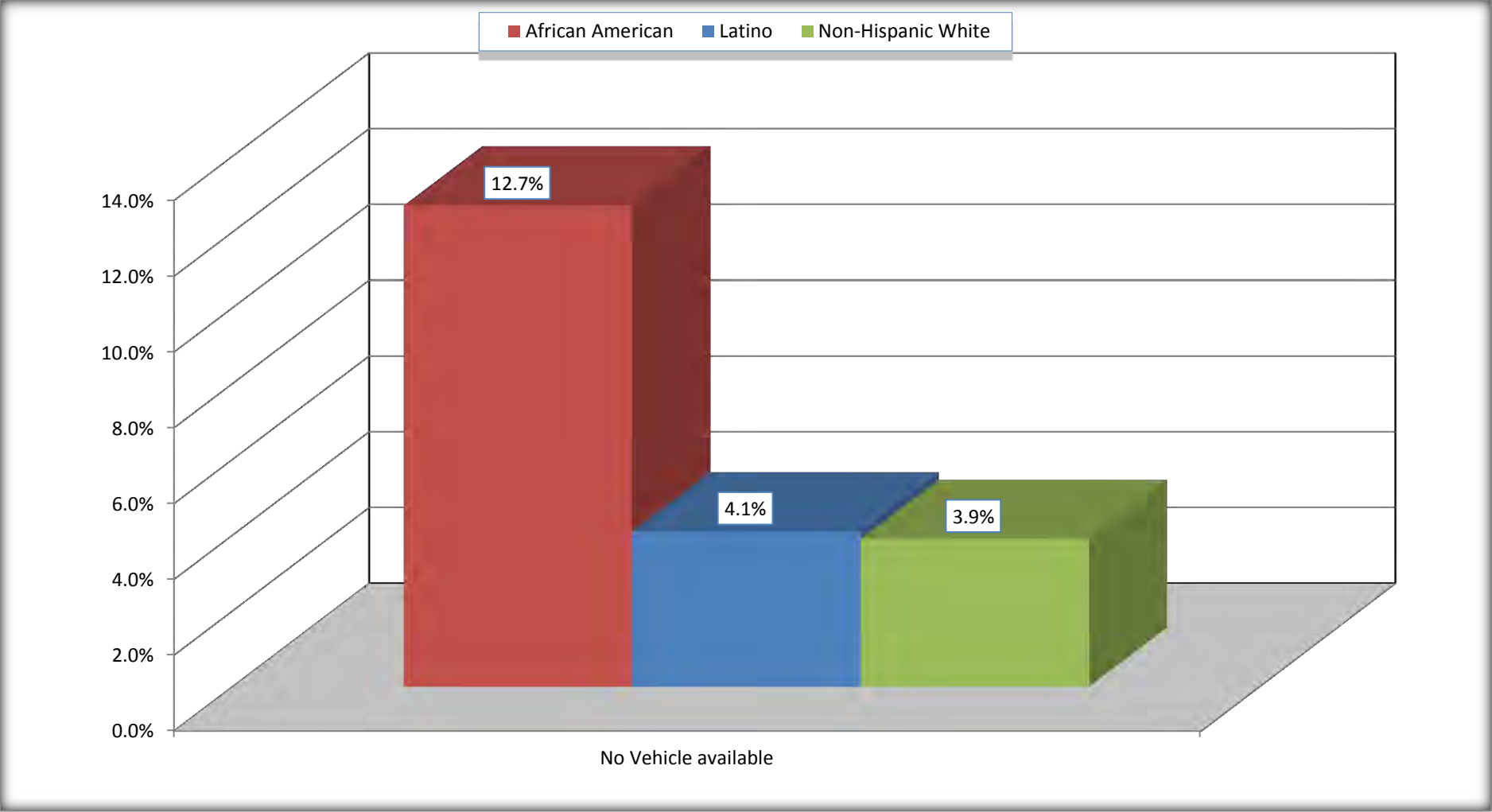
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

No Vehicles Available by Household

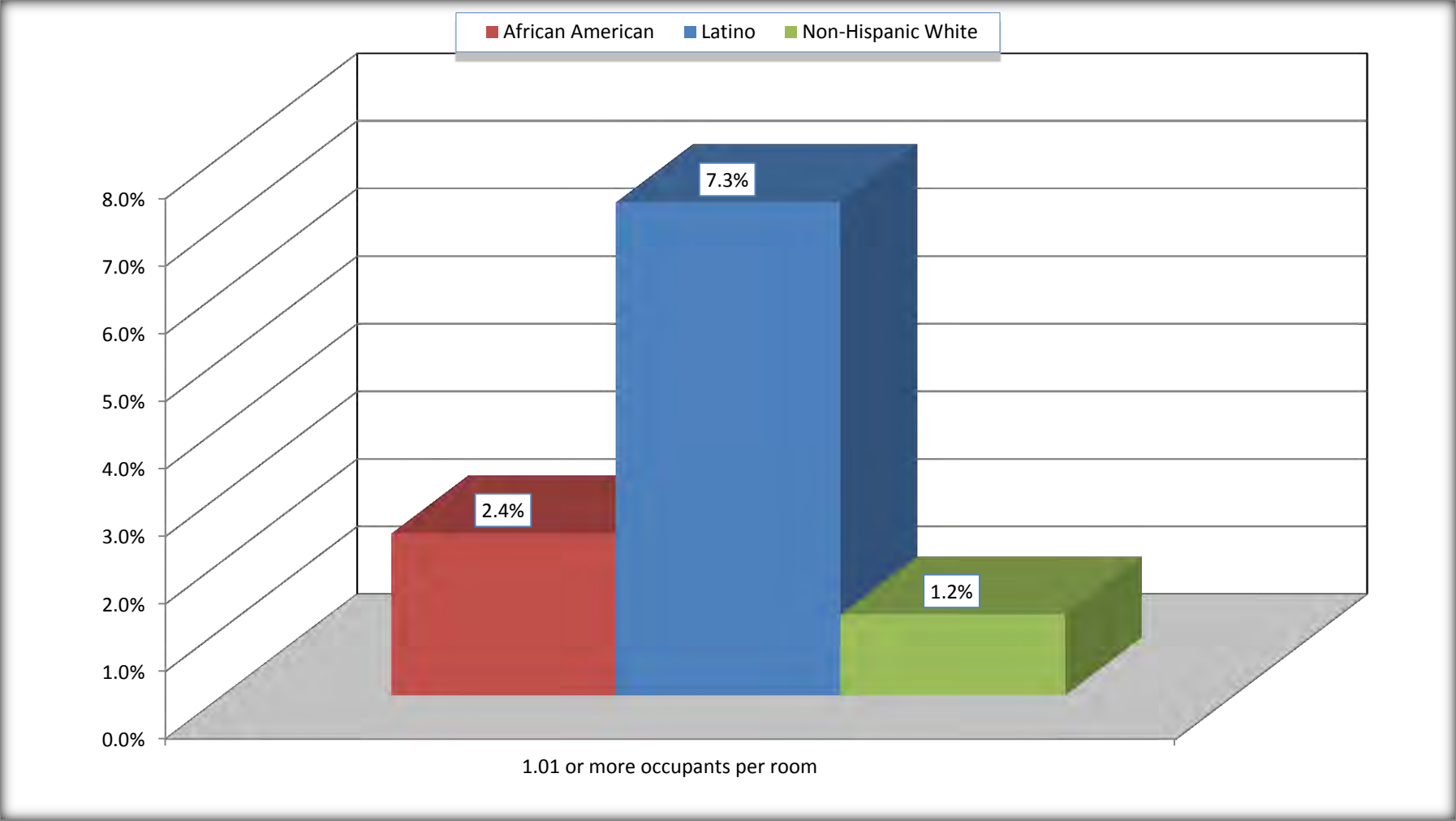
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

More than One Person per Room (Crowding) by Household

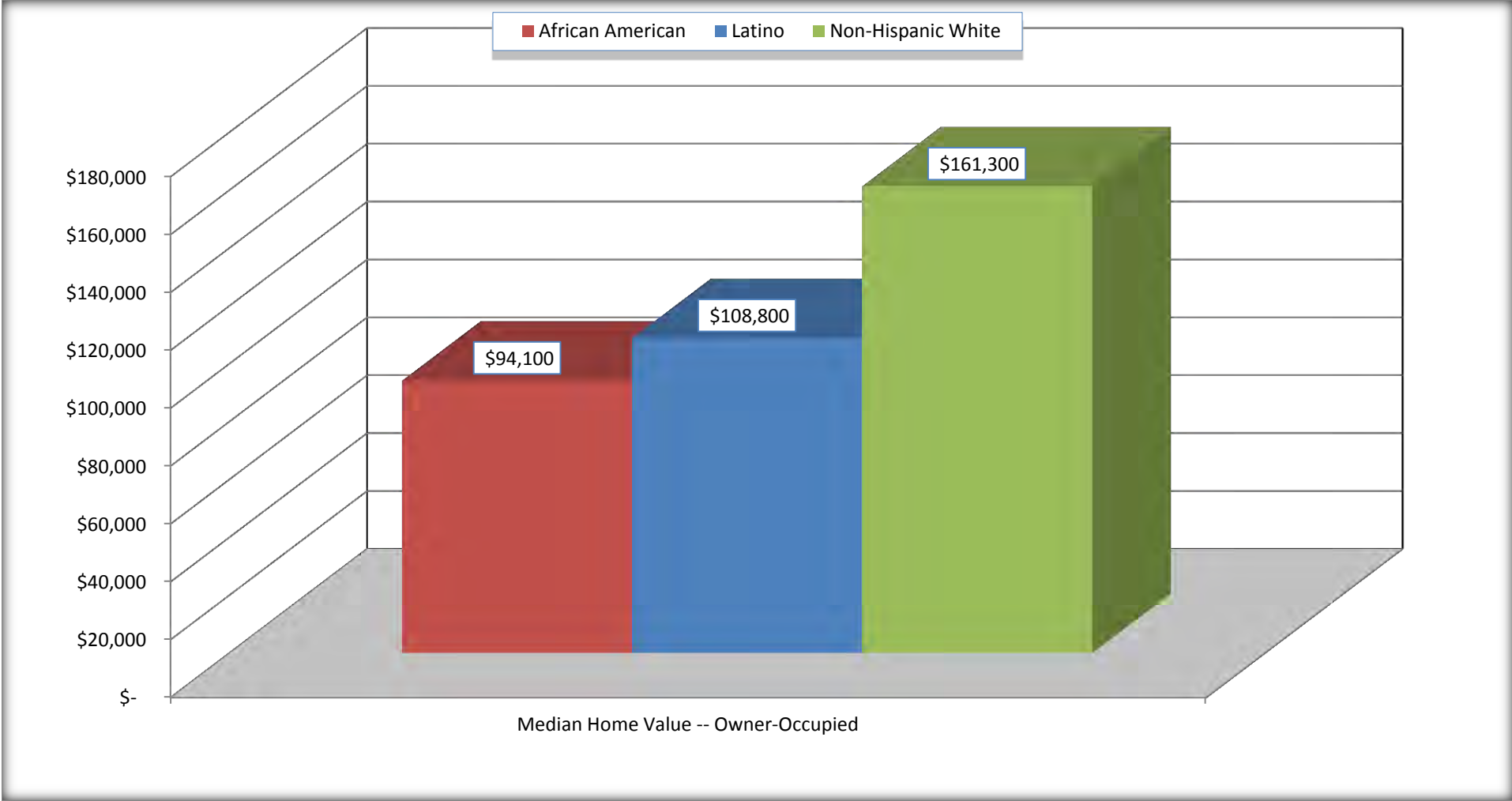
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Median Home Value -- Owner-Occupied

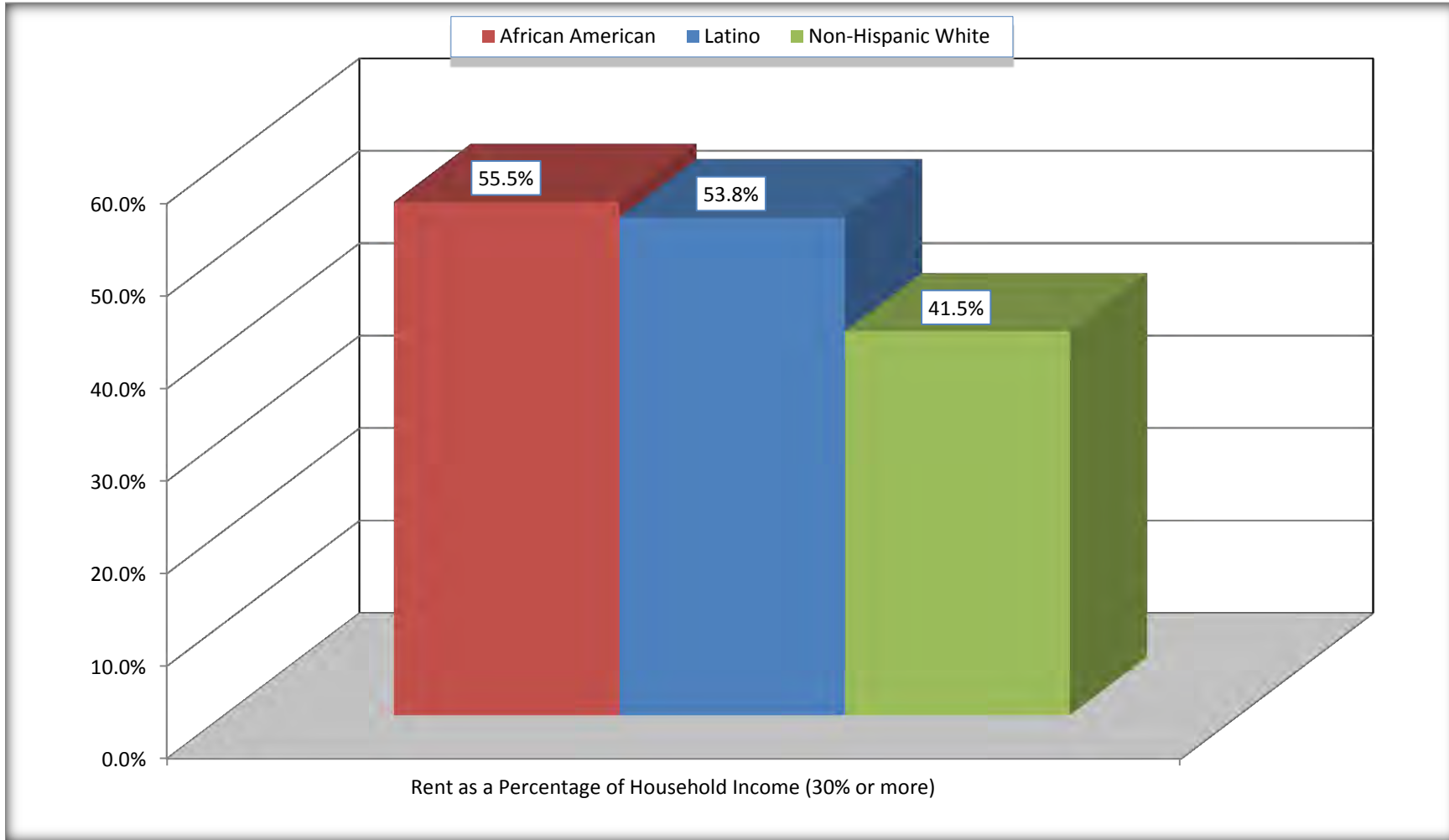
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Rent as a Percentage of Household Income (30% or more) -- Renter-Occupied

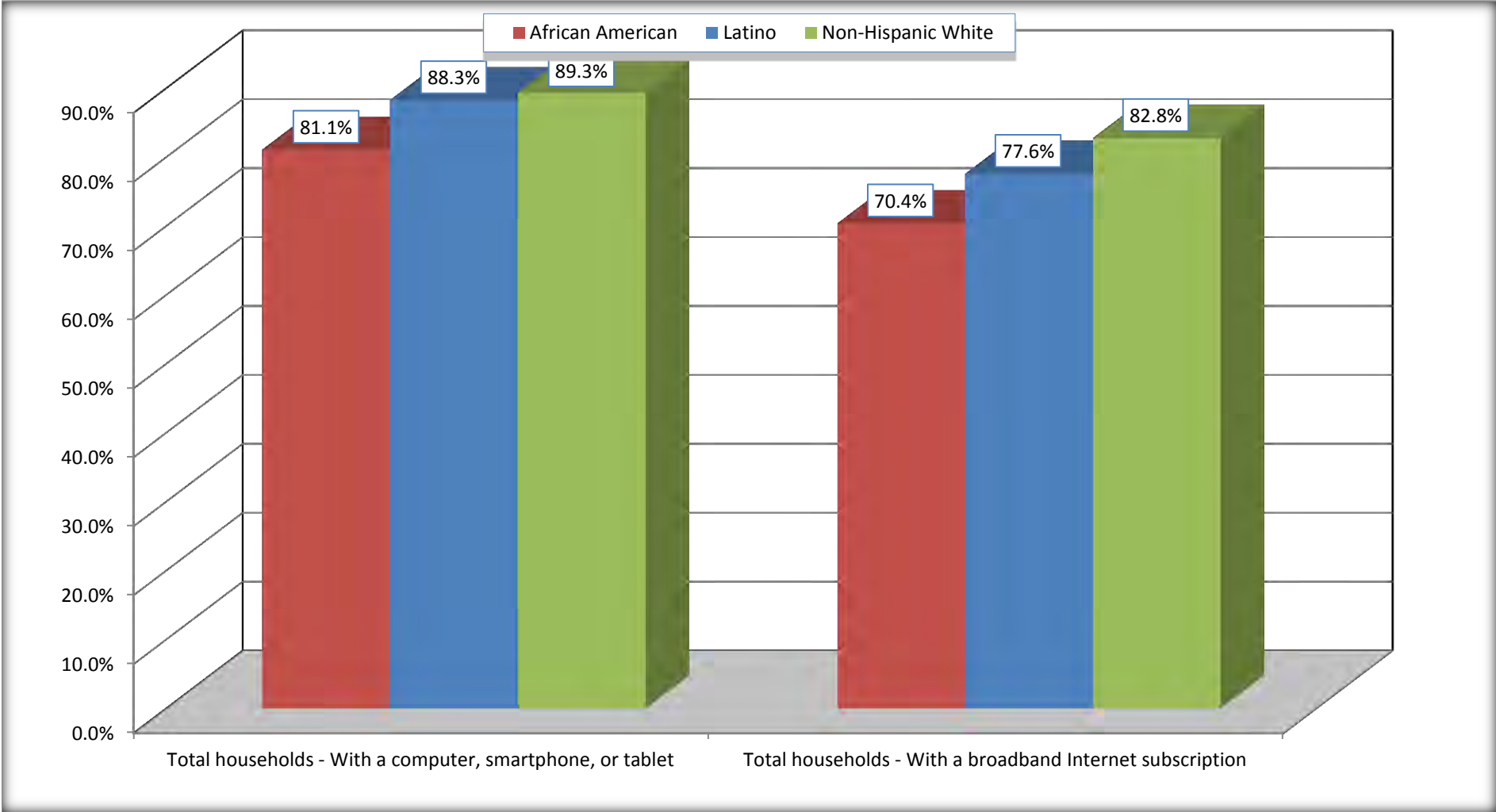
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Computers and Internet Use

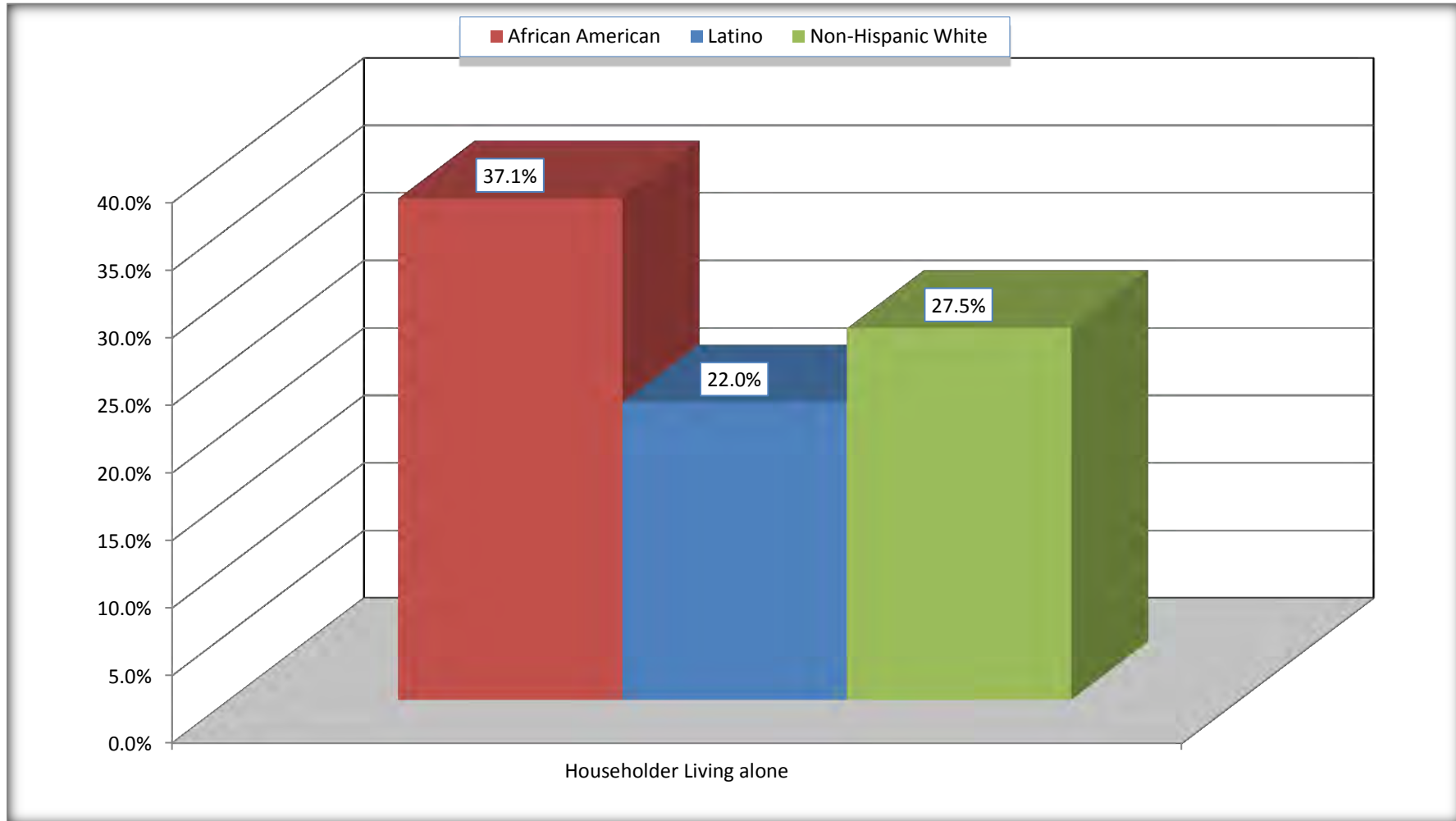
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Households with Householder Living Alone

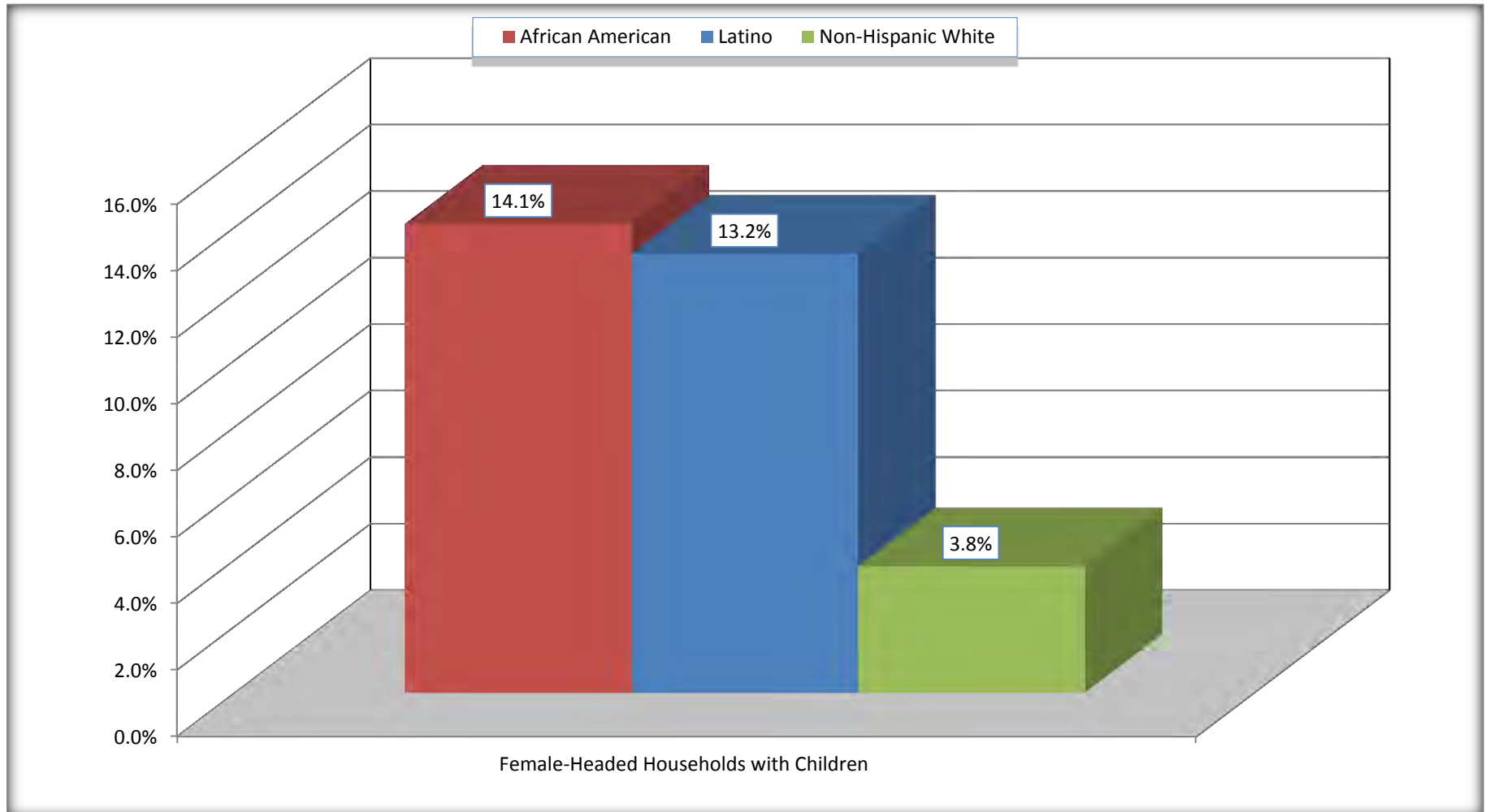
Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Female-Headed Households with Children Under 18 (As a Percentage of all Households)

Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

ATTACHMENT A-2

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
TOTAL NUMBER OF RACES REPORTED				
Total population	4,887,871	1,298,603	211,485	3,192,169
One race	97.90%	100%	95.50%	100%
Two races	1.90%	(X)	4.10%	(X)
Three races	0.10%	(X)	0.40%	(X)
Four or more races	0%	(X)	0%	(X)
SEX AND AGE				
Total population	4,887,871	1,298,603	211,485	3,192,169
Male	48.50%	46.60%	53%	49%
Female	51.50%	53.40%	47%	51%
Under 5 years	5.90%	6.40%	11.60%	5.10%
5 to 17 years	16.40%	18.10%	27.90%	14.50%
18 to 24 years	9.40%	11.10%	10.80%	8.50%
25 to 34 years	13.00%	14.50%	16.40%	12.20%
35 to 44 years	12.10%	12.60%	15%	11.70%
45 to 54 years	12.80%	12.30%	8.50%	13.40%
55 to 64 years	13.30%	12.50%	4.80%	14.50%
65 to 74 years	10.10%	8.10%	3.20%	11.60%
75 years and over	6.90%	4.40%	1.70%	8.40%
Median age (years)	39.3	35	24.8	43.2
18 years and over	77.70%	75.50%	60.40%	80.40%
21 years and over	73.40%	70.40%	55.70%	76.40%
62 years and over	20.70%	15.90%	6%	24.10%
65 years and over	17.00%	12.60%	4.90%	20%
Under 18 years	1,089,105	317,753	83,683	626,795
Male	51.80%	51.30%	54.10%	51.90%
Female	48.20%	48.70%	45.90%	48.10%
18 years and over	3,798,766	980,850	127,802	2,565,374
Male	47.50%	45.10%	52.30%	48.30%
Female	52.50%	54.90%	47.70%	51.70%
18 to 34 years	1,097,278	332,134	57,517	661,061
Male	49.70%	47.40%	53.40%	50.50%
Female	50.30%	52.60%	46.60%	49.50%
35 to 64 years	1,871,825	485,623	59,978	1,265,215
Male	48.00%	45.20%	53.40%	49.10%
Female	52.00%	54.80%	46.60%	50.90%
65 years and over	829,663	163,093	10,307	639,098
Male	43.50%	40.10%	40.20%	44.40%
Female	56.50%	59.90%	59.80%	55.60%

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
RELATIONSHIP				
Population in households	4,770,428	1,254,440	206,953	3,127,759
Householder or spouse	57.30%	49.40%	42%	62.10%
Child	29.90%	34.30%	43.40%	26.90%
Other relatives	8.00%	11.60%	7.30%	6.50%
Nonrelatives	4.80%	4.70%	7.30%	4.60%
Unmarried partner	1.70%	2.20%	1.60%	1.60%
HOUSEHOLDS BY TYPE				
Households	1,855,184	490,533	55,220	1,253,762
Family households	65.50%	58.60%	72.70%	67.90%
With own children of the householder under 18 years	25.10%	25.20%	49%	23.80%
Married-couple family	47.40%	26.40%	50.50%	55.40%
With own children of the householder under 18 years	16.40%	8.70%	32.90%	18.40%
Female householder, no husband present, family	13.90%	26.80%	15.80%	8.80%
With own children of the householder under 18 years	6.90%	14.10%	13.20%	3.80%
Nonfamily households	34.50%	41.40%	27.30%	32.10%
Male householder	16%	18.70%	16.60%	14.50%
Living alone	13.30%	16.30%	13.70%	12%
Not living alone	2.50%	2.40%	2.90%	2.50%
Female householder	18.70%	22.70%	10.70%	17.60%
Living alone	16.60%	20.80%	8.30%	15.50%
Not living alone	2.10%	1.90%	2.40%	2.10%
Average household size	2.57	2.55	3.33	2.55
Average family size	3.21	3.46	3.88	3.1
MARITAL STATUS				
Population 15 years and over	3,987,483	1,035,722	139,328	2,678,288
Now married, except separated	47.40%	28.20%	48.20%	54.80%
Widowed	6.90%	6.50%	3%	7.40%
Divorced	12.40%	13.20%	6.90%	12.50%
Separated	2.30%	3.80%	4.30%	1.70%
Never married	30.90%	48.30%	37.70%	23.70%
Male 15 years and over	1,903,181	470,089	73,448	1,298,322
Now married, except separated	49.30%	31.20%	47.10%	56.10%
Widowed	3.10%	3.30%	0.80%	3.30%
Divorced	11.60%	11.70%	6.20%	11.90%
Separated	1.90%	3.40%	3.20%	1.30%
Never married	34.10%	50.40%	42.70%	27.30%
Female 15 years and over	2,084,302	565,633	65,880	1,379,966
Now married, except separated	45.70%	25.70%	49.50%	53.40%

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
Widowed	10.30%	9.20%	5.30%	11.30%
Divorced	13.20%	14.50%	7.70%	13%
Separated	2.70%	4.10%	5.40%	2%
Never married	28.10%	46.50%	32.10%	20.20%
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	1,174,781	352,759	75,272	683,579
Nursery school, preschool	5.40%	5.50%	6.70%	5.20%
Kindergarten	5.20%	5%	8.60%	5%
Elementary school (grades 1-8)	41.90%	41.20%	47.40%	41.50%
High school (grades 9-12)	21.80%	21.80%	21%	22%
College or graduate school	25.70%	26.40%	16.30%	26.30%
Male 3 years and over enrolled in school	581,105	166,255	40,599	343,827
Percent enrolled in kindergarten to grade 12	72.30%	75%	78.80%	70.70%
Percent enrolled in college or graduate school	22.10%	19.30%	15.50%	23.90%
Female 3 years and over enrolled in school	593,676	186,504	34,673	339,752
Percent enrolled in kindergarten to grade 12	65.60%	61.90%	74.80%	66.30%
Percent enrolled in college or graduate school	29%	32.80%	17.20%	28.70%
EDUCATIONAL ATTAINMENT				
Population 25 years and over	3,337,464	836,674	105,067	2,292,702
Less than high school diploma	13.40%	16.60%	31.90%	11.40%
High school graduate (includes equivalency)	30.80%	35.40%	25.50%	29.80%
Some college or associate's degree	30.30%	30.80%	22.50%	30.60%
Bachelor's degree	16%	10.90%	14%	17.90%
Graduate or professional degree	9.50%	6.40%	6.10%	10.40%
High school graduate or higher	86.60%	83.40%	68.10%	88.60%
Male, high school graduate or higher	85.30%	81.10%	65.40%	87.80%
Female, high school graduate or higher	87.70%	85.30%	70.90%	89.40%
Bachelor's degree or higher	25.50%	17.30%	20.10%	28.30%
Male, bachelor's degree or higher	24.90%	13.50%	18.90%	28.50%
Female, bachelor's degree or higher	26.10%	20.40%	21.50%	28.10%
FERTILITY				
Women 15 to 50 years	1,143,519	343,515	50,814	699,845
Women 15 to 50 years who had a birth in the past 12 months	66,070	19,671	5,009	37,520
Unmarried women 15 to 50 years who had a birth in the past 12 months	25,420	12,442	1,414	10,032
As a percent of all women with a birth in the past 12 months	38.50%	63.30%	28.20%	26.70%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS				
Population 30 years and over	3,005,070	736,735	86,843	2,091,694
Grandparents living with grandchild(ren)	4.00%	5.40%	5.80%	3.50%
Grandparents responsible for grandchildren as a percentage of living with gran	50.20%	55.20%	49.80%	47.70%

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
VETERAN STATUS				
Civilian population 18 years and over	3,786,286	978,658	126,784	2,556,845
Civilian veteran	8.60%	7.90%	5%	9.10%
DISABILITY STATUS				
Total civilian noninstitutionalized population	4,810,094	1,272,210	207,997	3,146,535
With a disability	16.30%	16.50%	7.90%	17%
Civilian noninstitutionalized population under 18 years	1,087,358	317,297	83,380	625,840
With a disability	4.70%	5.20%	4.40%	4.60%
Civilian noninstitutionalized population 18 to 64 years	2,910,682	796,426	114,342	1,894,493
With a disability	14.30%	15.80%	7.80%	14.10%
Civilian noninstitutionalized population 65 years and older	812,054	158,487	10,275	626,202
With a disability	39.00%	42.70%	38.20%	38.10%
RESIDENCE 1 YEAR AGO				
Population 1 year and over	4,832,358	1,283,047	207,083	3,160,207
Same house	86.40%	85.40%	82.30%	87.30%
Different house in the U.S.	13.30%	14.40%	15.50%	12.50%
Same county	7.90%	10%	9%	6.90%
Different county	5.40%	4.50%	6.50%	5.60%
Same state	3.20%	2.70%	3.20%	3.30%
Different state	2.30%	1.80%	3.30%	2.30%
Abroad	0.30%	0.20%	2.20%	0.20%
PLACE OF BIRTH, CITIZENSHIP STATUS AND YEAR OF ENTRY				
Native	4,725,304	1,286,222	143,286	3,162,385
Male	48.50%	46.60%	53.70%	49.10%
Female	51.50%	53.40%	46.30%	50.90%
Foreign born	162,567	12,381	68,199	29,784
Male	46.70%	51.10%	51.60%	42.50%
Female	53.30%	48.90%	48.40%	57.50%
Foreign born; naturalized U.S. citizen	67,130	5,797	16,454	17,248
Male	45%	62.20%	54.20%	41.70%
Female	55%	37.80%	45.80%	58.30%
Foreign born; not a U.S. citizen	95,437	6,584	51,745	12,536
Male	47.60%	41.30%	50.70%	43.60%
Female	52.40%	58.70%	49.30%	56.40%
Population born outside the United States	162,567	12,381	68,199	29,784
Entered 2010 or later	28.40%	36.60%	23.90%	23.90%
Entered 2000 to 2009	30.20%	21%	42%	17.30%
Entered before 2000	41.40%	42.40%	34.10%	58.90%

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
WORLD REGION OF BIRTH OF FOREIGN BORN				
Foreign-born population excluding population born at sea	162,567	12,381	68,199	29,784
Europe	12.80%	N	N	62.50%
Asia	32.30%	N	N	13.70%
Africa	5%	N	N	3.50%
Oceania	0.60%	N	N	1.50%
Latin America	47.50%	N	N	11.70%
Northern America	1.70%	N	N	7.10%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH				
Population 5 years and over	4,599,282	1,215,838	186,854	3,029,247
English only	94.70%	98.80%	32.30%	98.40%
Language other than English	5.30%	1.20%	67.70%	1.60%
Speak English less than "very well"	2.10%	0.40%	29.70%	0.40%
EMPLOYMENT STATUS				
Population 16 years and over	3,930,579	1,020,658	135,730	2,642,465
In labor force	56.80%	56.20%	64.60%	56.60%
Civilian labor force	56.50%	56%	63.80%	56.30%
Employed	53.30%	50.70%	61.50%	53.90%
Unemployed	3.20%	5.30%	2.30%	2.40%
Unemployment Rate	5.60%	9.40%	3.60%	4.20%
Armed Forces	0.30%	0.20%	0.80%	0.30%
Not in labor force	43.20%	43.80%	35.40%	43.40%
Females 16 years and over	2,058,095	558,560	64,682	1,363,448
In labor force	51.90%	55.50%	51.60%	50.50%
Civilian labor force	52%	55.50%	51.20%	50.40%
Employed	49%	50.40%	49%	48.30%
Unemployed	3.00%	5%	2.20%	2.10%
Unemployment Rate	5.70%	9.10%	4.40%	4.10%
COMMUTING TO WORK				
Workers 16 years and over	2,068,020	509,523	82,894	1,407,138
Car, truck, or van - drove alone	86.30%	84.50%	76.80%	87.80%
Car, truck, or van - carpooled	7.90%	9.90%	18.70%	6.30%
Public transportation (excluding taxicab)	0.30%	0.70%	0.20%	0.20%
Walked	1.10%	1.60%	1.30%	0.80%
Other means	1.00%	1.10%	0.90%	0.90%
Worked at home	4%	2.20%	2.10%	4%
Mean travel time to work (minutes)	25.2	24.4	26.5	25.6
OCCUPATION				
Civilian employed population 16 years and over	2,094,271	517,674	83,458	1,424,066

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
Management, business, science, and arts occupations	35.20%	26.20%	23.30%	39.10%
Service occupations	16.00%	20.70%	25.30%	13.70%
Sales and office occupations	21.40%	20.80%	10.20%	22.30%
Natural resources, construction, and maintenance occupations	9.80%	6.50%	23.60%	10.30%
Production, transportation, and material moving occupations	17.60%	25.80%	17.50%	14.60%
Male civilian employed population 16 years and over	1,088,629	235,949	51,759	765,100
Management, business, science, and arts occupations	30.60%	18.70%	19.80%	34.70%
Service occupations	12.30%	17.10%	17.80%	10.40%
Sales and office occupations	13.50%	11.20%	5.70%	14.50%
Natural resources, construction, and maintenance occupations	17.90%	13.10%	36.40%	18.40%
Production, transportation, and material moving occupations	25.70%	39.90%	20.30%	22%
Female civilian employed population 16 years and over	1,005,642	281,725	31,699	658,966
Management, business, science, and arts occupations	40.20%	32.60%	29.10%	44.20%
Service occupations	20.10%	23.80%	37.60%	17.70%
Sales and office occupations	30.00%	28.80%	17.70%	31.40%
Natural resources, construction, and maintenance occupations	1%	0.90%	2.70%	0.80%
Production, transportation, and material moving occupations	8.70%	13.90%	12.90%	6%
INDUSTRY				
Civilian employed population 16 years and over	2,094,271	517,674	83,458	1,424,066
Agriculture, forestry, fishing and hunting, and mining	1.30%	0.50%	1.10%	1.60%
Construction	7.10%	3.60%	20.30%	7.70%
Manufacturing	14.10%	17%	15.40%	12.90%
Wholesale trade	2.60%	1.50%	2.30%	3%
Retail trade	11.10%	10.60%	7%	11.40%
Transportation and warehousing, and utilities	5.70%	6.20%	1.70%	5.80%
Information	1.50%	1.30%	0.60%	1.60%
Finance and insurance, and real estate and rental and leasing	5%	4.50%	3.70%	5.70%
Professional, scientific, and management, and administrative and waste mana	10.10%	8.50%	10.70%	10.70%
Educational services, and health care and social assistance	22%	24.50%	11.60%	22.10%
Arts, entertainment, and recreation, and accommodation and food services	8.60%	11.40%	15.40%	7.20%
Other services (except public administration)	5.10%	3.80%	7.30%	5.30%
Public administration	5.30%	6.60%	2.90%	5%
CLASS OF WORKER				
Civilian employed population 16 years and over	2,094,271	517,674	83,458	1,424,066
Private wage and salary workers	79%	80%	81.50%	78.90%
Government workers	14.90%	16.90%	8.40%	14.70%
Self-employed workers in own not incorporated business	5.60%	3%	10%	6.30%
Unpaid family workers	0.10%	0.10%	0%	0.10%

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)				
Households	1,855,184	490,533	55,220	1,253,762
Median household income (dollars)	49,861	33,503	37,412	58,257
With earnings	71.20%	69.40%	85.30%	71.10%
Mean earnings (dollars)	72,777	50,324	55,183	82,206
With Social Security income	36.50%	32.50%	13.20%	39.40%
Mean Social Security income (dollars)	19,038	15,206	14,315	20,436
With Supplemental Security Income	6.90%	11.10%	4.60%	5.40%
Mean Supplemental Security Income (dollars)	9,676	9,033	8,528	10,083
With cash public assistance income	1.50%	2.70%	2.90%	1.10%
Mean cash public assistance income (dollars)	2,191	1,860	3,542	2,352
With retirement income	21.60%	17.30%	7.90%	24.30%
Mean retirement income (dollars)	24,227	19,536	18,724	25,514
With Food Stamp/SNAP benefits	13.30%	26.30%	21%	8%
Families	1,214,794	287,498	40,124	851,680
Median family income (dollars)	63,837	43,287	41,540	73,109
Married-couple family	72.40%	45%	69.50%	81.60%
Median income (dollars)	78,805	67,857	51,573	81,991
Male householder, no spouse present, family	6.40%	9.30%	8.80%	5.40%
Median income (dollars)	46,098	42,104	30,920	50,877
Female householder, no husband present, family	21.20%	45.70%	21.70%	13%
Median income (dollars)	28,168	25,859	20,893	31,411
Individuals	4,887,871	1,298,603	211,485	3,192,169
Per capita income (dollars)	27,525	19,160	16,588	31,937
With earnings for full-time, year-round workers:				
Male	880,580	182,811	39,605	632,297
Female	683,663	204,019	19,460	439,259
Mean earnings (dollars) for full-time, year-round workers:				
Male	64,685	45,781	46,878	71,154
Female	44,579	37,997	34,241	47,536
Median earnings (dollars) full-time, year-round workers:				
Male	49,210	37,706	33,693	52,444
Female	35,854	31,205	26,736	38,226
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	4,810,094	1,272,210	207,997	3,146,535
With private health insurance	66.60%	53.40%	41.60%	73.70%
With public coverage	37.20%	45.40%	35.90%	34.20%
No health insurance coverage	10.00%	11.50%	27.90%	8.10%

Alabama

	All Persons Estimate	Black or African American alone, not Hispanic or Latino Estimate	Hispanic or Latino (of any race) Estimate	White alone, not Hispanic or Latino Estimate
POVERTY RATES FOR FAMILIES AND PEOPLE FOR WHOM POVERTY STATUS IS				
All families	12.20%	23.40%	28.60%	7.60%
With related children of the householder under 18 years	20%	35.40%	35.40%	12.10%
With related children of the householder under 5 years only	20.70%	35.20%	28.60%	14.10%
Married-couple family	5.40%	7.80%	22%	4.20%
With related children of the householder under 18 years	8%	10.30%	27.70%	5.70%
With related children of the householder under 5 years only	8.80%	15%	16.50%	6.40%
Female householder, no husband present, family	34.80%	39.40%	51.10%	27.50%
With related children of the householder under 18 years	46.90%	52%	56.40%	38%
With related children of the householder under 5 years only	47.90%	50.30%	60.70%	44.50%
All people	16.80%	27.70%	31.40%	11.30%
Under 18 years	23.80%	41.20%	37.70%	13.10%
Related children of the householder under 18 years	23.60%	41.10%	37.60%	12.70%
Related children of the householder under 5 years	26.10%	43.70%	39.90%	14.80%
Related children of the householder 5 to 17 years	22.70%	40.20%	36.60%	12%
18 years and over	14.80%	23.20%	27.20%	10.90%
18 to 64 years	16.00%	24.20%	27.60%	11.80%
65 years and over	10.30%	18.30%	22.70%	8%
People in families	13.70%	25%	29.60%	8.20%
Unrelated individuals 15 years and over	30.80%	37.70%	41.70%	26.30%
HOUSING TENURE				
Occupied housing units	1,855,184	490,533	55,220	1,253,762
Owner-occupied housing units	68.00%	49.90%	51.50%	76.10%
Renter-occupied housing units	32.00%	50.10%	48.50%	23.90%
Average household size of owner-occupied unit	2.63	2.65	3.31	2.6
Average household size of renter-occupied unit	2.44	2.46	3.35	2.36
UNITS IN STRUCTURE				
Occupied housing units	1,855,184	490,533	55,220	1,253,762
1-unit, detached or attached	72.60%	63.60%	56.80%	77.10%
2 to 4 units	4.90%	9.90%	7.50%	2.80%
5 or more units	10.40%	17.70%	11.70%	7.30%
Mobile home, boat, RV, van, etc.	12.00%	8.80%	24%	12.80%
YEAR STRUCTURE BUILT				
Occupied housing units	1,855,184	490,533	55,220	1,253,762
Built 2014 or later	3.60%	2.50%	4.10%	3.90%
Built 2010 to 2013	3.90%	3.50%	3.10%	3.90%
Built 2000 to 2009	15.60%	12.50%	13.80%	16.80%
Built 1980 to 1999	33.40%	29.30%	38.80%	34.80%
Built 1960 to 1979	27.00%	31.10%	26.10%	25.60%

Alabama

	All Persons	Black or African American alone, not Hispanic or Latino	Hispanic or Latino (of any race)	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate	Estimate
Built 1940 to 1959	12.00%	16.50%	10.70%	10.50%
Built 1939 or earlier	4.40%	4.60%	3.30%	4.40%
VEHICLES AVAILABLE				
Occupied housing units	1,855,184	490,533	55,220	1,253,762
None	6.30%	12.70%	4.10%	3.90%
1 or more	93.70%	87.30%	95.90%	96.10%
HOUSE HEATING FUEL				
Occupied housing units	1,855,184	490,533	55,220	1,253,762
Gas	32.70%	36.50%	20.10%	32%
Electricity	65.70%	62.40%	77.80%	66.20%
All other fuels	1.10%	0.70%	0.70%	1.30%
No fuel used	0.40%	0.30%	1.40%	0.40%
SELECTED CHARACTERISTICS				
Occupied housing units	1,855,184	490,533	55,220	1,253,762
No telephone service available	2.00%	2.80%	4.60%	1.50%
1.01 or more occupants per room	2%	2.40%	7.30%	1.20%
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCC				
Housing units with a mortgage (excluding units where SMOC cannot be computed)	689,622	137,189	14,668	518,777
Less than 30 percent	76.40%	65.40%	75.70%	79.60%
30 percent or more	23.60%	34.60%	24.30%	20.40%
OWNER CHARACTERISTICS				
Owner-occupied housing units	1,262,257	244,772	28,449	954,258
Median value (dollars)	147,900	94,100	108,800	161,300
Median selected monthly owner costs with a mortgage (dollars)	1,164	1,073	1,107	1,188
Median selected monthly owner costs without a mortgage (dollars)	360	347	345	366
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MC				
Occupied units paying rent (excluding units where GRAPI cannot be computed)	509,079	214,628	24,182	252,165
Less than 30 percent	52.10%	44.50%	46.20%	58.50%
30 percent or more	47.90%	55.50%	53.80%	41.50%
GROSS RENT				
Occupied units paying rent	528,763	224,396	24,959	259,779
Median gross rent (dollars)	788	765	800	802
COMPUTERS AND INTERNET USE				
Total households	1,855,184	490,533	55,220	1,253,762
With a computer	87.20%	81.10%	88.30%	89.30%
With a broadband Internet subscription	79.30%	70.40%	77.60%	82.80%

ATTACHMENT B-1

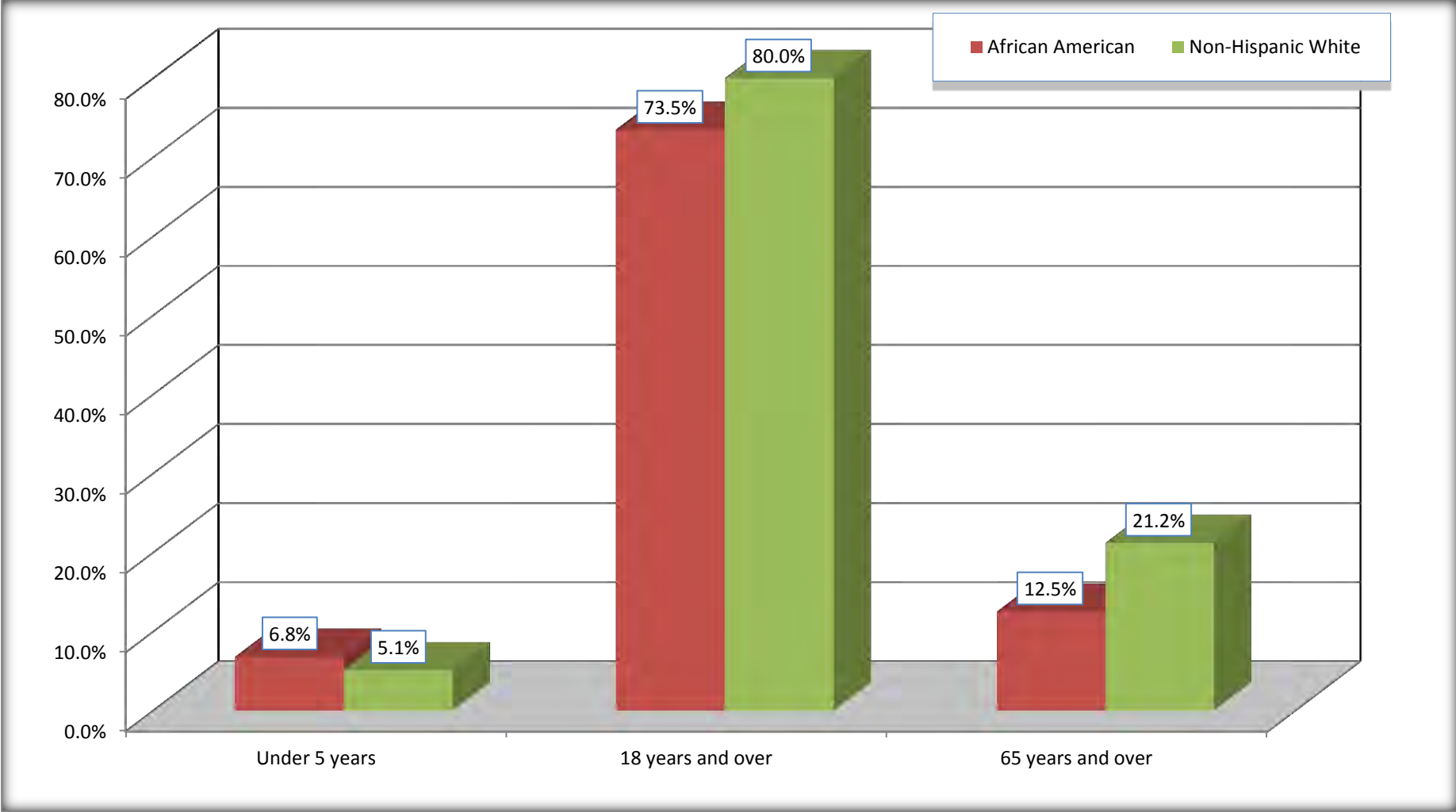
Selected Socio-Economic Data

Congressional District 1 (116th Congress), Alabama

NH African American vis-à-vis NH White

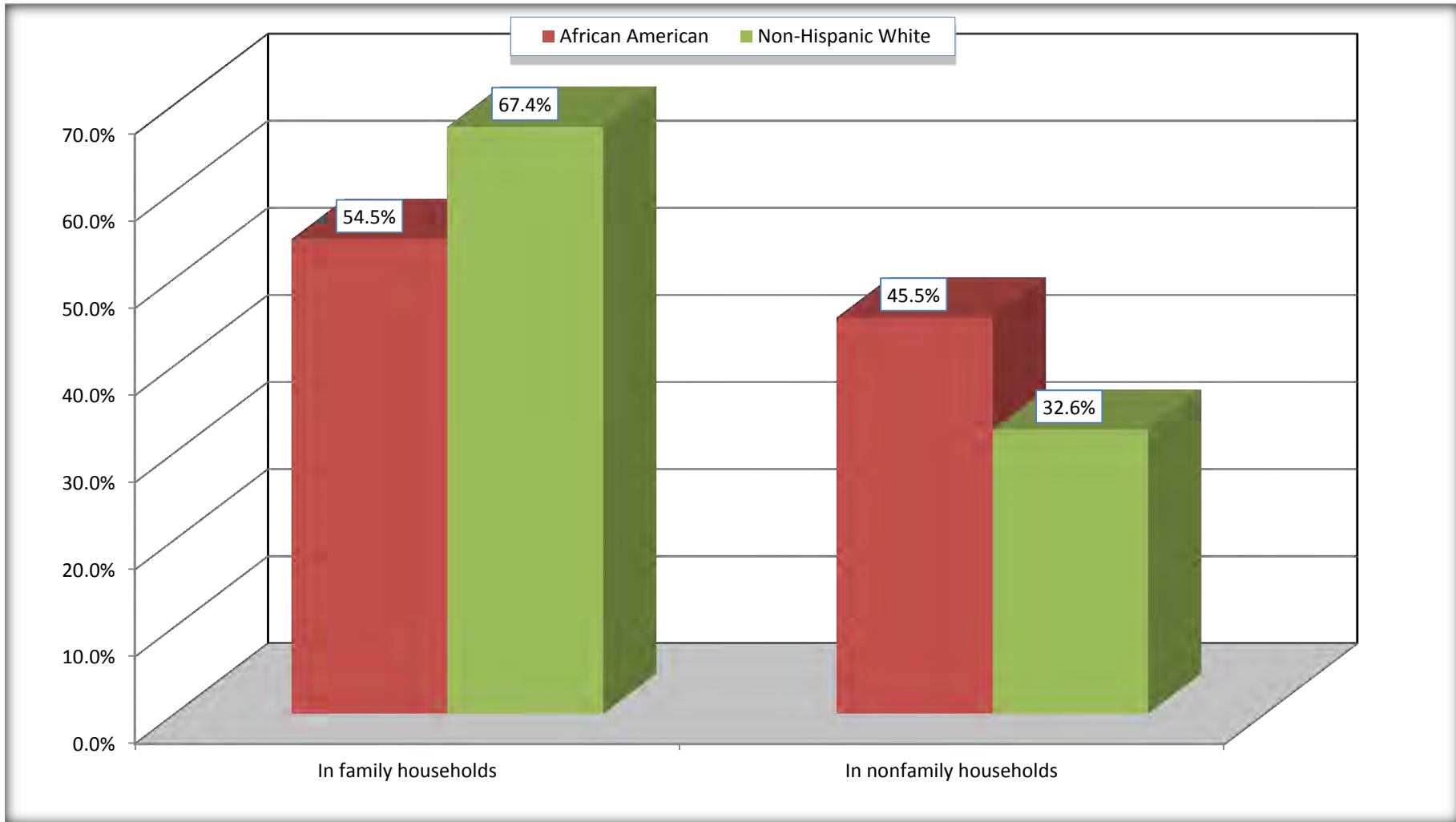
Data Set: 2018 American Community Survey 1-Year Estimates

Population by Age Congressional District 1 (116th Congress), Alabama



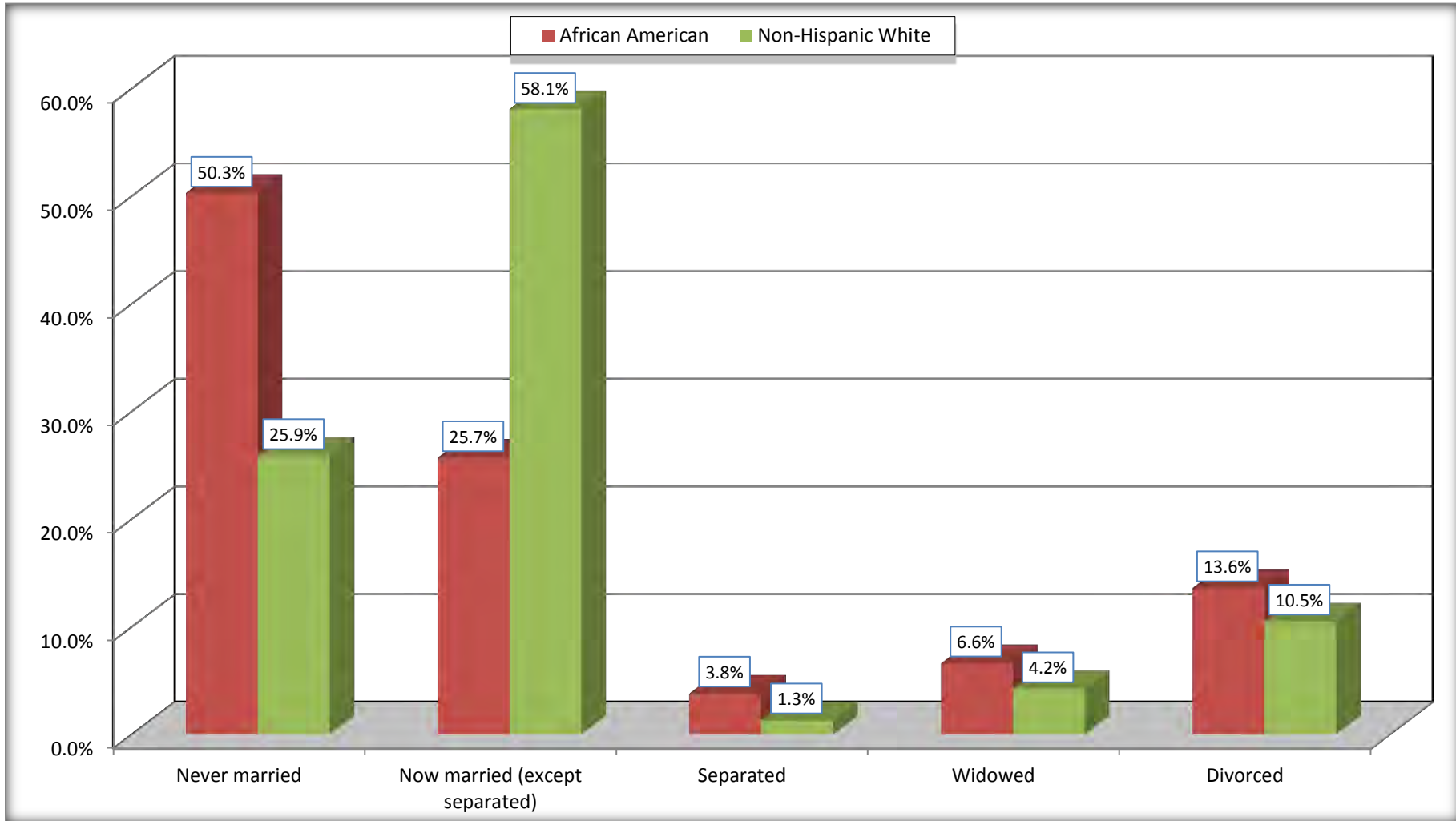
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Data Set: 2018 American Community Survey 1-Year Estimates

Household Type for Population in Households Congressional District 1 (116th Congress), Alabama



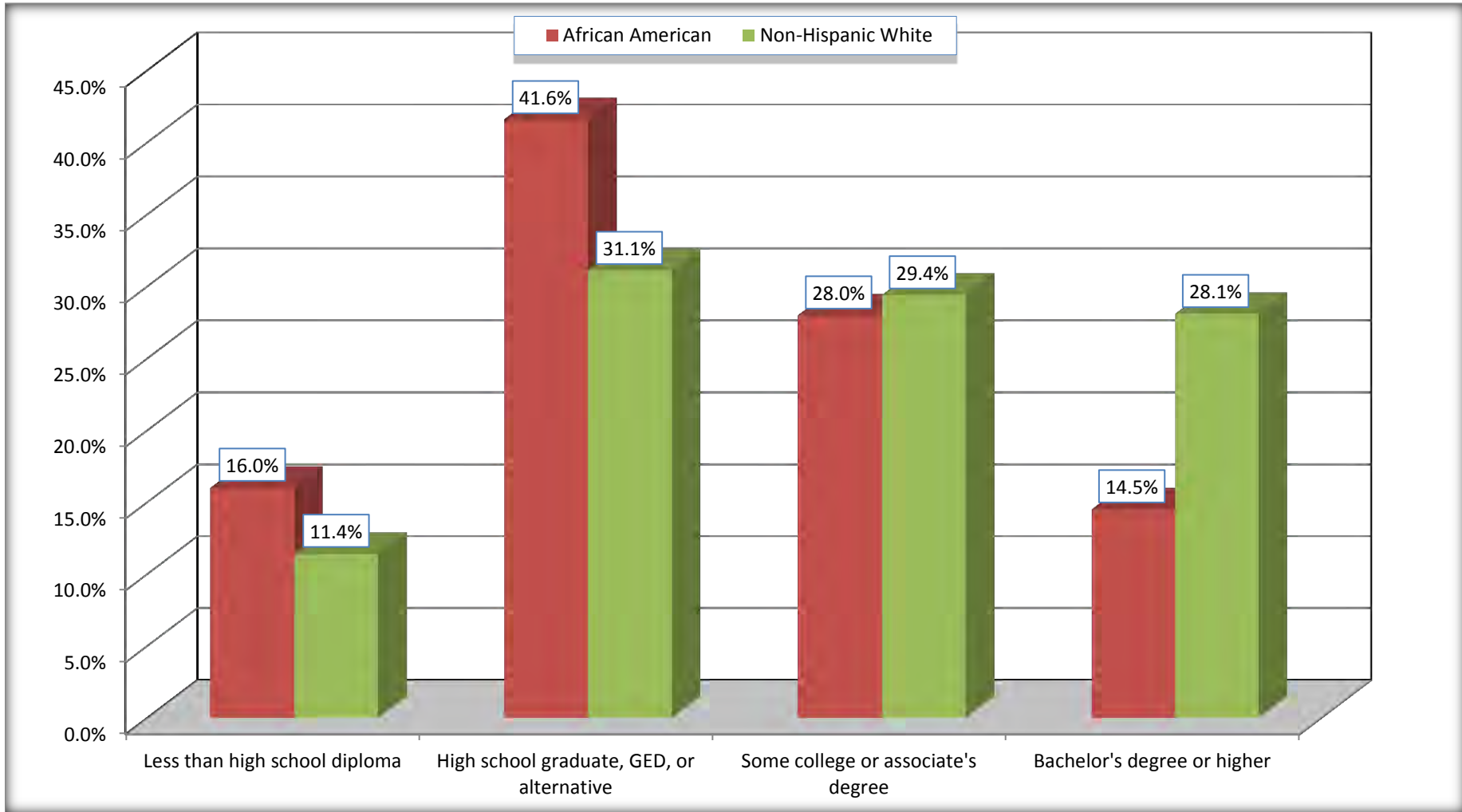
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Marital Status for the Population 15 Years and Over Congressional District 1 (116th Congress), Alabama



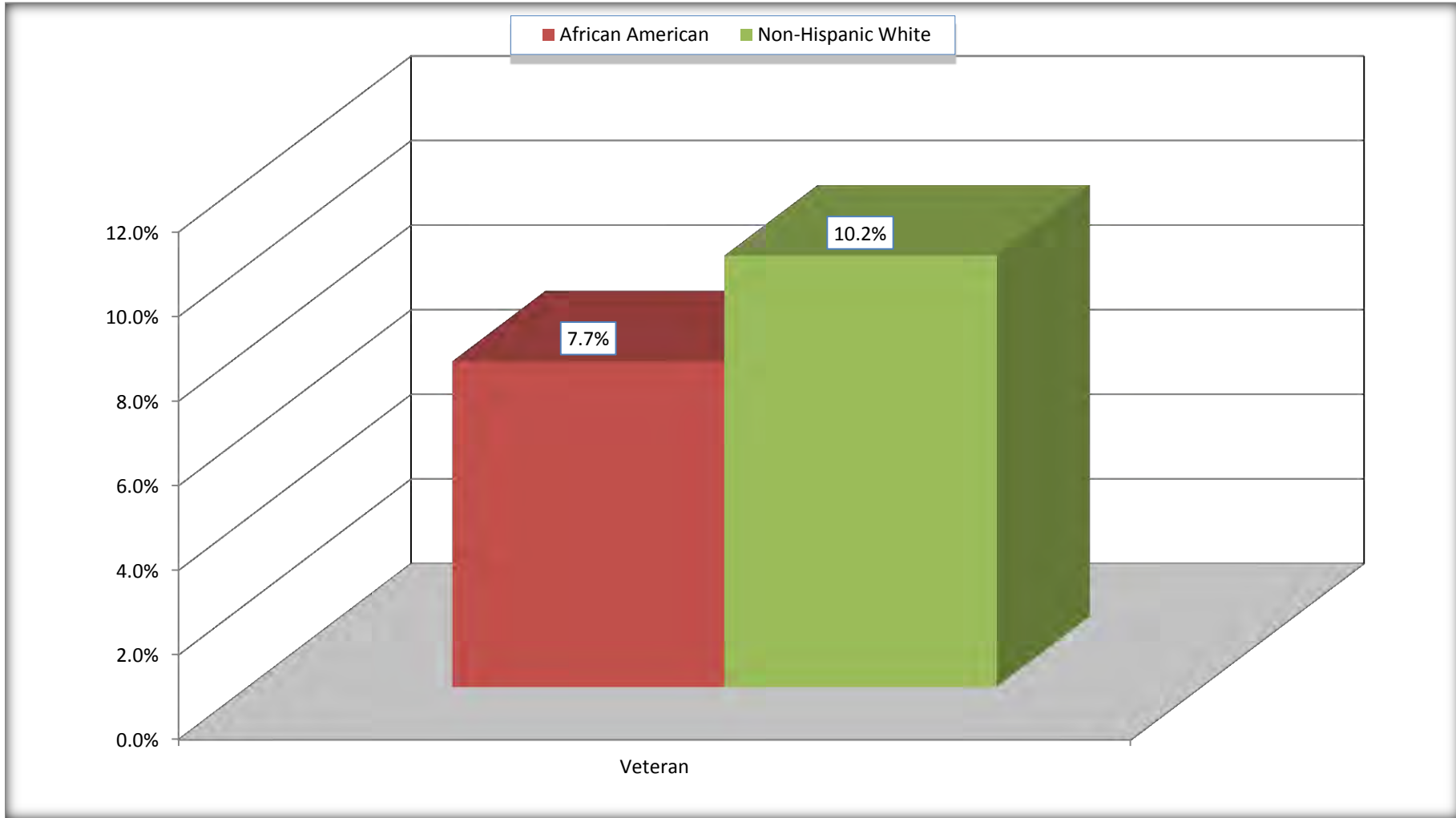
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Educational Attainment for the Population 25 Years and Older Congressional District 1 (116th Congress), Alabama



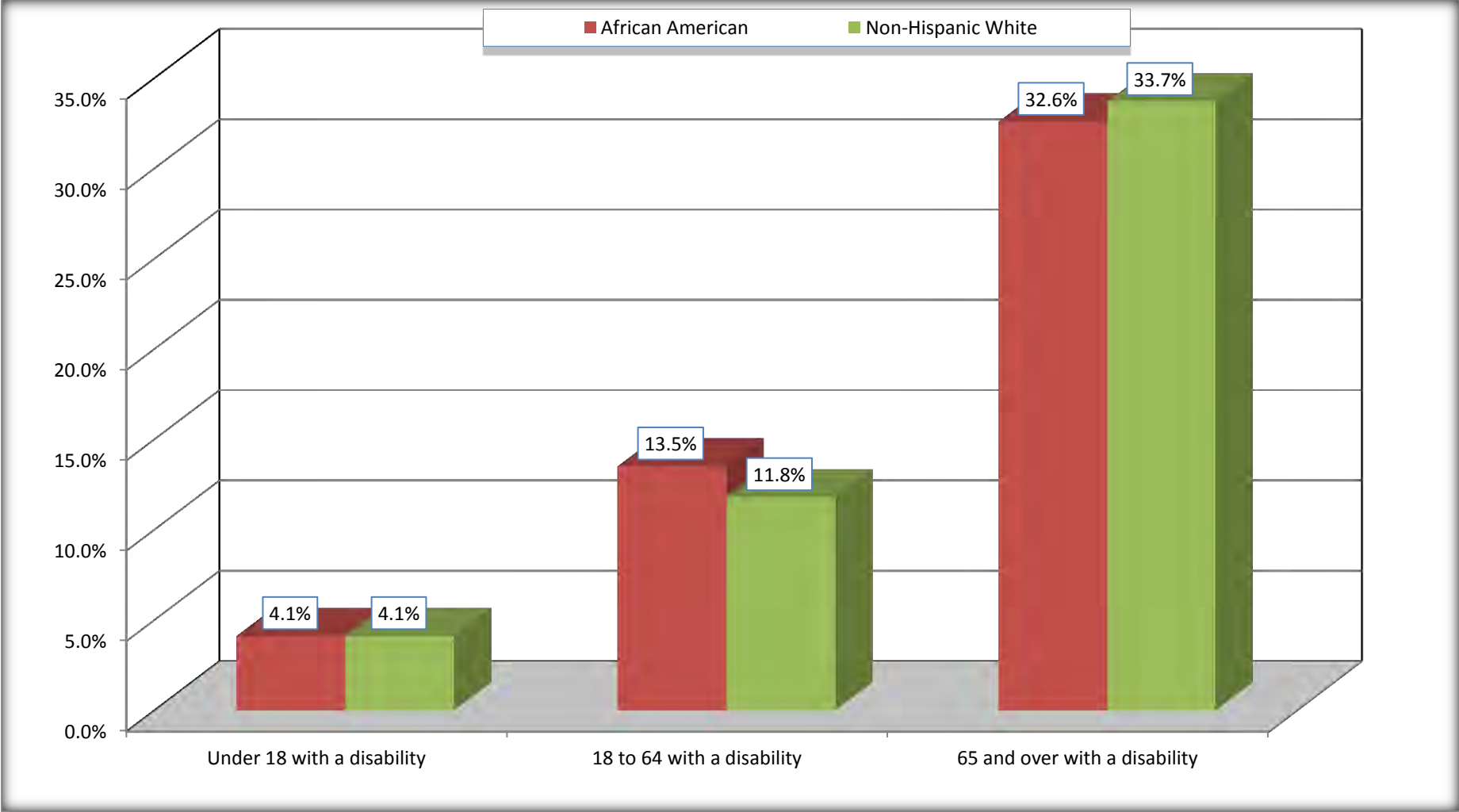
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Veterans in the Civilian Population 18 Years and Over Congressional District 1 (116th Congress), Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

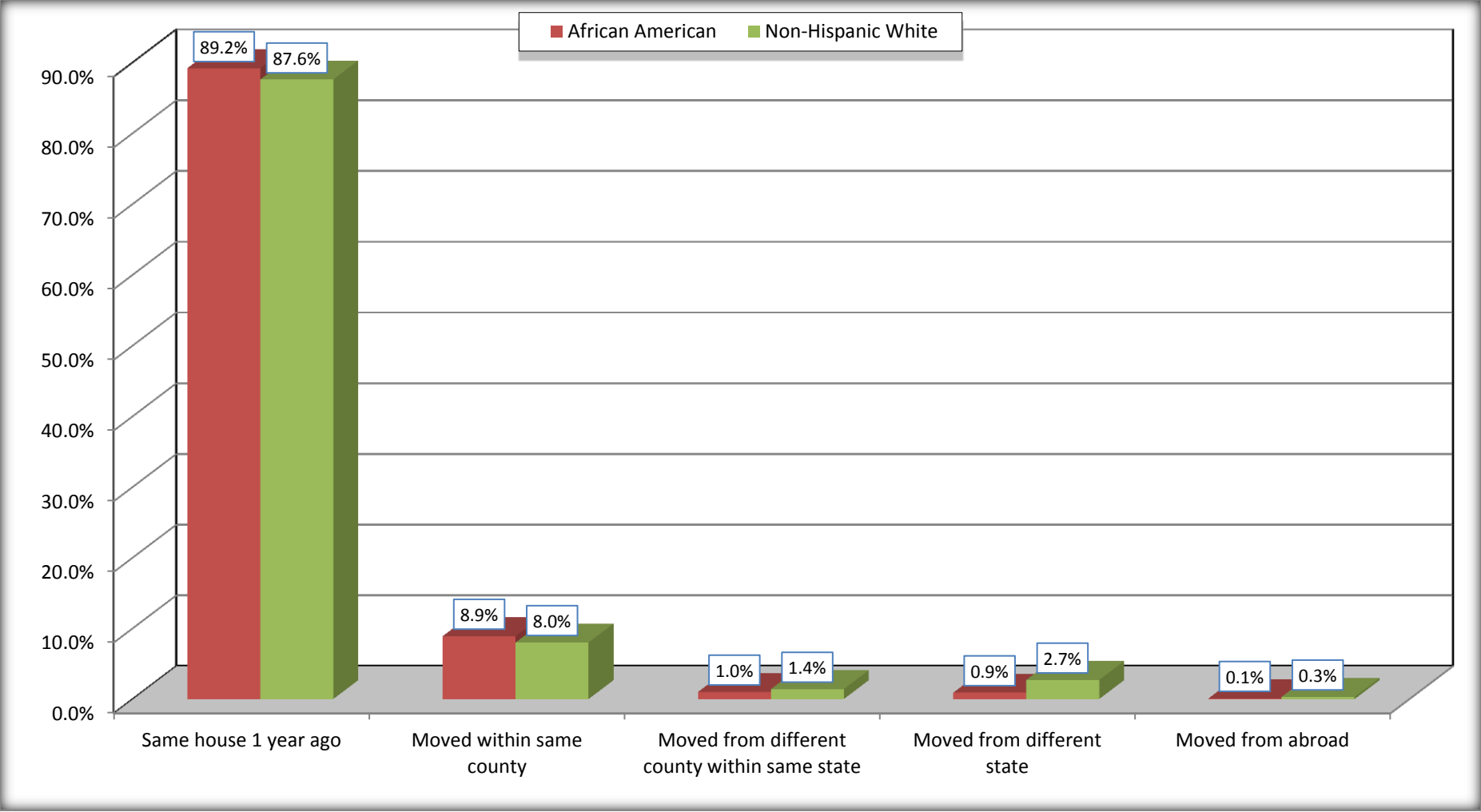
Disability by Age -- Civilian Noninstitutionalized Population Congressional District 1 (116th Congress), Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

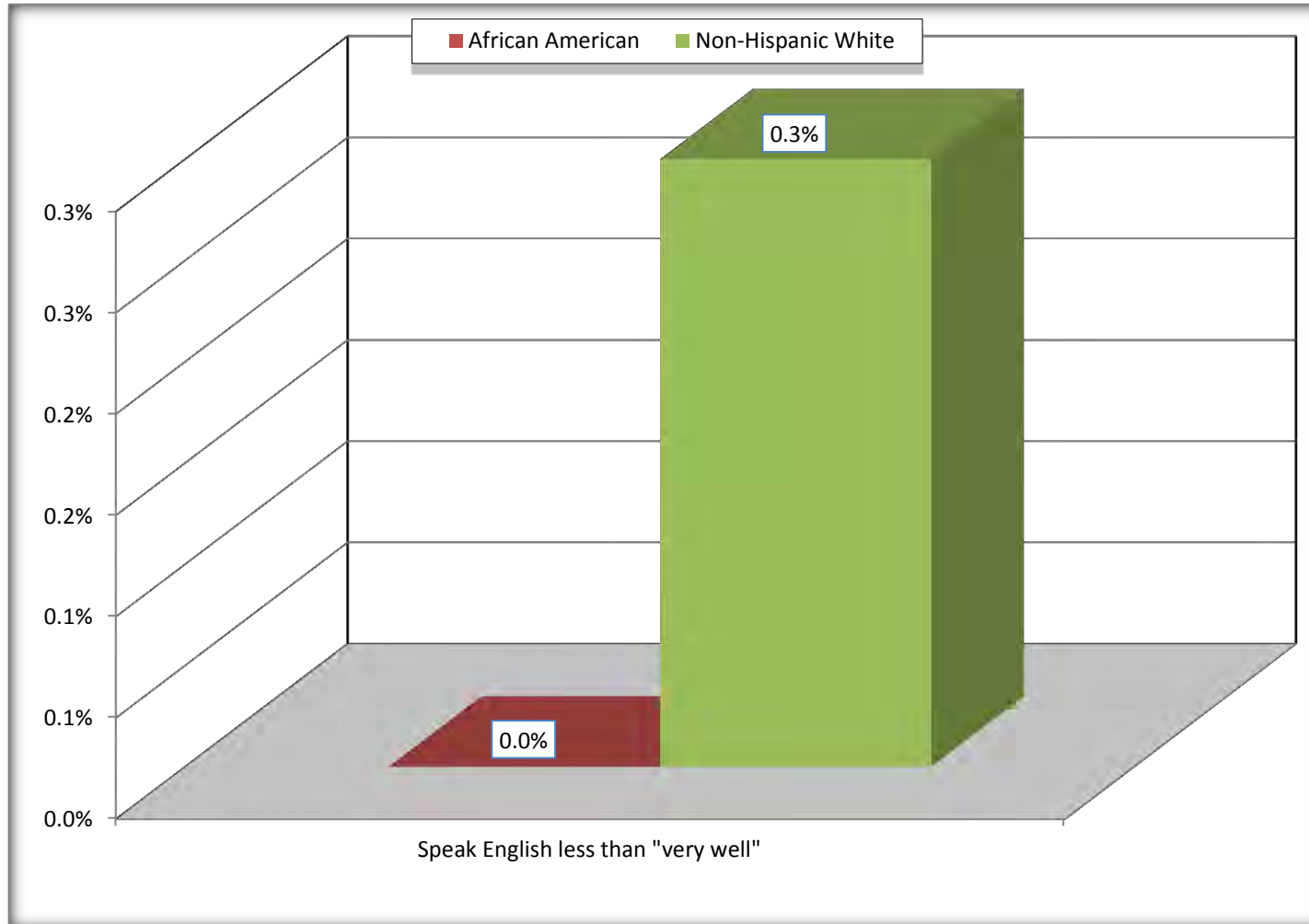
Geographical Mobility in the Past Year (Population 1 Year and Over)

Congressional District 1 (116th Congress), Alabama



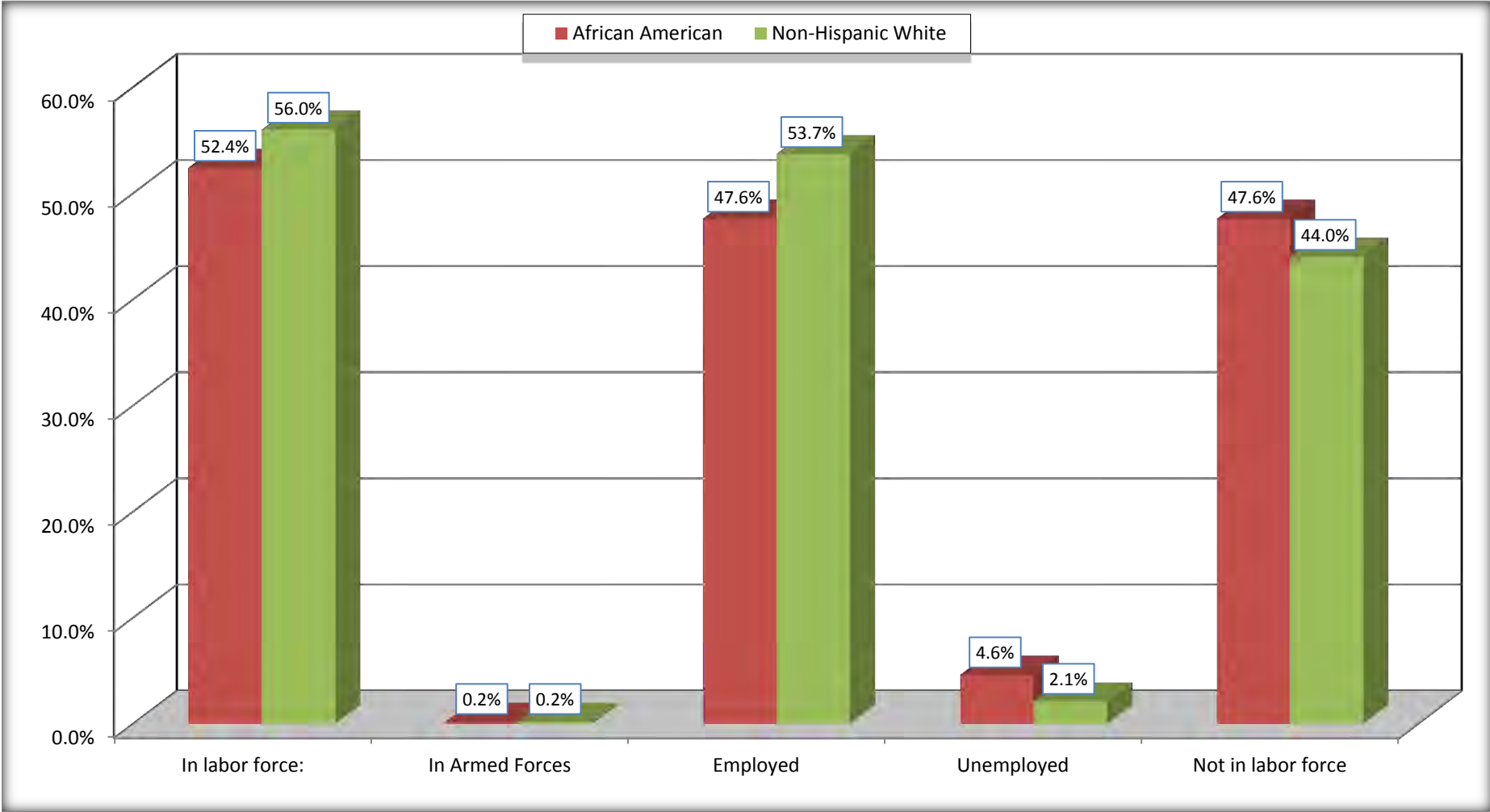
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Speak English Less than "Very Well" (Population 5 Years and Over) Congressional District 1 (116th Congress), Alabama



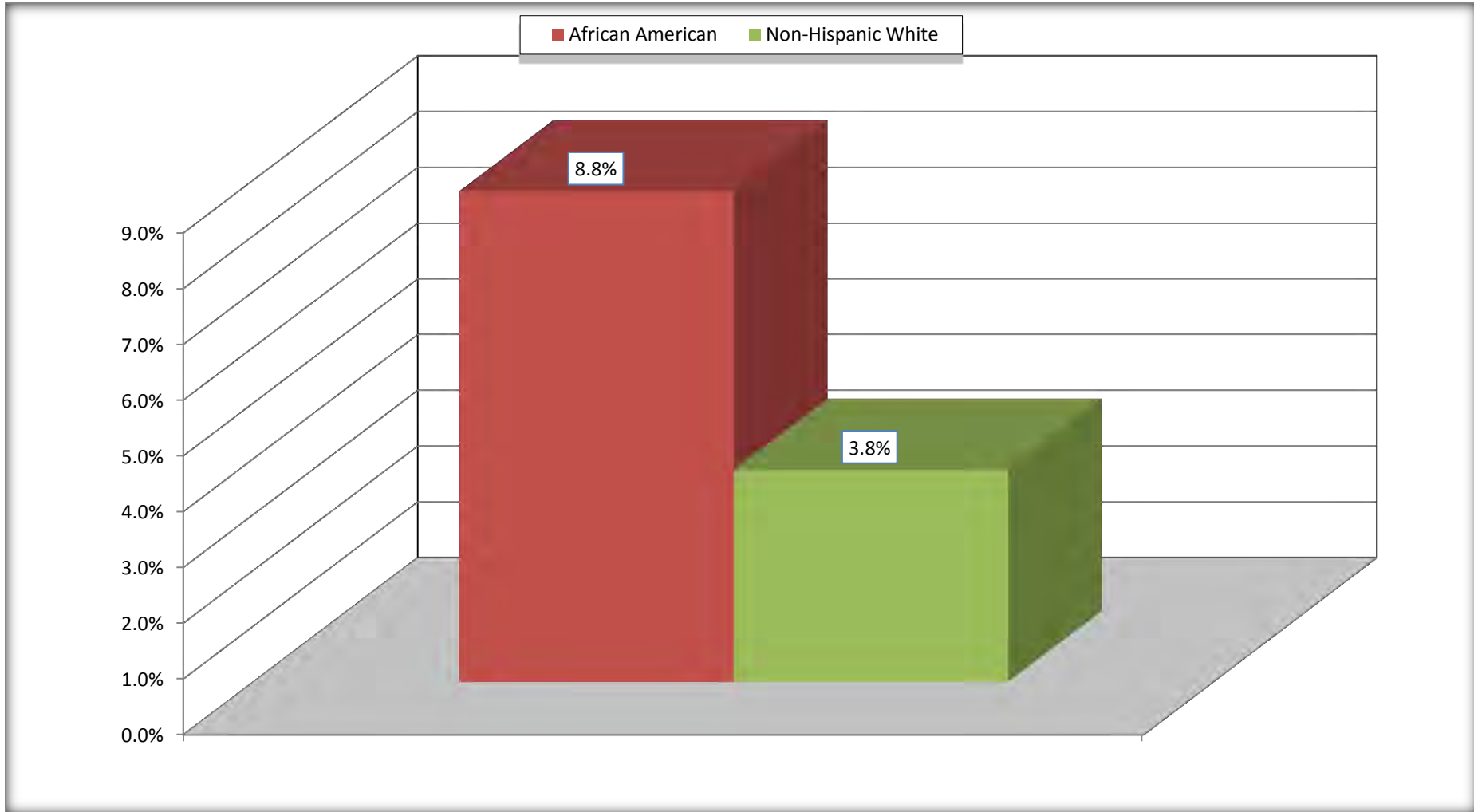
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Employment Status for the Population 16 years and over Congressional District 1 (116th Congress), Alabama



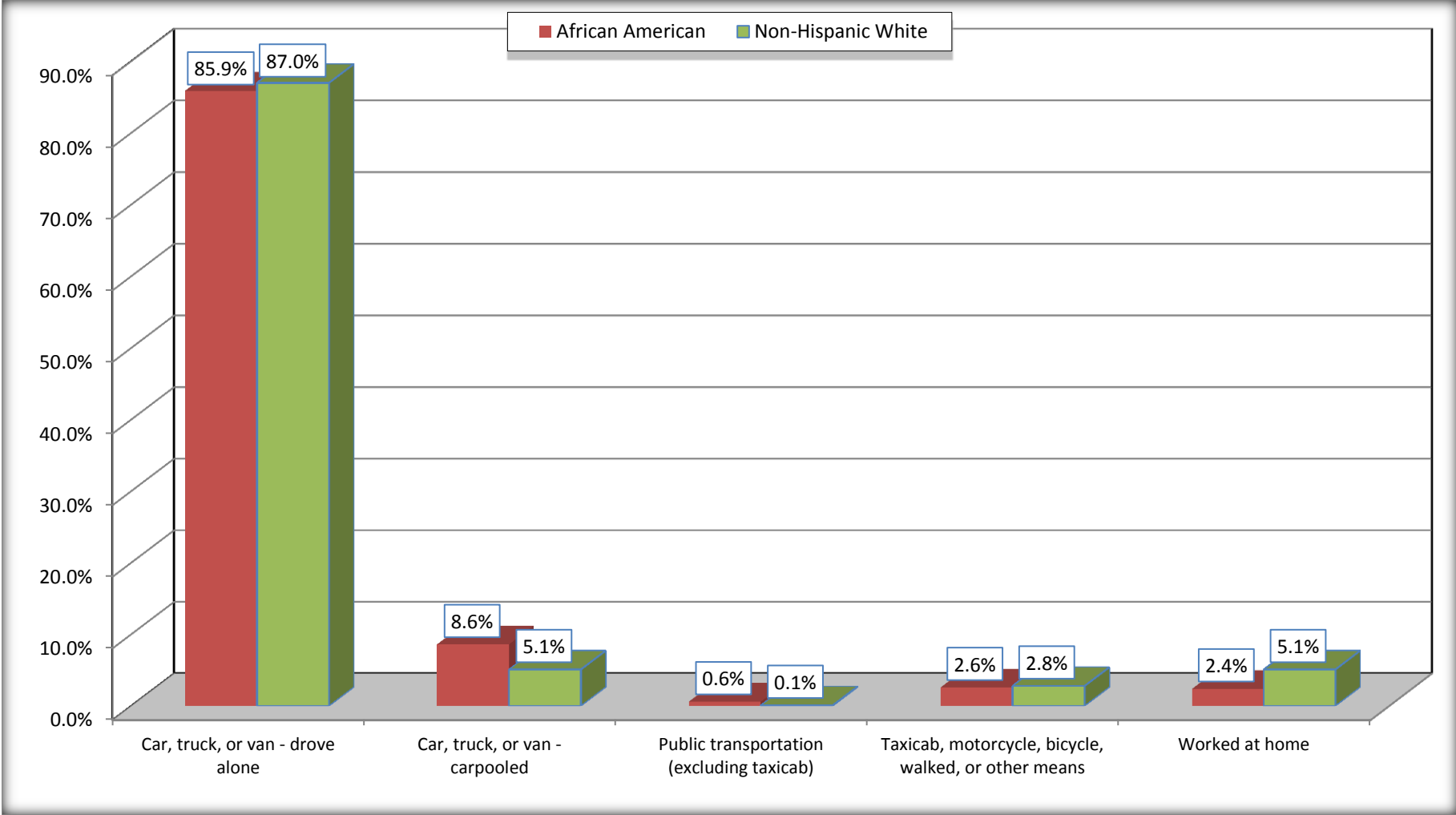
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Data Set: 2018 American Community Survey 1-Year Estimates

Unemployment (Civilian Labor Force -- Ages 16 and Over) Congressional District 1 (116th Congress), Alabama



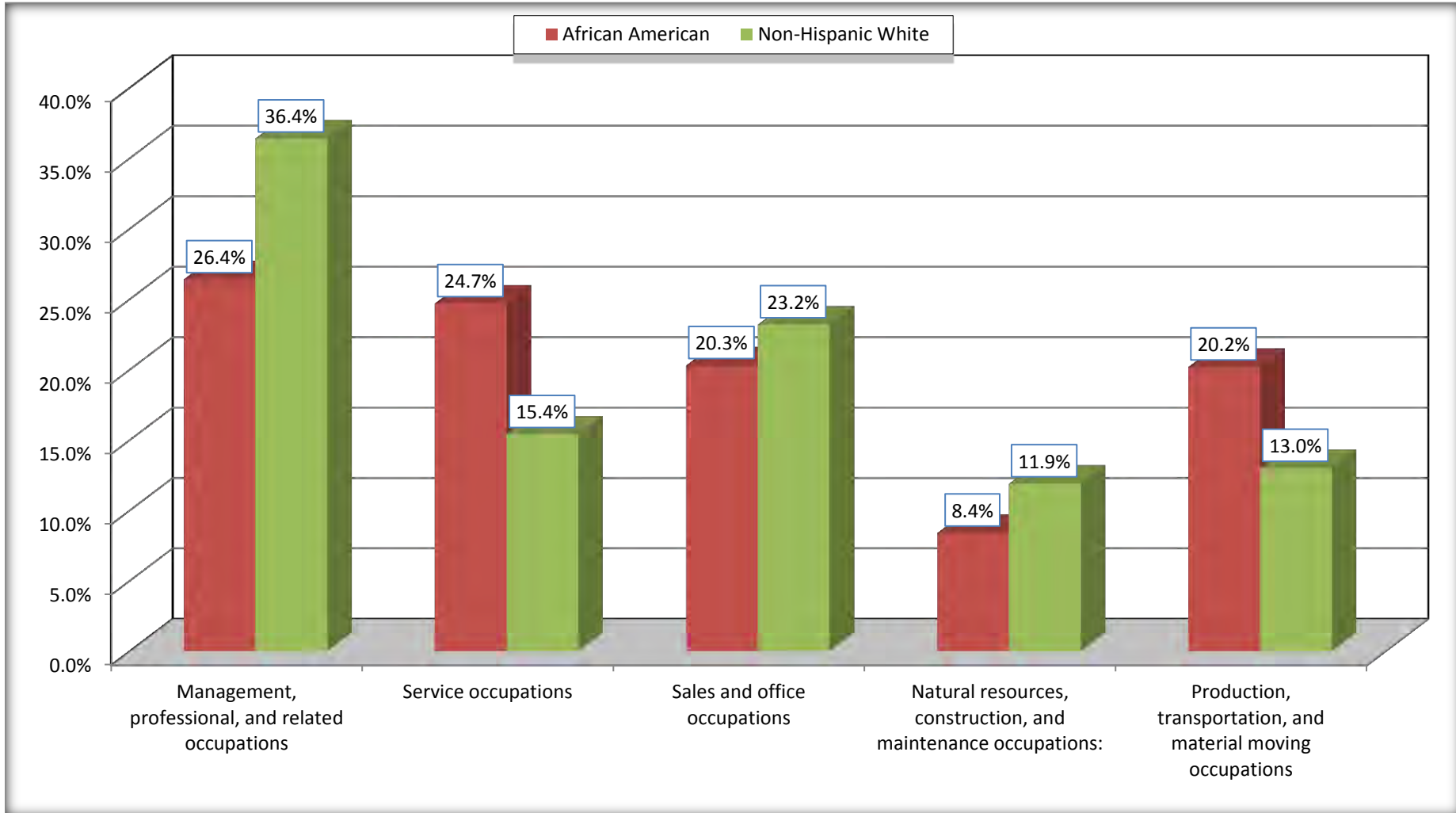
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Means of Transportation to Work (Workers 16 Years and Over) Congressional District 1 (116th Congress), Alabama



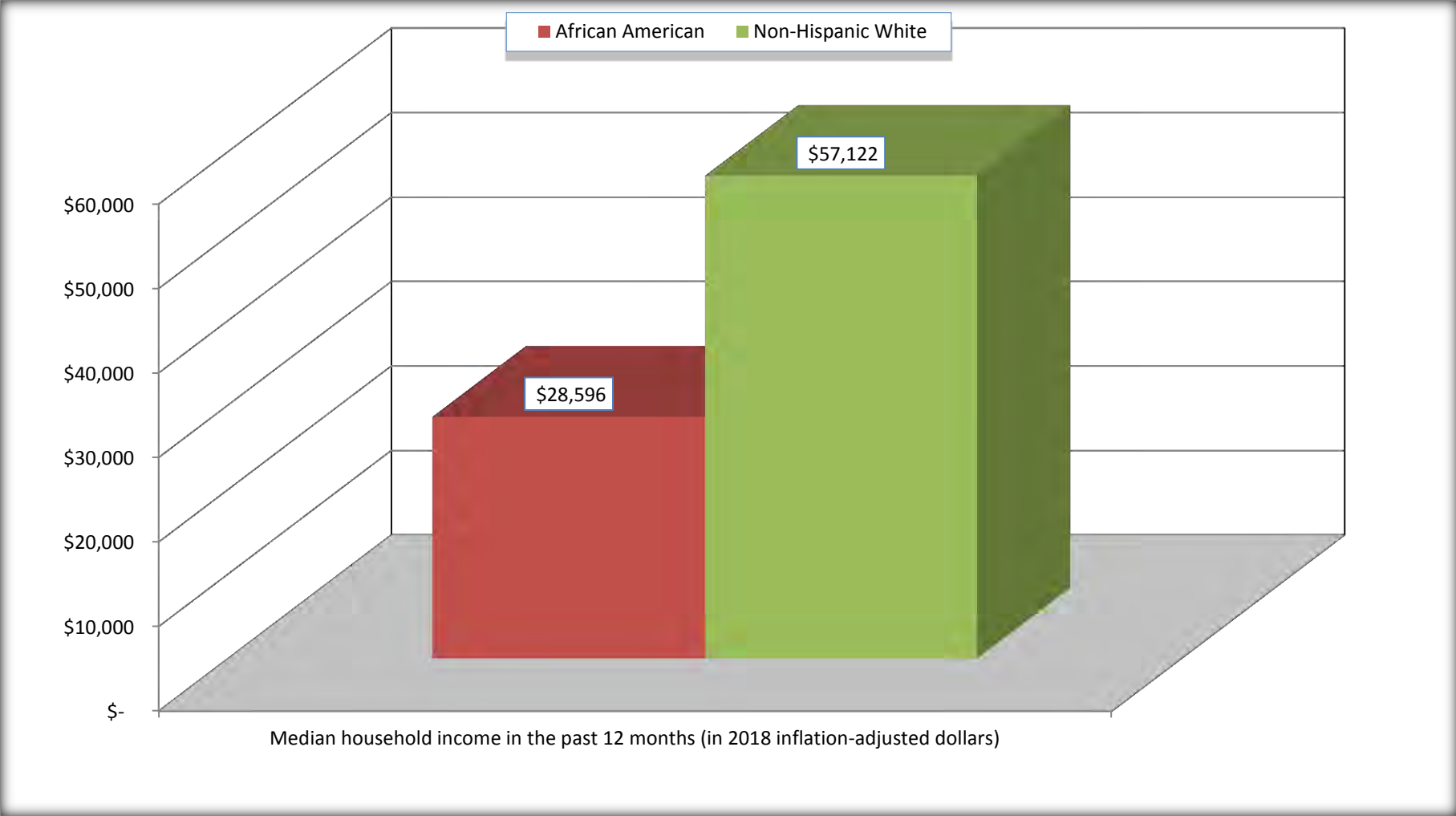
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Occupation for the Civilian Employed 16 Years and Over Population Congressional District 1 (116th Congress), Alabama



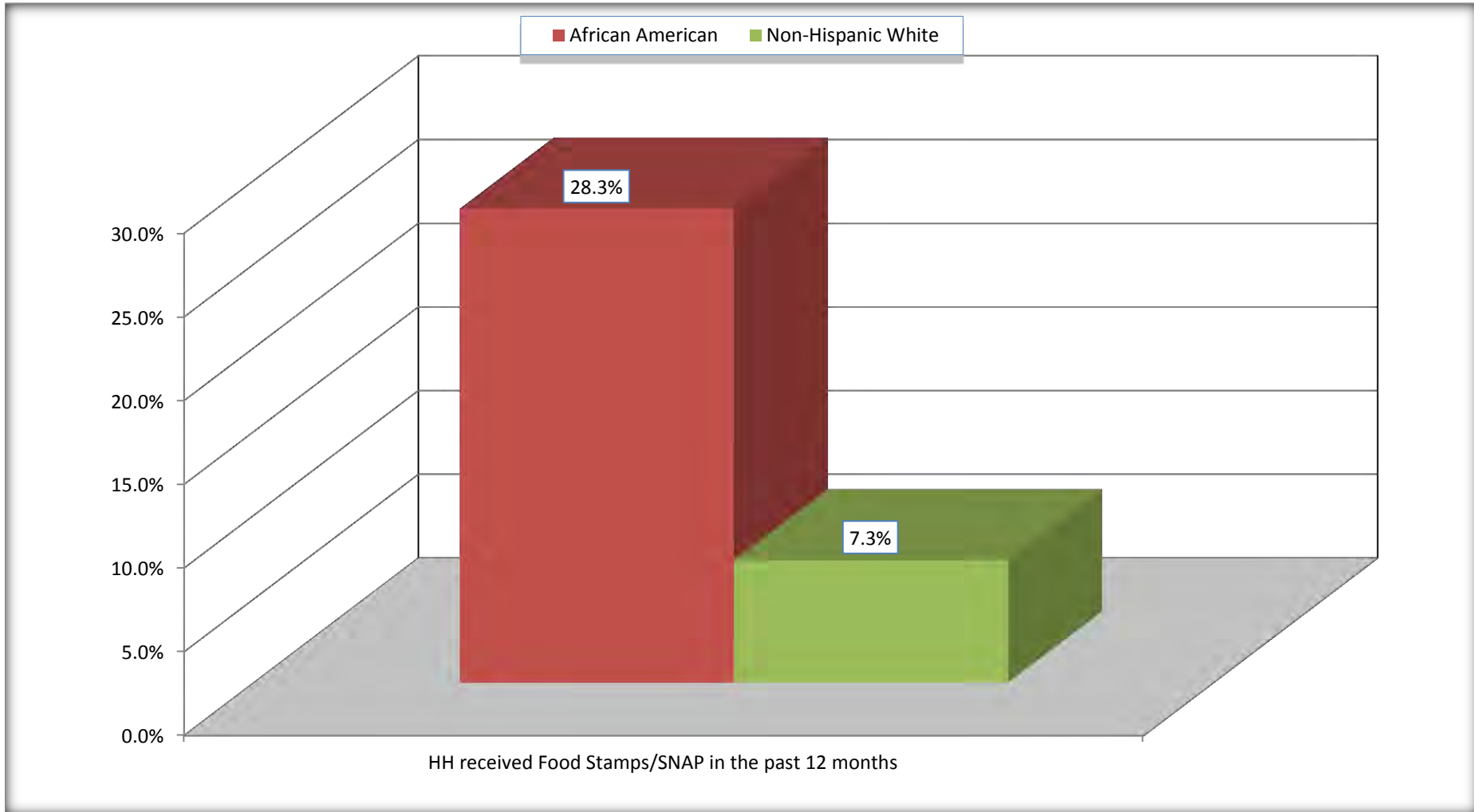
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Data Set: 2018 American Community Survey 1-Year Estimates

Median Household Income in the Past 12 Months Congressional District 1 (116th Congress), Alabama



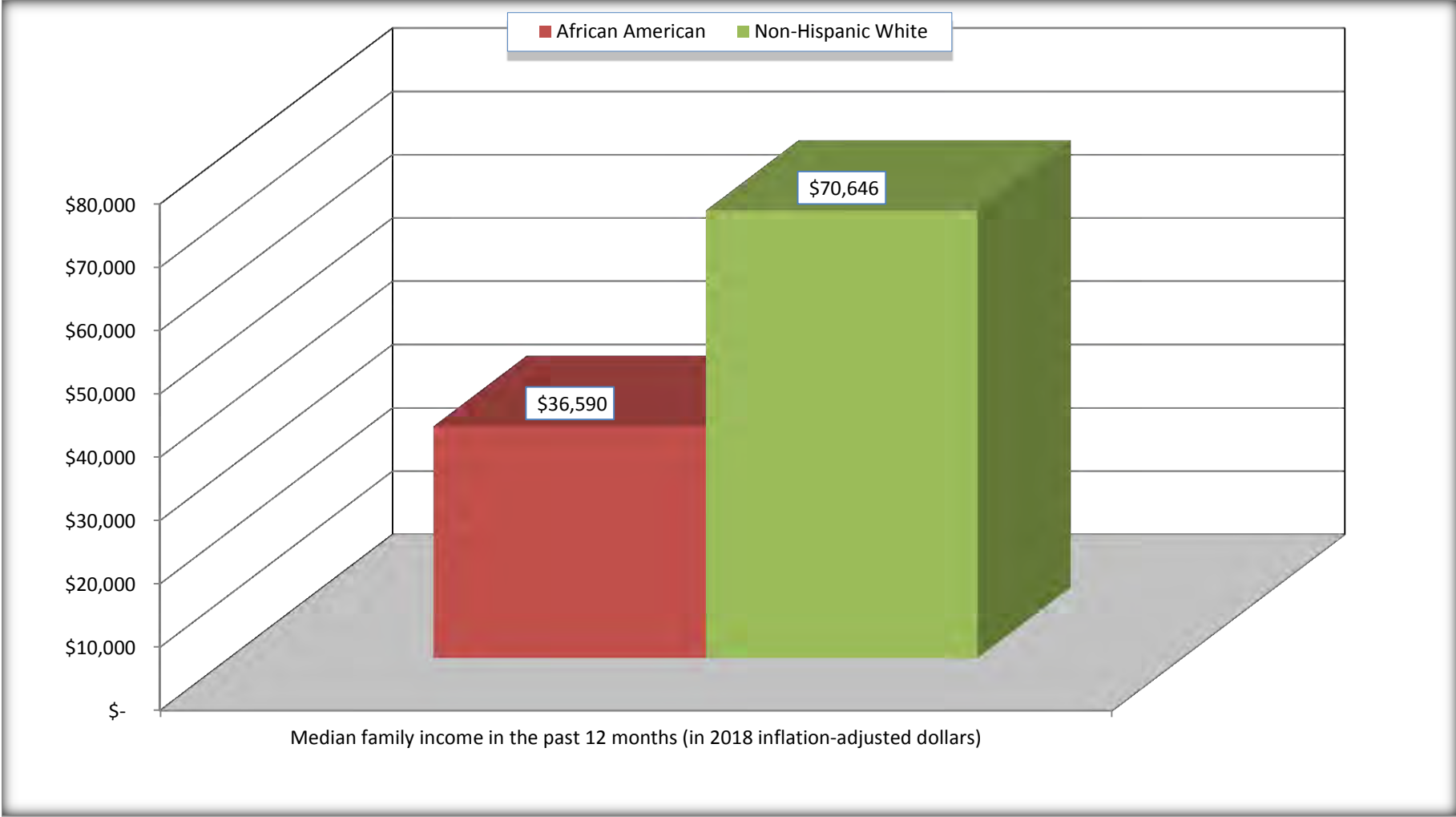
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Data Set: 2018 American Community Survey 1-Year Estimates

Receipt of Food Stamps/SNAP in the Past 12 Months by Household Congressional District 1 (116th Congress), Alabama



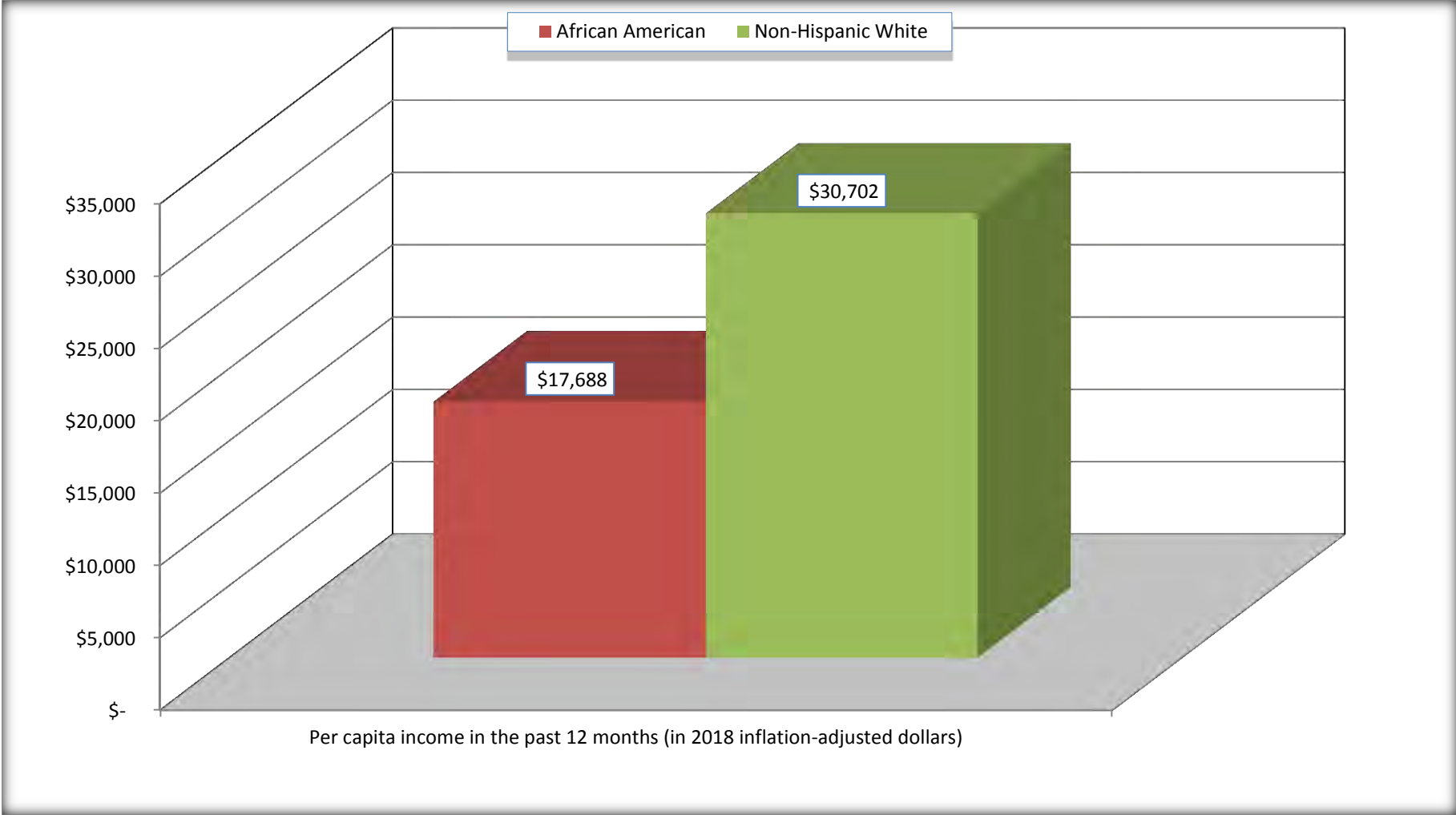
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Data Set: 2018 American Community Survey 1-Year Estimates

Median Family Income in the Past 12 Months Congressional District 1 (116th Congress), Alabama



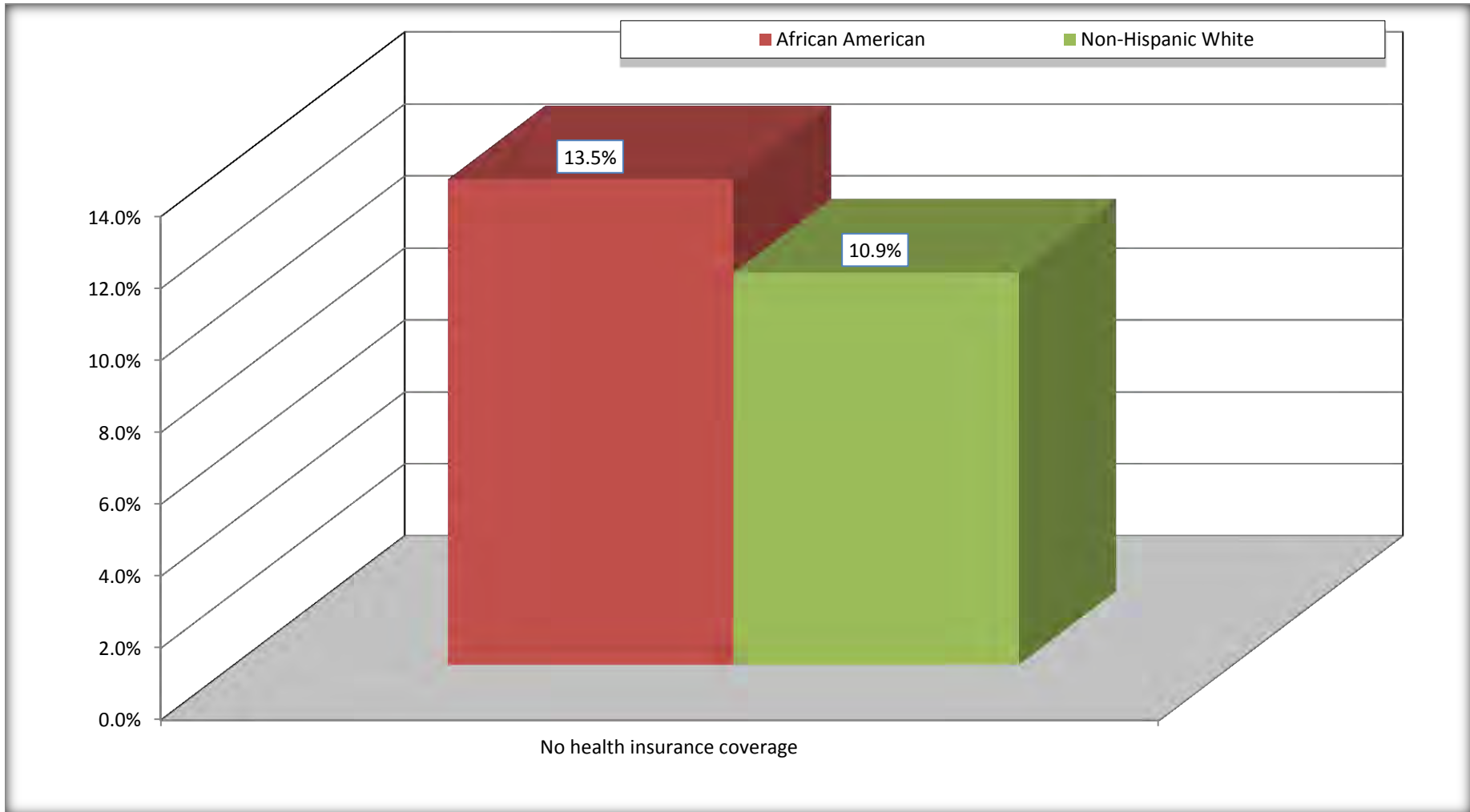
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Data Set: 2018 American Community Survey 1-Year Estimates

Per capita Income in the Past 12 Months Congressional District 1 (116th Congress), Alabama



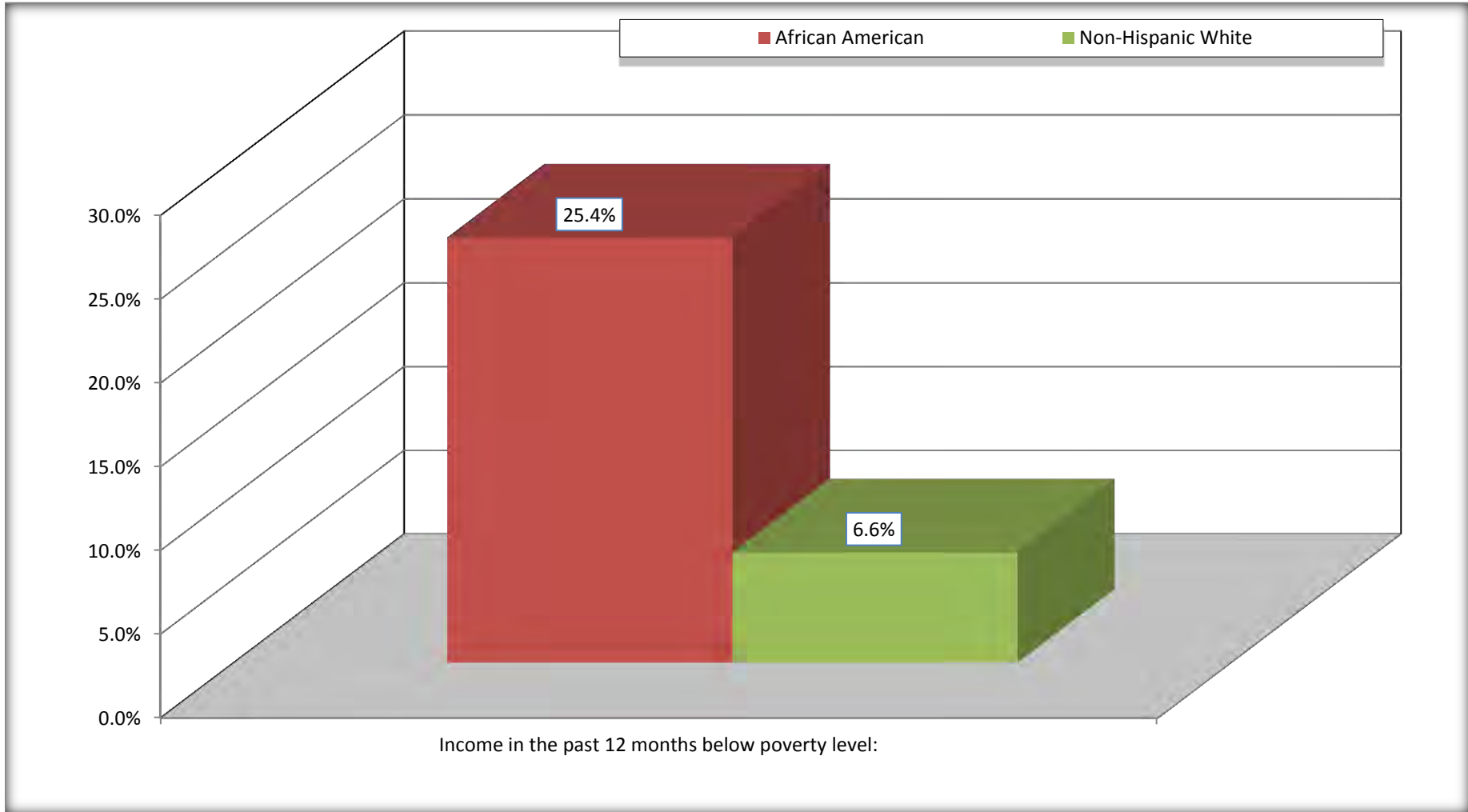
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Data Set: 2018 American Community Survey 1-Year Estimates

Lack of Health Insurance Coverage -- Civilian Noninstitutionalized Population Congressional District 1 (116th Congress), Alabama



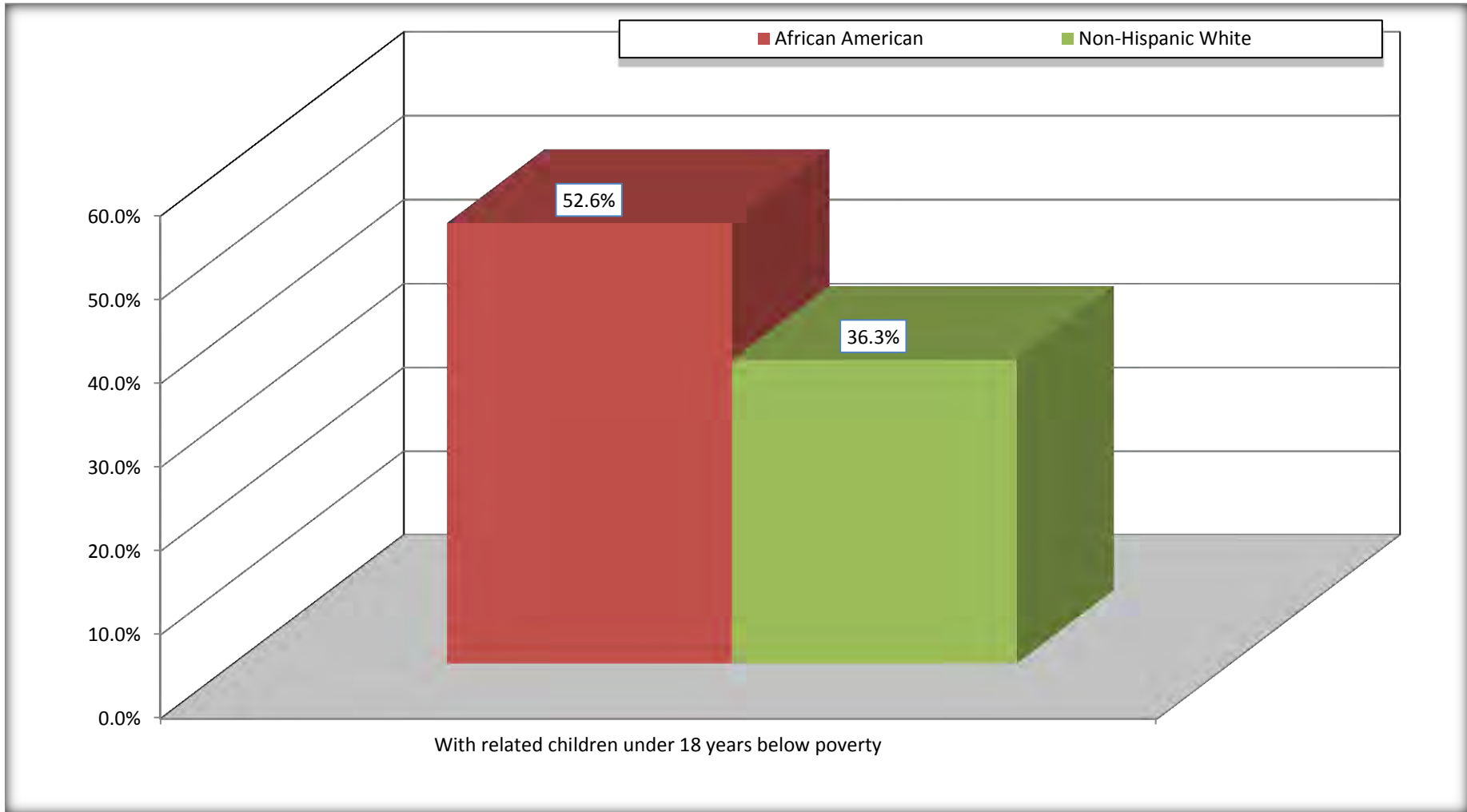
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Family Households Below Poverty in the Past 12 Months Congressional District 1 (116th Congress), Alabama



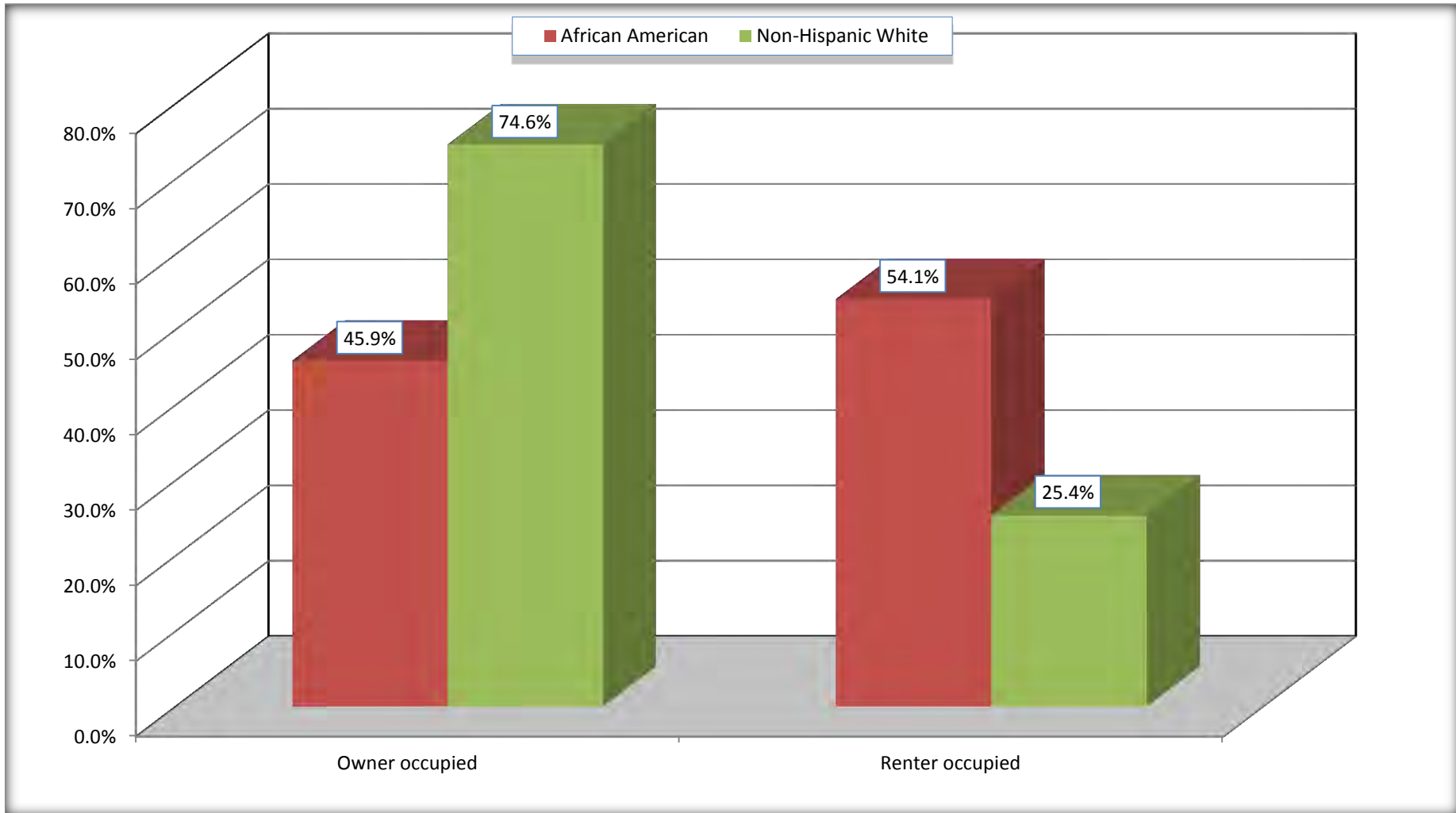
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Data Set: 2018 American Community Survey 1-Year Estimates

Female-headed Households with Related Children Below Poverty in the Past 12 Months Congressional District 1 (116th Congress), Alabama



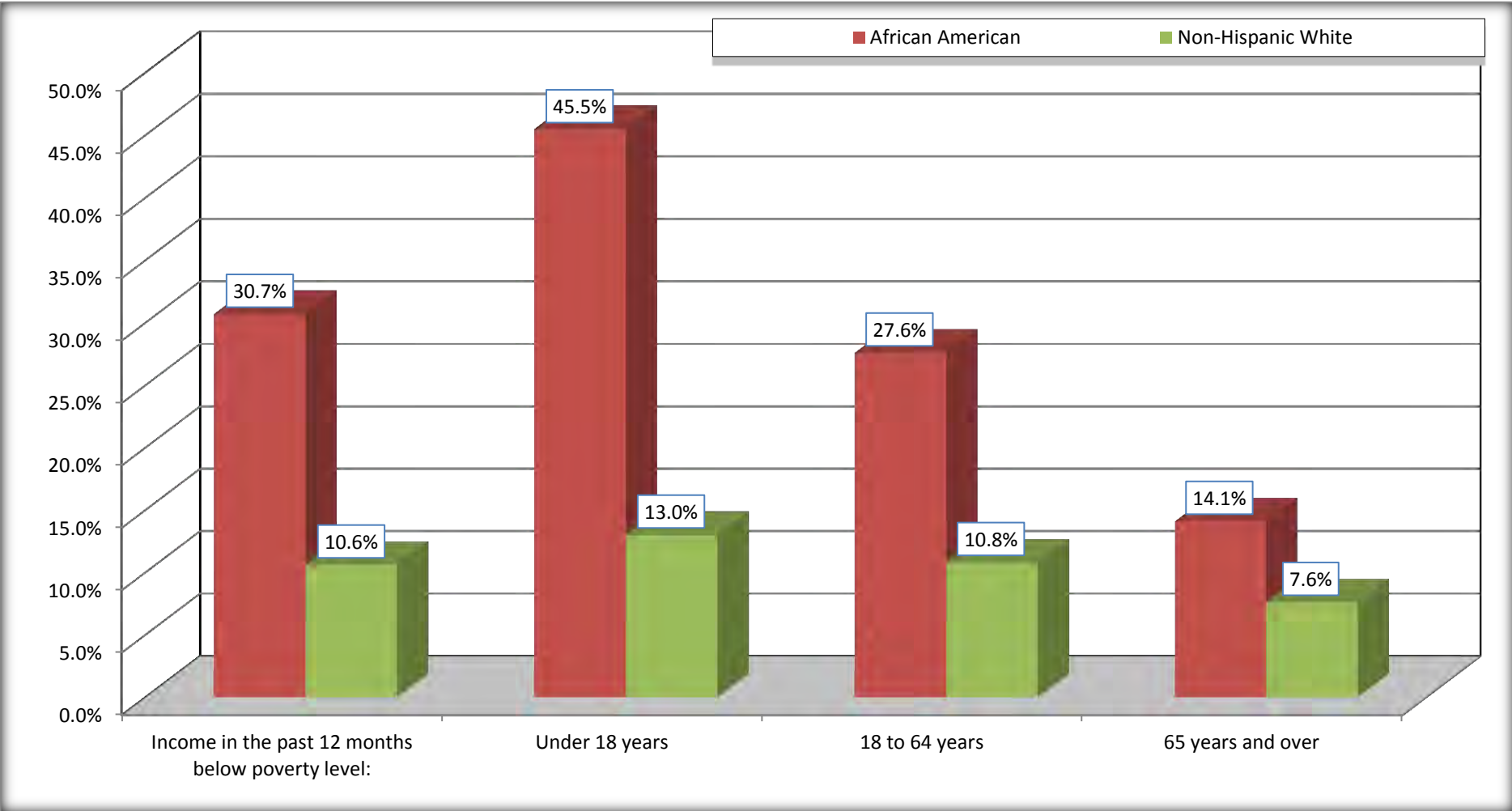
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Data Set: 2018 American Community Survey 1-Year Estimates

Home Owners and Renters by Household Congressional District 1 (116th Congress), Alabama



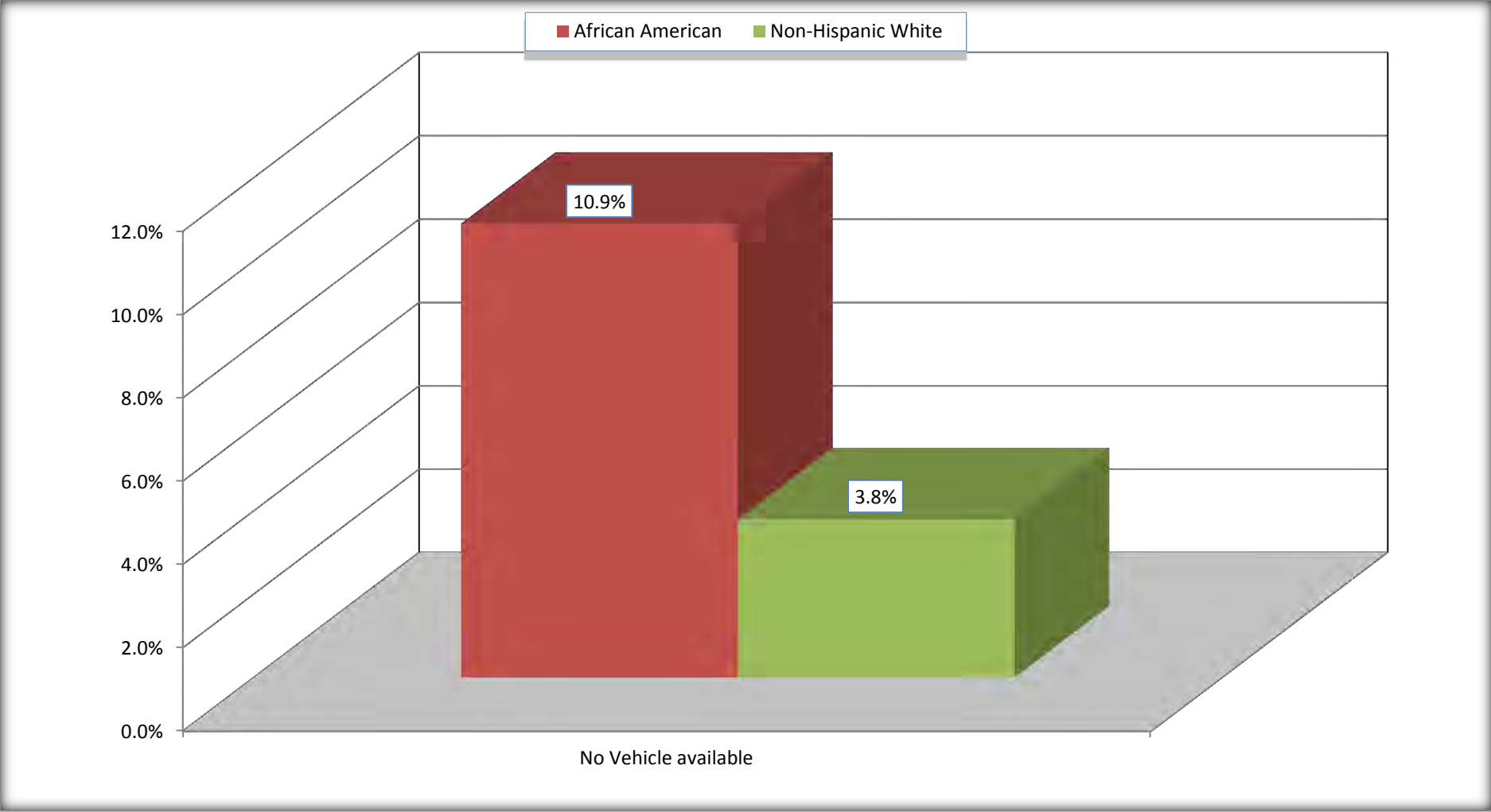
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Population Below Poverty in the Past 12 Months Congressional District 1 (116th Congress), Alabama



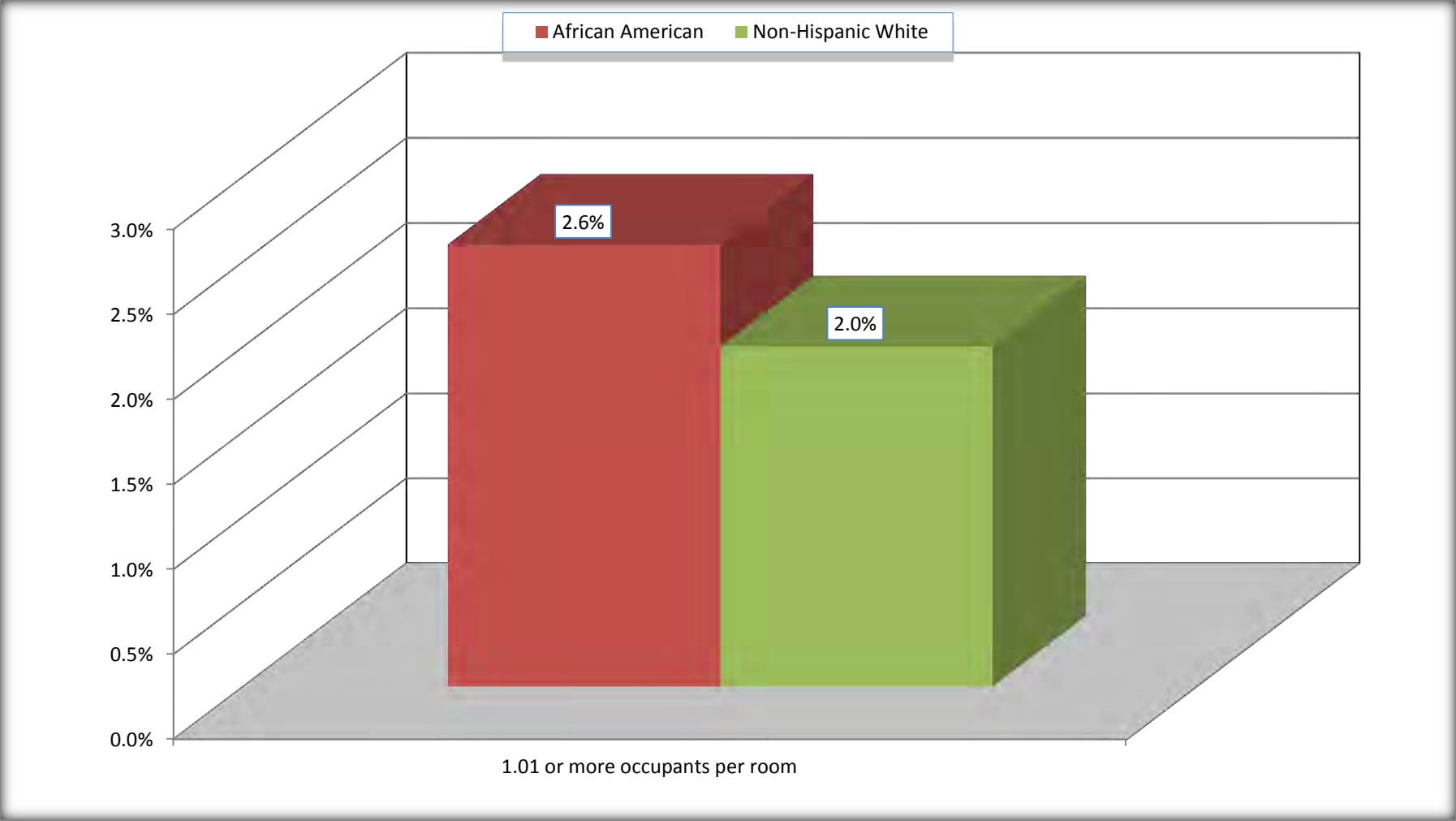
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Data Set: 2018 American Community Survey 1-Year Estimates

No Vehicles Available by Household Congressional District 1 (116th Congress), Alabama



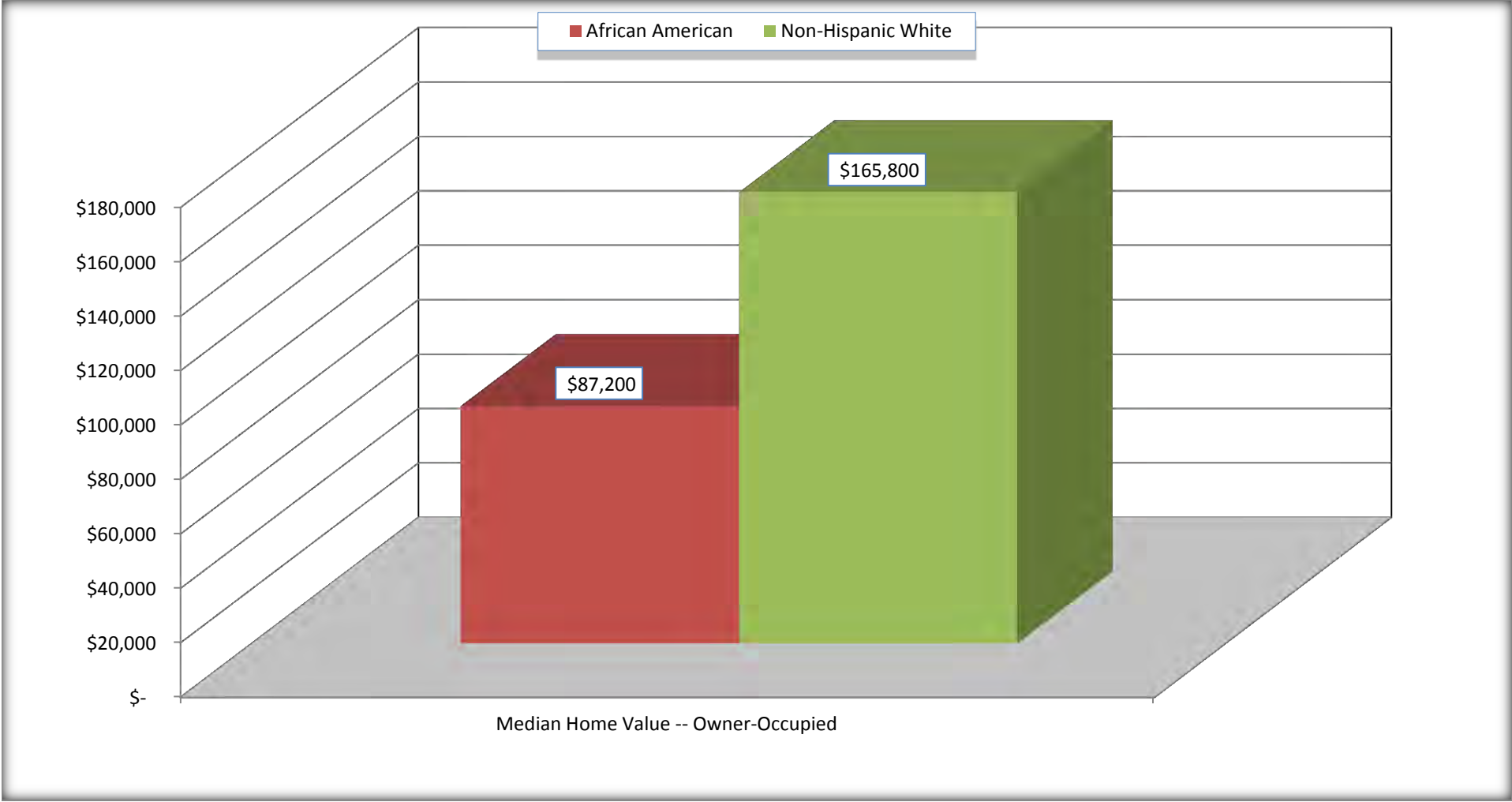
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

More than One Person per Room (Crowding) by Household Congressional District 1 (116th Congress), Alabama



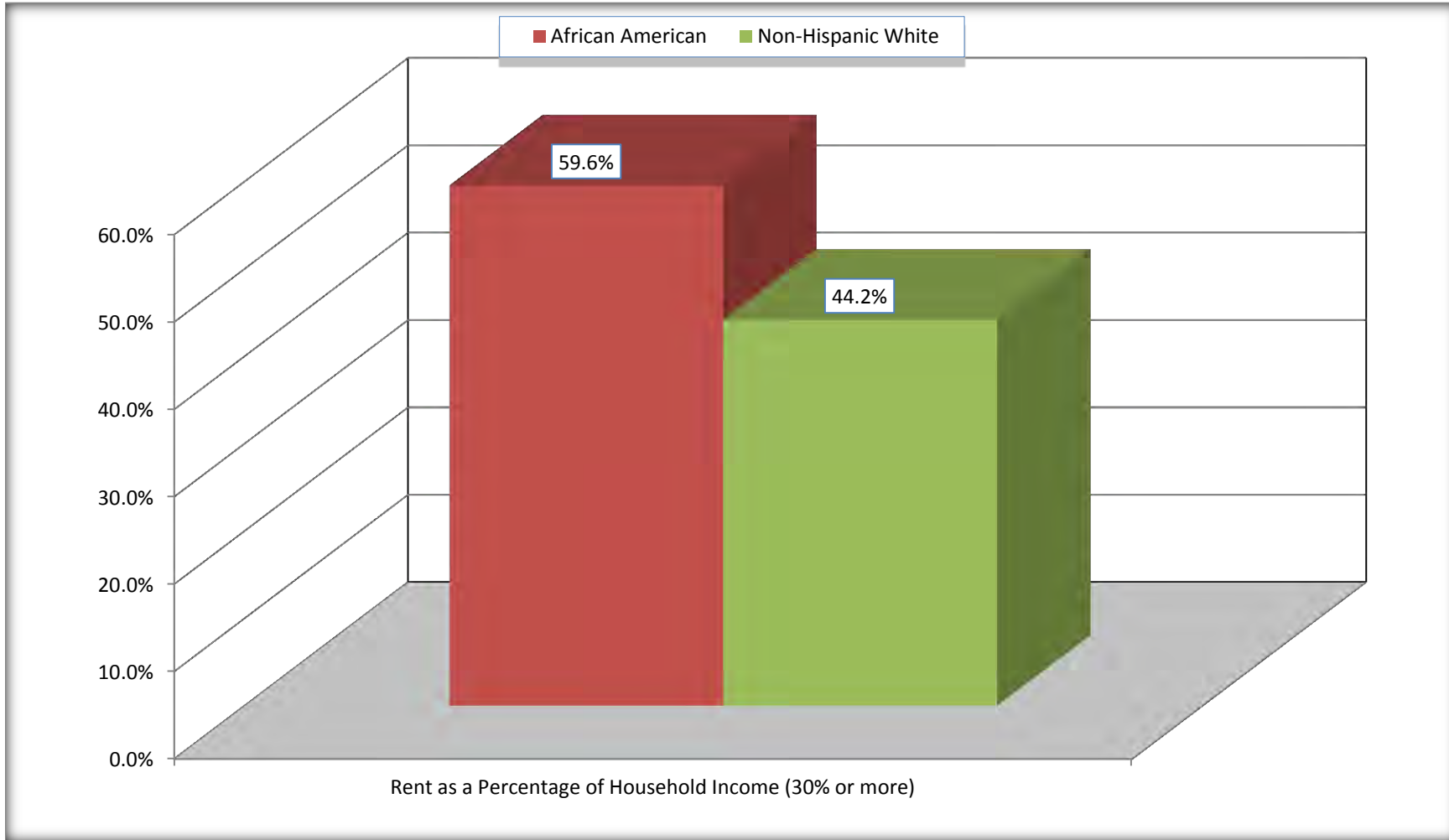
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Median Home Value -- Owner-Occupied Congressional District 1 (116th Congress), Alabama



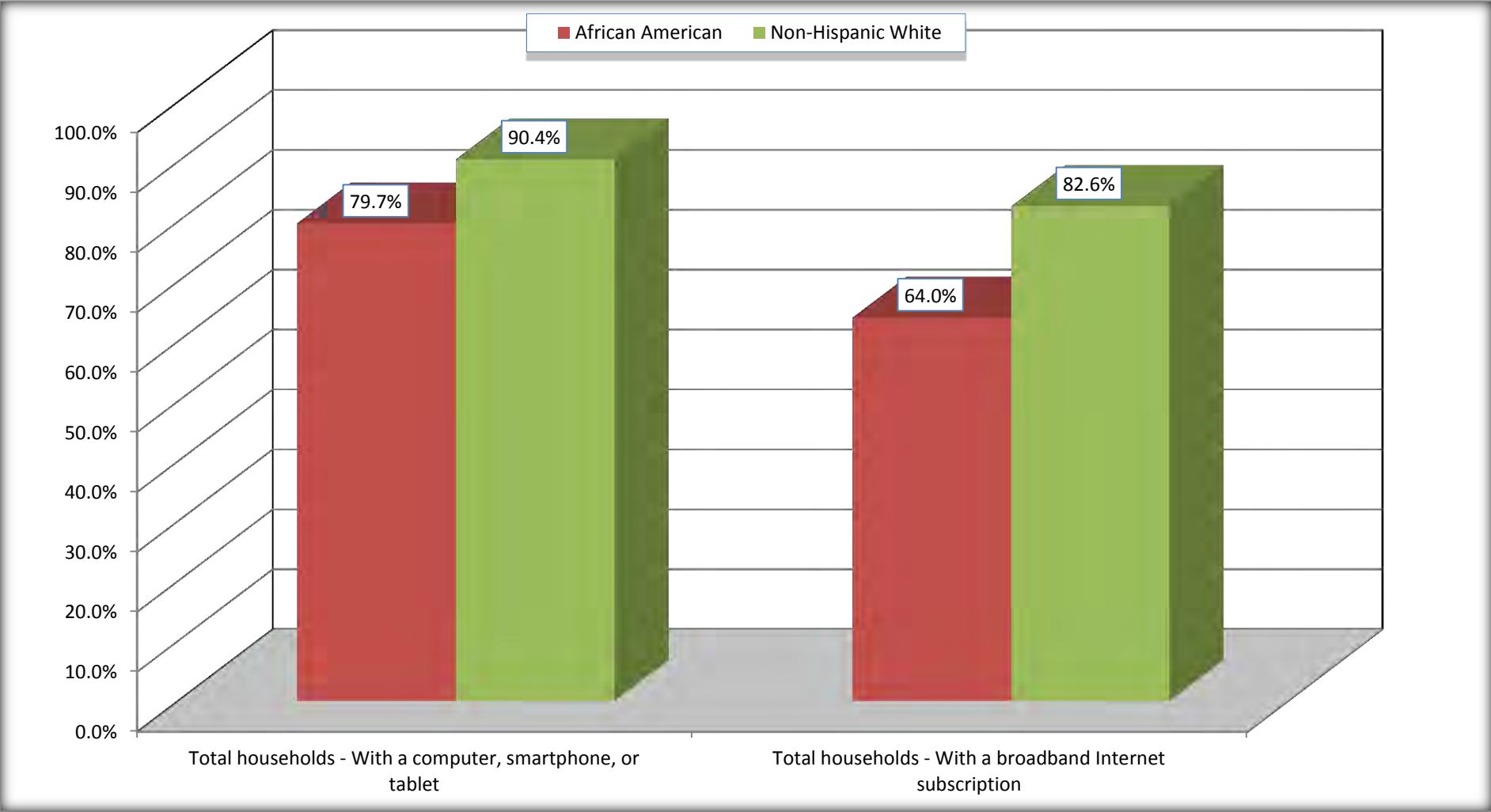
Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Rent as a Percentage of Household Income (30% or more) -- Renter-Occupied Congressional District 1 (116th Congress), Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

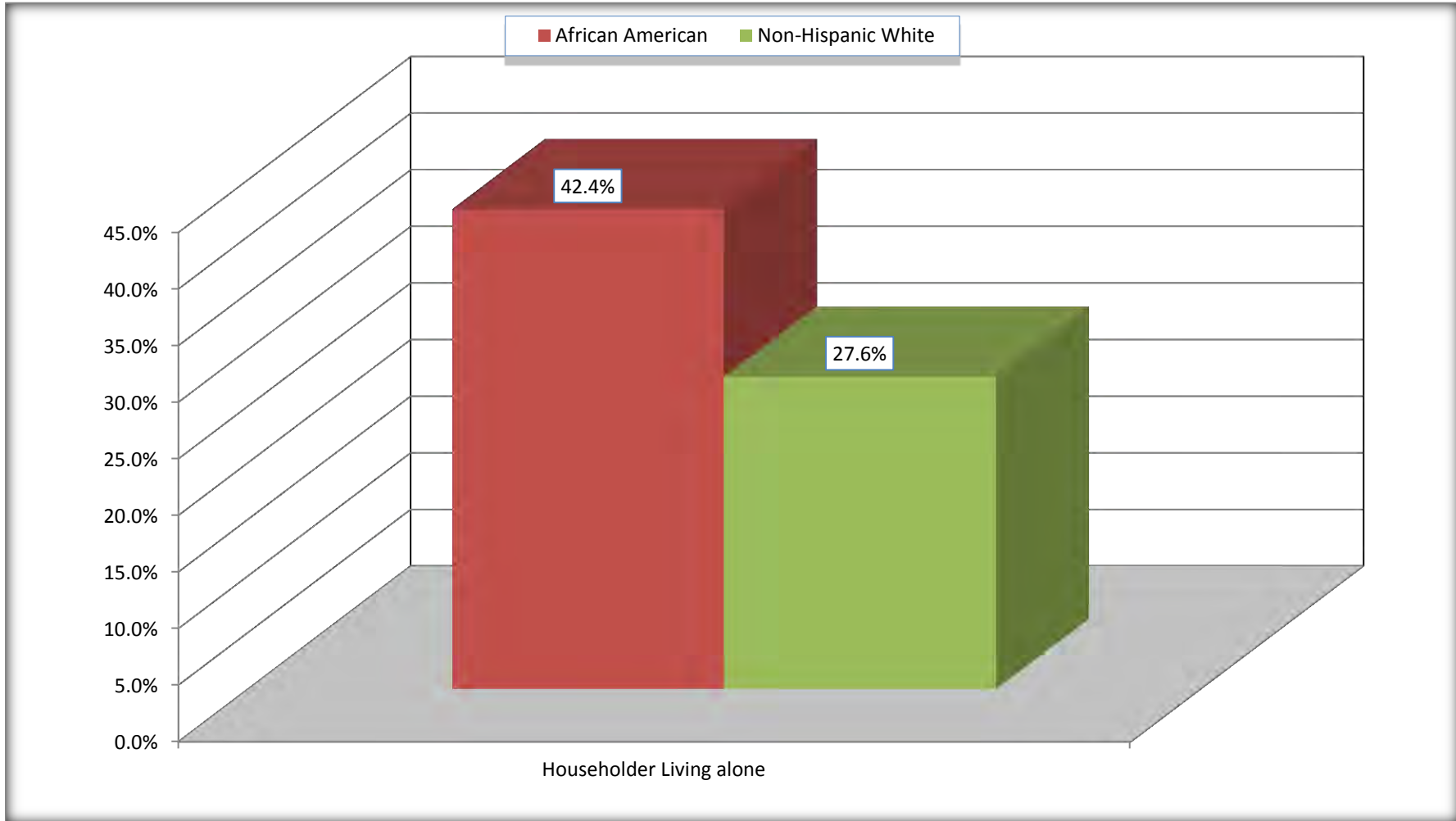
Computers and Internet Use Congressional District 1 (116th Congress), Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

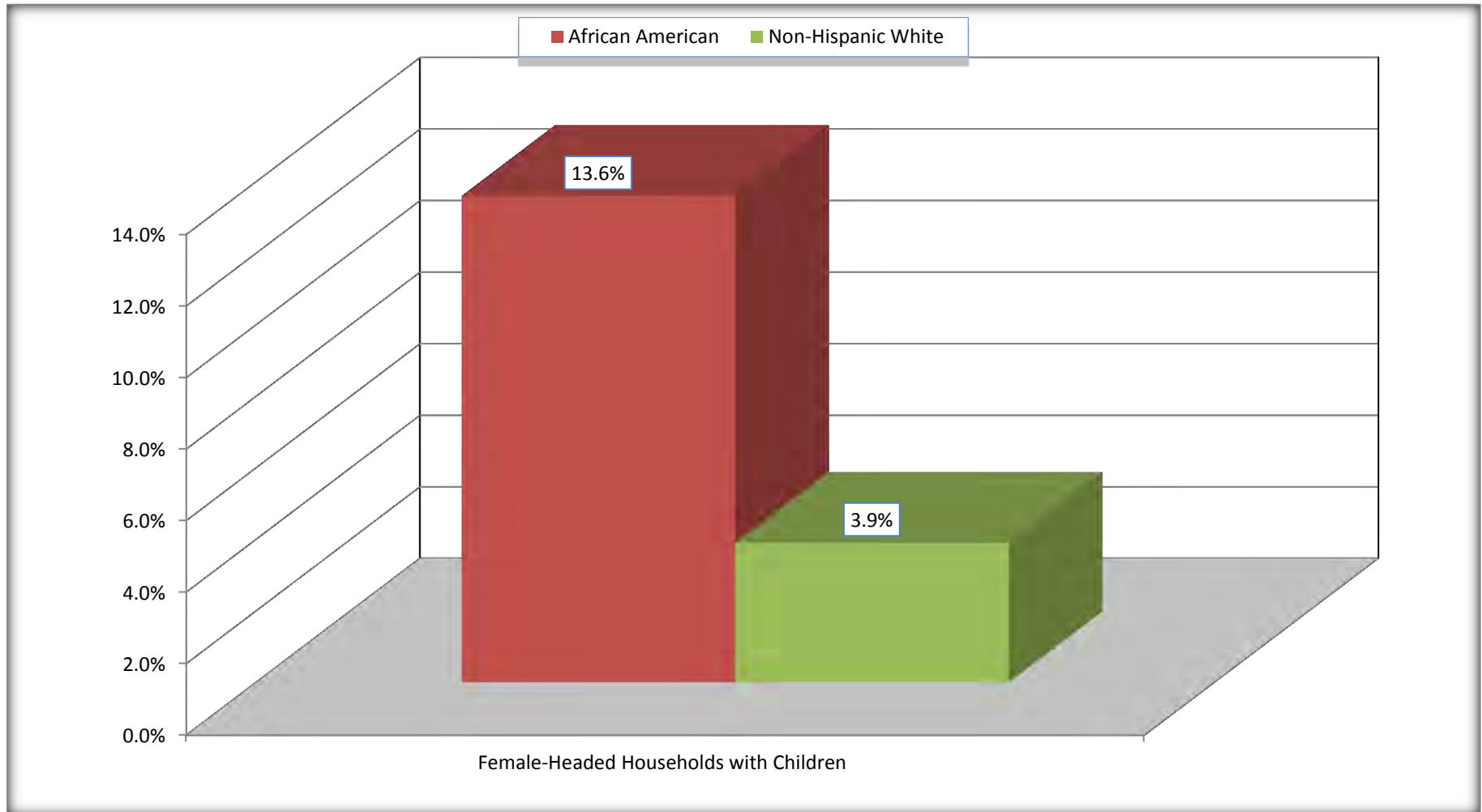
Households with Householder Living Alone

Congressional District 1 (116th Congress), Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

Female-Headed Households with Children Under 18 (As a Percentage of all Households) Congressional District 1 (116th Congress), Alabama



Source: S0201 SELECTED POPULATION PROFILE
Data Set: 2018 American Community Survey 1-Year Estimates

ATTACHMENT B-2

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
TOTAL NUMBER OF RACES REPORTED			
Total population	715,346	195,252	465,507
One race	98.20%	100%	100%
Two races	1.70% (X)	(X)	(X)
Three races	0.10% (X)	(X)	(X)
Four or more races	0% (X)	(X)	(X)
SEX AND AGE			
Total population	715,346	195,252	465,507
Male	48.20%	47.00%	48.70%
Female	51.80%	53.00%	51.30%
Under 5 years	5.70%	7%	5.10%
5 to 17 years	17.00%	19.70%	14.90%
18 to 24 years	8.60%	10.10%	7.80%
25 to 34 years	12.50%	14.30%	11.50%
35 to 44 years	12.00%	12.20%	11.70%
45 to 54 years	12.70%	11.70%	13.10%
55 to 64 years	13.80%	12.60%	14.70%
65 to 74 years	10.60%	8.00%	12.40%
75 years and over	7.20%	4.50%	8.70%
Median age (years)	40.3	34.3	44.2
18 years and over	77.30%	73.50%	80.00%
21 years and over	73.50%	69.20%	76.60%
62 years and over	21.50%	14.80%	25.50%
65 years and over	17.80%	13%	21.20%
Under 18 years	162,429	51,686	93,148
Male	51.40%	52.00%	51.40%
Female	48.60%	48.00%	48.60%
18 years and over	552,917	143,566	372,359
Male	47.20%	45.20%	48.00%
Female	52.80%	54.80%	52.00%
18 to 34 years	150,676	47,787	89,962
Male	49.10%	46.90%	50.40%
Female	50.90%	53.10%	49.60%
35 to 64 years	275,158	71,302	183,878
Male	47.60%	45.20%	48.50%
Female	52.40%	54.80%	51.50%
65 years and over	127,083	24,477	98,519
Male	44.10%	42.00%	45.10%
Female	55.90%	58.00%	54.90%

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
RELATIONSHIP			
Population in households	701,922	190,822	457,447
Householder or spouse	56.40%	48.20%	60.40%
Child	30.40%	36.10%	27.50%
Other relatives	8.40%	11.70%	7.10%
Nonrelatives	4.80%	4.00%	5%
Unmarried partner	1.70%	1.70%	1.80%
HOUSEHOLDS BY TYPE			
Households	272,626	74,295	180,984
Family households	63.60%	54.50%	67.40%
With own children of the householder under 18 years	24.60%	25%	23.40%
Married-couple family	45.00%	23.20%	54.30%
With own children of the householder under 18 years	15.30%	7.50%	17.90%
Female householder, no husband present, family	14.40%	25%	9.50%
With own children of the householder under 18 years	7.20%	13.60%	3.90%
Nonfamily households	36.40%	45.50%	32.60%
Male householder	17%	20.90%	14.20%
Living alone	14.20%	19.00%	11.80%
Not living alone	2.30%	2.00%	2.40%
Female householder	19.90%	24.60%	18.30%
Living alone	17.70%	23.40%	15.80%
Not living alone	2.20%	1.20%	3%
Average household size	2.57	2.58	2.6
Average family size	3.28	3.73	3.17
MARITAL STATUS			
Population 15 years and over	583,262	153,087	389,589
Now married, except separated	45.40%	25.70%	52.90%
Widowed	7.10%	6.60%	7.60%
Divorced	13.50%	13.60%	13.50%
Separated	2.50%	3.80%	1.80%
Never married	31.60%	50.30%	24.20%
Male 15 years and over	276,153	69,682	187,587
Now married, except separated	47.10%	28.50%	53.70%
Widowed	3.00%	4%	3.00%
Divorced	13.00%	11.10%	13.90%
Separated	2.10%	3.10%	1.60%
Never married	34.80%	53.90%	27.80%
Female 15 years and over	307,109	83,405	202,002
Now married, except separated	43.90%	23.40%	52.20%

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
Widowed	10.80%	9.10%	11.80%
Divorced	13.90%	15.70%	13.10%
Separated	2.80%	4.30%	2%
Never married	28.70%	47.40%	20.90%
SCHOOL ENROLLMENT			
Population 3 years and over enrolled in school	163,181	53,510	92,770
Nursery school, preschool	6.30%	7.30%	5.60%
Kindergarten	4.30%	4.40%	3.90%
Elementary school (grades 1-8)	46.30%	45.30%	46.50%
High school (grades 9-12)	24.10%	23.00%	24.80%
College or graduate school	19.00%	19.90%	19.20%
Male 3 years and over enrolled in school	81,091	24,861	47,999
Percent enrolled in kindergarten to grade 12	78.30%	82.80%	75.60%
Percent enrolled in college or graduate school	14.30%	9.10%	17.70%
Female 3 years and over enrolled in school	82,090	28,649	44,771
Percent enrolled in kindergarten to grade 12	71.10%	64.00%	74.60%
Percent enrolled in college or graduate school	24%	29.40%	20.90%
EDUCATIONAL ATTAINMENT			
Population 25 years and over	491,625	123,768	335,955
Less than high school diploma	13.00%	16%	11.40%
High school graduate (includes equivalency)	33.30%	41.60%	31.10%
Some college or associate's degree	29.30%	28.00%	29.40%
Bachelor's degree	16%	9.60%	18.70%
Graduate or professional degree	8.30%	4.90%	9.40%
High school graduate or higher	87.00%	84%	88.60%
Male, high school graduate or higher	86.30%	83%	88.00%
Female, high school graduate or higher	87.60%	84.70%	89.10%
Bachelor's degree or higher	24.50%	14.50%	28.10%
Male, bachelor's degree or higher	23.10%	10.50%	27.40%
Female, bachelor's degree or higher	25.60%	17.80%	28.80%
FERTILITY			
Women 15 to 50 years	165,258	49,890	99,866
Women 15 to 50 years who had a birth in the past 12 months	7,691	2,488	4,012
Unmarried women 15 to 50 years who had a birth in the past 12 months	3,214	1,814	1,000
As a percent of all women with a birth in the past 12 months	41.80%	72.90%	24.90%
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS			
Population 30 years and over	446,568	109,553	309,098
Grandparents living with grandchild(ren)	4.20%	5.20%	4%
Grandparents responsible for grandchildren as a percentage of living with gran	46.60%	50.20%	42.20%

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
VETERAN STATUS			
Civilian population 18 years and over	551,673	143,239	371,442
Civilian veteran	9.40%	7.70%	10%
DISABILITY STATUS			
Total civilian noninstitutionalized population	704,969	191,791	459,038
With a disability	14.20%	13%	14.80%
Civilian noninstitutionalized population under 18 years	162,291	51,631	93,065
With a disability	4.20%	4.10%	4.10%
Civilian noninstitutionalized population 18 to 64 years	418,103	116,253	269,345
With a disability	12.20%	14%	11.80%
Civilian noninstitutionalized population 65 years and older	124,575	23,907	96,628
With a disability	33.60%	32.60%	33.70%
RESIDENCE 1 YEAR AGO			
Population 1 year and over	708,505	192,782	462,101
Same house	87.70%	89.20%	87.60%
Different house in the U.S.	11.90%	10.80%	12.10%
Same county	8.30%	8.90%	8.00%
Different county	3.60%	1.90%	4.10%
Same state	1.40%	1.00%	1.40%
Different state	2.20%	0.90%	2.70%
Abroad	0.40%	0.10%	0.30%
PLACE OF BIRTH, CITIZENSHIP STATUS AND YEAR OF ENTRY			
Native	693,956	193,812	460,434
Male	48.30%	46.90%	48.70%
Female	51.70%	53.10%	51.30%
Foreign born	21,390	1,440	5,073
Male	44.70%	56.90%	46%
Female	55.30%	43.10%	54%
Foreign born; naturalized U.S. citizen	11,404	689	2,451
Male	40%	69%	42.40%
Female	60%	31%	57.60%
Foreign born; not a U.S. citizen	9,986	751	2,622
Male	50.40%	45.50%	50.20%
Female	49.60%	54.50%	49.80%
Population born outside the United States	21,390	1,440	5,073
Entered 2010 or later	27.70%	57.40%	36.90%
Entered 2000 to 2009	25.40%	11.70%	11.20%
Entered before 2000	46.90%	31.00%	52.00%

Alabama Congressional District 1

	All Persons Estimate	Black or African American alone, not Hispanic or Latino Estimate	White alone, not Hispanic or Latino Estimate
WORLD REGION OF BIRTH OF FOREIGN BORN			
Foreign-born population excluding population born at sea	21,390	1,440	5,073
Europe	19.20% N		79.40%
Asia	34.80% N		3.80%
Africa	4% N		1.80%
Oceania	1.40% N		2.60%
Latin America	39.50% N		7%
Northern America	1.40% N		6.00%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH			
Population 5 years and over	674,455	182,038	441,789
English only	95.70%	99.10%	98.00%
Language other than English	4.30%	0.90%	2.00%
Speak English less than "very well"	1.50% N		0.30%
EMPLOYMENT STATUS			
Population 16 years and over	573,349	150,390	383,600
In labor force	55.70%	52.40%	56.00%
Civilian labor force	55.50%	52.20%	55.80%
Employed	52.70%	47.60%	53.70%
Unemployed	2.80%	4.60%	2.10%
Unemployment Rate	5.00%	8.80%	3.80%
Armed Forces	0.20%	0.20%	0.20%
Not in labor force	44.30%	47.60%	44.00%
Females 16 years and over	302,028	82,112	198,873
In labor force	52.30%	52%	51.50%
Civilian labor force	52%	52.20%	51.40%
Employed	50%	48.90%	49.60%
Unemployed	2.30%	3%	1.80%
Unemployment Rate	4.40%	6.30%	3.60%
COMMUTING TO WORK			
Workers 16 years and over	297,184	70,344	202,844
Car, truck, or van - drove alone	86.10%	85.90%	87.00%
Car, truck, or van - carpooled	6.80%	8.60%	5.10%
Public transportation (excluding taxicab)	0.20%	0.60%	0.10%
Walked	0.90%	1.30%	0.90%
Other means	1.70%	1.30%	1.90%
Worked at home	4%	2%	5%
Mean travel time to work (minutes)	26	25.1	26.3

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
OCCUPATION			
Civilian employed population 16 years and over	302,309	71,517	205,966
Management, business, science, and arts occupations	33.00%	26.40%	36.40%
Service occupations	18.50%	24.70%	15.40%
Sales and office occupations	21.60%	20.30%	23.20%
Natural resources, construction, and maintenance occupations	11.50%	8.40%	11.90%
Production, transportation, and material moving occupations	15.40%	20.20%	13.00%
Male civilian employed population 16 years and over	151,506	31,348	107,417
Management, business, science, and arts occupations	28.10%	15.70%	33.10%
Service occupations	12.70%	18.10%	10.90%
Sales and office occupations	13.50%	11.50%	14.30%
Natural resources, construction, and maintenance occupations	21.20%	18.00%	21.50%
Production, transportation, and material moving occupations	24.50%	36.70%	20.20%
Female civilian employed population 16 years and over	150,803	40,169	98,549
Management, business, science, and arts occupations	37.90%	34.80%	40.10%
Service occupations	24.30%	29.80%	20.30%
Sales and office occupations	29.80%	27.20%	33%
Natural resources, construction, and maintenance occupations	2%	0.90%	1.50%
Production, transportation, and material moving occupations	6.30%	7%	5.20%
INDUSTRY			
Civilian employed population 16 years and over	302,309	71,517	205,966
Agriculture, forestry, fishing and hunting, and mining	1.40%	0.60%	1.50%
Construction	8.60%	4.70%	9.80%
Manufacturing	10.90%	11.20%	10.80%
Wholesale trade	2.60%	0.80%	3%
Retail trade	12.60%	13.60%	12.30%
Transportation and warehousing, and utilities	5.50%	5.50%	6%
Information	1.40%	1.10%	1.70%
Finance and insurance, and real estate and rental and leasing	6%	4.90%	6.00%
Professional, scientific, and management, and administrative and waste mana	9.90%	8.10%	10.30%
Educational services, and health care and social assistance	22%	27.80%	20.50%
Arts, entertainment, and recreation, and accommodation and food services	9.50%	13.00%	8.20%
Other services (except public administration)	6.20%	4.10%	6%
Public administration	4.10%	4.50%	4%
CLASS OF WORKER			
Civilian employed population 16 years and over	302,309	71,517	205,966
Private wage and salary workers	81%	83.90%	79.70%
Government workers	12.80%	14.10%	12.80%
Self-employed workers in own not incorporated business	6.10%	2.10%	7.40%

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
Unpaid family workers	0.20%	0%	0.20%
INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)			
Households	272,626	74,295	180,984
Median household income (dollars)	46,445	28,596	57,122
With earnings	70.30%	67%	71%
Mean earnings (dollars)	67,908	45,703	78,019
With Social Security income	37.50%	32.40%	40.80%
Mean Social Security income (dollars)	19,446	15,941	20,903
With Supplemental Security Income	5.40%	7.90%	4.40%
Mean Supplemental Security Income (dollars)	9,460	8,345	10,090
With cash public assistance income	1.10%	1.80%	0.90%
Mean cash public assistance income (dollars)	2,243	1,348	2,761
With retirement income	22.80%	20.10%	24.80%
Mean retirement income (dollars)	22,296	18,748	23,574
With Food Stamp/SNAP benefits	13.50%	28.30%	7.30%
Families	173,311	40,474	122,027
Median family income (dollars)	61,160	36,590	70,646
Married-couple family	70.80%	42.70%	80.60%
Median income (dollars)	74,736	58,500	79,296
Male householder, no spouse present, family	6.60%	11.20%	5.40%
Median income (dollars)	45,267	32,309	55,558
Female householder, no husband present, family	22.60%	46.10%	14.00%
Median income (dollars)	27,161	23,334	32,329
Individuals	715,346	195,252	465,507
Per capita income (dollars)	26,561	17,688	30,702
With earnings for full-time, year-round workers:			
Male	122,049	25,729	86,793
Female	104,470	29,140	68,755
Mean earnings (dollars) for full-time, year-round workers:			
Male	62,469	45,519	68,336
Female	40,944	34,051	43,243
Median earnings (dollars) full-time, year-round workers:			
Male	48,041	38,340	51,707
Female	33,349	29,386	35,342
HEALTH INSURANCE COVERAGE			
Civilian noninstitutionalized population	704,969	191,791	459,038
With private health insurance	62.20%	48.20%	68.90%
With public coverage	39.00%	47.70%	36.20%
No health insurance coverage	12.30%	13.50%	10.90%

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
POVERTY RATES FOR FAMILIES AND PEOPLE FOR WHOM POVERTY STATUS IS DETERMINED			
All families	12.00%	25.40%	6.60%
With related children of the householder under 18 years	21%	38.20%	11.40%
With related children of the householder under 5 years only	17.50%	34.20%	13%
Married-couple family	5.00%	10.70%	3.40%
With related children of the householder under 18 years	8%	17.40%	4.80%
With related children of the householder under 5 years only	9.00%	27.20%	N
Female householder, no husband present, family	33.40%	40.40%	24%
With related children of the householder under 18 years	45.50%	52.60%	36.30%
With related children of the householder under 5 years only	36.50%	67.10%	26%
All people	17.00%	30.70%	10.60%
Under 18 years	24.90%	45.50%	13.00%
Related children of the householder under 18 years	24.50%	45.30%	12.80%
Related children of the householder under 5 years	27.20%	48.20%	15.80%
Related children of the householder 5 to 17 years	23.60%	44.30%	11.80%
18 years and over	14.60%	25%	10.00%
18 to 64 years	16.10%	27.60%	10.80%
65 years and over	9.50%	14.10%	7.60%
People in families	14.10%	29.20%	7.50%
Unrelated individuals 15 years and over	29.20%	35.90%	24.60%
HOUSING TENURE			
Occupied housing units	272,626	74,295	180,984
Owner-occupied housing units	66.10%	45.90%	74.60%
Renter-occupied housing units	33.90%	54.10%	25.40%
Average household size of owner-occupied unit	2.62	2.68	2.63
Average household size of renter-occupied unit	2.48	2.5	2.5
UNITS IN STRUCTURE			
Occupied housing units	272,626	74,295	180,984
1-unit, detached or attached	73.80%	67.00%	76.80%
2 to 4 units	3.00%	5.50%	2.00%
5 or more units	12.50%	21.80%	8.80%
Mobile home, boat, RV, van, etc.	10.70%	5.70%	12%
YEAR STRUCTURE BUILT			
Occupied housing units	272,626	74,295	180,984
Built 2014 or later	4.10%	2.60%	4.50%
Built 2010 to 2013	3.50%	3.50%	3.50%
Built 2000 to 2009	16.50%	11.70%	18.30%
Built 1980 to 1999	36.10%	30.40%	38.50%
Built 1960 to 1979	25.90%	31.10%	24.10%

Alabama Congressional District 1

	All Persons	Black or African American alone, not Hispanic or Latino	White alone, not Hispanic or Latino
	Estimate	Estimate	Estimate
Built 1940 to 1959	10.80%	18.30%	8.00%
Built 1939 or earlier	3.00%	2.40%	3.10%
VEHICLES AVAILABLE			
Occupied housing units	272,626	74,295	180,984
None	5.80%	10.90%	3.80%
1 or more	94.20%	89.10%	96.20%
HOUSE HEATING FUEL			
Occupied housing units	272,626	74,295	180,984
Gas	25.70%	33.60%	23.10%
Electricity	72.90%	65.00%	75.70%
All other fuels	0.80%	0.80%	0.90%
No fuel used	0.50%	0.60%	0.40%
SELECTED CHARACTERISTICS			
Occupied housing units	272,626	74,295	180,984
No telephone service available	2.00%	2.60%	1.60%
1.01 or more occupants per room	2%	3%	2.00%
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS			
Housing units with a mortgage (excluding units where SMOC cannot be computed)	97,742	18,219	74,127
Less than 30 percent	72.50%	58.20%	77%
30 percent or more	27.50%	41.80%	23%
OWNER CHARACTERISTICS			
Owner-occupied housing units	180,163	34,089	135,067
Median value (dollars)	152,100	87,200	165,800
Median selected monthly owner costs with a mortgage (dollars)	1,176	984	1,212
Median selected monthly owner costs without a mortgage (dollars)	366	359	372
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS			
Occupied units paying rent (excluding units where GRAPI cannot be computed)	78,921	33,967	39,648
Less than 30 percent	48.40%	40.40%	55.80%
30 percent or more	51.60%	59.60%	44.20%
GROSS RENT			
Occupied units paying rent	81,806	35,918	40,309
Median gross rent (dollars)	844	758	920
COMPUTERS AND INTERNET USE			
Total households	272,626	74,295	180,984
With a computer	87.80%	79.70%	90.40%
With a broadband Internet subscription	77.80%	64%	82.60%

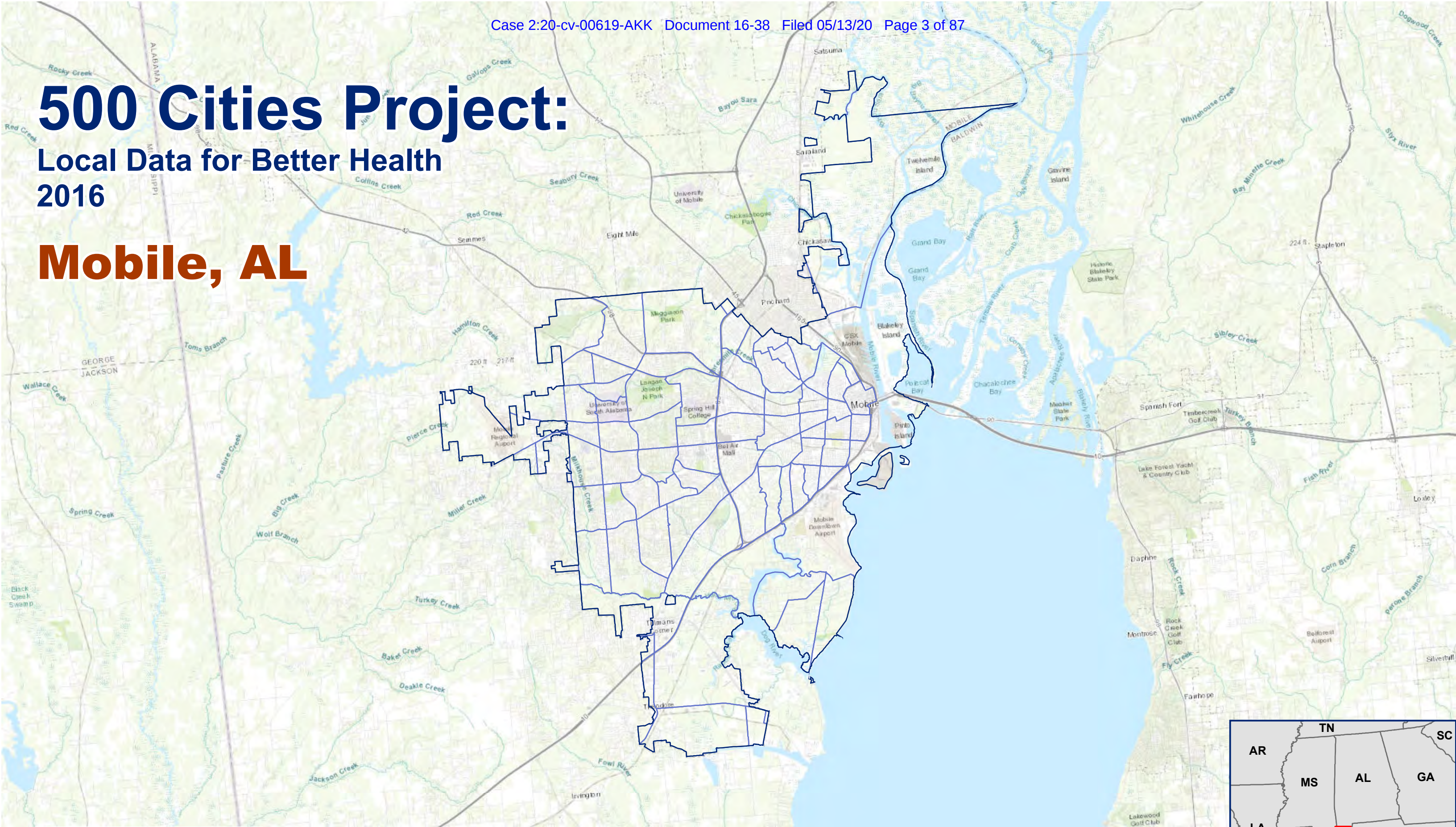
EXHIBIT 36 (PART 2)

ATTACHMENT C

500 Cities Project:

Local Data for Better Health 2016

Mobile, AL



*Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion,
Division of Population Health, Epidemiology and Surveillance Branch
(CDC/NCCDPHP/DPH/ESB)*

*4770 Buford HWY NE
Atlanta, GA 30341*

Email: 500Cities@cdc.gov

September, 2018

Introduction:

The 500 Cities Project – Better Health Through Local Data – is a collaboration between the Robert Wood Johnson Foundation, the CDC Foundation, and the Centers for Disease Control and Prevention (CDC). The purpose of the project is to provide high quality small area estimates for behavioral risk factors that influence health status; for health outcomes; and the use of clinical preventive services. These estimates can be used to identify emerging health problems and to inform development and implementation of effective, targeted public health prevention activities.

Data sources:

The CDC Behavioral Risk Factor Surveillance System 2015, 2016 data. The Census Bureau 2010 census population data, American Community Survey 2011-2015 and 2012-2016 estimates. Esri ArcGIS Online basemaps.

Methodology:

CDC used small area estimation (SAE) methodology called multi-level regression and poststratification (MRP) that links geocoded health surveys and high spatial resolution population demographic and socioeconomic data to produce local level health-related estimates. This approach also accounts for the associations between individual health outcomes, individual characteristics, and spatial contexts and factors at multiple levels (e.g. state, county); predicts individual disease risk and health behaviors in a multi-level modeling framework, and estimates the geographic distributions of population disease burden and health behaviors at city and census tract levels.

Further information on the small area estimation methodology can be obtained from:

- [Multilevel Regression and Poststratification for Small-Area Estimation of Population Health Outcomes: A Case Study of Chronic Obstructive Pulmonary Disease Prevalence Using the Behavioral Risk Factor Surveillance System.\[PDF-5.53MB\]](#)
- [Validation of Multilevel Regression and Poststratification Methodology for Small Area Estimation of Health Indicators from the Behavioral Risk Factor Surveillance System.](#)
- [Comparison of Methods for Estimating Prevalence of Chronic Diseases and Health Behaviors for Small Geographic Areas: Boston Validation Study, 2013](#)

Limitations:

All data presented in this map book are model-based estimates that reflect the statistically expected prevalence of each measure. These small area estimates tend to have narrow confidence ranges and may underestimate some areas with high prevalence or overestimate some areas with low prevalence. Because the small area model cannot detect effects due to local interventions, these model-based local estimates should not be used to evaluate the effect of local public health programs, policies, or interventions.

For more information please refer to <http://www.cdc.gov/500cities/>.

Contents:

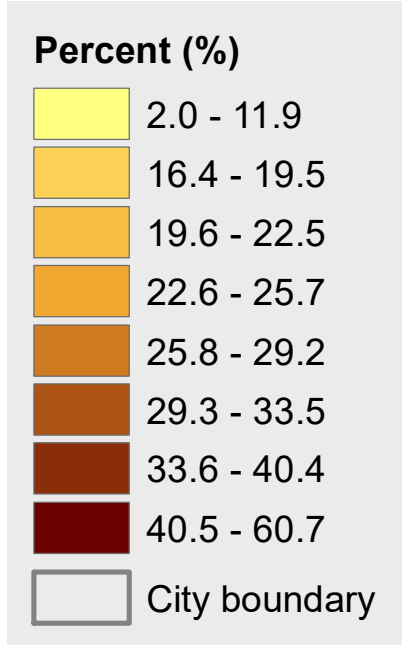
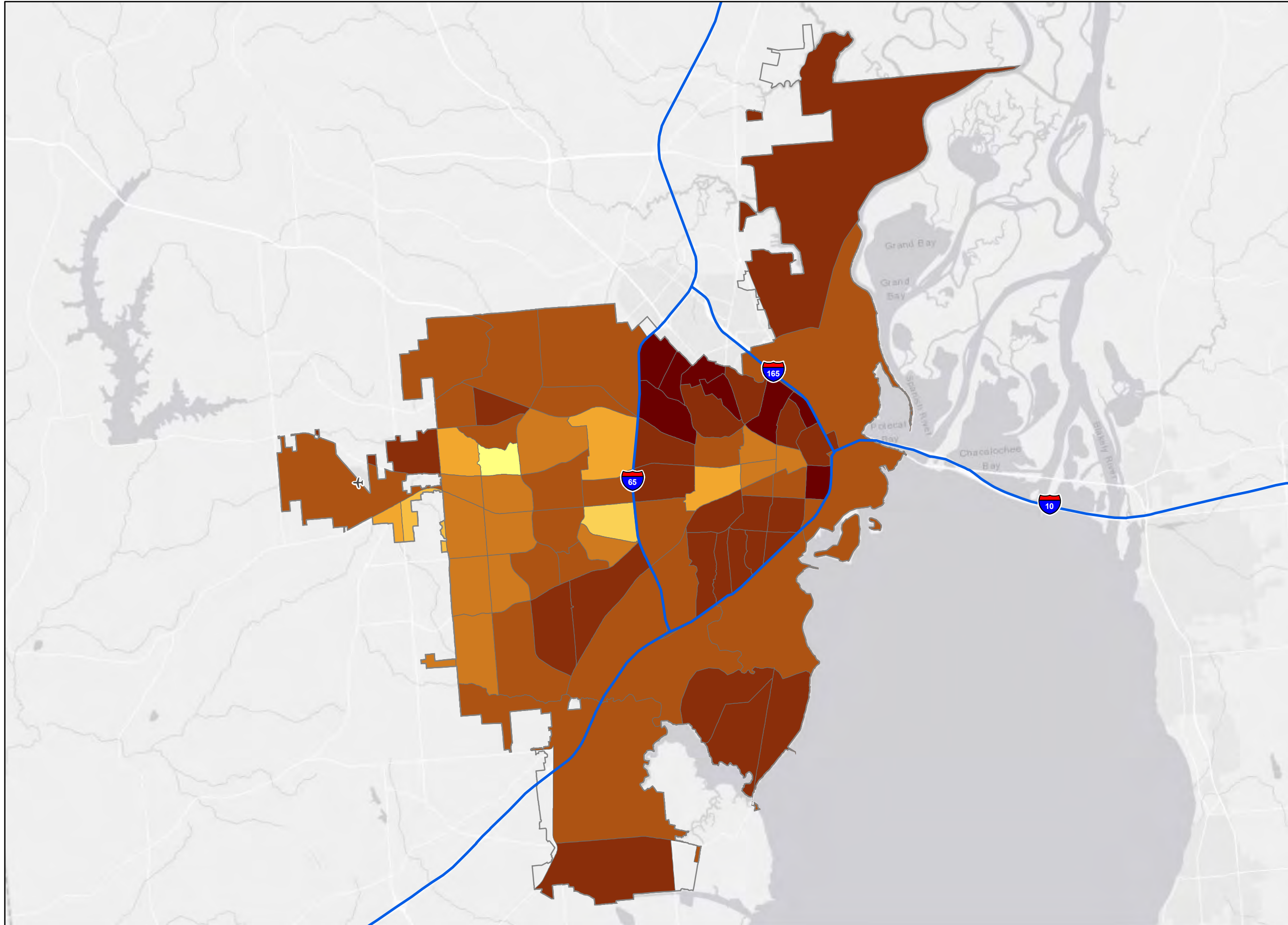
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5. Map: Current asthma prevalence among adults aged ≥18 years, 2016
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Four of the measures were not included in the 2016 BRFSS, therefore 2015 estimates are presented here. For details on measure definitions, please refer to: <https://www.cdc.gov/500cities/measure-definitions.htm>.

Measure	Crude (%)			Age-adjusted (%)			State Age-adjusted	US Age-adjusted	Footnotes
	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence (%)	Prevalence (%)	
Mobile									
AL									
Arthritis among adults aged >=18 years	32.1	32.0	32.3	30.9	30.8	31.1	30.3	23.0	
Current asthma prevalence among adults aged >=18 years	9.9	9.8	10.0	9.9	9.8	10.0	9.7	8.8	
Cancer (excluding skin cancer) among adults aged >=18 years	6.3	6.3	6.3	6.0	5.9	6.0	6.5	5.9	
High blood pressure among adults aged >=18 years	42.0	41.8	42.1	41.0	40.8	41.1	37.3	29.4	
High cholesterol among adults aged >=18 years who have been screened in the past 5 years	39.9	39.8	40.1	35.1	34.9	35.2	35.7	31.1	
Diagnosed diabetes among adults aged >=18 years	15.2	15.0	15.3	14.5	14.4	14.6	13.0	9.6	
Chronic kidney disease among adults aged >=18 years	3.4	3.4	3.4	3.3	3.3	3.3	3.3	2.7	
Chronic obstructive pulmonary disease among adults aged >=18 years	8.6	8.4	8.7	8.2	8.1	8.4	8.8	6.0	
Coronary heart disease among adults aged >=18 years	7.7	7.6	7.8	7.2	7.1	7.3	7.7	5.8	
Stroke among adults aged >=18 years	4.5	4.4	4.5	4.2	4.2	4.3	4.1	2.9	
Physical health not good for >=14 days among adults aged >=18 years	15.7	15.5	15.9	15.5	15.3	15.7	14.0	11.5	
Mental health not good for >=14 days among adults aged >=18 years	14.7	14.5	14.9	14.8	14.6	15.0	14.5	11.9	
All teeth lost among adults aged >=65 years	19.7	18.8	20.5	19.6	18.8	20.5	19.4	15.0	
Current lack of health insurance among adults aged 18-64 years	17.0	16.7	17.4	17.4	17.0	17.8	16.6	14.6	
Visits to doctor for routine checkup within the past year among adults aged >=18 years	74.6	74.5	74.7	74.1	73.9	74.2	70.2	69.7	
Visits to dentist or dental clinic among adults aged >=18 years	58.7	58.2	59.1	58.4	57.9	58.9	62.4	65.3	
Taking medicine for high blood pressure control among adults aged >=18 years with high blood pressure	79.3	79.2	79.5	66.8	66.7	67.0	66.8	57.7	
Cholesterol screening among adults aged >=18 years	75.9	75.6	76.1	75.9	75.7	76.2	76.5	75.2	
Mammography use among women aged 50-74 years	82.0	81.7	82.3	77.1	76.7	77.5	77.2	77.7	
Papanicolaou smear use among adult women aged 21-65 years	85.5	85.2	85.7	80.1	79.8	80.5	79.2	80.3	US value based on states available from BRFSS 2016
Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years	65.0	64.6	65.4	65.1	64.6	65.5	66.3	64.2	
Up to date on a core set of clinical preventive services (flu shot past year, pneumococcal shot ever, colorectal cancer screening) among men aged >=65 years	31.8	31.0	32.6	31.6	30.8	32.4	38.2	35.0	
Up to date on a core set of clinical preventive services (same as men plus mammogram past 2 years) among women aged >=65 years	30.7	30.0	31.4	31.5	30.8	32.1	31.4	31.5	
Binge drinking prevalence among adults aged >=18 years	14.7	14.6	14.8	15.0	15.0	15.1	13.9	18.0	
Current smoking among adults aged >=18 years	20.2	19.8	20.5	20.7	20.3	21.1	22.5	16.8	
No leisure-time physical activity among adults aged >=18 years	29.5	29.2	29.9	29.3	29.0	29.7	28.7	23.7	
Obesity among adults aged >=18 years	39.0	38.9	39.2	39.7	39.6	39.9	35.9	29.5	
Sleeping less than 7 hours among adults aged >=18 years	39.1	39.0	39.3	39.7	39.5	39.9	38.5	35.1	

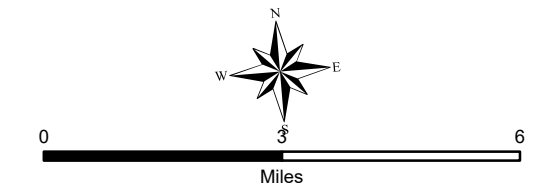
Health Outcomes

Arthritis among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

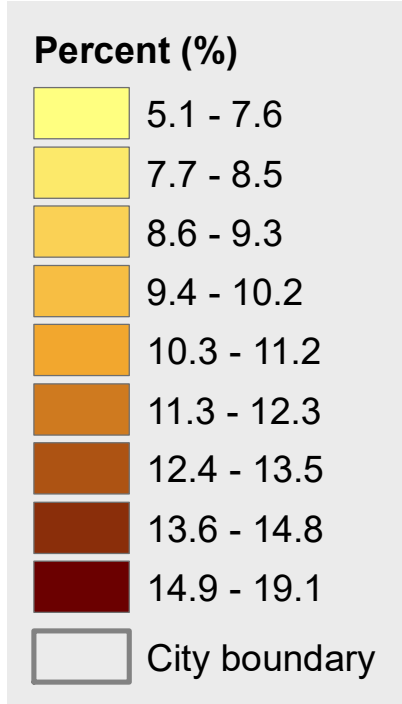
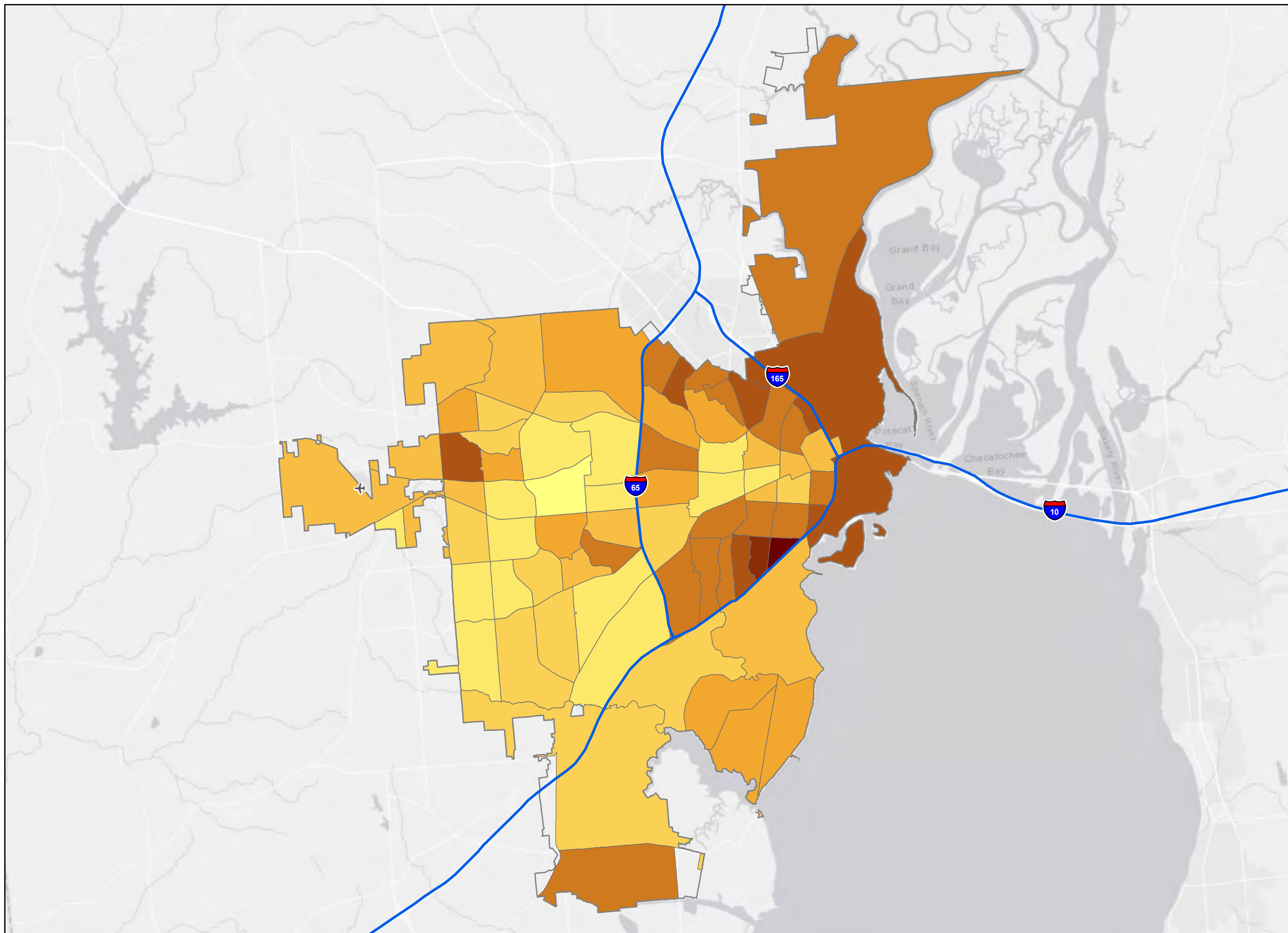
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

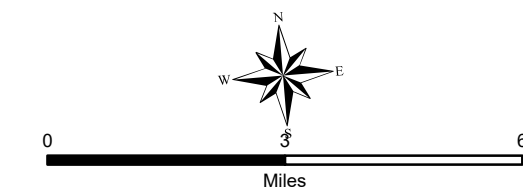


Current asthma prevalence among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

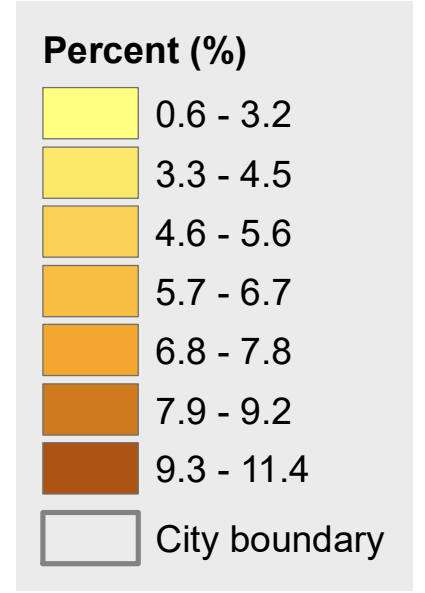
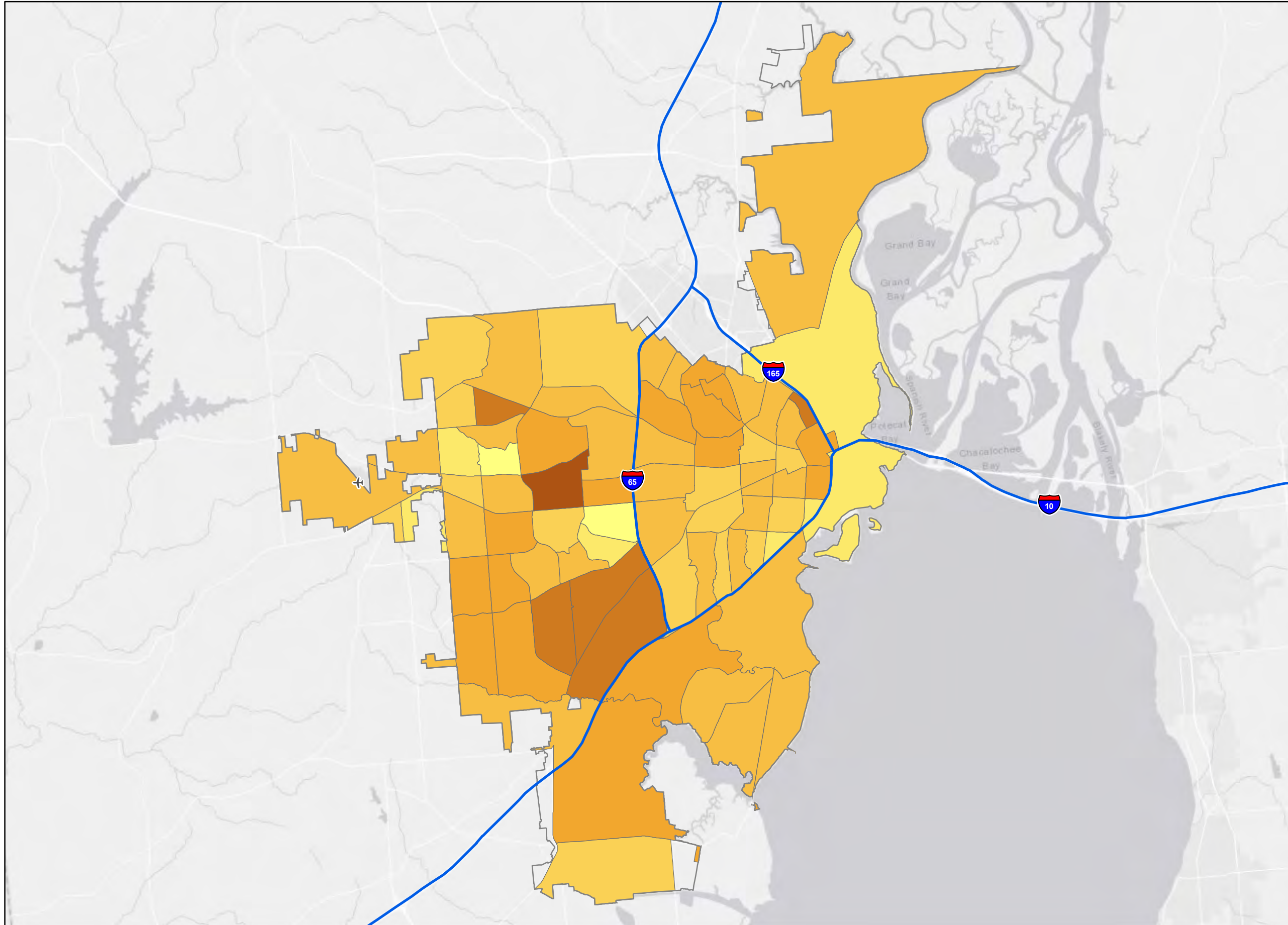
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Data sources:
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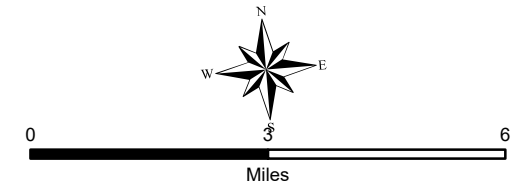


Cancer (excluding skin cancer) among adults aged ≥18 years by census tract, Mobile, AL, 2016



Classification:
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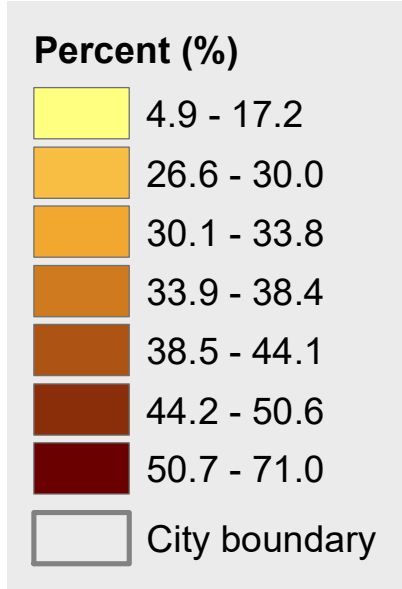
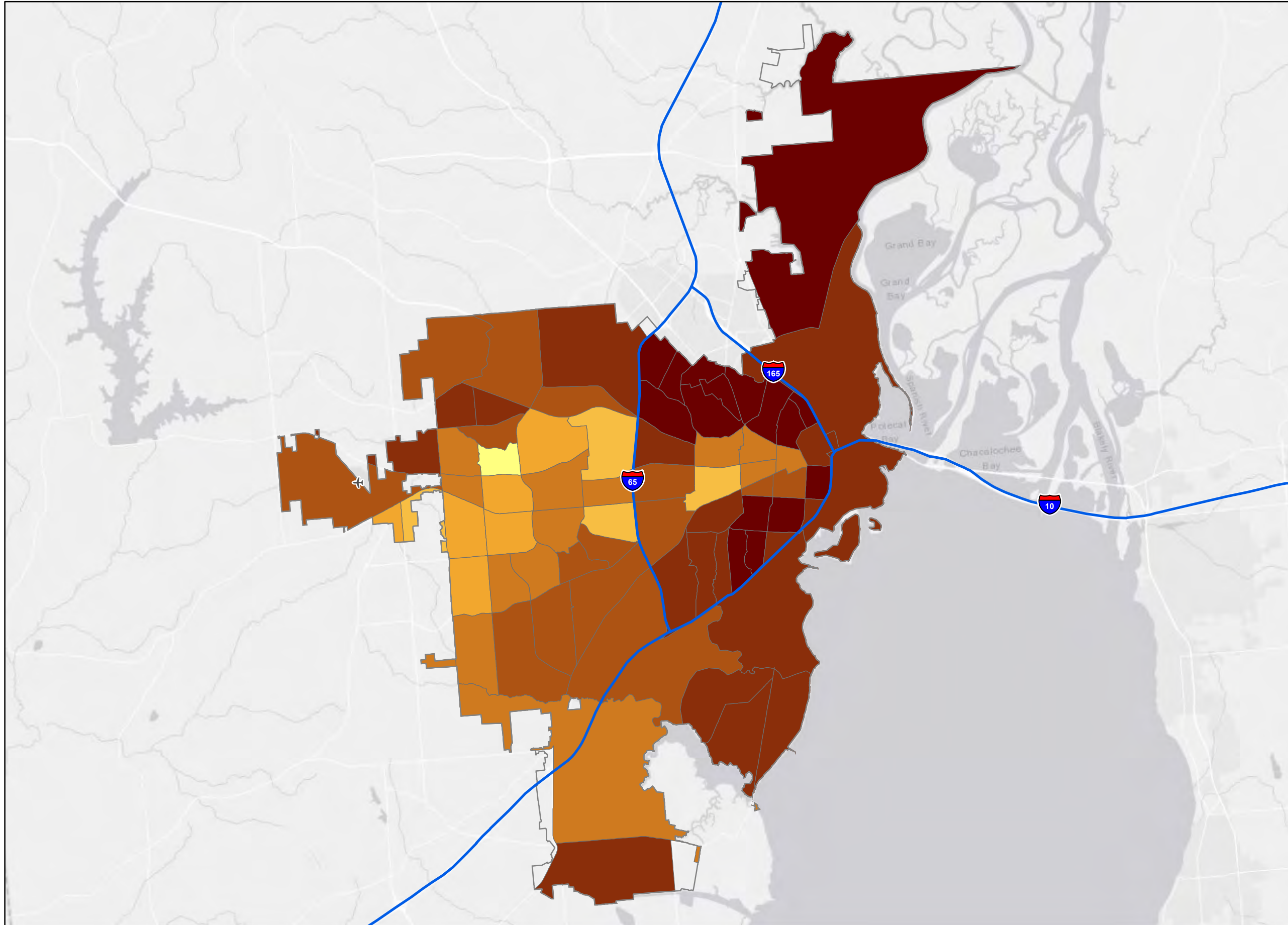
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

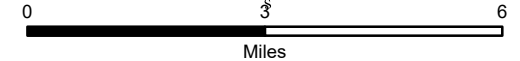
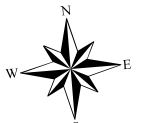


High blood pressure among adults aged ≥ 18 years by census tract, Mobile, AL, 2015



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

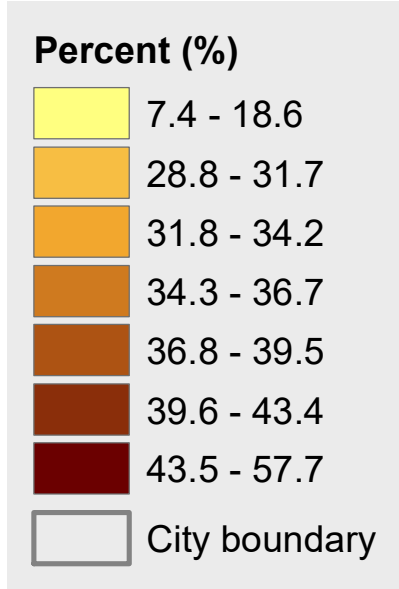
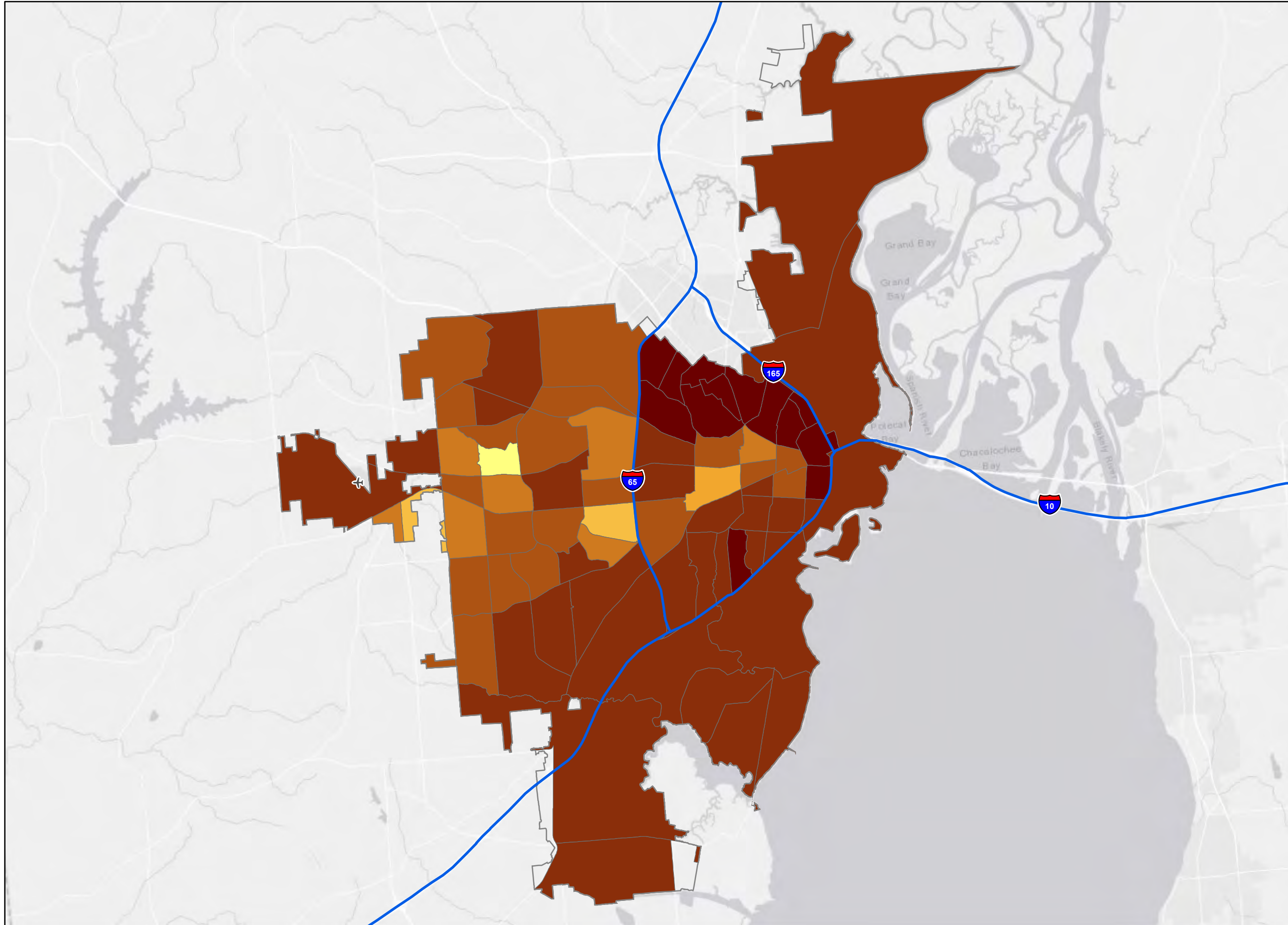
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2015, US Census Bureau 2010 Census, ACS 2011-2015

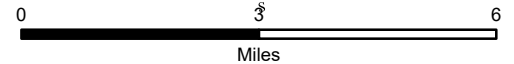
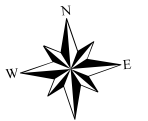


High cholesterol among adults aged ≥ 18 years who have been screened in the past 5 years by census tract, Mobile, AL, 2015



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

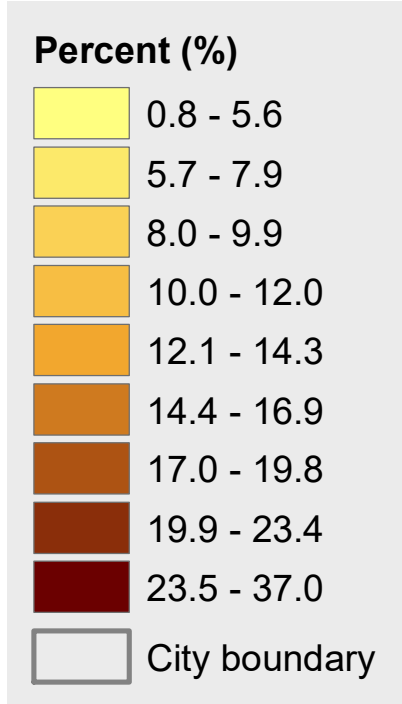
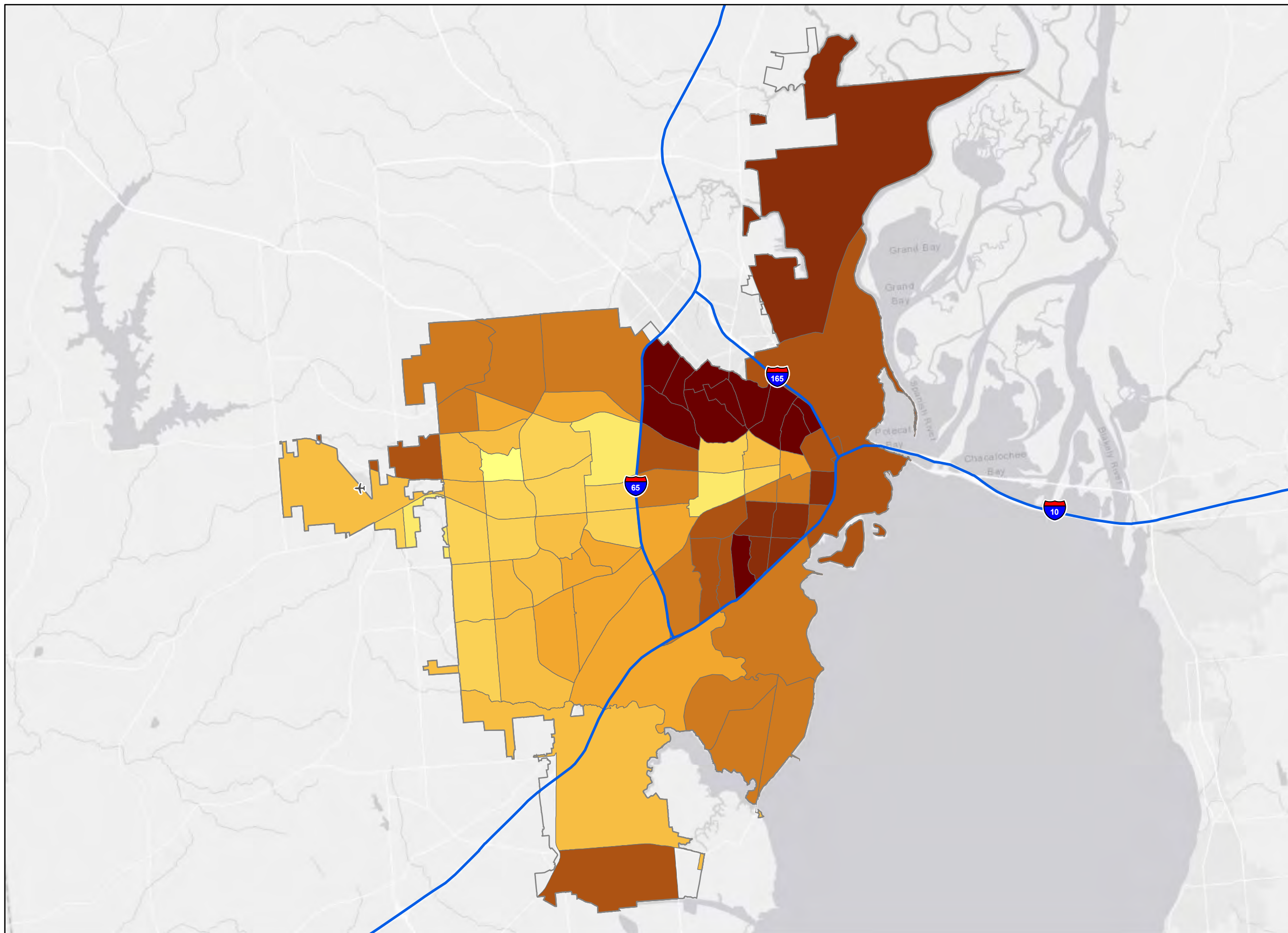
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2015, US Census Bureau 2010 Census, ACS 2011-2015.

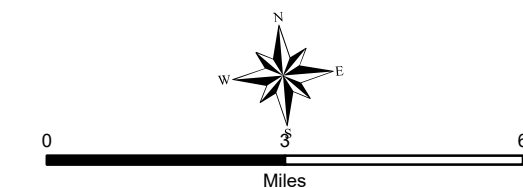


Diagnosed diabetes among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

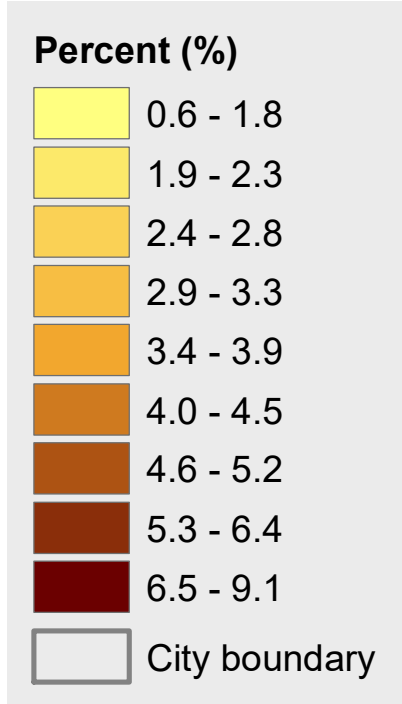
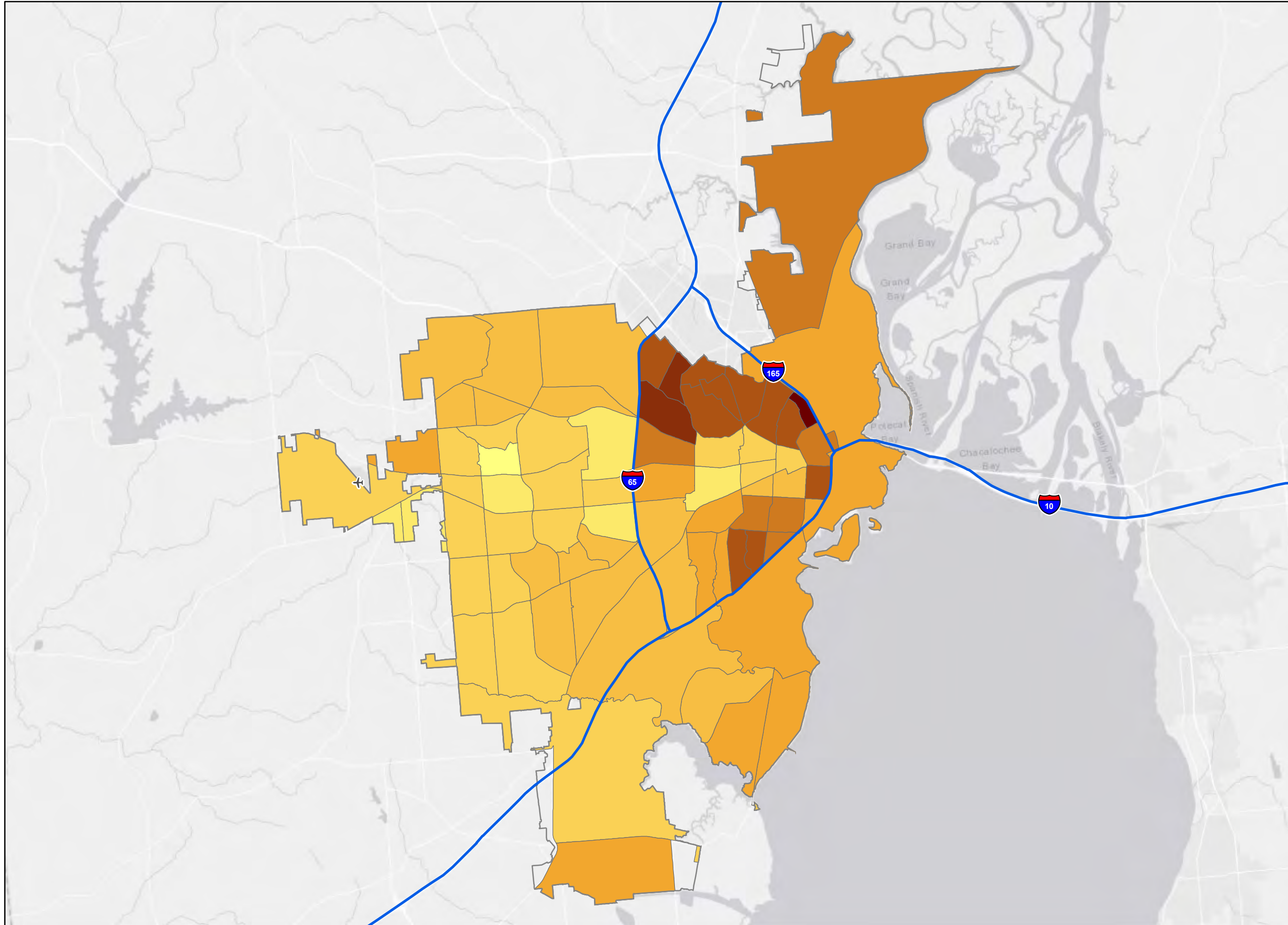
Census tracts with population less than 50 were excluded from the map.



Data sources:
CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016.

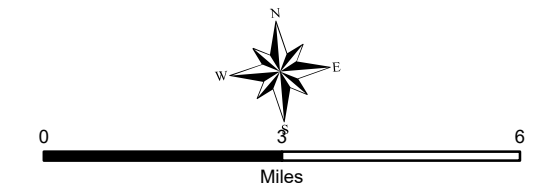


Chronic kidney disease among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

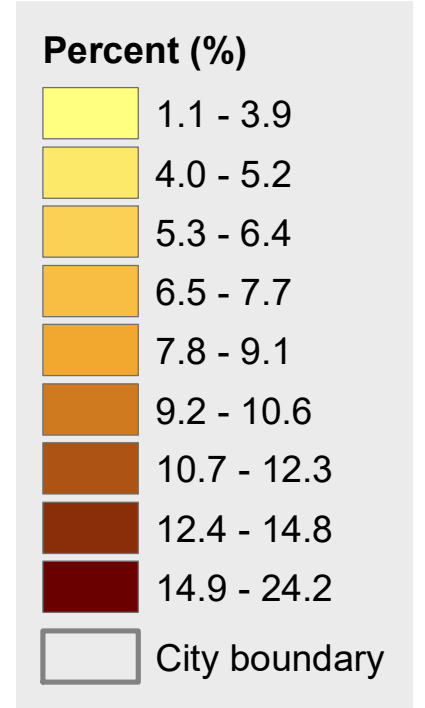
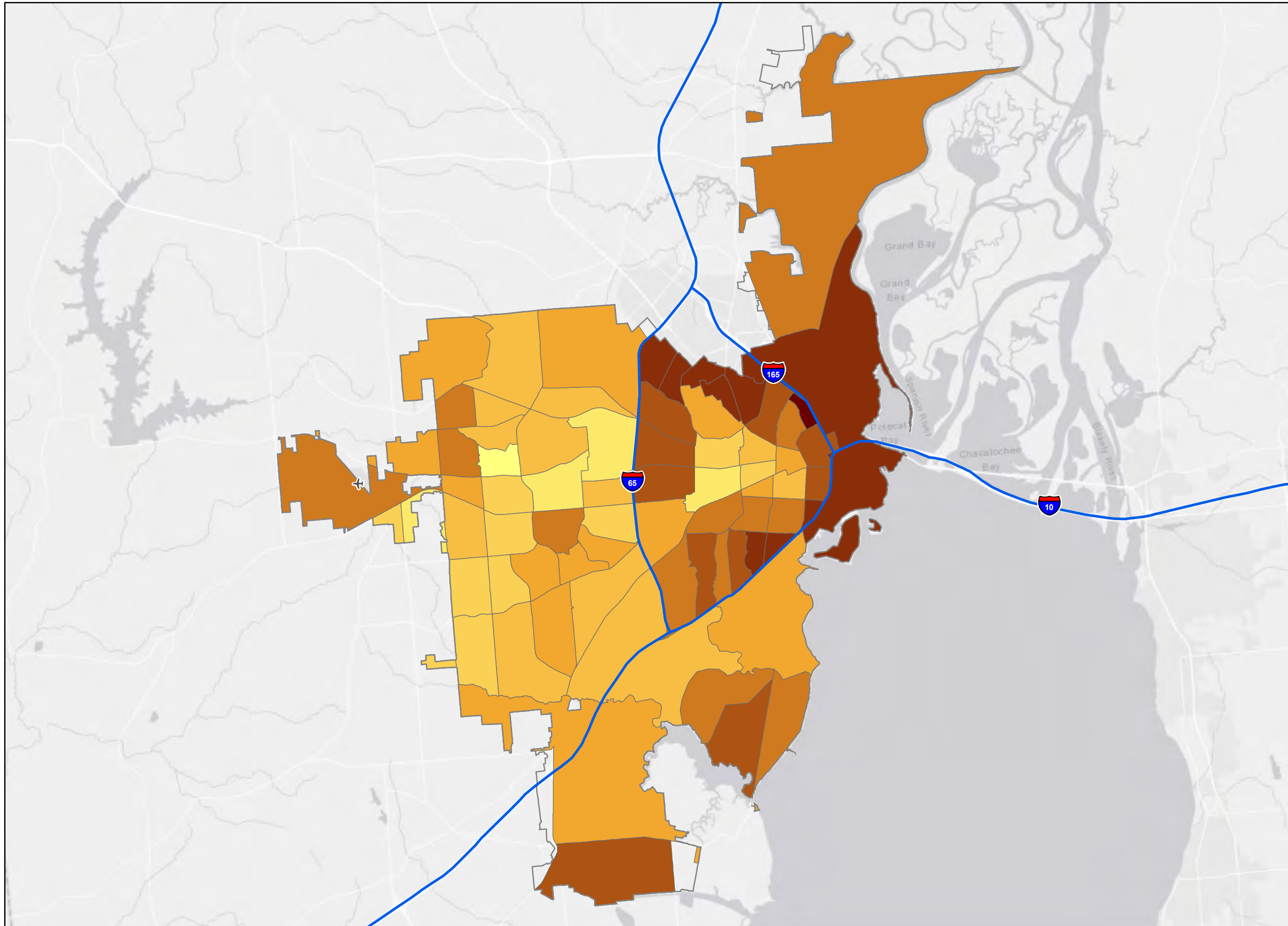
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016.

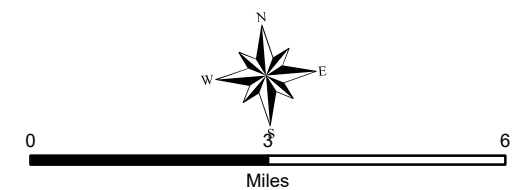


Chronic obstructive pulmonary disease among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
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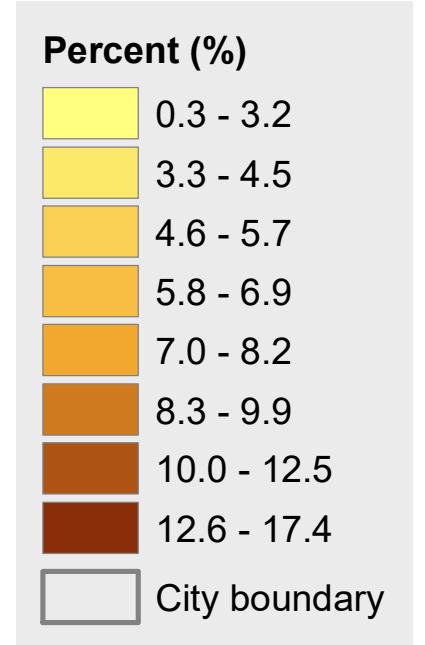
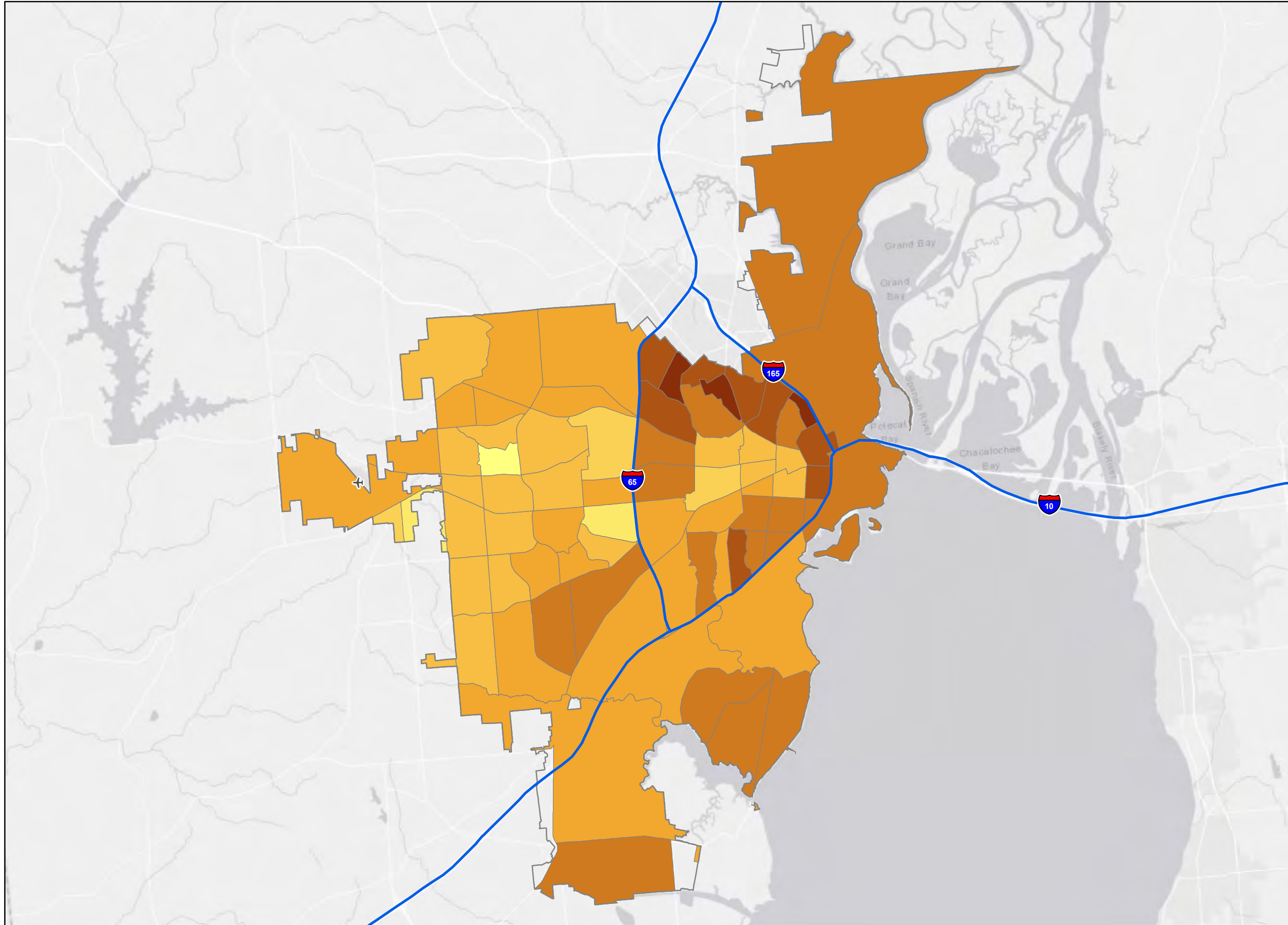
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

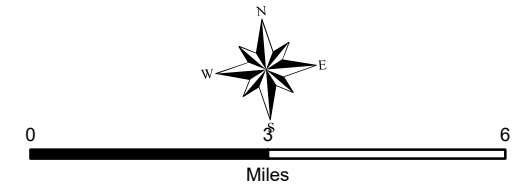


Coronary heart disease among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

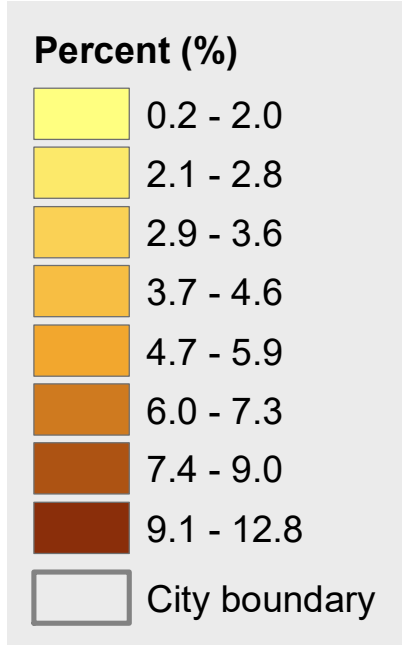
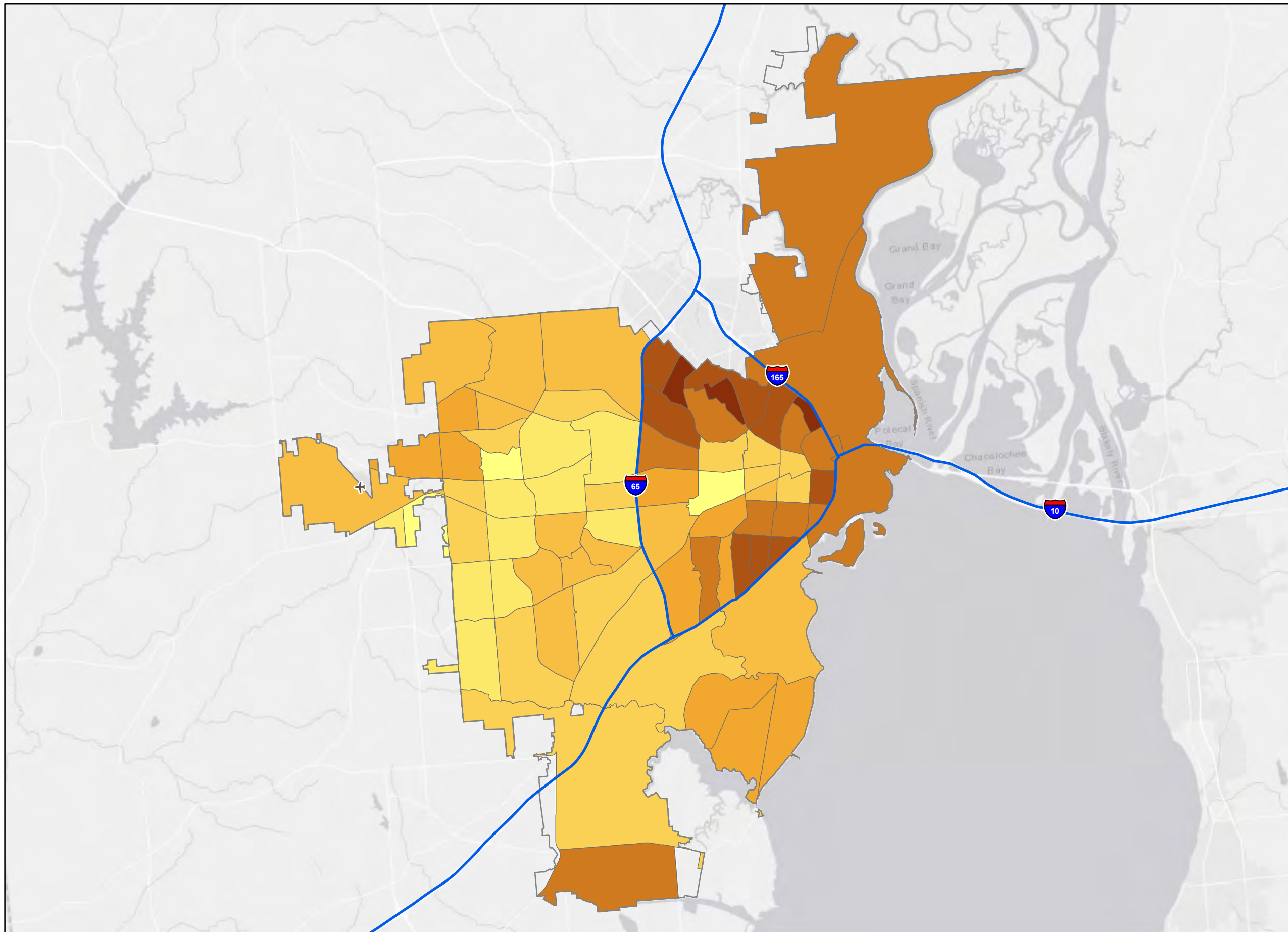
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

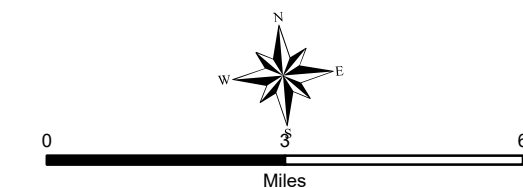


Stroke among adults aged 18 years and older by census tract, Mobile, AL, 2016



Classification:
Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

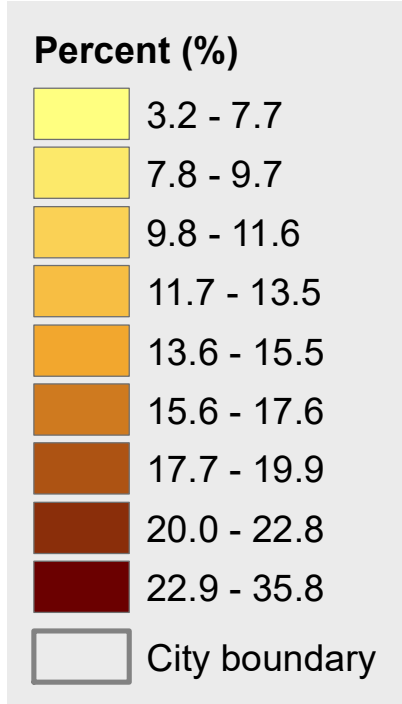
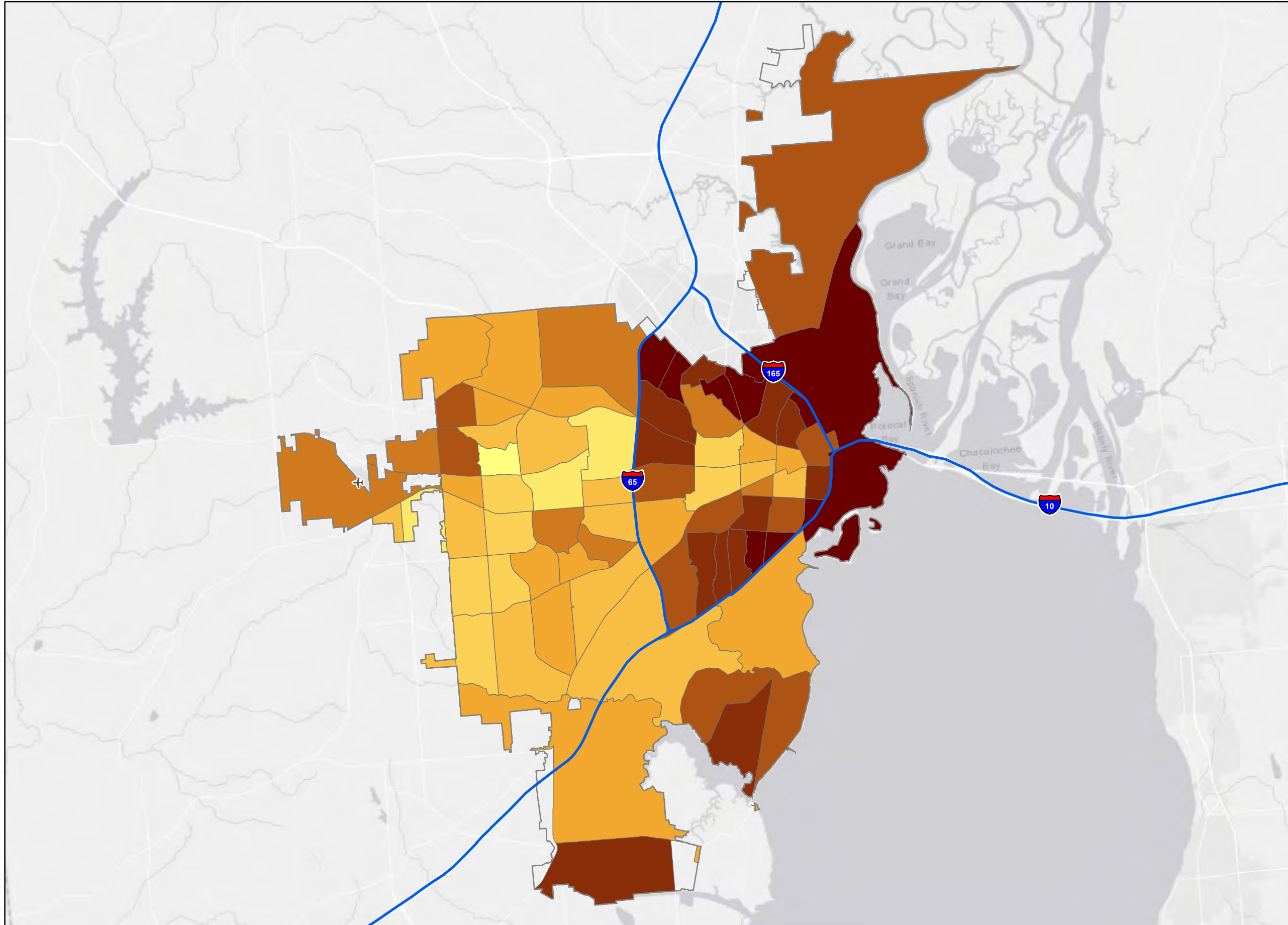
Census tracts with population less than 50 were excluded from the map.



Data sources:
CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

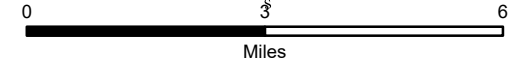
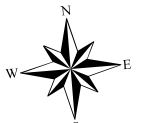


Physical health not good for 14 or more days among adults aged 18 years and older by census tract, Mobile, AL, 2016



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

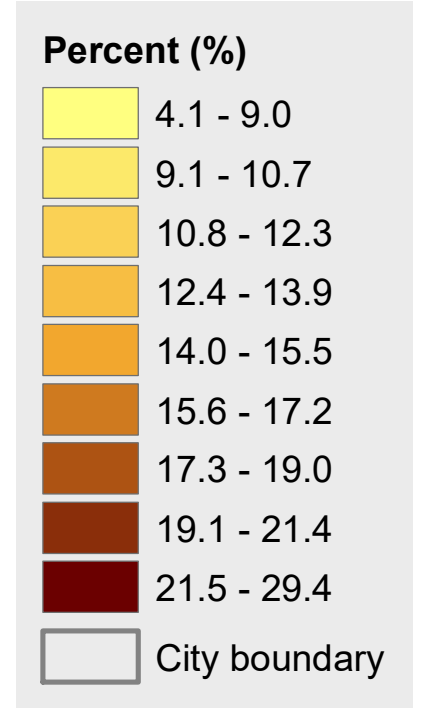
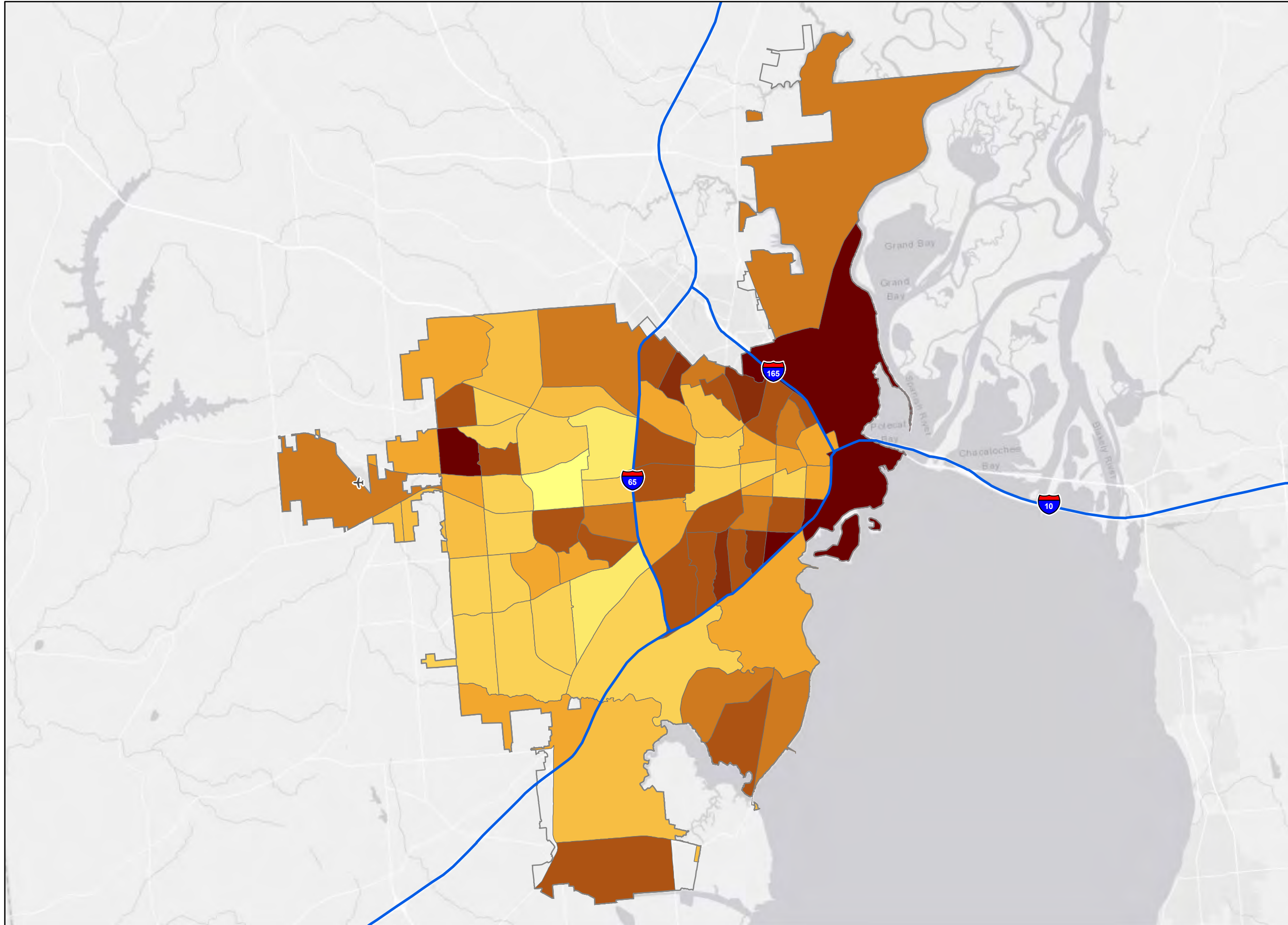
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

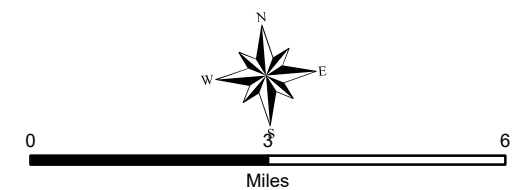


Mental health not good for ≥ 14 days among adults aged ≥ 18 years by census tract, Mobile, AL, 2016



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

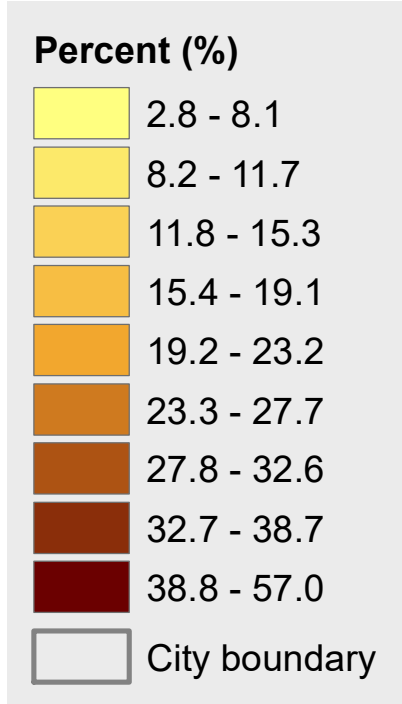
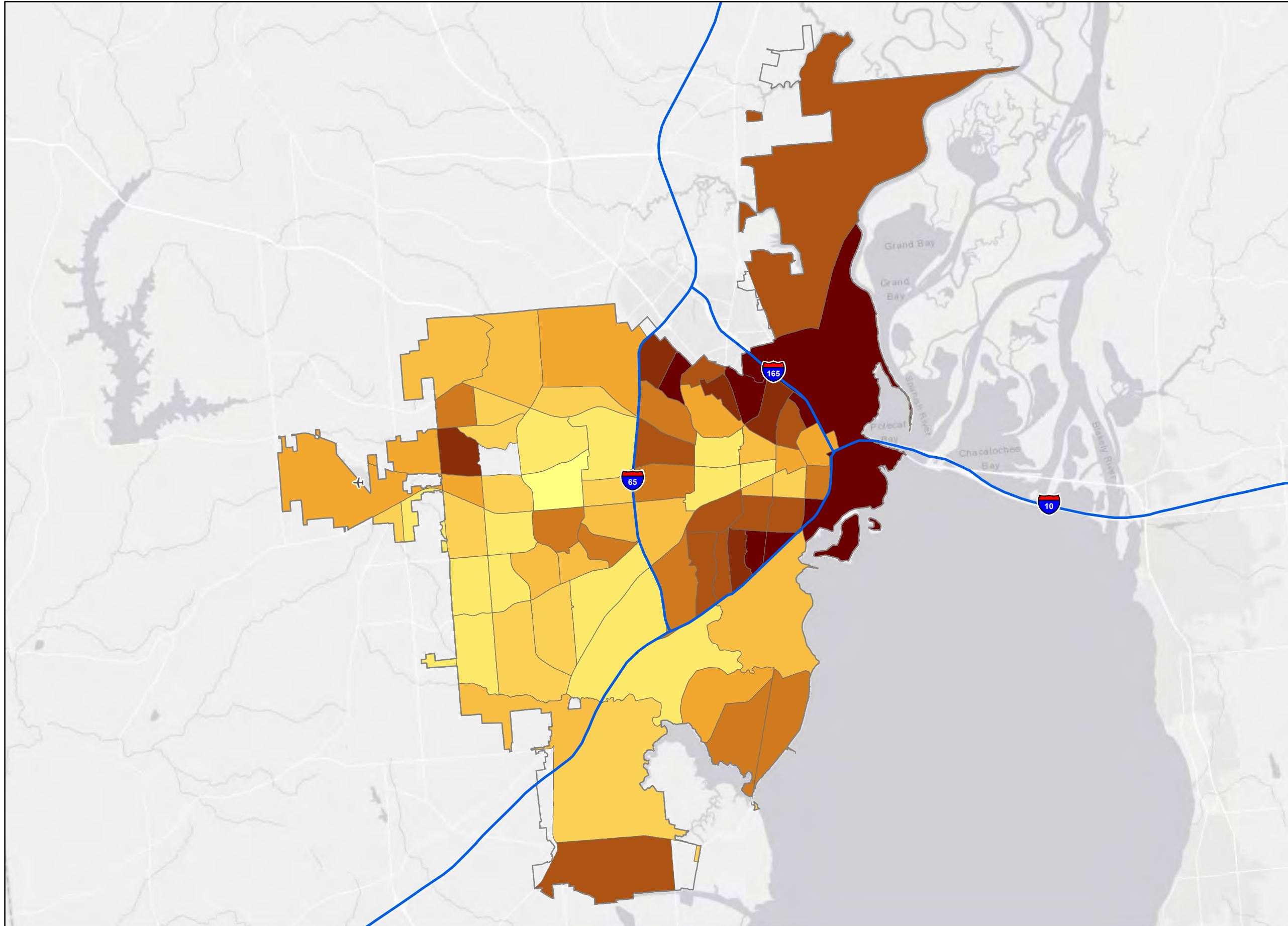
Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016

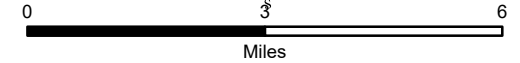
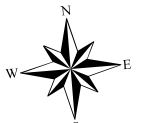


All teeth lost among adults aged ≥ 65 years by census tract, Mobile, AL, 2016



Classification:
 Jenks natural breaks (9 classes) based on data for all 500 cities' census tracts. Legend depicts only those data classes within this map extent.

Census tracts with population less than 50 were excluded from the map.



Data sources:
 CDC BRFSS 2016, US Census Bureau 2010 Census, ACS 2012-2016



ATTACHMENT D

Selected Socio-Economic Data

Mobile city, Alabama

African American and White, Not Hispanic

Data Set: 2014-2018 American Community Survey 5-Year Estimates

C02003.DETAILED RACE - Universe: TOTAL POPULATION

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama		
	Population	Margin of Error (+/-)	% of Total
Total:	191,485	94	100.0%
Population of one race:	188,137	608	98.3%
White	85,813	1,504	44.8%
Black or African American	96,974	1,642	50.6%
American Indian and Alaska Native	381	142	0.2%
Asian alone	3,363	555	1.8%
Native Hawaiian and Other Pacific Islander	22	28	0.0%
Some other race	1,584	581	0.8%
Population of two or more races:	3,348	598	1.7%
Two races including Some other race	227	121	0.1%
Two races excluding Some other race, and three or more races	3,121	576	1.6%
Population of two races:	3,030	554	1.6%
White; Black or African American	1,228	407	0.6%
White; American Indian and Alaska Native	676	284	0.4%
White; Asian	532	236	0.3%
Black or African American; American Indian and Alaska Native	316	229	0.2%
All other two race combinations	278	124	0.1%
Population of three races	300	204	0.2%
Population of four or more races	18	33	0.0%

Note: Hispanics may be of any race. See Table B03002 and chart.

Source: U.S. Census Bureau, 2014-2018 American Community Survey

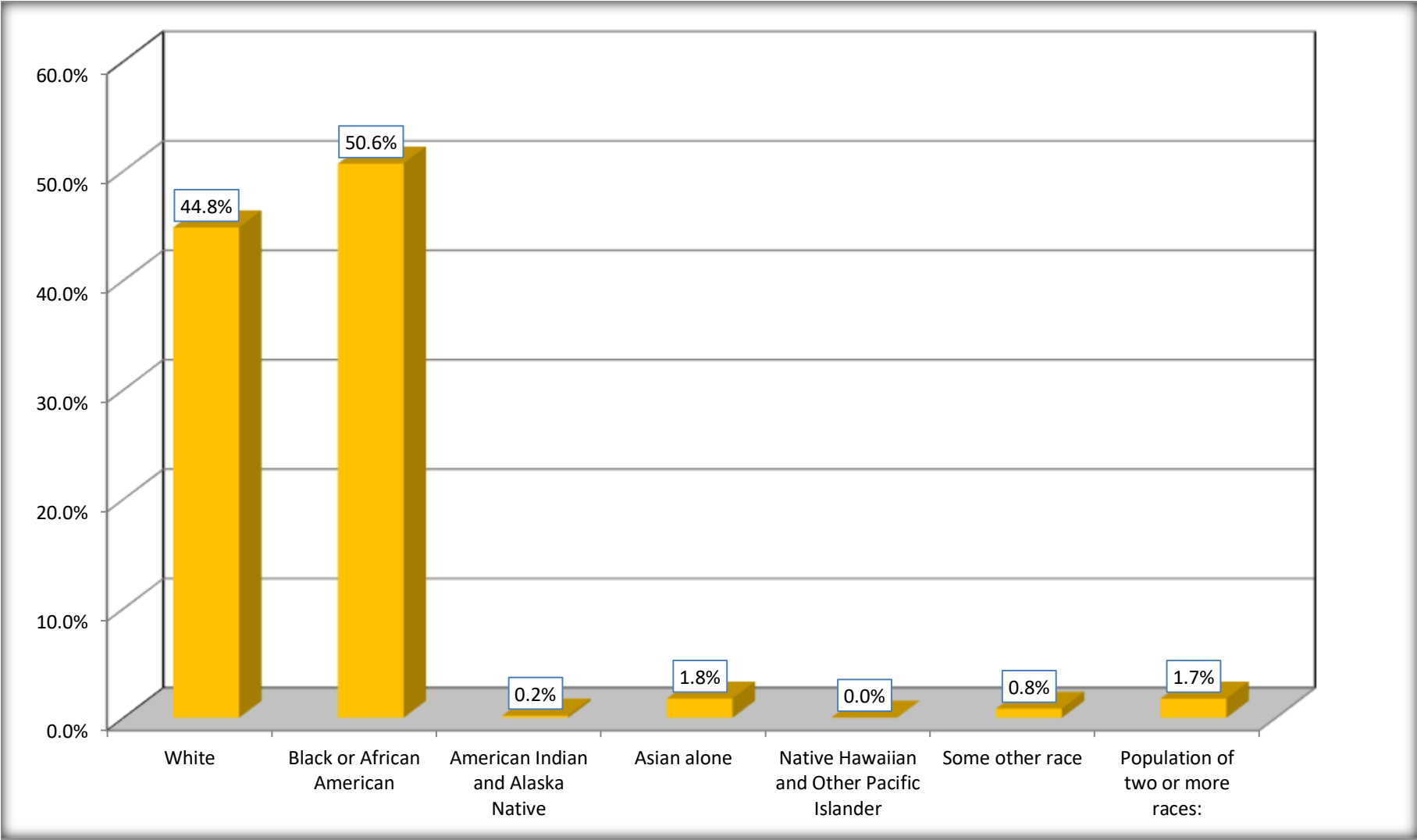
Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Population by Race

Mobile city, Alabama



Source: C02003.DETAILED RACE - Universe: TOTAL POPULATION
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B03002. HISPANIC OR LATINO ORIGIN BY RACE - Universe: TOTAL POPULATION

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama		
	Population	Margin of Error (+/-)	% of Total
Total:	191,485	94	100.0%
Not Hispanic or Latino:	186,562	696	97.4%
White alone	82,552	1,631	43.1%
Black or African American alone	96,711	1,610	50.5%
American Indian and Alaska Native alone	343	135	0.2%
Asian alone	3,363	555	1.8%
Native Hawaiian and Other Pacific Islander alone	22	28	0.0%
Some other race alone	584	297	0.3%
Two or more races:	2,987	586	1.6%
Two races including Some other race	93	96	0.0%
Two races excluding Some other race, and three or more races	2,894	561	1.5%
Hispanic or Latino	4,923	683	2.6%

Source: U.S. Census Bureau, 2014-2018 American Community Survey

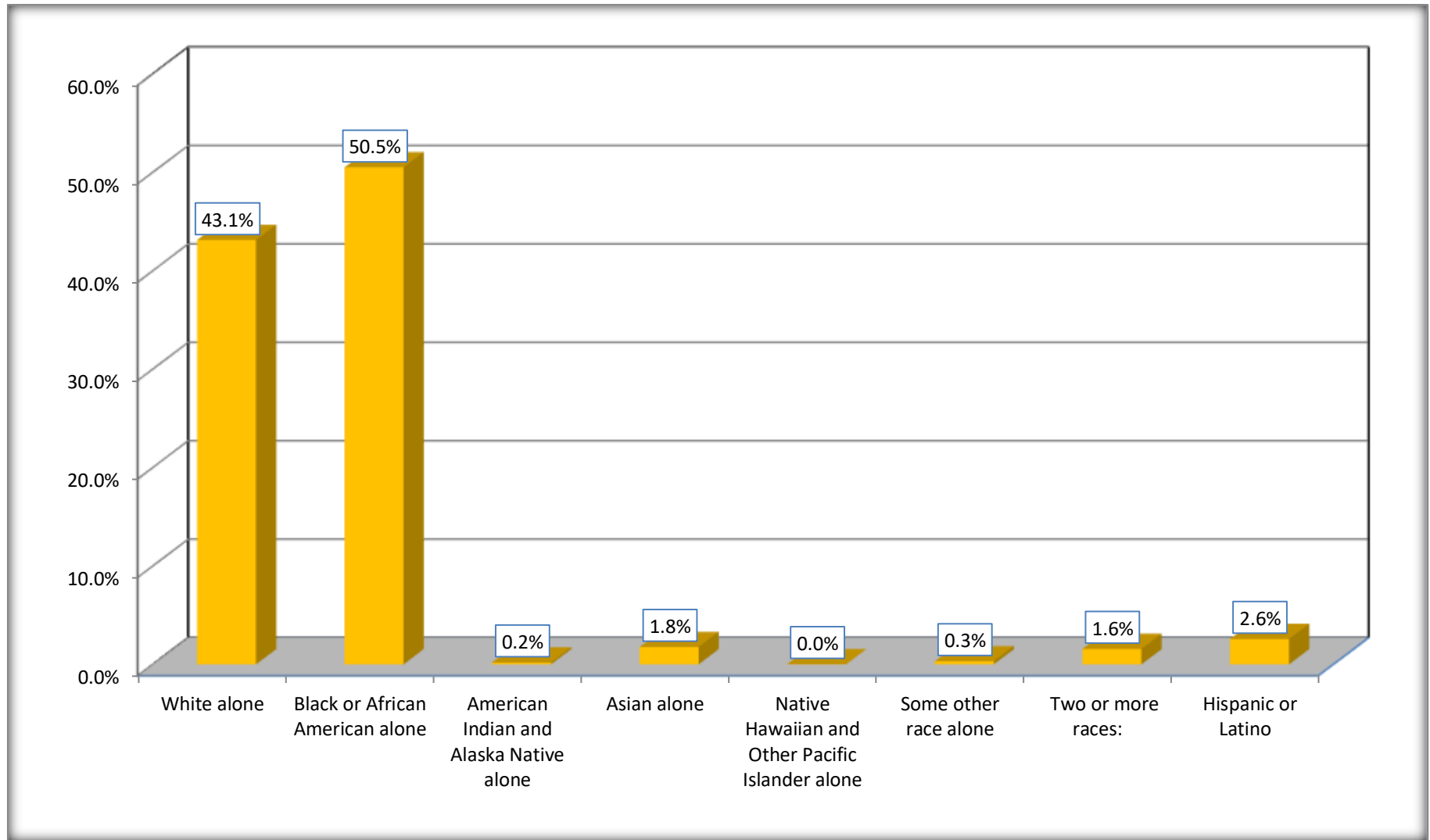
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<http://www.census.gov/acs/www/UseData/index.htm>

Non-Hispanic by Race and Hispanic Population

Mobile city, Alabama



Source: B03002. HISPANIC OR LATINO ORIGIN BY RACE - Universe: TOTAL POPULATION
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B03002. HISPANIC OR LATINO ORIGIN BY RACE

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama		
	Population	Margin of Error (+/-)	% of Total
Hispanic or Latino:	4,923	683	100.0%
White alone	3,261	563	66.2%
Black or African American alone	263	146	5.3%
American Indian and Alaska Native alone	38	47	0.8%
Asian alone	0	28	0.0%
Native Hawaiian and Other Pacific Islander alone	0	28	0.0%
Some other race alone	1,000	455	20.3%
Two or more races:	361	231	7.3%
Two races including Some other race	134	84	2.7%
Two races excluding Some other race, and three or more races	227	218	4.6%

Source: U.S. Census Bureau, 2014-2018 American Community Survey

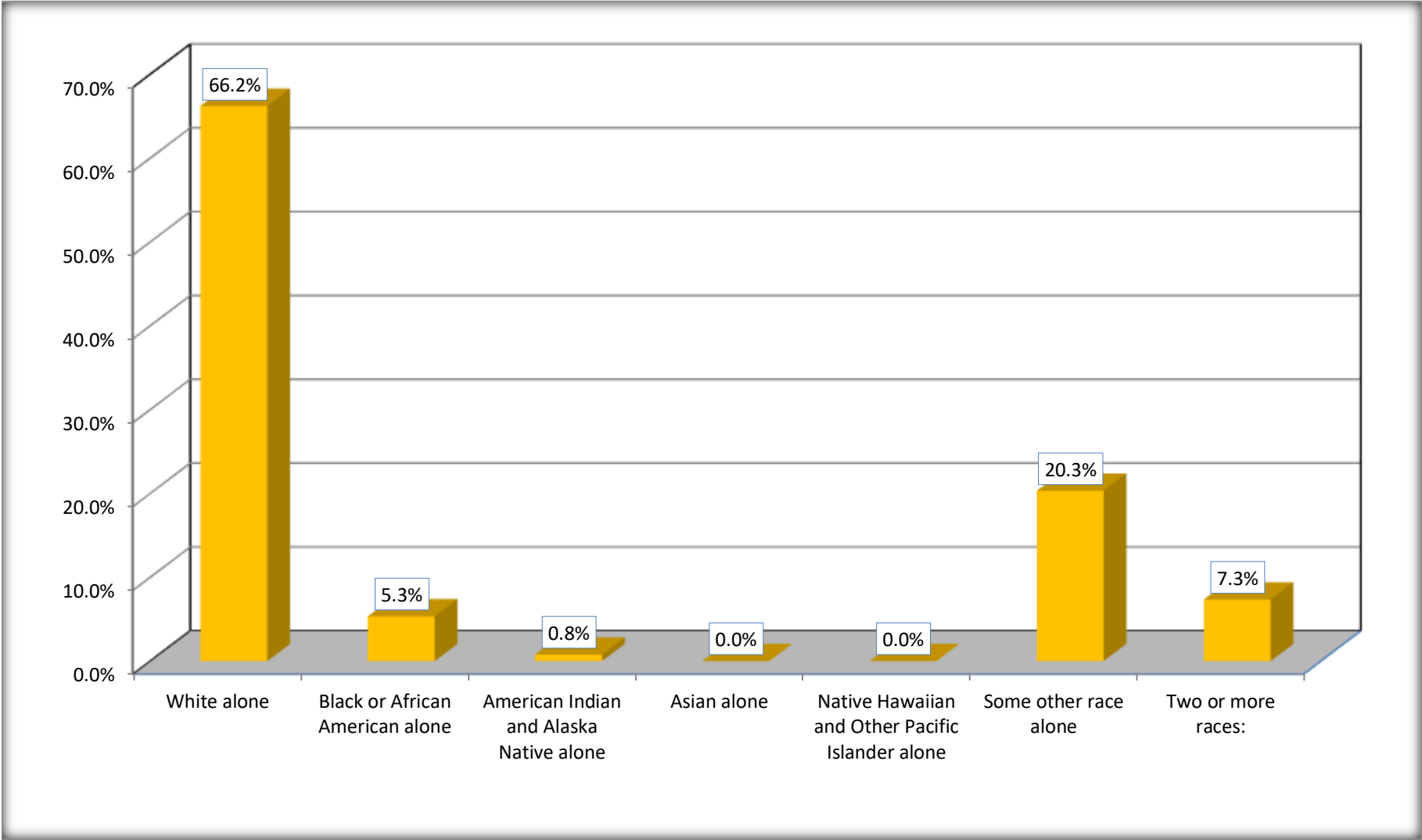
Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Hispanic or Latino Origin by Race

Mobile city, Alabama



Source: B03002. HISPANIC OR LATINO ORIGIN BY RACE
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B01001. SEX BY AGE

Data Set: 2014-2018 American Community Survey 5-Year Estimates

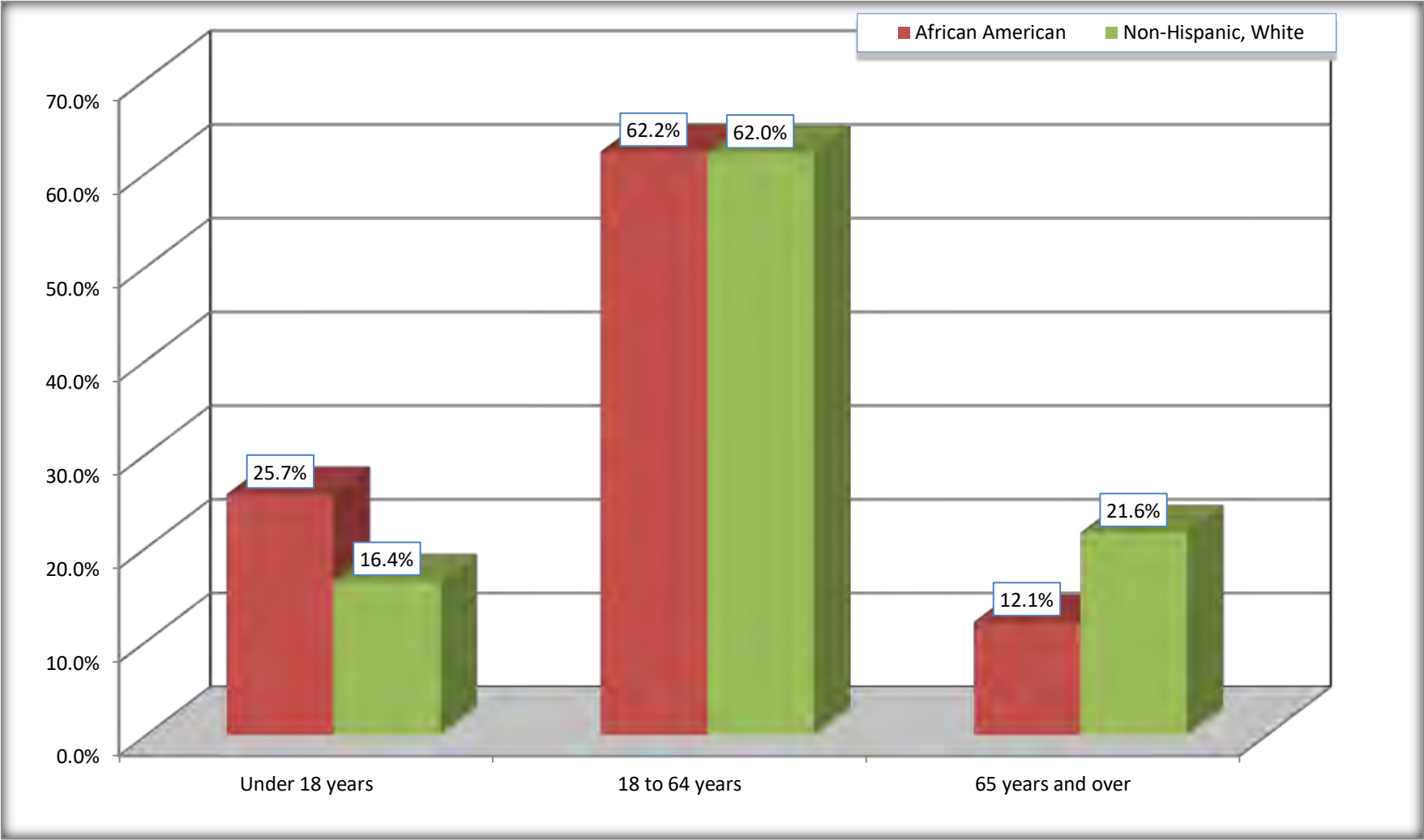
	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	96,974	1,642	100.0%	82,552	1,631	100.0%
Under 18 years	24,920	NC	25.7%	13,517	NC	16.4%
18 to 64 years	60,358	NC	62.2%	51,216	NC	62.0%
65 years and over	11,696	NC	12.1%	17,819	NC	21.6%
Male:	44,961	997	46.4%	40,199	476	48.7%
Under 18 years	12,451	NC	12.8%	6,785	NC	8.2%
18 to 64 years	27,896	NC	28.8%	25,961	NC	31.4%
65 years and over	4,614	NC	4.8%	7,453	NC	9.0%
Female:	52,013	1,129	53.6%	42,353	611	51.3%
Under 18 years	12,469	NC	12.9%	6,732	NC	8.2%
18 to 64 years	32,462	NC	33.5%	25,255	NC	30.6%
65 years and over	7,082	NC	7.3%	10,366	NC	12.6%

Source: U.S. Census Bureau, 2014-2018 American Community Survey

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.
<http://www.census.gov/acs/www/UseData/index.htm>

Population by Age Mobile city, Alabama



Source: B01001. SEX BY AGE
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B05003. SEX BY AGE BY CITIZENSHIP STATUS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total by Age	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total by Age
Total:	96,974	1,642	100.0%	82,552	1,631	100.0%
Under 18 years:	24,920	NC	100.0%	13,517	NC	100.0%
Native	24,854	NC	99.7%	13,425	NC	99.3%
Foreign born:	66	NC	0.3%	92	NC	0.7%
Naturalized U.S. citizen	55	NC	0.2%	49	NC	0.4%
Not a U.S. citizen	11	NC	0.0%	43	NC	0.3%
18 years and over:	72,054	NC	100.0%	69,035	NC	100.0%
Native	71,377	NC	99.1%	67,346	NC	97.6%
Foreign born:	677	NC	0.9%	1,689	NC	2.4%
Naturalized U.S. citizen	353	NC	0.5%	862	NC	1.2%
Not a U.S. citizen	324	NC	0.4%	827	NC	1.2%
Male:	44,961	997	46.4%	40,199	1,029	48.7%
Under 18 years:	12,451	696	100.0%	6,785	539	100.0%
Native	12,433	696	99.9%	6,699	522	98.7%
Foreign born:	18	15	0.1%	86	83	1.3%
Naturalized U.S. citizen	18	15	0.1%	49	71	0.7%
Not a U.S. citizen	0	28	0.0%	37	47	0.5%
18 years and over:	32,510	785	100.0%	33,414	952	100.0%
Native	32,165	789	98.9%	32,379	961	96.9%
Foreign born:	345	170	1.1%	1,035	277	3.1%
Naturalized U.S. citizen	188	107	0.6%	458	158	1.4%
Not a U.S. citizen	157	122	0.5%	577	189	1.7%

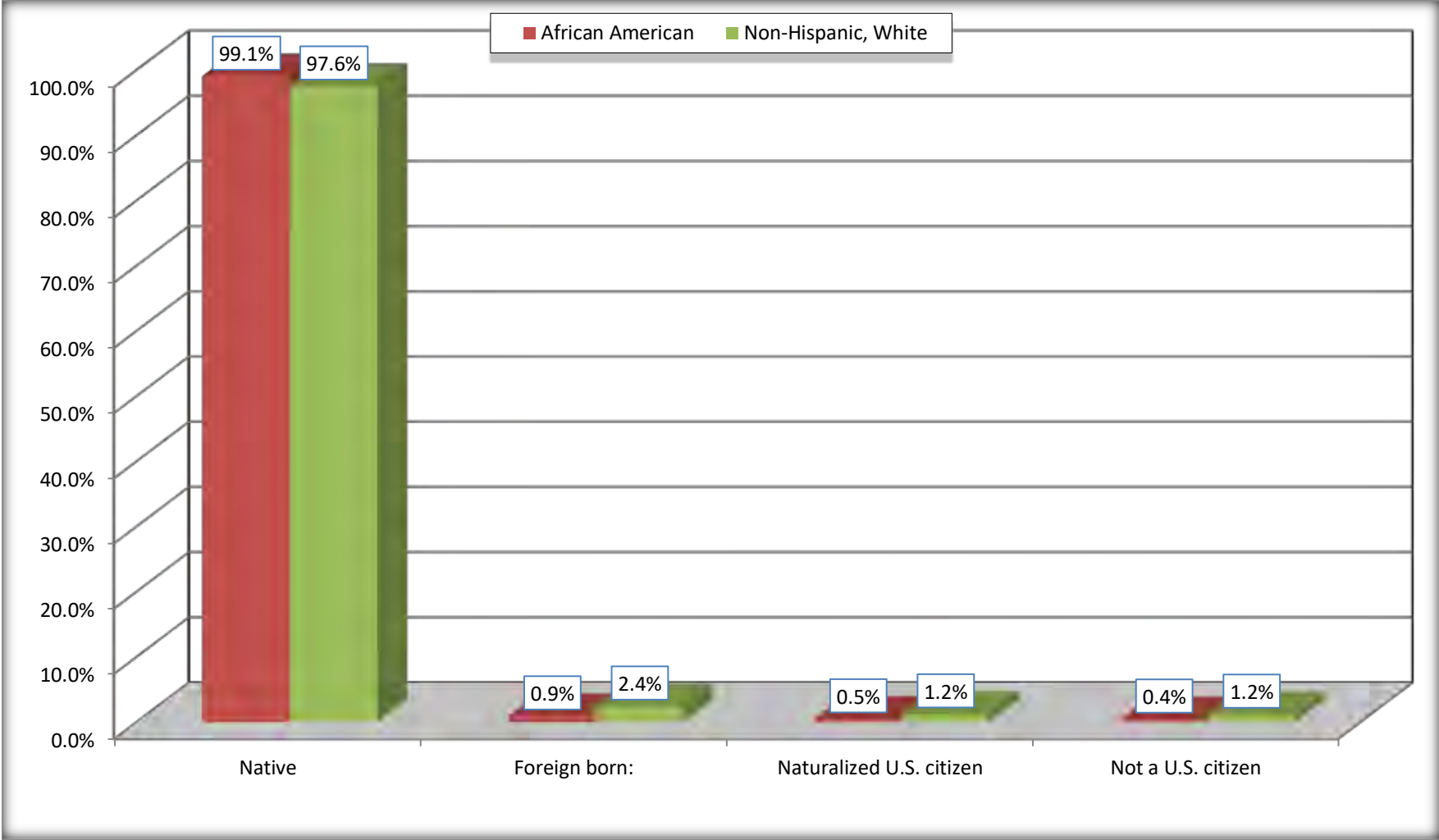
	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA by Age	White, Not Hispanic	Margin of Error (+/-)	% of NHW by Age
Female:	52,013	1,129	53.6%	42,353	1,106	51.3%
Under 18 years:	12,469	693	100.0%	6,732	555	100.0%
Native	12,421	693	99.6%	6,726	554	99.9%
Foreign born:	48	37	0.4%	6	12	0.1%
Naturalized U.S. citizen	37	33	0.3%	0	28	0.0%
Not a U.S. citizen	11	18	0.1%	6	12	0.1%
18 years and over:	39,544	814	100.0%	35,621	869	100.0%
Native	39,212	792	99.2%	34,967	911	98.2%
Foreign born:	332	143	0.8%	654	194	1.8%
Naturalized U.S. citizen	165	78	0.4%	404	138	1.1%
Not a U.S. citizen	167	97	0.4%	250	131	0.7%

Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.
<http://www.census.gov/acs/www/UseData/index.htm>

Citizenship Status of Voting Age Population (18 and Over)

Mobile city, Alabama



Source: B05003. SEX BY AGE BY CITIZENSHIP STATUS
Data Set: 2014-2018 American Community Survey 5-Year Estimates

**B07004. GEOGRAPHICAL MOBILITY IN THE PAST YEAR BY RACE FOR CURRENT RESIDENCE IN THE UNITED STATES - Universe:
POPULATION 1 YEAR AND OVER**

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	95,681	1,614	100.0%	81,749	1,575	100.0%
Same house 1 year ago	82,305	1,676	86.0%	68,707	1,581	84.0%
Moved within same county	11,640	1,447	12.2%	9,158	895	11.2%
Moved from different county within same state	728	217	0.8%	1,490	292	1.8%
Moved from different state	888	295	0.9%	2,136	357	2.6%
Moved from abroad	120	70	0.1%	258	133	0.3%

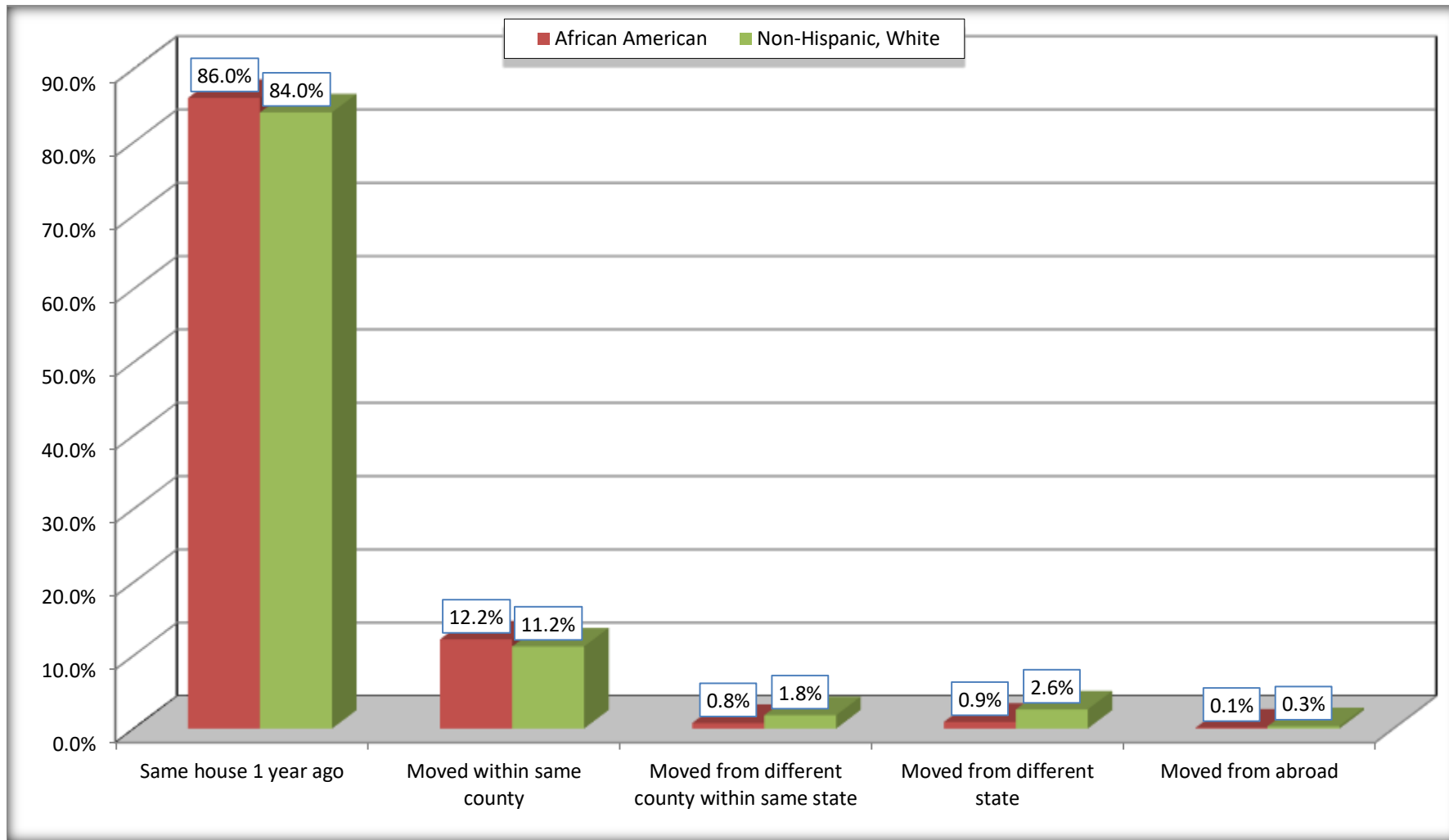
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Geographical Mobility in the Past Year (Population 1 Year and Over)

Mobile city, Alabama



Source: B07004. GEOGRAPHICAL MOBILITY IN THE PAST YEAR BY RACE FOR CURRENT RESIDENCE IN THE UNITED STATES - Universe: POPULATION 1 YEAR AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

B08105. MEANS OF TRANSPORTATION TO WORK - Universe: WORKERS 16 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	35975	1237	100.0%	38958	979	100.0%
Car, truck, or van - drove alone	30450	1223	84.6%	33920	933	87.1%
Car, truck, or van - carpooled	2866	376	8.0%	2191	277	5.6%
Public transportation (excluding taxicab)	526	185	1.5%	79	77	0.2%
Walked	462	179	1.3%	590	154	1.5%
Taxicab, motorcycle, bicycle, or other means	538	170	1.5%	310	88	0.8%
Worked at home	1133	316	3.1%	1868	316	4.8%

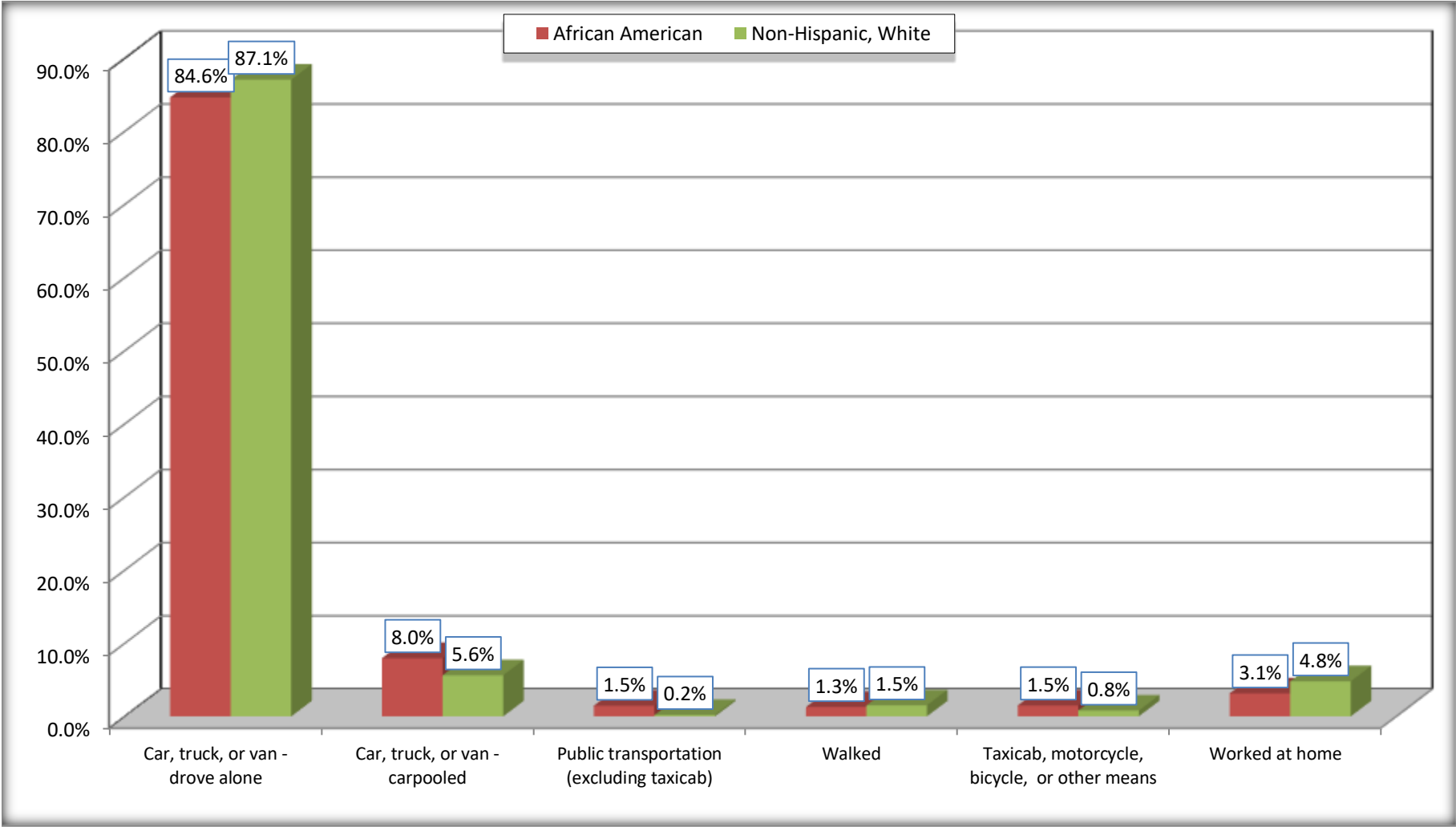
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Means of Transportation to Work (Workers 16 Years and Over)

Mobile city, Alabama



Source: B08105. MEANS OF TRANSPORTATION TO WORK - Universe: WORKERS 16 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B11002. HOUSEHOLD TYPE BY RELATIVES AND NONRELATIVES FOR POPULATION IN HOUSEHOLDS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	93497	1735	100.0%	80603	1739	100.0%
In family households	75691	1794	81.0%	59908	1698	74.3%
In nonfamily households	17806	974	19.0%	20695	1081	25.7%

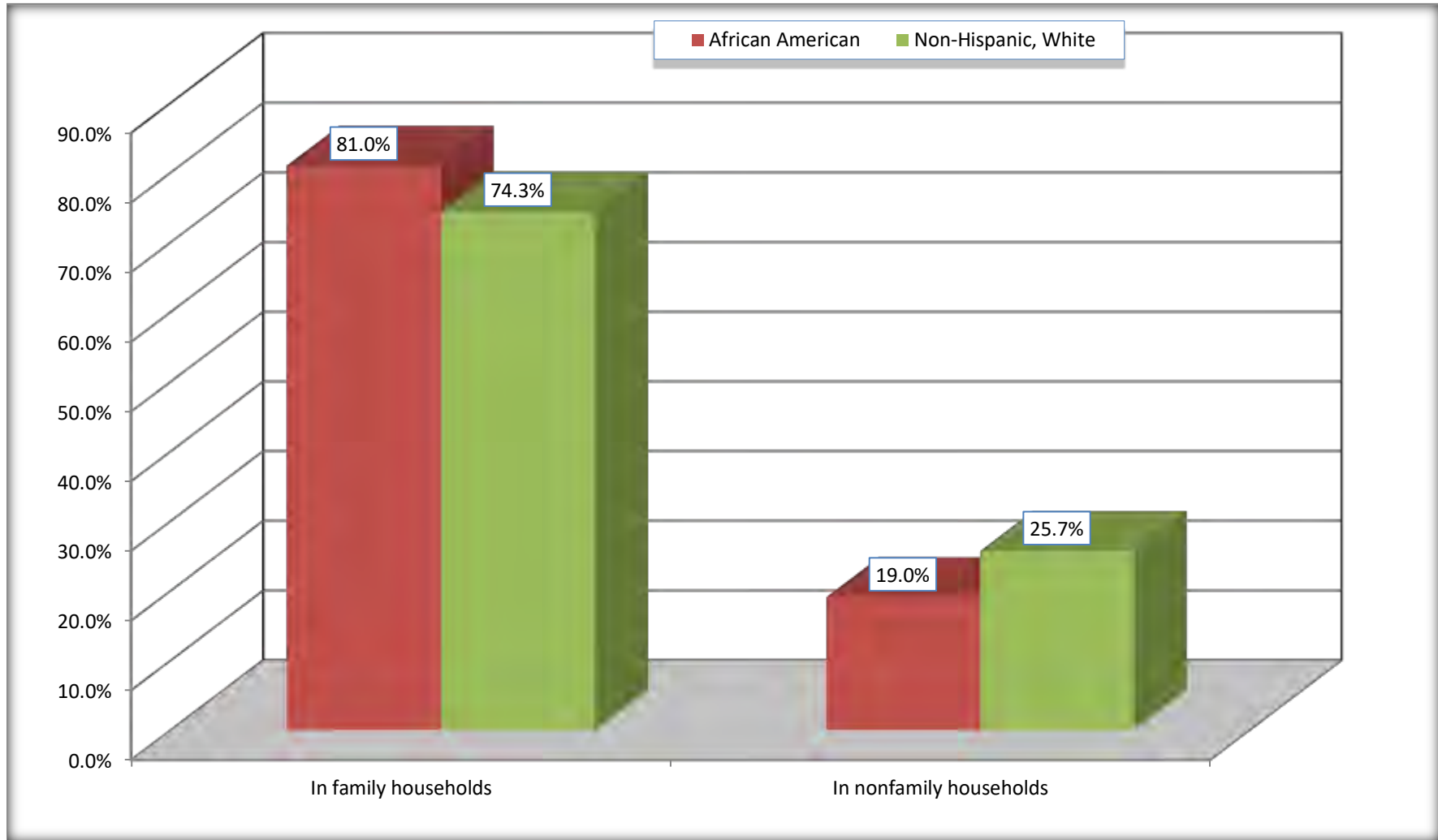
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Household Type for Population in Households

Mobile city, Alabama



Source: B11002. HOUSEHOLD TYPE BY RELATIVES AND NONRELATIVES FOR POPULATION IN HOUSEHOLDS
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B12002. MARITAL STATUS FOR THE POPULATION 15 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	76,550	1,280	100.0%	71,299	1,432	100.0%
Never married	37,271	NC	48.7%	21,300	NC	29.9%
Now married (except separated)	19,977	NC	26.1%	33,295	NC	46.7%
Separated	3,568	NC	4.7%	1,213	NC	1.7%
Widowed	5,285	NC	6.9%	5,856	NC	8.2%
Divorced	10,449	NC	13.6%	9,635	NC	13.5%
Male:	34,731	822	45.4%	34,496	946	48.4%
Never married	18,082	962	23.6%	11,806	761	16.6%
Now married (except separated)	10,030	565	13.1%	16,506	570	23.2%
Separated	1,359	261	1.8%	711	237	1.0%
Widowed	1,080	204	1.4%	1,288	211	1.8%
Divorced	4,180	435	5.5%	4,185	399	5.9%
Female:	41,819	841	54.6%	36,803	884	51.6%
Never married	19,189	879	25.1%	9,494	600	13.3%
Now married (except separated)	9,947	516	13.0%	16,789	675	23.5%
Separated	2,209	398	2.9%	502	127	0.7%
Widowed	4,205	366	5.5%	4,568	349	6.4%
Divorced	6,269	365	8.2%	5,450	419	7.6%

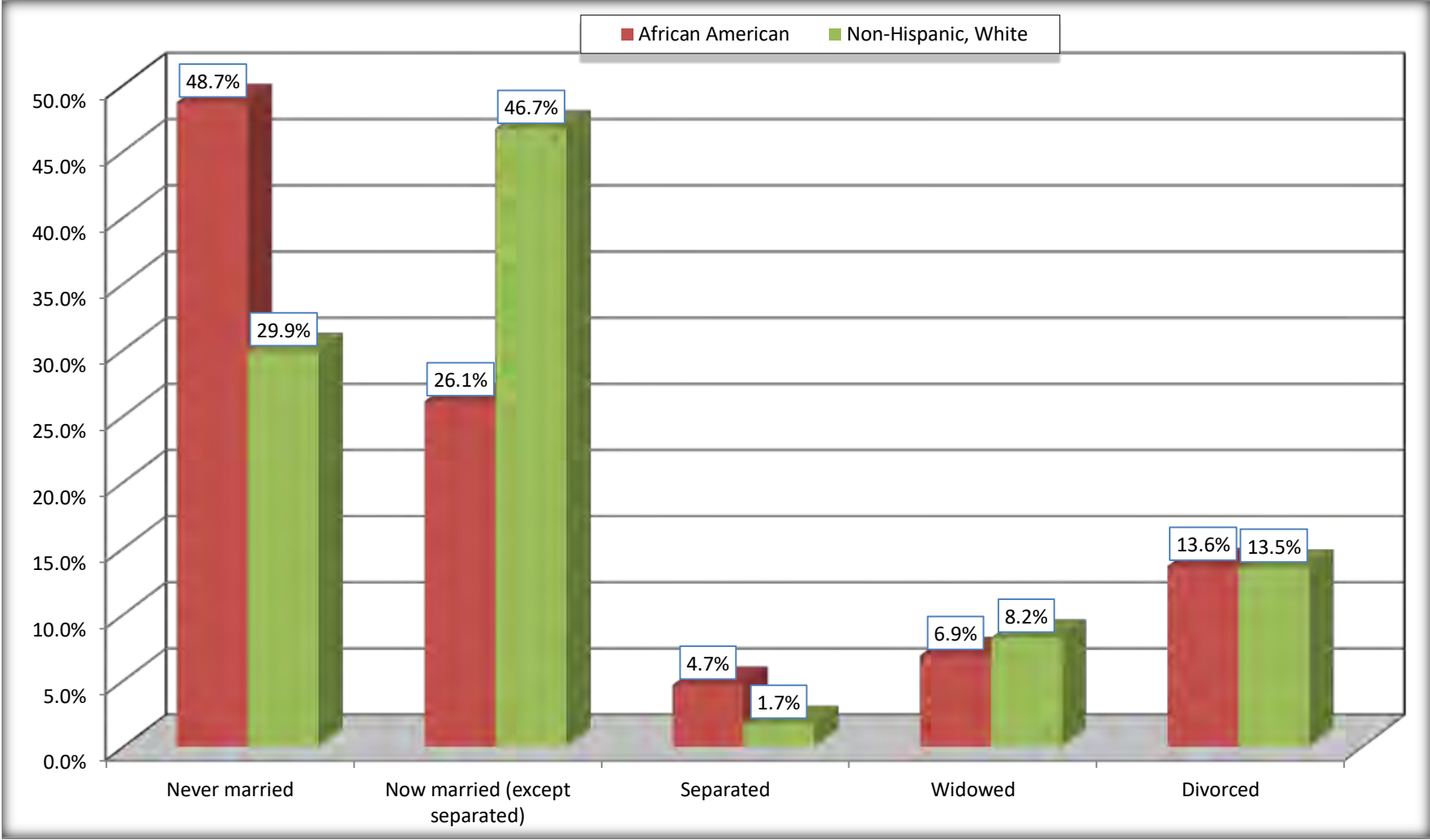
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Marital Status for the Population 15 Years and Over

Mobile city, Alabama



Source: B12002. MARITAL STATUS FOR THE POPULATION 15 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

C15002. SEX BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	61,478	1,069	100.0%	61,576	1,275	100.0%
Less than high school diploma	9,686	NC	15.8%	4,237	NC	6.9%
High school graduate, GED, or alternative	22,191	NC	36.1%	14,845	NC	24.1%
Some college or associate's degree	19,991	NC	32.5%	17,524	NC	28.5%
Bachelor's degree or higher	9,610	NC	15.6%	24,970	NC	40.6%
Male:	27,380	683	44.5%	29,693	833	48.2%
Less than high school diploma	5,165	596	8.4%	2,444	411	4.0%
High school graduate, GED, or alternative	11,773	747	19.1%	6,490	535	10.5%
Some college or associate's degree	7,824	518	12.7%	8,357	592	13.6%
Bachelor's degree or higher	2,618	424	4.3%	12,402	626	20.1%
Female:	34,098	705	55.5%	31,883	728	51.8%
Less than high school diploma	4,521	491	7.4%	1,793	306	2.9%
High school graduate, GED, or alternative	10,418	585	16.9%	8,355	588	13.6%
Some college or associate's degree	12,167	741	19.8%	9,167	605	14.9%
Bachelor's degree or higher	6,992	556	11.4%	12,568	600	20.4%

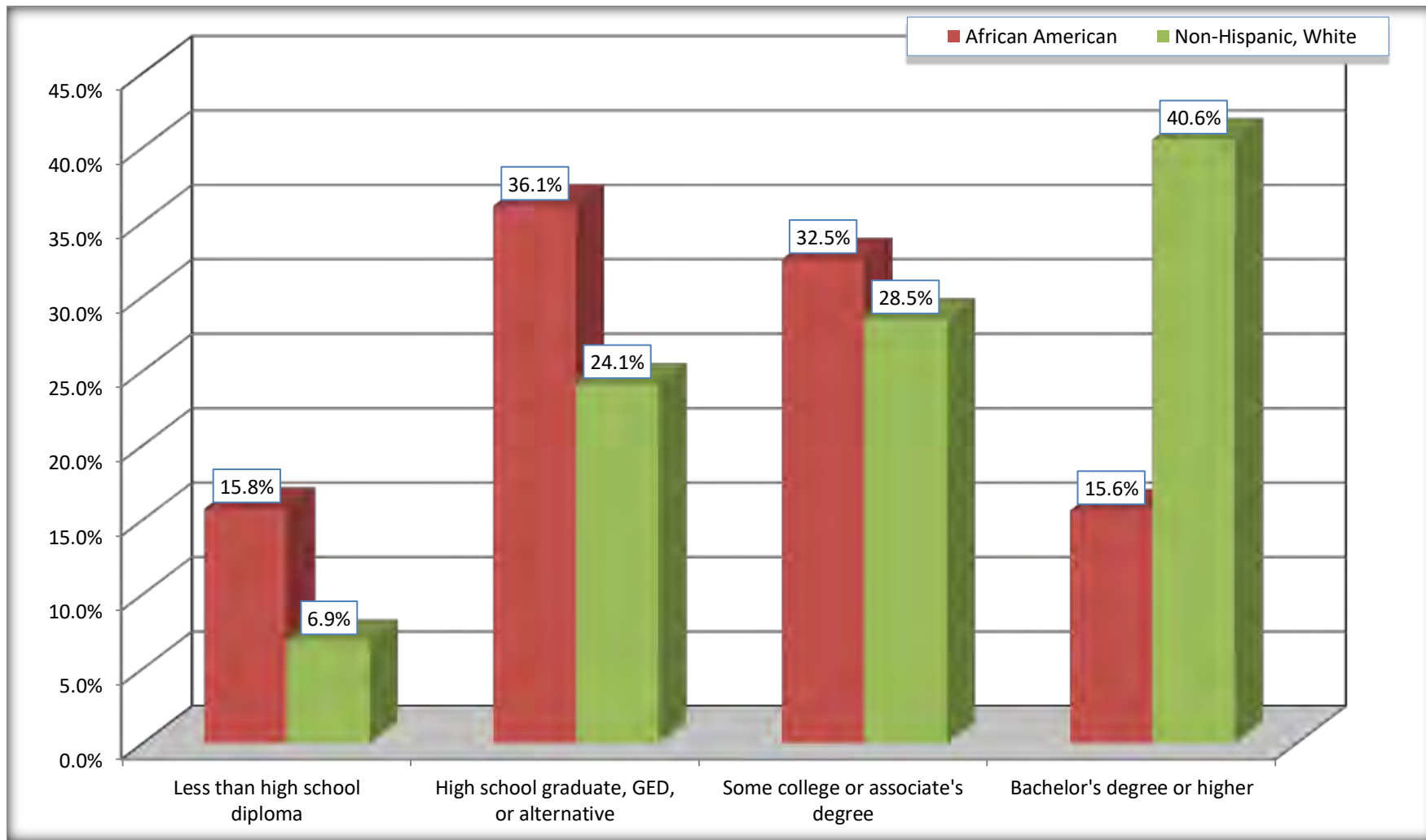
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Educational Attainment for the Population 25 Years and Older

Mobile city, Alabama



Source: C15002. SEX BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B16005. NATIVITY BY LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER
 Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	89,638	1,476	100.0%	78,545	1,508	100.0%
Speak only English	88,474	NC	98.7%	76,673	NC	97.6%
Speak another language	1,164	NC	1.3%	1,872	NC	2.4%
Speak English "very well"	784	NC	0.9%	1,369	NC	1.7%
Speak English "less than very well"	380	NC	0.4%	503	NC	0.6%
Native:	88,895	1,472	99.2%	76,785	1,545	97.8%
Speak only English	88,228	1,464	98.4%	75,758	1,564	96.5%
Speak another language	667	167	0.7%	1,027	225	1.3%
Speak English "very well"	568	163	0.6%	879	214	1.1%
Speak English "less than very well"	99	52	0.1%	148	93	0.2%
Foreign born:	743	296	0.8%	1,760	421	2.2%
Speak only English	246	111	0.3%	915	327	1.2%
Speak another language	497	266	0.6%	845	269	1.1%
Speak English "very well"	216	114	0.2%	490	180	0.6%
Speak English "less than very well"	281	200	0.3%	355	162	0.5%

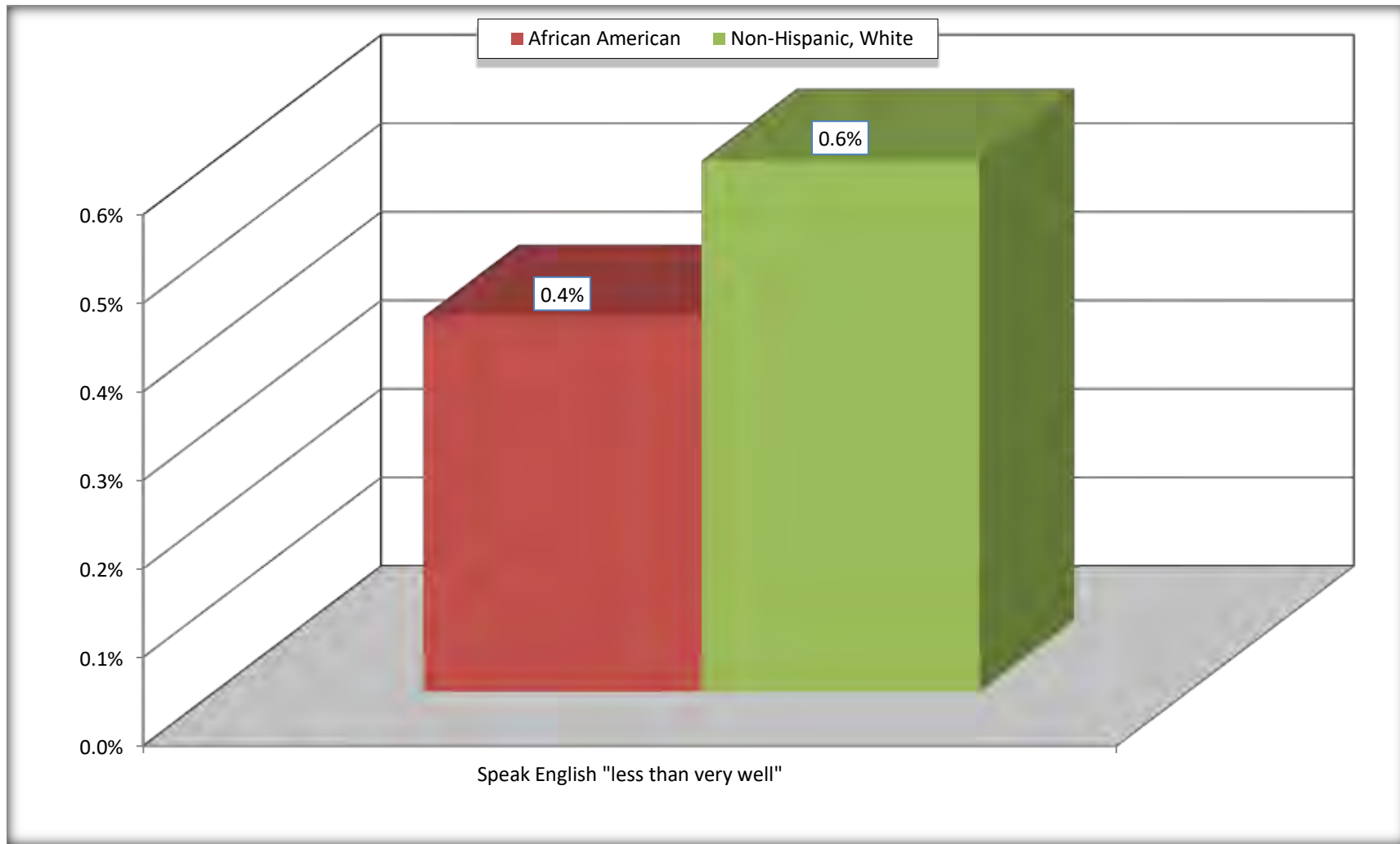
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Speak English "Less than Very Well" (Population 5 Years and Over)

Mobile city, Alabama



Source: B16005. NATIVITY BY LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B17010. POVERTY STATUS IN THE PAST 12 MONTHS OF FAMILIES BY FAMILY TYPE BY PRESENCE OF RELATED CHILDREN UNDER 18 YEARS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	21,157	749	100.0%	19,934	588	100.0%
Income in the past 12 months below poverty level:	5,533	460	26.2%	1,528	285	7.7%
Married-couple family:	770	171	3.6%	621	173	3.1%
With related children under 18 years	331	113	1.6%	301	117	1.5%
Other family:	4,763	437	22.5%	907	217	4.6%
Male householder, no wife present	362	120	1.7%	130	86	0.7%
With related children under 18 years	268	109	1.3%	97	71	0.5%
Female householder, no husband present	4,401	425	20.8%	777	199	3.9%
With related children under 18 years	3,807	379	18.0%	581	171	2.9%
Income in the past 12 months at or above poverty level:	15,624	657	73.8%	18,406	567	92.3%
Married-couple family:	8,020	485	37.9%	15,137	555	75.9%
With related children under 18 years	2,882	408	13.6%	4,903	438	24.6%
Other family:	7,604	497	35.9%	3,269	328	16.4%
Male householder, no wife present	1,457	262	6.9%	856	174	4.3%
With related children under 18 years	695	169	3.3%	265	96	1.3%
Female householder, no husband present	6,147	415	29.1%	2,413	280	12.1%
With related children under 18 years	3,205	341	15.1%	959	199	4.8%

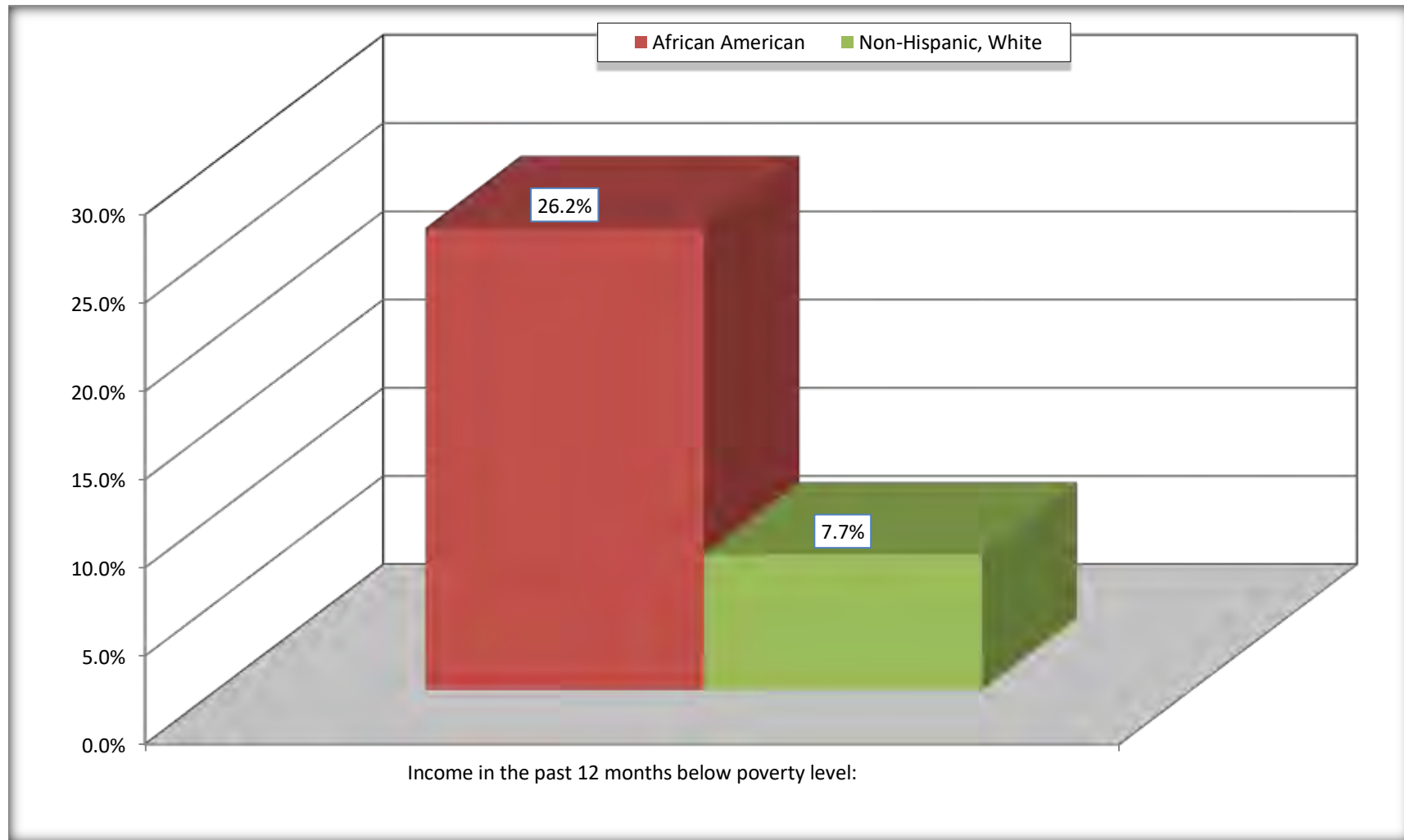
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Family Households Below Poverty in the Past 12 Months

Mobile city, Alabama

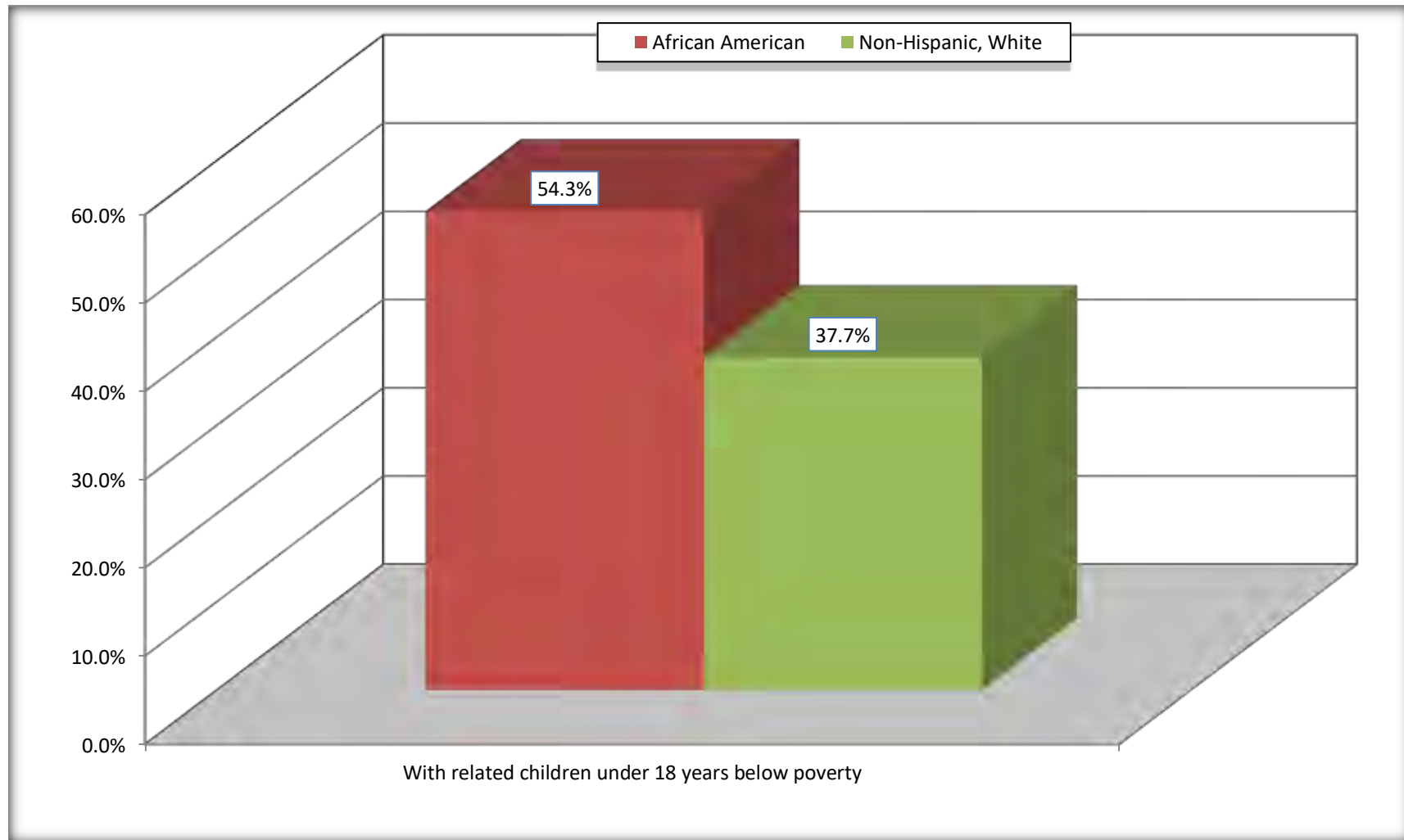


Source: B17010. POVERTY STATUS IN THE PAST 12 MONTHS OF FAMILIES BY FAMILY TYPE BY PRESENCE OF RELATED CHILDREN UNDER 18 YEARS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

Female-headed Households with Related Children Below Poverty in the Past 12 Months

Mobile city, Alabama



Source: B17010. POVERTY STATUS IN THE PAST 12 MONTHS OF FAMILIES BY FAMILY TYPE BY PRESENCE OF RELATED CHILDREN UNDER 18 YEARS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

B17020 POVERTY STATUS IN THE PAST 12 MONTHS BY AGE - Universe: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA By Age	White, Not Hispanic	Margin of Error (+/-)	% of NHW By Age
Total:	93,697	1,758	100.0%	79,251	1,581	100.0%
Income in the past 12 months below poverty level:	28,993	1,896	30.9%	9,792	1,027	12.4%
Under 18 years	11,619	NC	47.1%	1,906	NC	14.2%
18 to 59 years	14,217	341	27.2%	6,163	221	14.4%
60 years and over	3,157	NC	18.9%	1,723	NC	7.5%
Income in the past 12 months at or above poverty level:	64,704	2,172	69.1%	69,459	1,630	87.6%
Under 18 years	13,044	NC	52.9%	11,541	NC	85.8%
18 to 59 years	38,132	583	72.8%	36,524	774	85.6%
60 years and over	13,528	NC	81.1%	21,394	NC	92.5%

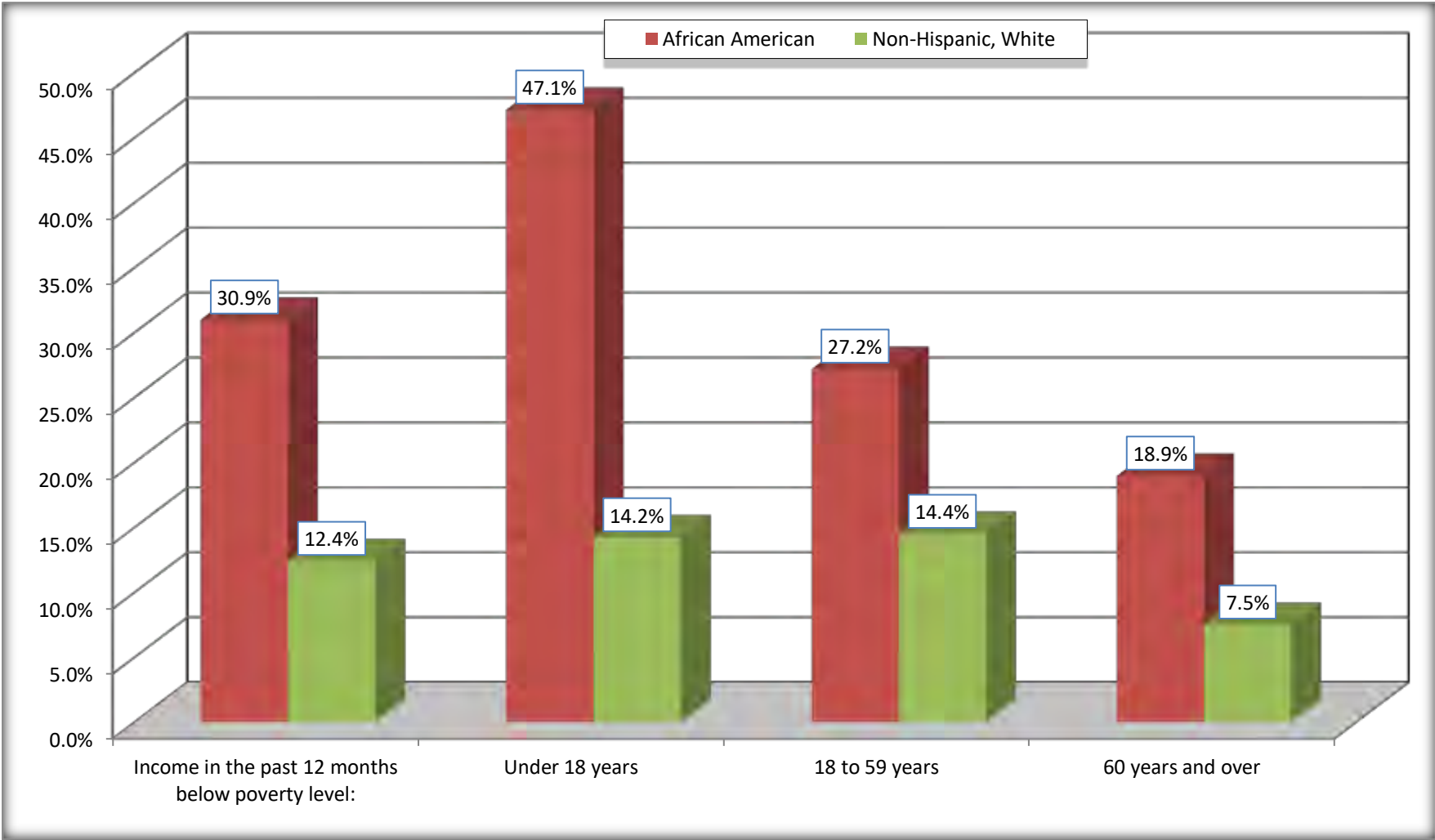
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Population Below Poverty in the Past 12 Months

Mobile city, Alabama



Source: B17020 POVERTY STATUS IN THE PAST 12 MONTHS BY AGE - Universe: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B19001. HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	37,124	705	100.0%	36,470	800	100.0%
Less than \$ 10,000	5,993	491	16.1%	2,443	388	6.7%
\$ 10,000 to \$ 14,999	3,803	429	10.2%	1,645	279	4.5%
\$ 15,000 to \$ 24,999	6,985	NC	18.8%	4,007	NC	11.0%
\$ 25,000 to \$ 34,999	4,590	NC	12.4%	3,336	NC	9.1%
\$ 35,000 to \$ 49,999	5,410	NC	14.6%	4,766	NC	13.1%
\$ 50,000 to \$ 74,999	4,926	NC	13.3%	6,558	NC	18.0%
\$ 75,000 to \$ 99,999	2,546	346	6.9%	4,487	406	12.3%
\$ 100,000 to \$ 149,999	2,240	NC	6.0%	4,859	NC	13.3%
\$ 150,000 to \$ 199,999	399	138	1.1%	2,003	292	5.5%
\$ 200,000 or more	232	95	0.6%	2,366	284	6.5%

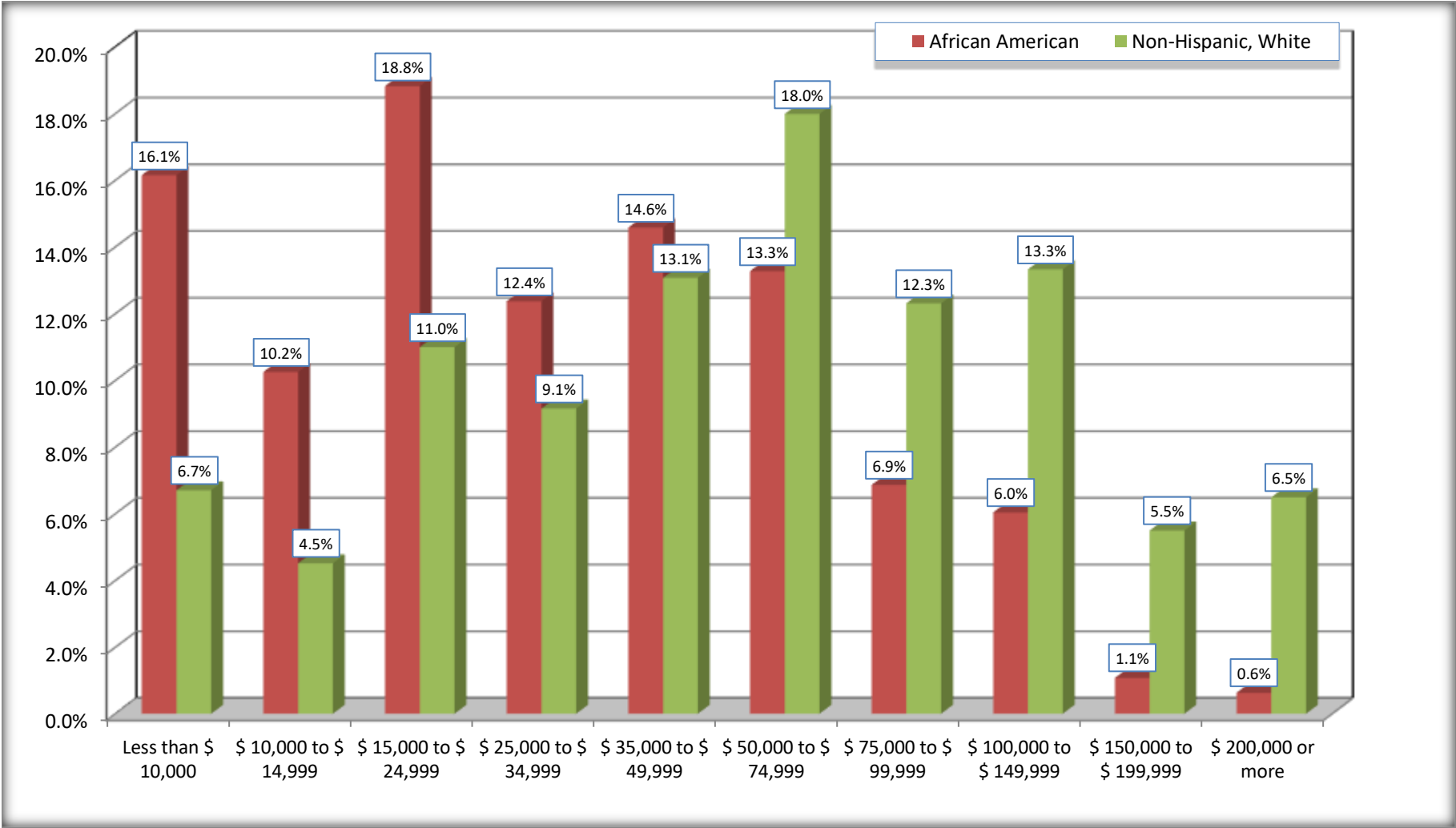
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Household Income in the Past 12 Months

Mobile city, Alabama



Source: B19001. HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B19013. MEDIAN HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama			
	African American	Margin of Error (+/-)	White, Not Hispanic	Margin of Error (+/-)
Median household income in the past 12 months (in 2018 inflation-adjusted dollars)	\$ 28,388	\$ 1,392	\$ 56,950	\$ 2,288

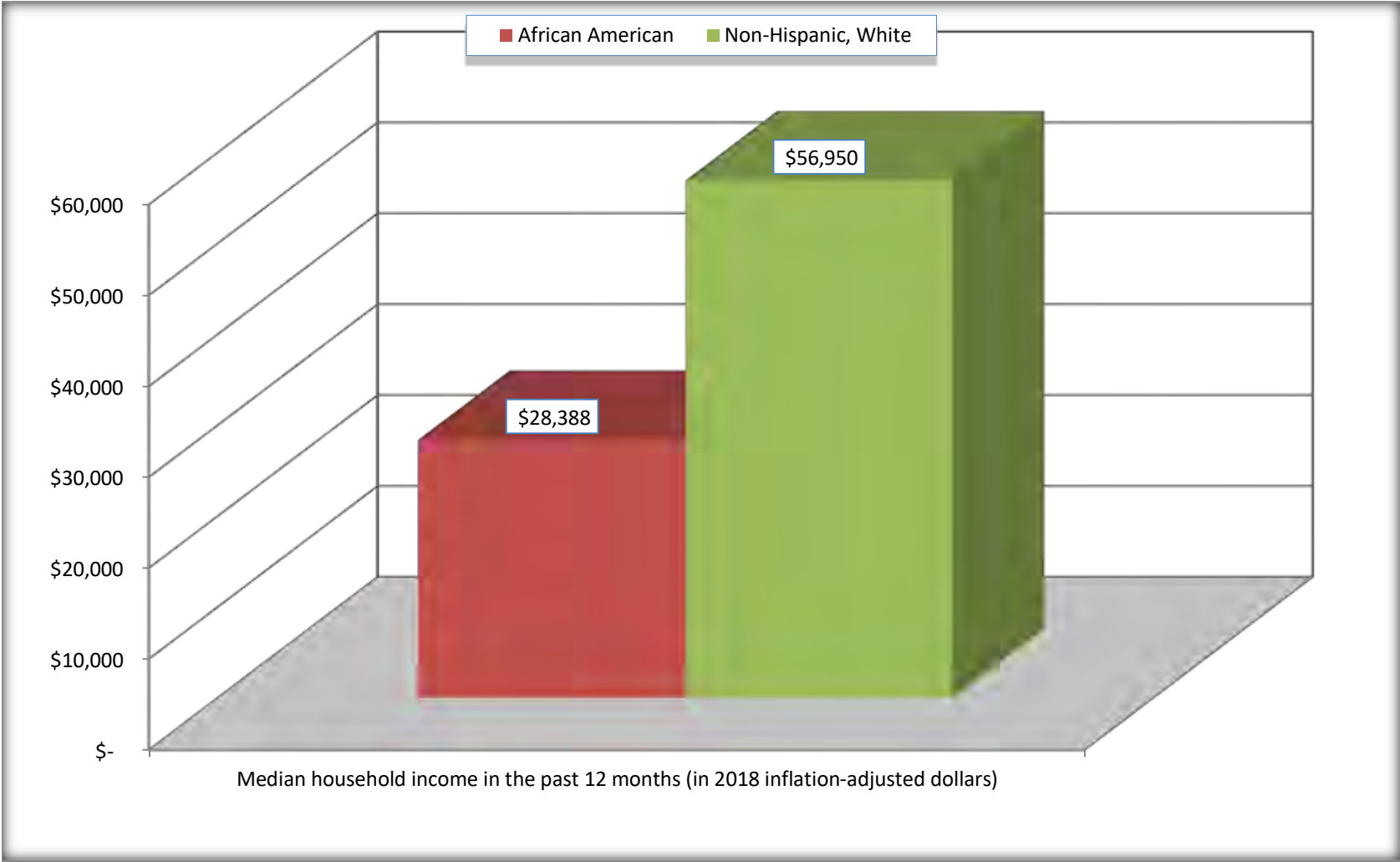
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Median Household Income in the Past 12 Months

Mobile city, Alabama



Source: B19013. MEDIAN HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B19101. FAMILY INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	21,157	749	100.0%	19,934	588	100.0%
Less than \$ 10,000	2,326	350	11.0%	658	180	3.3%
\$ 10,000 to \$ 14,999	1,297	239	6.1%	322	112	1.6%
\$ 15,000 to \$ 24,999	3,569	NC	16.9%	1,299	NC	6.5%
\$ 25,000 to \$ 34,999	2,665	NC	12.6%	1,257	NC	6.3%
\$ 35,000 to \$ 49,999	3,516	NC	16.6%	2,307	NC	11.6%
\$ 50,000 to \$ 74,999	3,500	NC	16.5%	3,637	NC	18.2%
\$ 100,000 to \$ 149,999	1,871	NC	8.8%	3,728	NC	18.7%
\$ 150,000 to \$ 199,999	332	121	1.6%	1,578	232	7.9%
\$ 200,000 or more	132	55	0.6%	2,080	264	10.4%

Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Family Income in the Past 12 Months

Mobile city, Alabama



Source: B19101. FAMILY INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B19113. MEDIAN FAMILY INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama			
	African American	Margin of Error (+/-)	White, Not Hispanic	Margin of Error (+/-)
Median family income in the past 12 months (in 2018 inflation-adjusted dollars)	\$ 37,779	\$ 1,874	\$ 78,928	\$ 2,909

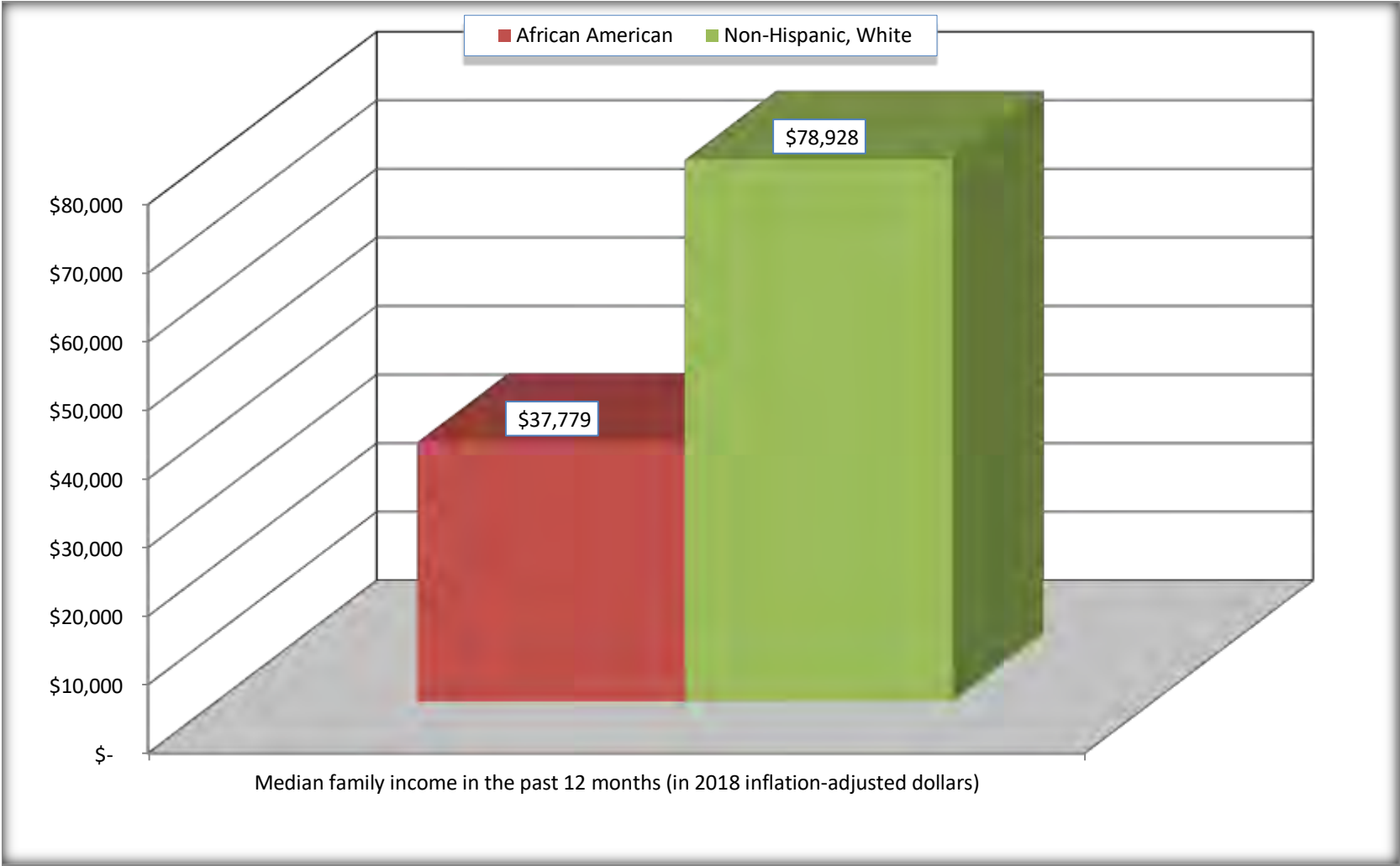
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Median Family Income in the Past 12 Months

Mobile city, Alabama



Source: B19113. MEDIAN FAMILY INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B19202. MEDIAN NONFAMILY HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama			
	African American	Margin of Error (+/-)	White, Not Hispanic	Margin of Error (+/-)
Median nonfamily household income in the past 12 months (in 2018 inflation-adjusted dollars)	\$ 18,771	\$ 1,004	\$ 36,624	\$ 2,413

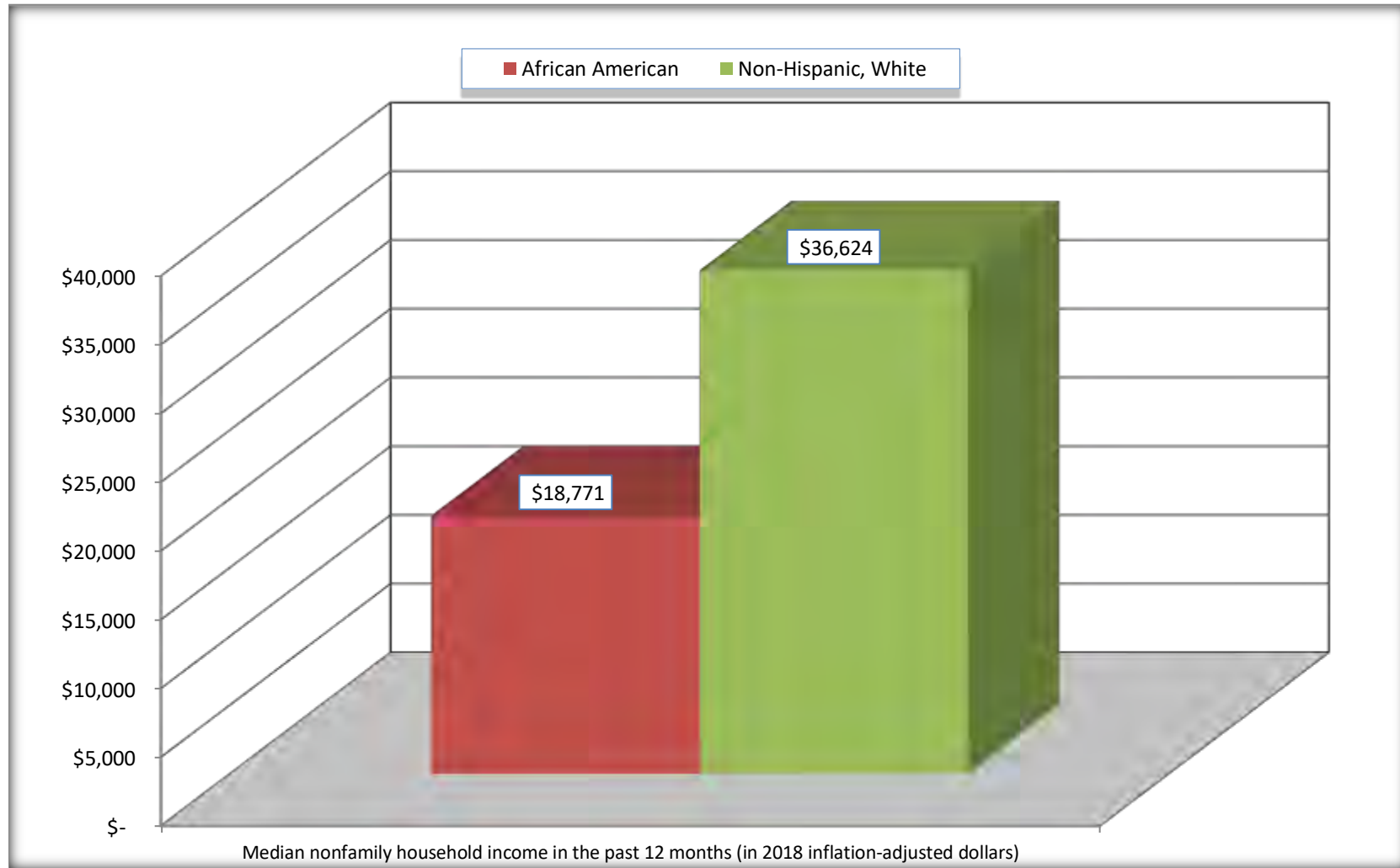
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Median Non-Family Income in the Past 12 Months

Mobile city, Alabama



Source: B19202. MEDIAN NONFAMILY HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B19301. PER CAPITA INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama			
	African American	Margin of Error (+/-)	White, Not Hispanic	Margin of Error (+/-)
Per capita income in the past 12 months (in 2018 inflation-adjusted dollars)	\$ 17,329	\$ 608	\$ 36,435	\$ 1,239

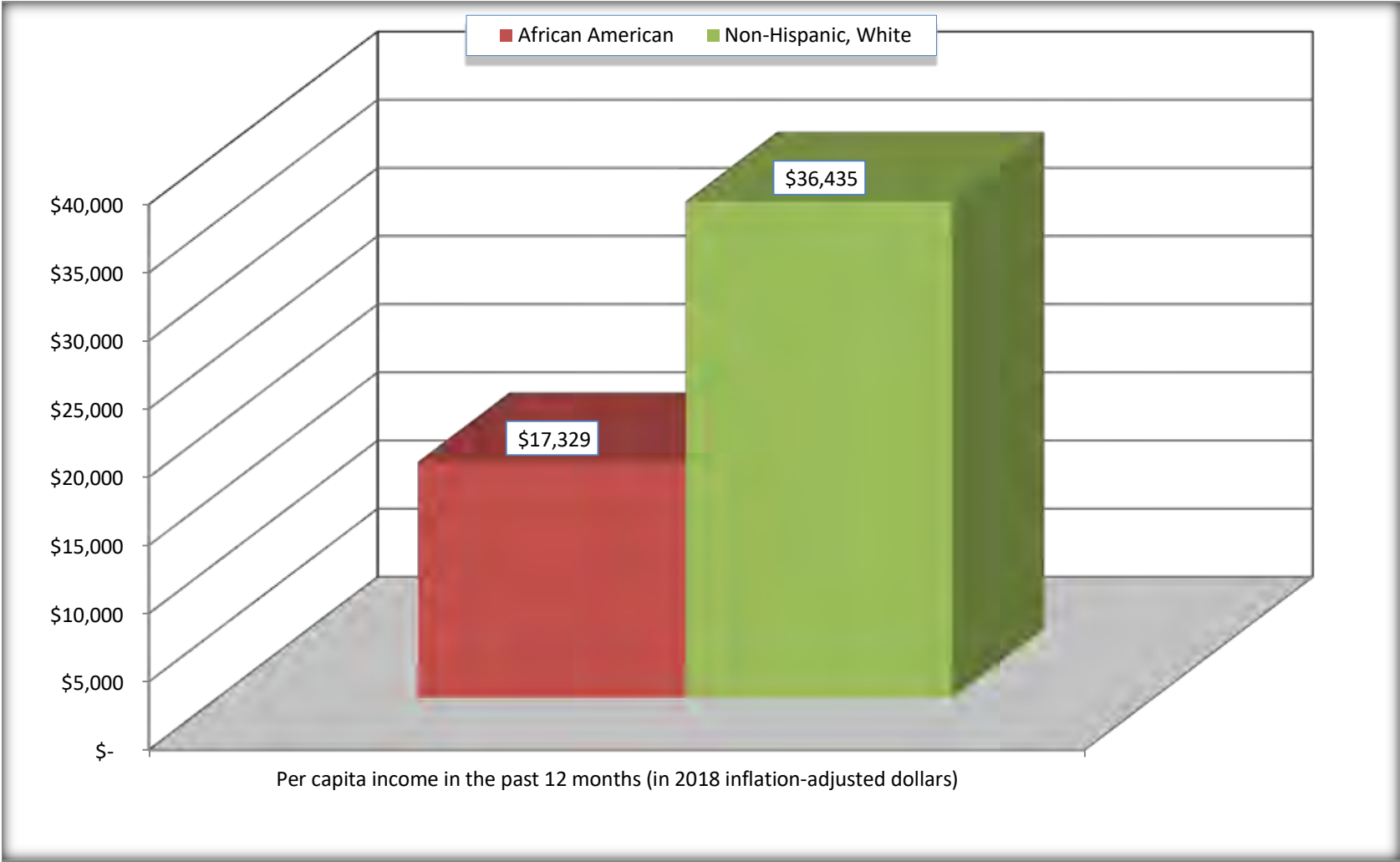
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Per capita Income in the Past 12 Months

Mobile city, Alabama



Source: B19301. PER CAPITA INCOME IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS)
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B20017. MEDIAN EARNINGS IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS) BY SEX BY WORK EXPERIENCE IN THE PAST 12 MONTHS FOR THE POPULATION 16 YEARS AND OVER WITH EARNINGS IN THE PAST 12 MONTHS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama			
	African American	Margin of Error (+/-)	White, Not Hispanic	Margin of Error (+/-)
Median earnings in the past 12 months (in 2018 inflation-adjusted dollars) --				
Total:	\$ 26,242	\$ 1,982	\$ 35,979	\$ 1,356
Male --				
Total	\$ 35,811	\$ 1,852	\$ 43,769	\$ 3,011
Worked full-time, year-round in the past 12 months	\$ 9,312	\$ 1,422	\$ 56,522	\$ 2,360
Other	\$ 21,456	\$ 865	\$ 13,318	\$ 980
Female --				
Total	\$ 28,008	\$ 1,236	\$ 29,327	\$ 1,535
Worked full-time, year-round in the past 12 months	\$ 10,473	\$ 900	\$ 40,540	\$ 917
Other	\$ 22,843	\$ 1,081	\$ 10,112	\$ 1,189

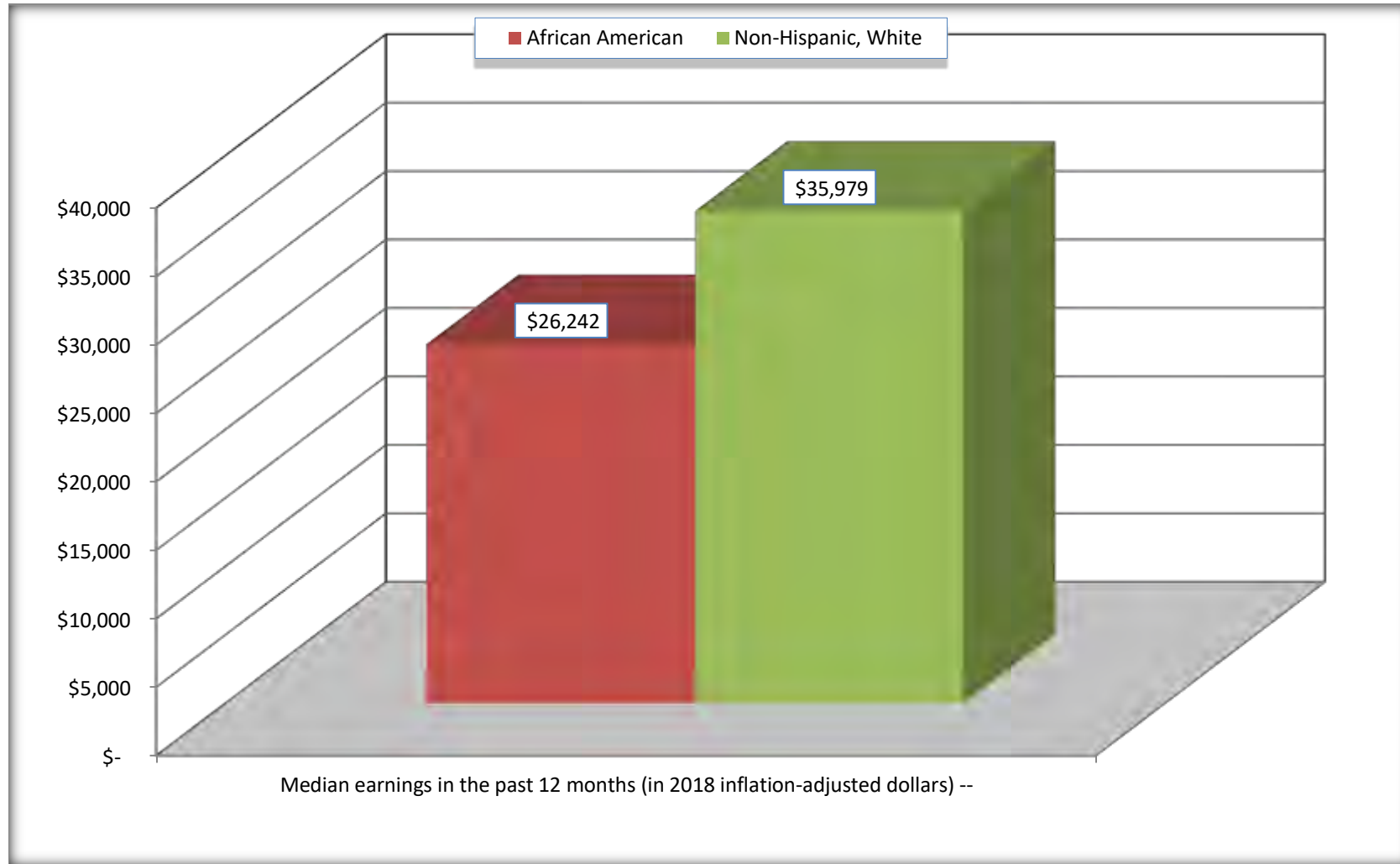
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Median earnings in the Past 12 Months (16 Years and Over with Earnings)

Mobile city, Alabama



Source: B20017. MEDIAN EARNINGS IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS) BY SEX BY WORK EXPERIENCE IN THE PAST 12 MONTHS FOR THE POPULATION 16 YEARS AND OVER WITH EARNINGS IN THE PAST 12 MONTHS
Data Set: 2014-2018 American Community Survey 5-Year Estimates

C21001. SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	72,007	1,196	100.0%	68,827	1,409	100.0%
Veteran	5,318	NC	7.4%	6,319	NC	9.2%
Nonveteran	66,689	NC	92.6%	62,508	NC	90.8%
Male:	32,463	787	45.1%	33,233	968	48.3%
18 to 64 years:	27,849	813	38.7%	25,780	982	37.5%
Veteran	2,929	358	4.1%	2,291	285	3.3%
Nonveteran	24,920	801	34.6%	23,489	990	34.1%
65 years and over:	4,614	247	6.4%	7,453	340	10.8%
Veteran	1,621	206	2.3%	3,538	307	5.1%
Nonveteran	2,993	260	4.2%	3,915	309	5.7%
Female:	39,544	814	54.9%	35,594	865	51.7%
18 to 64 years:	32,462	711	45.1%	25,228	794	36.7%
Veteran	681	215	0.9%	360	96	0.5%
Nonveteran	31,781	709	44.1%	24,868	774	36.1%
65 years and over:	7,082	334	9.8%	10,366	440	15.1%
Veteran	87	58	0.1%	130	60	0.2%
Nonveteran	6,995	342	9.7%	10,236	429	14.9%

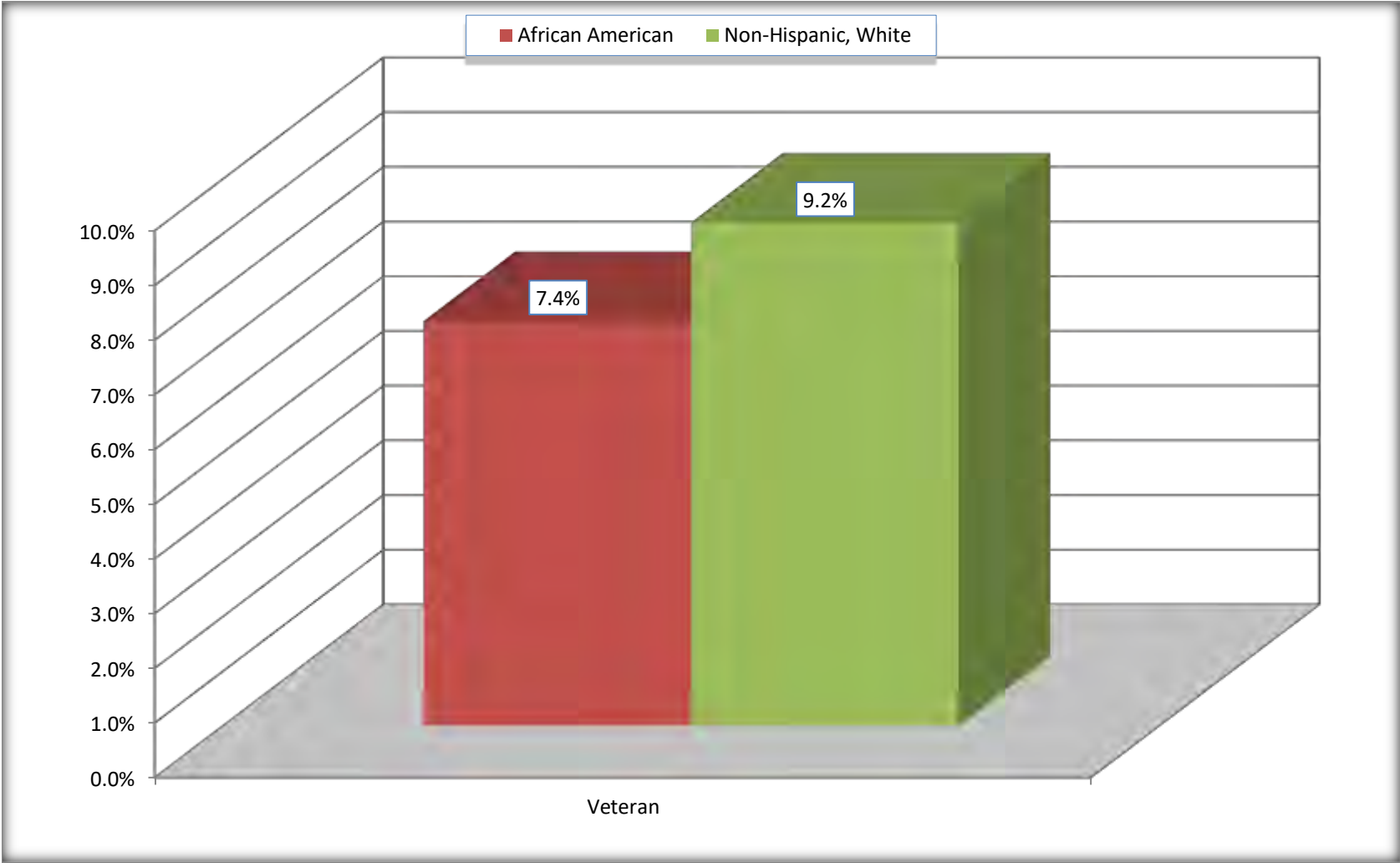
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Veterans in the Civilian Population 18 Years and Over

Mobile city, Alabama



Source: C21001. SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B20005. SEX BY WORK EXPERIENCE IN THE PAST 12 MONTHS BY EARNINGS IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS) FOR THE POPULATION 16 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	75,124	1,269	100.0%	70,468	1,427	100.0%
Worked full-time, year-round in the past 12 months:	26,635	NC	35.5%	29,554	NC	41.9%
No earnings	0	NC	0.0%	0	NC	0.0%
With earnings:	26,635	NC	35.5%	29,554	NC	41.9%
\$ 1 to \$ 9,999 or loss	858	NC	1.1%	378	NC	0.5%
\$ 10,000 to \$ 19,999	5,279	NC	7.0%	2,122	NC	3.0%
\$ 20,000 to \$ 29,999	6,289	NC	8.4%	4,580	NC	6.5%
\$ 30,000 to \$ 49,999	8,288	NC	11.0%	8,302	NC	11.8%
\$ 50,000 to \$ 74,999	4,154	NC	5.5%	6,491	NC	9.2%
\$ 75,000 or more	1,767	NC	2.4%	7,681	NC	10.9%
Other:	48,489	NC	64.5%	40,914	NC	58.1%
No earnings	34,111	NC	45.4%	26,711	NC	37.9%
With earnings: less than full time, year-round	14,378	NC	19.1%	14,203	NC	20.2%
Male:	34,089	791	45.4%	34,088	951	48.4%
Worked full-time, year-round in the past 12 months:	12,035	840	16.0%	16,831	663	23.9%
No earnings	0	28	0.0%	0	28	0.0%
With earnings:	12,035	840	16.0%	16,831	663	23.9%
\$ 1 to \$ 9,999 or loss	321	NC	0.4%	224	NC	0.3%
\$ 10,000 to \$ 19,999	2,024	NC	2.7%	882	NC	1.3%
\$ 20,000 to \$ 29,999	2,204	NC	2.9%	1,912	NC	2.7%
\$ 30,000 to \$ 49,999	3,906	NC	5.2%	3,943	NC	5.6%
\$ 50,000 to \$ 74,999	2,487	NC	3.3%	4,110	NC	5.8%
\$ 75,000 or more	1,093	NC	1.5%	5,760	NC	8.2%

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Other:	22,054	939	29.4%	17,257	829	24.5%
No earnings	15,770	669	21.0%	10,458	643	14.8%
With earnings:	6,284	631	8.4%	6,799	508	9.6%
Female:	41,035	845	54.6%	36,380	876	51.6%
Worked full-time, year-round in the past 12 months:	14,600	806	19.4%	12,723	512	18.1%
No earnings	0	28	0.0%	0	28	0.0%
With earnings:	14,600	806	19.4%	12,723	512	18.1%
\$ 1 to \$ 9,999 or loss	537	NC	0.7%	154	NC	0.2%
\$ 10,000 to \$ 19,999	3,255	NC	4.3%	1,240	NC	1.8%
\$ 20,000 to \$ 29,999	4,085	NC	5.4%	2,668	NC	3.8%
\$ 30,000 to \$ 49,999	4,382	NC	5.8%	4,359	NC	6.2%
\$ 50,000 to \$ 74,999	1,667	NC	2.2%	2,381	NC	3.4%
\$ 75,000 or more	674	NC	0.9%	1,921	NC	2.7%
Other:	26,435	893	35.2%	23,657	761	33.6%
No earnings	18,341	850	24.4%	16,253	705	23.1%
With earnings:	8,094	594	10.8%	7,404	531	10.5%

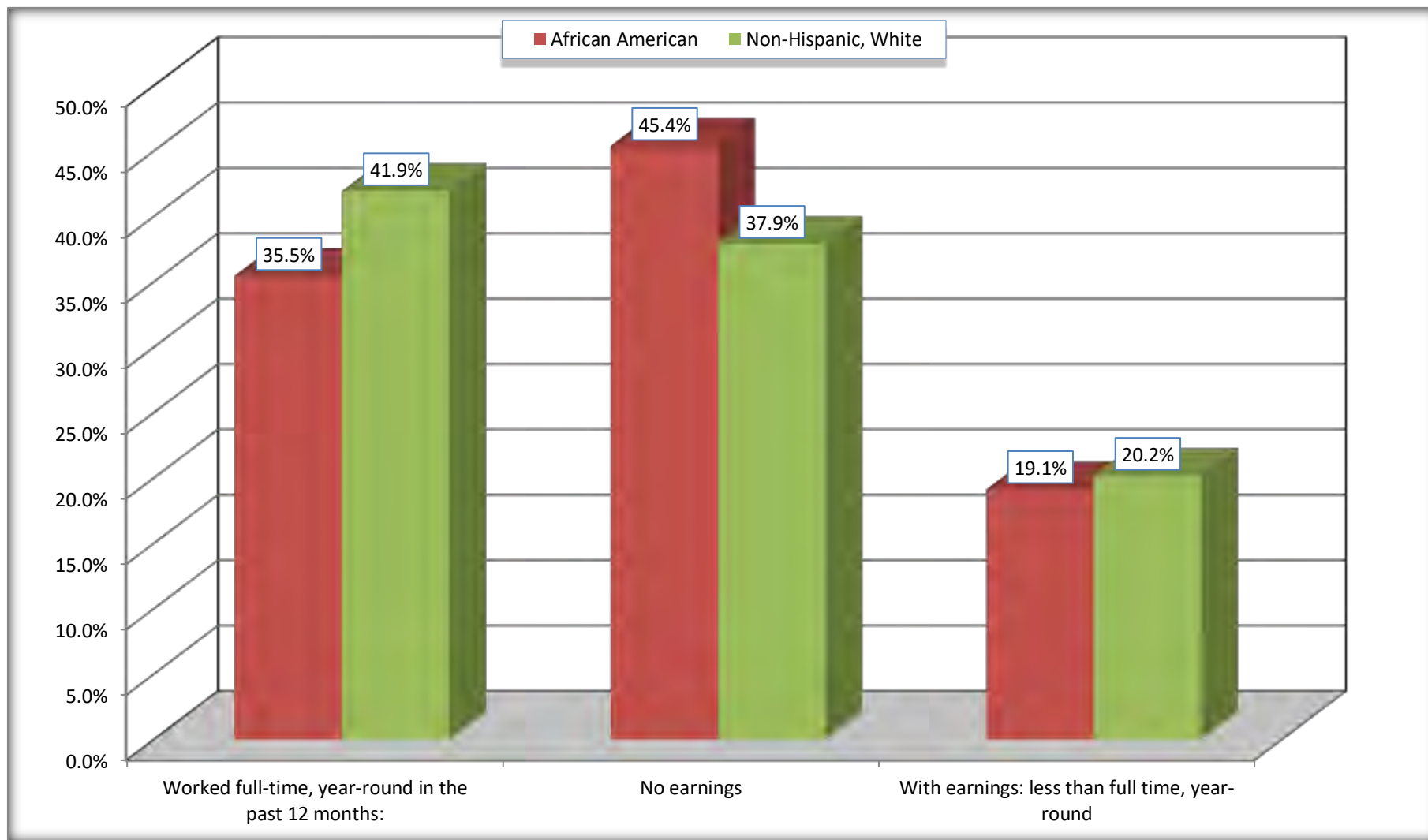
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Employment and Earnings in in the Past 12 Months (16 Years and Over)

Mobile city, Alabama



Source: B20005. SEX BY WORK EXPERIENCE IN THE PAST 12 MONTHS BY EARNINGS IN THE PAST 12 MONTHS (IN 2018 INFLATION-ADJUSTED DOLLARS) FOR THE POPULATION 16 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

B22005. RECEIPT OF FOOD STAMPS/SNAP IN THE PAST 12 MONTHS BY RACE OF HOUSEHOLDER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	37,124	705	100.0%	36,470	800	100.0%
HH received Food Stamps/SNAP in the past 12 months	11,755	611	31.7%	3,002	356	8.2%
HH did not receive Food Stamps/SNAP in the past 12 months	25,369	824	68.3%	33,468	823	91.8%

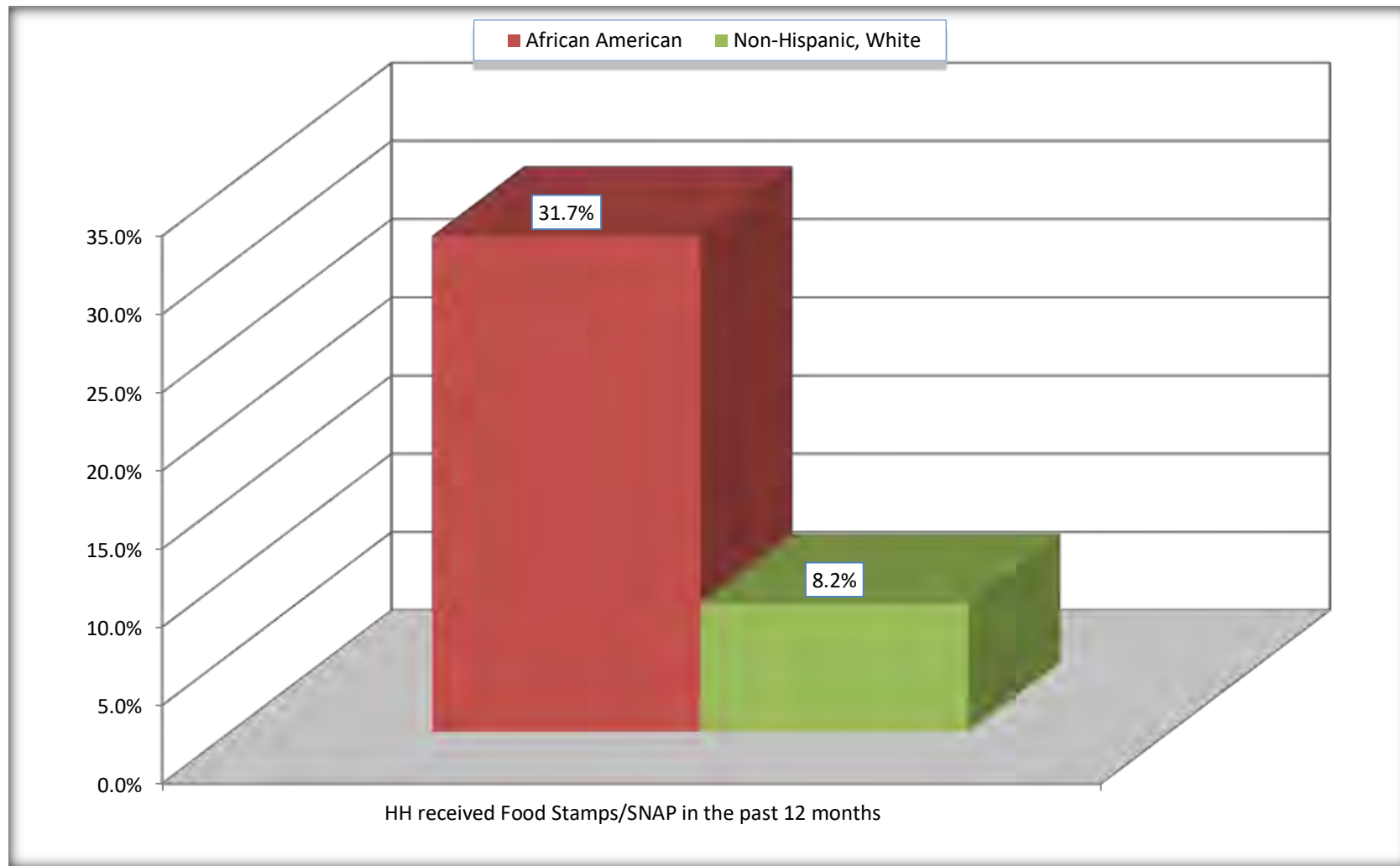
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Receipt of Food Stamps/SNAP in the Past 12 Months by Household

Mobile city, Alabama



Source: B22005. RECEIPT OF FOOD STAMPS/SNAP IN THE PAST 12 MONTHS BY RACE OF HOUSEHOLDER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

C23002. SEX BY AGE BY EMPLOYMENT STATUS FOR THE POPULATION 16 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	75,124	1,269	100.0%	70,468	1,427	100.0%
In labor force:	40,659	NC	54.1%	41,043	NC	58.2%
In Armed Forces	47	NC	0.1%	208	NC	0.3%
Civilian:	39,173	NC	52.1%	37,604	NC	53.4%
Employed	36,532	NC	48.6%	39,430	NC	56.0%
Unemployed	4,080	NC	5.4%	1,405	NC	2.0%
Not in labor force	34,465	NC	45.9%	29,425	NC	41.8%
Male:	34,089	791	45.4%	34,088	951	48.4%
16 to 64 years:	29,475	831	39.2%	26,635	961	37.8%
In labor force:	17,247	748	23.0%	20,099	725	28.5%
In Armed Forces	47	67	0.1%	181	71	0.3%
Civilian:	17,200	747	22.9%	19,918	731	28.3%
Employed	15,231	810	20.3%	19,224	737	27.3%
Unemployed	1,969	367	2.6%	694	163	1.0%
Not in labor force	12,228	779	16.3%	6,536	717	9.3%
65 years and over:	4,614	247	6.1%	7,453	340	10.6%
In labor force:	492	105	0.7%	1,818	218	2.6%
Employed	483	103	0.6%	1,755	208	2.5%
Unemployed	9	12	0.0%	63	42	0.1%
Not in labor force	4,122	243	5.5%	5,635	318	8.0%

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Female:	41,035	845	54.6%	36,380	876	51.6%
16 to 64 years:	33,953	732	45.2%	26,014	820	36.9%
In labor force:	21,973	778	29.2%	17,713	648	25.1%
In Armed Forces	0	28	0.0%	27	24	0.0%
Civilian:	21,973	778	29.2%	17,686	644	25.1%
Employed	19,913	833	26.5%	17,128	626	24.3%
Unemployed	2,060	321	2.7%	558	168	0.8%
Not in labor force	11,980	752	15.9%	8,301	609	11.8%
65 years and over:	7,082	334	9.4%	10,366	440	14.7%
In labor force:	947	141	1.3%	1,413	229	2.0%
Employed	905	135	1.2%	1,323	220	1.9%
Unemployed	42	24	0.1%	90	92	0.1%
Not in labor force	6,135	315	8.2%	8,953	403	12.7%

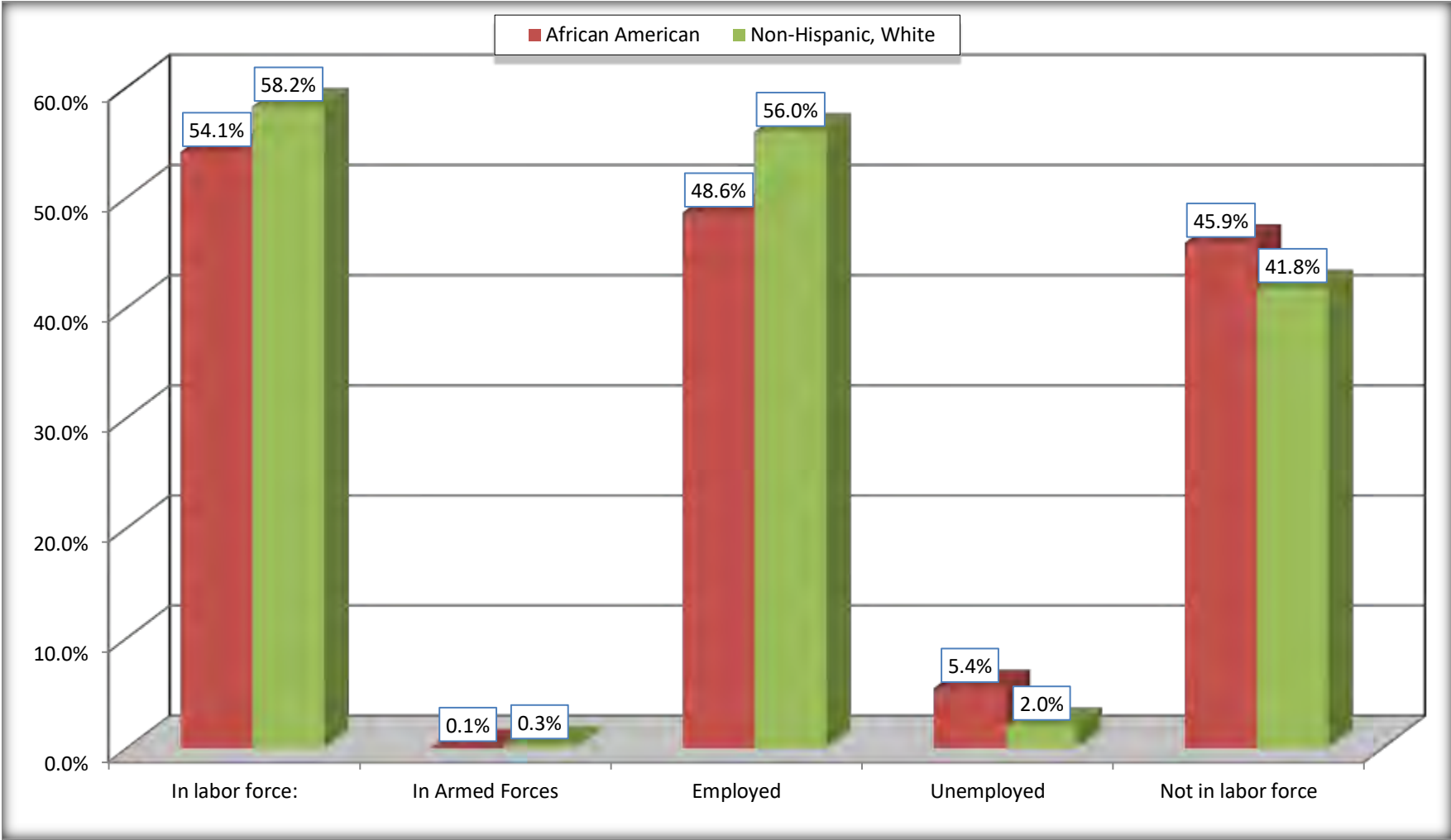
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Employment Status for the Population 16 years and over

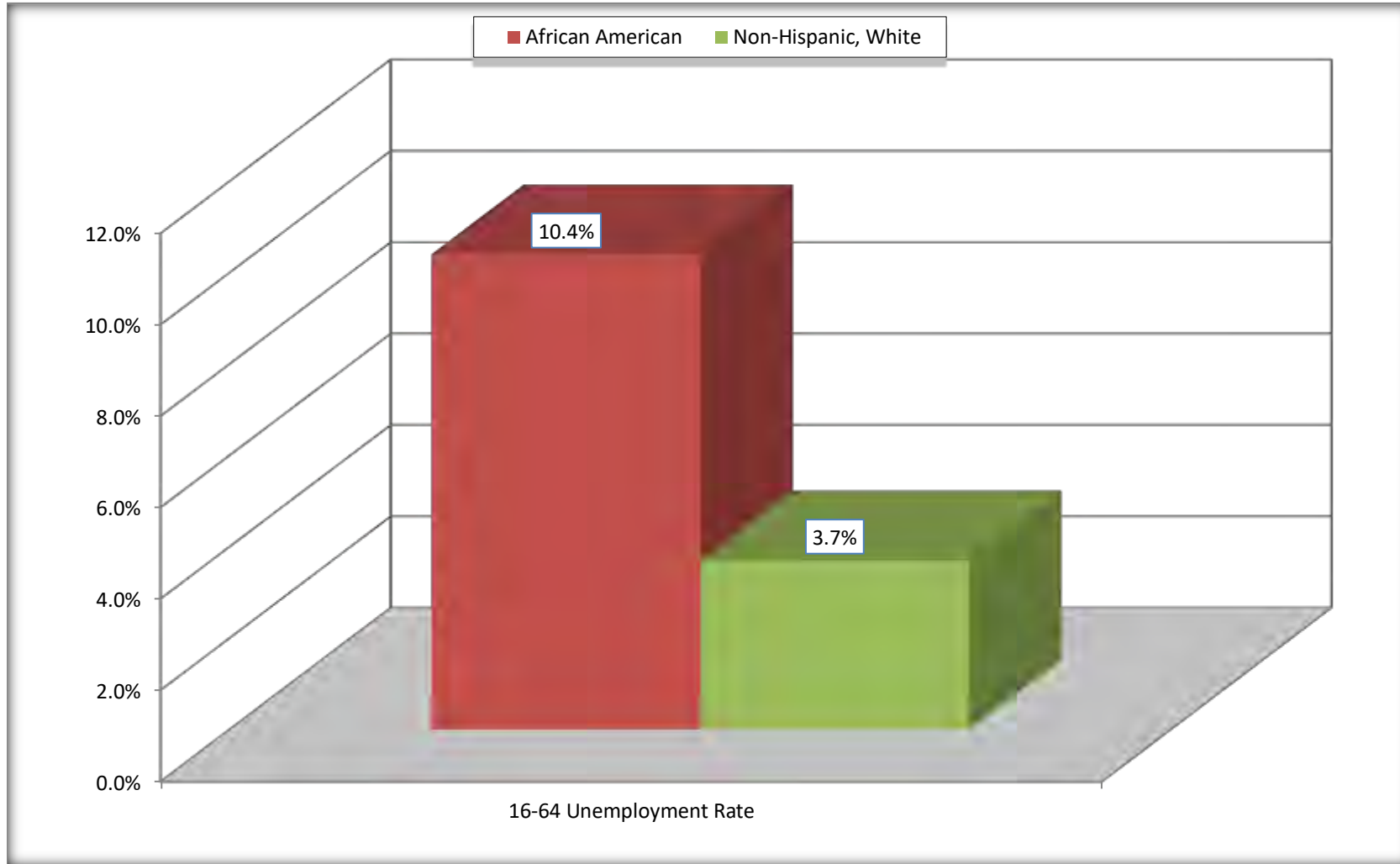
Mobile city, Alabama



Source: C23002. SEX BY AGE BY EMPLOYMENT STATUS FOR THE POPULATION 16 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

Unemployment of Working Age Population (Ages 16 to 64) (As a Percent of 16-64 Civilian Labor Force)

Mobile city, Alabama



Source: C23002. SEX BY AGE BY EMPLOYMENT STATUS FOR THE POPULATION 16 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

C24010. SEX BY OCCUPATION FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS AND OVER

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	36,532	1,251	100.0%	39,430	953	100.0%
Management, professional, and related occupations	8,330	NC	22.8%	18,719	NC	47.5%
Service occupations	9,763	NC	26.7%	4,782	NC	12.1%
Sales and office occupations	8,446	NC	23.1%	9,321	NC	23.6%
Natural resources, construction, and maintenance occupations:	2,478	NC	6.8%	2,906	NC	7.4%
Production, transportation, and material moving occupations	7,515	NC	20.6%	3,702	NC	9.4%
Male:	15,714	804	43.0%	20,979	727	53.2%
Management, business, science, and arts occupations:	2,012	345	5.5%	9,464	537	24.0%
Service occupations	3,476	532	9.5%	1,980	290	5.0%
Sales and office occupations	1,989	304	5.4%	3,792	423	9.6%
Natural resources, construction, and maintenance occupations:	2,342	439	6.4%	2,787	369	7.1%
Production, transportation, and material moving occupations	5,895	518	16.1%	2,956	373	7.5%
Female:	20,818	818	57.0%	18,451	635	46.8%
Management, professional, and related occupations	6,318	574	17.3%	9,255	548	23.5%
Service occupations	6,287	497	17.2%	2,802	427	7.1%
Sales and office occupations	6,457	555	17.7%	5,529	447	14.0%
Natural resources, construction, and maintenance occupations:	136	76	0.4%	119	82	0.3%
Production, transportation, and material moving occupations	1,620	310	4.4%	746	181	1.9%

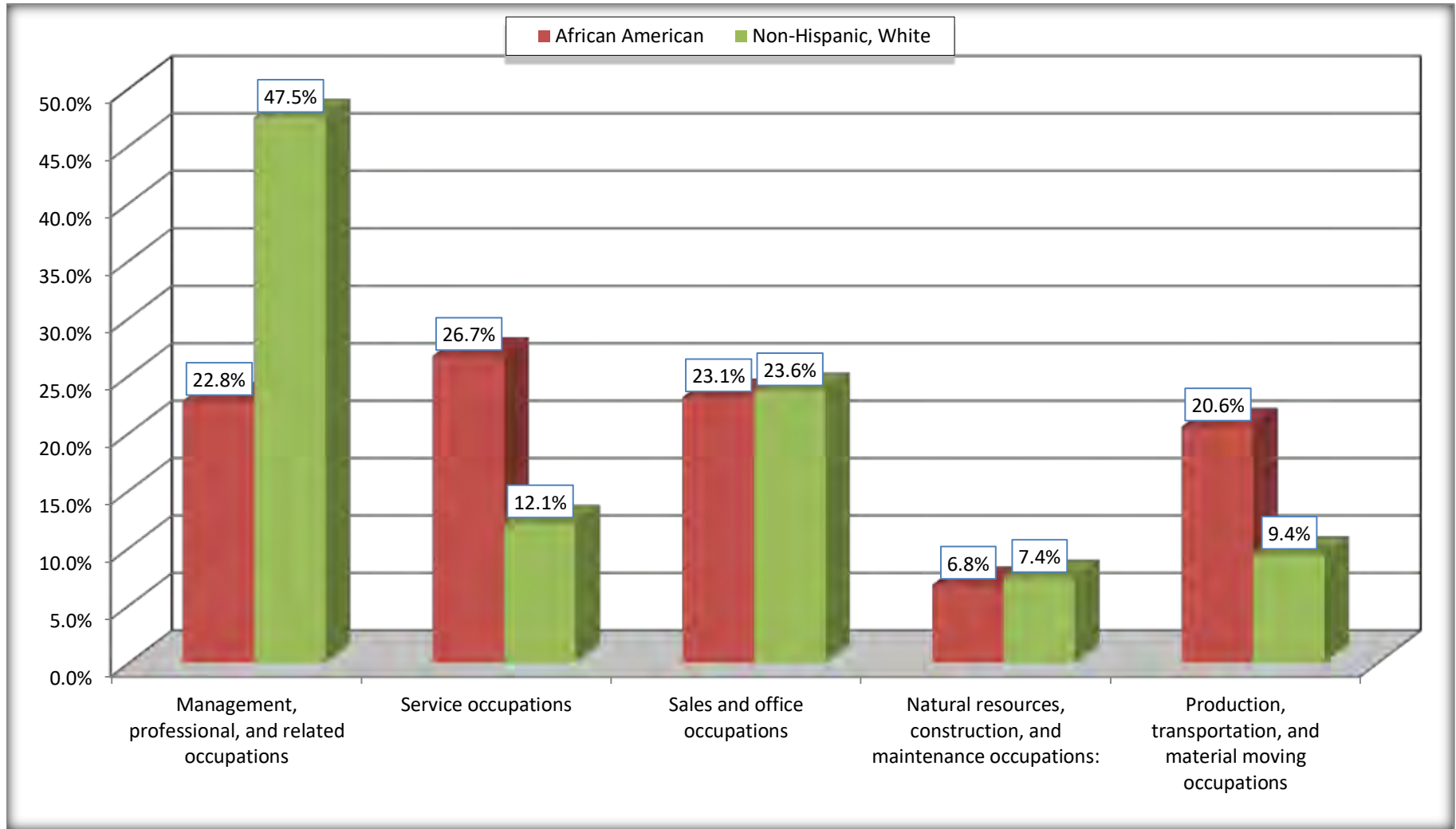
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Occupation for the Civilian Employed 16 Years and Over Population

Mobile city, Alabama



Source: C24010. SEX BY OCCUPATION FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS AND OVER
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B25003. TENURE - Universe: OCCUPIED HOUSING UNITS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	37,124	705	100.0%	36,470	800	100.0%
Owner occupied	16,321	538	44.0%	23,859	673	65.4%
Renter occupied	20,803	703	56.0%	12,611	680	34.6%

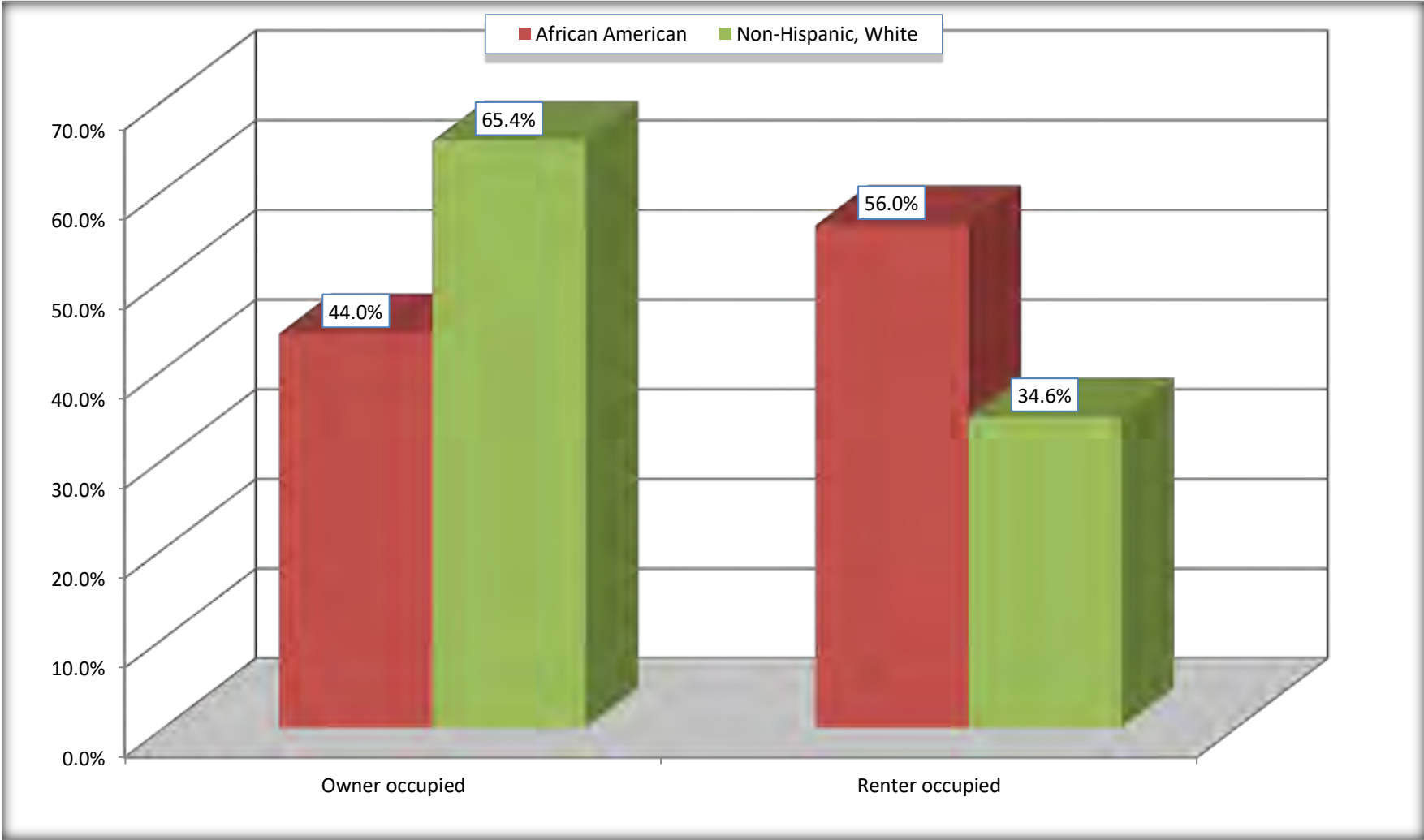
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.h>

Home Owners and Renters by Household

Mobile city, Alabama



Source: B25003. TENURE - Universe: OCCUPIED HOUSING UNITS
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B25014. OCCUPANTS PER ROOM - Universe: OCCUPIED HOUSING UNITS

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	37,124	705	100.0%	36,470	800	100.0%
1.00 or less occupants per room	36,358	703	97.9%	36,110	802	99.0%
1.01 or more occupants per room	766	201	2.1%	360	146	1.0%

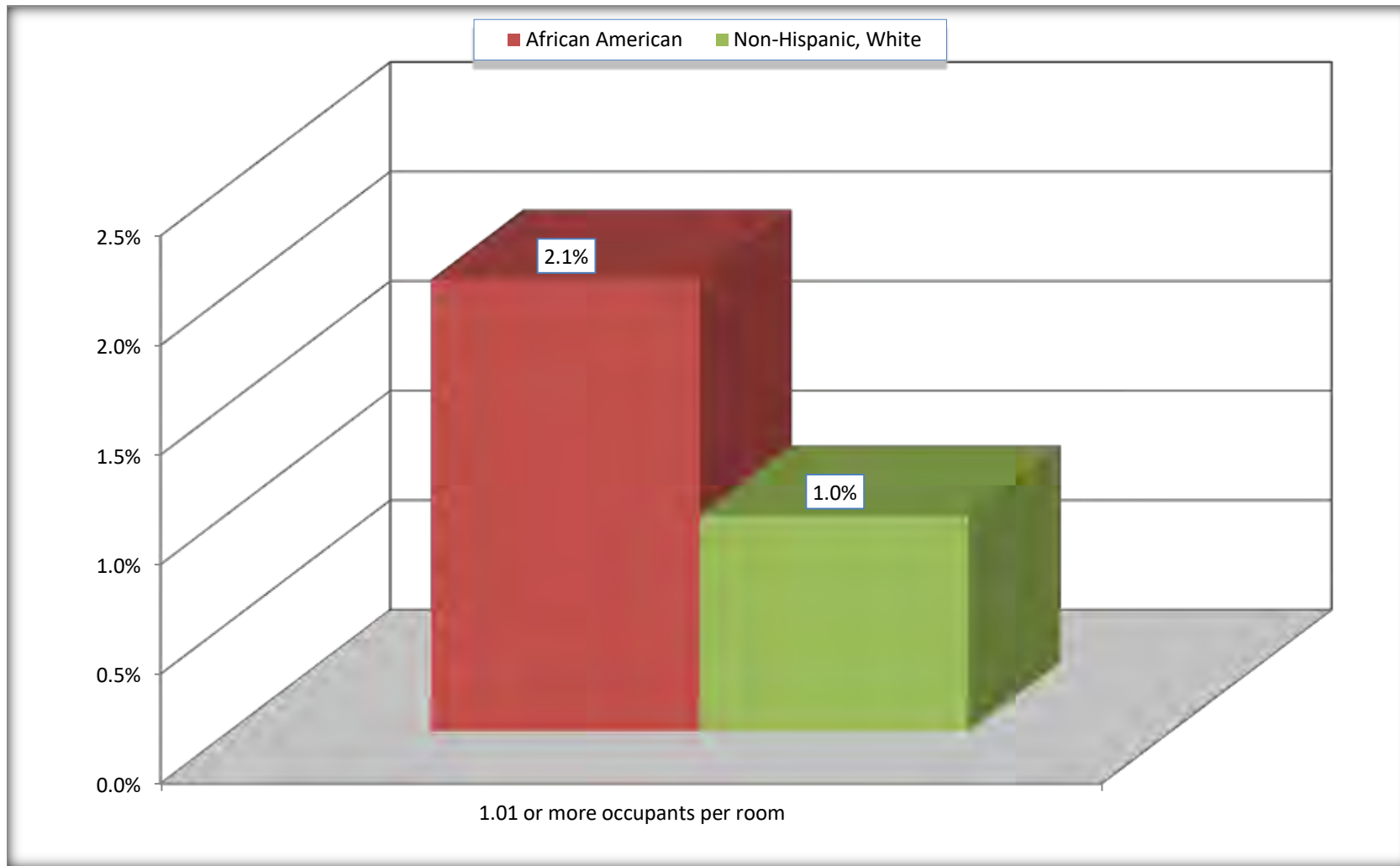
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.ht>

More than One Person per Room (Crowding) by Household

Mobile city, Alabama



Source: B25014. OCCUPANTS PER ROOM - Universe: OCCUPIED HOUSING UNITS
Data Set: 2014-2018 American Community Survey 5-Year Estimates

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	94,223	1,778	100.0%	79,945	1,624	100.0%
Under 18 years:	24,843	1,114	26.4%	13,504	218	16.9%
With a disability	678	190	0.7%	675	189	0.8%
No disability	24,165	1,090	25.6%	12,829	813	16.0%
18 to 64 years:	58,086	1,274	61.6%	49,199	1,303	61.5%
With a disability	7,723	551	8.2%	5,390	473	6.7%
No disability	50,363	1,241	53.5%	43,809	1,233	54.8%
65 years and over:	11,294	404	12.0%	17,242	678	21.6%
With a disability	4,268	349	4.5%	5,828	424	7.3%
No disability	7,026	425	7.5%	11,414	607	14.3%

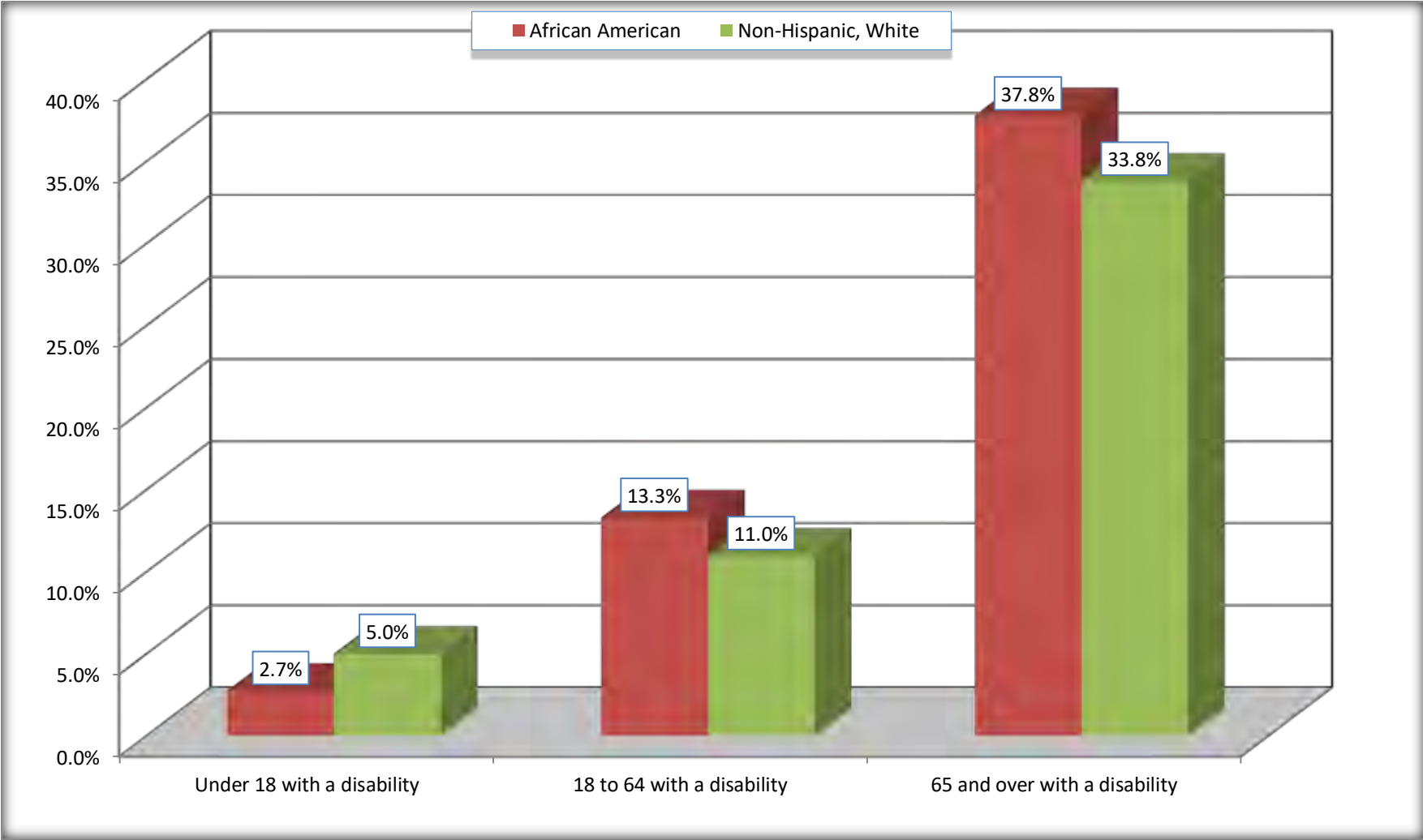
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Disability by Age

Mobile city, Alabama



Source: B18101. AGE BY DISABILITY STATUS
Data Set: 2014-2018 American Community Survey 5-Year Estimates

C27001B. HEALTH INSURANCE COVERAGE STATUS BY AGE

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	94,223	1,778	100.0%	79,945	1,624	100.0%
Under 18 years:	26,341	1,175	28.0%	14,425	826	18.0%
With health insurance coverage	25,496	1,181	27.1%	14,069	858	17.6%
No health insurance coverage	845	374	0.9%	356	134	0.4%
18 to 64 years:	56,588	1,277	60.1%	48,278	1,331	60.4%
With health insurance coverage	45,124	1,134	47.9%	41,470	1,242	51.9%
No health insurance coverage	11,464	849	12.2%	6,808	753	8.5%
65 years and over:	11,294	404	12.0%	17,242	678	21.6%
With health insurance coverage	11,237	399	11.9%	17,206	677	21.5%
No health insurance coverage	57	49	0.1%	36	33	0.0%

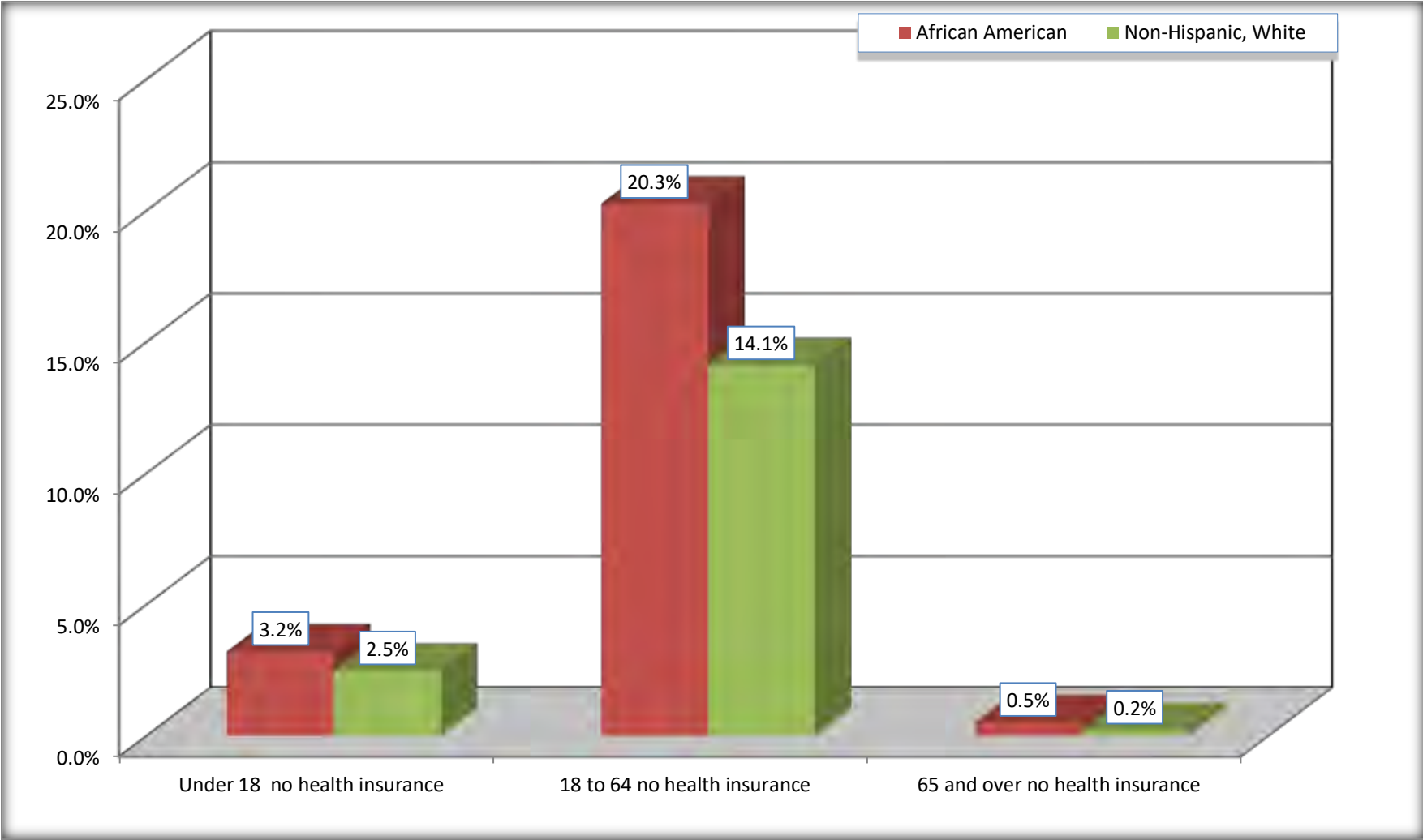
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Lack of Health Insurance Coverage by Age

Mobile city, Alabama



Source: C27001B. HEALTH INSURANCE COVERAGE STATUS BY AGE
Data Set: 2014-2018 American Community Survey 5-Year Estimates

B28009. PRESENCE OF A COMPUTER AND TYPE OF INTERNET SUBSCRIPTION IN HOUSEHOLD

Data Set: 2014-2018 American Community Survey 5-Year Estimates

	Mobile city, Alabama					
	African American	Margin of Error (+/-)	% of AA Total	White, Not Hispanic	Margin of Error (+/-)	% of NHW Total
Total:	93,534	1,769	100.0%	78,846	1,570	100.0%
Has a computer:	74,351	1,927	79.5%	72,558	1,673	92.0%
With dial-up Internet subscription alone	470	546	0.5%	250	128	0.3%
With a broadband Internet subscription	59,841	1,955	64.0%	66,961	1,751	84.9%
Without an Internet subscription	14,040	1,541	15.0%	5,347	776	6.8%
No Computer	19,183	1,606	20.5%	6,288	573	8.0%

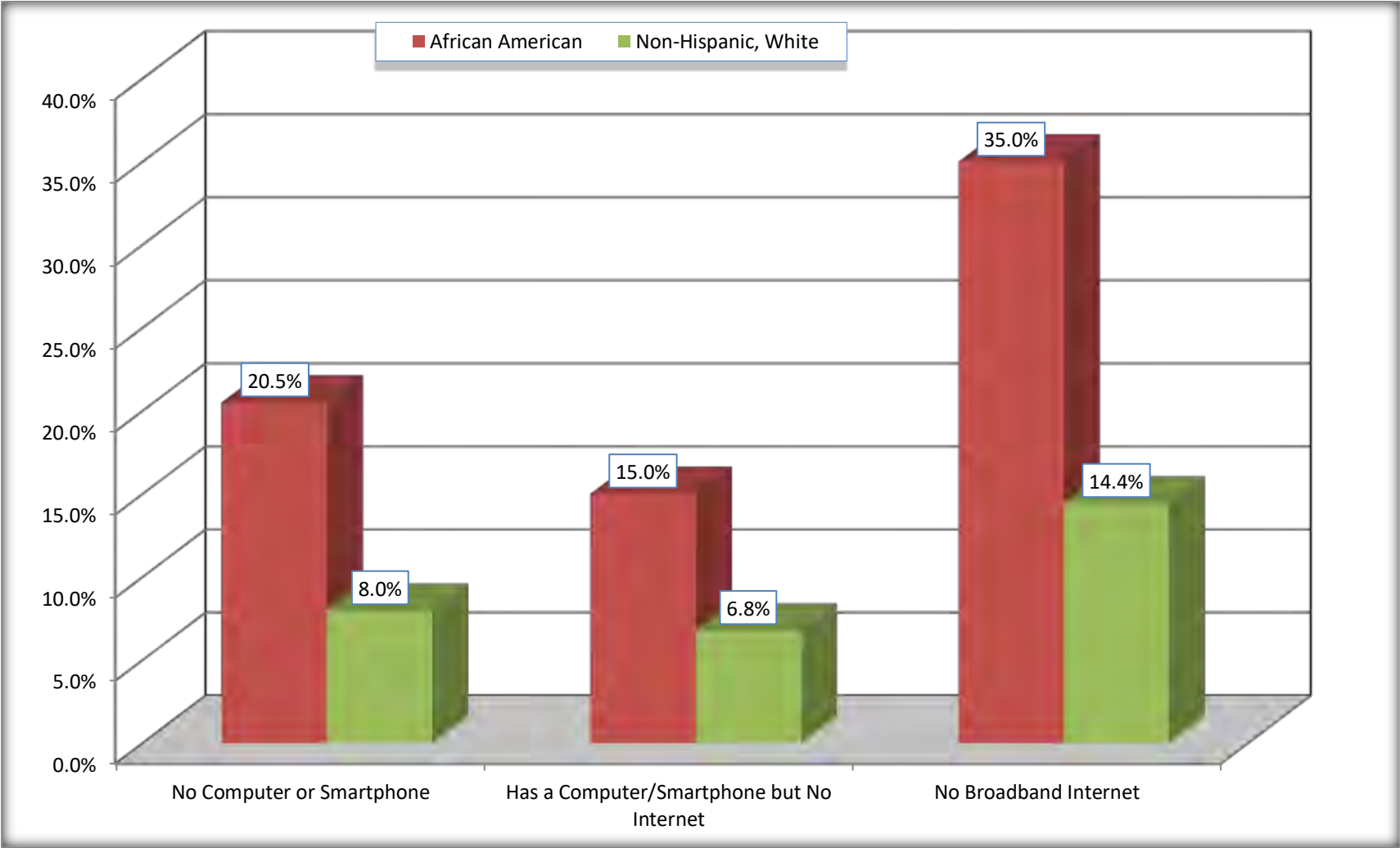
Source: U.S. Census Bureau, 2014-2018 American Community Survey

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

<http://www.census.gov/acs/www/UseData/index.htm>

Computer/Smartphone and Internet Access

Mobile city, Alabama



Source: B28009. PRESENCE OF A COMPUTER AND TYPE OF INTERNET SUBSCRIPTION IN HOUSEHOLD
Data Set: 2014-2018 American Community Survey 5-Year Estimates

EXHIBIT 37

- Is closing Reinstatement Offices statewide and providing these services by phone

Following are Reinstatement Office phone numbers:

- Birmingham: 205.252.0426
- Dothan: 334.983.5616
- Huntsville: 256.536.2365
- Jacksonville: 256.782.1322
- Mobile: 251.660.2330, ext. 5
- Montgomery: 334.242.4400
- Opelika: 334.737.1665
- Sheffield: 256.383.9991
- Tuscaloosa: 205.553.3511

The agency's Driver License offices housed in county facilities will be required to close if county commissions shut down county operations. The list at <https://www.alea.gov/dps/driver-license/driver-license-offices> (<https://www.alea.gov/dps/driver-license/driver-license-offices>) is being updated in real time to reflect closings or changes in hours of operation.

Secretary Taylor asks the public to be patient and to work with ALEA's Driver License Division to ensure the health and safety of both the public and ALEA personnel are not compromised. Please continue to check our website for the most up-to-date information as COVID-19 response may require additional changes in the way the agency serves customers.

Fatality

No

Alabama Law Enforcement Agency [f\(https://www.facebook.com/ALEAprotects\)](https://www.facebook.com/ALEAprotects) [t\(https://twitter.com/ALEAprotects\)](https://twitter.com/ALEAprotects) [@\(https://www.in:](https://www.instagram.com/ALEAprotects)

[Citizen Reporting \(https://app.alea.gov/SAR/\)](https://app.alea.gov/SAR/)

[Contact \(/contact-alea/email-us\)](/contact-alea/email-us)

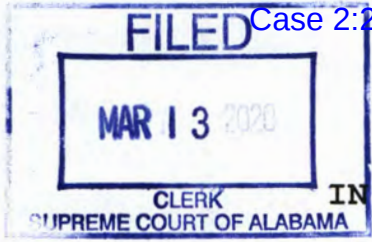
[Departments & Units \(/#divisions\)](/#divisions)

[Employment \(/about-alea/employment-information\)](/about-alea/employment-information)

[News & Alerts \(/news-releases\)](/news-releases)

[Online Services \(/online-services\)](/online-services)

EXHIBIT 38



IN THE SUPREME COURT OF ALABAMA
IN RE: COVID-19 PANDEMIC EMERGENCY RESPONSE

March 13, 2020

**ADMINISTRATIVE ORDER SUSPENDING ALL IN-PERSON COURT
PROCEEDINGS FOR THE NEXT THIRTY DAYS**

The President of the United States having declared a national emergency and the Governor of Alabama having declared a state of emergency for the State of Alabama amid the Coronavirus Disease 2019 ("COVID-19") pandemic, the Supreme Court of Alabama, pursuant to the authority vested in it under Article VI, §§ 139, 140, and 150, Ala. Const. 1901, hereby declares a state of emergency for the entire Judicial Branch of the State of Alabama.

The local and state courts of the State of Alabama are open and will remain open under all circumstances, subject to the provisions of this order.

Under the constitutional, statutory, and inherent authority of the Supreme Court, we adopt the following provisions. All in-person proceedings in all state and local courts in Alabama, including, but not limited to, proceedings in the circuit court, district court (including cases on the small claims docket), juvenile court, municipal court, probate court, and appellate courts, are suspended beginning Monday, March 16, 2020 through Thursday, April 16, 2020, subject to the exceptions below.

Exceptions to this suspension of in-person court proceedings include, but are not limited to:

- Proceedings necessary to protect constitutional rights of criminal defendants, including bond-related matters and plea agreements for incarcerated individuals.
- Civil and criminal jury trials that are in progress as of March 13, 2020.
- Proceedings related to protection from abuse.
- Proceedings related to emergency child custody and protection orders.
- Department of Human Resources emergency matters related to child protection.

- Proceedings related to petitions for temporary injunctive relief.
- Proceedings related to emergency mental health orders.
- Proceedings related to emergency protection of elderly or vulnerable persons.
- Proceedings directly related to the COVID-19 public health emergency.
- Any emergent proceeding as needed by law enforcement.
- Other exceptions as approved by the Chief Justice.

The presiding judge or the designee of the presiding judge of each judicial circuit is authorized to determine the manner in which in-person court proceedings for the exceptions listed above are to be conducted. Other exceptions to the suspension of in-person court proceedings must be approved by the Chief Justice. Any permitted in-court proceedings shall be limited to attorneys, parties, witnesses, security officers, and other necessary persons, as determined by the trial judge.

Judges are charged with the responsibility of ensuring that core constitutional functions and rights are protected. Additionally, court clerks are charged with ensuring that court functions continue. Nevertheless, all judges and court clerks are urged to limit in-person courtroom contact as much as possible by utilizing available technologies, including electronic filing, teleconferencing, and videoconferencing. Any Alabama state or local rule, criminal or civil, that impedes a judge's or court clerk's ability to utilize available technologies to limit in-person contact is suspended until April 16, 2020.

This order expressly does not prohibit court proceedings by telephone, video, teleconferencing, or other means that do not involve in-person contact. This order does not affect courts' consideration of matters that can be resolved without in-person proceedings.

Any deadlines that are set by or subject to regulation by this Court that are set to expire between March 16, 2020 and April 16, 2020, are hereby extended to April 20, 2020. This Court cannot extend any statutory period of repose or statute of limitations period.

Orders of protection and temporary injunctions that would otherwise expire between March 16, 2020, and April 16, 2020, are hereby extended until April 16, 2020, unless the trial court elects to enter an order to the contrary.

This order is subject to modification, revision, or rescission by the Supreme Court at any time during the time periods stated herein.

Parker, C.J., Bolin, Shaw, Wise, Bryan, Stewart, and Mitchell, JJ., concur.

Witness my hand and seal this the 13th day of March, 2020.



Julia Jordan Weller
Clerk, Supreme Court of Alabama

EXHIBIT 39

Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020

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Since SARS-CoV-2, the novel coronavirus that causes coronavirus disease 2019 (COVID-19), was first detected in December 2019 (1), approximately 1.3 million cases have been reported worldwide (2), including approximately 330,000 in the United States (3). To conduct population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations in the United States, the COVID-19–Associated Hospitalization Surveillance Network (COVID-NET) was created using the existing infrastructure of the Influenza Hospitalization Surveillance Network (FluSurv-NET) (4) and the Respiratory Syncytial Virus Hospitalization Surveillance Network (RSV-NET). This report presents age-stratified COVID-19–associated hospitalization rates for patients admitted during March 1–28, 2020, and clinical data on patients admitted during March 1–30, 2020, the first month of U.S. surveillance. Among 1,482 patients hospitalized with COVID-19, 74.5% were aged ≥50 years, and 54.4% were male. The hospitalization rate among patients identified through COVID-NET during this 4-week period was 4.6 per 100,000 population. Rates were highest (13.8) among adults aged ≥65 years. Among 178 (12%) adult patients with data on underlying conditions as of March 30, 2020, 89.3% had one or more underlying conditions; the most common were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%). These findings suggest that older adults have elevated rates of COVID-19–associated hospitalization and the majority of persons hospitalized with COVID-19 have underlying medical conditions. These findings underscore the importance of preventive measures (e.g., social distancing, respiratory hygiene, and wearing face coverings in public settings where social distancing measures are difficult to maintain)[†] to protect older adults and persons with underlying medical conditions,

as well as the general public. In addition, older adults and persons with serious underlying medical conditions should avoid contact with persons who are ill and immediately contact their health care provider(s) if they have symptoms consistent with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) (5). Ongoing monitoring of hospitalization rates, clinical characteristics, and outcomes of hospitalized patients will be important to better understand the evolving epidemiology of COVID-19 in the United States and the clinical spectrum of disease, and to help guide planning and prioritization of health care system resources.

COVID-NET conducts population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations among persons of all ages in 99 counties in 14 states (California, Colorado, Connecticut, Georgia, Iowa, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah), distributed across all 10 U.S. Department of Health and Human Services regions.[§] The catchment area represents approximately 10% of the U.S. population. Patients must be residents of a designated COVID-NET catchment area and hospitalized within 14 days of a positive SARS-CoV-2 test to meet the surveillance case definition. Testing is requested at the discretion of treating health care providers. Laboratory-confirmed SARS-CoV-2 is defined as a positive result by any test that has received Emergency Use Authorization for SARS-CoV-2 testing.[¶] COVID-NET surveillance officers in each state identify cases through active review of notifiable disease and laboratory databases and hospital admission and infection control practitioner logs. Weekly age-stratified hospitalization rates are estimated using the number of catchment area residents hospitalized with laboratory-confirmed COVID-19 as the numerator and National Center for Health Statistics vintage 2018 bridged-race postcensal population estimates for the denominator.^{**} As of April 3, 2020, COVID-NET

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[†] <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

[§] <https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>.

[¶] <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>.

^{**} https://www.cdc.gov/nchs/nvss/bridged_race.htm.

hospitalization rates are being published each week at https://gis.cdc.gov/grasp/covidnet/COVID19_3.html. For each case, trained surveillance officers conduct medical chart abstractions using a standard case report form to collect data on patient characteristics, underlying medical conditions, clinical course, and outcomes. Chart reviews are finalized once patients have a discharge disposition. COVID-NET surveillance was initiated on March 23, 2020, with retrospective case identification of patients admitted during March 1–22, 2020, and prospective case identification during March 23–30, 2020. Clinical data on underlying conditions and symptoms at admission are presented through March 30; hospitalization rates are updated weekly and, therefore, are presented through March 28 (epidemiologic week 13).

The COVID-19–associated hospitalization rate among patients identified through COVID-NET for the 4-week period ending March 28, 2020, was 4.6 per 100,000 population (Figure 1). Hospitalization rates increased with age, with a rate of 0.3 in persons aged 0–4 years, 0.1 in those aged 5–17 years, 2.5 in those aged 18–49 years, 7.4 in those aged 50–64 years, and 13.8 in those aged ≥65 years. Rates were highest among persons aged ≥65 years, ranging from 12.2 in those aged 65–74 years to 17.2 in those aged ≥85 years. More than half (805; 54.4%) of hospitalizations occurred among men; COVID-19–associated hospitalization rates were higher among males than among females (5.1 versus 4.1 per 100,000 population). Among the 1,482 laboratory-confirmed COVID-19–associated hospitalizations reported through COVID-NET, six (0.4%) each were patients aged 0–4 years and 5–17 years, 366 (24.7%) were aged 18–49 years, 461 (31.1%) were aged 50–64 years, and 643 (43.4%) were aged ≥65 years. Among patients with race/ethnicity data (580), 261 (45.0%) were non-Hispanic white (white), 192 (33.1%) were non-Hispanic black (black), 47 (8.1%) were Hispanic, 32 (5.5%) were Asian, two (0.3%) were American Indian/Alaskan Native, and 46 (7.9%) were of other or unknown race. Rates varied widely by COVID-NET surveillance site (Figure 2).

During March 1–30, underlying medical conditions and symptoms at admission were reported through COVID-NET for approximately 180 (12.1%) hospitalized adults (Table); 89.3% had one or more underlying conditions. The most commonly reported were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%). Among patients aged 18–49 years, obesity was the most prevalent underlying condition, followed by chronic lung disease (primarily asthma) and diabetes mellitus. Among patients aged 50–64 years, obesity was most prevalent, followed by hypertension and diabetes mellitus; and among those aged ≥65 years, hypertension was most prevalent, followed by cardiovascular disease and diabetes

mellitus. Among 33 females aged 15–49 years hospitalized with COVID-19, three (9.1%) were pregnant. Among 167 patients with available data, the median interval from symptom onset to admission was 7 days (interquartile range [IQR] = 3–9 days). The most common signs and symptoms at admission included cough (86.1%), fever or chills (85.0%), and shortness of breath (80.0%). Gastrointestinal symptoms were also common; 26.7% had diarrhea, and 24.4% had nausea or vomiting.

Discussion

During March 1–28, 2020, the overall laboratory-confirmed COVID-19–associated hospitalization rate was 4.6 per 100,000 population; rates increased with age, with the highest rates among adults aged ≥65 years. Approximately 90% of hospitalized patients identified through COVID-NET had one or more underlying conditions, the most common being obesity, hypertension, chronic lung disease, diabetes mellitus, and cardiovascular disease.

Using the existing infrastructure of two respiratory virus surveillance platforms, COVID-NET was implemented to produce robust, weekly, age-stratified hospitalization rates using standardized data collection methods. These data are being used, along with data from other surveillance platforms (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html>), to monitor COVID-19 disease activity and severity in the United States. During the first month of surveillance, COVID-NET hospitalization rates ranged from 0.1 per 100,000 population in persons aged 5–17 years to 17.2 per 100,000 population in adults aged ≥85 years, whereas cumulative influenza hospitalization rates during the first 4 weeks of each influenza season (epidemiologic weeks 40–43) over the past 5 seasons have ranged from 0.1 in persons aged 5–17 years to 2.2–5.4 in adults aged ≥85 years (6). COVID-NET rates during this first 4-week period of surveillance are preliminary and should be interpreted with caution; given the rapidly evolving nature of the COVID-19 pandemic, rates are expected to increase as additional cases are identified and as SARS-CoV-2 testing capacity in the United States increases.

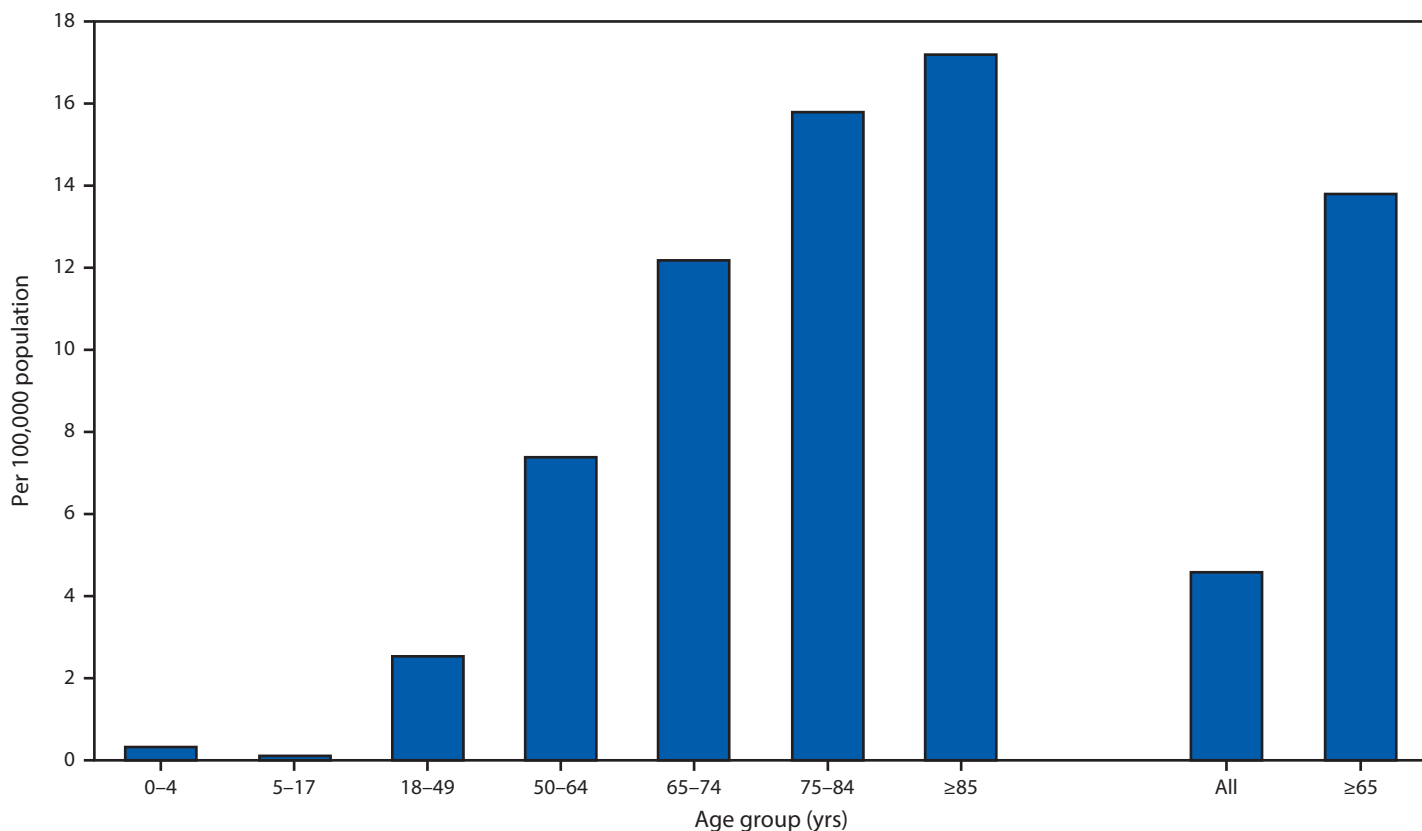
In the COVID-NET catchment population, approximately 49% of residents are male and 51% of residents are female, whereas 54% of COVID-19–associated hospitalizations occurred in males and 46% occurred in females. These data suggest that males may be disproportionately affected by COVID-19 compared with females. Similarly, in the COVID-NET catchment population, approximately 59% of residents are white, 18% are black, and 14% are Hispanic; however, among 580 hospitalized COVID-19 patients with race/ethnicity data, approximately 45% were white, 33% were black, and 8% were Hispanic, suggesting that black populations might be disproportionately affected by COVID-19. These findings, including the potential impact of both sex and

race on COVID-19-associated hospitalization rates, need to be confirmed with additional data.

Most of the hospitalized patients had underlying conditions, some of which are recognized to be associated with severe COVID-19 disease, including chronic lung disease, cardiovascular disease, diabetes mellitus (5). COVID-NET does not collect data on nonhospitalized patients; thus, it was not possible to compare the prevalence of underlying conditions in hospitalized versus nonhospitalized patients. Many of the documented underlying conditions among hospitalized COVID-19 patients are highly prevalent in the United States. According to data from the National Health and Nutrition Examination Survey, hypertension prevalence among U.S. adults is 29% overall, ranging from 7.5%–63% across age groups (7), and age-adjusted obesity prevalence is 42% (range

across age groups = 40%–43%) (8). Among hospitalized COVID-19 patients, hypertension prevalence was 50% (range across age groups = 18%–73%), and obesity prevalence was 48% (range across age groups = 41%–59%). In addition, the prevalences of several underlying conditions identified through COVID-NET were similar to those for hospitalized influenza patients identified through FluSurv-NET during influenza seasons 2014–15 through 2018–19: 41%–51% of patients had cardiovascular disease (excluding hypertension), 39%–45% had chronic metabolic disease, 33%–40% had obesity, and 29%–31% had chronic lung disease (6). Data on hypertension are not collected by FluSurv-NET. Among women aged 15–49 years hospitalized with COVID-19 and identified through COVID-NET, 9% were pregnant, which is similar to an estimated 9.9% of the general population

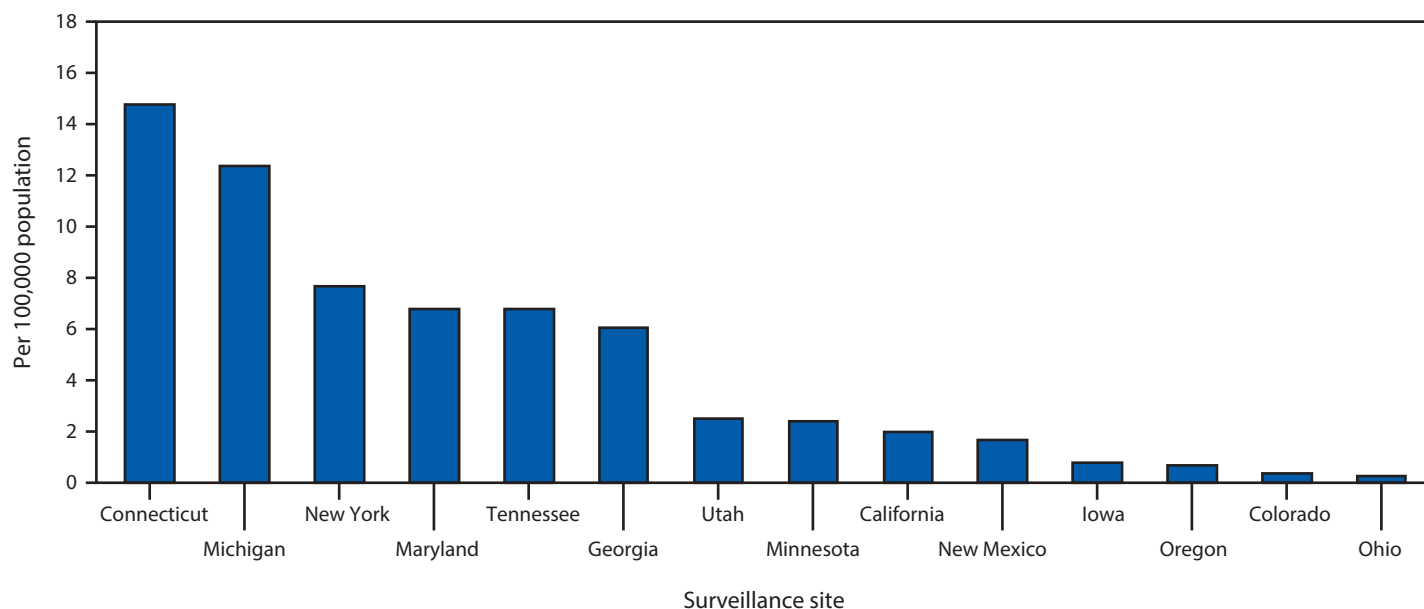
FIGURE 1. Laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalization rates,* by age group — COVID-NET, 14 states,† March 1–28, 2020



Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.

* Number of patients hospitalized with COVID-19 per 100,000 population.

† Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

FIGURE 2. Laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalization rates,* by surveillance site†— COVID-NET, 14 states, March 1–28, 2020

Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.

* Number of patients hospitalized with COVID-19 per 100,000 population.

† Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

of women aged 15–44 years who are pregnant at any given time based on 2010 data.^{††} Similar to other reports from the United States (9) and China (1), these findings indicate that a high proportion of U.S. patients hospitalized with COVID-19 are older and have underlying medical conditions.

The findings in this report are subject to at least three limitations. First, hospitalization rates by age and COVID-NET site are preliminary and might change as additional cases are identified from this surveillance period. Second, whereas minimum case data to produce weekly age-stratified hospitalization rates are usually available within 7 days of case identification, availability of detailed clinical data are delayed because of the need for medical chart abstractions. As of March 30, chart abstractions had been conducted for approximately 200 COVID-19 patients; the frequency and distribution of underlying conditions during this time might change as additional data become available. Clinical course and outcomes will be presented once the number of cases with complete medical chart abstractions are sufficient; many patients are still hospitalized at the time of this report. Finally, testing for SARS-CoV-2 among patients

identified through COVID-NET is performed at the discretion of treating health care providers, and testing practices and capabilities might vary widely across providers and facilities. As a result, underascertainment of cases in COVID-NET is likely. Additional data on testing practices related to SARS-CoV-2 will be collected in the future to account for underascertainment using described methods (10).

Early data from COVID-NET suggest that COVID-19–associated hospitalizations in the United States are highest among older adults, and nearly 90% of persons hospitalized have one or more underlying medical conditions. These findings underscore the importance of preventive measures (e.g., social distancing, respiratory hygiene, and wearing face coverings in public settings where social distancing measures are difficult to maintain) to protect older adults and persons with underlying medical conditions. Ongoing monitoring of hospitalization rates, clinical characteristics, and outcomes of hospitalized patients will be important to better understand the evolving epidemiology of COVID-19 in the United States and the clinical spectrum of disease, and to help guide planning and prioritization of health care system resources.

^{††} https://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm.

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TABLE. Underlying conditions and symptoms among adults aged ≥18 years with coronavirus disease 2019 (COVID-19)–associated hospitalizations — COVID-NET, 14 states,* March 1–30, 2020†

Underlying condition	Age group (yrs), no./total no. (%)			
	Overall	18–49	50–64	≥65 years
Any underlying condition	159/178 (89.3)	41/48 (85.4)	51/59 (86.4)	67/71 (94.4)
Hypertension	79/159 (49.7)	7/40 (17.5)	27/57 (47.4)	45/62 (72.6)
Obesity [§]	73/151 (48.3)	23/39 (59.0)	25/51 (49.0)	25/61 (41.0)
Chronic metabolic disease [¶]	60/166 (36.1)	10/46 (21.7)	21/56 (37.5)	29/64 (45.3)
Diabetes mellitus	47/166 (28.3)	9/46 (19.6)	18/56 (32.1)	20/64 (31.3)
Chronic lung disease	55/159 (34.6)	16/44 (36.4)	15/53 (28.3)	24/62 (38.7)
Asthma	27/159 (17.0)	12/44 (27.3)	7/53 (13.2)	8/62 (12.9)
Chronic obstructive pulmonary disease	17/159 (10.7)	0/44 (0.0)	3/53 (5.7)	14/62 (22.6)
Cardiovascular disease**	45/162 (27.8)	2/43 (4.7)	11/56 (19.6)	32/63 (50.8)
Coronary artery disease	23/162 (14.2)	0/43 (0.0)	7/56 (12.5)	16/63 (25.4)
Congestive heart failure	11/162 (6.8)	2/43 (4.7)	3/56 (5.4)	6/63 (9.5)
Neurologic disease	22/157 (14.0)	4/42 (9.5)	4/55 (7.3)	14/60 (23.3)
Renal disease	20/153 (13.1)	3/41 (7.3)	2/53 (3.8)	15/59 (25.4)
Immunosuppressive condition	15/156 (9.6)	5/43 (11.6)	4/54 (7.4)	6/59 (10.2)
Gastrointestinal/Liver disease	10/152 (6.6)	4/42 (9.5)	0/54 (0.0)	6/56 (10.7)
Blood disorder	9/156 (5.8)	1/43 (2.3)	1/55 (1.8)	7/58 (12.1)
Rheumatologic/Autoimmune disease	3/154 (1.9)	1/42 (2.4)	0/54 (0.0)	2/58 (3.4)
Pregnancy ^{††}	3/33 (9.1)	3/33 (9.1)	N/A	N/A
Symptom^{§§}				
Cough	155/180 (86.1)	43/47 (91.5)	54/60 (90.0)	58/73 (79.5)
Fever/Chills	153/180 (85.0)	38/47 (80.9)	53/60 (88.3)	62/73 (84.9)
Shortness of breath	144/180 (80.0)	40/47 (85.1)	50/60 (83.3)	54/73 (74.0)
Myalgia	62/180 (34.4)	20/47 (42.6)	23/60 (38.3)	19/73 (26.0)
Diarrhea	48/180 (26.7)	10/47 (21.3)	17/60 (28.3)	21/73 (28.8)
Nausea/Vomiting	44/180 (24.4)	12/47 (25.5)	17/60 (28.3)	15/73 (20.5)
Sore throat	32/180 (17.8)	8/47 (17.0)	13/60 (21.7)	11/73 (15.1)
Headache	29/180 (16.1)	10/47 (21.3)	12/60 (20.0)	7/73 (9.6)
Nasal congestion/Rhinorrhea	29/180 (16.1)	8/47 (17.0)	13/60 (21.7)	8/73 (11.0)
Chest pain	27/180 (15.0)	9/47 (19.1)	13/60 (21.7)	5/73 (6.8)
Abdominal pain	15/180 (8.3)	6/47 (12.8)	6/60 (10.0)	3/73 (4.1)
Wheezing	12/180 (6.7)	3/47 (6.4)	2/60 (3.3)	7/73 (9.6)
Altered mental status/Confusion	11/180 (6.1)	3/47 (6.4)	2/60 (3.3)	6/73 (8.2)

Abbreviations: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network; N/A = not applicable.

* Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

† COVID-NET included data for one child aged 5–17 years with underlying medical conditions and symptoms at admission; data for this child are not included in this table. This child was reported to have chronic lung disease (asthma). Symptoms included fever, cough, gastrointestinal symptoms, shortness of breath, chest pain, and a sore throat on admission.

§ Obesity is defined as calculated body mass index (BMI) ≥30 kg/m², and if BMI is missing, by International Classification of Diseases discharge diagnosis codes. Among 73 patients with obesity, 51 (69.9%) had obesity defined as BMI 30–<40 kg/m², and 22 (30.1%) had severe obesity defined as BMI ≥40 kg/m².

¶ Among the 60 patients with chronic metabolic disease, 45 had diabetes mellitus only, 13 had thyroid dysfunction only, and two had diabetes mellitus and thyroid dysfunction.

** Cardiovascular disease excludes hypertension.

†† Restricted to women aged 15–49 years.

§§ Symptoms were collected through review of admission history and physical exam notes in the medical record and might be determined by subjective or objective findings. In addition to the symptoms in the table, the following less commonly reported symptoms were also noted for adults with information on symptoms (180): hemoptysis/bloody sputum (2.2%), rash (1.1%), conjunctivitis (0.6%), and seizure (0.6%).

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Summary**What is already known about this topic?**

Population-based rates of laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalizations are lacking in the United States.

What is added by this report?

COVID-NET was implemented to produce robust, weekly, age-stratified COVID-19-associated hospitalization rates. Hospitalization rates increase with age and are highest among older adults; the majority of hospitalized patients have underlying conditions.

What are the implications for public health practice?

Strategies to prevent COVID-19, including social distancing, respiratory hygiene, and face coverings in public settings where social distancing measures are difficult to maintain, are particularly important to protect older adults and those with underlying conditions. Ongoing monitoring of hospitalization rates is critical to understanding the evolving epidemiology of COVID-19 in the United States and to guide planning and prioritization of health care resources.

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EXHIBIT 40

IN THE SUPREME COURT OF ALABAMA
IN RE: COVID-19 PANDEMIC EMERGENCY RESPONSE
April 30, 2020

ADMINISTRATIVE ORDER NO. 6:
EXTENDING ORDERS AND DEADLINES CONCERNING THE SUSPENSION OF
IN-PERSON PROCEEDINGS THROUGH MAY 15, 2020

On April 28, 2020, Governor Kay Ivey announced the issuance of the "Safer at Home Order" effective April 30, 2020, to remain in effect through 5:00 p.m. on May 15, 2020.

This Court hereby extends through May 15, 2020, the state of emergency for the Judicial Branch of the State of Alabama. All administrative orders issued by this Court and the Chief Justice in relation to the COVID-19 pandemic are hereby extended and shall remain in effect through May 15, 2020, except as set forth below.

Effective May 1, 2020, all officials in the appellate courts, circuit courts, district courts, juvenile courts, municipal courts, and probate courts are authorized to prepare their offices and courtrooms for in-person court proceedings and shall have the authority to direct non-vulnerable employees to appear at work in person. Operations of the official's office must comply fully with the recommendations and requirements of the Safer at Home Order concerning protections for employees and other individuals.

To limit in-person contact, trial courts should continue to conduct hearings by teleconference and videoconference. The clerks of court shall also continue to use technology and other means to limit in-person contact. Jury trials shall remain suspended, and no juror summons shall be issued prior to July 1, 2020.

All deadlines in the Court's and the Chief Justice's administrative orders that are set to expire on April 30, 2020, are hereby extended through May 15, 2020.

Parker, C.J., and Bolin, Shaw, Wise, Bryan, Sellers, Mendheim, Stewart, and Mitchell, JJ., concur.

Witness my hand and seal this the 30th day of April, 2020.



Julia Jordan Weller
Clerk of Court
Supreme Court of Alabama

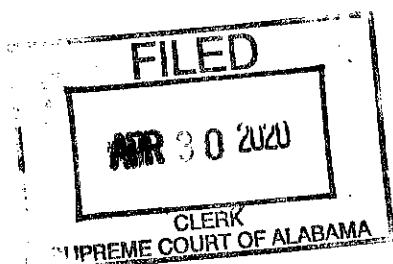


EXHIBIT 41



Alabama Votes

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Mobile ID Locations

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EXHIBIT 42

abc 33/40 NEWS WATCH

59° 77° 83°

Search Site

by Ainsley Allison
Tuesday, November 8th 2016

AA



Secretary of State's office shuts down curbside voting in Hale County (abc3340.com)

Facebook Twitter Email

HALE COUNTY, Ala. — A polling place in Hale County was offering curbside voting Tuesday morning, until the Secretary of State's office found out about it, ABC 33/40 has learned.

Secretary of State John Merrill told ABC 33/40 said he first heard of the voting irregularities via text message. He called his office to follow up and was told they were already investigating.

Merrill said a local judge admitted this was a practice that had been offered before in Hale County. Poll workers assisted handicapped voters by bringing ballots to voters in their cars. Merrill's office informed the judge the practice was illegal and ordered poll workers cease and desist immediately. They complied. Merrill said no polling place was shut down.



some states, but Alabama is not one of them. He said he over the summer.

59° 77° 83°

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EXHIBIT 43



Report to Congressional Requesters

October 2017

VOTERS WITH DISABILITIES

Observations on Polling Place Accessibility and Related Federal Guidance

This report was revised on December 4, 2017 to correct page 41, Figure 10, the label of the measure we used to determine whether or not the height of the voting machine or voting surface was consistent with the 2010 ADA Standards for Accessible design criteria.

The corrected label is “44 inches Maximum height to voting machine or voting surface.”

GAO Highlights

Highlights of GAO-18-4, a report to congressional requesters

Why GAO Did This Study

Federal law generally requires all polling places for federal elections to be accessible to all voters, and each polling place to have a system for casting ballots that is accessible for people with disabilities. GAO's work during the 2000 and 2008 general elections showed mixed results on polling place accessibility. GAO was asked to examine voting access for people with disabilities during the 2016 general election.

This report examines in-person voting before and on Election Day 2016. GAO examined (1) the extent to which selected polling places had features that might impede voting access; (2) actions states took to facilitate voting access; and (3) guidance DOJ provided on the extent to which federal accessibility requirements apply to early in-person voting. GAO examined features at a nongeneralizable sample of 178 polling places, identified by selecting 21 counties in 12 states and the District of Columbia (DC). Counties were selected for variation in population size, geographic location, and type of election administration. GAO did not assess legal compliance with federal or state laws. GAO also surveyed state election officials in 50 states and DC (with 98 percent responding); reviewed federal laws and guidance; and interviewed local, state, and federal officials.

What GAO Recommends

GAO recommends that DOJ study the implementation of federal accessibility requirements in the context of early in-person voting and, as necessary, make changes to existing guidance. DOJ generally agreed with GAO's recommendation.

View [GAO-18-4](#). For more information, contact Barbara Bovbjerg at (202) 512-7215 or BovbjergB@gao.gov or Rebecca Gambler at (202) 512-8777 or GamblerR@gao.gov.

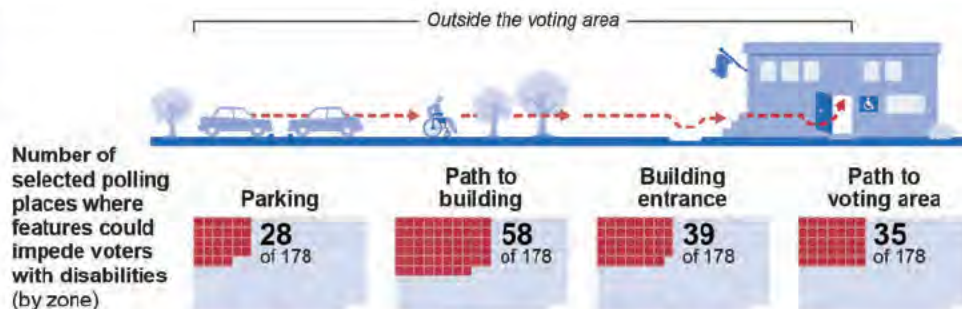
October 2017

VOTERS WITH DISABILITIES

Observations on Polling Place Accessibility and Related Federal Guidance

What GAO Found

GAO examined a nongeneralizable sample of 178 polling places during early in-person voting and on Election Day 2016. At these polling places, GAO examined a number of features outside and inside the voting area. Outside the voting area, GAO was able to examine features at all 178 polling places and found that 60 percent (107) had one or more potential impediments. The most common were steep ramps located outside buildings, lack of signs indicating accessible paths, and poor parking or path surfaces (see figure).



Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

Of the 178 polling places, GAO was able to fully examine voting stations inside the voting area at 137. Of these 137 polling places, 65 percent (89) had a voting station with an accessible voting system that could impede the casting of a private and independent vote. For example, some voting stations were not set up to accommodate people using wheelchairs, which might have required someone else to help them vote. GAO was not able to fully examine voting stations at 41 polling places due to voting area restrictions.

Most states that completed GAO's survey reported taking actions during the 2016 general election to facilitate voting access for voters with disabilities, including having accessibility requirements, providing election worker training, and conducting oversight. For example, 44 states reported having accessibility standards for polling places, and 48 states reported conducting at least one oversight activity, such as analyzing accessibility complaints.

The Department of Justice's (DOJ) guidance does not clearly specify the extent to which certain federal accessibility requirements are applicable to early in-person voting, an increasingly common form of voting at a designated location before Election Day. In this context, GAO found some variation in the extent to which accessible voting systems are provided for early in-person voting. GAO found one county without accessible voting systems at five of its early in-person voting locations. Also, officials from four states said that these systems are not required by their state laws for in-person voting before Election Day. Given that voting has evolved since federal accessibility requirements were enacted, studying the implementation of these requirements in the context of early in-person voting could position DOJ to determine the extent to which any changes to its guidance are necessary.

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Abbreviations

ADA	Americans with Disabilities Act of 1990
DOJ	Department of Justice
DRE	direct recording electronic
EAC	Election Assistance Commission
HAVA	Help America Vote Act of 2002
MCD	minor civil division
PAVA	Protection and Advocacy for Voting Access

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE

441 G St. N.W.
Washington, DC 20548

October 3, 2017

The Honorable Charles Schumer
Minority Leader
United States Senate

The Honorable Roy Blunt
Chairman
Subcommittee on the Departments of Labor, Health
and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

The Honorable Robert P. Casey
Ranking Member
Subcommittee on Children and Families
Committee on Health, Education, Labor, and Pensions
United States Senate

Voting is fundamental to America's representative democracy, and federal law generally requires that polling place locations and voting methods be accessible to all eligible voters for federal elections. In particular, the Americans with Disabilities Act of 1990 (ADA) includes requirements to ensure that people with disabilities have access to public services, programs, or activities, such as voting.¹ Although the ADA does not specifically address the accessibility of polling places, Title II of the ADA and its implementing regulation—which prohibit discrimination on the basis of disability—require public entities to select and use facilities for their services, programs, or activities that will not exclude people with disabilities and to provide appropriate auxiliary aids and services, where necessary, to provide people with disabilities an equal opportunity to participate in the service, program, or activity. Additionally, the Help America Vote Act of 2002 (HAVA) required that, by January 1, 2006, each polling place have at least one voting system that is accessible by people with disabilities in federal elections.² According to HAVA, an accessible

¹Pub. L. No. 101-336, 104 Stat. 327 (codified at 42 U.S.C. §§ 12101-12213).

²Pub. L. No. 107-252, 116 Stat. 1666 (codified at 52 U.S.C. §§ 20901-21145); see 52 U.S.C. § 21081(a)(3).

voting system must provide people with disabilities the same opportunity to vote privately and independently that is afforded to other voters.³

HAVA also established the Election Assistance Commission (EAC) to serve, among other purposes, as a clearinghouse and information resource for the election officials who administer federal elections.⁴ The Department of Justice's (DOJ) Civil Rights Division is responsible for enforcing federal voting laws.

We have previously reported on issues related to the accessibility of polling places for people with disabilities. Specifically, our work on voting accessibility during the 2000 and 2008 general elections showed that although improvements to polling place accessibility had been made between the two elections, work remained to ensure that voting was fully accessible to people with disabilities.⁵ Since our previous work that described the accessibility of polling places used on Election Day, early in-person voting—voting in person at a polling place or other voting

³52 U.S.C. § 21081(a)(3)(A). This requirement can be satisfied through the use of at least one direct recording electronic (DRE) voting system or other voting system equipped for individuals with disabilities at each polling place. 52 U.S.C. § 21081(a)(3)(B). A direct recording electronic voting system allows voters to mark ballots electronically using a touch screen or push-button interface, and their ballot selections are stored in the machine's memory.

⁴See 52 U.S.C. §§ 20921-30.

⁵GAO, *Voters with Disabilities: Access to Polling Places and Alternative Voting Methods*, [GAO-02-107](#) (Washington, D.C.: Oct. 15, 2001); and *Voters with Disabilities: Additional Monitoring of Polling Places Could Further Improve Accessibility*, [GAO-09-941](#) (Washington, D.C.: Sept. 30, 2009).

location before Election Day without providing an excuse—has expanded across the country,⁶ and is now used in almost three quarters of states.⁷

You asked us to examine voting access for people with disabilities at polling places used during early in-person voting and on Election Day (November 8) 2016. This report (1) examines the extent to which polling places in selected locations used during the 2016 general election had features that might impede access for voters with disabilities; (2) describes the actions states took to facilitate voting access during the 2016 general election; and (3) examines the guidance that DOJ has provided on the extent to which federal accessibility requirements apply, if at all, to early in-person voting.

To determine the extent to which selected polling places had features that might impede access for voters with disabilities, we examined a nongeneralizable sample of 178 polling places. These included 45 early in-person voting polling places in 11 counties in 6 states and the District of Columbia, and 133 Election Day polling places in 21 counties in 12 states and the District of Columbia. The counties we visited during early in-person voting were a subset of the counties visited on Election Day. However, we did not examine the same polling places on Election Day that we examined during early in-person voting. In each polling place, we made observations, took measurements, and interviewed chief polling place officials.

To identify polling places to examine, we first selected 21 counties from among the 84 randomly selected counties that were part of our study on the accessibility of polling places for voters with disabilities during the

⁶We use this definition of early in-person voting throughout the report. Specifically, to examine the accessibility of polling places during the 2016 general election, our definition also includes the completion of an absentee or mail ballot in-person at a polling place or other voting location. Absentee voting generally is a method of voting offered in some states that enables citizens to cast a vote by mail and may require voters to provide an excuse explaining why they cannot vote on Election Day; although some states have "no excuse" absentee voting in which any validly registered voter may request and cast an absentee ballot.

⁷National Conference of State Legislatures, Election Administration website, accessed July 6, 2017, <http://www.ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>.

2008 general election.⁸ We selected these 21 counties based on: (1) variation in county population size (ranging from about 80,000 to over 10 million people), with most counties being larger in population size; (2) variation in type of election administration (that is, we selected some counties in which the county administers elections, and we selected other counties in which elections are administered by other government entities, such as cities, townships, or other local government entities); and (3) variation in geographic location.

Within these counties, we selected up to seven polling places based on the relative proximity of polling places to one another and variation in types of facilities used as polling places, such as schools, houses of worship, or city halls. Because we selected a nongeneralizable sample of polling places for the 2016 general election, our results cannot be used to make generalizations about polling places nationwide during the 2016 general election or to make comparisons with the results from our polling place accessibility assessments for the 2000 and 2008 general elections. However, our examination of the selected 178 polling places did provide important information about voter accessibility in a range of polling places in various types of local election jurisdictions across the country during the 2016 general election.

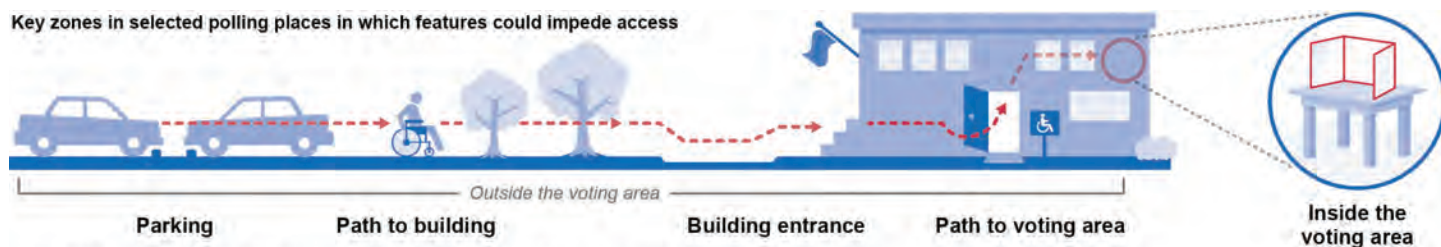
At our selected polling places, we examined features outside and inside the voting area that could have posed a potential impediment during early in-person voting or on Election Day voting.⁹ Figure 1 shows the zones within each area of the polling place where we made observations and took measurements. We examined specific features in each zone that might pose potential impediments for people with disabilities, many of which can primarily affect individuals with mobility impairments, such as voters using wheelchairs.

⁸See [GAO-09-941](#). For a description of how we originally selected the 84 counties and the two-stage sampling method to select polling places, see appendix I.

⁹Our use of the term “potential impediment” in this report is broader than our use of the term in our report on the 2008 general election. In our report on the 2008 general election, we used the term potential impediments in reference to features outside the voting area. In this report, the term refers to features both outside and inside the voting area.

Figure 1: Areas and Zones in Selected Polling Places That We Examined

Key zones in selected polling places in which features could impede access



Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

Outside the voting area of the polling place, we examined four zones: (1) parking, (2) the path from parking to the building entrance, (3) the entrance, and (4) the path from the entrance to the voting area. Inside the voting area, we assessed whether (1) an accessible voting system was provided, and (2) aspects of the voting station that could enable the casting of a private and independent vote by a person with a disability. To make these observations, we sent teams of two GAO staff to each selected county in our nongeneralizable sample during early in-person voting from October 26, 2016, through November 6, 2016, and separately on Election Day, November 8, 2016. Each team was equipped with a tape measure and a digital level,¹⁰ as well as a structured data collection instrument with which to document their observations and measurements. The teams used a data collection instrument similar to the one we used to document observations and measurements of features at polling places in the 2008 general election, as well as to document the responses of chief polling place officials to our interview questions. We revised the 2008 data collection instrument to reflect changes made in the *Americans with Disabilities Act: ADA Checklist for Polling Places 2016*—issued by DOJ—and in the *2010 ADA Standards for Accessible Design*.¹¹ Additionally,

¹⁰The digital levels were used to measure potential structural impediments in buildings and on walkways. We tested the reliability of the digital levels based on the consistency of readings from all digital levels, by reviewing the manufacturer's specifications, and talking with a representative of the manufacturer. We determined that the levels were sufficiently reliable for our purposes.

¹¹Our updated data collection instrument, used to document observations and measurements, was based on the *Americans with Disabilities Act: ADA Checklist for Polling Places 2016* as well as the *ADA Standards for Accessible Design*, and was reviewed by officials at DOJ and EAC. In particular, the data collection instrument was updated to include the cross-slope measurement of ramps or curb cuts. See *2010 ADA Standards for Accessible Design* §§403.3, 405.3.

officials at DOJ, EAC, and disability advocates reviewed a draft version of our data collection instrument, and we incorporated their comments where appropriate. We also pretested the data collection instrument at polling places during one state's congressional primary in September 2016.

For our observations and measurements both outside and inside the voting area, we did not differentiate the severity of potential impediments because accessibility is dependent on numerous factors, including the nature of an individual's disability. In addition, we did not assess polling places for legal compliance with HAVA accessible voting system requirements or other federal or state laws, but as described more fully below, we examined features that might impede access to voting for people with disabilities.

We visited 178 polling places. However, in some instances our examiners were not able to complete all measurements inside the voting area because of voting area restrictions.

- Of the 178 polling places, we examined features outside the voting area at all 178.
- Of the 178 polling places, we observed whether or not the polling place had an accessible voting system at 167 polling places, although we were not able to observe every measurable aspect of the voting station.¹² At the remaining 11 polling places, we were unable to observe if an accessible system was available. Further, for these polling places, we were able to determine potential impediments both outside and inside the voting area.
- Of the 178 polling places, we determined whether or not the polling place had a voting station inside the voting area that could facilitate or impede the casting of a private and independent vote at 137 polling places. At the remaining 41 polling places we were not able to observe if voting stations with accessible voting systems could impede private and independent voting.

¹²We define "voting station" as the location within a polling place where voters may record their votes, including the area around and the actual voting booth or enclosure where voting takes place as well as the voting system. "Voting system" refers to the voting equipment that was used to cast a ballot, such as a DRE, a ballot-marking device, or another type of machine or technology.

To identify the actions states took to facilitate voting for people with disabilities during the 2016 general election, we administered a web-based survey to state election officials in all 50 states and the District of the Columbia from January 2017 to May 2017. We obtained a 98 percent response, as one state did not submit a survey response. We did not verify survey responses or other information provided by state officials, and some states did not respond to all survey questions. In general, we also did not analyze states' laws to determine their voting access requirements, but instead relied on the states' responses to our survey. However, in several cases, we conducted a limited review of state laws or other related information (such as type of early in-person voting provided) to understand the context of a state's survey response.

To address all three objectives, we reviewed relevant federal laws and regulations as well as other relevant documentation, including (1) DOJ's publicly available guidance on HAVA and ADA implementation, and (2) EAC's 2007 advisory guidance regarding the HAVA accessible voting system requirement.¹³ We also interviewed election administration experts; officials at EAC, DOJ, and national organizations that represent election officials; local and state election officials; and, disability advocacy organizations. We also compared DOJ's guidance against Standards for Internal Control in the Federal Government.¹⁴ Additional information about our objectives, scope, and methodology is provided in appendix I.

We conducted this performance audit from May 2016 to October 2017 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

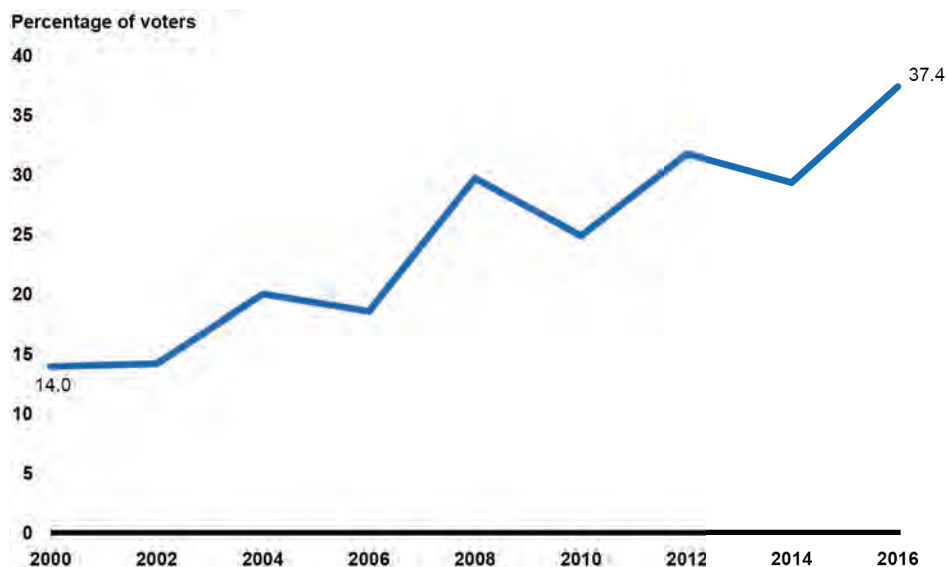
¹³Department of Justice, Civil Rights Division, Disability Rights Section, *The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities*. (Washington, D.C.: Sept. 2014); *Americans with Disabilities Act: ADA Checklist for Polling Places 2016*; and Election Assistance Commission, *2007 Guidance on Accessible Voting System Requirements* (Washington, D.C.: Jan. 24, 2007).

¹⁴GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: September 2014). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

Background

During the 2016 general election, approximately 137 million voters cast ballots in schools, libraries, churches, government buildings, recreation centers, senior centers, and other locations.¹⁵ According to the Census Bureau, over 51 million voters—about one of every three—cast their ballots before Election Day 2016, a number which has grown since 2000 (see fig. 2).¹⁶

Figure 2: Trend in the Percentage of Voters Casting a Vote before Election Day



Source: U.S. Census Bureau, Current Population Survey. | GAO-18-4

Note: Estimates come from independent analyses of data that includes the U.S. Census Bureau's Current Population Survey. Discrepancies between these analyses and estimates from Census's Current Population Survey data alone could arise from a number of potential factors, including the timing of this analyses and the incorporation of multiple data sources with different collection methodologies.

Authority to regulate elections is shared by federal, state, and local officials in the United States. The responsibility for the administration of federal and state elections resides at the state level, and states regulate various aspects of elections, including, for example, absentee and early voting requirements and Election Day procedures. Within each state,

¹⁵U.S. Federal Election Commission, *Official 2016 Presidential General Election Results: November 8, 2016*; (Washington, D.C.: Jan. 30, 2017).

¹⁶Michael P. McDonald, *2016 November General Election Early Voting*, United States Elections Project (July 13, 2017), http://www.electproject.org/early_2016.

primary responsibility for planning, managing, and conducting elections largely resides with local officials at the county level or in minor civil divisions like cities and towns. These localities implement both Election Day processes as well as any voting processes that occur before Election Day, such as absentee and early in-person voting.

Federal Laws Relating to Voting and Accessibility

While federal elections are generally conducted under state laws and policies, several federal laws apply to voting and some provisions specifically address accessibility issues for voters with disabilities. These federal laws collectively address two issues that are essential to ensuring that voters with disabilities have the same opportunity as voters without disabilities to access and cast their ballots at a polling place: (1) physical access to the polling place, and (2) voting systems that enable people with disabilities to cast a private and independent vote. Table 1 shows selected federal laws addressing accessibility issues for voters with disabilities.

Table 1: Selected Federal Laws Related to Voting Accessibility for Voters with Disabilities

Selected Law	Highlights of Accessibility Requirements in Selected Laws
The Voting Rights Act of 1965 Pub. L. No. 89-110, 79 Stat. 437 (codified as amended at 52 U.S.C. §§ 10101-702).	<ul style="list-style-type: none"> • Authorizes voters who require assistance to vote (by reason of blindness, disability, or inability to read or write) to be assisted by a person of their choice, provided the assistant is not the voter's employer or an agent of the voter's employer or union.
Voting Accessibility for the Elderly and Handicapped Act (VAEHA) Pub. L. No. 98-435, 98 Stat. 1678 (codified as amended at 52 U.S.C. §§ 20101-07).	<ul style="list-style-type: none"> • Requires political subdivisions responsible for conducting elections to assure that all polling places for federal elections are accessible to elderly voters and voters with disabilities.^a • One such exception occurs when the chief election officer of the state determines that no accessible polling places are available (or temporarily available) and the officer ensures that elderly voters and those with disabilities who are assigned to inaccessible polling places be, upon advance request, either reassigned to an accessible polling place or provided another means for voting on Election Day. • Requires election administrators to provide registration and voting aids (such as instructions printed in large type) to the elderly and people with disabilities.
The Americans with Disabilities Act of 1990 Pub. L. No. 101-336, 104 Stat. 327 (codified as amended at 42 U.S.C. §§ 12101-213). See also 28 C.F.R. pt. 35.	<ul style="list-style-type: none"> • Title II and its implementing regulation require that people with disabilities have access to public services, programs, or activities, including the right to vote. • Does not specifically address the accessibility of polling places. Instead, public entities are required to select and use facilities for their services, programs, or activities that will not exclude people with disabilities.^b
Help America Vote Act of 2002 Pub. L. No. 107-252, 116 Stat. 1666 (codified at 52 U.S.C. §§ 20901-21145).	<ul style="list-style-type: none"> • Vests enforcement authority with the U.S. Attorney General to bring a civil action against any state or jurisdiction as may be necessary to carry out specified uniform and nondiscriminatory election technology and administration requirements under HAVA. • Outlines minimum standards for voting systems for federal elections, stating that the voting system must be accessible for people with disabilities, including the blind and visually impaired, in a manner that provides the same opportunity for access and participation as for other voters. • This requirement may be satisfied through the use of at least one direct recording electronic device or other voting system equipped for people with disabilities at each polling place.

Source: GAO analysis of federal laws. | GAO-18-4

^aUnder the VAEHA, the definition of "accessible" is determined under guidelines established by the state's chief election officer, but the law does not specify standards or minimum requirements for those guidelines. 52 U.S.C. § 20107(1).

^bHowever, public entities are not required to take any action that they can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens. 28 C.F.R. § 35.164.

In 2010, DOJ promulgated revised regulations for Title II and Title III of the ADA, which included the adoption of the *2004 ADA Standards for Accessible Design* updated accessibility standards as part of the *2010 ADA Standards for Accessible Design* (2010 Standards).¹⁷ The 2010 Standards—which became effective in March 2012—revised the

¹⁷See 75 Fed. Reg. 56,164 (Sept. 15, 2010) and 75 Fed. Reg. 56,236 (Sept. 15, 2010).

minimum accessibility requirements, such as specifications for sloped surfaces, new construction or construction modifications to state and local government facilities, public accommodations, and commercial buildings, that had been established in the *1991 ADA Standards for Accessible Design*.

DOJ's and EAC's Roles in Federal Elections

DOJ helps ensure state and local compliance with federal laws and regulations designed to provide voters with disabilities physical access to polling places and voting systems through a number of actions. For example:

- DOJ's Civil Rights Division is responsible for enforcing Title II of the ADA (which prohibits discrimination on the basis of disability in public services), and Section 301 of HAVA (which requires each polling place in a federal election to have a voting system that is accessible to individuals with disabilities).
- DOJ separately investigates allegations of program access violations, including within polling places, under its Title II enforcement authority.¹⁸
- DOJ also provides educational outreach and technical assistance to states and localities. Specifically, based on the *2010 Standards for Accessible Design*, in 2016 DOJ updated technical guidance for polling place accessibility, known as the *DOJ ADA Checklist for Polling Places (ADA Checklist)*. The *ADA Checklist* mainly focuses on ADA accessibility requirements for polling places and offers guidance for temporary measures that can be used to facilitate access for people with disabilities. The *ADA Checklist* is also used by DOJ officials and state and local election administrators to evaluate the accessibility of current and potential polling places.

The EAC—an independent federal commission established by HAVA—has wide-ranging duties that help improve state and local administration of federal elections. Among other things, the EAC is responsible for (1) periodically conducting and making publicly available studies regarding methods of ensuring accessibility of voting, polling places, and voting equipment; (2) serving as a national clearinghouse of and resource for

¹⁸Under "Project Civic Access," for example, DOJ has reached agreements with a number of cities and towns to open up civic life, including voting, to people with disabilities. Some agreements require altering polling places and providing curbside or absentee balloting.

federal election-related information; (3) providing for the certification of voting systems; and (4) providing voluntary guidance to states implementing certain HAVA provisions. EAC does not have legal authority to enforce implementation of the ADA or HAVA.

State and Local Election Jurisdictions and Methods of Voting

The responsibility for the administration of federal elections resides at the state level, and states regulate various aspects of elections including, for example, registration procedures, absentee and early voting requirements, and Election Day procedures. States also establish policies for how voters can cast their ballots—including opportunities to vote in person on Election Day, in person before Election Day (e.g., early in-person voting), by mail under certain circumstances (absentee voting), by mail under any circumstances (no-excuse absentee or all vote-by-mail)—and states can choose to implement a combination of such policies.¹⁹

Within states, implementing federal and state election policies is largely a local responsibility, residing with about 10,500 local election jurisdictions nationwide. Local election officials make a number of planning and management decisions that determine the day-to-day operations of polling places. For example, they can designate any of the variety of locations mentioned earlier as a polling place. Local election officials also recruit and train poll workers.

Some states have implemented voting methods aimed at increasing voter convenience by offering citizens an alternative to voting on Election Day, which may benefit people with disabilities. These methods include in-person voting before Election Day—also referred to as early in-person voting—which has been gaining popularity in federal elections in recent years.²⁰ In general, this form of voting affords an eligible voter the opportunity to cast a ballot in person prior to Election Day. The provision and implementation of voting before Election Day is governed by state

¹⁹For more information about state laws regarding registration and voting on or before Election Day, see GAO, *Elections: State Laws Addressing Voter Registration and Voting on or before Election Day*, [GAO-13-90R](#) (Washington, D.C.: Oct. 4, 2012).

²⁰We have previously reported that for the 2010 general election, 33 states and the District of Columbia required or allowed for early in-person voting, which increased from 24 states and the District of Columbia during the 2004 general election. See GAO, *Elections: Views on Implementing Federal Elections on a Weekend*, [GAO-12-69](#) (Washington, D.C.: Jan. 12, 2012).

law and varies from state to state; consequently, there is no national definition of early voting.

Methods for in-person voting before Election Day and the extent to which they are used vary across states and localities. Some states or jurisdictions allow voters who have obtained an absentee ballot to cast their vote in-person at a designated location prior to Election Day in a process known as in-person absentee voting. Others allow voters to cast their ballots in the same manner as they would on Election Day during early voting. While both of these forms of in-person voting before Election Day might offer similar experiences for voters, the state laws governing them—such as in the dates, times, and locations that these options are offered—can vary widely as can local procedures for handling these pre-Election Day ballots. For example, ballots cast before Election Day at a clerk’s office might be counted at a central location on Election Day versus being counted at the precinct. Local election administrators may also exercise discretion in determining the number and location of early voting sites as well as their hours of operation.

Accessible Voting Systems for People with Disabilities

Providing an accessible voting system encompasses both the voting method and the operation of the system. In terms of the voting method, HAVA requires the use of a direct recording electronic (DRE) voting system or other voting system equipped for individuals with disabilities to facilitate voting for people with disabilities. These accessible voting systems are primarily electronic machines or devices equipped with features to assist voters with disabilities.

- DRE devices capture votes electronically. These devices come in both push button or touch screen models, and mark ballots when a voter presses a button or touches a screen that highlights the selected ballot option (such as a candidate’s name). Voters can change their selections until they touch the final vote location that indicates a completion of all choices, and their vote is officially cast. These devices can be equipped with features such as an audio ballot and audio voting instructions for the blind.
- Ballot marking devices use electronic technology to mark an optical scan ballot at voter direction, interpret ballot selections, communicate the interpretation for voter verification, and print a voter-verified ballot. Voters use a device’s accessible interface to record their choices on a paper or digital ballot. These devices can accommodate voters who

prefer to vote in an alternate language or require use of a foot-pedal or a sip-and-puff device.²¹

In terms of the operation of the system, HAVA specifies that the accessible voting system must provide the same opportunity for access and participation, including privacy and independence, as provided to other voters.²²

Most Selected Polling Places We Examined Had One or More Features Outside or Inside the Voting Area That Could Impede Access for Voters with Disabilities

We visited 178 selected polling places during either early in-person voting or on Election Day 2016. At these polling places, we examined a number of features both outside and inside the voting area. Of the 178 polling places, we were able to examine features across both areas at 167.²³ A minority of these 167 polling places were free of potential impediments.²⁴ Outside the voting area only—where we were able to measure features at all 178 polling places—most had one or more potential impediments anywhere from (1) parking, (2) the path to the building entrance, (3) the entrance, or (4) the path from the entrance to the voting area. Inside the voting area only—where we were able to observe whether or not the polling place had an accessible voting system at 167 of the 178 polling places—almost all had accessible voting systems. Further, of the 178 polling places, we were able to determine whether or not the polling place had a voting station inside the voting area that could facilitate or impede the casting of a private and independent vote at 137 polling places. Of these 137 polling places, most were set up in a way that could impede casting a private and independent vote.

²¹A sip-and-puff device is a straw-like accessory that allows a voter to make selections by either blowing or sucking into the device.

²²52 U.S.C. § 21081(a)(3)(A).

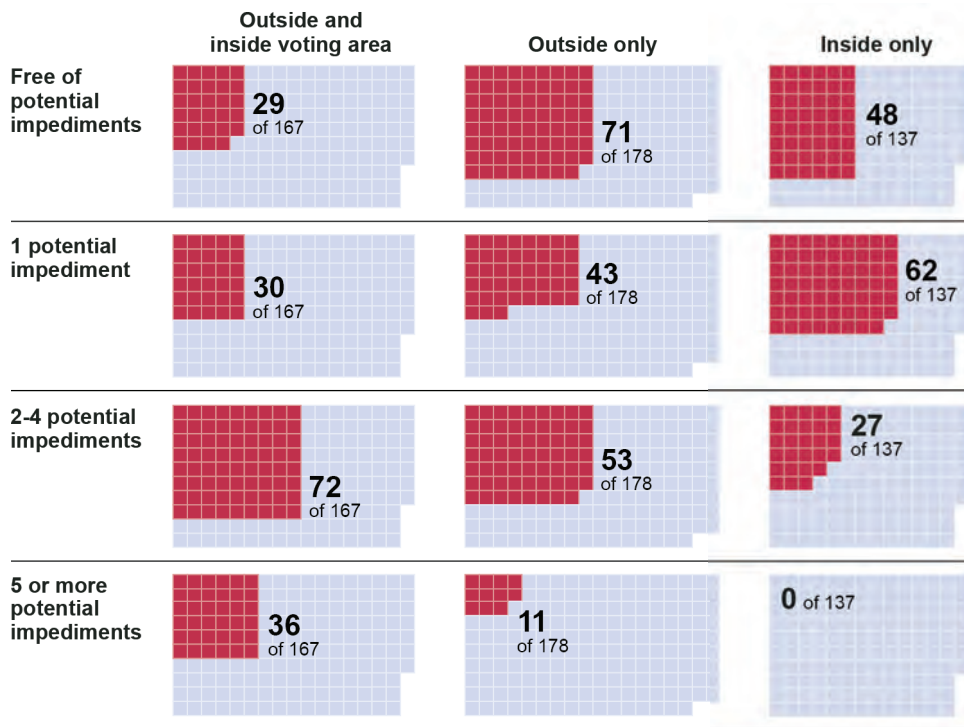
²³Throughout this report, we characterize the number of selected polling places with potential impediments with modifiers defined as follows: “almost all” represents 90 percent or more of selected polling places; “most” represents 60 percent or more of selected polling places; “the majority” represents 51 percent or more of selected polling places; “many” represents 40 percent or more of selected polling places; and a “minority” represents 20 percent or fewer of selected polling places.

²⁴For the purposes of this study, we treated all of the potential impediments with equal significance, although we recognize that, in practice, the effect of any one impediment may depend on the nature of an individual’s disability. For example, the width of a door would not necessarily affect an individual who is blind and without mobility impairments, but it could prevent a person using a wheelchair from entering a polling place.

A Minority of Polling Places We Examined Were Free of Any Potential Impediments

Of the 167 polling places where we could examine features outside and inside the voting area, 17 percent of polling places (29 of 167) were free of any potential impediments across both areas during early in-person voting or on Election Day 2016. That is, 83 percent (138 of 167) of polling places had one or more potential impediments. Figure 3 provides additional details about the number and location of these potential impediments.

Figure 3: Total Number of Potential Impediments at Selected Polling Places during the 2016 General Election, Outside or Inside the Voting Area



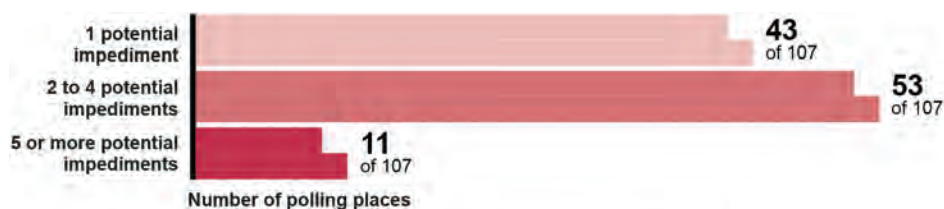
Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

Note: We made observations and measurements outside of the voting area at all 178 selected polling places, which include early in-person and Election Day polling places. However, we observed and measured inside the voting area at 167 polling places, and were able to make full observations and measurements of both areas (including at the voting station) at 137 polling places with accessible voting systems. Also, for inside the voting area, none of the 89 polling places with potential impediments had voting stations with accessible voting systems with more than 3 potential impediments to casting a private and independent vote.

Most Polling Places We Examined Had One or More Potential Impediments Outside the Voting Area

Most polling places (107 of 178, or 60 percent) we examined during early in-person voting and on Election Day had one or more potential impediments from parking to the voting area. Of these 107 polling places, 43 had one potential impediment, 53 had two to four potential impediments, and 11 had five or more potential impediments (see fig. 4). Examples of potential impediments included poor or unpaved parking surfaces and doors that would be difficult for a person using a wheelchair to open. Forty percent of all polling places we examined (71 of 178) had no potential impediments outside of the voting area.

Figure 4: Number of Selected Polling Places That Had One or More Potential Impediments Outside the Voting Area



Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

Note: 71 of the 178 polling places we examined had no potential impediments.

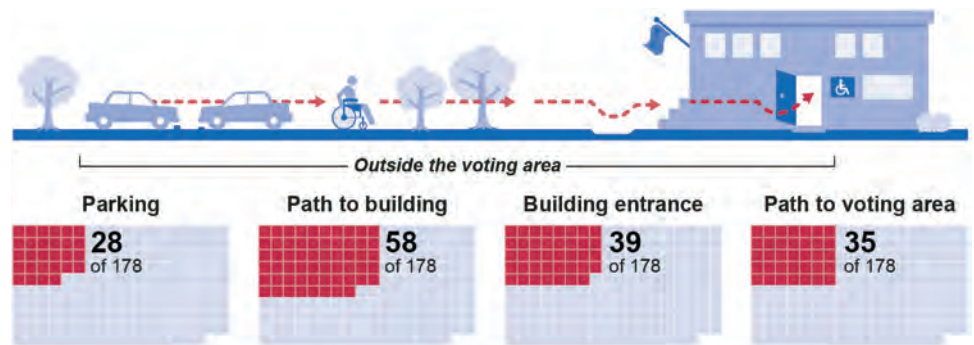
At a majority of the polling places with one or more potential impediments outside the voting area, polling place officials we interviewed said that they offered curbside voting to assist voters who may have had difficulty getting to or making their way through a polling place.²⁵ Specifically, of the 107 polling places that had one or more potential impediments, 63 offered curbside voting, while the remaining 44 did not.

²⁵According to DOJ guidance, curbside voting cannot replace in-person voting except in rare circumstances. Specifically, “in some circumstances, when a public entity is unable to identify or create an accessible polling place...election administrators may instead use an alternative method of voting at the polling place. While absentee balloting can be offered to voters with disabilities, it cannot take the place of in-person voting for those who prefer to vote at the polls on Election Day. Any alternative method of voting must offer voters with disabilities an equally effective opportunity to cast their votes in person. For example, the only suitable polling site in a precinct might be an inaccessible building. In this rare circumstance, election administrators may provide “curbside voting” to allow persons with disabilities to vote outside the polling place or in their cars.” See Department of Justice, Civil Rights Division, Disability Rights Section, *The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities* (Washington, D.C.: September 2014).

Outside the voting area, we found differences between the polling places we examined during early in-person voting and those we examined on Election Day 2016. Specifically, we found that outside the voting area 64 percent (29 of 45) of the early in-person polling places had one or more potential impediments compared with 59 percent (78 of 133) of the Election Day polling places. In addition, 38 percent (11 of 29) of the polling places used for early in-person voting with one or more potential impediments offered curbside voting while 67 percent (52 of 78) of the Election Day polling places with one or more potential impediments offered it.²⁶

Of the four zones we examined outside the voting area at all 178 polling places, the path from parking to the building entrance was the zone that most commonly had one or more potential impediments, followed by the building entrance (see fig. 5). Specifically, 33 percent (58 of 178) of all polling places we examined had at least one potential impediment on the path to the building, such as an unsafe or poor ramp surface. (See figure 6 for an example of a ramp we observed that was constructed from a folding table and a block of wood.) None of the selected polling places had a potential impediment in all four zones.

Figure 5: Zones Outside the Voting Area with One or More Potential Impediments That Could Impede Access for Voters with Disabilities



Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

²⁶Furthermore, 42 percent (19 of 45) of all polling places used for early in-person voting that we examined offered curbside voting compared with 62 percent (83 of 133) of the Election Day polling places.

Figure 6: Example of a Polling Place with a Make-shift Ramp Constructed from a Folding Table and a Block of Wood That Could Pose an Impediment for Voters with Disabilities



Source: GAO. | GAO-18-4

In addition, we observed that a higher percentage of polling places we examined during early in-person voting than on Election Day had one or more potential impediments across three of the four zones outside the voting area: (1) the path to the building entrance (17 of 45 polling places during early in-person versus 41 of 133 polling places on Election Day); (2) the building entrance (13 of 45 versus 26 of 133); and (3) the path from the building entrance to the voting area (14 of 45 versus 21 of 133).

Across the polling places we examined during the 2016 general election, the most common potential impediments outside the voting area were steep ramps or curb cuts located outside the building; entrance door thresholds exceeding $\frac{1}{2}$ inch in height; poor parking, pathway, or ramp surfaces; and, a lack of signs clearly indicating accessible paths from parking to the voting area. See appendix II for a full listing of each potential impediment we observed at polling places used for early in-person voting and separately on Election Day 2016.

Almost All Polling Places We Examined Had Accessible Voting Systems, but Most Had Voting Stations with Aspects That Could Impede Private and Independent Voting

Of the polling places in which we made observations and measurements inside the voting area, almost all (158 of 167, or 95 percent) had at least one accessible voting system. The most common brands of accessible voting systems used at these polling places were ballot marking devices. Ballot marking devices are accessible voting systems that use electronic technology to mark an optical scan ballot. However, 5 percent (9 of the 167 polling places) did not have any accessible voting systems. Of these 9 polling places without an accessible voting system, 6 were located at polling places used for early in-person voting. Further, 5 of these 6 polling places without an accessible voting system were located in one local jurisdiction.

Of the selected polling places in which we were able to make full observations of the voting station, most (89 of 137, or 65 percent) had at least one station with an accessible voting system that could impede casting a private and independent vote.²⁷ To determine if voting stations with accessible voting systems could impede private and independent voting, we assessed four aspects of the voting station: (1) whether the voting system was set up and powered on; (2) whether earphones were available for audio functions; (3) whether the voting station was set up to accommodate people using wheelchairs; and (4) whether the accessible voting station provided the same level of privacy for casting a ballot as the level of privacy for voters using a standard voting station.²⁸

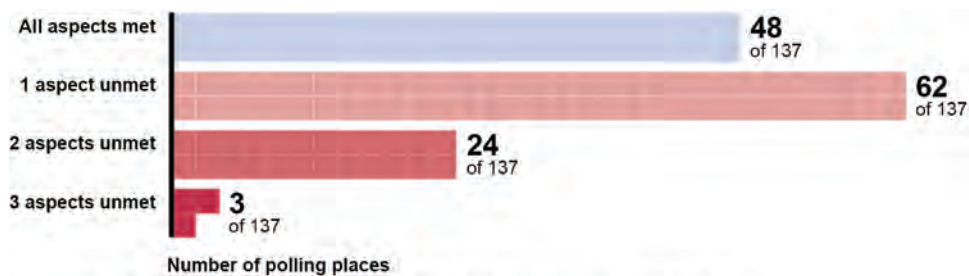
Of the 137 polling places in which we were able to measure aspects of private and independent voting in full, 62 polling places did not have a station that met one of these four aspects, 24 did not have one that met two aspects, and 3 did not have one that met three aspects. The remaining 48 polling places we examined—among the 137 which we

²⁷We define “voting station” as the location within a polling place where voters may record their votes, including the area around and the actual voting booth or enclosure where voting takes place as well as the voting system. For the purposes of this report, we define “voting system” to be the voting equipment that is used to cast a ballot, such as a DRE, a ballot-marking device, or another type of machine or technology.

²⁸If a polling place had more than one station with an accessible voting system, we measured the voting station that seemed to be best configured for voting in a chair or wheelchair. If any aspect was not met, we assessed any other stations with an accessible voting system to determine if one station met all four aspects for facilitating private and independent voting. If we found that all voting stations with an accessible voting system could impede casting a private and independent vote, we reported that the polling place did not have a voting station with an accessible voting system that met one or more of the four aspects we assessed.

were able to measure in full—had a voting station with an accessible voting system that met all aspects (see fig. 7).

Figure 7: Number of Selected Polling Places with a Voting Station with an Accessible Voting System That Could Impede Casting a Private and Independent Vote



Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

Note: To determine if voting stations with accessible system could impede private and independent voting, we assessed four aspects of the voting station: (1) whether the voting system was set up and powered on; (2) whether earphones were available for audio functions; (3) whether the voting station was set up to accommodate people using wheelchairs; and (4) whether the accessible voting station provided the same level of privacy for casting a ballot as the level of privacy for voters using a standard voting station. None of the 89 polling places observed had all four aspects unmet.

As shown in table 2, the aspect of the voting station that most commonly posed a potential impediment to casting a private and independent vote was a setup that would not accommodate wheelchairs. A voting station not set up to accommodate people using wheelchairs might require someone else to help a person with a disability vote, which might not provide the same level of privacy for a voter with a disability as offered to other voters.

Table 2: Number of Polling Places with Voting Station Features That Could Impede Casting a Private and Independent Vote on an Accessible Voting System

Accessible voting station features that could potentially impede casting a private and independent vote	Number of polling places with potential impediment	Percentage of polling places with potential impediment ^a
Voting system is not set up or powered on	9	7%
Earphones are not attached or prominently visible	13	9%
Voting station is not set up to accommodate voters using a wheelchair	58	42%
Voting station does not provide the same level of privacy for voters with disabilities that is afforded other voters	39	28%

Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

^aPercentages are based on the 137 polling places with accessible voting stations that GAO was able to fully observe and measure. To determine if voting stations with accessible systems could impede private and independent voting, we assessed four aspects of the voting station: (1) whether the voting system was set up and powered on, (2) whether earphones were available for audio functions, (3) whether the voting station was set up to accommodate people using wheelchairs, and (4) whether the accessible voting station provided the same level of privacy for casting a ballot as the level of privacy for voters using a standard voting station.

A higher percentage of the polling places we observed on Election Day had a voting station with an accessible voting system that could impede casting a private and independent vote compared with the early in-person voting polling places we examined. Specifically, 67 percent (73 of 109) of the Election Day polling places versus 57 percent (16 of 28) of the early in-person polling places had a voting station with an accessible voting system that could impede casting a private and independent vote.

Almost all of the chief polling place officials said that they would allow a friend or relative of a voter with a disability to assist with voting, and most said that they themselves would provide various types of assistance to help people with disabilities who encountered difficulties while using an accessible voting system (see table 3). In addition, officials in 75 percent (126 of 167) of the polling places said that their training provided them with hands-on practice on how to operate the accessible voting system.²⁹ However, officials in 8 percent (14 of 167) of the polling places we examined said that they did not receive any training on accessible voting systems.

²⁹Not all polling place officials answered every question in our data collection instrument. Each percentage is based on the number of polling places where officials answered the question and not on 178.

Table 3: Type of Assistance That Polling Place Officials Reported They Would Provide to Help People with Disabilities Operate the Accessible Voting System

Type of assistance polling place officials would provide	Number of polling places where officials would provide assistance	Percentage of polling places where officials would provide assistance ^a
Explain how to operate the accessible voting system	157	96%
If asked, talk the person through operations while they are voting	151	92%
Demonstrate how to operate the accessible voting system	126	80%
Operate the machine for the person if having difficulties voting	121	75%
Let the person practice on the machine before voting	53	33%

Source: GAO analysis of polling place data collected during the 2016 general election. | GAO-18-4

^aNot all polling place officials answered every question in our data collection instrument. Each percentage is based on the number of polling places where officials answered the question and not on 178.

Most States Reported Having Accessibility Requirements and Conducting Oversight among Other Actions during the 2016 General Election

States that completed our survey reported taking a range of actions to support access for voters with disabilities during the 2016 general election.³⁰ These reported actions included having accessibility requirements, providing election worker training and voter education and outreach, as well as conducting oversight. These results are similar to what states reported in prior GAO work during the 2008 general election.³¹ Also, these reported actions included efforts to facilitate private and independent voting for people with disabilities. For the 39 states that reported requiring or allowing early in-person voting, most states reported taking similar actions during early in-person voting as on Election Day 2016. Moreover, states reported that the challenges they faced to ensuring accessibility for Election Day were similar to the ones faced for early in-person voting, with a few exceptions.

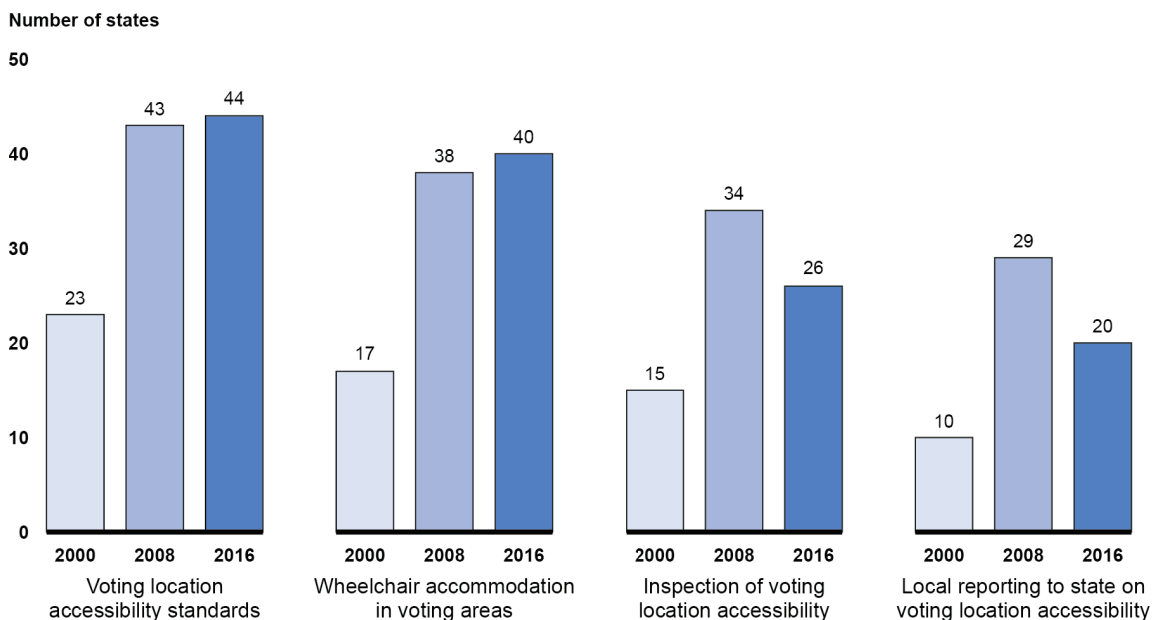
³⁰We surveyed 50 states and the District of Columbia and received a 98 percent response (one state did not complete the survey). In this report, we are using the term “states” in reference to the states and the District of Columbia.

³¹Our 2016 survey allows for comparisons with past results on state accessibility requirements that were published in our 2009 report. See [GAO-09-941](#). However, we updated and added new questions to the survey about other actions, such as conducting oversight, that are not comparable with our past work. For more information, see appendix I.

State accessibility requirements. In 2016, most states that completed our survey reported having accessibility requirements in place under their state law, regulation, executive order, or executive directive. Specifically, the number of states reporting requirements specifying polling place accessibility standards grew slightly from 43 states in 2008 to 44 states in 2016.³² One state reported, for example, that when new polling places are identified, local election officials are required to file a polling place accessibility self-assessment, which the state reviews for approval. In addition, officials from 40 states reported that they required accommodations for wheelchairs in the voting area on Election Day, which increased from 38 states for the 2008 general election. In addition, while most states reported they had state requirements in place to help ensure accessibility, fewer states reported requiring polling places to be inspected in 2016 (26 states) than in 2008 (34 states). Similarly, fewer states reported requiring local jurisdictions to submit inspection reports to the state to help ensure accessibility of polling places for Election Day 2016 (20 states) than in 2008 (29 in 2008).³³ Figure 8 shows the number of states that reported having accessibility and inspection requirements in place for polling places for the 2000, 2008, and 2016 general elections.

³²See [GAO-09-941](#).

³³While the number of states that reported having requirements for inspections and reporting mechanisms decreased between 2008 and 2016, the number of states that reported allowing their localities to have requirements for performing inspections of and provide reporting on polling place accessibility increased slightly between 2008 and 2016. Specifically, 16 states reported in 2016 that they allowed local jurisdictions to establish their own requirements for reporting accessibility issues, whereas 12 states reported this in 2008.

Figure 8: State-Reported Requirements Regarding the Accessibility of Polling Places, as of Election Days in 2000, 2008, and 2016

Source: GAO analysis of states' survey responses on Election Day in 2000, 2008, and 2016. | GAO-18-4

Note: Data for 2016 include 49 states and the District of Columbia while data from 2000 and 2008 includes all states and the District of Columbia; and, for the 2000, 2008, and 2016 surveys, not all states may have answered every survey question.

Education, outreach, and oversight. Most states reported providing education and training to local election officials and poll workers as well as conducting outreach to people with disabilities for Election Day 2016. For example, 43 states reported that they provided guidance to local election officials on voting accessibility for people with disabilities, and officials from 32 states reported that they provided training to local election officials on how to operate an electronic recording system or other accessible voting system. For example, one state reported that it produced a training video for county election officers. In addition to educating and training local election officials and poll workers, most states reported conducting outreach to people with disabilities. Specifically, officials from 38 states reported that they provided voter education to people with disabilities on voting access methods, and officials from 40 states reported that they provided election information at polling places, such as sample ballots or voter instructions. For example, one state reported that they contracted with a Protection and Advocacy

for Voting Access group who developed several ads that emphasized voter accessibility at the polls for people with disabilities.

In addition to education and outreach, 48 states reported conducting at least one oversight activity to ensure local compliance with state and federal accessibility requirements for voting on Election Day. For example, 39 states reported compiling and analyzing complaints of polling place accessibility issues occurring on Election Day; 34 states reported that they investigated or adjudicated local complaints on polling place accessibility and accommodations on Election Day; and 35 states reported that they evaluated and verified compliance with state requirements. One state, for example, reported deploying advocacy volunteers and volunteer attorneys to assess polling places to ensure compliance around the state.

Private and independent voting. In preparation for Election Day 2016, almost all states reported taking at least one action to facilitate private and independent voting for people with disabilities. Such voting methods are designed to provide the same level of privacy for voters with disabilities as offered to other voters, and enable people with disabilities to independently verify their vote and make any changes to their ballot before it is cast without assistance. Specifically, 48 states reported that they provided guidance on facilitating private and independent voting to local election officials, and 45 states reported providing training to local election officials and poll workers about this issue.

Early in-person voting. Thirty-nine states reported requiring or allowing early in-person voting, a method of voting by which a voter may complete a ballot in person prior to Election Day.³⁴ Similar to their responses regarding Election Day voting, most states that offered early in-person voting also reported taking a range of actions to ensure compliance with accessibility requirements for people with disabilities. We found

³⁴For our survey purpose, we defined “early in-person voting” as voting in-person without providing an excuse. Our definition also included the completion of an absentee or mail ballot in-person at a polling place.

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- 35 of 39 states reported having in place state accessibility requirements for polling places for early in-person voting;³⁵
 - 31 of 39 states reported training election officials on voting access methods for people with disabilities during early in-person voting;
 - 29 of 39 states reported offering voter education to people with disabilities on voting access methods during early in-person voting;
 - 36 of 39 states reported performing at least one oversight activity to ensure local compliance with state and federal accessibility requirements for early in-person voting; and
 - 36 of 39 states reported providing guidance to local election officials to facilitate private and independent voting for people with disabilities during early in-person voting.

In addition, most states reported that the challenges they face to ensure accessibility for voters with disabilities were similar for both early in-person voting and Election Day voting. In general, a majority of states reported no difference in challenges between early in-person voting or Election Day for these provisions and activities. For example, among the 39 states that indicated requiring or allowing early in-person voting, 32 states reported no difference in providing “voter information at voting locations,” and establishing or maintaining “state-based administrative complaint procedures,” whether it was during early in-person voting or for Election Day. For the states that reported differences in challenges between early in-person voting and Election Day, a majority indicated that there were more challenges associated with Election Day than early in-person voting. For example, 13 states reported that identifying accessible facilities for potential polling places was either “somewhat more challenging” or “more challenging” for Election Day than for early in-person voting before Election Day. Additional information is available in Appendix III, tables 17 and 18.

³⁵An additional 3 states reported that such provisions were allowed at the local level for early in-person voting, but were not a state-wide requirement for early in-person voting as they were for Election Day; 1 state reported that they did not address this provision.

DOJ Guidance Does Not Clearly Specify the Extent to Which Federal Accessibility Requirements Apply to Early In-Person Voting

DOJ provides guidance related to federal accessibility requirements in the context of voting for people with disabilities; however, this guidance does not clearly specify the extent to which these requirements apply to the various forms of in-person voting before Election Day. For example, one form of in-person voting before Election Day is marking an absentee ballot in-person at an elections office.

HAVA and ADA contain requirements related to accessibility, including requirements related to the accessibility of voting systems used in federal elections. Specifically:

- HAVA section 301(a)(3) requires that a voting system “be accessible for individuals with disabilities, including nonvisual accessibility [. . .] in a manner that provides the same opportunity for access and participation (including privacy and independence) as for other voters.”³⁶ This section further states that this requirement may be satisfied “through the use of at least one direct recording electronic voting system or other voting system equipped for individuals with disabilities at each polling place.” HAVA does not define the term “polling place.”
- Title II of the ADA and its implementing regulation, which prohibit discrimination on the basis of disability, require public entities to select and use facilities for its services, programs, or activities—such as voting—that will not exclude people with disabilities and to provide appropriate auxiliary aids and services where necessary to provide people with disabilities an equal opportunity to participate in the service, program, or activity.³⁷ According to DOJ’s guidance, *The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities (Federal Voting Laws Guidance)*, the ADA’s provisions apply to all aspects of voting.³⁸ Therefore, in accordance with the ADA, election officials conducting any elections, including federal elections, must provide an opportunity to participate

³⁶See 52 U.S.C. § 21081(a)(3).

³⁷See 42 U.S.C. § 12132; 28 C.F.R. § 35.130-35.164.

³⁸DOJ, Civil Rights Division, Disability Rights Section, *The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities* (Washington, D.C.: September 2014).

in the elections process that is equal to that afforded others.³⁹ To afford individuals with disabilities equal opportunity to participate in the election process, election officials conducting elections are required to furnish appropriate auxiliary aids and services. To be effective, “auxiliary aids and services must be provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.”⁴⁰ However, under the ADA, officials are not required to take any action that they can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens.⁴¹ Nonetheless, the election officials have an obligation to provide, if possible, another auxiliary aid or service that results in effective communication. In determining the type of auxiliary aid or service to be provided, officials must give primary consideration to the request of the individual with a disability.⁴²

DOJ is responsible for enforcing the federal voting rights and disability rights laws as well as providing certain guidance and technical assistance regarding voting accessibility. However, DOJ’s guidance does not clearly specify the extent to which HAVA’s accessible voting system requirement or the ADA’s auxiliary aids and services requirement apply to early in-person voting or other forms of in-person voting before Election Day versus Election Day. DOJ’s guidance is contained in (1) *Federal Voting Laws Guidance*; and (2) the *ADA Checklist of Polling Place Accessibility (ADA Checklist)*, according to DOJ officials.⁴³ In particular, the *Federal Voting Laws Guidance* discusses HAVA’s accessible voting system requirement, but does not clearly specify whether this requirement applies

³⁹See 42 U.S.C. § 12132; 28 C.F.R. § 35.130(b). The ADA states that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity.” According to the DOJ’s *Federal Voting Laws Guidance*, the ADA’s provisions apply to all aspects of voting.

⁴⁰See 28 C.F.R. § 35.160(b).

⁴¹28 C.F.R. § 35.164.

⁴²See 28 C.F.R. § 35.160(b)(2).

⁴³DOJ, Civil Rights Division, Disability Rights Section, *The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities* (Washington, D.C.: September 2014); and, *Americans with Disabilities Act: ADA Checklist for Polling Places* (Washington, D.C.: June 2016).

to early in-person voting. Regarding the ADA, this guidance states that the “ADA’s provisions apply to all aspects of voting, including voter registration, site selection, and the casting of ballots, whether on Election Day or during an early voting process.”⁴⁴ However, DOJ’s *ADA Checklist* states that it is intended for use on Election Day.⁴⁵ Further, the *ADA Checklist* does not reference HAVA’s accessible voting system requirement or the ADA’s requirements for providing appropriate auxiliary aids and services, except for noting that enough clearance must be provided for an individual with a disability to access and use all the voting equipment, including at least one accessible voting machine.

According to DOJ officials we interviewed, the department’s enforcement efforts under HAVA include limited assessments of a jurisdiction’s accessible voting systems, involving examining polling places to determine if an accessible voting system is available and turned on at the polling place and if polling place workers are trained to operate the machine and can demonstrate to voters how to use the machine. Separately, DOJ focuses its ADA enforcement efforts mainly on the physical accessibility of polling places, according to DOJ officials.

As previously discussed, EAC also provides advisory guidance and technical assistance to help improve the administration of federal

⁴⁴In addition, DOJ’s *Federal Voting Laws Guidance* discusses ADA requirements, stating that “officials must provide appropriate auxiliary aids and services at each stage of the process, from registering to casting a ballot.” The guidance gives examples of appropriate auxiliary aids or services for people who are blind or have low vision, such as a qualified reader, information in large print or Braille, accessible electronic information and information technology; and audio recording of printed information, as well as examples of auxiliary aids for people who are deaf or have hearing loss. Additionally, the guidance discusses an example of a jurisdiction that conducts elections by paper ballot: If a blind voter requested an accessible ballot, a Braille ballot would not be a secret ballot because it would have to be counted separately, and thus the guidance states that “other aids and services would better afford voters who are blind the opportunity to vote privately and independently and to cast a secret ballot,” such as ballot overlays or templates; electronic information and information technology that is accessible (either independently or through assistive technology, such as screen readers); or, recorded text or telephone voting systems.

⁴⁵Although the *ADA Checklist* states that it provides information on polling place accessibility on Election Day and does not state the extent to which the checklist applies to voting locations used during early in-person voting, DOJ officials noted that in past actions to enforce the ADA, the department has defined “Election” or “Election Day” to include both the period of in-person absentee voting and Election Day. See, e.g., Settlement Agreement between the U.S. and Fauquier County Regarding the Accessibility of Polling Places, DJ 204-79-321 (2017).

elections. Within this role, EAC's Advisory 2007-001, issued in 2007, states that, under HAVA, an in-person absentee voting location would be considered a "polling place" and therefore should be equipped with at least one accessible device.⁴⁶ Further, the advisory states that the term "polling place," as used in section 301(a)(3) of HAVA, should be considered any location where a voter appears in person to cast a ballot, including an early voting site. EAC officials confirmed to us that the commission's 2007 guidance remained pertinent for the 2016 general election.

Against this federal policy backdrop, we found some variation in the extent to which accessible voting systems were made available, or were required by states, for early in-person voting during the 2016 general election, through responses to our survey of state election officials and our observations and measurements of polling places. In addition, during our follow-up interviews, some state and local election officials cited legal, technological, and administrative challenges to providing DREs or other accessible voting systems for people with disabilities during early in-person voting or other forms of in-person voting before Election Day. Specifically, states had varying requirements with regard to accessible voting systems during early in-person voting, according to survey responses of state election officials. To examine access to polling places for people with disabilities, we defined early in-person voting to include casting a ballot in person prior to Election Day without an excuse as well as completing an absentee ballot or mail in ballot in person at a polling place or other voting location. Using this definition, almost all states that reported that they had early in-person voting (35 of 39) reported requiring or allowing DREs or other accessible voting systems. However, 4 of the 39 states reported either prohibiting or having no explicit policy for providing DREs or other accessible voting systems during this period of voting.

In following-up on our survey, officials from these four states said that their states' laws dictate the technology to be used for in-person absentee

⁴⁶Election Assistance Commission, *EAC Advisory 2007-001: Accessible Voting Systems For In-Person Absentee Voting* (Washington, D.C.: Jan. 24, 2007).

voting,⁴⁷ and that in their view, the federal accessible voting system requirement does not apply to this form of voting required in their states.⁴⁸

- According to officials from two of these four states, the states' laws preclude counting or tabulating votes during the no excuse, absentee voting period before Election Day. As a result, according to the state officials, these laws exclude use of a DRE, which records a vote when cast by a voter.
- Officials from the other two states—which reported allowing a voter with a disability to complete an excused absentee ballot in-person at an election clerk's office—cited similar challenges to providing DREs or other accessible voting systems for people with disabilities during in-person voting before Election Day. According to an official we interviewed from one of these states, the state's long-standing law requires that absentee voting, which requires an excuse, be conducted by paper ballot. Thus, this method of voting precludes using accessible technology, such as DREs or ballot marking devices, according to one state official. However, the state allows a person with a disability to request and receive assistance in marking the individual's ballot at a polling place, according to the state official. An official we interviewed from the other state said that state law does not define an election clerk's office as a polling place or other voting location, so the federal accessible voting system requirement does not apply to completing an excused, absentee ballot in-person at a clerk's office.
- One county in a fifth state offering early in-person voting did not have accessible voting systems, as previously discussed, at any of the five voting locations we examined during the 2016 general election. According to the county election officials we interviewed, the federal accessible voting system requirement did not apply to locations they used for early in-person voting. In addition, county officials said that they used a vote center model for early in-person voting—as opposed to precinct-based voting as they use on Election Day—which did not

⁴⁷We have previously reported that, since the 1980s, ballots in the United States, to varying degrees, have been cast and counted using five systems: paper ballots, lever machines, punch cards, optical scan, and DREs. Four of these systems involve technology; only the paper ballot system does not. See [GAO-12-69](#).

⁴⁸Two of the four state officials we spoke to reported that their states only provide excused absentee voting, which requires a voter to provide an excuse such as having a disability to vote absentee.

permit them to use accessible voting systems. This vote center model instead permitted people in the county to vote outside of their precincts at any location available for early in-person voting. As a result, each early voting location needed to make available multiple ballots for precinct-specific candidates and initiatives (e.g., bond measures), as well as in different languages; their accessible voting systems were not designed to accommodate these needs, according to these officials. Officials said that they plan in the future to purchase accessible voting systems that will be able to accommodate this model of early in-person voting.⁴⁹

Election officials we interviewed from two of the four states and the one county we discuss above also said that requiring these systems would affect the resources needed to facilitate in-person voting before Election Day as well as the election calendars. For example, an official from one state said that it would require more lead-time for designing and producing ballots, testing the voting equipment, completing paperwork confirming the testing, and securing the accessible voting systems during the period before Election Day.

During our discussions with DOJ officials, we asked them about the extent to which federal accessibility requirements are applicable, if at all, to early in-person voting or in-person absentee voting. DOJ officials said that the department has not taken a public position on the issue of whether the HAVA accessible voting system requirement applies to early in-person voting. Further, with regard to the ADA, although DOJ's *Federal Voting Laws Guidance* states that the ADA applies to all aspects of voting, to include early voting, DOJ officials said that they recognize that the *ADA Checklist* uses the term "Election Day" without further defining the term, and that the use of this term may be commonly understood to limit its application to the traditional day of the election.

DOJ officials also stated that the department has not received any voter complaints about the lack of an accessible voting system during in-person voting before Election Day. They stated that DOJ provides state and local jurisdictions flexibility in applying HAVA provisions given the considerable variation in how election jurisdictions arrange polling places, buy and maintain voting equipment, conduct elections, and count votes. DOJ

⁴⁹An election official from another state we interviewed cited a similar issue, stating that the greater numbers of people voting before Election Day had outpaced purchasing decisions for voting equipment.

officials also noted that there are various possible implications to the department taking a more specific position on guidance related to early in-person voting. For example, these officials told us that changes in their guidance could result in states or local jurisdictions expending additional resources to procure certain types of voting systems or could affect state and local jurisdictions' decisions on offering early in-person voting.

Given that these various factors could affect implementation of federal accessibility requirements in the context of early in-person voting, studying this issue and considering changes to existing guidance, as appropriate, would help DOJ to determine the extent to which any changes to its guidance are necessary. Federal internal control standards and Office of Management and Budget (OMB) guidance call for agencies to review policies for continued relevance and effectiveness in achieving their objectives and, in turn, to communicate changes in policy to external stakeholders when significant changes in conditions occur.⁵⁰ DOJ helps enforce state and local compliance with federal laws and regulations designed to provide voters with disabilities access to both the locations used as polling places and the voting systems, which provide the means to cast the ballot. As previously discussed, more states and voters today are voting in-person before Election Day than when HAVA was enacted in 2002.⁵¹ Within this context, studying the implementation of federal accessibility requirements in relation to early in-person voting could help DOJ take account of conditions that have changed in recent years, such as the increases in early in-person voting, and position the department to

⁵⁰GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014). Office of Management and Budget (OMB), *Final Bulletin for Agency Good Guidance Practices* (January 2007). According to OMB's guidance, agencies may provide helpful guidance to interpret existing law through an interpretive rule or to clarify how they tentatively will treat or enforce a governing legal norm through a policy statement. Guidance documents, used properly, can channel the discretion of agency employees, increase efficiency, and enhance fairness by providing the public clear notice of the line between permissible and impermissible conduct while ensuring equal treatment of similarly situated parties. Moreover, guidance should aim to communicate effectively to the public about the legal effect of the guidance and the consequences for the public of adopting an alternative approach.

⁵¹National Conference of State Legislatures, Election Administration website, accessed July 6, 2017, <http://ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>; and, Michael P. McDonald, 2016 November Election Early Voting, United States Election Project (July 13, 2017), http://www.electproject.org/early_2016.

determine the extent to which any changes to guidance might be warranted or appropriate.

Conclusions

Our work examining the accessibility of polling places for voters with disabilities during the 2000, 2008, and 2016 general elections points to the need for additional progress to help voters with disabilities enter and move through polling places, access voting systems, and cast a private and independent vote.

The ADA and HAVA help provide a framework for ensuring access to polling places and voting methods, thereby helping ensure equal opportunity for voters with disabilities to participate in America's democracy. Since the enactment of HAVA in 2002, changes have occurred in how local and state election jurisdictions implement key election activities, such as early in-person voting. Notably, the number of states offering and voters nationwide using early in-person voting methods during the 2016 general election has increased relative to previous federal elections, as previously discussed, and may continue to grow in the future. As voting practices evolve, the need for federal and state agencies to review and update existing policies and guidance on voting accessibility is an important step in providing greater clarity about how they will treat or enforce legal requirements. With a perspective towards future elections, DOJ studying the implementation of the legal requirements for accessible voting systems in the context of early in-person voting and making changes to guidance, as appropriate, could help provide additional information to federal, state, and local entities on these requirements, which could in turn help inform future decision making about how to interpret and address the requirements.

Recommendation for Executive Action

The Attorney General should study the implementation of federal accessibility requirements in the context of early in-person voting and make any changes to existing guidance that are determined to be necessary as a result of the study. (Recommendation 1)

Agency Comments

We provided a draft of this report to the Department of Justice (DOJ) and the Election Assistance Commission (EAC) for review and comment. See Appendix IV for DOJ's written comments and Appendix V for EAC's comments. In its written comments, DOJ generally agreed with our recommendation to study the implementation of federal accessibility requirements in the context of early in-person voting and to make any

changes to existing guidance that DOJ determines to be necessary as a result of the study. DOJ also outlined its efforts to enforce the protections for voters with disabilities found in federal law. In addition, DOJ provided technical comments, which we incorporated as appropriate.

The EAC agreed with the information in our report and provided no technical comments.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Attorney General, the EAC's Executive Director, and other interested parties. In addition, the report is available at no charge on GAO's website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact Barbara Bovbjerg at (202) 512-7215 or BovbjergB@gao.gov; or, Rebecca Gambler at (202) 512-8777 or GamblerR@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix VI.



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Appendix I: Objectives, Scope, and Methodology

Our objectives were to (1) examine the extent to which polling places in selected locations used during the 2016 election had features that might impede access for voters with disabilities, (2) describe the actions states took to facilitate voting access for people with disabilities in the 2016 general election, and (3) examine guidance the Department of Justice (DOJ) has provided on the extent to which federal accessibility requirements apply, if at all, to early in-person voting.

To determine the number of selected polling places with features that might impede access for people with disabilities, we examined a nongeneralizable sample of 178 polling places during either early in-person voting or on Election Day (November 8, 2016) to make observations, take measurements, and conduct interviews with chief polling place officials. To determine what actions states took to facilitate voting for people with disabilities, we administered a web-based survey to state election officials in all 50 states and the District of Columbia. For all three objectives, we reviewed relevant federal laws, regulations, federal guidance, and other relevant documentation. In addition, we interviewed officials at DOJ, Election Assistance Commission (EAC), and selected national election organizations, along with selected national disability advocates, and election administration experts.

We conducted this performance audit from May 2016 to October 2017 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Early In-Person Voting and Election Day Polling Places

Selection of Polling Places

To examine selected polling places for features that might impede access for people with disabilities, we examined a nongeneralizable sample of 178 polling places during either early in-person voting or on Election Day (November 8, 2016). Our sample included:

- 45 early in-person voting polling places in 11 counties in 6 states and the District of Columbia; and

Appendix I: Objectives, Scope, and Methodology

-
- 133 Election Day polling places in 21 counties in 12 states and the District of Columbia.

The counties we examined during early in-person voting were a subset of the counties visited on Election Day. However, in all local election jurisdictions, we did not examine the same polling places on Election Day that we examined during early in-person voting.

To identify polling places to examine, we first selected 21 counties from among the 84 randomly selected counties that were part of our study on the accessibility of polling places for voters with disabilities during the 2008 general election.¹ We selected these 21 counties based on: (1) variation in county population size, with most counties being larger in population size; (2) variation in type of election administration (that is, we selected some counties in which the county administers elections, and we selected other counties in which elections are administered by other government entities, such as cities, townships, or other local government entities); and (3) variation in geographic location. For the selected counties in which elections were administered by cities, townships, or villages—generally known as minor civil divisions (MCD)—we chose up to six MCDs based on their population and on their proximity to each other.

We selected polling places within each county on a nonprobability basis. To do this, we searched the internet in September and early October 2016 to determine whether each county or MCD posted a listing of its polling places. If the information was posted, we downloaded the list. If not, we contacted county or MCD officials to obtain a list of the jurisdiction's polling places. We selected up to seven polling places in each county based on the relative proximity of polling places to each other and variation in the types of facilities used as polling places (such as schools, houses of worship, fire stations, or city halls).² We identified up to three polling places in each MCD. In advance, we contacted election officials in each of the selected states, counties, and MCDs to request permission to visit polling places, and were granted permission to visit any available polling places, including the 178 selected polling places.

¹GAO, *Voters with Disabilities: Additional Monitoring of Polling Places Could Further Improve Accessibility*, GAO-09-941 (Washington, D.C.: Sept. 30, 2009).

²A few jurisdictions used a small number of polling places during early in-person voting, which limited our ability to select various types of facilities in these locations.

Appendix I: Objectives, Scope, and Methodology

Polling Place Examinations and the Data Collection Instrument

Because we selected a nongeneralizable sample of polling places for the 2016 general election, the results cannot be used to make generalizations about polling places nationwide used during the 2016 general election or to make comparisons with the results from our polling place accessibility assessments for the 2000 and 2008 general elections. However, our examination of the selected 178 polling places provided important information about voter accessibility in a range of polling places in various types of local election jurisdictions across the country during the 2016 general election.

We sent teams of two GAO analysts to each county in our nongeneralizable sample during early in-person voting from October 26, 2016, through November 6, 2016, and separately on Election Day, November 8, 2016. In counties selected for both early in-person voting and Election Day voting, the same team generally was used. Each team was equipped with a tape measure and a digital level,³ as well as a structured data collection instrument with which to document their observations and measurements.

The teams used a data collection instrument similar to the one we used to document observations and measurements of features at polling places in the 2008 general election, as well as to document the responses of chief polling place officials to our interview questions. However, we revised the 2008 data collection instrument to reflect changes made in the *Americans with Disabilities Act: ADA Checklist for Polling Places 2016*—issued by DOJ—and in the *2010 ADA Standards for Accessible Design*.⁴ Additionally, officials at DOJ, EAC, and disability advocates reviewed a draft version of our data collection instrument, and we incorporated their comments where appropriate. Finally, to examine the ease of use, clarity, and time required to complete the data collection instrument, we pretested the data collection instrument at polling places during one state’s congressional primary in September 2016.

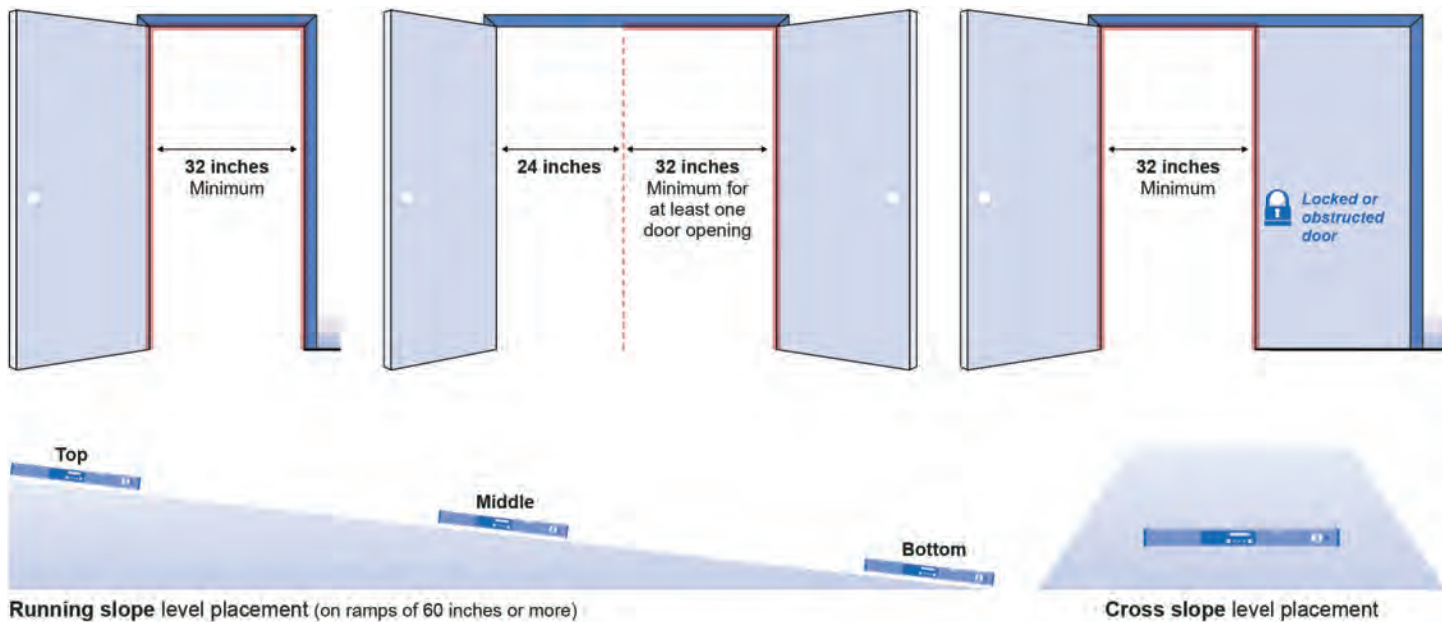
³The digital levels were used to measure potential structural impediments in buildings and on walkways. We tested the reliability of the digital levels based on the consistency of readings from all digital levels, by reviewing the manufacturer’s specifications, and talking with a representative of the manufacturer. We determined that the levels were sufficiently reliable for our purposes.

⁴In particular, the data collection instrument was updated to include the cross-slope measurement of ramps or curb cuts.

Appendix I: Objectives, Scope, and Methodology

To ensure uniformity of data collection, we trained all teams on how to (1) complete the data collection instrument; (2) use the measurement tools; and (3) interview the chief election official in each polling place about the location’s accessible voting systems as well as its accommodations for voters with disabilities. See figure 9 for examples of measurements and items for observation that were used to train GAO teams. We also instructed teams to not approach voters or interfere with the voting process.

Figure 9: Examples of Items for Observation and Measurements from Our Data Collection Instrument That Were Used to Train GAO Teams for Polling Place Examinations



Source: GAO’s analysis of Department of Justice’s 2010 ADA Standards for Accessible Design. | GAO-18-4

Each GAO team received a list of up to seven polling places to examine in each county for early in-person voting or on Election Day. Teams were expected to complete at least four examinations of polling places from the lists where possible. For ease of travel, we allowed GAO teams to examine polling places in the order that was most convenient. We instructed GAO teams not to disclose to anyone outside of GAO the selected polling places to maintain the integrity of data collection. As a result of time constraints, traffic patterns, and/or geography, some teams were not able to complete examinations of their assigned polling places while other teams were able to examine up to seven polling places.

Appendix I: Objectives, Scope, and Methodology

Collection of Data

We examined features both outside and inside polling places that might pose a potential impediment during early in-person voting and Election Day voting.⁵ Data were first collected in four zones outside of the polling place voting area and were next collected inside the voting area.

- **Outside the voting area.** We examined features in four different zones outside of the voting area: (1) parking, (2) the path from parking to the building entrance, (3) the building entrance, and (4) the path from the entrance to the voting area. We examined several features within these zones, such as the slopes of sidewalks, ramps or curb cuts, paved surfaces, and door openings.⁶ Consequently, the number and percentage of polling places cited as having one or more potential impediments outside the voting area is derived from an observation that at least one feature located in these zones might impede access to voting.
- **Inside the voting area.** We assessed whether (1) an accessible voting system was provided and (2) whether aspects of the voting station could enable the casting of a private and independent vote by a person with a disability. To assess whether an accessible voting system could impede private and independent voting, we examined the following four aspects: (1) whether the system was turned on, (2) whether it was equipped with special features such as ear phones, (3) whether it was set up to accommodate voters using wheelchairs, and (4) whether it was positioned in such a way as to provide the same level of privacy as afforded to other voters. As a part of this assessment, we identified the types of voting methods available to all voters and took measurements of voting station(s) or table(s) used by people with disabilities to determine if wheelchairs could fit inside the station or underneath the table (see fig. 10 for the measurements we

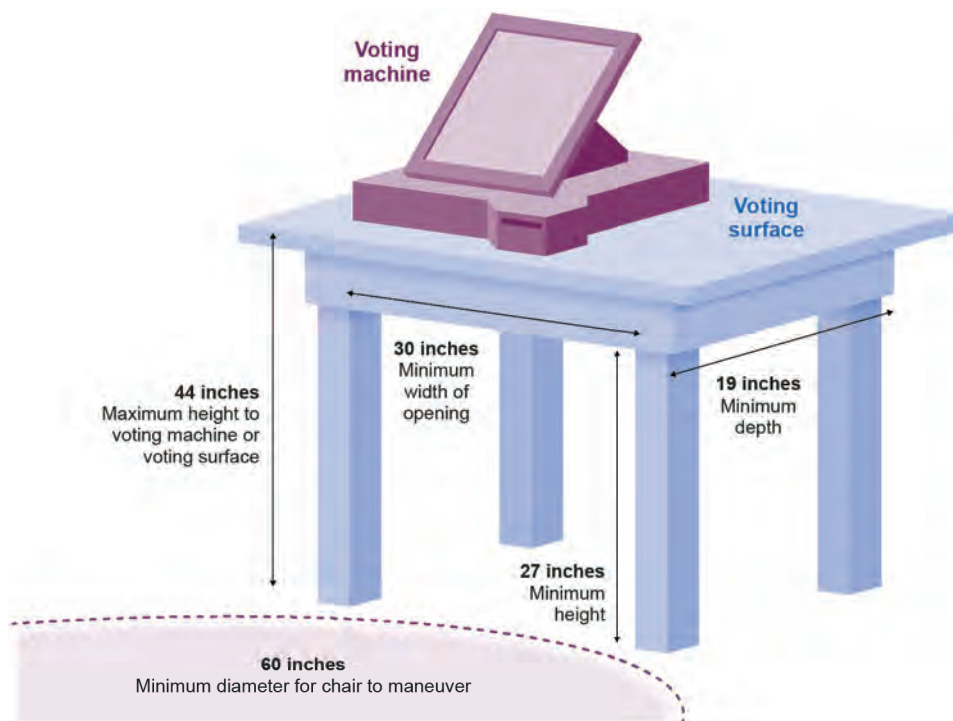
⁵Our use of the term potential impediments is broader in this report than it was in our 2008 general election report. In our 2008 election report, we used “potential impediments” in reference only to features outside the voting area. In this report, the term refers to features either outside or inside the voting area.

⁶We used DOJ’s 2010 *ADA Standards for Accessible Design* criteria to determine if these features could potentially impede access (for example, if the slopes of sidewalks, ramps or curb cuts had a running slope steeper than 8.3 percent or a cross slope steeper than 2.1 percent; paved surfaces had abrupt changes of over ½ inch; or door openings were less than 32 inches wide). The digital level—which we used to measure the slopes of ramps or curb cuts—measured to the tenth decimal place while the ADA criterion for the running slope is 8.3333 percent and the criterion for the cross slope is 2.0833 percent. Thus, we rounded the criteria to 8.3 percent and 2.1 percent, respectively.

Appendix I: Objectives, Scope, and Methodology

took).⁷ We also interviewed chief poll workers about the availability of curbside voting and accommodations available to people with disabilities.

Figure 10: Measurements Used to Determine If a Voting Station Was Set Up to Accommodate People Using Wheelchairs Based on Criteria in the Americans with Disabilities Act



Source: GAO's analysis of Department of Justice's 2010 ADA Standards for Accessible Design. | GAO-18-4

For our measurements in both areas, we did not differentiate the severity of potential impediments because disabilities and access are dependent on numerous factors, including the nature of an individual's disability. In addition, we did not assess polling places for legal compliance with the Help America Vote Act of 2002 (HAVA) accessible voting system requirements or other federal or state laws, but we examined features that might impede access to voting for people with disabilities.

⁷We took multiple measurements of voting station(s) or table(s) used by people with disabilities, such as the height, width, and depth based on the criteria we used. If at least one of these measurements did not conform with the criteria, we identified the polling place as having one or more potential impediments inside the voting area.

Appendix I: Objectives, Scope, and Methodology

In general, the denominator for our calculations is the 178 polling places we examined in which we were able to take measurements and make observations. However, the number of measurements and observations we completed at polling places varied. In some instances our examiners were not able to complete all measurements inside the voting area because of voting area restrictions.

- Of the 178 polling places, we examined features outside of the voting area at all 178.
- Of the 178 polling places, we observed whether or not the polling place had an accessible voting system at 167 polling places, although we were not able to observe every measurable aspect of the voting station.⁸ At the remaining 11 polling places, we were unable to observe if an accessible system was available. Further, for these polling places, we were able to determine potential impediments both outside and inside the voting area.
- Of the 178 polling places, we were able to determine whether or not the polling place had a voting station inside the voting area that could facilitate or impede the casting of a private and independent vote at 137 polling places. At the remaining 41 polling places we were not able to observe if voting stations with accessible voting systems could impede private and independent voting.

We assessed the accuracy of information collected through our data collection instrument by reviewing responses to identify obvious errors or inconsistencies; conducting follow-up to clarify responses when needed; and, checking responses from the paper-based data collection instrument that were entered manually into an electronic format.

To characterize the number of selected polling places with potential impediments throughout this report, we defined modifiers (e.g., “most”) to quantify this information as follows:

- “almost all” represents 90 percent or more of selected polling places,
- “most” represents 60 percent or more of selected polling places,

⁸We define “voting station” as the location within a polling place where voters may record their votes, including the area around and the actual voting booth or enclosure where voting takes place as well as the voting system. “Voting system” refers to the voting equipment that was used to cast a ballot, such as a DRE, a ballot-marking device, or another type of machine or technology.

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-
- “the majority” represents 51 percent or more of selected polling places,
 - “many” represents 40 percent or more of selected polling places,
 - a “minority” represents 20 or fewer of selected polling places.

Survey of States and the District of Columbia

To identify the actions states took to facilitate voting for people with disabilities during the 2016 general election, we administered a web-based survey to state election officials in all 50 states and the District of Columbia.⁹ Survey topics included: (1) state actions to accommodate people with disabilities; (2) state implementation of the Help America Vote Act of 2002 (HAVA) voting access requirements and other accommodations for people with disabilities; and (3) state requirements, policies, and methods for voting before Election Day, particularly early in-person voting and other convenience voting methods like absentee voting.

The 2016 survey was based on the survey used in our 2008 work. However, we updated several of the questions and added new questions to examine early in-person voting and application of HAVA requirements in more depth. We also added questions to examine actions states took to facilitate private and independent voting for people with disabilities. These revisions were informed by discussions with election administration experts and election officials. Several experts and election administrators reviewed our draft survey, and we incorporated their comments as appropriate. We conducted the survey using a self-administered electronic questionnaire administered via the internet. We collected the survey data from January 31, 2017, to May 5, 2017. We received surveys from 49 states and the District of Columbia, for a 98 percent response rate.¹⁰ As a result, the survey will allow for comparison with past results that were published in our 2009 report.¹¹

⁹In this report, we are using the term “states” in reference to the states and the District of Columbia.

¹⁰Not all respondents answered every survey question. In addition, the wording of the 2016 survey question stem changed slightly from our 2000 and 2008 surveys, but the wording for the questions about specific provisions and accommodations are consistent with our previous surveys.

¹¹[GAO-09-941](#).

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This survey was not a sample survey, so there are no sampling errors. However, the practical difficulties of conducting any survey may introduce nonsampling errors, such as variations in how respondents interpret questions and their willingness to offer accurate responses. To minimize nonsampling errors, we pretested the draft survey instrument in five states to ascertain the following: (1) clarity and unbiasedness of survey questions; (2) precision of terminology; and (3) ability of respondents to provide the information sought. We made changes to the content and format of the questionnaire on the basis of pretest results.

Almost all respondents entered their web-based questionnaire responses directly into our survey database, thereby greatly reducing the possibility of data entry errors. However, because of a technical difficulty, two states had to provide their responses directly to a GAO analyst, who then entered the responses directly into the database. To minimize data entry errors for these two surveys, a second analyst separately reviewed the entered responses for accuracy. We also identified any inconsistencies in responses and other indications of error. In addition, a second analyst verified that the computer programs used to analyze the data were written correctly.

Our verification of survey results did not include contacting all state or local election officials to verify survey responses or other information provided by state officials. In general, we also did not analyze states' laws to determine their voting access requirements, but instead relied on the states' responses to our survey. However, in several cases, we conducted a limited review of states' laws or other related information (such as type of early in-person voting provided) to understand the context of a state's response.

Review of Federal Laws, Documentation, and Interviews with Federal Officials and Experts

For all three objectives, we reviewed relevant federal laws, regulations, guidance, and other documentation as well as interviewed officials at the DOJ and EAC. Specifically, we reviewed the *Americans with Disabilities Act: ADA Checklist for Polling Places 2016* and additional guidance, such as the 2007 advisory issued by the EAC regarding the HAVA accessible voting system requirement and DOJ's 2014 guidance on ADA and HAVA implementation, the *Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities*. We assessed DOJ's guidance in the context of federal standards for internal control for identifying, analyzing, and responding to change as well as

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communicating with external parties.¹² Relevant documents were obtained and reviewed for selected states.

To learn more about the extent to which the accessible voting system requirements apply to voting locations used for early in-person voting, we spoke with officials from the EAC as well as officials in both the Voting and Disability Rights Sections of DOJ's Civil Rights Division.¹³ These interviews were used to document DOJ's internal processes for handling enforcement actions, to clarify our understanding of the language in official documents, and to review DOJ's actions to monitor and enforce voting accessibility requirements. Further, we interviewed selected local and state election officials from the counties we selected and states we surveyed. In addition, we interviewed officials from the National Disability Rights Network, officials from the National Association of Secretaries of State, and officials from the National Association of State Election Directors, as well as other election and disability area experts. We selected experts based on their experience working with state and local election officials and their expertise with accessibility issues concerning voting for people with disabilities during federal elections, among other factors. The perspectives we obtained from our interviews with association and election officials and disability experts provided insights regarding officials' views on the accessible voting system requirements. These perspectives cannot be generalized to other associations or officials.

¹²GAO-14-704G.

¹³The Voting Section, within Justice's Civil Rights Division, is responsible for enforcement of civil provisions of federal voting laws, such as HAVA. The Disability Rights Section, also within the Civil Rights Division, is primarily responsible for protecting the rights of persons with disabilities under the ADA, which includes ensuring that people with disabilities have access to basic services, such as voting.

Appendix II: List of Potential Features Outside of the Voting Area That Might Impede Access to Voting

Table 4: Selected Features Outside the Voting Area That Might Impede Access to Voting: Selected Early In-Person Voting Polling Places

Potential impediment	Number of polling places with potential impediment	Number of polling places
Parking		
Poor parking surface	0	45
One or more unramped or uncut curbs	0	45
One or more ramped or cut curbs less than 36 inches wide	0	45
One or more ramps or cut curbs with running slope steeper than 8.3%	3	45
One or more ramps or cut curbs with cross slope steeper than 2.1% ^a	2	45
Other potential impediments in parking lot	3	45
Path from parking to building entrance		
No sign clearly indicating path designated for people with disabilities	5	45
Overly narrow sidewalk/pathway	0	45
No sidewalk/pathway from parking area to building entrance	0	45
Sidewalk/pathway running slope is steeper than 8.3%	5	45
Sidewalk/pathway cross slope is steeper than 2.1%	4	45
Unpaved or poor surface in parking lot or route to building entrance	2	45
Leaves, snow, litter in path from parking area to building entrance	0	45
Objects (e.g., signs) protrude into pathway where object not touching the ground without safety cones	0	45
Steps required in path from parking area to building entrance	0	45
Poor ramp surfaces (e.g., unpaved, abrupt surface changes, etc.)	0	45
Presence of leaves, snow, litter on the ramp from parking area to building entrance	0	45
Suspended objects (e.g., signs, decorative objects) protrude into ramp more than 4 inches where the object is not touching the ground and is at least 27 inches through 80 inches off the ground, without safety cones to identify them	0	45
Ramps along pathway had a running slope steeper than 8.3%	4	45
Ramps along pathway had a cross slope steeper than 2.1%	2	45
Lack handrails on ramp	3	45
Improper handrails on ramp	0	45
Ramps in path from parking area to building entrance is < 36 inches wide or can go down to 32 inches wide for 2 feet	0	45
Ramps in path from parking area to building entrance do not have a level landing at the top and bottom of each section that is at least 60 inches long	0	45
Other potential impediments in the path from parking area to building entrance	2	45

**Appendix II: List of Potential Features Outside
of the Voting Area That Might Impede Access
to Voting**

Potential impediment	Number of polling places with potential impediment	Number of polling places
Building entrance		
Doorway threshold exceeds ½ inch in height	4	45
Single building entrance doorway opening is < 32 inches wide	3	45
Double building entrance door opening is <32 inches wide, including situations in which one of the doors cannot be opened	0	45
Door hardware requires more than one hand to open	1	45
Revolving door is the only door provided	0	45
Automatic door opener for people with disabilities does not work	5	45
Doorbell does not function	2	45
Other potential impediments at the building entrance	0	45
Path from building entrance to voting area		
No sign clearly indicating route to the voting area designated for people with disabilities	4	45
Doorway threshold exceeds ½ inch in height	0	45
Single doorway opening is <32 inches wide	3	45
Double door opening is <32 inches wide, including situations in which one of the doors cannot be opened	0	45
Doors that would be difficult for a person using a wheelchair to open	1	45
Revolving door is the only door provided	0	45
Automatic door opener does not work	1	45
Steps are required to gain access to voting area	0	45
Ramp's running slope is steeper than 8.3%	0	45
Ramp's cross slope is steeper than 2.1%	0	45
No handrails on ramp inside the building	0	45
Improper handrails on ramps inside the building	0	45
One or more ramps that are < 36 inches wide or can go down to 32 inches wide for 2 feet	0	45
Elevator is not operational or is not properly equipped for people with disabilities		
Elevator is not operational	0	45
The center of the top outside call button in the hall is higher than 48 inches from the ground or floor	0	45
The panel surrounding the elevator car buttons lacks raised lettering or Braille	2	45
Outside or inside elevator buttons require a human touch to operate	0	45
The center of the top floor button(s) in the elevator car is higher than 48 inches from the floor of the elevator	2	45
The elevator is not equipped with audible tones or bells or verbal annunciators that signal each floor as it passes	3	45

**Appendix II: List of Potential Features Outside
of the Voting Area That Might Impede Access
to Voting**

Potential impediment	Number of polling places with potential impediment	Number of polling places
Other potential elevator impediments	0	45
Wheelchair lift or buttons are not operational or not proper dimensions	0	45
The lift is not operational or the lift requires a key which is not visibly present	0	45
The outside call button in the hall is higher than 48 inches from the ground or floor	0	45
The width of the opening to enter the lift is less than 32 inches wide	0	45
There is less than a 30-inch by 48 unobstructed floor space on the lift	0	45
The controls inside the lift are higher than 48 inches from the floor of the lift	0	45
Outside or inside lift buttons require a human touch to operate	0	45
The lift requires assistance to operate	0	45
Other potential lift impediments	0	45
Corridors that do not provide an unimpeded width of at least 36 inches can go down to 32 inches for 2 feet, or objects protrude into the corridor where object not touching the ground without safety cones	3	45
Objects (e.g., signs, decorative objects hanging overhead, exposed undersides of stairs) protruding more than 4 inches into the pathway where the object is not touching the ground and is at least 27 inches through 80 inches off the ground, without safety cones to identify them.	3	45
Other potential impediments at doorways and entrances	0	45
Other potential impediments with ramps	0	45
Other potential impediments with corridors	1	45

Source: GAO analysis of selected polling place data collected on Oct. 26, 2016 through Nov. 6, 2016. Criteria to determine if features might impose impediments to access are based on the Department of Justice's 2010 ADA Standards for Accessible Design. | GAO-18-4

^aThe 2016 data collection instrument was updated to include the measurement of the cross slope for ramps, sidewalks, and curb-cuts on the basis of the Department of Justice's *ADA Checklist for Polling Places 2016*.

Table 5: Selected Features Outside the Voting Area That Might Impede Access to Voting: Selected Polling Places on Election Day

Potential impediment	Number of polling places with potential impediment	Number of polling places
Parking		
Poor parking surface	5	133
One or more unramped or uncut curbs	1	133
One or more ramped or cut curbs less than 36 inches wide	0	133
One or more ramps or cut curbs with running slope steeper than 8.3%	11	133
One or more ramps or cut curbs with cross slope steeper than 2.1% ^a	4	133
Other potential impediments in parking lot	3	133

**Appendix II: List of Potential Features Outside
of the Voting Area That Might Impede Access
to Voting**

Potential impediment	Number of polling places with potential impediment	Number of polling places
Path from parking to building entrance		
No sign clearly indicating path designated for people with disabilities	5	133
Overly narrow sidewalk/pathway	1	133
No sidewalk/pathway from parking area to building entrance	3	133
Sidewalk/pathway running slope is steeper than 8.3%	13	133
Sidewalk/pathway cross slope is steeper than 2.1%	9	133
Unpaved or poor surface in parking lot or route to building entrance	8	133
Leaves, snow, litter in path from parking area to building entrance	1	133
Objects (e.g., signs) protrude into pathway where object not touching the ground without safety cones	0	133
Steps required in path from parking area to building entrance	1	133
Poor ramp surfaces (e.g., unpaved, abrupt surface changes, etc.)	4	133
Presence of leaves, snow, litter on the ramp from parking area to building entrance	1	133
Suspended objects (e.g., signs, decorative objects) protrude into ramp more than 4 inches where the object is not touching the ground and is at least 27 inches through 80 inches off the ground, without safety cones to identify them	0	133
Ramps along pathway had a running slope steeper than 8.3%	13	133
Ramps along pathway had a cross slope steeper than 2.1%	6	133
Lack handrails on ramp	1	133
Improper handrails on ramp	3	133
Ramps in path from parking area to building entrance is < 36 inches wide or can go down to 32 inches wide for 2 feet	0	133
Ramps in path from parking area to building entrance do not have a level landing at the top and bottom of each section that is at least 60 inches long	4	133
Other potential impediments in the path from parking area to building entrance	4	133
Other potential impediments on a ramp to the actual building entrance	0	133
Building entrance		
Doorway threshold exceeds ½ inch in height	9	133
Single building entrance doorway opening is < 32 inches wide	5	133
Double building entrance door opening is <32 inches wide, including situations in which one of the doors cannot be opened	3	133
Door hardware requires more than one hand to open	4	133
Revolving door is the only door provided	0	133
Automatic door opener for people with disabilities does not work	5	133
Doorbell does not function	2	133
Other potential impediments at the building entrance	2	133

**Appendix II: List of Potential Features Outside
of the Voting Area That Might Impede Access
to Voting**

Potential impediment	Number of polling places with potential impediment	Number of polling places
Path from building entrance to voting area		
No sign clearly indicating route to the voting area designated for people with disabilities	5	133
Doorway threshold exceeds ½ inch in height	0	133
Single doorway opening is <32 inches wide	3	133
Double door opening is <32 inches wide, including situations in which one of the doors cannot be opened	0	133
Doors that would be difficult for a person in a wheelchair to open	1	133
Revolving door is the only door provided	0	133
Automatic door opener does not work	1	133
Steps are required to gain access to voting area	0	133
Ramp's running slope is steeper than 8.3%	4	133
Ramp's cross slope is steeper than 2.1%	0	133
Improper handrails on ramps inside the building	0	133
One or no handrails on ramps inside the building	2	133
One or more ramps that are < 36 inches wide or can go down to 32 inches wide for 2 feet	1	133
Elevator is not operational or is not properly equipped for people with disabilities		
Elevator is not operational	0	133
The center of the top outside call button in the hall is higher than 48 inches from the ground or floor	0	133
The panel surrounding the elevator car buttons lacks raised lettering or Braille	2	133
Outside or inside elevator buttons require a human touch to operate	0	133
The center of the top floor button(s) in the elevator car is higher than 48 inches from the floor of the elevator	0	133
The elevator is not equipped with audible tones or bells or verbal annunciators that signal each floor as it passes	2	133
Other potential elevator impediments	1	133
Wheelchair lift or buttons are not operational or not proper dimensions		
The lift is not operational or the lift requires a key which is not visibly present	1	133
The outside call button in the hall is higher than 48 inches from the ground or floor	0	133
The width of the opening to enter the lift is less than 32 inches wide	1	133
There is less than a 30-inch by 48 unobstructed floor space on the lift	0	133
The controls inside the lift are higher than 48 inches from the floor of the lift	0	133
Outside or inside lift buttons require a human touch to operate	0	133

**Appendix II: List of Potential Features Outside
of the Voting Area That Might Impede Access
to Voting**

Potential impediment	Number of polling places with potential impediment	Number of polling places
The lift requires assistance to operate	0	133
Other potential lift impediments	0	133
Corridors that do not provide an unimpeded width of at least 36 inches can go down to 32 inches for 2 feet, or objects protrude into the corridor where object not touching the ground without safety cones	2	133
Objects (e.g., signs, decorative objects hanging overhead, exposed undersides of stairs) protruding more than 4 inches into the pathway where the object is not touching the ground and is at least 27 inches through 80 inches off the ground, without safety cones to identify them.	2	133
Other potential impediments at doorways and entrances	3	133
Other potential impediments with ramps	0	133
Other potential impediments with corridors	2	133

Source: GAO analysis of selected polling place data collected on Nov. 8, 2016. Criteria to determine if features might pose impediments to access are based on the Department of Justice's *2010 ADA Standards for Accessible Design*. | GAO-18-4

^aThe 2016 data collection instrument was updated to include the measurement of the cross slope for ramps, sidewalks, and curb-cuts on the basis of the Department of Justice's *ADA Checklist for Polling Places 2016*.

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

To identify the actions states took to facilitate voting for people with disabilities during the 2016 general election, we administered a web-based survey to state election officials in all 50 states and the District of Columbia. We received surveys from 49 states and the District of Columbia, for a 98 percent response rate. The tables provided below represent the frequencies of state responses to the questions listed in the title. In addition, we provide comparative information below that was reported in our 2009 report, updated with corresponding responses from our 2016 survey results.¹ We did not verify survey responses or other information provided by state officials, and some states did not respond to all survey questions.

Table 6: States' Responses to GAO 2016 Survey Question: "To the best of your knowledge, did your state office take any of the following actions to facilitate private and independent voting for people with disabilities in preparation for Election Day, November 8, 2016?"

	Yes	No	Don't know
Conducted demonstrations of voting equipment to people with disabilities	27	20	3
Provided election information on accessible voting procedures in advance to people with disabilities	40	7	2
Provided guidance to local election officials on facilitating voting for people with disabilities	48	2	0
Provided training to local election officials on assisting voters with disabilities	45	5	0
Provided specific guidance on positioning voting stations at voting locations to prevent other voters from seeing how voters using the accessible machines were marking their ballots	40	7	3
Coordinated with disability council, Protection Advocate Voting agency (PAVA) or other advocacy groups	41	6	3
Other	8	6	15

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions.

¹GAO-09-941.

**Appendix III: Survey of States Actions to
Facilitate Voting Access for People with
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Table 7: States' Responses to GAO 2016 Survey Question: "For Election Day, November 8, 2016, did your state obligate or spend any Help America Vote Act (HAVA), state, and/or local funds for any of the following activities to help facilitate voting access for people with disabilities?"

	Yes, we obligated or spent HAVA funds	Yes, we obligated or spent state funds	Localities obligated or spent	No funds were obligated or spent	Don't know	State has not taken this action
Provide voter education to people with disabilities on voting access methods	16	16	14	6	3	2
Providing voting information at polling places, such as sample ballots or voter instructions	10	19	22	6	2	1
Identify accessible facilities for potential voting locations	4	4	26	8	4	5
Train election officials on voting access methods for people with disabilities	18	18	20	4	0	2
Improve, acquire, lease, modify, or replace voting systems and technology	18	13	19	6	1	5
Improve the accessibility of polling places, such as improving physical access for people with disabilities and providing non-visual access for people with visual impairments	17	2	20	7	3	5
Establish or maintain state-based administrative complaint procedures	7	20	1	20	2	2
Establish or maintain a toll-free telephone hotline that voters may use to file accessibility complaints or to obtain voter-related information including voter accessibility issues	6	26	4	12	1	6
Conduct pre-election reviews of voting locations for accessibility or accommodations	6	7	22	4	5	9
Conduct audits of voting locations' accessibility or accommodations	8	7	15	7	5	12
Monitor local governments' efforts to address the state's audit findings and implementing corrective actions	6	8	5	10	6	18
Other	1	1	1	4	4	13

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select ALL answers that applied within each row. Some states did not respond to all survey questions.

**Appendix III: Survey of States Actions to
Facilitate Voting Access for People with
Disabilities**

Table 8: States' Responses to GAO 2016 Survey Question: "In your opinion, for the 2016 general election, how challenging, if at all, has it been for your state to ensure voting access for people with disabilities in the following ways?"

	Very challenging	Moderately challenging	Slightly challenging	Not challenging	No opinion	State has not taken this action
Provide voter education to people with disabilities on voting access methods	1	3	25	17	2	1
Provide voting information at voting locations, such as sample ballots or voter instructions	0	1	9	34	2	3
Identify accessible facilities for potential voting locations	3	10	15	7	3	11
Train election officials on voting access methods for people with disabilities	1	5	17	19	3	3
Improve, acquire, lease, modify, or replace voting systems and technology	7	6	11	8	2	14
Improve the accessibility of voting locations, such as improving physical access for people with disabilities and providing non-visual access for people with visual impairments	2	15	11	9	4	8
Establish or maintain a state-based administrative complaint procedures	0	0	4	41	2	2
Establish or maintain a toll-free telephone hotline that voters may use to file accessibility complaints or to obtain voter-related information including voter accessibility issues	0	1	2	36	1	9
Conduct pre-election reviews of voting locations for accessibility or accommodations	2	5	14	10	3	15
Conduct audits of voting locations' accessibility or accommodations	2	7	9	10	4	16
Monitor local governments' efforts to address the state's audit findings and implementing corrective actions	2	4	11	5	6	19
Other activities your state used to help facilitate voting access for people with disabilities	0	1	8	11	10	11

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions.

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

Table 9: States' Responses to GAO 2016 Survey Question: "For the 2016 general election, did your state office perform any of the following oversight activities to ensure local compliance with state and federal requirements for voting accessibility and accommodations?"

	Yes	No	Don't know
Evaluated and verified compliance with state requirements	34	15	0
Inspected Election Day voting location accessibility	18	30	1
Evaluated and verified that localities provide voter education/outreach for people with disabilities	21	26	2
Required certification from county or local election officials that training on voting location accessibility and accommodations was performed	15	33	1
Provided training to county or local election officials to operate a direct recording electronic devices (DRE) or other accessible voting machine	32	17	0
Compiled and analyzed complaints of voting location accessibility issues occurring on Election Day	39	7	3
Investigated or adjudicated local complaints on voting location accessibility and accommodations on Election Day	34	8	7
Other state oversight actions to ensure local compliance with state and federal requirements	11	12	18

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions.

Table 10: States' Responses to GAO 2016 Survey Question: "For the 2016 general election, did your state allow for or require jurisdictions to provide early in-person voting?"

	Number
Yes, the state required jurisdictions to provide early in-person voting	36
Yes, the state allowed jurisdictions to provide early in-person voting	3
No	11
Don't know	0

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer. Some states did not respond to all survey questions.

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

Table 11: States’ Responses to GAO 2016 Survey Question: “For early in-person voting, did your state require, allow, prohibit, or not address each of the following accessibility provisions and at voting locations for people with disabilities?”

	State requirement	State allowed but not a requirement	State prohibited	Not applicable	State did not address
Provision of ballot or methods of voting in Braille	6	8	1	2	21
Provision of ballots with larger type	12	11	0	1	15
Provision of magnifying instruments	11	21	0	0	7
Curbside voting available during early in-person voting period	16	9	9	1	3
Voting location accessibility standards	35	3	0	0	1
Inspection of polling place accessibility	18	9	0	1	11
Reporting by local jurisdictions to the state on voting location accessibility	13	11	0	2	13
Accommodation of wheelchairs in voting areas	32	4	0	0	3
Notification to voters of any inaccessible voting locations	13	4	0	4	18
Other accessibility provisions or accommodations	5	2	0	13	12

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions.

Table 12: States’ Responses to GAO 2016 Survey Question: “For early in-person voting for the 2016 general election, which of the following statements best describes your state’s policy for providing a direct recording electronic (DRE) system or other accessible machine at voting locations used by jurisdictions?”

	Number
State required a direct recording electronic system or other accessible machine at voting locations used by jurisdictions	30
State allowed a direct recording electronic system or other accessible machine at voting locations used by jurisdictions	5
State had no explicit policy for a direct recording electronic system or other accessible machine at voting locations used by jurisdictions	3
State prohibited direct recording electronic systems or other accessible machines at voting locations used by jurisdictions	1
Don’t know	0

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer. Some states did not respond to all survey questions. For the purpose of this question, we did not consider the accessibility of the voting booth or voting station as part of an “other accessible machine.” Only states that allowed or required jurisdictions to provide early in-person voting responded to this question.

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

Table 13: States' Responses to GAO 2016 Survey Question: "To the best of your knowledge, did your state office take any of the following actions to facilitate private and independent voting for people with disabilities during early in-person voting for the 2016 general election?"

	Yes	No	Don't know
Conducted demonstrations of voting equipment to people with disabilities	20	17	2
Provided election information on accessible voting procedures in advance to people with disabilities	34	4	1
Provided guidance to local election officials on facilitating voting for people with disabilities	36	2	1
Provided training to local election officials on assisting voters with disabilities	35	3	3
Provided specific guidance on positioning voting stations at voting locations to prevent other voters from seeing how voters using the accessible machines were marking their ballots	30	6	3
Coordinated with disability council, Protection Advocate Voting agency (PAVA) or other advocacy groups	30	5	4
Other	2	8	12

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions. Only states that allowed or required jurisdictions to provide early in-person voting responded to this question.

Table 14: States' Responses to GAO 2016 Survey Question: "For early in-person voting for the 2016 general election, did your state obligate or spend any Help America Vote Act (HAVA), state, and/or local funds for any of the following activities to help facilitate voting access for people with disabilities?"

	Yes, we obligated or spent HAVA funds	Yes, we obligated or spent state funds	Localities obligated or spent	No funds were obligated or spent	Don't know	State as not taken this action
Provide voter education to people with disabilities on voting access methods	11	15	15	5	1	3
Provide voter education to people with disabilities on voting access methods	8	15	19	5	2	1
Identify accessible facilities for potential voting locations	3	4	20	5	6	4
Train election officials on voting access methods for people with disabilities	13	14	14	5	1	1
Improve, acquire, lease, modify, or replace voting systems and technology	12	6	15	4	1	8
Improve the accessibility of polling places, such as improving physical access for people with disabilities and providing non-visual access for people with visual impairments	13	4	16	5	4	3
Establish or maintain state-based administrative complaint procedures	6	15	1	13	2	3

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

	Yes, we obligated or spent HAVA funds	Yes, we obligated or spent state funds	Localities obligated or spent	No funds were obligated or spent	Don't know	State as not taken this action
Establish or maintain a toll-free telephone hotline that voters may use to file accessibility complaints or to obtain voter-related information including voter accessibility issues	5	15	4	9	1	7
Conduct pre-election reviews of voting locations for accessibility or accommodations	5	3	19	4	2	9
Conduct audits of voting locations' accessibility or accommodations	4	7	10	6	2	11
Monitor local governments' efforts to address the state's audit findings and implementing corrective actions	3	6	4	6	4	17
Other	2	1	0	2	3	14

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select ALL answers that applied within each row. Some states did not respond to all survey questions.

Table 15: States' Responses to GAO 2016 Survey Question: "In your opinion, how challenging, if at all, has it been to implement the following aspects of Help America Vote Act (HAVA) during early in-person voting in your state for the 2016 general election?"

	Very challenging	Moderately challenging	Slightly challenging	Not challenging	No opinion	State has not taken this action
Interpreting HAVA accessibility requirements	1	1	6	25	5	1
Obtaining federal guidance regarding HAVA accessibility requirements, if needed	0	1	7	15	8	7

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions.

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

Table 16: States’ Responses to GAO 2016 Survey Question: “For early in-person voting for the 2016 general election, did your state office perform any of the following oversight activities to ensure local compliance with state and federal requirements for voting accessibility and accommodations?”

	Yes	No	Don’t know
Evaluated and verified localities’ compliance with state requirements	16	21	1
Inspected early in-person voting location accessibility	12	26	0
Evaluated and verified that localities provide voter education/outreach for people with disabilities	10	27	1
Required certification from county or local election officials that training on voting location accessibility and accommodations was performed	11	27	0
Provided training to county or local election officials to operate a direct recording electronic devices (DRE) or other accessible voting machine	26	11	1
Compiled and analyzed complaints of voting location accessibility issues occurring during early in-person voting	23	12	3
Investigated or adjudicated local complaints on voting location accessibility and accommodations during early in-person voting	24	11	3
Other state oversight actions to ensure local compliance with state and federal requirements	10	9	10

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions. Only states that allowed or required jurisdictions to provide early in-person voting responded to this question.

Table 17: States’ Responses to GAO 2016 Survey Question: “In your opinion, for the 2016 general election, has it been more challenging to ensure accessibility for early in-person voting than for Election Day, more challenging to ensure accessibility on Election Day than for early in-person voting, or has there been no difference between early in-person voting and Election Day?”

	More challenging for early in-person voting than on Election Day	Somewhat more challenging for Early in-person voting than on Election Day	No difference between early in-person voting and Election Day	Somewhat more challenging on Election Day than for earl in-person voting	More challenging on Election Day than for early in-person voting	No opinion	State has not taken this action
Provide voter education to people with disabilities on voting access methods	1	3	29	1	0	2	2
Provide voting information at voting locations, such as sample ballots or voter instructions	0	2	32	1	1	2	0
Identify accessible facilities for potential voting locations	2	1	16	5	8	2	3

**Appendix III: Survey of States Actions to
Facilitate Voting Access for People with
Disabilities**

	More challenging for <i>early</i> in- person voting than on Election Day	Somewhat more challenging for <i>Early</i> in- person voting than on Election Day	No <i>difference</i> between early in- person voting and Election Day	Somewhat more challenging on <i>Election Day</i> than for <i>earl</i> in-person voting	More challenging on <i>Election Day</i> than for <i>early</i> in-person voting	No opinion	State has not taken this action
Train election officials	1	1	28	2	3	2	1
Improve, acquire, lease, modify, or replace voting systems and technology	1	0	26	0	0	2	9
Improve the accessibility of voting locations, such as improving physical access for people with disabilities and providing non-visual access for people with visual impairments	0	2	22	4	5	2	3
Establish or maintain a state-based administrative complaint procedures process	0	0	32	0	0	3	3
Establish or maintain a toll-free telephone hotline that voters may use to file accessibility complaints or to obtain voter-related information, including voter accessibility issues	0	0	30	0	0	2	6
Conduct pre-election reviews of voting locations for accessibility or accommodations	1	0	18	3	3	4	9
Conduct audits of voting locations' accessibility or accommodations	1	2	17	1	2	4	9
Monitor local governments' efforts to address the state's audit findings and implementing corrective actions	1	2	18	1	2	4	10

Source: GAO survey of state election officials. | GAO-18-4

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions. Only states that allowed or required jurisdictions to provide early in-person voting responded to this question.

Table 18: States’ Responses to GAO 2016 Survey Question: “In your opinion, have the following aspects of the Help America Vote Act (HAVA) been more challenging to implement for early in-person voting than for Election Day, more challenging to implement on Election Day than for early in-person voting, or has there been no difference between early in-person voting and Election Day?”

	More challenging for <i>early in-person</i> voting than on Election Day	Somewhat more challenging for <i>early in-person</i> voting than on Election Day	No difference between <i>early in-person</i> voting and Election Day	Somewhat more challenging on <i>Election Day</i> than for <i>early in-person</i> voting	More challenging on <i>Election Day</i> than for <i>early in-person</i> voting	No opinion	State has not taken this action
Interpreting HAVA accessibility requirements	0	1	33	0	0	3	1
Obtaining federal guidance regarding HAVA accessibility requirements, if needed	0	0	28	1	0	6	3

Source: GAO survey of state election officials. | GAO-18-4

Note: Respondents were asked to select one answer per row. Some states did not respond to all survey questions.

Table 19: State-Reported Requirements Concerning the Accessibility of Polling Places: Election Days 2000, 2008 and 2016

State-Reported Requirement	2000	2008	2016
Voting location accessibility standards	23	43	44
Accommodation of wheelchairs in voting areas	17	38	40
Inspection of voting location accessibility	15	34	26
Reporting by local jurisdictions to the state on voting location accessibility	10	29	20

Sources: GAO-09-941 and GAO analysis of data from its 2016 survey of state election officials. | GAO-18-4

Note: Some states did not respond to all survey questions.

Appendix III: Survey of States Actions to Facilitate Voting Access for People with Disabilities

Table 20: States' Reported Challenges in Implementing Various Aspects of the Help America Vote Act (HAVA), 2008 and 2016

	Very or moderately challenging		Slightly challenging		Not challenging		State has not taken this action	
	2008	2016	2008	2016	2008	2016	2008	2016
Ensuring voting location accessibility	31	16	16	13	3	9	1	6
Purchasing direct recording electronic devices (DRE) or other accessible voting systems	24	11	8	5	15	7	4	20
Providing guidance to counties, cities, or local entities for HAVA-required voting access activities for people with disabilities	20	5	18	13	12	25	1	3
Securing HAVA funding for your state	19	9	13	4	17	16	0	11
Disseminating HAVA funding to counties, cities, or local entities	16	4	12	10	11	17	10	13

Sources: GAO-09-941 and GAO analysis of data from its 2016 survey of state election officials. | GAO-18-4

Note: Some states did not respond to all survey questions.

Table 21: Accommodations That States Reported Requiring Local Jurisdictions to Offer to Voters with Disabilities, as of Election Days 2000 2008 and 2016

Reported Required Accommodations	2000	2008	2016
Curbside voting available on Election Day	28	23	21
Provision of magnifying instruments	7	12	14
Provision of ballots with larger type	2	11	13
Ballot taken to voter's residence on or before Election Day	21	9	27
Provision of ballot or methods of voting in Braille	3	6	9

Sources: GAO-09-941 and GAO analysis of data from its 2016 survey of state election officials. | GAO-18-4

Note: Some states did not respond to all survey questions.

**Appendix III: Survey of States Actions to
Facilitate Voting Access for People with
Disabilities**

Table 22: State-Reported Provisions Concerning Accessibility of Polling Places and Accommodations for Individuals with Disabilities, 2008 and 2016

	Required		Allowed		Not Allowed		Not Addressed		Not Applicable ^a		Required or allowed	
	2008	2016	2008	2016	2008	2016	2008	2016	2008	2016	2008	2016
Voting location accessibility standards	43	44	6	4	0	0	0	2	0	n/a	49	48
Inspection of voting location accessibility	34	26	11	13	0	1	4	10	1	n/a	45	39
Reporting by local jurisdictions to the state on voting location accessibility	29	20	12	16	0	0	8	13	0	n/a	41	36
Accommodation of wheelchairs in voting areas	38	40	9	6	0	0	3	4	0	n/a	47	46
Curbside voting available on Election Day	23	21	6	7	12	13	8	9	8	n/a	29	28
Notification to voters of any inaccessible voting locations	16	21	12	5	1	2	20	22	1	n/a	28	26
Provision of ballot or methods of voting in Braille	6	9	14	9	0	1	30	31	30	n/a	20	18
Provision of ballots with larger type	11	13	13	15	0	0	26	22	0	n/a	24	28
Provision of magnifying instruments	12	14	29	25	0	0	9	11	0	n/a	41	39

Sources: GAO-09-941 and GAO analysis of data from its 2016 survey of state election officials. | GAO-18-4

Note: Some states did not respond to all survey questions

^a"Not Applicable" was not a response option for this question for the 2016 survey

Table 23: Reported Changes in State Requirements Concerning Alternative Voting Methods from the 2000, 2008 and 2016

Methods and accommodations	2000	2008	2016
Absentee/mail voting	51	51	49
Curbside voting available on Election Day	28	29	28
Ballot taken to voter's residence on or before Election Day	21	24	27
Early In-Person voting ^a	39	23	39

Sources: GAO-09-941 and GAO analysis of data from its 2016 survey of state election officials | GAO-18-4

^aIn our report on the 2000 general election (GAO-02-107), we did not identify states that offered early voting as part of our analyses, as we defined it in later reports (2004 general election: see GAO-06-450). Rather we reported on the absentee and early voting together. For our 2016 report, we define early in-person voting as a method of voting by which any voter may cast a ballot in person prior to Election Day without providing an excuse. For the purposes of this questionnaire, early in-person voting includes completing an absentee or mail ballot in-person at a voting location (as defined in this questionnaire), which is also known as "in-person absentee" voting in some states. Some states did not respond to all survey questions.

Appendix IV: Comments from the Department of Justice



U.S. Department of Justice
Civil Rights Division

*Office of the Assistant Attorney General
950 Pennsylvania Ave. NW - RPK
Washington, DC 20530
Telephone (202) 514-2151*

August 25, 2017

Rebecca Gambler
Director, Homeland Security and Justice
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548

Dear Ms. Gambler:

Thank you for the opportunity to review the final draft of the Government Accountability Office (GAO) report entitled, "*VOTERS WITH DISABILITIES: Observations on Polling Place Accessibility and Related Federal Guidance, GAO-18-4.*" This draft report was reviewed by the components of the Department of Justice that participated in this review, specifically the Voting Section and the Disability Rights Section within the Civil Rights Division. This letter constitutes the Department's formal comments, and we request that the GAO include this letter in the final report.

The Department greatly appreciates the efforts of GAO staff in reviewing issues related to the rights of voters with disabilities in federal elections, including the accessibility of polling places and voting systems. We also appreciate the opportunity to work once again with your staff on these important issues. The right to vote is the cornerstone of our democracy and the Department is committed to ensuring that the right to vote is secure for all eligible voters in our country, including our citizens with disabilities.

Before responding directly to the recommendation contained in the draft report, we believe it is important to provide background on the Department's extensive and continuing efforts to enforce the protections for voters with disabilities found in federal law, including the Americans with Disabilities Act of 1990, as amended (ADA), the Help America Vote Act (HAVA), and the National Voter Registration Act (NVRA), to name a few. Over two years ago, the Department launched the ADA Voting Initiative, a collaboration between the Civil Rights Division and United States Attorneys' Offices from across the country, to focus our enforcement efforts on increasing the accessibility of voting locations for people with disabilities. Through this initiative, the Department has worked with a number of jurisdictions to improve polling place accessibility and the accessibility of the ballot. In fact, over the past few years, Department staff have surveyed well over 1300 polling places in more than 60 counties and cities, to determine whether the facilities are physically accessible to voters with disabilities. We have reached agreements with counties and cities, both big and small, and most recently in Chicago, Illinois, Chesapeake, Virginia, and Richland County, South Carolina, to ensure that people with disabilities can access and use all of their voting facilities.

Appendix IV: Comments from the Department
of Justice

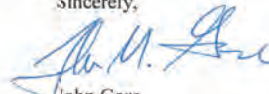
In addition to the ADA Voting Initiative with U.S. Attorneys' Offices, the Civil Rights Division continues to review polling place accessibility through its Project Civic Access. Recently, the Division obtained an agreement with Augusta County, Virginia that focused on polling place accessibility. The Division has reviewed other aspects of state and local voting locations, including the provision of accessible voting systems. Most recently, the Division reached an agreement with the Palm Beach County Supervisor of Elections in Palm Beach County, Florida, to improve the accessibility of the voting system used by the County in federal, state, and local elections. The Department will continue its enforcement efforts in this area and will continue to act on potential violations of federal law with respect to the voting rights of people with disabilities.

The Department has also expanded the guidance we provide on the rights of voters with disabilities, publishing *The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities* and *Solutions for Five Common ADA Access Problems at Polling Places*, and updated our *ADA Checklist for Polling Places*. We post many of our agreements and letters of findings on our website, www.ada.gov.

GAO's draft report recommends that the Department "study the implementation of federal accessibility requirements in the context of early in-person voting and, as necessary, make changes to existing guidance." The Department agrees generally with this recommendation. The Department will study the implementation of federal laws protecting the rights of voters with disabilities in the context of early in-person voting and make changes to that guidance where necessary.

Again, we appreciate the extensive time and resources that you and your staff have put into this report and the opportunity to work with GAO on these very important issues.

Sincerely,



John Gore
Acting Assistant Attorney General

cc: Richard Theis
Director, Audit Liaison Group

Appendix V: Comments from the Election Assistance Commission



U.S. ELECTION ASSISTANCE COMMISSION
1335 EAST-WEST HIGHWAY, SUITE 4300
SILVER SPRING, MD 20910
BRIAN D. NEWBY, EXECUTIVE DIRECTOR

August 28, 2017

Ms. Barbra D. Bovbjerg
Managing Director, Education, Workforce and Income Security

Ms. Rebecca Gambler
Director, Homeland Security and Justice Issues

The U.S. General Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Bovbjerg and Ms. Gambler:

The U.S. Election Assistance Commission (EAC) is grateful for the opportunity to review the General Accountability Office (GAO) draft report titled "Voters with Disabilities: Observations on Polling Place Accessibility and Related Federal Guidance" (100921).

The EAC appreciates the GAO's comprehensive research efforts related to election administration and voters with disabilities. Since the inception of the Help America Vote Act (HAVA) nearly 15-years ago, the GAO has provided invaluable research to advance voting accessibility across the United States. This report provides important contributions in the areas of polling place accessibility, the assessment of accessible early in-person voting, and actions states have taken to meet the HAVA requirements of providing private and independent election systems for people with disabilities.

Since the establishment of the EAC, the Commission has worked closely with election officials and others in the elections community to promote HAVA's accessibility requirements and to

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Appendix V: Comments from the Election Assistance Commission

foster a climate of understanding throughout the country. The commission assists voters with disabilities by empowering and supporting accessibility advances with policy initiatives, voting system certification, outreach efforts, grants, and funding. The EAC provides the following resources for both election officials and voters with disabilities.

PROMOTING AWARENESS: The EAC works closely with election officials to promote HAVA's access requirements. In support of this effort, the commission also engages voters with disabilities, who provide vital feedback that informs election system and administration improvements. For example, leading up to the 2016 election, the EAC held a widely attended field hearing in Boston, Mass., where voters with disabilities provided testimony to help the EAC improve the election process. During its #BeReady16 campaign, the EAC also distributed more than 10,000 federal voting rights cards in Braille, large print, and plain language. These efforts continue today through forums to interact with voters with disabilities and through the distribution of EAC outreach materials to election officials, voters, and advocacy organizations across the U.S.

ELECTION SYSTEM CERTIFICATION: The EAC's Testing and Certification program is the most successful and most implemented voting machine testing and certification program in the nation. It works directly with expert stakeholders to ensure voters with disabilities have access to election systems that meet stringent national standards. The guidelines significantly increase overall requirements for voting systems and expand access, including opportunities to vote privately and independently, for individuals with disabilities. The next iteration of the Voluntary Voting System Guidelines (VMSG) contains expanded requirements covering security, reliability, quality, usability, accessibility, and testing. In order to ensure a development process informed by a cross-section of all American voters, the EAC recently established VMSG public working groups focused on a variety of election-related topics, including human factors and accessibility.

RESEARCH AND DEVELOPMENT: Through the Accessible Voting Technology Initiative (AVTI), a recently completed \$8 million EAC grant program to assist both election officials and voters with disabilities, the EAC and its grantees produced approximately 45 R&D technological and administrative solutions designed to ensure all citizens can vote privately and independently. Under this effort, the EAC also conducted research to help veterans with disabilities in the voting process. For further information and grant reports, please visit: <https://www.eac.gov/payments-and-grants/accessible-voting-technology-initiative/>

In the report's conclusion, GAO states, "our work examining the accessibility of polling places for voters with disabilities during the 2000, 2008, and 2016 general elections points to the need for additional progress to help voters with disabilities enter and move through polling places, access voting systems, and cast a private and independent vote." The GAO's report will be an invaluable resource to the EAC and election officials as we continue to develop, implement, and evaluate effective election administration practices that ensure voting accessibility.

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Appendix V: Comments from the Election
Assistance Commission

The GAO's report makes clear that while some positive results have been achieved, much work remains to be done to meet the full promise of HAVA. Moving forward, the EAC will use this report and ongoing feedback from voters with disabilities, advocacy organizations, election officials, and others to seek progress. The elections community must ensure that voters with disabilities have access to a private and independent vote.

The EAC appreciates the opportunity to provide information for this report. Please do not hesitate to contact me if you need further information or have any questions regarding our activities on voting accessibility.

Sincerely,

A handwritten signature in blue ink, appearing to read "BDN".

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Appendix VI: GAO Contacts and Staff Acknowledgments

GAO Contacts

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Rebecca Gambler, (202) 512-8777 or GamblerR@gao.gov

Staff Acknowledgments

In addition to the contacts above, the following staff members made significant contributions to this report: Brett Fallavollita (Assistant Director), James Whitcomb (Analyst in Charge), Daniel Bertoni, Anna Duncan, Rebecca Kuhlmann Taylor, Shelia Thorpe, and John Vocino.

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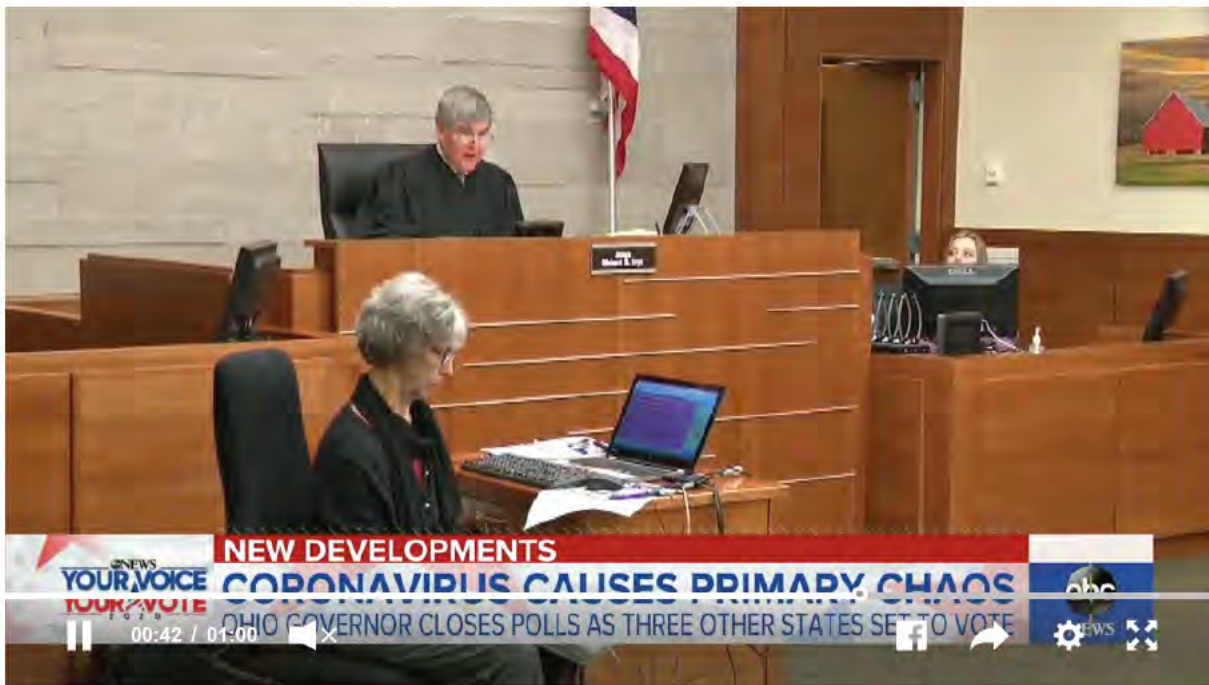
EXHIBIT 44

The Note: Voting in age of coronavirus gets uncertain test runs

Life should return to normal, but voting is likely to never look the same.

By **Rick Klein** and **MaryAlice Parks**

March 31, 2020, 6:02 AM • 7 min read



Primaries and voting chaos amid coronavirus

The outbreak is affecting millions set to go to polls to vote in presidential primaries.

The TAKE with [Rick Klein](#)

Life will presumably return to normal someday. Voting, though, is likely to never look the same.

Amid broad concerns about voting access, and in a year that saw a caucus debacle in Iowa, the way Americans vote was already shifting. Then the national emergency surrounding [coronavirus](#) blew up the [Democratic primaries](#) as we knew them.

The Note: Voting in age of coronavirus gets uncertain test runs - ABC News

How the pieces fit back together is uncertain, given the patchwork of voting laws and conflicting political urgencies that make shifting dates and voting methods near-impossible on a moment's notice.

A smattering of local runoffs in Arkansas on Tuesday will bring the first significant in-person voting since the nation essentially went on lockdown. Amid legal challenges and conflicting messaging from state and local authorities, it's expected to be an almost-normal election day, albeit one with low turnout expected.

Next week's primary voting in Wisconsin will be a bigger -- and more controversial -- lift. It has drawn five lawsuits and counting, as Democrats look to expand registration and absentee voting, and local officials seek to minimize voters' risk of exposure.



 A voter fills out a ballot during the primary election in Ottawa, Ill., March 17, 2020. The polling station was relocated from a nearby nursing... [more](#)

Daniel Acker/Reuters

As for taking such efforts national by November, President Donald Trump on Monday was unusually blunt in explaining why he opposed vote-by-mail and absentee-voting expansions as part of the latest relief package.

"The things they had in there were crazy," the president told Fox News about Democrats' funding requests. "They had things, levels of voting, that if you ever agreed to it, you'd never have a Republican elected in this country again."

The novel [coronavirus](#) does not respect political boundaries, though they are sometimes being accentuated in red-versus-blue talk of the moment. But even discussing changes to the voting process is exposing political divides that won't heal when the country is well again.

Tune into ABC at 1 p.m. ET and ABC News Live at 4 p.m. ET every weekday for special coverage of the novel coronavirus with the full ABC News team, including the latest news, context and analysis.

The RUNDOWN with [MaryAlice Parks](#)

The American people have gone to [war against the coronavirus](#), the question is, should there still be more of a unified offensive instead of hundreds of local battles.

The crisis has brought shared experiences, of course: layoffs, [furloughs](#) and kids at home. It's a new normal for people in all states.


There have been amazing examples of giving and charity across state lines: Supplies sent to hard-hit cities and medical professionals bravely leaving their home states to travel to the frontlines where their [expertise will save lives](#) as the number of cases and hospitalizations surge.

But as Trump continues to see politics everywhere, he makes it hard for a hurting nation to feel joined together.

On a phone call with governors, Montana Gov. Steve Bullock told the White House that they did not have the necessary tests to adequately trace infections and keep the spread at bay. The president replied that he had not heard there was a problem and praised the number of tests done in other places. Speaking later to reporters he relished in his impression that governors were "saying thank you."

Monday he also called House Speaker Nancy Pelosi a sick puppy and her district a "slum."



 *New York governor Andrew Cuomo speaks as the USNS Comfort pulls into a berth in Manhattan during the outbreak of coronavirus disease... more*

Carlo Allegri/Reuters

[New York Gov. Andrew Cuomo](#) urged the country to look past any political differences, "We are at war, there is no politics. There is no red and blue, it's red, white and blue," he said and hopefully more in Washington heard him.


THE TIP with [Meg Cunningham](#)

Voting is slated to take place in 12 Arkansas counties on Tuesday for primary runoff elections, despite heightened concerns over the coronavirus and its spread. It will be the first day of in-person voting since the [March 17 elections](#) and poll workers have taken precautions.

In Grant County, voters will have their temperatures taken before casting their ballots and will only be allowed into the polling site one at a time. In Jefferson County, the clerk is setting up [drive-thru voting](#) at her office so that voters can remain in their vehicles and the poll workers -- wearing gloves and a mask -- can collect the ballots.

"Runoff elections aren't heavily attended anyway," a Benton County employee told ABC News before adding that she doesn't expect a high turnout on Tuesday based on "the fact that we have had an incredibly large number of absentee ballot requests."



 An election worker moves boxes of vote-by-mail ballots for the presidential primary at King County Elections in... [more](#)

Jason Redmond/AFP via Getty Images, FILE

The day will be a test of how voting could look come November, as the coronavirus continues to [upend elections nationwide](#).

THE PLAYLIST


ABC News' "Start Here" podcast. Tuesday morning's episode features ABC News Chief Business and Economics correspondent Rebecca Jarvis, who lays out our new economic reality as we face at least 30 more days of restrictive recommendations from the federal government. And, ABC News Chief Medical correspondent Dr. Jennifer Ashton answers a common question: should we all be wearing masks? <http://apple.co/2HPocUL>

Five Thirty Eight Politics Podcast. In recent days, President Donald Trump's approval rating has hit its highest point since the early days of his presidency. The FiveThirtyEight Politics Podcast team discusses why and suggests it may not be a good longterm indicator for the president. They also discuss where exactly we are in the arc of the COVID-19 crisis and explain the political debate surrounding the Defense Production Act.

<https://53eig.ht/2Jb12X2>

Download the [ABC News app](#) and select "The Note" as an item of interest to receive the day's sharpest political analysis every weekday.

The Note is a [daily ABC News feature](#) that highlights the key political moments of the day ahead. Please check back tomorrow for the latest.

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EXHIBIT 45



ELECTIONS

Ohio offering curbside voting, extending absentee deadline for those in hospital in wake of coronavirus

Rick Rouan Columbus Dispatch

Published 11:03 a.m. ET Mar. 16, 2020 | Updated 11:07 a.m. ET Mar. 16, 2020

COLUMBUS, Ohio – Ohio will extend the deadline for requesting absentee ballots for voters who are “unforeseeably confined or hospitalized” and offer curbside voting for anyone concerned about entering their polling place as the state’s primary election rolls on during the global COVID-19 pandemic.

Ohio Secretary of State Frank LaRose issued a directive Saturday to local boards of election alerting them to the changes. A press conference about changes to voting on Tuesday was delayed from 10 a.m. to 2 p.m. to coincide with Gov. Mike DeWine’s daily press briefing

Under the directive, boards of elections must accept and process absentee ballot requests until 3 p.m. on Election Day for voters who are told by a health care professional to stay home or to isolate. The previous deadline was noon on Saturday.

Ballots must be returned to the board of elections office by the close of polls on Election Day.

More: Four states head to the polls Tuesday. Here's how coronavirus is changing Election Day.

Boards also must offer curbside voting at precinct polling locations for voters who are concerned about going inside the voting location if the person sends someone else in to inform them about their desire to vote.

A third part of the directive includes a recommendation from the Ohio Department of Health that voters in line be spaced apart at least 4 feet and to spread voting machines apart “as much as possible within the polling location.”

Confirmed cases of COVID-19 have been multiplying in Ohio as more people are tested. As of Sunday afternoon, Ohio has 37 confirmed cases of COVID-19, including three in Franklin County,

and another 361 are under investigation.

Gov. Mike DeWine has signed orders to ban gatherings of 100 or more people and on Sunday moved to close dine-in restaurants and bars, but the orders so far have not applied to voting on Election Day.

Voting rights groups have been urging LaRose's office to loosen restrictions on absentee voting and temporarily change other rules to make it easier for people to vote during the COVID-19 outbreak.

Louisiana and Georgia both have postponed their primary elections, but LaRose joined secretaries of state in Arizona, Florida and Illinois on Friday to say that their state's primaries would go on as scheduled Tuesday.

On Sunday, the League of Women Voters and two other groups wrote a letter asking LaRose to issue a temporary directive that would allow voters to designate an individual who can pick up and drop off absentee ballots, extend the postmark deadline for absentee ballots to election day instead of the day before polls open and permit voters or designees to drop off completed ballots at any polling location in the county.

Those groups also want the deadline to request an absentee ballot to be extended to 3 p.m. on Election Day for those who are "susceptible to COVID-19," those at higher risk of contracting the virus and those whose polling places were moved.

Last week, LaRose directed county boards of elections to move about 125 polling places out of senior living facilities and to notify voters who would be affected by the shift. Franklin County relocated 16 polling locations.

More: Biden, Sanders trade policy and historical jabs in Democratic debate filled with coronavirus questions

The latest request came after a coalition of voting rights organizations on Friday asked LaRose to extend hours for in-person early voting and to accept absentee ballots received more than 10 days after the election.

LaRose responded late Friday, saying that some of the coalition's requests already were in place while others would require a change in state law. The Ohio General Assembly would have to modify state law to extend the deadline to accept absentee ballot applications and to require mailing absentee ballots to all active voters who have not requested one, he wrote.

Voting machine manufacturers also have provided information about how to sanitize machines, and local boards of elections have received information from health officials about hand-washing, they wrote.

Voting machine manufacturers have instructed elections officials on how to sanitize their equipment, and LaRose's office has said it will reimburse local boards of elections for buying disinfecting wipes, disposable gloves and other sanitizing supplies.

Polls open Tuesday at 6:30 a.m. and close at 7:30 p.m. Voters in line at 7:30 p.m. will be allowed to cast a ballot.

EXHIBIT 46



3 Easy Steps:

1. **Click** Start Now
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Early voting: Where you can still cast a ballot in-person before the April 7 election in the Milwaukee area

Milwaukee Journal Sentinel Published 2:05 p.m. CT March 31, 2020 | Updated 7:50 a.m. CT April 2, 2020

Gov. Tony Evers, elected officials throughout Wisconsin and municipal clerks statewide are urging voters to seek a mail-in absentee ballot, which can be done at [www.myvote.wi.gov \(https://myvote.wi.gov/en-us/\)](https://myvote.wi.gov/en-us/). Nevertheless, in-person absentee voting is still available in communities throughout the Milwaukee area.

Here is [more information on how to vote absentee \(https://www.jsonline.com/story/news/politics/2020/03/13/coronavirus-wisconsin-how-vote-absentee-amid-outbreak/5042700002/\)](https://www.jsonline.com/story/news/politics/2020/03/13/coronavirus-wisconsin-how-vote-absentee-amid-outbreak/5042700002/).

For voters worried about getting a mail-in ballot in time and are willing to take precautions and vote in-person before Tuesday's election, here is a rundown of arrangements individual communities have taken:

RELATED: [How to get an absentee ballot in Wisconsin during the coronavirus outbreak \(https://www.jsonline.com/story/news/politics/2020/03/13/coronavirus-wisconsin-how-vote-absentee-amid-outbreak/5042700002/\)](https://www.jsonline.com/story/news/politics/2020/03/13/coronavirus-wisconsin-how-vote-absentee-amid-outbreak/5042700002/)

RELATED: [The April 7 election is still set to take place. Here's what we know so far \(https://www.jsonline.com/story/news/politics/elections/2020/03/23/heres-what-we-know-voting-april-7-amidst-coronavirus-crisis/2877409001/\)](https://www.jsonline.com/story/news/politics/elections/2020/03/23/heres-what-we-know-voting-april-7-amidst-coronavirus-crisis/2877409001/)

Milwaukee County

Several Milwaukee County communities, including all of the North Shore suburbs, are limiting in-person absentee voting by appointment only through 5 p.m. Friday. In those communities, contact your municipal clerk for information.

Elsewhere:

Cudahy: 7:30 a.m. to 4:30 p.m. through Thursday, 7:30 a.m. to 5 p.m. Friday at City Hall, 5050 S. Lake Drive.

Franklin: 9 a.m. to 3 p.m. Wednesday and Thursday, 8:30 a.m. to 5 p.m. Friday at City Hall, 9229 W. Loomis Road.

Greendale: 8 a.m. to 4 p.m. Friday, April 3, Village Hall, 6500 Northway.

Greenfield: 8 a.m. to 5 p.m. through Friday at City Hall, 7325 W. Forest Home Ave.

Hales Corners: 10 a.m. to 7 p.m. Monday through Thursday, 8 a.m. to noon Friday in the Village Hall board room, 5635 New Berlin Road, with a limit of five voters at a time.

Milwaukee: Drive-up absentee voting 8 a.m. to 5 p.m. through Friday, 10 a.m. to 3 p.m. Saturday and Sunday, at the Zeidler Municipal Building, 841 N. Broadway.

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South Milwaukee: 7:30 a.m. to 4 p.m. through Thursday, 7:30 a.m. to 5 p.m. Friday at City Hall, 2424 15th Ave.

Wauwatosa: 8 a.m. to 4:30 p.m. Wednesday and Friday; 8 a.m. to 6 p.m. Tuesday and Thursday at City Hall, 7725 North Ave. Please stay six feet apart while in line.

West Allis: Drive-through only, 9 a.m. to 3 p.m. through Thursday 8 a.m. 5 p.m. Friday at City Hall, 7525 W. Greenfield Ave. Voters are encouraged to bring their own black ballpoint pen.

West Milwaukee: 8 a.m. to 4:30 p.m. through Wednesday, April 1; 8 a.m. to 5 p.m. Thursday and Friday at Village Hall, 4755 W. Beloit Road.

The Milwaukee Journal Sentinel and USA TODAY NETWORK-Wisconsin are providing this story for free. For more coronavirus coverage, sign up for our [daily newsletter \(http://bit.ly/JScoronaviruswatch\)](http://bit.ly/JScoronaviruswatch). To support local journalism, consider [subscribing to one of our publications. \(https://offers.usatodaynetwork.com/network-regional-wisconsin\)](https://offers.usatodaynetwork.com/network-regional-wisconsin).

Live Updates: [The latest on coronavirus in Wisconsin \(https://www.jsonline.com/story/news/2020/04/02/coronavirus-wisconsin-latest-updates-cases-cancellations/5110491002/\)](https://www.jsonline.com/story/news/2020/04/02/coronavirus-wisconsin-latest-updates-cases-cancellations/5110491002/)

Daily Digest: [What you need to know about coronavirus in Wisconsin \(https://www.jsonline.com/story/news/2020/03/09/coronavirus-wisconsin-current-numbers-and-latest-news/4997376002/\)](https://www.jsonline.com/story/news/2020/03/09/coronavirus-wisconsin-current-numbers-and-latest-news/4997376002/)

Ozaukee County

Belgium: Drive-up voting is available at Village Hall 1 to 4 p.m. Wednesday and Thursday.

Cedarburg: 8 a.m. to noon Tuesday, March 31; 3 p.m. to 5 p.m. Thursday, April 2; and 3 p.m. to 5 p.m. Friday, April 3 at City Hall, W63 N645 Washington Avenue.

Town of Cedarburg: 8 a.m. to 4:30 p.m. through April 2, and from 8 a.m. to 5 p.m. on April 3 at Town Hall, 1293 Washington Ave.

Fredonia: During business hours in the village clerk's office, 242 Fredonia Ave.

Grafton: 8 a.m. to noon March 31; noon to 4 p.m. April 1 at Village Hall, 860 Badger Circle. Voters should enter through the northeast door. Only two voters will be allowed in the room at a time. Those in line to vote will be asked to stand at least 6 feet apart. Voters should also bring their own black pen.

Town of Grafton: 8:30 a.m. to 4:30 p.m. through April 3. Voters should bring their own blue or black pen.

Mequon: 8 a.m. to 4:30 p.m. through April 2; 8 a.m. to 5 p.m. April 3 in the council chambers at City Hall, 11333 N. Cedarburg Road.

Port Washington: 8 a.m. to 4 p.m. through April 3 at Port Washington City Hall, 100 W. Grand Ave. Voters should bring their own blue or black pen.

Saukville: Village Hall, 639 E. Green Bay Ave., remains open for in-person absentee voting and voter registration. Regular office hours are 8 a.m. to 5 p.m. through Friday. Village Hall is closed to all other business.

Thiensville: 8 a.m. to 4:30 p.m. through Friday; 8 a.m. to 5 p.m. on April 2. Three booths are available and no more than three people are permitted to vote at any given time.



Washington County

Erin: 8 a.m. to noon, 1 to 4 p.m. through Thursday, noon to 5 p.m. Friday at 1846 State Highway 83. Please stand six feet apart.

Germantown: 7:30 a.m. to 6 p.m. Wednesday and Thursday; 8 a.m. to 4:30 p.m. Friday.

Hartford: 7:30 a.m. to 4:15 p.m. through Friday at City Hall Council Chambers, 109 N. Main St.

Jackson: 8 to 4:30 p.m. through Friday at Village Hall, W194-N16660 Eagle Drive.

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Richfield: Drive-through voting 8 a.m. to 4 p.m. through Thursday, 8 a.m. to 5 p.m. Friday at Village Hall, 4128 Hubertus Road.

Slinger: 8:15 a.m. to 4:30 p.m. through Friday at Village Hall, 300 Slinger Road.

West Bend: 8 a.m. to 4:30 p.m. through Thursday, 8:30 a.m. to 5 p.m. Friday at City Hall, 1115 S. Main St.

Waukesha County

Big Bend: 8 a.m. to 4 p.m. through Thursday; 8 a.m. to 5 p.m. Friday, April 3 at Big Bend Village Hall, W230 S9185 Nevins St.

Brookfield: 8 a.m. to 5 p.m., through Friday. Staff will be mandating social distancing while in line, limiting the number of voters in line within the building. They might ask residents to wait outside the building.

Town of Brookfield: 8 a.m. to 4:30 p.m. through Friday.

Butler: 8 to 4 p.m. through Thursday; 8 a.m. to 5 p.m. Friday. In-person voters are asked to stand a proper distance from each other to help protect our elderly and high-risk populations from the potential spread of COVID-19. Hours are subject to change, and the village officials will post updates on its [Facebook page](https://www.facebook.com/villagebutler/) (<https://www.facebook.com/villagebutler/>), www.facebook.com/villagebutler (<https://www.facebook.com/villagebutler/>) and [website](https://www.butlerwi.gov/), (https://www.butlerwi.gov) www.butlerwi.gov (<https://www.butlerwi.gov/>).

Eagle: 8 a.m. to 4 p.m. Tuesday and Thursday; 8 a.m. to 6 p.m. Wednesday; 8 a.m. to 1 p.m. Friday, at Eagle Municipal Building, 820 E. Main St.

Town of Eagle: 9 a.m. to 4 p.m. through Thursday; 9 a.m. to noon Friday at Eagle Municipal Building, 820 E. Main St.

Elm Grove: 8 a.m. to 4:30 p.m. through Friday April 3 at Village Hall. Only one person at a time will be able to come to the counter. Staff will be cleaning the counter and voting booths every hour and will have sanitizing wipes and gels available.

Lac La Belle: The village is not doing any in-person absentee voting (and never does, according to clerk Lori Boyer). Residents should email their application for an absentee ballot, with a picture of a valid photo ID, to Boyer at ljbvllb@yahoo.com.

Lannon: 8 a.m. to 4 p.m. through Thursday, and 8 a.m. to noon on Friday. People can bring their own pen.

Town of Lisbon: 8:30 a.m. to 5 p.m. April 2 and 3 at Town Hall, W234 N8676 Woodside Road

Merton: Village Hall conference room will be open from 9 a.m. to 5 p.m. for absentee voting. The village will remain on this schedule unless advised by the state of any changes made to the timing of the upcoming election. Residents should limit their time in the building to in-person absentee voting only and practice social distancing and proper sanitation.

Town of Merton: Town Hall, W314-N7624 Highway 83, will be open 9 a.m. to 1 p.m. through Friday for in-person absentee voting.

Menomonee Falls: 8 a.m. to 7 p.m. Tuesday; 8 a.m. to 5 p.m. Wednesday through Friday. To provide social distancing, a police aide will be at the door to Village Hall and will provide correct spacing to vote and monitoring the number of people voting.

Town of Mukwonago: 8:30 a.m. to 1:30 p.m. through Friday at Town Hall, W320-S8315 Beulah Road. (Note, due to the coronavirus threat, in-person absentee ballot voters will be required to stay in their cars, which will be attended to by an election inspector who will provide voting instructions.)

Mukwonago: 8 a.m. to 5 p.m. through Thursday; 8 a.m. to noon Friday at Village Hall, 440 River Crest Court.

Muskego: 8 a.m. to 4:30 p.m. Wednesday, and 8 a.m. to 5 p.m. Thursday and Friday at City Hall, W182-S8200 Racine Ave.

New Berlin: 8 a.m. to 4:30 p.m. through Wednesday; 8 a.m. to 5 p.m. Thursday and Friday, City Hall, 3805 S. Casper Drive.

North Prairie: 9 a.m. to 5 p.m. through Friday at Village Hall, 130 N. Harrison St.

Oconomowoc Lake: 8 a.m. to 2 p.m. Tuesday and Wednesday; 8 a.m. to 5 p.m. Thursday and Friday at Village Hall, 35328 West Pabst Road, Oconomowoc.

Ottawa: 8 a.m. to 4 p.m. through Friday, Town Hall, W360-S3337 State Road 67, Dousman.

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Pewaukee: 8 a.m. to 3 p.m. through Friday at City Hall, W240-N3065 Peaukee Road. The number of voters will be limited to four at any given time and each voter will be given a pen to take with them or throw away after voting.

Village of Pewaukee: 8 a.m. to 4:30 p.m. through Thursday; 8 a.m. to 5 p.m. Friday. Absentee voting in residential care facilities has been canceled. Wards 1-5 vote at Gethsemane United Methodist Church at 642 Main St., Pewaukee. Wards 6-10 vote at Pewaukee Village Hall, 235 Hickory St., Pewaukee.

Summit: 8 a.m. to 4 p.m. through Friday at Village Hall, 37100 Delafield Rd.

Sussex: 8 a.m. to 5 p.m. through Friday. To avoid crowds, village officials re encouraging residents to avoid coming during lunch hour. People can bring their own pen.

Vernon: 8 a.m. to 4 p.m. through Thursday, until 5 p.m. on Friday. Staff is asking that residents seal their envelope using a glue stick, or by lightly moistening the flap with tap water. They're asking that residents refrain from licking the envelope.

Waukesha: By appointment only. Call (262) 524-3550.

Town of Waukesha: 8 a.m. to 4 p.m. through Friday. Staff will make sure residents stay six feet apart from each other if there is a line.

Compiled by Now News Group, Milwaukee Journal Sentinel staff.

What it means to 'flatten the curve'

If left unchecked, infections can generate a large number of cases at the start of an epidemic. This huge spike presents a problem. It means there are many people with the potential to infect many more people. A health care system dealing with this type of threat can easily become overwhelmed. One strategy to counter fast-moving viruses is known as "flattening the curve." In short, limit social interaction and you'll limit viral transmission. With nowhere to go, the virus will spread more slowly, making it easier to manage resources.



SOURCE: CDC

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EXHIBIT 47

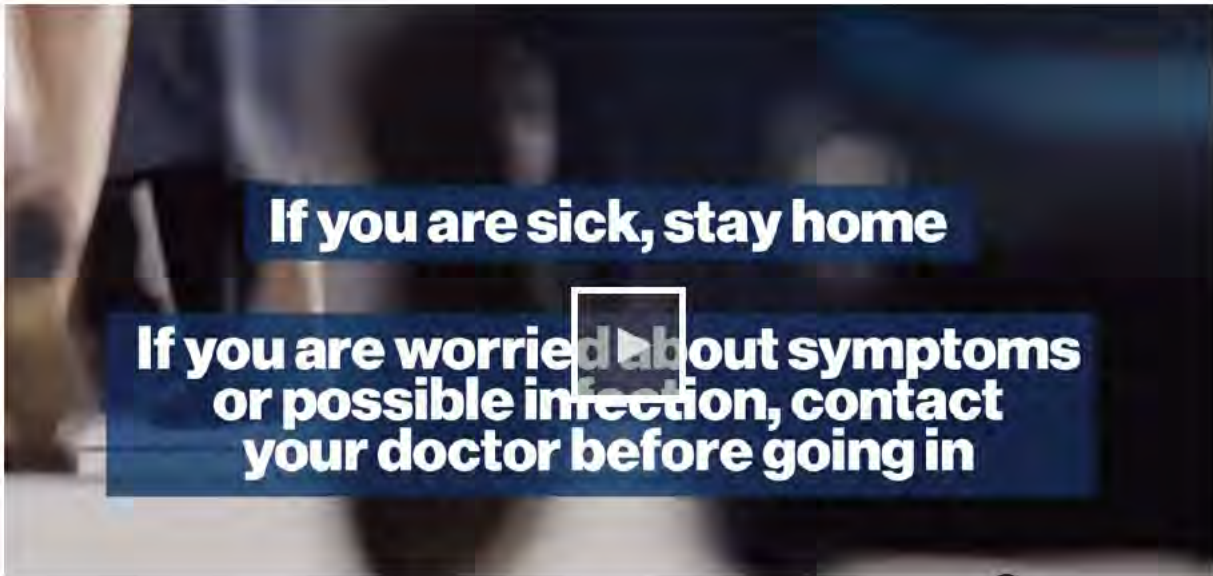
abc NEWS CORONAVIRUS POLITICAL IMPACTS

States focus on alternatives to in-person voting as they move forward with primaries amid coronavirus pandemic

"It just so happened we were prepared for a pandemic," Wyoming Democrats said.

By Quinn Scanlan

March 20, 2020, 4:12 AM • 14 min read



LOG IN

Coronavirus daily update: March 19, 2020

Early cases of COVID-19 are believed to be linked to a live-animal market in Wuhan, China.

While six states have postponed their upcoming presidential primaries amid the coronavirus pandemic, several others have yet to pull the trigger, either continuing to weigh making the change to an election that's been on the books for months or promoting alternative options voters have that can keep them from the polls on Election Day.

Louisiana, Georgia, Kentucky, Ohio, Maryland and Connecticut have all opted to reschedule their elections, and in Puerto Rico, legislation to

States focus on alternatives to in-person voting as they move forward with primaries amid coronavirus pandemic - ABC News

change the date has passed in the territory's Senate and House of Representatives and is now awaiting the governor's signature, which the chairman of the Democratic Party of Puerto Rico anticipates will happen by mid-day Friday.

+ MORE: Coronavirus cases on Capitol Hill renew lawmakers' push for remote voting

After Ohio postponed its primary in the 11th hour, Democratic National Committee Chairman Tom Perez urged states to encourage other voting options, rather than cancel primaries.

"Eligible voters deserve certainty, safety, and accessibility," Perez said in a statement. "That's why states that have not yet held primary elections should focus on implementing the aforementioned measures to make it easier and safer for voters to exercise their constitutional right to vote, instead of moving primaries to later in the cycle when timing around the virus remains unpredictable."



 Tom Perez, Chair of the Democratic National party, is interviewed as he checks out caucusing at the Bellagio Hotel in Las Vegas, Feb. 22, 2020.

Frederic J. Brown/AFP via Getty Images

For Alaska, Hawaii and Wyoming, the next three contests on the calendar for Democrats, all three already had options in addition to in person voting available before the virus outbreak.

"We're really pretty proud of ourselves for how well this has come together. It just so happened we were prepared for a pandemic," said Nina Hebert, communications director for the Wyoming Democratic Party, which canceled its in-person caucus set for April 4, but has two other methods still moving forward: vote-by-mail and ballot drop off.

Ballots have already gone out to every Democrat who registered to vote-by-mail. While originally, these had to be postmarked by Friday and received by March 28, the state party has asked the DNC if it can accept ballots postmarked later, as long as they are received by April 2, in an effort to accommodate more people.

Voters can fill out and drop off the rank-choice ballots on March 28 and April 4 at locations in all 23 counties in Wyoming. Due to the pandemic, drop off locations in some counties, including those in Laramie County, the most populous county and home to the state capital, Cheyenne, will now be "drive-through" style – assuming there's not a blizzard – to limit person to person contact, especially since many volunteers are older, and therefore more at risk of the virus.

But even if voters do have to enter the drop off locations, the number of people inside at one time will be limited, and will have to stand six feet apart. All volunteers checking people in and handling ballots will wear gloves, and voters will be asked to bring their own pens, and if they don't, they'll wind up with a free one from the party.

+ MORE: Government response updates: Trump says FEMA now coordinating, touts possible drug treatments

"People are going to be safer coming to vote at our office than they are going to the grocery store," said Hebert, adding that the party has been working with the state's Department of Health and hasn't been advised to cancel.

In two former caucus states, Alaska and Hawaii, all voters registered with the Democratic Party by a certain date were sent rank-choice ballots in the mail, without having to specifically request them. In Alaska, these ballots must be in the mail by Tuesday, and in Hawaii, these ballots must be received by 3 p.m. local time on Election Day in order to be counted.

As of now, neither state has announced changes to its April 4 in-person voting, which in Hawaii, will happen at 21 polling locations across the island state, and in Alaska, will take place at 44 sites. Both plans also include in-person voter registration on Election Day.



 Wearing gloves, a King County Election worker collect ballots from a drop box in the Washington State primary, March 10, 2020, in Seattle.

John Froschauer/AP

The Hawaii Democratic Party did not return multiple requests for comment regarding the status of its party-run primary. The Alaska Democratic Party told ABC News Thursday that it's reviewing its plan now, and while nothing has been finalized, the party hopes to do so soon.

"In light of the coronavirus spread, we are trying to make it easier and more accessible for Alaskans who wish to cast votes," communications director Jeanne Devon said.

Wisconsin, which votes on April 7, is already "retooling" to prepare for an election amid the outbreak, as one Milwaukee election official told ABC News Wednesday.

While state election officials are "strongly encouraging" voters cast their ballots absentee by mail, in-person voting is still set to be an option on April 7.

+ MORE: Democrats sue to expand voter access amid spread of coronavirus

In Milwaukee, precautions are already underway, including equipping poll workers with gloves and masks, supplying polling sites with cleaning supplies and disinfecting wipes, and complying with CDC guidelines in terms of social distancing, by spacing out voters in line and limiting the number of people inside a polling site.


Rhode Island and Pennsylvania are also still planning to hold elections on April 28, but not without pressure to reschedule, like Connecticut and Maryland – two states that were originally holding their presidential primaries on the same day – did until June 2.

In Pennsylvania, second only to New York for most delegates up for grabs on April 28, it's not just the presidential primary being held, but all down-ballot primary races, like for U.S. Congress and state-level legislators.

County-level elections officials have expressed concern about the logistics of putting on an election, including the ability to count ballots received in the mail.

Lisa Deeley, chair of the City Commissioners in Philadelphia, urged Gov. Tom Wolf to delay the election until at least late May, saying that holding the election "will be exceedingly difficult" due to poll worker training being canceled, and Wolf's announcing many statewide restrictions, including the closing of all bars and restaurants dine-in services.



 Gov. Tom Wolf speaks, as he is joined by a group of lawmakers to call for a collective support on the efforts to reduce gun violence, at an... [more](#)

Bastiaan Slabbers/NurPhoto via Getty Images, FILE

And on Thursday, Wolf escalated restrictions in the state, announcing that all non-life-sustaining businesses in the state must close. But while Wolf's taken decisive action in many areas in the state, his "silence" on the primary has been "alarming to counties," said Forrest Lehman, director of Elections and Registration for Lycoming County.

"We need to know yesterday if there was going to be a primary on April 28 or not so that we can start making contingency plans... because we are we are paralyzed right now watching things on the calendar just slip away," Lehman told ABC News. "I've never seen a primary in greater peril – or any election in greater peril – if the governor does not make a decision about this one way or the other as soon as possible."

Wolf's office did not return a request for comment on the status of the primary, or Lehman's criticism.

+ [MORE: Coronavirus live updates: Trump cancels G-7; California governor says 56% of state could be infected by May](#)

Wanda Murren, communications director for the Pennsylvania Department of State, told ABC News the governor and the department "are continuing to discuss options... in consultation with the Department of Health, the legislature and the counties."


"Our collective goal at this time is to maintain the security of our election and people's fundamental right to vote while at the same time protecting the health and safety of all Pennsylvanians," she said, encouraging voters to apply for a mail-in ballot.

Any voter not eligible for an absentee ballot can request a mail-in ballot in Pennsylvania. Voters can apply online, by mail or by visiting their county election office. Applications must be received by 5 p.m. on April 21, one week before the election.

On Tuesday, the Rhode Island Board of Elections voted to ask Gov. Gina Raimondo to postpone the election until June 2, and make the primary predominantly vote-by-mail, and sending all registered voters applications to apply for a ballot, and giving them a stamp to return the applications. Bob Rapoza, executive director for the Board of Elections, said there would still be polls open in every town and city, but probably only one per locale.

"If we open up polls as we normally would on April 28, we would have a tremendously hard time to recruit poll workers for one, and some of our polling places are in nursing homes and other complexes where we would probably be asked to leave to go somewhere else," Rapoza told ABC News.



 Rhode Island Governor Gina M. Raimondo speaks during an Interfaith Coalition to Reduce Poverty Vigil at the Rhode Island State... [more](#)

Barry Chin/The Boston Globe via Getty Images, FILE

While Rapoza was hopeful the governor would agree to change the date, Raimondo has not made a decision yet.

"The Rhode Island primary is still more than a month away, and the Governor's top priority is protecting the immediate public health and safety of Rhode Islanders. She is open to the idea of moving the election date and will rely on guidance from public health and election officials to inform that decision," her press secretary, Josh Block, told ABC News Thursday.

Even without these changes, Rhode Island voters don't need an excuse to vote-by-mail, but in New York, second only to California in total delegates up for grabs in the Democratic primary, that's not the case.

According to the New York Board of Elections, voters must meet one of the following criteria in order to vote with an absentee ballot: be out of their

county or New York City on Election Day, be unable to go to the polls because they are sick or are caring for someone who is sick or physically disabled, be a resident or patient of a Veterans Health Administration Hospital, or be in jail awaiting action from a Grand Jury or be in prison for a non-felony conviction.

+ MORE: Trump announces potential 'game changer' on drugs to treat novel coronavirus, but FDA says more study is needed

There is currently no other vote-by-mail option in the state. New York is scheduled to do in-person early voting from April 18 through April 26.

ABC News left two messages for public information officers at the New York Board of Elections, but never received a call back.

While it doesn't vote until May 12, West Virginia, however, has already taken action to change who can vote absentee.

"While the Governor's declaration of emergency remains in place, we thus conclude that the Secretary may take emergency measures like (allowing broader access to absentee, by mail voting) that help ensure voter access and election integrity in the primary election," a [legal opinion](#) from Attorney General Patrick Morrisey read.

ABC News' Kendall Karson and Alisa Wiersema contributed reporting to this story.


 Comments (0)



EXHIBIT 48

Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020

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On April 8, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

Since SARS-CoV-2, the novel coronavirus that causes coronavirus disease 2019 (COVID-19), was first detected in December 2019 (1), approximately 1.3 million cases have been reported worldwide (2), including approximately 330,000 in the United States (3). To conduct population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations in the United States, the COVID-19–Associated Hospitalization Surveillance Network (COVID-NET) was created using the existing infrastructure of the Influenza Hospitalization Surveillance Network (FluSurv-NET) (4) and the Respiratory Syncytial Virus Hospitalization Surveillance Network (RSV-NET). This report presents age-stratified COVID-19–associated hospitalization rates for patients admitted during March 1–28, 2020, and clinical data on patients admitted during March 1–30, 2020, the first month of U.S. surveillance. Among 1,482 patients hospitalized with COVID-19, 74.5% were aged ≥50 years, and 54.4% were male. The hospitalization rate among patients identified through COVID-NET during this 4-week period was 4.6 per 100,000 population. Rates were highest (13.8) among adults aged ≥65 years. Among 178 (12%) adult patients with data on underlying conditions as of March 30, 2020, 89.3% had one or more underlying conditions; the most common were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%). These findings suggest that older adults have elevated rates of COVID-19–associated hospitalization and the majority of persons hospitalized with COVID-19 have underlying medical conditions. These findings underscore the importance of preventive measures (e.g., social distancing, respiratory hygiene, and wearing face coverings in public settings where social distancing measures are difficult to maintain)[†] to protect older adults and persons with underlying medical conditions,

as well as the general public. In addition, older adults and persons with serious underlying medical conditions should avoid contact with persons who are ill and immediately contact their health care provider(s) if they have symptoms consistent with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) (5). Ongoing monitoring of hospitalization rates, clinical characteristics, and outcomes of hospitalized patients will be important to better understand the evolving epidemiology of COVID-19 in the United States and the clinical spectrum of disease, and to help guide planning and prioritization of health care system resources.

COVID-NET conducts population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations among persons of all ages in 99 counties in 14 states (California, Colorado, Connecticut, Georgia, Iowa, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah), distributed across all 10 U.S. Department of Health and Human Services regions.[§] The catchment area represents approximately 10% of the U.S. population. Patients must be residents of a designated COVID-NET catchment area and hospitalized within 14 days of a positive SARS-CoV-2 test to meet the surveillance case definition. Testing is requested at the discretion of treating health care providers. Laboratory-confirmed SARS-CoV-2 is defined as a positive result by any test that has received Emergency Use Authorization for SARS-CoV-2 testing.[¶] COVID-NET surveillance officers in each state identify cases through active review of notifiable disease and laboratory databases and hospital admission and infection control practitioner logs. Weekly age-stratified hospitalization rates are estimated using the number of catchment area residents hospitalized with laboratory-confirmed COVID-19 as the numerator and National Center for Health Statistics vintage 2018 bridged-race postcensal population estimates for the denominator.^{**} As of April 3, 2020, COVID-NET

[§] <https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>.

[¶] <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>.

^{**} https://www.cdc.gov/nchs/nvss/bridged_race.htm.

* These authors contributed equally.

[†] <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

hospitalization rates are being published each week at https://gis.cdc.gov/grasp/covidnet/COVID19_3.html. For each case, trained surveillance officers conduct medical chart abstractions using a standard case report form to collect data on patient characteristics, underlying medical conditions, clinical course, and outcomes. Chart reviews are finalized once patients have a discharge disposition. COVID-NET surveillance was initiated on March 23, 2020, with retrospective case identification of patients admitted during March 1–22, 2020, and prospective case identification during March 23–30, 2020. Clinical data on underlying conditions and symptoms at admission are presented through March 30; hospitalization rates are updated weekly and, therefore, are presented through March 28 (epidemiologic week 13).

The COVID-19–associated hospitalization rate among patients identified through COVID-NET for the 4-week period ending March 28, 2020, was 4.6 per 100,000 population (Figure 1). Hospitalization rates increased with age, with a rate of 0.3 in persons aged 0–4 years, 0.1 in those aged 5–17 years, 2.5 in those aged 18–49 years, 7.4 in those aged 50–64 years, and 13.8 in those aged ≥65 years. Rates were highest among persons aged ≥65 years, ranging from 12.2 in those aged 65–74 years to 17.2 in those aged ≥85 years. More than half (805; 54.4%) of hospitalizations occurred among men; COVID-19–associated hospitalization rates were higher among males than among females (5.1 versus 4.1 per 100,000 population). Among the 1,482 laboratory-confirmed COVID-19–associated hospitalizations reported through COVID-NET, six (0.4%) each were patients aged 0–4 years and 5–17 years, 366 (24.7%) were aged 18–49 years, 461 (31.1%) were aged 50–64 years, and 643 (43.4%) were aged ≥65 years. Among patients with race/ethnicity data (580), 261 (45.0%) were non-Hispanic white (white), 192 (33.1%) were non-Hispanic black (black), 47 (8.1%) were Hispanic, 32 (5.5%) were Asian, two (0.3%) were American Indian/Alaskan Native, and 46 (7.9%) were of other or unknown race. Rates varied widely by COVID-NET surveillance site (Figure 2).

During March 1–30, underlying medical conditions and symptoms at admission were reported through COVID-NET for approximately 180 (12.1%) hospitalized adults (Table); 89.3% had one or more underlying conditions. The most commonly reported were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%). Among patients aged 18–49 years, obesity was the most prevalent underlying condition, followed by chronic lung disease (primarily asthma) and diabetes mellitus. Among patients aged 50–64 years, obesity was most prevalent, followed by hypertension and diabetes mellitus; and among those aged ≥65 years, hypertension was most prevalent, followed by cardiovascular disease and diabetes

mellitus. Among 33 females aged 15–49 years hospitalized with COVID-19, three (9.1%) were pregnant. Among 167 patients with available data, the median interval from symptom onset to admission was 7 days (interquartile range [IQR] = 3–9 days). The most common signs and symptoms at admission included cough (86.1%), fever or chills (85.0%), and shortness of breath (80.0%). Gastrointestinal symptoms were also common; 26.7% had diarrhea, and 24.4% had nausea or vomiting.

Discussion

During March 1–28, 2020, the overall laboratory-confirmed COVID-19–associated hospitalization rate was 4.6 per 100,000 population; rates increased with age, with the highest rates among adults aged ≥65 years. Approximately 90% of hospitalized patients identified through COVID-NET had one or more underlying conditions, the most common being obesity, hypertension, chronic lung disease, diabetes mellitus, and cardiovascular disease.

Using the existing infrastructure of two respiratory virus surveillance platforms, COVID-NET was implemented to produce robust, weekly, age-stratified hospitalization rates using standardized data collection methods. These data are being used, along with data from other surveillance platforms (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html>), to monitor COVID-19 disease activity and severity in the United States. During the first month of surveillance, COVID-NET hospitalization rates ranged from 0.1 per 100,000 population in persons aged 5–17 years to 17.2 per 100,000 population in adults aged ≥85 years, whereas cumulative influenza hospitalization rates during the first 4 weeks of each influenza season (epidemiologic weeks 40–43) over the past 5 seasons have ranged from 0.1 in persons aged 5–17 years to 2.2–5.4 in adults aged ≥85 years (6). COVID-NET rates during this first 4-week period of surveillance are preliminary and should be interpreted with caution; given the rapidly evolving nature of the COVID-19 pandemic, rates are expected to increase as additional cases are identified and as SARS-CoV-2 testing capacity in the United States increases.

In the COVID-NET catchment population, approximately 49% of residents are male and 51% of residents are female, whereas 54% of COVID-19–associated hospitalizations occurred in males and 46% occurred in females. These data suggest that males may be disproportionately affected by COVID-19 compared with females. Similarly, in the COVID-NET catchment population, approximately 59% of residents are white, 18% are black, and 14% are Hispanic; however, among 580 hospitalized COVID-19 patients with race/ethnicity data, approximately 45% were white, 33% were black, and 8% were Hispanic, suggesting that black populations might be disproportionately affected by COVID-19. These findings, including the potential impact of both sex and

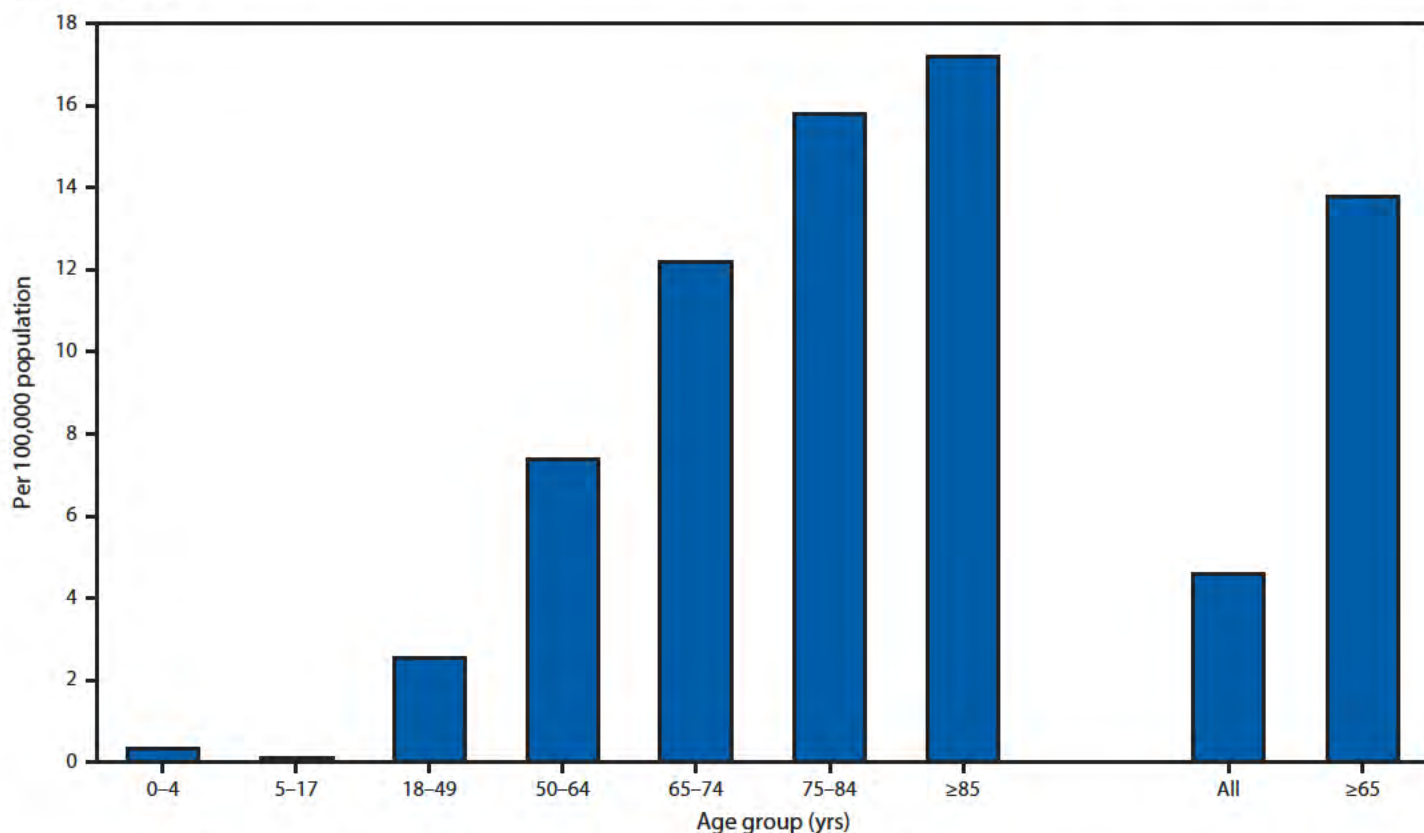
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race on COVID-19-associated hospitalization rates, need to be confirmed with additional data.

Most of the hospitalized patients had underlying conditions, some of which are recognized to be associated with severe COVID-19 disease, including chronic lung disease, cardiovascular disease, diabetes mellitus (5). COVID-NET does not collect data on nonhospitalized patients; thus, it was not possible to compare the prevalence of underlying conditions in hospitalized versus nonhospitalized patients. Many of the documented underlying conditions among hospitalized COVID-19 patients are highly prevalent in the United States. According to data from the National Health and Nutrition Examination Survey, hypertension prevalence among U.S. adults is 29% overall, ranging from 7.5%–63% across age groups (7), and age-adjusted obesity prevalence is 42% (range

across age groups = 40%–43%) (8). Among hospitalized COVID-19 patients, hypertension prevalence was 50% (range across age groups = 18%–73%), and obesity prevalence was 48% (range across age groups = 41%–59%). In addition, the prevalences of several underlying conditions identified through COVID-NET were similar to those for hospitalized influenza patients identified through FluSurv-NET during influenza seasons 2014–15 through 2018–19: 41%–51% of patients had cardiovascular disease (excluding hypertension), 39%–45% had chronic metabolic disease, 33%–40% had obesity, and 29%–31% had chronic lung disease (6). Data on hypertension are not collected by FluSurv-NET. Among women aged 15–49 years hospitalized with COVID-19 and identified through COVID-NET, 9% were pregnant, which is similar to an estimated 9.9% of the general population

FIGURE 1. Laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalization rates,* by age group — COVID-NET, 14 states,† March 1–28, 2020

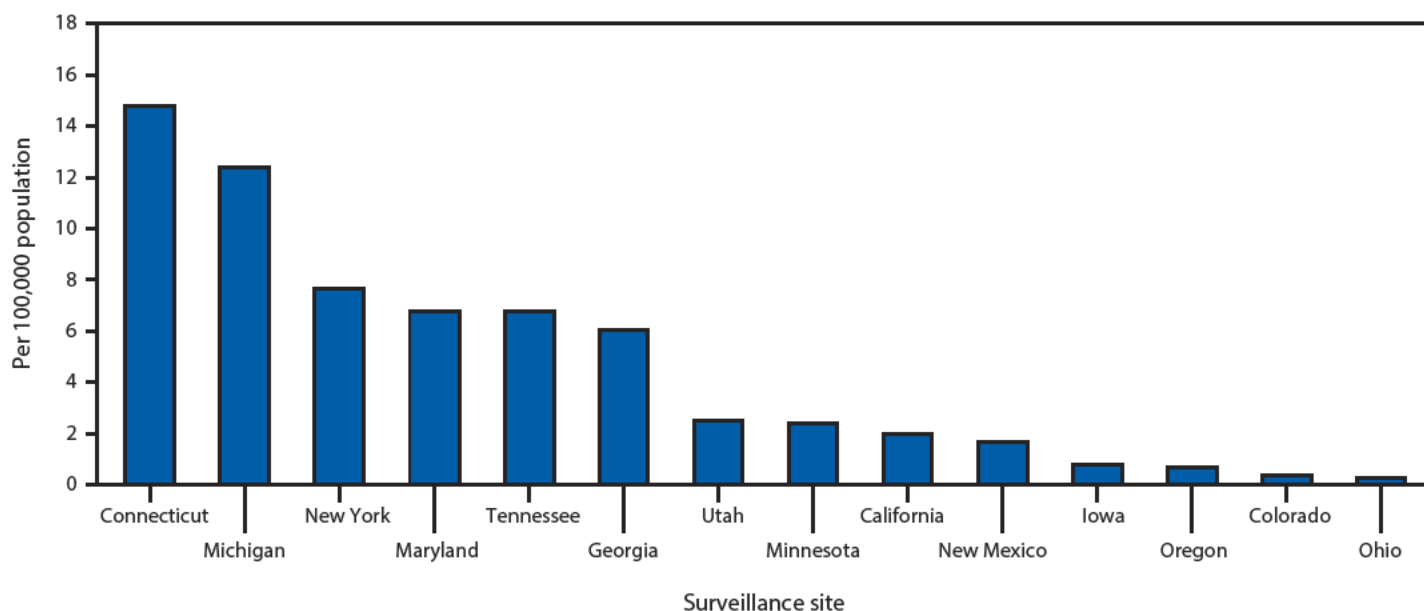


Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.

* Number of patients hospitalized with COVID-19 per 100,000 population.

† Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

FIGURE 2. Laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalization rates,* by surveillance site†— COVID-NET, 14 states, March 1–28, 2020



Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.

* Number of patients hospitalized with COVID-19 per 100,000 population.

† Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

of women aged 15–44 years who are pregnant at any given time based on 2010 data.^{††} Similar to other reports from the United States (9) and China (1), these findings indicate that a high proportion of U.S. patients hospitalized with COVID-19 are older and have underlying medical conditions.

The findings in this report are subject to at least three limitations. First, hospitalization rates by age and COVID-NET site are preliminary and might change as additional cases are identified from this surveillance period. Second, whereas minimum case data to produce weekly age-stratified hospitalization rates are usually available within 7 days of case identification, availability of detailed clinical data are delayed because of the need for medical chart abstractions. As of March 30, chart abstractions had been conducted for approximately 200 COVID-19 patients; the frequency and distribution of underlying conditions during this time might change as additional data become available. Clinical course and outcomes will be presented once the number of cases with complete medical chart abstractions are sufficient; many patients are still hospitalized at the time of this report. Finally, testing for SARS-CoV-2 among patients

identified through COVID-NET is performed at the discretion of treating health care providers, and testing practices and capabilities might vary widely across providers and facilities. As a result, underascertainment of cases in COVID-NET is likely. Additional data on testing practices related to SARS-CoV-2 will be collected in the future to account for underascertainment using described methods (10).

Early data from COVID-NET suggest that COVID-19–associated hospitalizations in the United States are highest among older adults, and nearly 90% of persons hospitalized have one or more underlying medical conditions. These findings underscore the importance of preventive measures (e.g., social distancing, respiratory hygiene, and wearing face coverings in public settings where social distancing measures are difficult to maintain) to protect older adults and persons with underlying medical conditions. Ongoing monitoring of hospitalization rates, clinical characteristics, and outcomes of hospitalized patients will be important to better understand the evolving epidemiology of COVID-19 in the United States and the clinical spectrum of disease, and to help guide planning and prioritization of health care system resources.

^{††} https://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm.

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TABLE. Underlying conditions and symptoms among adults aged ≥ 18 years with coronavirus disease 2019 (COVID-19)–associated hospitalizations — COVID-NET, 14 states,* March 1–30, 2020[†]

Underlying condition	Age group (yrs), no /total no. (%)			
	Overall	18–49	50–64	≥ 65 years
Any underlying condition	159/178 (89.3)	41/48 (85.4)	51/59 (86.4)	67/71 (94.4)
Hypertension	79/159 (49.7)	7/40 (17.5)	27/57 (47.4)	45/62 (72.6)
Obesity [§]	73/151 (48.3)	23/39 (59.0)	25/51 (49.0)	25/61 (41.0)
Chronic metabolic disease [¶]	60/166 (36.1)	10/46 (21.7)	21/56 (37.5)	29/64 (45.3)
Diabetes mellitus	47/166 (28.3)	9/46 (19.6)	18/56 (32.1)	20/64 (31.3)
Chronic lung disease	55/159 (34.6)	16/44 (36.4)	15/53 (28.3)	24/62 (38.7)
Asthma	27/159 (17.0)	12/44 (27.3)	7/53 (13.2)	8/62 (12.9)
Chronic obstructive pulmonary disease	17/159 (10.7)	0/44 (0.0)	3/53 (5.7)	14/62 (22.6)
Cardiovascular disease**	45/162 (27.8)	2/43 (4.7)	11/56 (19.6)	32/63 (50.8)
Coronary artery disease	23/162 (14.2)	0/43 (0.0)	7/56 (12.5)	16/63 (25.4)
Congestive heart failure	11/162 (6.8)	2/43 (4.7)	3/56 (5.4)	6/63 (9.5)
Neurologic disease	22/157 (14.0)	4/42 (9.5)	4/55 (7.3)	14/60 (23.3)
Renal disease	20/153 (13.1)	3/41 (7.3)	2/53 (3.8)	15/59 (25.4)
Immunosuppressive condition	15/156 (9.6)	5/43 (11.6)	4/54 (7.4)	6/59 (10.2)
Gastrointestinal/Liver disease	10/152 (6.6)	4/42 (9.5)	0/54 (0.0)	6/56 (10.7)
Blood disorder	9/156 (5.8)	1/43 (2.3)	1/55 (1.8)	7/58 (12.1)
Rheumatologic/Autoimmune disease	3/154 (1.9)	1/42 (2.4)	0/54 (0.0)	2/58 (3.4)
Pregnancy ^{††}	3/33 (9.1)	3/33 (9.1)	N/A	N/A
Symptom^{§§}				
Cough	155/180 (86.1)	43/47 (91.5)	54/60 (90.0)	58/73 (79.5)
Fever/Chills	153/180 (85.0)	38/47 (80.9)	53/60 (88.3)	62/73 (84.9)
Shortness of breath	144/180 (80.0)	40/47 (85.1)	50/60 (83.3)	54/73 (74.0)
Myalgia	62/180 (34.4)	20/47 (42.6)	23/60 (38.3)	19/73 (26.0)
Diarrhea	48/180 (26.7)	10/47 (21.3)	17/60 (28.3)	21/73 (28.8)
Nausea/Vomiting	44/180 (24.4)	12/47 (25.5)	17/60 (28.3)	15/73 (20.5)
Sore throat	32/180 (17.8)	8/47 (17.0)	13/60 (21.7)	11/73 (15.1)
Headache	29/180 (16.1)	10/47 (21.3)	12/60 (20.0)	7/73 (9.6)
Nasal congestion/Rhinorrhea	29/180 (16.1)	8/47 (17.0)	13/60 (21.7)	8/73 (11.0)
Chest pain	27/180 (15.0)	9/47 (19.1)	13/60 (21.7)	5/73 (6.8)
Abdominal pain	15/180 (8.3)	6/47 (12.8)	6/60 (10.0)	3/73 (4.1)
Wheezing	12/180 (6.7)	3/47 (6.4)	2/60 (3.3)	7/73 (9.6)
Altered mental status/Confusion	11/180 (6.1)	3/47 (6.4)	2/60 (3.3)	6/73 (8.2)

Abbreviations: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network; N/A = not applicable.

* Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

[†] COVID-NET included data for one child aged 5–17 years with underlying medical conditions and symptoms at admission; data for this child are not included in this table. This child was reported to have chronic lung disease (asthma). Symptoms included fever, cough, gastrointestinal symptoms, shortness of breath, chest pain, and a sore throat on admission.

[§] Obesity is defined as calculated body mass index (BMI) ≥ 30 kg/m², and if BMI is missing, by International Classification of Diseases discharge diagnosis codes. Among 73 patients with obesity, 51 (69.9%) had obesity defined as BMI 30– <40 kg/m², and 22 (30.1%) had severe obesity defined as BMI ≥ 40 kg/m².

[¶] Among the 60 patients with chronic metabolic disease, 45 had diabetes mellitus only, 13 had thyroid dysfunction only, and two had diabetes mellitus and thyroid dysfunction.

** Cardiovascular disease excludes hypertension.

^{††} Restricted to women aged 15–49 years.

^{§§} Symptoms were collected through review of admission history and physical exam notes in the medical record and might be determined by subjective or objective findings. In addition to the symptoms in the table, the following less commonly reported symptoms were also noted for adults with information on symptoms (180): hemoptysis/bloody sputum (2.2%), rash (1.1%), conjunctivitis (0.6%), and seizure (0.6%).

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Summary**What is already known about this topic?**

Population-based rates of laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalizations are lacking in the United States.

What is added by this report?

COVID-NET was implemented to produce robust, weekly, age-stratified COVID-19-associated hospitalization rates. Hospitalization rates increase with age and are highest among older adults; the majority of hospitalized patients have underlying conditions.

What are the implications for public health practice?

Strategies to prevent COVID-19, including social distancing, respiratory hygiene, and face coverings in public settings where social distancing measures are difficult to maintain, are particularly important to protect older adults and those with underlying conditions. Ongoing monitoring of hospitalization rates is critical to understanding the evolving epidemiology of COVID-19 in the United States and to guide planning and prioritization of health care resources.

Jim Collins, Kimberly Fox, Sam Hawkins, Shannon Johnson, Libby Reeg, Michigan Department of Health and Human Services; Erica Bye, Richard Danila, Kristen Ehresmann, Melissa McMahon, Kirk Smith, Maureen Sullivan, Minnesota Department of Health; Cory Cline, New Mexico Department of Health; Kathy Angeles, Lisa Butler, Emily Hancock, Sarah Khanlian, Meaghan Novi, University of New Mexico Emerging Infections Program; Grant Barney, Suzanne McGuire, Nancy Spina, New York State Department of Health; Sophrena Bushey, Christina Felsen, Maria Gaitan, RaeAnne Kurtz, Christine Long, Marissa Tracy, University of Rochester School of Medicine and Dentistry; Nicholas Fisher, Maya Scullin, Jessica Shiltz, Ohio Department of Health; Kathy Billings, Katie Dyer, Anise Elie, Karen Leib, Tiffanie Markus, Terri McMinn, Danielle Ndi, Vanderbilt University Medical Center; Ryan Chatelain, Mary Hill, Jake Ortega, Andrea Price, Ilene Risk, Melanie Spencer, Ashley Swain, Salt Lake County Health Department; Keegan McCaffrey, Utah Department of Health; Mimi Huynh and Monica Schroeder, Council of State and Territorial Epidemiologists; Sharad Aggarwal, Lanson Broecker, Aaron Curns, Rebecca M. Dahl, Sascha R. Ellington, Alexandra Ganim, Rainy Henry, Sang Kang, Sonja Nti-Berko, Robert Pinner, Scott Santibanez, Alvin Shultz, Sheng-Te Tsai, Henry Walke, Venkata Akesh R. Vundi, CDC.

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¹CDC COVID-NET Team; ²Eagle Global Scientific, Atlanta, Georgia; ³Chickasaw Nation Industries, Norman, Oklahoma; ⁴Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee; ⁵California Emerging Infections Program, Oakland, California; ⁶Communicable Disease Branch, Colorado Department of Public Health and Environment, Denver, Colorado; ⁷Connecticut Emerging Infections Program, Yale School of Public Health, New Haven, Connecticut; ⁸Departments of Medicine and Pediatrics, Emory University School of Medicine, Atlanta, Georgia; ⁹Emerging Infections Program, Georgia Department of Health, Atlanta, Georgia; ¹⁰Veterans Affairs Medical Center, Atlanta, Georgia; ¹¹Foundation for Atlanta Veterans Education and Research, Decatur, Georgia; ¹²Iowa Department of Public Health; ¹³Maryland Department of Health; ¹⁴Communicable Disease Division, Michigan Department of Health and Human Services, Lansing, Michigan; ¹⁵Minnesota Department of Health; ¹⁶New Mexico Department of Health; ¹⁷New York State Department of Health; ¹⁸University of Rochester School of Medicine and Dentistry, Rochester, New York; ¹⁹Bureau of Infectious Diseases, Ohio Department of Health, Columbus, Ohio; ²⁰Oregon Public Health Division; ²¹Division of Infectious Disease, Vanderbilt University School of Medicine, Nashville, Tennessee; ²²Salt Lake County Health Department, Salt Lake City, Utah.

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6. CDC. FluView interactive: laboratory-confirmed influenza hospitalizations. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>
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EXHIBIT 49



Up Next: Church Member Surprises Pastor With Photos Of Congregation Throughout Empty Sanctuary >

WHNT-TV Huntsville

Dr. Karen Landers says large number of COVID-19 deaths are African American

Duration: 04:42 4/10/2020



Dr. Karen Landers from the Alabama Department of Public Health explained members of the African American community have more risk factors that reduce their ability to have the best response to COVID-19.

NOW PLAYING: Food News

Dr. Karen Landers says large number of COVID-19 deaths are African American

UP NEXT

Church member surprises pastor with photos of congregation...

WHNT-TV Huntsville

Fallen officer memorial service postponed due to COVID-19...

WHNT-TV Huntsville

Family of animal hoarder arrested on over a dozen...

WHNT-TV Huntsville

Resource guide created to boost and support Huntsville music...

WHNT-TV Huntsville

45 Year Veteran Nurse Awarded Nurse of the Year in Huntsville

WHNT-TV Huntsville

Huntsville musician moving performances online during...

WHNT-TV Huntsville

NAACP lawsuit challenges Alabama voting rules during...

WHNT-TV Huntsville

Alabama restaurant donates hundreds of meals to local...

WHNT-TV Huntsville

UAH students facing multiple

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WHNT-TV Huntsville



Paralyzed Alabama teen receives surprise trip to Disney World

WHNT-TV Huntsville



Alabama drivers question how a mobile retailer is allowed to...

WHNT-TV Huntsville



High school athletic director hand-delivers awards to...

WHNT-TV Huntsville



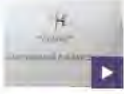
Church members react to extended restrictions in Alabama

WHNT-TV Huntsville



Couple Battling COVID-19 Connects Over FaceTime

WHNT-TV Huntsville



Attorneys McCutcheon and Hamner now offer free wills to...

WHNT-TV Huntsville



Huntsville Birthday Girl Gets Unexpected Birthday Surprise

WHNT-TV Huntsville

EXHIBIT 50

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Declaration of Dr. Courtney D. Cogburn

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am an associate professor at the Columbia University School of Social Work, faculty of the Columbia Population Research Center and a core member of the Columbia Data Science Institute. I am also a faculty affiliate of the Center on African American Politics and Society. At Columbia, I direct the Cogburn Research Group and co-Direct the Justice Equity + Technology lab. I am a member of the Interdisciplinary Association of Population Health Science, Society for Personality and Social Psychology. I have also served as an ad hoc reviewer for Social Science & Medicine, Annals of Behavioral Medicine, Ethnicity & Health, Developmental Psychology and the Journal of the American Medical Association Network Open.
2. I received my B.A. in psychology from the University of Virginia in 2001, my Master of Social Work from the University of Michigan in 2002 and my PhD in education and psychology from the University of Michigan in 2010. I also completed postdoctoral training at the Institute for Social Research in 2012 as well as the Harvard TH Chan School of Public Health and the Harvard Center for Population and Development Studies in 2014.

3. I joined the faculty of the School of Social Work at Columbia as an assistant professor (2014-2019). I held a visiting scientist position at the Harvard TH Chan School of Public Health (2014-2016). I am currently an associate professor at the Columbia University School of Social Work (2019-present), faculty of the Columbia Population Research Center (2014-present), core member of the Data Science Institute (2019-present), co-chair of the computational social science group (2019-present) and faculty affiliate of the Center for African American Politics and Society all at Columbia University.
4. My scholarship focuses on the ways we characterize the meaning and significance of racism in academic and public discourse and how these characterizations inform the ways we measure and assess the effects of racism in empirical health research. I focus specifically on structural and cultural dimensions of racism in US contexts and identifying social, structural and cultural factors that contribute to racial inequities in health and disease in US populations. In a secondary line of work, I explore applications of emerging technologies in addressing racial inequities in health.
5. Attached and incorporated by reference to this declaration is a copy of my curriculum vitae. (Attached here as Exhibit A).
6. **Racial Inequities in Population Health:** Racial discrimination and racism are the fundamental causes of racial inequities in health. As such, racial inequalities in health cannot be eliminated without directly addressing structural racism. A holistic analysis is required to best understand the distribution of vulnerability evident in racial inequities of COVID-19 rates.¹ Namely, racial inequalities across social and cultural institutions, including housing

¹ Chowkwanyun, M. & Jr. Reed, A. (2020). Racial health disparities and COVID-19 – Caution and context. https://www.nejm.org/doi/full/10.1056/NEJMp2012910?fbclid=IwAR1LwFuZnET6tXC0jv-QBcVGjCmzbKTQqefzJ7VpZE7a1KGwD0_C1_QsF14#.XrMvAcv7Ngg.facebook

and neighborhoods, labor, credit markets, education, criminal justice, economic, health care and media systems interact to create systems of disadvantage that create pervasive adverse conditions for the health of Black people living in the United States.² As a result of structural racism, the Black population in the US has a higher rate of chronic illness, co-occurring illness and tend to develop these illnesses earlier in life than whites. This includes illnesses that pose elevated risk to the effects of COVID-19, such as diabetes, asthma, hypertension, heart disease, obesity and cancer.³ The Centers for Disease Control (CDC) identifies “institutional racism in the form of residential housing segregation” as well as greater likelihood of working in critical and essential roles as key factors in increasing risk for severe illness related to COVID-19⁴. The CDC also highlights four key high risk economic and social conditions (i.e. living conditions, work environment, underlying health conditions and lower access to care), which are more common among racial and ethnic minorities compared to whites.

7. The relationship between structural racism and increased disease risk have been demonstrated in several different ways, I will highlight two factors, racial residential segregation and racial discrimination in medical care, which are related to racial inequities in COVID-19 infection and mortality risk in Alabama.
8. First, racial residential segregation,¹ which was produced and maintained in Alabama by state laws and practices, as well as by federal programs and federally supported private policies,

² Cogburn, CD. (2019) Culture, race and health: Implications for racial inequities and population health. *Milbank Quarterly*, 97(3); 736-761; Phelan, J.C., Link, B.G. (2015). Is racism a fundamental cause of inequalities in health? *Annual Review of Sociology*, 41; 311-30; Williams, DR, Lawrence, JA, Davis, BA (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40; 105-25.

³ *Assessing risk factors for severe COVID-19 illness*. Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/assessing-risk-factors.html> (Apr 23, 2020)

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

resulted in discriminatory zoning, predatory mortgage lending and redlining (systematic denial of resources to designated areas). The systematic restriction of resources in Black communities has contributed to higher concentrations of poverty and low-quality housing, unemployment and under-employment, uninsured or underinsured (limited coverage, high co-pays and deductibles), restricted access to quality and affordable foods (greater number of fast food outlets and fewer supermarkets) as well as elevated exposures to physical and chemical environmental hazards (5 to 20 times higher in Black communities compared to white communities, even after controlling for socioeconomic factors). Each of these factors are independently critical to disease risk and outcomes, such as obesity, cancer and asthma and are more likely to co-occur in Black as opposed to white communities.

9. At least one national study suggests that eliminating residential segregation would erase Black-white differences in income, education and unemployment, which are significant predictors of health and health inequality.⁵ For Black people, residential segregation is also associated with risk of low birth weight and pre-term birth, later stage diagnosis of cancer, elevated mortality and lower survival rates for certain cancers and higher rates of obesity. This is attributed to a number of structural factors including, increased exposure to environmental pollutants and restricted access quality health insurance. Regardless of income, Black people are more likely to live in communities with poorer socioeconomic resources. Some data suggest that the average affluent Black household (income of \$75,000 or more) lives in poorer neighborhoods than average lower income white households (less than \$40,000). Racial bias in housing valuation is also evident such that homes in Black communities are undervalued by \$48,000 per home on average around the country. In

⁵ Cutler, DM, Glaeser, EL. 1997. Are ghettos good or bad? Q.J. Econ. 112; 827-72.

Huntsville, AL, for instance, homes in Black communities are devalued by an average of 29.5%, which amount to significant cumulative losses in household and community resources over time.⁶

10. Second, there is substantial evidence of racial discrimination in medical care provision (preventive care, early intervention and management of chronic disease), even after adjusting factors, such as insurance coverage.⁷ Black people compared to whites receive inferior health services across a wide range of illnesses, health care services and treatment interventions, which is in turn associated with greater mortality for Black patients. Across nearly every type of diagnostic, Black patients are less likely to be referred for major therapeutic procedures (e.g., invasive diagnostic, therapeutic and innovative interventions for heart disease, stroke, and cancer, and disease prevention screenings and programming), are systematically undertreated for pain (even among children) and are more likely to be misdiagnosed when compared to white patients with similar clinical disease characteristics and accounting for medical histories, quality of health insurance and other socioeconomic factors. Racial bias in algorithms used to automate the allocation of health care to patients has also been observed, such that Black patients were less likely to be referred to programs aimed at care for complex needs even when they were equally as sick as white patients.⁸

11. **Racial Inequities in COVID-19:** Emerging data related to COVID-19 infection and mortality rates indicate a disproportionate burden of illness and death among racial and ethnic minority groups. Recent reports indicate that Black individuals, who comprise

⁶ Perry, AM, Rothwell, J, Harshbarger, D. The devaluation of assets in black neighborhoods: The case of residential property. <https://www.brookings.edu/research/devaluation-of-assets-in-black-neighborhoods/> (Nov. 27 2018)

⁷ Williams, DR, Rucker, TD (2000). Understanding and Addressing Racial Disparities in Health Care. *Health Care Financial Review*, 21(4), 75-90.

⁸ Obermeyer, Z., Powers, B., Vogeli, C. & Mullainathan, S. Dissecting racial bias in an algorithm used to manage the health of populations, *Science* 336, 447–453 (2019).

approximately 21% of the population in areas included in the analysis, make up over 40% of infection-related mortality.⁹ Other estimates based on national data place the COVID-19 related mortality rate for Black people at 2-5 times greater than the rate observed for white persons. Substantial empirical evidence examining associations between race and health would suggest that the racial inequities being observed in COVID-19 are not the result of immutable differences between racial groups. Effectively addressing racial inequities in COVID-19 related infection and death will require careful consideration of structures and processes that systematically disadvantage Black persons and buoy health advantages among white persons.

12. **Southern Region Estimates**¹⁰: Black people are generally at greater risk of COVID-19 infection and infection-related mortality and are also concentrated in the South. Nearly half of the Black US population resides in southern states, which recent regional estimates predict will ultimately experience the highest rates of death related to COVID-19 infections.

13. **Alabama Estimates**: Early data for COVID-19 infection and mortality in Alabama are consistent with national patterns and are highly concerning. The rate of infection and death for Black residents far exceeds their representation in the general population as well as overall levels for white citizens. Specifically, Black people living in Alabama comprise 27% of the population¹¹ but 45% of COVID-19 related deaths,¹² in spite of Black people

⁹ *Cases of Coronavirus Disease (COVID-19) in the U.S.* Centers for Disease Control.

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (Apr 26 2020)

¹⁰ Dixie in the crosshairs: The south is likely to have America's highest death rate from COVID-19, *Eth Economist*: <https://www.economist.com/graphic-detail/2020/04/25/the-south-is-likely-to-have-americas-highest-death-rate-from-covid-19?fsrc=scn/tw/te/bl/ed/dixieinthecrosshairsthesouthislikelytohaveamericashighestdeathratefromcovid19graphicdetail> (Apr 25 2020)

¹¹ U.S. Census Bureau, *QuickFacts Alabama*, <https://www.census.gov/quickfacts/AL>

¹² Ala. Dep't of Pub. Health, *Characteristics of Laboratory-Confirmed Cases of COVID-19* (May. 7, 2020), at 2, <https://www.alabamapublichealth.gov/covid19/assets/cov-al-cases-050720.pdf>

composing a lower percentage of those infected compared to whites.¹³ The racial disparities in COVID-19 infection rates and deaths in Alabama are among the most startling in the country. The structural factors believed to contribute most significantly to elevated risk at the national level are also evident in Alabama. Alabama is one of 14 states that have opted out of Medicaid expansion that would ensure insurance coverage for an additional 220,000 Alabama residents,¹⁴ a policy decision that disproportionately affects Black residents¹⁵.

14. Black residents in Alabama are also more likely than white residents to be employed in “essential roles” (e.g., manufacturing and service jobs) that increase risk of exposure and infection¹⁶. It should also be noted that, due to national shortages of personal protective equipment (PPE)¹⁷, individuals employed in non-health essential roles may be less likely to have access to and be trained for effective use of PPE. Higher rates of chronic illness among Black Alabama residents and lower access and quality of health care compared to whites are also tied to structural inequities in income, employment, and exposure to environmental pollutants concentrated in Black neighborhoods.

¹³ *Id.* at 1

¹⁴ New coalition pushes for Medicaid expansion, Republicans remain reluctant. WBRC, <https://www.wbrc.com/2020/04/16/new-coalition-pushes-medicaid-expansion-republicans-remain-reluctant/> (Apr 16 2020).

¹⁵ Williams, V (2020). Disproportionately black counties account for over half of coronavirus cases in the U.S. and nearly 60% of deaths study finds. <https://www.washingtonpost.com/nation/2020/05/06/study-finds-that-disproportionately-black-counties-account-more-than-half-covid-19-cases-us-nearly-60-percent-deaths/> (May 6, 2020)

¹⁶ U.S. Census Bureau, 2010-2018 American Community Survey 1-Year Estimates: Selected Social Characteristics of the United States: Alabama (2018), https://data.census.gov/cedsci/table?q=single%20person%20households&g=0400000US01&hidePreview=true&tid=ACSDP1Y2018.DP02&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=DP02_0001E&moc=false (last visited May 11, 2020)

¹⁷ *Ventilator stockpiling and availability in the US*. Johns Hopkins Bloomberg School of Public Health, Center for Health Security. <https://www.centerforhealthsecurity.org/resources/COVID-19/COVID-19-fact-sheets/200214-VentilatorAvailability-factsheet.pdf> (Apr. 1, 2020)

15. **COVID-19 Testing and Ventilator Use**¹⁸⁻¹⁹: Racial biases in access to testing are also emerging and suggest that Black people are less likely than white people to be referred for testing when presenting comparable signs of infection, such as cough and fever. Racial discrimination in testing may actually contribute to an underestimation of racial inequities in infection rate and mortality for Black individuals. Current data regarding ventilator use by race do not yet appear to be publicly available²⁰. It is clear that the need for ventilators significantly outweighs supply, requiring medical personnel to deny life-saving care to those in need. The “save-the-most-lives” principle for ventilator access has been called into question (and recently modified) and represents the ways in which medical decisions can perpetuate racial inequities in health. Following this principle perpetuates existing inequities such that those who exhibit worse health and lower life expectancy as a result of historical and structural inequality, particularly Black people, are most likely to be denied life-saving care²¹⁻²². In addition to substantial evidence of racial discrimination in medical care provision, there is also evidence that in times of scarcity (perceived and actual) white people are more likely to perceive racial and ethnic minorities as less deserving of scarce resources,

¹⁸ Farmer, B. *The Coronavirus doesn't discriminate but U.S. health care showing familiar biases*. National Public Radio: <https://www.npr.org/sections/health-shots/2020/04/02/825730141/the-coronavirus-doesnt-discriminate-but-u-s-health-care-showing-familiar-biases> (Apr 2 2020)

¹⁹ *Health data in the COVID-19 crisis: How racial equity is widening for patients to gain access to treatment*: <https://rubixls.com/2020/04/01/health-data-in-the-covid-19-crisis-how-racial-equity-is-widening-for-patients-to-gain-access-to-treatment/>

²¹ McLane, H (2020). A disturbing medical consensus is growing. Here's what it could mean for Black patients with coronavirus. <https://whyy.org/articles/a-disturbing-medical-consensus-is-growing-heres-what-it-could-mean-for-black-patients-with-coronavirus/> (Apr 10 2020).

²² Schmidt, H (2020). The way we ration ventilators is biased: Not every patient has a fair chance. <https://www.nytimes.com/2020/04/15/opinion/covid-ventilator-rationing-blacks.html> (Apr 15 2020)

including life-saving efforts²³⁻²⁴. The complexities surrounding these decisions in response to COVID-19 and implications for racial inequities in mortality rates will be revealed in the coming months and years. There is a precedent for concern, however, that additional racial bias will emerge in medical decisions related to the employment of life saving procedures by race.

16. **Conclusion:** Due to the factors discussed above, I conclude that Black people's elevated risk of COVID-19 infection is tied to pre-existing and evolving inequities in structural systems and social conditions. As a result, any voting requirement requiring them to break social distancing protocols would place them at higher risk for infection and also threatens public health of the Black community more broadly. We will not be able to immediately address the deeply entrenched social and structural factors contributing to the significantly elevated risk of COVID-19 related infection and mortality among Black people. We can, however, acknowledge the significance of these factors and take immediate steps to minimize exposure for groups most gravely threatened by exposure to COVID-19. This includes city and state regulation of social distancing practices to minimize exposure and spread of infection as well as measures to support safe voting practices under the conditions of COVID-19.

17. I declare under penalty of perjury that the foregoing is true and correct. Executed on May 7, 2020.



Courtney D. Cogburn, PhD

²³ Krosch, AR, Tyler, TR, Amodio, DM (2017). Race and recession: Effects of economic scarcity on racial discrimination. *Journal of Personality and Social Psychology*, 113(6), 892-909.

²⁴ Krosch, AR (2020). The pandemic could lead to more discrimination against Black people: <https://blogs.scientificamerican.com/voices/the-pandemic-could-lead-to-more-discrimination-against-black-people/> (Apr 23 2020).

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Education

Ph.D. (2010)	University of Michigan, Ann Arbor, MI Combined Program in Education and Psychology
MSW (2002)	University of Michigan, Ann Arbor, MI Interpersonal Practice, Children Youth & Families in Society
BA (2001)	University of Virginia, Charlottesville, VA Psychology

Academic Appointments

2019 - Present	Associate Professor (tenure-track): Columbia University School of Social Work
2014 - 2019	Assistant Professor (tenure-track): Columbia University School of Social Work
2016 - Present	Affiliate, Columbia Data Science Institute
2014 - Present	Faculty, Columbia Population Research Center
2015 - Present	Faculty Affiliate, Center on African American Politics and Society Columbia University
2014 - 2016	Visiting Scientist, Harvard T.H. Chan School of Public Health
2012 - 2014	Robert Wood Johnson Health & Society Scholar: Harvard Center for Population and Development Studies
2012 - 2014	Research Fellow: Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health
2011 - 2012	NIH Postdoctoral Fellow: Institute for Social Research, University of Michigan

Grant and Gift Support

- 2019 **Oculus (Facebook)**
Award amount: \$100,000
Social Work, Emerging Technology and Media Innovation lab
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work,
Desmond Patton, Columbia School of Social Work
- 2019 **Oculus (Facebook)**
Award amount: \$200,000
Data Visualization, Virtual Reality and Structural Racism project
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work,
Desmond Patton, Columbia School of Social Work
- 2019 **Hearst Foundation / Brown Institute Media Innovation**
1000 Cut Journey
Award amount: \$500,000
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work,
Jeremy Bailenson, Stanford University Department of Communication
- 2016 - 2017 **Brown Institute Media Innovation Magic Grant**
1000 Cut Journey from Harlem to Soho: Examining the Psychosocial and Physiological Impact of an Immersive Racism Experience in Virtual Reality
Award amount: \$250,000
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work, Jeremy Bailenson,
Stanford University Department of Communication
- 2016 - 2017 **Lerner Innovation Pilot Program Grant**
Sticking to your guns: Can framing public health advocacy bridge political and social differences?
Award amount: \$20,000
Role: Co-PI
Amy Fairchild, Mailman School of Public Health; Merlin Chowkwanyun,
Mailman School of Public Health; Courtney D. Cogburn, Columbia School of Social Work
- 2016 - **Columbia Population Research Center Seed Grant**
#Racism: Examining cultural racism and multiple stress responses in the context of contemporary media
Award amount: \$12,000
Role: Principal Investigator
- 2014 - 2015 **Provost's Grants Program for Junior Faculty**
Black face to Ferguson: A mixed methodological examination of media racism, media activism and health
Award amount: \$25,000
Role: Principal Investigator
- 2013 - 2014 **Robert Wood Johnson Foundation**

Mixed methodological assessment of racial and non racial psychosocial stress exposure on HPA and ANS Stress Reactivity

Award amount: \$30,000

Role: Principal Investigator

2012 - 2013 Robert Wood Johnson Foundation

Sociocultural racial stress exposure effects on stress reactivity and executive functioning

Award amount: \$33,734

Role: Principal Investigator

2012 - 2013 National Institute on Minority Health and Health Disparities

Loan Repayment Program

Racial stress and social cognition: Measurement and implications for health and racial health disparities

Award amount: \$40,748.73

2004 - 2009 Graduate Student Retention Grant, University of Michigan

Award amount: \$3,200

Role: Co-Principal Investigator

2004 - 2009 Experiential Learning Grant, International Institute University of Michigan

Award amount: \$8,000

Role: Co-Principal Investigator

Honors and Awards

- 2019 Atlantic Fellows for Racial Equity (Semi Finalist)
- 2018 Soros Equality Fellowship, Open Society (Finalist)
- 2018 Los Angeles Film Festival, Official Selection: *1000 Cut Journey*
- 2018 New Orleans Film Festival, Official Selection: *1000 Cut Journey*
- 2018 Tribeca Film Festival, Official Selection Virtual Reality Arcade: *1000 Cut Journey*
- 2012 Robert Wood Johnson Foundation Health & Society Scholar
- 2011* Science and Technology Fellowship - Executive Branch, American Academy of Arts and Science, Health Education and Human Services **declined*
- 2011* Science and Technology Fellowship - Executive Branch, American Psychological Association **declined*
- 2010 National Institute of Child Health and Human Development Diversity Training Grant
- 2009 Rackham Predoctoral Fellowship, University of Michigan
- 2008 Holmes Award, University of Michigan
- 2008 Barbara Perry Roberson Award, University of Michigan

- 2007 Roger W. Brown Award, University of Michigan
- 2005* Ford Predoctoral Fellowship **Honorable Mention*
- 2004 Rackham Merit Fellowship, University of Michigan

Publications

- Cogburn, C.D.**, Bailenson, J.N., Ogle, E., Asher, T. & Nichols, T. (2018). 1000 cut journey. ACM SIGGRAPH (2018). Virtual, Augmented, and Mixed Reality, DOI: <https://doi.org/10.1145/3226552.3226575>
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- Cogburn, C. D.**, Griffin, T., & Jackson, J. S. Race and mental health disparities (2013). In: Mason, P (Ed). *Encyclopedia of Race and Racism, 2nd Edition, Volume 3 (126-131)*.
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gender. *Journal of Race and Social Problems*, 3(1), 160-169.

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Cogburn, C.D., Chavous, T., & Griffin, T. M. (2011) School-based racial and gender discrimination among African American adolescents: Exploration variation in frequency and impact among girls and boys. *Journal of Race and Social Problems*, 3(1), 25-37.

Lun, J., Sinclair, S. & **Cogburn, C.D.** (2009). Cultural stereotypes and the self: A closer examination of implicit self-stereotyping. *Basic and Applied Social Psychology*, 31(2), 117-127.

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Chavous, T. & **Cogburn, C.D.** (2007). The superinvisible woman: The study of Black women in education. *Black Women, Gender and Families. Black Women, Gender and Families: Women's Studies and Black Studies Journal*, 1(2).

Chavous, T., Branch, L., **Cogburn, C.D.**, Griffin, T., Maddox, J., & Sellers, R. (2007). Achievement motivation among African American college students at predominantly White institutions: Risk and protective processes related to group identity and contextual experiences. F. Salili & R. Hoosain (Eds.), *Culture, Motivation and Learning: A multicultural, perspective*. Information Age Publishing.

Neblett, E., Philip, C., **Cogburn, C.D.** & Sellers, R. (2006). African American adolescents' discrimination experiences and academic achievement: Racial socialization as a cultural compensatory and protective factor. *Journal of Black Psychology*, 32(2), 1-20.

In Press

Cogburn, C. D. Culture, race and health: Implications for Racial Inequities and Population Health. *Milbank Quarterly*.

Versey, H. S., **Cogburn, C. D.**, Wilkins, C. L., & Joseph, N. Appropriated racial oppression: Implications for mental health in Whites and Blacks. *Social Science & Medicine, Online First*, 295 302.

Under Review

Cogburn, C. D., McLaughlin, K., & Kubzansky, L. #Racism: Cultural racism and physiological, psychological and behavioral stress response racism. *Social Science & Medicine*. *R&R: invited revision resubmitted

In Preparation (listed in order of planned submission)

*Graduate student

Cogburn, C. D., Jackson, J. S., & Abdou, C. Composite versus delineated measures of discrimination: How framing alters associations between racial and non-racial discrimination and depression in a

multiethnic sample. *Cultural Diversity and Ethnic Minority Psychology*. * R&R

Cogburn, C. D., Chavous, T., Frey, W.* & Deshmukh, N.* *Race related social cognition and mental health among Black adolescents*. Target journal: Child Development (4.19).

Cogburn, C.D., Herrera, F*, & Bailenson, J. *Investigating implicit racial bias and embodiment among Whites experiencing racism in virtual reality*. Target journal: Human Computer Interaction (4.667)/Psychological Science (6.128)

Cogburn, C. D., Kubzansky, L., Boem, J.K., Seeman, T., Jacobs, D., Williams, D.R., & Diez-Roux, A. *Race and cardiovascular health: The role of chronic psychosocial stress, psychological framings of adversity and endocrine stress responses among Blacks and Whites in the CARDIA sample*. Target journal: JAMA (47.661)

Cogburn, C. D., Geller, A., Allen, A*. & Rajput, A*. National media coverage of police violence and health. Target journal: NEJM (79.25)/JAMA (47.661)

Cogburn, C. D. & Bailenson, J. Designing racism in virtual reality: A transdisciplinary approach. Target journal: TBD, Impact Factor: TBD

Invited Talks and Expert Convenings

Cogburn, C.D. (2019, May). Twitter. Faculty Advisory Session. NY, NY.

Cogburn, C.D. (2019, May). National Center for Women in Technology (NCWIT) Summit. *Culture and Racism: Using VR for Empathy and Engagement*. Nashville, TN.

Cogburn, C.D. 2019, May). Social Media Governance Initiative Inaugural Conference. The Social Justice Collaboratory: Yale Law School. Expert convening. New Haven, CT.

Cogburn, C.D. 2019, April). Washington University in St. Louis. Collaboration on Race, Inequality and Social Mobility, *Measurement and Methodology Panel*. St. Louis, MO.

Cogburn, C.D. (2019, March). Interprofessional Education Day (IPE) Keynote: Columbia University. NY, NY.

Cogburn, C.D. (2019, March). Story Movements: Center for Media & Social Impact, American University. *1000 Cut Journey: Why + What + Process*. Washington, DC.

Cogburn, C.D. (2019, March). Digital Activism Panel: CUNY Graduate Center. NY, NY.

Cogburn, C.D. (2019, March). City Block (Health and Medical Center). *Characterizing, Measuring and Undoing Racism: Implications for Racial Inequities in Health*. NY, NY.

Cogburn, C.D. (2019, January). PCMA Convening Leaders. *Experiencing Racism in VR*. Pittsburgh, PA.

Cogburn, C.D. (2019, January). Planned Parenthood. Expert meeting. NY, NY.

Cogburn, C.D. (2019, January). Research Center for Group Dynamics Speaker Series: University of Michigan. *A Culture of Racism: Conceptual and Methodological Innovations*. Ann Arbor, MI.

- Cogburn, C.D.** (2019, January). Institute for Social Research: University of Michigan. *1000 Cut Journey*. Ann Arbor, MI.
- Cogburn, C.D.** (2018, December). Planned Parenthood Headquarters. Expert meeting. Washington, DC.
- Cogburn, C.D.** (2018, November). Social Science Research Council (SSRC), Special Convening on Anticipatory Social Research. NY, NY.
- Cogburn, C.D.** (2018, November). *1000 Cut Journey*, featured speaker. Google: NY, NY.
- Cogburn, C.D.** (2018, December). World of Minds Summit: Zürich, Switzerland. Invited participant.
- Cogburn, C.D.** (2018, September). Los Angeles Film Festival: Los Angeles, CA.
- Cogburn, C.D.** (2018, September). Oculus Connect 5 (Facebook): Menlo Park, CA.
- Cogburn, C.D.** (2018, November). Virtual Identity (v-ID) Summit: Park City, UT.
- Cogburn, C.D.** (2018, November). Virtual Reality Privacy Summit: Stanford, Palo Alto, CA.
- Cogburn, C.D.** (2018, July). The Future of Animation: AI-Generated Characters. NYC Media Lab and Samsung NEXT private event, panelist: NYC, NY.
- Cogburn, C.D.** (2018, July). High Fidelity Fireside Chat with Philip Rosedale.
- Cogburn, C.D.** (2018, June). *Oculus VR for Good Creators Lab. Advisory Session*. Palo Alto, CA.
- Cogburn, C.D.** (2018, June). *Growing Pains: Virtual reality, documentary and a search for answers*. American Film Institute Documentary Forum. Washington, D.C.
- Cogburn, C.D.** (2018, April). *Racial Inequality in Health and Economic Outcomes (Discussant)*. 50 Years After the Kerner Commission. Institute for New Economic Thinking, The Eisenhower Foundation, Roosevelt Institute and The American Assembly Columbia University.
- Cogburn, C.D.** (2018, April). *Education and Advocacy in VR*. Tribeca Film Festival.
- Cogburn, C.D.** (2018, March). *Innovations in VR*. Games for Change XR for Change Talk and Play.
- Cogburn, C.D.** (2018, February). *Virtual Reality + Racism*. Stanford University 52nd Carlos Kelly McClatchy Symposium.
- Cogburn, C.D.** (2018, January). *Characterizing and Measuring Racism: Implications for Addressing Racial Inequities in Health*. New York Department of Health Commissioner's (Dr. Mary Bassett) Brown Bag Series.
- Cogburn, C.D.** (2017, November). Panelist: NYC Media Lab: Exploring Future Reality 2017: <https://www.youtube.com/watch?list=PLfUpxzvGBM0mV0q5u51Eu6kHFoLYvVg&v=B3WHOjRhAss>

- Cogburn, C.D.** (2017, October). *The Culture of Racism: Exposing and Fighting Racism on Cultural Terrain*. Distinguished Diversity Scholar Award Conference: Discrimination and Social Identity Panel.
- Cogburn, C.D.** (2017, October). *Designing Racism in Virtual Reality*. Black in Design Conference: Designing Resistance, Building Coalitions. Harvard Graduate School of Design.
- Cogburn, C.D.** (2017, June). *Cultural racism and health*. Lives of Color: Race-Ethnicity and the Life Course. Pennsylvania State University, Center for Life Course and Longitudinal Studies.
- Cogburn, C.D.** (2017, June). *Virtual Reality and Racism*. TEDxRVA. Richmond, VA.
- Cogburn, C.D.** (2016, November). Keynote Address: Robert Wood Johnson Foundation Clinical Scholars Annual Meeting.
- Cogburn, C.D.** (2016, September). *Ending racism in America: Agendas from and for science*. Interdisciplinary Association for Population Health Science.
- Cogburn, C.D.** (2016, June). *Innovations in measuring racism related stress: Implications for understanding racial disparities in stress related disease*. Program for Research on Black Americans. Institute for Social Research. University of Michigan.
- Cogburn, C.D.** (2016, May). *Characterizing and measuring racism: Implications for addressing racial disparities in health*. Robert Wood Johnson Foundation Health & Society Scholars Annual Meeting. New Orleans.
- Cogburn, C.D.** (2016, April). *What is racism?* Framing thought and innovation in measurement. Center for Justice Working Group. Columbia University.
- Cogburn, C.D.** (2015, February). *Black health equity: Using a social lens to frame discussions on racial health disparities*. Wesleyan University.
- Cogburn, C.D.** (2015, January). *Health effects of structural racism: Using social science data in human rights advocacy*. Leitner Center for International Law and Justice at Fordham University Law School.
- Cogburn, C.D.** (2015, January). *Technology and structural discrimination*. Discussant: Technology Salon New York. Brooklyn Community Foundation.
- Cogburn, C. D.** (2014, November). *Effects of prejudice on mental and physical health*. Princeton University, Department of Psychology.
- Cogburn, C. D.** (2014, October). *Culture wars and race*. Harvard University Kennedy School of Government.
- Cogburn, C.D.** (2014, October). *The role of social scientists and data scientists in humans rights advocacy & illuminating issues of structural discrimination*. Fordham University and the International Center for Advocates Against Discrimination.
- Cogburn, C.D.** (2014, October). *Racism, stress and health: Using transdisciplinary science to tackle the grand challenge of health disparities*. Columbia University School of Social Work, Dean's Advisory Council.

Cogburn, C.D. (2014, April). *The role of race in stress and health*. Harvard University School of Public Health.

Cogburn, C.D. (2013, April). *Racism and health: Research and action*. Southern Jamaica Plain Health Center, Racial Healing Project: Boston, MA.

Conference Presentations

Cogburn, C.D. (2019, June). *Can racism experienced in VR shift racial attitudes among Whites?* SPSSI. San Diego, CA.

Cogburn, C.D. (2019, March). *Exploring racism in VR*. International Convention on Psychological Science. Paris, France.

Cogburn, C.D., Bailenson, J., Asher, T., Ogle, E & Nichols, T. (2018, August). *Experiencing racism in VR: A 1000 Cut Journey*. SIGGRAPH. Vancouver, BC.

Cogburn, C.D. (2018, August). *Exploring racism in VR*. American Sociological Association: Section on Science, Knowledge and Digital Inequality. Philadelphia: PA.

Cogburn, C.D. (2018, October). *Exploring racism in VR*. Interdisciplinary Association for Population Health Science. Washington, DC.

Cogburn, C.D. (2015, November). *Early Life Stress and Coping in African Americans: Effects of Racial Discrimination and Awareness on Adult Health*. The Gerontological Society of America Annual Meeting: Orlando, FL.

Cogburn, C.D. (2013, May). *Why does race matter for health?: Using multidimensional assessments of racism to understand health and racial health disparities*. Robert Wood Johnson Health & Society Scholars Annual Meeting: San Diego, CA.

Cogburn, C. D., Peck, S., Fuller-Rowell, T., Malanchuk, O., Brodish, A., & Eccles, J. (2013, April). "Generic" and racial stress proliferation: Effects on anxiety and anger between adolescence and early adulthood. Accepted for presentation at the Society for Research on Child Development Biennial Meeting: Seattle, WA.

Cogburn, C. D., Hurd, N., Butler-Barnes, S. & Sellers, R. (2012, March). *The mediating role of environmental mastery in explaining potential effects of racial discrimination and racial identity on depressive symptoms*. Presented at the Society for Research on Adolescence Biennial Meeting: Vancouver, CA.

Jackson, J. S., **Cogburn, C. D.,** Adou, C., Uzogara, E. (2012, January). *Stress and HPA Axis functioning among both targets and perpetrators of prejudice*. Presented at the annual Society for Personality and Social Psychology meeting: San Diego, CA.

Cogburn, C.D., Brodish, A., Fuller-Rowell, T., Peck, S. & Malanchuk, O. (2011, February). *Racial discrimination during young adulthood: Effects on mental health and the moderating role of adaptive self regulatory processes*. Poster presented at The Science of Research on Discrimination and Health. National Institutes of Health: Bethesda, MD.

Cogburn, C.D. (2009, April). *Cognition, behavior and affect: A model of adaptive regulatory patterns among African American adolescents*. Presented at the biennial meeting of the Society for Research in Child Development. Denver, Colorado.

Griffin, T., **Cogburn, C.D.**, Gonzalez, R. & Chavous, T. (2008, July). *Intersectionality, affirmative action and higher education: Implications for policy and discrimination*. Presented at the annual meeting of the International Society of Political Psychology, Paris, France.

Cogburn, C.D., Chavous, T. & Griffin, T. (2008, June). *Race and gender: Discrimination and identity among African American Adolescents*. Presented at the biennial convention of the Society for the Psychological Study of Social Issues. Chicago, IL.

Cogburn, C.D. (2006, April). *An introduction to psychological approaches to studying social and cultural groups*. Invited lecture for Introduction to Psychology, University of Michigan, Ann Arbor, MI.

Cogburn, C.D. & Chavous, T. (2006, April). *Academic and psychological adjustment among African American adolescents: Considering race and gender experiences in context*. Presented at the annual meeting of the American Educational Research Association. San Francisco, CA.

Cogburn, C.D. (2005, July). *Identity development amongst African American and Caribbean immigrants: A comparative framework*. Presented at the annual meeting of the Caribbean Studies Association Conference. Santo Domingo, Dominican Republic.

Cogburn, C.D., Neblett, E. & Philip, C. (2005, June). *“My mama told me”: Racial socialization as a protective factor in the discrimination experiences and academic achievement of African American adolescents*. Presented at the annual meeting of the Society for Community Research in Action. Urban-Champaign, IL.

Neblett, E., Philip, C., & **Cogburn, C.D.** (2004, March). *Socialization, discrimination and achievement*. Presented at the biennial meeting for the Society for Research on Adolescence. Baltimore, MD.

Teaching Experience

Trainer, Center for Research on Learning and Teaching, University of Michigan

Instructor, Educational Psychology and Human Development

Graduate Student Instructor, Research Methods in Psychology, University of Michigan, Department of Psychology

Graduate Student Instructor, Educational Psychology, University of Michigan, Department of Psychology

Graduate Student Instructor, Introduction to Psychology, University of Michigan, Department of Psychology

Service

PROP to Advocacy Sub-Committee

Dean Search Committee

Faculty Search Committee

Demands Power Race Oppression and Privilege Sub-Committee

Curriculum Committee (Member)

Diversity Committee (Member)

Diversity Committee (Co-Chair)

Professional Affiliations

American Public Health Association

Association of Psychological Science

Society for Personality and Social Psychology

Society for Research in Child Development

Society for the Psychological Study of Social Issues

Ad-Hoc Reviewer

Annals of Behavioral Medicine

Social Science & Medicine

Developmental Psychology

Journal for Research on Adolescence

Developmental Review

Ethnicity & Health

International Journal of Psychology

Educational Psychology

EXHIBIT 51



Coronavirus Disease 2019

COVID-19 in Racial and Ethnic Minority Groups

The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups. A recent [CDC MMWR report](#) included race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 found that 45% of individuals for whom race or ethnicity data was available were white, compared to 55% of individuals in the surrounding community. However, 33% of hospitalized patients were black compared to 18% in the community and 8% were Hispanic, compared to 14% in the community. These data suggest an overrepresentation of blacks among hospitalized patients. Among COVID-19 deaths for which race and ethnicity data were available, [New York City](#) identified death rates among Black/African American persons (92.3 deaths per 100,000 population) and Hispanic/Latino persons (74.3) that were substantially higher than that of white (45.2) or Asian (34.5) persons. Studies are underway to confirm these data and understand and potentially reduce the impact of COVID-19 on the health of racial and ethnic minorities.

Factors that influence racial and ethnic minority group health

Where we live, learn, work, and play affects our health

The conditions in which people live, learn, work, and play contribute to their health. These conditions, over time, lead to different levels of health risks, needs, and outcomes among some people in certain racial and ethnic minority groups.

Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than whites. In public health emergencies, these conditions can also isolate people from the resources they need to prepare for and respond to outbreaks.^{1,13, 14}

Living conditions

For many people in racial and ethnic minority groups, living conditions may contribute to underlying health conditions and make it difficult to follow steps to prevent getting sick with COVID-19 or to seek treatment if they do get sick.

- Members of racial and ethnic minorities may be more likely to live in **densely populated areas** because of institutional racism in the form of residential housing segregation. People living in densely populated areas may find it more difficult to practice prevention measures such as social distancing.
- Research also suggests that racial residential segregation is a fundamental cause of health disparities. For example, racial **residential segregation** is linked with a variety of adverse health outcomes and underlying health conditions.²⁻⁵ These underlying conditions can also increase the likelihood of severe illness from COVID-19.
- Many members of racial and ethnic minorities live in neighborhoods that are **further from grocery stores and medical facilities**, making it more difficult to receive care if sick and stock up on supplies that would allow them to stay home.
- **Multi-generational households**, which may be more common among some racial and ethnic minority families⁶, may find it difficult to take precautions to protect older family members or isolate those who are sick, if space in the household is limited.
- Racial and ethnic minority groups are **over-represented in jails, prisons, and detention centers**, which have specific risks due to congregate living, shared food service, and more.

Work circumstances

The types of work and policies in the work environments where people in some racial and ethnic groups are overrepresented can also contribute to their risk for getting sick with COVID-19. Examples include:

- **Critical workers:** The risk of infection may be greater for **workers in essential industries** who continue to work outside the home despite outbreaks in their communities, including some people who may need to continue working in these jobs because of their economic circumstances.
 - Nearly a quarter of employed Hispanic and Black or African American workers are employed in service industry jobs compared to 16% of non-Hispanic whites.
 - Hispanic workers account for 17% of total employment but constitute 53% of agricultural workers; Black or African Americans make up 12% of all employed workers, but account for 30% of licensed practical and licensed vocational nurses.⁷
- **A lack of paid sick leave:** Workers without **paid sick leave** might be more likely to continue to work even when they are sick for any reason. This can increase workers exposure to other workers who may have COVID-19, or, in turn, expose others them if they themselves have COVID-19. Hispanic workers have lower rates of access to paid leave than white non-Hispanic workers.⁸

Underlying health conditions and lower access to care

Existing health disparities, such as poorer underlying health and barriers to getting health care, might make members of many racial and ethnic minority groups especially vulnerable in public health emergencies like outbreaks of COVID-19.

- **Not having health insurance:** Compared to whites, Hispanics are almost 3 times as likely to be uninsured, and African Americans are almost twice as likely to be uninsured.⁹ In all age groups, blacks were more likely than whites to report not being able to see a doctor in the past year because of cost.¹⁰
- Inadequate access is also driven by a long-standing distrust of the health care system, language barriers, and financial implications associated with missing work to receive care.
- **Serious underlying medical conditions:** Compared to whites, black Americans experience higher death rates, and higher prevalence rates of chronic conditions.¹⁰
- **Stigma and systemic inequalities** may undermine prevention efforts, increase levels of chronic and toxic stress, and ultimately sustain health and health care disparities.

What can be done

History shows that severe illness and death rates tend to be higher for racial and ethnic minority groups during public health emergencies.¹² Addressing the needs of vulnerable populations in emergencies includes improving day-to-day life and harnessing the strengths of these groups. Shared faith, family, and cultural institutions are common sources of social support. These institutions can empower and encourage individuals and communities to take actions to prevent the spread of COVID-19, care for those who become sick, and help community members [cope with stress](#). For example, families, churches and other groups in affected populations can help their communities face an epidemic by consulting [CDC guidance documents for their organization type](#).

The federal government is undertaking the following:

- Collecting **data to monitor and track disparities** among racial and ethnic groups in the number of COVID-19 cases, complications, and deaths to share broadly and inform decisions on how to effectively address observed disparities. These data will be translated into information to improve the clinical management of patients, allocation of resources, and targeted public health information. Supporting **partnerships** between scientific researchers, professional organizations, community organizations, and community members to address their need for information to prevent COVID-19 in racial and ethnic minority communities.
- Providing [clinical guidance and guidance to support actions to slow the spread of COVID-19](#) in schools, workplaces and community settings, including those serving racial and ethnic minorities.

Public health professionals can do the following:

- Ensure that **communications** about COVID-19 and its impact on different population groups is frequent, clear, transparent, and credible.
- Work with other **sectors**, such as faith and community education, business, transportation, and housing organizations, to share information and implement strategies to address social and economic barriers to implementing steps to slow the spread of COVID-19.
- **Link** more people among racial and ethnic minority groups **to healthcare services** for serious underlying medical conditions — for example, services to help them obtain necessary medications, follow treatment plans, or get testing and treatment if they have COVID-19 symptoms.
- **Provide information for healthcare professionals and health systems** to understand cultural differences among patients and how patients interact with providers and the healthcare system. [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#) (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.
- Use **evidence-based strategies to reduce health disparities**. Those most vulnerable before an emergency are also the most vulnerable during and after an emergency.

Community organizations can do the following:

- **Prepare community health workers** in underserved racial and ethnic minority communities to educate and link people to free or low-cost services.
- **Prioritize resources** for clinics, private practices, and other organizations that serve minority populations.
- Leverage effective **health promotion programs** in community, work, school, and home settings to disseminate [recommendations and information about COVID-19](#).
- **Work across sectors** to connect people with services, such as grocery delivery or temporary housing, that help [them practice social distancing](#). Connect people to healthcare providers and resources to help them get medications they may need.
- To prevent the spread of COVID-19, **promote precautions** to protect individuals in your community, including the correct use of cloth face coverings and equip communities with supplies to make them.
- Help combat the spread of rumors and misinformation by **providing credible information** from official sources.

Learn more about what [community organizations](#) can do.

Healthcare systems and healthcare providers can do the following:

- Implement **standardized protocols in accordance with CDC guidance** and quality improvement initiatives, especially in facilities that serve large minority populations.
- Identify and **address implicit bias** that could hinder patient-provider interactions and communication.¹¹
- Provide **medical interpretation services** for patients who need them.
- Work with communities and healthcare professional organizations to **reduce cultural barriers to care**.
- **Connect patients with community resources** that can help older adults and people with underlying conditions adhere to their [care plans](#), including help getting extra supplies and medications they need and reminders for them to take their medicines.
- **Learn about social and economic conditions** [that](#) may put some patients at higher risk for getting sick with COVID-19 than others — for example, conditions that make it harder for some people to take steps to prevent infection.
- Promote a trusting relationship by **encouraging patients to call and ask questions**.

What individuals can do

- **Follow CDC's Guidance for seeking medical care** if you think you have been exposed to COVID-19 and develop a fever, cough or difficulty breathing. [Follow steps to prevent the spread of COVID-19 if you are sick](#).

- If you or someone you care for is at **higher risk** of getting very sick from COVID-19, **take steps to protect them and you from getting sick**.
- **Take precautions** to protect yourself, your community, and others.
- **Cope with stress** to make yourself, the people you care about, and your community stronger.
- **Find ways to connect** with your friends and family members and engage with your community while **limiting face-to-face contact with others**.

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3. Anthopolos R, James SA, Gelfand AE, Miranda ML. A spatial measure of neighborhood level racial isolation applied to low birthweight, preterm birth, and birthweight in North Carolina. *Spat Spatio-Temporal Epidemiol* 2011;2(4):235–46.
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Resources

[Schools, Workplaces & Community Locations](#)

[CDC's Office of Minority Health and Health Equity](#)

[Healthypeople.gov: Social Determinants of Health](#) 

[Health System Transformation and Improvement Resources for Health Departments](#)

[Strategies for Reducing Health Disparities](#)

Page last reviewed: April 22, 2020

EXHIBIT 52

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF ROBERT CLOPTON

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Robert Clopton. I am 65 years old. I am Black. I was born in Colony, Alabama, and currently live in Mobile, Alabama with my wife.

2. I am retired. I worked for UPS for 31 years prior to my retirement in July 2009. Since 2014, I have done part time work for the City of Mobile as a crossing guard, one hour in the morning and one hour in the afternoon.

3. I understand that there is a primary runoff election for Alabama's First U.S. Congressional District in Mobile County on July 14, 2020. I am eligible to vote in that election and I would like to vote in that election. As the President of the Mobile County branch of the NAACP, voting and political participation is a core part of our mission and of my values. I have been voting since I was 18 years old, and I have never missed an election. I witnessed the joy and jubilation from my family and others when the Voting Rights Act was signed in 1965. As soon as we were able to vote, my family impressed upon me the importance of voting. Ever since, I have been active in getting out the vote, and ensuring that others are heard in our democracy. I have

helped register people and set the example for my children and others about the importance of voting as well.

4. However, I am truly concerned by the dangers of COVID-19. I understand that I am at particular risk for serious complications from the virus because of my age, underlying medical conditions, and recent surgery.

5. I have diabetes and hypertension. I take medications for both, try to keep my weight down, and do as much as possible to avoid insulin spikes. I have been managing both, but I have a brother who died from diabetes complications in 2016. My mother and sister are on insulin as well, so it runs in my family.

6. In addition, I am recovering from a recent surgery. On March 3, 2020, I voted in the primary in the morning and went to the doctor for what I believed would be a routine MRI in the afternoon. Before I made it back home from the MRI, the doctor's office called and told me to immediately go to the ER. I was admitted to the hospital and scheduled for emergency surgery on March 5. I was in the hospital until March 10. I am not expected to make a full recovery from my surgery until at least four months from now. Over the course of my stay at the hospital, I started noticing everyone in the hospital wearing face masks and gloves. The reaction of hospital staff helped me to realize that COVID-19 was a serious threat. When I was discharged, my wife and I decided to self-quarantine at home even before the President declared a state of emergency and before Governor Ivey issued the first stay at home order.

7. As an Black male, I am also aware that Black people have higher rates of getting and dying from COVID-19 in Alabama. In fact, two of my very dear friends have passed away from COVID-19. I know numerous friends and acquaintances who have contracted the virus. All of these friends and acquaintances are Black. These individuals were such an important part of

my life, that I almost certainly would have come into contact with them if it were not for our staying at home and self-quarantining. These protective measures may have saved my life.

8. Because of these factors, I am particularly concerned about the virus and I am determined to practice strict safety measures. Other than my wife, no one else resides in our home. We have not allowed visitors into the home. The only exception was my sister-in-law who stopped by the entryway in mid-March on two occasions. I was never in the same room as her. One time she remained at the front door and, on another occasion, she asked to use the restroom. After my sister-in-law left, my wife sanitized and sprayed every surface and the doorknobs. No one else has been inside our home since mid-March.

9. We have declined visits from friends, family, and from various business services who have come by the home. Specifically, pest control came by, but we turned them away. In addition, although we have some repairs that need to be done by Comcast, we have turned them away as well. Although we have not let any people in, my wife cleans the doors and knobs every day because we cannot be sure that they have not touched the outside. We sanitize everything, but we can never be sure others are as careful as we are.

10. My wife and I have only left home on five occasions in over two months, one of which was for me to go to a follow-up doctor's appointment in late March. The other four occasions were to go to the grocery store only during the senior citizens' hours of 7-8 am when it is nearly empty. Each time we have worn masks and gloves. I have not left the house for any other reason.

11. Although the Governor has started reopening some businesses and locations, I am staying in place. I do not anticipate feeling safe in other people's company, even at a six-foot distance, for the foreseeable future. Even survivors of COVID-19 do not know if they are

immune to the virus or whether they can contract it again. We do not know enough about this virus, and I will not take my chances. Any precaution I can take for me, my family, and others, I am going to do it.

12. In light of current projections, I would not feel safe being in any group setting, including voting in-person at a polling place for the July and November elections.

13. I would like to vote absentee in the July 14, 2020 primary runoff election. But, because of our strict self-quarantining and social distancing, I only have one witness—my wife. I do not feel comfortable taking the risk of going to see a notary or inviting other witnesses to our home, even if outside. I understand that the Governor announced that notarization by videoconferencing will be available for the July runoff. Although I can access videoconferencing technology, neither me nor my wife feel comfortable going to the post office to send the ballot to a notary, which would be required of us in order to use this option.

14. If casting an absentee ballot is not available to me as an option, I am interested in drive thru voting as a way to minimize the risk as much as possible. I have never missed an election, but if I cannot vote by absentee mail-in ballot or “drive thru” in July or November, my voting rights will be infringed. I will be forced to make a choice between my health and casting a ballot. Voting is an inalienable right that people died for. But people should not have to risk dying needlessly to vote now. I saw what a travesty Wisconsin was. I will not risk it for myself.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this day the 11th of May, 2020.

A handwritten signature in black ink, reading "Robert E. Clopton, Sr.", written over a horizontal line.

Robert Clopton, Sr.

EXHIBIT 53

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No. 2:20-cv-00619-AKK

DECLARATION OF ERIC PEEBLES

Pursuant to 28 U.S.C. § 1746, I, Eric Peebles, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *People First of Alabama et al., v. Merrill, et al.*
3. I am 38 years old and a resident of Auburn, Alabama. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am a white man. I live alone in my home in Auburn, Alabama.
5. I am registered to vote in Auburn, Alabama.
6. I have spastic cerebral palsy, which makes me high-risk for contracting and suffering severe complications, including death, from COVID-19. Respiratory illnesses like COVID-19 can be fatal for people with cerebral palsy. I also use a wheelchair.
7. I am the co-founder and executive director of Accessible Alabama, an organization founded in 2013 that works to increase accessible housing options in communities for people with disabilities and those facing growing limitations as they age.

8. Because I am at serious risk of severe complications and death if I were to contract COVID-19, I have been in strict self-isolation since approximately March 12, 2020. In fact, one of my doctors told me I had to switch to remote treatment for a wound I have because it is not safe for me to come to the doctor's office.

9. I have four caregivers who provide 60 hours of care in separate shifts that do not overlap. At my request, to protect my health, each of my four caregivers were tested for COVID-19 and received negative results.

10. I voted in person in the March 3, 2020 primary in Auburn. I usually vote in person. I cannot operate the voting machines without assistance, so I bring someone into the voting booth to help me fill out my ballot.

11. I plan to vote in the November 3, 2020 general election.

12. I would prefer to vote in person, but because of my increased risk of contracting and having severe complications, including death, from COVID-19, I am unable to vote in person for the November election without severe risk to my health and life.

13. I understand that to vote by absentee ballot in the November 3 election, I need to qualify for an excuse provided on the absentee ballot application. I understand that no State of Alabama official has approved COVID-19-related health concerns as a valid excuse to vote by absentee ballot in the November general election. I do not believe that I currently qualify for an excuse on the absentee ballot application because my physical condition has not prevented my attendance at the polls in the past.

14. I also understand that to vote by absentee ballot in the November 3 election, I must sign my absentee ballot in the presence of a notary or two adult witnesses.

15. Because I live alone, am under strict self-isolation, and only interact with one other person at a time, I would have to leave my home and engage in the person-to-person contact I have been avoiding to sign my ballot in the presence of a notary or two adult witnesses. This is a risk I cannot take given my higher risk of contracting and having severe illness or dying from COVID-19.

16. If given the option to vote curbside at the polling place, I would do so. Curbside voting would allow me to avoid the person-to-person contact of voting inside the polling place that will put my health and life at severe risk.

17. If I cannot vote by absentee ballot or via curbside voting at my polling place, I will not be able to vote in November.

18. Voting is very important to me. When I was a child in the mid-1980s, my local public school tried to bar me from attending because of my disability and wheelchair use. School officials even said I was a danger to other students because of my power wheelchair. My mother refused to accept this discrimination and lobbied local leaders on my behalf. After two years of advocacy, my school district was put under federal supervision, and I was allowed to attend public school like every other kid my age. I learned the power of individual political action and self-advocacy at a young age. I registered to vote after I turned 18, and I have tried to vote in every election since.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 8th day of May 2020.



Eric Peebles

EXHIBIT 54

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF HOWARD PORTER, JR.

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Howard Porter. I am 69 years old. I am Black. I currently live in Prichard, Alabama, in Mobile County. I am a registered voter at my current address.
2. I live with my wife of 45 years, and my son, who is over 18 years old.
3. I am retired and receiving Social Security Income. I used to work for the Fair Housing Agency of Alabama.
4. I understand that there is a primary runoff election for Alabama's First U.S. Congressional District in Mobile County on July 14, 2020. I am eligible to vote in that election. I have been voting since I was 18 years old, and exercising my fundamental right is very important to me.
5. I hope to vote in the July runoff, but I am afraid of voting in person at a polling place. I am at high-risk for contracting COVID-19, because of my age and my medical conditions, including my asthma.
6. I also have Parkinson's disease, and it is hard for me to ambulate. I was first

diagnosed about two years ago. As part of my condition, my legs can freeze up and, when that happens, I fall and I cannot get up by myself. I use a cane as a mobility aid.

7. As a Black man, I am also aware of the higher rates of contracting, serious complications from, and death due to COVID-19 that Black people are experiencing. This makes me especially concerned about the virus and determined to practice social isolation to the extent possible.

8. I also take this virus very seriously because it has hit very close to home.

9. My sister has been in the hospital for about one month now due to COVID-19. She was on a ventilator for two weeks. She is out of the ICU, but she is still in the hospital and now on a feeding tube. Prior to her hospitalization from the virus, her kidneys were functional, but now she is on dialysis. Last I heard from the hospital, my sister does not know where she is.

10. My last surviving uncle is also in the hospital with COVID-19. He has been in the hospital for about two weeks. I do not want COVID-19 to impact me or my family any more than it already has.

11. Because I am at serious risk of complications and even death from COVID-19, I have not left my home since the Governor issued the April 3 stay-at-home order. My wife and son do our grocery shopping. They wear masks and gloves and use hand sanitizer. As soon as they come home, they both take showers and wash their clothes before they can enter the same room as me. I plan to stay at home for the foreseeable future even after the "Safer at Home" or any other such order is lifted.

12. I do not anticipate feeling safe leaving my home until a vaccine against COVID-19 is developed or a cure becomes available. I am also fearful that leaving my home will become more dangerous to me now that social distancing restrictions have been relaxed in

Alabama. If more people are out because restrictions have been relaxed or they become lifted in the near future before a vaccine or cure, it will become even harder for me to exit my home and attempt to be socially distant.

13. I have always voted in-person. I voted in person during this year's Super Tuesday primary on March 4, and I want to vote in the July 14 primary runoff. But I am afraid to go to the polls, because I cannot risk contracting COVID-19.

14. I would like to vote absentee, but I am afraid I will not be able to comply with the requirement that you mail in a photocopy of your photo ID with the absentee ballot application. Although I have a printer at home, I am retired and receive only my very limited Social Security Income. I am worried that I may not be able to afford the ink, paper, and toner needed to maintain my printer for the July 14 election.

15. Because of my difficulty ambulating, I worry that if I am forced to go to a place of business to copy my photo ID or to an in-person polling place, I may not be able to keep an adequate distance from others—even if I am careful to keep six feet or more away from others, that does not mean others will be careful to keep six feet away from me. Its physically impossible for me to react quickly to evade people or move out of the way.

16. If I am unable to meet the absentee voting requirements, I would prefer to vote curbside rather than in-person by entering the polling place. "Drive thru" voting would greatly reduce my risk of contact with other persons, particularly in light of my difficulty ambulating.

17. If I am unable to vote absentee or curbside, and the only option available to me is to vote in-person, I will not vote because the risk to my life from a COVID-19 infection is too great. The franchise is something people of my parents' generation died for, but I do not think it is right for us to have to die now. I should not have to pay that kind of price to vote.

18. Although it seems far off, I understand that this virus is not expected to go away by the fall. Because of my severely increased risk of contracting COVID-19 due to my health conditions, my age, and my race, I cannot imagine feeling safe to vote in-person in November. I also cannot predict my family's financial situation in November. I am not sure if we will be able to afford the ink and paper we would need to print a copy of my ID in November.

19. Because of the photo ID requirement and the lack of curbside voting in Alabama, I do not know how or if I will be able to vote without having to risk my life and safety in July or November.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 9th, 2020


Howard Porter, Jr.

EXHIBIT 55

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No. 2:20-cv-00619-AKK

DECLARATION OF ANNIE CAROLYN THOMPSON

Pursuant to 28 U.S.C. § 1746, I, Annie Carolyn Thompson, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *People First of Alabama et al., v. Merrill, et al.*
3. I am 69 years old and a resident of Mobile, Alabama. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am an African-American woman. I live alone in my home in Mobile, Alabama.
5. I am registered to vote in Mobile, Alabama.
6. I currently suffer from chronic medical conditions, including diabetes and high blood pressure. I am also recovering from a serious fall in January and am having more difficulty than usual getting around.
7. I was born in Wilcox County, Alabama. My family—the Pettaway family—has deep roots in Wilcox County. My family on my mother’s side were enslaved by the Pettaway family on their plantation. After emancipation, my family worked as sharecroppers. Many members of

my family still live and own land in Boykin, Alabama, also known as Gee's Bend—or Pettaway Bend to locals.

8. I went to Central High School in Mobile, Alabama before it was integrated, and I lived in Mobile during the Civil Rights Movement of the 1950s and 1960s.

9. I was a cosmetologist for 35 years in Mobile and in New Orleans, Louisiana. When I retired from cosmetology, I became a caretaker. I am hired by the family of a loved one who lives in an assisted living facility to provide extra care.

10. On or about April 1, 2020, the patient I was caring for spiked a high fever. He was taken to the hospital and tested for COVID-19.

11. On or about April 1, 2020, because I had been in close contact with someone who may have had COVID-19, I was tested for COVID-19. I went to the parking lot of my doctor's office where I knew tests were being offered to those who qualified. Thankfully, my test came back negative at that time.

12. Prior to April 1, 2020, I had been taking measures to protect myself, including wearing a mask and gloves whenever I was out in public or at the assisted living facility.

13. On or about April 1, 2020, I began self-isolating at my home to protect myself from contracting COVID-19. I am isolating myself from others to prevent COVID-19 infection since I am high-risk for complications. Since that time, I only see another person when my daughter or granddaughter bring me groceries and check on me periodically.

14. I voted in person in the March 3, 2020 primary in Mobile.

15. I plan to vote in the First Congressional District Democratic primary runoff election on July 14 in Mobile and the November 3 general election.

16. I would prefer to vote in person for upcoming 2020 elections. But because of my increased risk of contracting and having severe complications, including death, from COVID-19,

I am unable to vote in person for the remainder of the 2020 elections without severe risks to my health and life.

17. I understand that to vote by absentee ballot in the July 14, August 25, and November 3 elections, I must include a copy of my photo ID with my absentee ballot application.

18. I do not own a printer, a scanner, or a copy machine. I only recently purchased a laptop computer and have internet access, but I have no way of making a copy of my photo ID from my home.

19. To obtain a copy of my photo ID, I would have to leave my home and find a business that would allow me to purchase a copy of my photo ID. This would require me to engage in the person-to-person contact that I have been specifically avoiding to protect myself from COVID-19 infection.

20. I also understand that to vote by absentee ballot in the July 14, August 25, and November 3 elections, I must sign my absentee ballot in the presence of a notary or two adult witnesses.

21. Since I live alone, I would have to leave my home and engage in the person-to-person contact I have been avoiding to sign my ballot in the presence of a notary or two adult witnesses. This is a risk I do not want to take given my higher risk of contracting and having severe illness or dying from COVID-19.

22. I understand that to vote by absentee ballot in the November 3 election, I need to qualify for an excuse provided on the absentee ballot application. I understand that no State of Alabama official has approved COVID-19-related health concerns as a valid excuse to vote by absentee ballot in the November general election. I understand that I do not currently qualify for an excuse on the absentee ballot application.

23. If given the option to vote curbside at my polling place, I would do so.

24. If I cannot vote by absentee ballot or via curbside voting at my polling place, I will not be able to vote in November.

25. Voting has always been important to me, particularly given my family's history, and the long struggle for voting rights in Alabama and this country. When I was a child, I saw members of my community who were forced to buy "voting cards" to cast a ballot. Growing up, I knew that most of the adults I looked up to in my neighborhood were not able to vote. I know that Black people from my home in Gees Bend and my community in Mobile fought and died for the right to vote. I registered to vote when I was 18 years old, and I have tried to vote in every election since then. Over the years, I have worked as a poll worker for my local precinct, including as a precinct captain.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 7th day of May 2020.

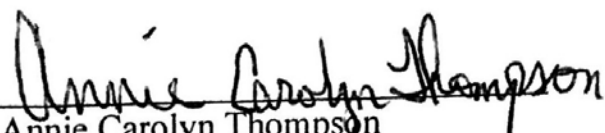

Annie Carolyn Thompson

EXHIBIT 56

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No. 2:20-cv-00619-AKK

**DECLARATION OF SUSAN ELLIS ON BEHALF OF
PEOPLE FIRST OF ALABAMA**

Pursuant to 28 U.S.C. § 1746, I, Susan Ellis, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am the Executive Director of People First of Alabama (“People First”). In my capacity as Executive Director, I am familiar with, and receive frequent updates and proposals for, the activities of People First.
3. People First is a Plaintiff in the case *People First of Alabama et al., v. Merrill, et al.*
4. People First, founded in 1988, is a group of people with developmental disabilities dedicated to making their dreams happen by having choices and control over their own lives, including by having opportunities to make decisions and plans for themselves instead of having others make decisions for them.
5. People First has membership chapters across Alabama, divided into five regions. We currently have 25 membership chapters.

6. People First assists its members in accessing, among other things, competitive employment, decent housing of their choosing, transportation, and full citizenship with equal rights. This work with members includes securing access to full and equal voting rights.

7. One of People First's current initiatives is called "Project Vote" and is a training curriculum that our organization has adapted to provide voter training to individuals with disabilities around the state. The curriculum focuses on how to register to vote, the importance of voting, and what support is available for voters with disabilities.

8. Our members include registered voters with disabilities who plan to vote in the July 14, August 25, and November 3 elections.

9. People First members include registered voters with disabilities who have conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19, and are thus required to self-quarantine. Voting in person would therefore put the health of these voters at significant risk because of the person-to-person contact at the polling place.

10. People First members include registered voters with disabilities who live alone, including those with conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19. Although these members could vote by absentee ballot for the July 14 and August 25 elections given Secretary of State Merrill's emergency order, they are unable to comply with the requirement to have their absentee ballot notarized or witnessed by two adults because those activities require person-to-person contact.

11. For example, People First member Kelly has severe asthma and difficulty breathing. She has an elevated risk for severe complications from respiratory illnesses such as COVID-19. Because of her elevated risk, Kelly has been socially isolating at her home in Pea Ridge,

Alabama where she lives alone. Kelly cannot safely vote in person without risking COVID-19 infection, but because she lives alone and is isolating herself from others, she will be unable to comply with the requirement to have her absentee ballot notarized or witnessed by two adults without risking her health. Kelly will also not be able to comply with the requirement to include a copy of her photo ID requirement with her absentee ballot application. Kelly has a developmental disability that makes it very difficult for her to use technology, and she does not have a printer, scanner, or copier in her home. And because she cannot leave her home due to COVID-19 risks, she is unable to obtain a copy elsewhere without significant risks to her health.

12. Many People First members have disabilities that make it difficult for them to have steady employment and they live mostly off social security disability income, including people with conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19. Accordingly, they cannot afford technology required to comply with the state's photo ID requirement for absentee ballot, including printers, scanners, copiers, or even internet access. And traveling to a business to make copies—which would also be challenging on a fixed income—would force these members to engage in person-to-person contact that risks their health.

13. People First members include voters who use wheelchairs and voters with physical disabilities who are less able to access the inside of their polling place and those who require assistance voting and thus cannot vote by absentee ballot, including people with conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19. People First members also include people with intellectual disabilities who normally vote in-person and would have difficulty switching to an absentee ballot process, including people with conditions that put them at higher risk of contracting or having severe complications,

including death, from COVID-19. If Alabama offered curbside or drive-thru voting—especially during the COVID-19 pandemic—these members would use such an option to safeguard their health while still voting in person.

14. Every election year People First conducts voter education trainings for its members. These trainings are conducted at individual chapter meetings and at larger events throughout the state. Typically, the content focuses on the voting rights of people with developmental disabilities and the right to assistance in the voting booth. This year People First must divert resources from these trainings so that it can train its members on navigating the election system during the pandemic, including education on how to apply for, fill out, and return an absentee ballot so that it is counted.

15. People First of Alabama is Plaintiff in this lawsuit because people with disabilities have the same fundamental right to vote as other Americans. During the COVID-19 pandemic, it is critical that election administrators protect the health and safety of voters and election workers and safeguard accessible voting for voters with disabilities, including safe mail-in, curbside, and in-person options.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 11 day of May 2020.

Susan Ellis
Susan Ellis

EXHIBIT 57

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF SCOTT DOUGLAS, III

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Scott Douglas, III, and I am employed as the Executive Director of Greater Birmingham Ministries (“GBM”), a Plaintiff in this matter.

2. GBM was founded in 1969 in response to the urgent human and justice needs of the residents of the greater Birmingham, Alabama area. GBM is a multi-faith, multi-racial organization that provides emergency services for people in need and engages in community efforts to create systematic change with the goal of building a strong, supportive, and politically active society that values and pursues justice for all people.

3. I have served as the Executive Director for GBM since February 1993.

4. GBM is a non-profit and non-partisan organization committed to improving the participation of marginalized and low-income voters, in particular, African-American and Latino voters, in the democratic process, through voter registration, voter education and voter participation. During my employment with GBM, I have overseen our voter registration, voter education and voter turnout efforts.

5. GBM conducts its voter registration activities at its offices and at community-based sites such as school campuses, malls and fairs.

6. Since its founding in 1969, GBM has conducted numerous voter mobilization campaigns in Alabama. GBM conducts its voter mobilization campaigns by identifying, recruiting, training and organizing members of partner faith communities, student groups and other organizations to contact registered voters and monitor elections at identified high traffic polling places in Birmingham's low-income and predominately African-American and Latino neighborhoods. Additionally, GBM provides resources and training to students on Birmingham-area college campuses who work to register their fellow students at various campus locations and events.

7. As a result of the Witness Requirement and the Prohibition on Curbside Voting, GBM is now required to divert a portion of its limited financial and organizational resources away from voter registration and turnout efforts to undertake such new activities as (1) assessing who among its members are unable to comply with the Witness Requirement amid the COVID-19 pandemic; (2) increasing efforts to educate its members and constituents about the Witness Requirement; (3) advocating that Defendants permit curbside voting; and (4) investigating, responding to, mitigating, and addressing the concerns of its members and constituents impacted or who will be disenfranchised by the Witness Requirement, Prohibition on Curbside Voting, and Defendants' inadequate efforts to protect voters from COVID-19 ahead of the 2020 elections. In absence of the Witness Requirement and Prohibition on Curbside Voting, GBM would not have had to engage in these activities. As a result, GBM is limited, and will continue to be limited, in the organizational resources that it can devote to its other core goals.

8. In addition, because of the Witness Requirement and Prohibition on Curbside

Voting, a significant number of GBM's members will be forced to make an impossible choice between their health and safety or the ballot.

9. GBM has about 5,000 members. Many of GBM's low-income members lack access to a computer, the internet, or other videoconferencing technology. About a third of GBM's members are senior citizens and about one fifth of all GBM members live alone. Of those members, many are Black, Latinx, disabled, or low-income registered voters who are staying home because they are at a higher risk of death or serious illness from COVID-19 due to age or preexisting medical conditions, like diabetes or hypertension.

10. For example, one member is 44 years old and has high blood pressure. She has been taking care of her two grandkids who have asthma since mid-March, because her daughter has to continue working. She is staying at home unless absolutely necessary. She does the grocery shopping for her grandkids, and for her homebound uncle and mother, who are in the at-risk age group and currently living together. She limits her grocery visits to one big trip about every other week. She uses a mask, gloves, and hand sanitizer. She is already concerned about having to go to the grocery store, and does not feel comfortable going to additional group settings unless absolutely necessary. She is interested in curbside voting to minimize her exposure to other people for the health of herself and her family.

11. Another member is 65 years old and lives only with her husband. She is very concerned about contracting COVID-19, and has been staying at home except for necessary trips like the grocery store. Although she is a devoted church-goer and teaches Sunday school, she stopped going to church, the gym, and other group settings about two weeks before the Governor's stay at home order was issued. She is interested in voting absentee, but she cannot get a second witness signature without coming into contact with someone outside of her household. She is

interested in the option of “drive thru” voting in order to minimize contact with others.

12. Without the relief requested, these members will have to choose between risking their lives or not voting in the upcoming August 25 and November 3, 2020 elections. In addition, without court intervention, GBM will be unable to undertake activities that are central to achieving its mission and to ensuring the dignity and political participation of vulnerable people.

I swear under penalty of perjury that the forgoing is true and correct. Executed on this day the 12th of May, 2020.

A handwritten signature in black ink that reads "Scott Douglas III". The signature is written in a cursive style with a large, sweeping initial "S".

Scott Douglas III

EXHIBIT 58

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF BENARD SIMELTON

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Benard Simelton and I am the President of the Alabama State Conference of the NAACP (“Alabama NAACP”). The Alabama NAACP is a Plaintiff in this matter.

2. The Alabama NAACP is a non-profit and non-partisan organization and a state conference of the National Association for the Advancement of Colored People. The Alabama NAACP was founded in 1913 and is the oldest civil rights organizations in the State. The Alabama NAACP works to ensure the political, educational, social, and economic equality of African Americans, other minorities, and all residents of Alabama. We are committed to the removal of all discriminatory barriers to the democratic process, and the full enforcement of federal laws securing the right to vote.

3. The Alabama NAACP fulfills its mission by seeking to increase voter registration and voter turnout, engaging in voter registration and “get-out-the-vote” drives, and publicly

advocating to address the adverse effects of racial discrimination in voting and to seek its elimination.

4. I have served as the President of the Alabama NAACP since October 2009. During my time as President, I have overseen the Alabama NAACP's voter registration, voter education and voter mobilization efforts.

5. As a non-profit organization, the Alabama NAACP raises money from private donors and membership fees. The Alabama NAACP has no paid staff and relies entirely on the assistance of volunteers, such as myself, to meet its goals. As a result, the Alabama NAACP's monetary, personnel and time resources are very limited.

6. Although the "Witness Requirement," which requires a voter to have a notary or two witnesses sign their absentee ballot affidavit, and the prohibition on curbside voting (together, the "Challenged Provisions") already presented barriers to voting, those barriers have become exponentially worse in light of the COVID-19 pandemic. The Alabama NAACP has had to expend greater time and resources addressing these Challenged Provisions, such as (1) assessing who, among its members and constituency will be unable to comply with the Witness Requirement, while taking protective measures against COVID-19 infection, like staying home; (2) increasing efforts to educate Black and disabled voters, as well as the general public, about the Witness Requirement; and (3) advocating for the adoption of measures like curbside voting that would ease the burdens on in person voters amid the pandemic. For example, the Alabama NAACP has contacted the Alabama Secretary of State to raise our concerns regarding burdens to safely casting a ballot in the July 14 primary runoff and other 2020 elections, including concerns regarding the lack of curbside or "drive thru" voting. In absence of the Challenged Provisions, the Alabama NAACP would not have had to engage in these activities.

7. This diversion of our resources, time, and efforts impairs our ability to conduct our traditional voter education and voter mobilization efforts, such as registration and “get-out-the-vote” drives. Having to address the Challenged Provisions limits our ability to fulfill our broader mission of expanding political, social, and economic opportunities for African Americans.

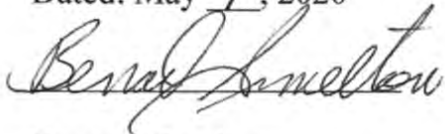
8. Moreover, there is documented evidence that Black Alabamians continue to face higher rates of infection and death from COVID-19 due to disparities in access to healthcare and other forms of structural inequality. Unnecessary interactions with other people—whether a notary, a witness, or poll workers and other voters at polling sites—will exacerbate the health risks already posed by COVID-19 to Alabama’s African-American community members.

9. Many of the Alabama NAACP members are African American citizens and registered voters who will be directly impacted by the Challenge Provisions. In addition, many Alabama NAACP members are considered at high risk for serious illness or dying from COVID-19 due to their advanced age (above 65) or underlying health conditions (such as diabetes or hypertension). These members and others are staying at home and engaging in strict social isolation to avoid contracting COVID-19. For example, one of our members and a president of a local NAACP chapter is in their 80s, lives alone, and has both heart disease and breast cancer. This member is extremely vulnerable to COVID-19. Additionally, this member does not have ready access to videoconferencing technology. Therefore, for this individual and other vulnerable members, complying with the Witness Requirement would require unsafe exposure to people outside of their household, contrary to public health guidance. Moreover, because of the prohibition on curbside voting, this member—and other Alabama NAACP members—do not have a safe option for voting in person. It is paramount that Alabama NAACP members continue to have safe options for voting in person, like curbside voting. This is especially true of Latino

members who may require language assistance or older voters who may need assistance reading or filling out the ballot, due to limited literacy or other concerns. Those members who cannot satisfy the Witness Requirement or who need assistance from poll workers will need to vote in person. Unfortunately, the Challenged Provisions force these members to make a choice between protecting their health and exercising their right to vote.

10. If these Challenged Provisions remain in place, our members will not be able to access their full rights, and our organization's mission to ensure the equal representation of our members and communities in this July's primary runoff and other 2020 elections will be and all 2020 elections will be irreparably harmed.

Dated: May 7, 2020

A handwritten signature in cursive script that reads "Benard Simelton". The signature is written in black ink and is positioned above the printed name.

Benard Simelton

EXHIBIT 60

FIPSCode	Jurisdiction_Name	State_Full	State_Abbr	By-mail Ballots Counted: Total	C3Comme	By-mail Ballots Rejected: Total	By-mail Rejected: Witness Signature
01001000	AUTAUGA COUNTY	ALABAMA	AL	728		4	4
01003000	BALDWIN COUNTY	ALABAMA	AL	2748		22	0
01005000	BARBOUR COUNTY	ALABAMA	AL	684		86	11
01007000	BIBB COUNTY	ALABAMA	AL	196		0	0
01009000	BLOUNT COUNTY	ALABAMA	AL	426		1	0
01011000	BULLOCK COUNTY	ALABAMA	AL	204		8	0
01013000	BUTLER COUNTY	ALABAMA	AL	584		21	11
01015000	CALHOUN COUNTY	ALABAMA	AL	1003		9	0
01017000	CHAMBERS COUNTY	ALABAMA	AL	386		1	0
01019000	CHEROKEE COUNTY	ALABAMA	AL	306		2	0
01021000	CHILTON COUNTY	ALABAMA	AL	371		7	1
01023000	CHOCTAW COUNTY	ALABAMA	AL	415		5	2
01025000	CLARKE COUNTY	ALABAMA	AL	954		23	0
01027000	CLAY COUNTY	ALABAMA	AL	223		1	0
01029000	CLEBURNE COUNTY	ALABAMA	AL	214		3	0
01031000	COFFEE COUNTY	ALABAMA	AL	416		10	1
01033000	COLBERT COUNTY	ALABAMA	AL	760		0	0
01035000	CONECUH COUNTY	ALABAMA	AL	237		0	0
01037000	COOSA COUNTY	ALABAMA	AL	113		0	0
01039000	COVINGTON COUNTY	ALABAMA	AL	399		0	0
01041000	CRENSHAW COUNTY	ALABAMA	AL	322		0	0
01043000	CULLMAN COUNTY	ALABAMA	AL	820		7	0
01045000	DALE COUNTY	ALABAMA	AL	403		3	3
01047000	DALLAS COUNTY	ALABAMA	AL	731		0	0
01049000	DEKALB COUNTY	ALABAMA	AL	676		35	15
01051000	ELMORE COUNTY	ALABAMA	AL	784		-88	0
01053000	ESCAMBIA COUNTY	ALABAMA	AL	439		11	0
01055000	ETOWAH COUNTY	ALABAMA	AL	987		47	16
01057000	FAYETTE COUNTY	ALABAMA	AL	437		32	17
01059000	FRANKLIN COUNTY	ALABAMA	AL	337		7	0
01061000	GENEVA COUNTY	ALABAMA	AL	180		9	1
01063000	GREENE COUNTY	ALABAMA	AL	279		4	0
01065000	HALE COUNTY	ALABAMA	AL	319		13	7
01067000	HENRY COUNTY	ALABAMA	AL	268		1	0
01069000	HOUSTON COUNTY	ALABAMA	AL	872		8	0
01071000	JACKSON COUNTY	ALABAMA	AL	441		10	5
01073000	JEFFERSON COUNTY	ALABAMA	AL	6535		665	169
01075000	LAMAR COUNTY	ALABAMA	AL	150		0	0
01077000	LAUDERDALE COUNTY	ALABAMA	AL	1131		28	24
01079000	LAWRENCE COUNTY	ALABAMA	AL	305		0	0
01081000	LEE COUNTY	ALABAMA	AL	1829		14	0
01083000	LIMESTONE COUNTY	ALABAMA	AL	1208		0	0
01085000	LOWNDES COUNTY	ALABAMA	AL	227		0	0
01087000	MACON COUNTY	ALABAMA	AL	242		2	2
01089000	MADISON COUNTY	ALABAMA	AL	5230		0	0
01091000	MARENGO COUNTY	ALABAMA	AL	391		0	0
01093000	MARION COUNTY	ALABAMA	AL	338		0	0
01095000	MARSHALL COUNTY	ALABAMA	AL	802		9	4
01097000	MOBILE COUNTY	ALABAMA	AL	3791		0	0
01099000	MONROE COUNTY	ALABAMA	AL	501		15	0
01101000	MONTGOMERY COUNTY	ALABAMA	AL	2473		0	0
01103000	MORGAN COUNTY	ALABAMA	AL	0		0	0
01105000	PERRY COUNTY	ALABAMA	AL	447		2	0
01107000	PICKENS COUNTY	ALABAMA	AL	351		0	0
01109000	PIKE COUNTY	ALABAMA	AL	357		15	1
01111000	RANDOLPH COUNTY	ALABAMA	AL	298		0	0
01113000	RUSSELL COUNTY	ALABAMA	AL	421		4	0
01115000	ST. CLAIR COUNTY	ALABAMA	AL	879		23	2
01117000	SHELBY COUNTY	ALABAMA	AL	2412		53	0
01119000	SUMTER COUNTY	ALABAMA	AL	355		0	0
01121000	TALLADEGA COUNTY	ALABAMA	AL	676		15	10
01123000	TALLAPOOSA COUNTY	ALABAMA	AL	611		0	0
01125000	TUSCALOOSA COUNTY	ALABAMA	AL	1820		124	13
01127000	WALKER COUNTY	ALABAMA	AL	565		0	0
01129000	WASHINGTON COUNTY	ALABAMA	AL	256		7	4
01131000	WILCOX COUNTY	ALABAMA	AL	311		0	0
01133000	WINSTON COUNTY	ALABAMA	AL	259		2	0

EXHIBIT 61

STATE	YEAR	NAME	TYPE OF CASE	TYPE OF FRAUD
Alabama	2016	Daniel W. Reynolds	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Daniel W. Reynolds pleaded guilty to three counts of absentee ballot fraud and was sentenced to two years' probation. Reynolds, the chief campaign volunteer for Commissioner Amos Newsome, participated in falsifying absentee ballots in the Dothan District 2 election between Newsome and his rival Lamesa Danzey in the summer of 2013.</p> <p>Source: bit.ly/1Q1HFhh</p>				
Alabama	2015	Janice Lee Hart	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Janice Lee Hart pleaded guilty to eight misdemeanor counts of attempted absentee ballot fraud in connection with misconduct while working on the 2013 campaign for District 2 City Commissioner Amos Newsome. Prosecutors charged that Hart was not present when absentee ballots were signed even though she was listed as a witness on the ballots. In the election, Newsome defeated his challenger by only 14 votes and received 119 out of the 124 absentee ballots cast. A judge sentenced Hart to 12 months in the county jail for each count, which he suspended to two years of probation for each count.</p> <p>Source: bit.ly/2fe7wVw</p>				
Alabama	2015	Lesa Coleman	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>A Houston County jury found Lesa Coleman guilty of seven felony counts of absentee ballot fraud related to the 2013 election for a city commission seat. Coleman received a three year split sentence. She will serve 180 days in jail followed by three years of probation.</p> <p>Source: bit.ly/2fegulR, bit.ly/2fb7qQO</p>				
Alabama	2015	Olivia Lee Reynolds	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Olivia Lee Reynolds was convicted of 24 counts of voter fraud. While working on the 2013 campaign for her boyfriend, Dothan City Commissioner Amos Newsome, Reynolds filled out voters' ballots for them and told others for whom to vote. Her fraud had definite consequences: Commissioner Newsome won reelection by a mere 14 votes, losing the in-person vote by a wide margin but winning an incredible 96 percent of the absentee vote. Newsome himself faced pressure to resign as a consequence. Reynolds was sentenced to serve six months in a community corrections facility. She is appealing the conviction.</p> <p>Source: bit.ly/2fcPwuv, bit.ly/2edRZT9</p>				
Alabama	2010	Karen Tipton Berry	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Ms. Berry pleaded guilty and received a two-year suspended sentence. The former Pike County Commissioner narrowly won--and then lost--her 2008 reelection bid when 10 absentee ballots were found to have been fraudulently cast in the election. Ms. Berry was charged with mailing an illegal absentee ballot.</p> <p>Source: bit.ly/2enJYyi</p>				
Alabama	2010	Gay Nell Tinker	Criminal Conviction	Fraudulent Use Of

				Absentee Ballots
<p>Gay Nell Tinker, a former circuit clerk for Hale County, pleaded guilty to multiple counts of absentee ballot fraud after her scheme to orchestrate fraudulent absentee ballots for the benefit of multiple candidates was uncovered. She admitted to falsifying the ballots of five voters to benefit certain candidates, including her brother, Circuit Court Judge Marvin Wiggins, and her husband, Senator Bobby Singleton (D_Greensboro).</p> <p>Source: bit.ly/2fbj3qP, bit.ly/2fbg0yM</p>				
Alabama	2009	Valada Paige Banks and Rosie Lyles	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Valada Paige Banks and Rosie Lyles pleaded guilty to third-degree possession of a forged affidavit of an absentee ballot with intent to defraud. They both received 12-month suspended sentences and two years of probation and were ordered to pay court fees.</p> <p>Source: bit.ly/2enV3j3</p>				
Alabama	2005	Connie Tyree, Frank "Pinto"...	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>The Birmingham Office of the U.S. Attorney and the Alabama Attorney General conducted an extensive joint investigation of absentee ballot fraud allegations in Greene County in the November 1994 election. By the end of the investigation, nine defendants pleaded guilty to voter fraud and two others were found guilty by a jury. The defendants included Greene County commissioners, officials, and employees; a racing commissioner; a member of the board of education; a Eutaw city councilman; and other community leaders. The conspiracy included using an assembly line to mass produce forged absentee ballots meant to swing elections in favor of preferred candidates.</p> <p>Source: bit.ly/2tMvhMQ</p>				
Alabama	2002	Nathaniel Gosha and Lizzie Mae Perry	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Nathaniel Gosha was convicted of 25 counts (nine felony counts of falsifying ballots and 16 counts of second-degree possession of a forged instrument) of voter fraud for offering to sell absentee votes in Russell County. Another Russell County resident, Lizzie Mae Perry, pleaded guilty to two felony counts of falsifying absentee ballots and two misdemeanor counts of disclosing votes. Gosha was sentenced to 180 days in jail, 4.5 years of probation, and \$2,600 in court fines. Perry was sentenced to 30 days in jail and 18 months' probation.</p> <p>Source: bit.ly/2enPrFC, bit.ly/2fEzoEY</p>				
Alabama	2000	Melvin Lightning and Aaron Evans	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Melvin Lightning pleaded guilty to illegal absentee voting. Along with Evans, Lightning forged absentee ballot request forms in the name of other voters. Upon receiving the ballots, the pair took them to the named voters and obtained their signatures on the ballot envelope without telling the voters that they were signing an actual ballot. Lightning then completed and cast the ballots himself. He received a 12-month prison sentence, which was suspended in favor of 12 months' probation. His accomplice, Evans, was convicted in 1998 on seven counts of illegal absentee voting. He got a 10-year prison sentence, eight of which were suspended.</p> <p>Source: bit.ly/2fbhEk7</p>				

Alabama	2000	Sheriff David Sutherland, Denita Lee,...	Criminal Conviction	Buying Votes, Fraudulent Use Of Absentee Ballots
<p>An absentee-ballot buying operation was uncovered in Winston County, Alabama, that led to the conviction of the sheriff, circuit clerk, a district judge, and several candidates for county commission and the board of education. The conspirators set out to buy absentee ballots in the 2000 Republican primary with bribes of cash, beer, and liquor. Judge Richardson pleaded guilty to a misdemeanor charge of failing to report campaign expenditures; the others pleaded guilty to felony charges stemming from the operation. Bailey was sentenced to three years' probation, plus a \$1,000 fine and 250 hours of community service. Neal got three years' probation, a \$2,500 fine, and 250 hours' community service. Ingram was ordered to serve a year in prison and pay a \$1,000 fine. Emerson got two years' probation. Judge Richardson resigned, and received a suspended six-month prison sentence, one year probation, and a \$1,000 fine.</p> <p>Source: bit.ly/2feojb2</p>				
Alabama	2017	Brandon Dean	Judicial Finding	Fraudulent Use Of Absentee Ballots
<p>Brandon Dean, who was elected mayor of Brighton, Alabama in 2016, was ordered to vacate the office after a judge determined that 46 fraudulent absentee votes had been cast for him in the 2016 election. Of these ballots, 21 were not signed by the voter, 22 had been sent to Dean's address instead of the voters' homes, 2 absentee ballots were submitted by voters who were actually present at city hall on Election Day, and one did not live in Brighton city limits. Deducting the fraudulent votes dropped Dean's vote total below the threshold needed to avoid a mandatory runoff, which the city of Brighton must now hold.</p> <p>Source: bit.ly/2juUSav, bit.ly/2jynArf</p>				
Alabama	2017	Wetumpka City Council District 2	Official Finding	Fraudulent Use Of Absentee Ballots, Election Overturned
<p>A judge overturned the preliminary election results and declared Lewis Washington as the winner in a contested Wetumpka City Council District 2 election. On election night, it appeared that Washington's opponent, Percy Gill, who was the incumbent, had won by three votes. Washington challenged the result, and following a trial in which live witnesses and forensics experts testified, the judge threw out eight absentee ballots that had been cast for Gill either because the signatures had been forged or they had not been notarized or signed in front of the requisite number of witnesses, and declared Washington to be the winner.</p> <p>Source: bit.ly/2AkU5xv, bit.ly/2Agk7nS</p>				
Alabama	2012	Shelia Pritchett	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Shelia Pritchett, of Phenix City, was charged with two counts of second-degree forgery and two counts of absentee ballot fraud stemming from illegal activity while working for a 2012 candidate for municipal office. Pritchett pleaded guilty to all four counts and was sentenced to 22 months of probation, and fined \$2,500. A spokeswoman for the Russell County district attorney confirmed the disposition of this case.</p> <p>Source: bit.ly/2TpCLAK, bit.ly/2yU6ZIX</p>				
Alabama	2012	Stephanie Elias	Criminal Conviction	Fraudulent Use Of Absentee Ballots

Stephanie Elias, of Columbus, was charged with four counts of second-degree forgery and four counts of absentee ballot fraud stemming from illegal activity while working for a 2012 candidate for municipal office in Phenix City. Elias pleaded guilty to all eight counts and was sentenced to 22 months of probation, and fined \$2,500. A spokeswoman for the Russell County district attorney confirmed the disposition of this case.

Source: bit.ly/2TpCLAK, bit.ly/2yU6ZIX

Alabama	2019	Elbert Melton	Criminal Conviction	Fraudulent Use Of Absentee Ballots
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Elbert Melton, the former mayor of Gordon, illegally notarized two ballots, without witnesses present, during the 2016 election in which he was running for mayor. Melton won that race by only 16 votes. Melton was convicted on two counts of absentee ballot fraud, was removed from office, and was sentenced to serve one year in prison followed by two years of probation.

Source: <https://bitly.com/> bit.ly/2SPvL2X, bit.ly/30nEY2m, bit.ly/2TPo3Dt

EXHIBIT 62

**PRIMARY/PRIMARY RUN-OFF/GENERAL ELECTION
STATISTICS-STATE OF ALABAMA**

Voter Registration (active voters)		<u>Primary June 3, 1986</u>
	Democratic Republican	940,088 (Baxley, Graddick, James, McMillan, O'Neal; Gov. race) <u>29,194</u> (Carter, Hunt; Gov. Race) 969,282 (41% turnout)
2,362,361		
	Democratic Republican	879,977 (Allen, Folsom, Mitchem, Teague; Lt. Gov. race) <u>27,851</u> (Barton, Lyon, McGriff; Lt. Gov. Race) 907,828 (38% turnout)
		<u>Primary Runoff, June 24, 1986</u>
	Democratic	931,346 (Baxley, Graddick; Gov.) (39% turnout)
	Republican	<i>No statewide runoff races</i>
		<u>General Election, November 1986</u>
	Democrat Republican	537,163 (Baxley; Gov. race) <u>696,203</u> (Hunt; Gov. race) 1,233,366 (52% turnout)
2,362,361		
		<u>Presidential Preference Primary March 8, 1988</u> <i>(last year for PPP)</i>
	Democratic	407,413 (Babbitt, Dukakis, Gore, Hart, Jackson, LaRouch, Simon uncommitted)
	Republican	<u>213,565</u> (Bush, Dole, DuPont, Haig, Kemp, Robertson) 620,978 (26% turnout)
2,380,405		
		<u>Primary June 7, 1988</u>
	Democratic Republican	438,315 (Hornsby, Houston; Chief Justice Supreme Ct. race) <u>55,291</u> (Maxwell, Robinson; Assoc. Justice Supreme Ct. race) 493,606 (20% turnout)
		<u>Primary Runoff June 28, 1988</u>
	Democratic Republican	<i>no runoff</i> 30,672 (Johnston, Watson; Assoc. Justice Supreme Court race) (1% turnout)
		<u>General Election November 8, 1988</u> <i>Presidential Race</i>
	Democratic Republican Libertarian Independent	549,506 (Dukakis/Bentson) 815,576 (Bush/Quayle) 8,460 (Paul/Marrow) <u>4,428</u> (Fulani/Dattner, Warren/Mikells, Winn/Porter)
2,451,491		1,377,970 (56% turnout)

Primary June 5, 1990

2,380,677	Democratic	741,710 (Bishop, Daw, Flippo, Hubbert, James, Siegelman; Gov. race)
	Republican	<u>125,117</u> (Hunt, Pollard, Watley; Gov. Race)
		866,827 (36% turnout)
	Democratic	631,675 (Folsom, Branch; Lt. Gov. race)
	Republican	<u>100,713</u> (Bacon, Chambers, McKee; Lt. Gov. race)
		732,388 (31% turnout)

Primary Runoff June 26, 1990

Democratic	577,197 (Hubbert, Siegelman; Gov. race)
Republican	<u>46,854</u> (Balch, Sanders; PSC Pl.1)
	624,051 (26% turnout)

General Election November 1990

2,381,992	Democrat	582,106 (Hubbert; Gov. race)
	Republican	<u>633,520</u> (Hunt; Gov. race)
		1,215,626 (51% turnout)

Primary June 2, 1992

2,137,860	Democrat Republican	<i>Presidential Race</i>
		450,899 (Brown, Clinton, LaRouche, Woods, uncommitted;)
		<u>165,121</u> (Buchanan, Bush, uncommitted;)
		616,020 (29% turnout)

Primary Runoff June 30, 1992

Democrat	65,655 (Baggiano, Wallace; U.S. House #2)
Republican	<u>33,970</u> (Bachus, Conners; U.S. House #6)
	99,625 (5% turnout)

General Election November 3, 1992

2,210,617	Democrat Libertarian Republican Independent	<i>Presidential Race</i>
		690,080 (Clinton/Gore)
		5,737 (Marrou/Lord)
		804,283 (Bush/Quayle)
		<u>187,237</u> (Fulani/Munoz; Hagelin/Tompkins; Perot/ Stockdale; Warren/Debates)
		1,687,337 (76% turnout)

Primary June 7, 1994

2,263,054	Democratic	708,494 (deGraffenried, Siegelman, Wallace; Lt. Gov. race)
	Republican	<u>212,471</u> (Bedsole, Blount, James, Kirkland, Pollard, Swift; Gov. race)
		920,965 (41% turnout)
	Democratic	703,567 (Folsom, Hayden, Hubbert, Stewart; Gov. race)
		(31% turnout)

Primary Runoff June 21, 1994

Democratic	519,814 (deGraffenreid, Siegelman; Lt. Gov. race)
Republican	<u>209,261</u> (Bedsole, James; Gov. Race)
	729,075 (32% turnout)

General Election November 8, 1994

Democrat	594,169 (Folsom; Gov. race)
Republican	<u>604,926</u> (James; Gov. race)
2,283,484	1,199,095 (53% turnout)

Primary June 4, 1996

Democratic	315,724 (Bedford, Bromberg, Browder, Davis; U.S. Senate race)
Republican	<u>215,046</u> (Blake, Clark, Lipscomb, McDonald, McRight, Sessions, Woods; U.S. Senate race)
2,346,544	530,770 (23% turnout)

Primary Runoff June 28, 1996

Democratic	230,162 (Bedford, Browder; U.S. Senate race)
Republican	<u>137,753</u> (McDonald, Sessions; U.S. Senate race)
	367,915 (16% turnout)

General Election November 5, 1996*Presidential Race*

Democratic	662,165 (Clinton/Gore)
Republican	769,044 (Dole/Kemp)
Independent	95,030 (Harris/Garza; Perot/Choate; Phillips/Titus)
Libertarian	5,290 (Browne/Jorgensen)
Natural Law	<u>1,697</u> (Hagelin/Tompkins)
2,470,766	1,533,226 (62% turnout)

Primary June 2, 1998

Democratic	358,179 (Lamb,Pate,Siegelman,Sowell;Gov. race)
Republican	<u>359,014</u> (Blount,Hunt,James,McAllister,Williams;Gov. race)
2,240,619	717,193 (32% turnout)

Primary Runoff June 30, 1998

Democratic	<i>No statewide races</i>
Republican	203,658 (Blount;Gov. race)
	<u>256,702</u> (James;Gov. race)
2,268,967	460,360 (20% turnout)

General Election November 3, 1998

Democrat	760,155 (Siegelman;Gov. race)	58%
Republican	<u>554,746</u> (James;Gov. race)	42%
2,316,598	1,314,901 (57% turnout)	

General Election October 12, 1999
 Special Constitutional Amendment Election

	Amendment #1	1,241,091 (Lottery) (52% turnout)
	Amendment #2	1,176,573
	Amendment #3	1,149,350
2,398,504		

General Election March 21, 2000

Special Constitutional Amendment Election

	Amendment #1	169,776 (7% turnout)
2,398,504		

Primary June 6, 2000

	Democratic	278,527 (Gore, LaRouche;President)
	Republican	<u>211,046</u> (Baschab, Moore, See, Thorn;Chief Justice race)
2,392,777		489,573 (20% turnout)

Primary Runoff June 27, 2000

	Democratic	52,349 (Bell,Brown;State School Bd. #5)
	Republican	<u>58,937</u> (Long,Pittman; Civil Appeals Pl. 1)
2,392,777		111,286 (5% turnout)

General Election November 7, 2000

		<i>Presidential Race</i>
	Democratic	692,611 (Gore/Lieberman)
	Republican	941,173 (Bush/Cheney)
	Independent	25,896 (Buchanan/Foster; Hagelin/Goldhaber; Nader/Duke; Phillips/Frazier)
	Libertarian	<u>5,893</u> (Browne/Olivier)
2,528,963		1,665,573 (66% turnout)

Primary June 4, 2002

	Democratic	435,312 (Bishop, Harper III, Riddle, Siegelman, Townsend; Gov. race)
	Republican	<u>357,497</u> (T.James, Riley, Windom;Gov. race)
2,285,757		792,809 (35% turnout)

Primary Runoff June 25, 2002

	Democratic	271,196 (McPhillips, Parker;U.S. Senate race)
	Republican	<u>140,049</u> (Ivey, Wallace;State Treasurer's race)
2,285,757		411,245 (18% turnout)

General Election November 5, 2002

	Democrat	669,105 (Siegelman; Gov. race)	48.95%
	Republican	672,225 (Riley; Gov. race)	49.17%
	Libertarian	<u>23,272</u> (Sophocleus; Gov. race)	1.70%
2,356,423		1,367,053 (58% turnout)	(write-in votes included)

*Totals do not include write-in votes.

Special Constitutional Amendment Election September 9, 2003

2,332,807	Amendment #1	1,284,581 (55% turnout)
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Primary June 1, 2004

	Democratic	218,574 (Kerry, Kucinich, LaRouch; President)
	Republican	<u>210,566</u> (Baschab, Parker; Supreme Court Pl. 1)
2,502,082		429,140 (17% turnout)

Primary Runoff June 29, 2004

	Democratic	31,328 (Circuit judges, district judges, district attorney)
	Republican	<u>37,343</u> (SBOE District 3; US Congress District 5; district judgeships)
2,502,082		68,671 (3% turnout)

General Election November 2, 2004

	Democratic	693,933 (Kerry; President)
	Republican	1,176,394 (Bush; President)
	Independent	3,495 (Badnarik; President)
	Independent	6,701 (Nader; President)
	Independent	1,994 (Peroutka; President)
	Write-In	<u>898</u> (Write-in; President)
2,597,629		1,883,415 (72.5% turnout)

Primary June 6, 2006

	Democratic	466,537 (gubernatorial candidates)
	Republican	<u>460,019</u> (gubernatorial candidates)
2,413,279		926,556 (38.4% turnout)

Primary Runoff July 18, 2006

	Democratic	- (undetermined; no statewide office on ballot)
	Republican	198,692
2,435,101		

General Election November 7, 2006

	Democratic	519,827 (Baxley, Governor)
	Republican	718,327 (Riley, Governor)
	Write-In	<u>12,247</u>
2,469,807		1,250,401 (50.6% turnout)

Presidential Preference Primary Election February 5, 2008

	Democratic	536,626 (Biden, Clinton, Dodd, Edwards, Obama, Richardson, Uncommitted)
	Republican	<u>552,209</u> (Cort, Giuliani, Huckabee, Hunter, Keyes, McCain, Paul, Romney, Tancredo, Thompson, Uncommitted)
2,557,021		1,088,835 (42.6% turnout)

Primary June 3, 2008

	Democratic	175,889 (Figures, Swanson, Townsen; U.S. Senate)
	Republican	<u>216,408</u> (Sessions, Gavin)
2,597,081		392,297 (15.1 % turnout)

Primary Runoff July 15, 2008

	Democratic	(no statewide office on ballot)
	Republican	<u>103,670</u> (Cavanaugh, Chancey; PSC President)
2,604,803		103,670 (.04 % turnout)

General Election November 4, 2008 - Presidential

	Democratic	813,479 (Obama)
	Republican	1,266,546 (McCain)
	Independents	<u>16,089</u> (Baldwin, Barr, Nader)
2,841,195		2,096,114 (73.8% turnout)

Primary June 1, 2010 - Governor

	Democratic	119,972 (Davis)
		198,358 (Sparks)
	Republican	123,958 (Bentley)
		137,451 (Byrne)
		123,792 (James)
		8,362 (Johnson)
		95,163 (Moore)
		1,549 (Potts)
		<u>2,622</u> (Taylor)
2,521,041		811,227 (32.2% turnout)

Primary Runoff July 13, 2010

	Democrat	70,315 (Anderson: Attorney General)
		46,814 (Perkins: Attorney General)
	Republican	261,233 (Bentley: Governor)
		<u>204,503</u> (Byrne: Governor)
2,546,614		582,865 (22.9% turnout)

General Election November 2, 2010

		860,472 (Bentley: Governor)
		<u>625,710</u> (Sparks: Governor)
2,586,282		1,486,182 (57.5% turnout)

Statewide/Presidential Primary Election March 13, 2012

2,638,344	Democratic	22,815 (Circuit Judge Race)
	Republican	<u>621,731</u> (Presidential)
		644,546 24.42%

Primary Runoff April 24, 2012

2,644,912	Democratic	(no statewide office on ballot)
	Republican	<u>104,172</u> (Cavanaugh, Brown; PSC President)
		104,172 (.039 % turnout)

General Election November 6, 2012 - Presidential

2,833,938	Democratic	795,696 (Obama)
	Republican	1,255,925 (Romney)
	Independents	18,706 (Baldwin, Barr, Nader)
	Write-In	<u>4,011</u>
		2,074,338 (73.2% turnout)

Primary June 3, 2014

2,846,049	Democratic	180,658 (Governor)
	Republican	<u>434,525</u> (Governor)
		615,183 (21.6% turnout)

Primary Runoff July 15, 2014

2,852,895	Democratic	12,124 (Circuit Judge 10th Judicial Circuit PI. 10)
	Republican	<u>204,617</u> (Secretary of State)
		216,741 (0.075% turnout)

General Election November 3, 2014

2,986,782	Total Ballots Cast	1,191,274 (39.8% turnout)
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Presidential Preference Primary March 1, 2016

3,066,732	Total Ballots Cast	1,269,751	(41.40% turnout)
	<u>Democratic</u>		
	Clinton	293,809	
	De La Fuente	735	
	O'Malley	1,349	
	Sanders	72,371	
	Uncommitted	<u>8,339</u>	
		376,603	29.66% of total ballots cast
	<u>Republican</u>		
	Bush	3,974	
	Carson	88,094	
	Christie	858	
	Cruz	181,479	
	Fiorina	544	
	Graham	253	
	Huckabee	2,539	
	Kasich	38,119	
	Paul	1,895	
	Rubio	160,606	
	Santorum	617	
	Trump	373,721	
	Uncommitted	<u>7,953</u>	
		860,652	68% of total ballots cast

General Election November 8, 2016

3,198,703	Total Ballots Cast	2,137,482	(66.8% Turnout)
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Special U.S. Senate Primary Election - August 15, 2017

3,281,781	Total Ballots Cast	588,655	(17.9% Turnout)
	<u>Democratic</u>		
	Boyd	7,986	
	Caldwell	1,239	
	Fisher	3,479	
	Hanson	11,180	
	Jones	109,007	
	Kennedy, Jr.	29,284	
	Nana	1,404	
		<u>163,579</u>	28% of total ballots cast
	<u>Republican</u>		
	James Paul Beretta	1,087	
	Joseph F. Breault	253	
	Randy Brinson	2,642	
	Mo Brooks	83,691	
	Mary Maxwell	1,558	
	Roy S. Moore	164,984	
	Bryan Peeples	1,583	
	Trip Pittman	29,724	
	Luther Strange	139,554	
		<u>425,076</u>	72% of total ballots cast

Special U.S. Senate Primary Runoff Election - September 26, 2017

3,134,166	Total Ballots Cast	481,146	
	<u>Republican</u>		
	Moore	262,641	
	Strange	218,505	
		<u>481,146</u>	100% of total ballots cast

Special U.S. Senate General Election - December 12, 2017

3,326,812	Total Ballots Cast	1,348,720	(41% turnout)
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Primary Election - June 5, 2018

3,377,902	Total Ballots Cast	864,306	(25.6% turnout)
	Democratic	273,107	(attorney general candidates)
	Republican	591,199	(gubernatorial candidates)

EXHIBIT 63

Return this application to:

FORM AV-R1
Date Revised 09/03/2019

_____ COUNTY, ALABAMA

Please note that only one application may be placed in the same envelope.

Please note that a copy of your

General Voter Information - Please provide complete information so that we may verify your eligibility to vote.

Last Name (Please print)		First Name		Middle or Maiden Name		E-mail Address		
Street Address (address where you are registered to vote; do not use PO box)						City	State	ZIP
Mail my ballot to the address where I regularly receive mail, if different from the street address provided above								
Precinct where you vote (name and/or location of your polling place)								
Date of Birth		Month	Day	Year		Driver's License Number		IF NO DRIVER'S LICENSE NUMBER
Home Telephone Number ()		Work Telephone Number ()		STATE		NUMBER		Last 4 digits of Social Security number

For all registered voters

I hereby make application for an absentee ballot so that I may vote in the following election:

- Primary Election or Presidential Preference Primary
Select one: Democratic Party Other _____
 Republican Party Amendments Only
- Primary Runoff Election
Select one: Democratic Party Other _____
 Republican Party Amendments Only
- General Election
- Special Election (specify) _____
If a primary or runoff, check one: Democratic Party Republican Party

- Absentee ballots for elections more than 42 days apart must be requested on separate applications, unless you are a member of the armed forces, or a spouse or dependent of such person, or you are a United States citizen residing overseas, or are permanently disabled.
- An application submitted by a member of the armed forces, or a spouse or dependent of such person, or a United States citizen residing overseas is valid for all county, state and federal elections in the current calendar year. An application submitted by a citizen with a permanent disability is valid for all municipal, county, state, and federal elections in the current calendar year.

I am applying for an absentee ballot because (check at least one box):

- I expect to be out of the county or the state on election day.
- [ID Required]
- * neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects my ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak and:
 - a) I am an elderly voter aged 65 or older; or
 - b) I am a voter with a disability.
 *[ID Not Required]
- I expect to work a shift which has at least ten (10) hours that coincide with the polling hours at my regular polling place.
- I am enrolled as a student at an educational institution located outside the county of my personal residence, attendance at which prevents my attendance at the polls.
- I am a member of, or a spouse or dependent of a member of, the absentee pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 52 U.S.C. § 20302. [ID Not Required]

This application for an absentee ballot will be valid for all county, state, and federal elections held during this calendar year unless you specify an earlier expiration date here: _____.
-
- home.
- I am currently incarcerated in prison or jail and have not been convicted of a felony involving moral turpitude. (See back for felonies involving moral turpitude.)

absentee ballot, I understand that I will not be entitled to vote at my regular polling place.

Voter's Signature	Complete this section if voter signs by mark →	Witness Signature
		Print Witness Name

The voter may hand this application to the Absentee Election Manager. The voter may also forward this application to the Absentee Election Manager by U.S. Mail or commercial carrier [§17-11-3 and §17-11-4, Code of Alabama, 1975].

READ PENALTIES ON BACK

CRIMES INVOLVING MORAL TURPITUDE**Pursuant to Code of Alabama (1975) Section 17-3-30.1**

- Murder – Section 13A-5-40 (A) 1-19
- Murder (Non-Capital, Reckless, Felony Murder, etc.) – Section 13A-6-2
- Manslaughter – Section 13A-6-3 Exceptions: 13A-6-20 (A) (5) and 13A-6-21
- Assault 1st Degree – Section 13A-6-20
- Assault 2nd Degree – Section 13A-6-21
- Kidnapping 1st Degree – Section 13A-6-43
- Kidnapping 2nd Degree – Section 13A-6-44
- Rape 1st Degree – Section 13A-6-61
- Rape 2nd Degree – Section 13A-6-62
- Sodomy 1st Degree – Section 13A-6-63
- Sodomy 2nd Degree – Section 13A-6-64
- Sexual Torture – Section 13A-6-65.1
- Sexual Abuse 1st Degree – Section 13A-6-66
- Sexual Abuse 2nd Degree – Section 13A-6-67
- Sexual Abuse of a child less than 12 years old – Section 13A-6-69.1
- Enticing a child to enter a vehicle, house, etc. for immoral purposes – Section 13A-6-69
- Facilitating solicitation of unlawful sexual conduct with a child – Section 13A-6-121
- Electronic solicitation of a child – Section 13A-6-122
- Facilitating the on-line solicitation of a child – Section 13A-6-123
- Traveling to meet a child for an unlawful sex act – Section 13A-6-124
- Facilitating the travel of a child for an unlawful sex act – Section 13A-6-125
- Human T
- Human T
- Terrorism – Section 13A-10-152
- Soliciting or providing support for an act of terrorism – Section 13A-10-153
- Hindering prosecution of terrorism – Section 13A-10-154
- Endangering the water supply – Section 13A-10-171
- Possession, manufacture, transport, or distribution of a destructive device or bacteriological weapon, or biological weapon – Section 13A-10-193
- Selling, furnishing, giving away, delivering, or distribution of a destructive device, a bacteriological weapon, or biological weapon to a person who is less than 21 years of age – Section 13A-10-194
- Possession, manufacture, transport, or distribution of a detonator, explosive, poison, or hoax device – Section 13A-10-195
- Possession or distribution of a hoax device represented as a destructive device or weapon – Section 13A-10-196 (c)
- Attempt to commit an explosives or destructive device or bacteriological or biological weapons crime – Section 13A-10-197
- Conspiracy to commit an explosives or destructive device or bacteriological or biological weapons crime – Section 13A-10-198
- Hindrance or obstruction during detection, disarming, or destruction of a destructive device or weapon – Section 13A-10-199
- Possession or distribution of a destructive device or weapon intended to cause injury or destruction – Section 13A-10-200
- Treason – Section 13A-11-2
- Dissemination or public display of obscene matter containing visual depiction or persons under 17 years of age involved in obscene acts – Section 13A-12-191
- Possession and possession with intent to disseminate obscene matter containing visual depiction of persons under 17 years of age involved in obscene acts – Section 13A-12-192
- Parents or guardians permitting children to engage in production of obscene matter – Section 13A-12-196
- Production of obscene matter containing visual depiction of persons under 17 years of age involved in obscene acts – Section 13A-12-197
- Distribution, possession with intent to distribute, production of obscene material, or offer or agreement to distribute or produce – Section 13A-12-200.2
- T
amphetamine and
methamphetamine – Section 13A-12-231
- Bigamy – Section 13A-13-1
- Incest – Section 13A-13-3
- Torture or other willful maltreatment of a child under the age of 18 – Section 26-15-3
- Aggravated child abuse – Section 26-15-3.1
- Prohibited acts in the offer, sale, or purchase of securities – Section 8-6-17
- Burglary 1st Degree – Section 13A-7-5
- Burglary 2nd Degree – 13A-7-6
- Theft of Property 1st Degree – Section 13A-8-3
- Theft of Property 2nd Degree – Section 13A-8-4
- Theft of Lost Property 1st Degree – Section 13A-8-7
- Theft of Lost Property 2nd Degree – Section 13A-8-8
- Theft of trademarks or trade secrets – Section 13A-8-10.4
- Robbery 1st Degree – Section 13A-8-41
- Robbery 2nd Degree – Section 13A-8-42
- Robbery 3rd Degree – Section 13A-8-43
- Forgery 1st Degree – Section 13A-9-2
- Forgery 2nd Degree – Section 13A-9-3
- Aggravated Theft by Deception – Section 13A-8-2.1
-
- of another state, territory, country, or other jurisdiction, which, if committed in this state, would constitute one of the offenses listed in this subsection.

PENALTIES**§17-17-24, Code of Alabama, 1975, as amended**

(a) Any person who willfully changes an absentee voter'

's true ballot, any person who willfully

documents so as to vote absentee, or any person who solicits, encourages, urges, or otherwise promotes illegal absentee voting, shall be guilty, upon conviction, of a Class C felony. Any person who willfully aids any person unlawfully to vote an absentee ballot, any person who knowingly and unlawfully votes an absentee ballot, and any voter who votes both an absentee and a regular ballot at any election shall be similarly punished.

(b) Upon request by the local district attorney or the Secretary of State, the Attorney General shall provide investigating assistance in instances of absentee ballot or voting violations.

(c) Nothing in this section shall be construed to impede or inhibit organized legal efforts to encourage voter participation in the election process or to discourage a candidate from encouraging electors to lawfully vote by absentee ballot.

EXHIBIT 64

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Birmingham Real-Time News

Bill would eliminate requirement to give reason for voting absentee

Updated Jan 13, 2019; Posted Apr 25, 2017

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By **Mike Cason | mcason@al.com**

vote here sign in huntsville.JPG

Voters chat after voting at The Dwelling Place on Redstone Road on Nov. 4, 2014 in Huntsville, Ala. (Eric Schultz / eschultz@al.com)

((Eric Schultz / eschultz@al.com))

Alabama voters would not have to give a reason for voting absentee under a bill that passed the state Senate last week.

Current law requires voters to sign an affidavit attached to the ballot that affirms their identity and gives one of the following reasons for voting absentee: out of town on election day; physically incapacitated; working all day while the polls are open; attending college in another county; being an armed services member or the spouse or dependent of one.

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The bill, by Sen. Rodger Smitherman, D-Birmingham, would eliminate the requirement to give a reason and the requirement to have two witnesses or a notary public sign the identifying affidavit.

Smitherman's bill would add one new requirement. Voters would have to include a copy of a photo ID with their application for an absentee ballot. They already have to do that with the ballot itself, but not with the application.

Smitherman said the changes would increase voter participation.

"It's just about making it more convenient for our citizens to vote and having a more secure procedure," he said.

Smitherman said the requirement for a photo ID with the ballot application would increase security and would eliminate the need for the witness signatures on the ballot.

State lawmakers return today to begin the final 11 days of the legislative session, which must end by May 22.

The House Ways and Means Education Committee is scheduled to hold a public hearing on the education budget Wednesday and to vote on the budget Thursday.

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Secretary of State John Merrill's office suggested to Smitherman that he propose the changes in the absentee ballot law.

Smitherman's original bill would have required each county to set up a site for early voting that would have been open at least five days during the 14-day period before an election.

Smitherman said his intent was to increase voter participation, but that counties were concerned about the cost of setting up early voting sites.

Merrill said he believes the absentee voting changes would achieve Smitherman's intent of making it easier to vote.

He said he believed it would strengthen the absentee voting law.

"The only instances of voter fraud that we've identified in the state have to do with absentee ballots," Merrill said.

Merrill said the requirement to give a reason for absentee voting is not meaningful.

"In most instances, it's simply for convenience, and everybody knows that," Merrill said.

Smitherman's bill passed the Senate by a vote of 25-3. It moves to the House of Representatives.

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[Alabama and national politics.](#)

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Around the web

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EXHIBIT 65



Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options

4/24/2020



Most states offer at least one method for any eligible voter to cast a ballot before Election Day. While some states provide early in-person voting, this webpage addresses absentee voting and all-mail voting.

Please see our upcoming webinar series on this topic.

Absentee Voting: All states will mail an absentee ballot to certain voters who request one. In two-thirds of the states, any qualified voter may vote absentee without offering an excuse, and in one-third of the states, an excuse is required. Some states offer a permanent absentee ballot list: once a voter asks to be added to the list, s/he will automatically receive an absentee ballot for all future elections.

All-Mail Voting: In a handful of states, a ballot is automatically mailed to every eligible voter (no request or application is necessary). Polling places may also be available for voters who would like to vote in-person. Other states may permit the all-mail option for specific types of elections.

As for early in-person voting, it is available in four-fifths of the states. In these states, any qualified voter may cast a ballot in person during a designated period prior to Election Day. Please see our page on State Laws Governing Early Voting.

NOTE: This page should be used for general informational purposes only. It is not intended as a legal advice. Please contact your local election officials for information on voting in your jurisdiction.

Introduction

When, where and how Americans vote has evolved over the course of the last 250 years. When the United States first came into being, voters would voice their choices on courthouse steps, out loud and very much not in secret. Toward the end of the 19th century, a paper ballot became common and was increasingly cast in private at a neighborhood polling place. Times are changing again. The majority of states now permit voters to cast ballots before Election Day, either in person at designated early voting sites, or via a ballot that has been mailed to the voter's home. In all states, to varying degrees, voting now takes place not just on one day during a certain time period, but over a series of days and weeks before the election, as well.

Some states provide an early, in-person voting period; for information on this option, please see NCSL's webpage [State Laws Governing Early Voting](#).

All states allow voters who have a reason they can't vote on Election Day to request a ballot in advance, and many states allow all voters to request a ballot in advance without requiring a reason. States vary on what extent they offer these options, including some states that deliver ballots to all voters (while maintaining some in-person voting locations for those that prefer to vote in person or may need assistance). This page goes into detail about each of these variations and how absentee/mailed ballots are handled in states.

A Note on Terminology

A ballot that has been sent to a voter and is voted outside of a polling place or election official's office has traditionally been referred to as an "absentee ballot" and the person who votes that ballot has been called an "absentee voter." This terminology is common in state law and comes from the concept that voters would use this option only when they were "absent" from their neighborhood polling place on Election Day. As time has gone on and more and more voters request a ballot in advance as their default voting method, and as states have begun offering more opportunities for voters to do so, the terminology has evolved. Some states refer to "advance ballots," "mailed ballots," "by-mail ballots," "mail ballots" or "vote-by-mail ballots."

In this report NCSL has chosen to use "absentee/mailed ballots" to reflect the traditional terminology and also the evolution of the use of the term. Note that this term refers to ballots that are mailed out to voters by election officials and does not indicate the method voters choose to return the ballot. Often these "absentee/mailed ballots" are returned via methods other than mail, i.e. in person at a voting location or at a secure drop box.

What Are Some Possible Advantages and Disadvantages to Voting by Mail?

As legislators consider policies that allow more people to "vote at home," or vote by mail, or vote absentee, they will be weighing advantages and disadvantages.

Advantages

- Voter convenience and satisfaction. Citizens can review their ballots at home and take all the time they need to study the issues. Voters often express enthusiasm for this option. See this survey from Oregon Public Broadcasting on the Beaver State's all-mail voting system that showed 87% support, for example.
- Financial savings. Jurisdictions may save money because moving toward more absentee/mailed ballot voting reduces the need to staff and equip traditional polling places. A 2016 study of Colorado from The Pew Charitable Trusts found costs decreased an average of 40% in five election administration categories across 46 of Colorado's 64 counties (those with available cost data) after it implemented all-mail ballot elections. (Note: The study examines a number of reforms Colorado enacted in 2013, with all-mail elections being the most significant. Others included instituting same-day registration and shortening the time length for residency in the state for voting purposes.)
- Turnout. Some reports indicate that because of convenience, voter turnout increases. See this 2013 report on all-mail ballot elections in Washington and this 2018 report on all-mail ballot elections in Utah. Effects on turnout can be more pronounced for lower turnout elections (local elections, for example) and for low propensity voters (those who are registered but do not vote as frequently). Evidence for increased turnout based on absentee/mailed ballot voting, instead of all-mail ballot elections, is not as clear.

Disadvantages

- Financial considerations. Sending ballots by mail increases printing costs for an election. There may be up-front costs of changing to different vote-counting equipment, although overall fewer voting machines are required in jurisdictions that have more absentee/mailed ballot voting and count ballots at a centralized location. If a state chooses to pay for return postage for these ballots that could also increase costs.
- An increase in voter "errors" or "residual votes." When marking a ballot outside of an in-person voting location, a voter can potentially mark more selections in a contest than the maximum number allowed (called an overvote) or mark less than the maximum number allowed, including marking nothing for that contest (called an undervote). Political scientists often refer to these overvotes and undervotes as errors or residual votes. Voting equipment at in-person voting locations will notify voters if this happens and allow the voter the opportunity to correct it. When returning an absentee/mailed ballot there is not a similar mechanism to inform voters of errors, so there tend to be more overvotes and undervotes. Damaged absentee/mailed ballots may be harder to correct as well. Procedural choices can mitigate this effect to some extent.
- Tradition. The civic experience of voting with neighbors at a local school, church or other polling place is lost when voting with an absentee/mailed ballot. Some point out that the experience can be shared with family members at home in a way that isn't possible with in-person voting.
- Disparate effect on some populations. Mail delivery is not uniform across the nation. Native Americans on reservations in particular may have difficulty with all-mail elections. Many do not have street addresses, and their P.O. boxes may be shared. Low-income citizens move more frequently and keeping addresses current can pose problems. Literacy can be an issue for some voters, as well, since election materials are often written at a college level. (Literacy can be a problem for voters at traditional polling place locations, too.)

- Opportunities for coercion. If a voter is marking a ballot at home, and not in the presence of election officials, there may be more opportunity for coercion by family members or others.
- Slower result reporting. Ballots may continue to arrive up to and even after Election Day (depending on state law), so it can take days (or longer) after the election before election officials are able to count all ballots. Note that final results are typically not official until a week or two after the election. During this time, all states are examining provisional ballots and ballots coming from military or overseas voters, as well. Policy choices can mitigate this effect.

Qualifying for an Absentee Ballot

The concept of voting “absentee” first came about during the Civil War as a way for soldiers to cast ballots back in their home states. The idea of allowing military voters to cast a ballot “in absentia” is still one of the driving factors for states allowing absentee ballots. All states, by federal law, are required to send absentee/mailed ballots to military and overseas voters for federal elections (see the 1986 Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)).

Aside from military and overseas voters, 16 states only permit certain voters to request an absentee ballot by mail when they have an “excuse” for not being able to vote at the polls on Election Day. More details on these states can be found in the table below. Note, however, that many states that require an excuse to obtain an absentee ballot do provide early voting opportunities for voters to cast a ballot in-person before Election Day.

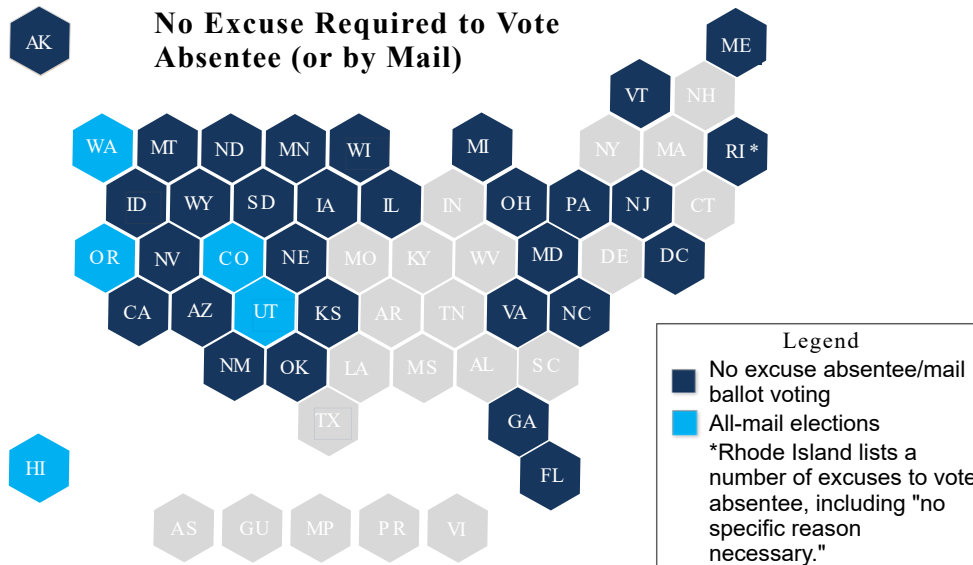
More than two-thirds of the states have “no-excuse absentee” voting, which means any voter can request a mail ballot without providing an excuse, and a few send all voters ballots by mail.

In this section you will find:

- States that do not require an excuse to vote absentee or by mail.
- Excuses to vote absentee in states that do require an excuse.
- Who qualifies for permanent absentee ballot status?
- How and when are voters removed from a permanent absentee list?

Which states do not require an excuse to vote absentee or by mail?

The following 34 states and Washington, D.C., offer “no-excuse” absentee/mailed ballot voting: Alaska, Arizona, California, Colorado*, District of Columbia, Florida, Georgia, Hawaii*, Idaho, Illinois, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon*, Pennsylvania, Rhode Island**, South Dakota, Utah*, Vermont, Virginia, Washington*, Wisconsin and Wyoming. For more details, visit Table 1: States with No-Excuse Absentee Voting.



*Designates a state that sends mailed ballots to all eligible voters. Voters don't need to request a mailed ballot but automatically receive one. See the section on all-mail elections below.

**Rhode Island lists a number of excuses to vote absentee, but also specifies "No specific reason necessary." Since any Rhode Islander can request an absentee ballot, NCSL has categorized it as no excuse required.

What are the excuses to vote absentee in states that require an excuse?

All states permit voters who will be outside of their home county to vote absentee/by mailed ballot, as well as voters with an illness or disability who know ahead of time that they won't be able to make it to the polls. It is also common to provide this option for elderly voters.

Many states also permit voters to request an absentee/mailed ballot in case of an emergency situation, such as an unforeseen illness, confinement to a medical facility or an accident resulting in injury. More details on these situations can be found on NCSL's page on Absentee Voting in Case of a Personal Emergency.

Beyond that, there are a variety of acceptable excuses in states, summarized in the table below and on Table 2: Excuses to Vote Absentee.

Note: This chart is meant to compare and summarize the acceptable excuses for states that require an excuse to vote absentee. Since it is comparative, it is not comprehensive of all the excuses in a given state. Visit state election webpages for additional information on a given state's requirements.

Excuses to Vote Absentee/By Mailed Ballot

State	Out of County on Election Day	Illness or Disability	Persons Older Than a Certain Age	Work Shift is During all Voting Hours	Student living Outside of County	Election Worker or Poll Watcher	Religious Belief or Practice	ACP* Participant	Incarcerated (but Still Qualified to Vote)	Juror Duty
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State	Out of County on Election Day	Illness or Disability	Persons Older Than a Certain Age	Work Shift is During all Voting Hours	Student living Outside of County	Election Worker or Poll Watcher	Religious Belief or Practice	ACP* Participant	Incarcerated (but Still Qualified to Vote)	Juror Duty
Alabama Ala. Code § 17-11-3	✓	✓		✓	✓	✓				
Arkansas Ark. Code Ann. § 7-5-402	✓	✓								
Connecticut C.G.S.A. § 9-135	✓	✓				✓	✓			
Delaware 15 Del. Code §5502	✓	✓		✓			✓			
Indiana Ind. Code §3-11-10-24	✓	✓	65+	✓		✓	✓	✓		
Kentucky Ken. Rev. Stat. §117.085(1)(a), §117.077	✓	✓	65+	✓	✓			✓	✓	
Louisiana LSA-R.S. 18:1303	✓	✓	65+	✓	✓	✓		✓	✓	✓
Massachusetts M.G.L.A. 54 § 86	✓	✓			✓		✓			
Mississippi Miss. Code Ann. § 23-15-715	✓	✓	65+							
Missouri V.A.M.S. 115.277	✓	✓				✓	✓	✓	✓	
New Hampshire N.H. Rev. Stat. § 657:1	✓	✓		✓			✓			
New York § 8-400	✓	✓							✓	
South Carolina § 7-15-320	✓	✓	65+	✓	✓	✓			✓	✓
Tennessee T. C. A. § 2-6-201	✓	✓	60+	✓	✓	✓	✓			✓
Texas V.T.C.A., Election Code § 82.001 et seq.	✓	✓	65+					✓	✓	
West Virginia W. Va. Code, § 3-3-1	✓	✓	"Advanced age"	✓	✓			✓	✓	

*ACP stands for Address Confidentiality Program, which protects the information of victims of domestic violence, sexual assault or stalking. (Learn more about ACPs here.)

Who qualifies for permanent absentee ballot status?

Some states permit voters to join a permanent absentee/mailed ballot voting list. Voters who request to be on this list will automatically receive an absentee/mailed ballot for each election. This option may be offered to all voters, or to a limited number of voters based on certain criteria described below.

A permanent absentee list is sometimes known as a “single sign-up” option, since a voter needs to sign up only once to receive an absentee/mailed ballot for all future elections.

Five states plus D.C. permit any voter to join a permanent absentee/single sign-up list and will mail that voter an absentee/mailed ballot for each election: Arizona, California, District of Columbia, Montana, Nevada and New Jersey.

Some states without permanent absentee lists allow the request to last for more than one election.

- In Florida, a request for a vote-by-mail, or absentee, ballot remains in effect for all elections through the two-year election cycle (Fla. Stat. §101.62).
- In Michigan, North Dakota (N.D.. Cent. Code §16.1-07-05(1)) , Oklahoma (AC 230:30-5-13), South Dakota (S.D.. Codified Laws Ann. §12-19-2) and Vermont (Vt. Stat. Ann. tit. 17, §2532) a request for a vote-by-mail, or absentee, ballot remains in effect through the calendar year.

Ten states permit voters with permanent disabilities to use a “single sign-up” option, and, once on the list, the state sends them absentee/mailed ballots: Alabama, Connecticut, Delaware, Kansas, Louisiana, Mississippi, New York, Tennessee, West Virginia and Wisconsin. Louisiana and Wisconsin also make this option available to senior voters. In some cases, a note from a physician or other indication of a permanent disability may be required.

An additional six states automatically send absentee voter applications to voters on a permanent/single sign-up list. This differs from the category above since voters must return the application before receiving an absentee/mailed ballot:

- Minnesota and Michigan permit any voter to apply to receive an absentee/mailed ballot application for each election.
- Pennsylvania sends an application to all voters on its permanent list at the beginning of each year and, upon submittal of the application, the voter will receive an absentee/mailed ballot for all elections that year.
- Massachusetts and Missouri send permanently disabled voters’ absentee/mailed ballot applications each election.
- Alaska (Alaska Admin. Code tit. 6, § 25.650) permits the election supervisor to designate a person as a permanent absentee voter if: the voter resides in a remote area where distance, terrain or other natural conditions deny the voter reasonable access to the polling place; the voter’s permanent residence is in an institution serving the aged or persons with disabilities; or the voter is disabled and has been required to be designated as a permanent absentee voter.

Find more information on Table 3: States with Permanent Absentee Voting for All Voters, Voters with Permanent Disabilities, and/or Senior Voters.

How and when is a voter removed from a permanent absentee ballot list?

Once voters opt in to the list, they are automatically mailed a ballot for subsequent elections. Below is a summary of the ways in which a voter who is on the permanent ballot list can be removed. Visit Table 4: State Laws on Removing Voters From Permanent Absentee Lists for more details.

State	When Is a Voter Removed from the Permanent Absentee List?
Arizona Ariz. Rev. Stat. §16-544(H)	After a voter has requested to be included on the permanent early voting list, the voter shall be sent an early ballot by mail automatically for any election at which a voter at that residence address is eligible to vote until any of the following occurs: 1. The voter requests in writing to be removed from the permanent early voting list. 2. The voter's registration or eligibility for registration is moved to inactive status or canceled as otherwise provided by law. 3. The notice sent by the county recorder or other officer in charge of elections is returned undeliverable and the county recorder or officer in charge of elections is unable to contact the voter to determine the voter's continued desire to remain on the list.
California Elect. Code §3206	If the voter fails to return an executed vote-by-mail ballot in four consecutive statewide general elections, the voter's name shall be deleted from the list.
District of Columbia D.C. Mun. Regis. Tit. 3, § 720.4	A duly registered voter's request to permanently receive an absentee ballot shall be honored until: (a) The voter submits a written request to no longer receive absentee ballots. (b) The voter is no longer a qualified elector. (c) Any mail sent to the voter is returned to the board as undeliverable. (d) The voter fails to return a voted absentee ballot for two back-to-back elections in which he or she is eligible to vote.
Hawaii H.R.S. §15-4(h)	A voter's permanent absentee voter status shall be terminated if any of the following conditions apply: (1) The voter requests in writing that such status be terminated. (2) The voter dies, loses voting rights, registers to vote in another jurisdiction, or is otherwise disqualified from voting. (3) The voter's absentee ballot, voter notification postcard, or any other election mail is returned to the clerk as undeliverable for any reason. (4) The voter does not return a voter ballot by 6 p.m. on Election Day in both the primary and general election of an election year.
Minnesota Minn. Stat. §203B.04	A voter's permanent absentee status ends and automatic ballot application delivery must be terminated on: (1) The voter's written request. (2) The voter's death. (3) Return of an absentee ballot as undeliverable. (4) A change in the voter's status to "challenged" or "inactive" in the statewide voter registration system.
Montana M.C.A. §13-13-212	An elector may request to be removed from the absentee ballot list for subsequent elections by notifying the election administrator in writing. The election administrator shall biennially mail a forwardable address confirmation form to each elector who is listed in the national change of address system of the U.S. postal service as having changed the elector's address. ... If the form is not completed and returned or if the elector does not respond using the options provided in subsection (4)(b)(v), the election administrator shall remove the elector from the absentee ballot list.

State	When Is a Voter Removed from the Permanent Absentee List?
New Jersey N.J.S.A. 19:63-3	A county clerk may not remove a voter's name from the list unless: (i) The voter is no longer listed in the official register. (ii) The voter cancels the voter's absentee status. (iii) The voter's name is removed on the date specified by the voter on the absentee ballot application form. (iv) The county clerk is required to remove the voter's name from the list under Subsection (7)(c). (7)(c) A county clerk shall remove a voter's name from the list if the voter fails to vote in two consecutive regular general elections.

Requesting an Absentee Ballot



All states provide an absentee/mailed ballot for voters upon request. Some of these states require a voter to have an excuse in order to do so, such as being out of the state on Election Day or having a permanent disability (see section above). Other states permit any voter to request a ballot with no excuse required. A handful of states also send out ballots to all eligible voters.

Most states, except for the all-mail states, require voters to submit an application in order to obtain a delivered ballot. The ways in which voters may request a ballot vary, as do the deadlines for submitting the application to the local election official. Some states regulate who can distribute or collect applications for delivered ballots as well.

Once the application is received, states have a process for verifying that the application did indeed come from the intended voter before sending a ballot to that voter. The timelines for delivering ballots to voters vary, with some states beginning the process of delivering ballots 45 days (or earlier) before an election, and others delivering ballots within a month before the election.

Note: The states that send ballots to all eligible voters, including those that will do so for the first time in 2020 (Colorado, Hawaii, Oregon, Utah and Washington) are not included in this section because an application is not required.

In this section you will find:

- How can voters request an absentee ballot?
- Who can distribute and collect absentee ballot applications?
- What are the deadlines for submitting absentee ballot applications?
- How do election officials verify absentee ballot applications?

How can voters request an absentee ballot?

The ways in which voters may submit absentee/mailed ballot applications vary among states. All states will permit a voter to submit an application by mail (usually via an approved form) or in person at a local election official's office. Many states require the application or request to be in

writing, either via an official application form or by written request in the mail or by email. Some states offer an alternative, though.

Twelve states have an online portal that permits voters to request an absentee/mailed ballot: Delaware, D.C., Florida, Louisiana, Idaho, Maine, Maryland, Minnesota, New Mexico, Oklahoma, Pennsylvania, Vermont and Virginia. Some of these states used legislation to create this option and others did not. For more details, see Table 6: States with Web-Based Absentee Ballot Applications.

- West Virginia and D.C. allow voters to download an application form and then return it as a scanned document.
- Wisconsin permit voters to send an email with a scan of an absentee ballot request form and proof of ID to their county registrar.
- In Arizona many counties provide an online portal, though it is not available on the state level.
- Arizona, Florida, Maine, Mississippi, Vermont and Wyoming also accept phone requests.

Can third party individuals or groups distribute absentee ballot applications and collect complete applications?

As part of get-out-the-vote efforts or a civic engagement program some organizations like to assist voters in requesting and returning absentee/mailed ballot applications. Some states place restrictions on these activities by prohibiting third-party groups from distributing or collecting absentee/mailed ballot applications, or designate deadlines or turnaround times for groups that do this. These are often meant to encourage third-party groups to submit completed applications in a timely manner to ensure that voters receive absentee/mailed ballots in a timely manner.

The following states and D.C. place no restrictions, or do not specify restrictions, on third-party groups distributing or collecting completed absentee/mailed ballot applications:

- Delaware, District of Columbia, Florida, Idaho, Maryland, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota and Virginia.

The following states permit third-party groups to distribute and collect completed absentee/mailed ballot applications, but specify deadlines or turnaround times:

- In Arizona, applications collected by third parties must be submitted within six days of receipt, under penalty of \$25 per day for each completed form withheld from submittal. Any person who knowingly fails to submit a completed early ballot request form before the submission deadline for the election immediately following the completion of the form is guilty of a class 6 felony (Ariz. Rev. Stat. § 16-542).
- Any third party may collect absentee/mailed ballot applications in California, but they must be submitted with 72 hours of receipt (Cal. Election Code § 3008).
- In Illinois, applications must be returned to the election authority within seven days of receipt, or within two days of receipt if within two weeks of the election. Failure to turn over an application is a petty offense with a fine of \$100 per application (10 ILCS 5/19-3).

- In Indiana, a person handling another voter's absentee/mailed ballot application must indicate the date received by the voter and deliver it to the county election board within 10 days or by the application deadline (Ind. Code § 3-11-4-2).
- Anyone may distribute and collect advance voting ballots in Kansas but must deliver any application within two days of completion (KSA § 25-1128).
- Anyone may distribute and collect absentee/mailed ballot applications in Minnesota, but they must be returned to the election office within 10 days of completion (MN Stat § 203B.04).
- In New Mexico, third parties may distribute/collect/solicit absentee/mailed ballot applications from voters so long as they are submitted within 48 hours of completion. A person who collects applications for mailed ballots and fails to submit them is guilty of a petty misdemeanor. A person who intentionally alters another voter's completed application is guilty of a fourth-degree felony (N.M. Stat. Ann. § 1-6-4.3).

The following states place restrictions on third-party individuals or groups distributing absentee/mailed ballot applications:

- In Alaska, third-party groups are restricted to supplying only their own affiliated members with an application (Alaska Stat. §15.20.081).
- In Connecticut, third parties must register with the town clerk before distributing five or more applications. Unsolicited application mailings must meet certain criteria. No person shall pay or give any compensation to another person for distribution absentee/mailed ballot applications (Conn Gen Stat § 9-140).
- In Nevada, a person who, six months before an election, intends to distribute more than 500 applications must use the prescribed secretary of state form, identify the person who is distributing the form, provide notice to the count clerk not later than 28 days before distributing such a form, and not mail such a form later than 35 days before the election (Nev. Rev. Stat. §293.3095).

Following are examples of restrictions, rules or penalties on third-party groups collecting absentee/mailed ballot applications:

- In Alaska, an application may not be submitted to any intermediary who could control or delay the submission of the application or gather data on the applicant (Alaska Stat. §15.20.081).
- In Alabama, only the voter may deliver her or his own completed application in person (Ala. Code §17-11-4).
- In Arkansas, only a designated bearer, authorized agent or long-term care facility administrator of a voter may deliver absentee applications in person on behalf of voters (Ark. Code § 7-5-404).
- In Georgia, applications may be submitted by immediate family members only on behalf of a physically disabled voter; proof of relationship must be provided (GA Code § 21-2-381).
- In Mississippi, any person may apply for an absentee ballot on another voter's behalf, but they must sign and print their name and address on the application. Only immediate family members of a voter may make application orally in person. No person may solicit ballot applications or absentee ballots for persons staying in any skilled nursing facility unless they are a family member or designated by the voter (Miss. Code Ann. § 23-15-625).

- In New Hampshire, third parties may distribute and collect absentee applications so long as they use the prescribed form and identify themselves in communication with voter (N.H. Rev. Stat. §657:4).
- Oklahoma prohibits delivering an absentee application for another voter unless the person is an authorized agent of an incapacitated voter (26 Okl. St. Ann. § 14-115.1).
- In South Carolina, only an immediate family member may submit an application on behalf of a voter; a voter must request an application to receive one; and no third-party distribution is allowed (S.C. Code § 7-15-330).
- In Tennessee, only one application may be furnished to a voter by the election commission; it is a class E felony to give an application to any person and a class A misdemeanor to give an unsolicited request for application to any person (Tenn. Code Ann. § 2-6-202).
- In Texas, it is a felony to knowingly submit an application for a ballot by mail without the knowledge and authorization of the voter or alter the information provided by the voter on the application (V.T.C.A., Election Code §84.0041).

What are the deadlines for submitting an absentee ballot application?

In order to have enough time to receive an absentee/mailed ballot application, verify the information and send the ballot out, election officials usually need to receive applications a week or more before the election. Some states have statutory deadlines for absentee ballot applications closer to the election, but if a voter applies so close to the election it's unlikely that this is enough turnaround time to receive the ballot in the mail. In emergency cases, absentee ballots can be requested after these deadlines. See NCSL's webpage, [Absentee Voting in Case of a Personal Emergency](#), for details.

NOTE: This table is intended for use by policymakers and is not intended to guide voters. If you need advice on absentee/mailed ballot voting, please contact your election official.

States with statutory absentee ballot application deadlines less than seven days before the election:	States with a statutory application deadline seven days (one week) before the election:	States with statutory application deadlines more than seven days before the election:
Alabama: Five days before the election	Arkansas	Alaska: 10 days before the election
Connecticut: Day before the election	California	Arizona: 11 days before the election
Delaware: Day before the election	District of Columbia	Florida: 10 days before the election
Georgia: Friday before the election	Kansas	Idaho: 11 days before the election
Illinois: Five days before the election	Kentucky	Indiana: 12 days before the election
Louisiana: Four days before the election	Maryland	Iowa: 11 days before the election
Maine: Three business days before the election	Nevada	Missouri: Second Wednesday before the election
Massachusetts: Day before the election	New Jersey	Nebraska: Third Friday before the election

States with statutory absentee ballot application deadlines less than seven days before the election:	States with a statutory application deadline seven days (one week) before the election:	States with statutory application deadlines more than seven days before the election:
Michigan: Friday before the election	New York	Rhode Island: 21 days before the election (emergency requests are possible within 20 days of the election)
Minnesota: Day before the election	North Carolina	Texas: 11 days before the election
Mississippi: No deadline; at voter's discretion	Pennsylvania	
Montana: Day before the election	Tennessee	
New Hampshire: Day before the election	Virginia	
New Mexico: Thursday before the election		
North Dakota: No deadline; at voter's discretion		
Ohio: Three days before the election		
Oklahoma: Wednesday before the election		
South Carolina: Four days before the election		
South Dakota: Day before the election		
Vermont: Day before the election		
West Virginia: Six days before the election		
Wisconsin: Five days before the election		
Wyoming: Day before the election		

Note: The deadlines above are to request a mailed absentee ballot. In some states there are different deadlines to request an in-person absentee ballot. See NCSL's State Laws Governing Early Voting webpage.

For more information, see Table 5: Applying for an Absentee Ballot, Including Third Party Registration Drives.

How do election officials verify applications for absentee ballots?

When election officials receive an application from a voter asking for an absentee/mailed ballot, they verify the identity and information of the voter before sending out the ballot. This is done in a variety of ways, but most commonly by verifying the applicant's information in the statewide voter registration database. States may also conduct signature verification at this stage, to compare the voter's signature on the application with the voter registration signature. This verification step is meant to ensure that it is in fact the voter who is requesting the absentee/mailed ballot.

- Seventeen states compare an applicant's information and eligibility against the voter registration record: Florida, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Texas, Virginia, West Virginia and Wyoming.
- Nineteen states conduct signature verification in addition to checking information and eligibility against the voter registration record: Arkansas, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Iowa, Illinois, Indiana, Kansas, Massachusetts, Michigan, Montana, New Hampshire, New Jersey, Pennsylvania, Rhode Island and Tennessee.
- Four states and D.C. have a different way of verifying absentee/mailed ballot applications:
 - Alaska: The ballot is issued upon receipt of application (Alaska Stat. § 15.20.081).
 - District of Columbia: The voter's signature on the application is considered affirmation that the information is correct (D.C. Mun. Regis. Tit. 3, § 720.5).
 - North Dakota: The ballot is issued upon receipt of application (ND Cent. Code 16.1-07-08).
 - South Carolina: The voter signs an oath as part of the application. Any person who fraudulently applies for an absentee ballot is guilty of a misdemeanor (S.C. Code § 7-15-340).
 - Vermont: The application is reviewed to ensure it is valid and complete (17 V.S.A. § 2533).
- Five states require voters to provide identification or take additional steps as part of their application for an absentee/mailed ballot:
 - Alabama: The application must be accompanied by a copy of ID (Ala. Code § 17-9-30).
 - Louisiana: Information and eligibility is checked against voter registration and documentation provided by the applicant as to the reason for the request (LSA-R.S. 18:1307).
 - Mississippi: The application must be notarized. If the voter is temporarily or permanently disabled only the signature of a witness 18 years or older is required (Miss. Code Ann. § 23-15-715).
 - South Dakota: Applicants must either submit a copy of photo ID or sign a notarized oath. Upon receipt of the application, election officials verify that applicant's information and eligibility against the voter registration record (SD Codified Law § 12-19-2).
 - Wisconsin: Ballot application information is verified with enclosed photo identification information (Wis. Stat. § 6.87(1)).

See Table 8: How States Verify Absentee Ballot Applications for more information.

When are absentee/mailed ballots sent to voters who request them?



Find more details on Table 7: When States Mail Out Absentee Ballots.

Returning a Voted Absentee Ballot

All states allow the return of absentee/mailed ballots through the mail. Almost all states also permit voters to return a delivered ballot in person at the office of the local election official (either the county election official or the town/city clerk, depending on who runs elections in the state). In addition, states can permit voters to drop off a voted absentee/mailed ballot at Election Day voting locations, or in secured drop boxes.

In this section you will find:

- Which states permit voters to drop off absentee ballots at voting locations?
- Which states provide ballot drop boxes?
- Who can collect and drop off absentee/mail ballots on behalf of a voter?
- When are the deadlines for absentee ballots to be received by election officials?
- Which states accept postmarks for ballots received after the deadline?
- Which states have systems for voters to track their absentee ballots?
- Which states pay for postage to return an absentee ballot?

Which states permit voters to drop voted absentee ballots off at voting locations?

Voters may not live close to the county seat or the office of the local election official, so some states, particularly those who have seen an uptick in the use of delivered ballots by voters, provide other locations where a voter can drop off a ballot. This is particularly convenient for voters who have run out of time to send the ballot by mail and have it reach the election official by the deadline (see more on deadlines below).

- Eleven states and D.C. permit ballots to be dropped off at any in-person voting location in the county: Arizona, California, Colorado, District of Columbia, Hawaii, Kansas, Montana, New

Mexico, North Carolina, Oregon, Utah and Washington.

- Two states permit ballots to be dropped off at a polling place, but it must be the voter's assigned precinct polling place on Election Day: New Hampshire and Vermont.

Which states provide ballot drop boxes?



Ten states provide ballot drop boxes in some or all counties: Arizona, California, Colorado, Kansas, Montana, Nebraska, New Mexico, Oregon, Utah and Washington.

A ballot drop box provides a location where voters can drop off mail ballots in sealed and signed envelopes. The drop boxes may be supervised or unsupervised with security features, such as cameras. Many states that permit or require

this option typically set minimum requirements for where ballot drop boxes must be located, how many a county must have, hours they must be available and security standards. For example:

- Arizona: Voters may drop off voted ballots at any polling site within the county during regular hours (A.R.S. § 16-548). A separate, secure early ballot container or alternate ballot box may be provided for this purpose. Election officials will determine the most accessible location for the early ballot container, but it should be placed so voters who wish to drop off voted absentee ballots may do so without interference with voters waiting in line to vote (Election Procedure Manual).
- California: The secretary of state sets guidelines based on best practices for security measures and procedures, including, but not limited to, chain of custody, pick-up times, proper labeling, and security of vote-by-mail ballot drop boxes, that a county elections official may use if he or she establishes one or more vote-by-mail ballot drop-off locations (West's Ann. Cal. Elect. Code § 3025). See 2 CCR § 20130 et seq. for details.
- Colorado: One drop box is required for every 30,000 active registered voters in the county. The drop boxes must be arrayed throughout the county in a manner that provides the greatest convenience to electors (C.R.S.A. § 1-7.5-107). Rules from the secretary of state set minimum security requirements for stand-alone drop boxes (8 CCR 1505-1:7.5).
- Montana: If a county chooses to conduct an all-mail ballot election, the election administrator's office must be a place of deposit where ballots can be returned, and the election administrator may designate one or more other locations for drop off (Mont. Code Ann. 13-19-307).
- New Mexico: Mail ballot envelopes may be returned by depositing the official mailing envelope in a secured container. These containers must have signage and be monitored by video surveillance (N. M. S. A. 1978, § 1-6-9).
- Oregon: At a minimum, official ballot drop sites must be open on Election Day for eight or more hours and must be open until at least 8 p.m. (O.R.S. § 254.470). Each county must have a minimum of two drop sites and at least one drop site for every 30,000 active registered voters in the county, including one within four miles of the main campus of each public university or community college. A drop site can be opened on the first day ballots are mailed, but at a minimum must be open to the public beginning on the Friday preceding the election, during the normal business hours of each location. The following must be considered in placement of the

ballot drop box within the drop site building: security, voter convenience, access for the physically disabled, parking, and public perception that drop site is official and secure (Vote by Mail Procedures Manual). Counties must also submit a drop site security plan with the secretary of state elections division (OAR 165-007-0310).

- Washington: The county auditor must establish a minimum of one ballot drop box per 15,000 registered voters in the county and a minimum of one ballot drop box in each city, town, and census-designated place in the county with a post office, and must establish a ballot drop box on a tribal reservation if requested (West's RCWA 29A.40.0001).

Find more information on Table 9: State Laws Governing Ballot Drop Boxes.

Who can collect and drop off an absentee/mailed ballot on behalf of a voter?

Sometimes a voter may be unable to return the ballot in person or get it to a postal facility in time for it to be counted. In these cases, the voter may entrust the voted ballot to someone else—an agent or designee—to return the ballot.

- Twenty-seven states and Washington, D.C., permit an absentee ballot to be returned by a designated agent: Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Montana, Nebraska, New Jersey, North Dakota, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Virginia and West Virginia.
 - A “designated agent,” in this case, could include a family member, attorney, attendant care provider or anyone who has been designated by the voter. Often the designee must be indicated in writing by the voter.
 - Of these states, 12 limit the number of ballots an agent or designee may return: Arkansas, Colorado, Georgia, Louisiana, Maine, Minnesota, Montana, Nebraska, New Jersey, North Dakota, South Dakota and West Virginia.
- Nine states permit an absentee ballot to be returned by the voter’s family member: Arizona, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Mexico, North Carolina and Ohio.
- One state specifies that an absentee ballot must be returned by the voter either in person or by mail: Alabama.
- Thirteen states do not address whether an agent or family member may return an absentee ballot on behalf of a voter: Delaware, Hawaii, Idaho, Mississippi, New York, Oklahoma, Rhode Island, Tennessee, Utah, Vermont, Washington, Wisconsin and Wyoming.

Note that interpretations of what this means vary. In some states, this may mean absentee ballot collection is generally accepted, and in others it may mean that this practice is not permitted.

Other restrictions states put on the collection of absentee ballots include:

- In Arizona, it is a felony to knowingly collect voted or unvoted absentee ballots from another person; the law has been struck down, and the Arizona attorney general is seeking an appeal.
- In California, a person designated to return a vote-by-mail ballot shall not receive any form of compensation based on the number of ballots the person returns.

- In North Carolina, it is a felony for any person to take possession of any voter's absentee ballot for delivery or return, with an exception for a voter's near relative or verifiable legal guardian.
- In North Dakota, no person may receive compensation, including money, goods or services, for acting as an agent for an elector.
- Texas prohibits the collection and storage of carrier envelopes for absentee ballots at another location for subsequent delivery to the early voting clerk.
- Maine, Maryland, Nebraska, New Jersey, North Dakota and South Carolina all specify that a candidate for office or an individual working for a candidate may not serve as a designated agent.

Find more comprehensive information on Table 10: Who Can Collect and Return an Absentee Mail Ballot Other Than the Voter.

What are the deadlines for absentee ballots to be received by election officials?

The most common state deadline for election officials to receive absentee/mailed ballots is on Election Day when the polls close. Some states accept ballots received after Election Day if they were postmarked before the election.

- In 42 states plus D.C. the mail ballot deadline for receipt is Election Day.
 - Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah (ballots can be dropped off on Election Day, but if mailed, they must be postmarked the day before the election or earlier), Vermont, Virginia, Washington, Wisconsin and Wyoming.
- In five states the deadline to turn in a ballot in-person is the day before the election, and the by-mail deadline is Election Day: Alabama, Arkansas, Connecticut, Oklahoma and West Virginia.
- Three additional states have different mail ballot deadlines:
 - Louisiana: The deadline is the day before the election for voters who will be outside of the county on Election Day and voters with disabilities; Election Day for UOCAVA voters and hospitalized voters (LSA-R.S. 18:1311).
 - Mississippi: Ballots must be received the day before the election (Miss. Code Ann. § 23-15-637).
 - North Dakota: Hand-delivered ballots must be received the day before the election and mailed ballots must be postmarked the day before the election and received before the canvass (NDCC 16.1-07-09).

Which states accept postmarks for ballots received after the deadline?

In 16 states election officials can accept and count a mailed ballot if it is received after the deadline but postmarked before the deadline:

- Alabama: Ballot envelopes must be postmarked by the day before the election and received by noon on Election Day. For UOCAVA voters, envelopes must be postmarked on or before Election Day and received within seven days after the election (Ala. Code § 17-11-18).
- Alaska: Ballot envelopes must be postmarked on or before Election Day and received within 10 days after the election. For UOCAVA voters, envelopes must be postmarked on or before Election Day and received within 10 days of a primary or vacancy special election, and within 15 days of a general election or other type of special election. (AS § 15.20.081(e) and (h)).
- California: Ballot envelopes must be postmarked on or before Election Day and received within three days after the election (West's Ann. Cal. Elect. Code § 3020).
- Illinois: Ballot envelopes must be postmarked on or before Election Day and received before the close of the period for counting provisional ballots, 14 days after the election (10 ILCS 5/19-8, 10 ILCS 5/18A-15).
- Iowa: Ballot envelopes must be postmarked by the day before the election and received by noon the Monday following the election (Iowa Code § 53.17(2)).
- Kansas: Ballot envelopes must be postmarked before the close of polls on Election Day and received within three days after the election (K.S.A. 25-1132).
- Maryland: Ballot envelopes must be postmarked on or before Election Day and received before 10 a.m. on the second Friday after the election (MD Code, Election Law, § 9-505, COMAR 33.11.03.08).
- New Jersey: Ballot envelopes must be postmarked on Election Day and received within 48 hours of the polls closing (N.J.S.A. 19:63-22).
- New York: Ballot envelopes must be postmarked the day before the election and received within seven days after the election (McKinney's Election Law § 8-412).
- North Carolina: Ballot envelopes must be postmarked on or before Election Day and received within three days after the election (N.C. Gen. Stat. § 163A-1310). For UOCAVA voters, ballot envelopes must be postmarked on or before Election Day and received the day before the county canvass (N.C.G.S.A. § 163A-1346).
- North Dakota: Ballot envelopes must be postmarked before Election Day and received before the county canvass, six days after the election (NDCC 16.1-07-09, 16.1-11.1-07, 16.1-15-17).
- Ohio: Ballot envelopes must be postmarked the day before Election Day and received within 10 days after the election (R.C. § 3509.05).
- Texas: Ballot envelopes must be postmarked on or before Election Day and received by 5 p.m. the day after the election. A ballot that was cast outside of the U.S. must be postmarked before Election Day and received within five days after the election (Texas Election Code § 86.007).
- Utah: Ballot envelopes that are mailed must be postmarked the day before the election and received before the county canvass, seven to 14 days after the election (Utah Code Ann. § 20A-3-306, § 20A-4-301). Ballots can also be dropped off on Election Day.
- Virginia: Ballot envelopes must be postmarked on or before Election Day and received by noon on the third day after the election (Va. Code Ann. § 24.2-709).

- Washington: Ballot envelopes must be postmarked on or before Election Day (West's RCWA 29A.40.091).
- West Virginia: Ballot envelopes must be postmarked the day before the election and received before the start of the county canvass, five days after the election (W. Va. Code, § 3-3-5, § 3-5-17).

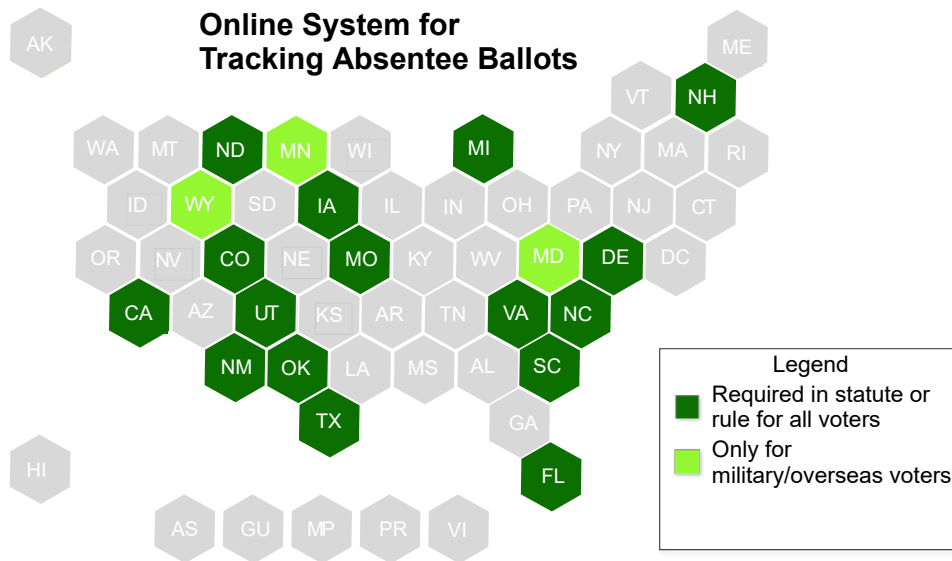
An additional six states accept ballots from military or overseas voters if the envelope is postmarked prior to the deadline:

- Arkansas: For qualified electors outside of the U.S., ballot envelopes must be postmarked by Election Day and received by 5 p.m., 10 days after the election (Ark. Code Ann. § 7-5-411).
- Indiana: Ballot envelopes sent by overseas voters must be postmarked by Election Day and received by noon 10 days after the election (IC 3-12-1-17).
- Florida: A vote-by-mail ballot from an overseas voter in any presidential preference primary or general election must be postmarked on or before the election and received within 10 days of the election (Flor. Stat. Ann. § 101.6952(5)).
- Missouri: A ballot from a military-overseas voter is counted if it is received by noon on the Friday after Election Day. If the voter has declared under penalty of perjury that the ballot was timely submitted, the ballot shall not be rejected on the basis that it has a late postmark, an unreadable postmark, or no postmark (V.A.M.S. 115.920).
- Pennsylvania: For military and overseas voters, envelopes must be postmarked by the day before the election and received by 5 p.m. seven days after the election (25 P.S. § 3146.8).
- South Carolina: A military or overseas voter must attest under penalty of perjury that the ballot was timely submitted, and the ballot is counted if it is received the day before the county canvass. A ballot may not be rejected on the basis that it has a late postmark, an unreadable postmark, or no postmark (S.C. Code § 7-15-700).

Which states have systems for voters to track their absentee ballots?

The 2009 Military and Overseas Voter Empowerment Act (MOVE) required states to develop a free access system by which military and overseas voters could determine whether their ballot had reached the election official and if the ballot had been counted. The MOVE Act also gave military and overseas voters additional options for returning ballots. See NCSL's Electronic Ballot Transmission page for additional information.

The MOVE Act didn't necessarily mandate an online tracking system; a phone system would meet the requirement as well. But many states have developed online portals in the last several years. Increasingly, these have been opened up to all absentee/mailed ballot voters to track when their ballot has been sent out by election officials and then when the election official receives the marked ballot back, and whether or not the ballot was counted.



At least 19 states mandate such a system in statute or administrative rule:

- California (Cal. Elect. Code § 3019.7)
- Colorado (C.R.S.A. § 1-7.5-207)
- Delaware (15 Del. Code § 5526)
- Florida (F.S.A. § 101.62)
- Iowa (I.C.A. § 53.17A)
- Maryland (COMAR 33.11.06.03)
- Michigan (M.C.L.A. 168.764c)
- Minnesota (Minnesota Rules, part 8210.0500)
- Missouri* (V.A.M.S. 115.924)
- New Hampshire (N.H. Rev. Stat. § 657:26)
- New Mexico (N. M. S. A. § 1-6-9)
- North Carolina* (N.C.G.S.A. § 163A-1348)
- North Dakota (NDCC, 16.1-07-28)
- Oklahoma (26 Okl. St. Ann. § 14-149)
- South Carolina (S.C. Code §7-15-720)
- Texas* (V.T.C.A., Election Code § 101.108)
- Utah (U.C.A. § 20A-3-304.1)
- Virginia (VA Code Ann. § 24.2-711.1)
- Wyoming* (WY Rules and Regulations 002.0005.3 § 12)

*For military and overseas voters only

Other states that maintain webpages for tracking absentee/mailed ballots, even if not required by statute, include: D.C., Kansas, Louisiana, Massachusetts, Montana, Ohio, Oregon, Rhode Island, South Dakota, Tennessee, Vermont, Washington, West Virginia Wisconsin.

There are also options being used in some states that proactively notify voters that their ballot has cleared certain steps of the process. This may be in the form of a text message or an email informing the voter that the ballot has been mailed out, that it was delivered to the voter's home by the U.S. Postal Service, that it was received by the election official, etc.

Which states pay for postage to return an absentee ballot?

In most cases, it is up to the voter to pay for postage to return a mail ballot envelope to the election official. Some see this as a barrier to returning a ballot, or as a type of poll tax. One solution to this is to have ballot drop boxes widely available (see the section on drop boxes above). In states that hold all-mail ballot elections, returning by drop box or in person is the most common return method. Another option is for election officials to pre-pay postage for voters to return their ballots. See below for states that provide postage for returning a mailed ballot.

It's important to note that the U.S. Postal Service has a policy of prioritizing election mail, especially ballots, and will deliver a ballot envelope even if it does not have sufficient postage. Typically, though, the post office will bill the local election office for the price of postage. If the majority of voters don't affix postage, this could be a significant expense for a local election office.

For military and overseas voters, federal law specifies that ballots can be returned to election officials using a free postage-paid symbol when mailed from a U.S. Post Office, Military Postal Service Agency (APO/FPO) or U.S. Diplomatic Pouch Mail. However, if voters return the ballot through a foreign mail system or via common carrier (such as FedEx, DHL or UPS), they must pay the rate for that service themselves.

For non-military voters returning a mail ballot, the following 16 states have statutes requiring local election officials to provide return postage for mailed ballots. Note that this is typically a business-reply mailing, so that local officials only pay for return postage for the ballots that are actually returned via the U.S. Postal Service.

- Arizona: "The county recorder or other officer in charge of elections shall mail the early ballot and the envelope for its return postage prepaid to the address provided by the requesting elector..." (A.R.S. § 16-542).
- California: "(a) The elections official shall deliver all of the following to each qualified applicant: (2) All supplies necessary for the use and return of the ballot, including an identification envelope with prepaid postage for the return of the vote by mail ballot" (West's Ann. Cal. Elect. Code § 3010).
 - Note: This language was added by AB 216 in 2019. Counties bear the cost but since it is a state-mandated program they could claim reimbursement of those costs from the state general fund.
- Delaware: "(c) Postage for all mailings made pursuant to this subsection shall be prepaid by the Department" (15 Del. Code § 5504) and Instructions for Absentee Voting.

- Hawaii: “The mailed distribution and return of absentee ballots shall be at no cost to the voter. The State and counties shall share in the cost of all postage associated with the distribution and return of absentee” (HRS § 11-182).
- Idaho: “(2) The clerk shall issue a ballot, by mail, to every registered voter in a mail ballot precinct and shall affix postage to the return envelope sufficient to return the ballot” (I.C. § 34-308).
 - Note: This applies to mail ballot precincts, which must be designated by the board of county commissioners and have no more than 140 registered electors at the last general election.
- Iowa: “The absentee ballot and affidavit envelope shall be enclosed in or with an unsealed return envelope marked postage paid which bears the same serial number as the affidavit envelope” (I.C.A. § 53.8).
- Kansas: “The county election officer shall provide for the payment of postage for the return of ballot envelopes” (K.S.A. 25-433).
- Minnesota: “Ballot return envelopes, with return postage provided, must be preaddressed to the auditor or clerk and the voter may return the ballot by mail or in person to the office of the auditor or clerk...” (M.S.A. § 203B.07)
- Missouri: “Mailing envelopes for use in returning ballots shall be printed with business reply permits so that any ballot returned by mail does not require postage. All fees and costs for establishing and maintaining the business reply and postage-free mail for all ballots cast shall be paid by the secretary of state through state appropriations” (V.A.M.S. 115.285).
- Nevada: “3. The return envelope sent pursuant to subsection 1 must include postage prepaid by first-class mail if the absent voter is within the boundaries of the United States, its territories or possessions or on a military base” (Nev. Rev. Stat. 293.323).
- New Mexico: “A. The secretary of state shall prescribe the form of, procure and distribute to each county clerk a supply of: (1) official inner envelopes for use in sealing the completed mailed ballot; (2) official mailing envelopes for use in returning the official inner envelope to the county clerk, which shall be postage -paid; provided that only the official mailing envelope for absentee ballots in a political party primary shall contain a designation of party affiliation...” (N. M. Stat. Ann. § 1-6-8).
- Oregon: “(1) Except as provided in subsection (2) of this section, for each election held in this state, electors shall be provided with a return identification envelope that may be returned by business reply mail. The state shall bear the cost of complying with this subsection” (SB 861 in 2019).
- Rhode Island: “(d)(1) Upon the ballots becoming available, the secretary of state shall immediately issue and mail, by first-class mail, postage prepaid, a mail ballot to each eligible voter who has been certified. With respect to voters who have applied for these mail ballots under the provisions of § 17-20-2(1), the secretary of state shall include with the mail ballots a stamped, return envelope addressed to the board of elections” (R.I. Gen. Laws § 17-20-10).
 - Note: According to this press release, postage is being covered by the secretary of state’s budget.

- Washington: “(4)...Return envelopes for all election ballots must include prepaid postage” (West’s RCWA 29A.40.091)
 - Note: The statutory language above was added by SB 5063 in 2019.
- West Virginia: “(e)(1) Within one day after the official designated to supervise and conduct absentee voting has both the completed application and the ballot, the official shall mail to the voter at the address given on the application the following items as required and as prescribed by the Secretary of State:(C) One postage paid envelope, unsealed, designated “Absent Voter’s Ballot Envelope No. 2...” (W. Va. Code, § 3-3-5).
- Wisconsin: “(3)(a)... If the ballot is mailed, and the ballot qualifies for mailing free of postage under federal free postage laws, the clerk shall affix the appropriate legend required by U.S. postal regulations. Otherwise, the clerk shall pay the postage required for return when the ballot is mailed from within the United States. If the ballot is not mailed by the absentee elector from within the United States, the absentee elector shall provide return postage” (W.S.A. 6.87).
- Note: New Jersey leaves it up to the discretion of county clerks to provide a postage paid envelope (N.J.S.A. 19:63-12).

Find more details on Table 12: States With Postage-Paid Election Mail.

Processing, Verifying and Counting Absentee Ballots

The time frame of vote counting shifts with an increase in absentee/mailed ballots. Much of the work involved with verifying the identity of a voter can be done ahead of time, and some processing of ballots can occur before the election so that ballots are ready to be counted at the time permitted by statute. Counting typically continues in the days after Election Day as well, so verifying voters and counting ballots occurs during a longer period of time than just one day (Election Day).

In this section you will find:

- How do officials verify voted absentee ballots?
- What happens if there is a missing signature or a signature discrepancy?
- When can election officials begin to process and count absentee ballots?
- How are absentee ballot results reported?

How do officials verify voted absentee ballots?

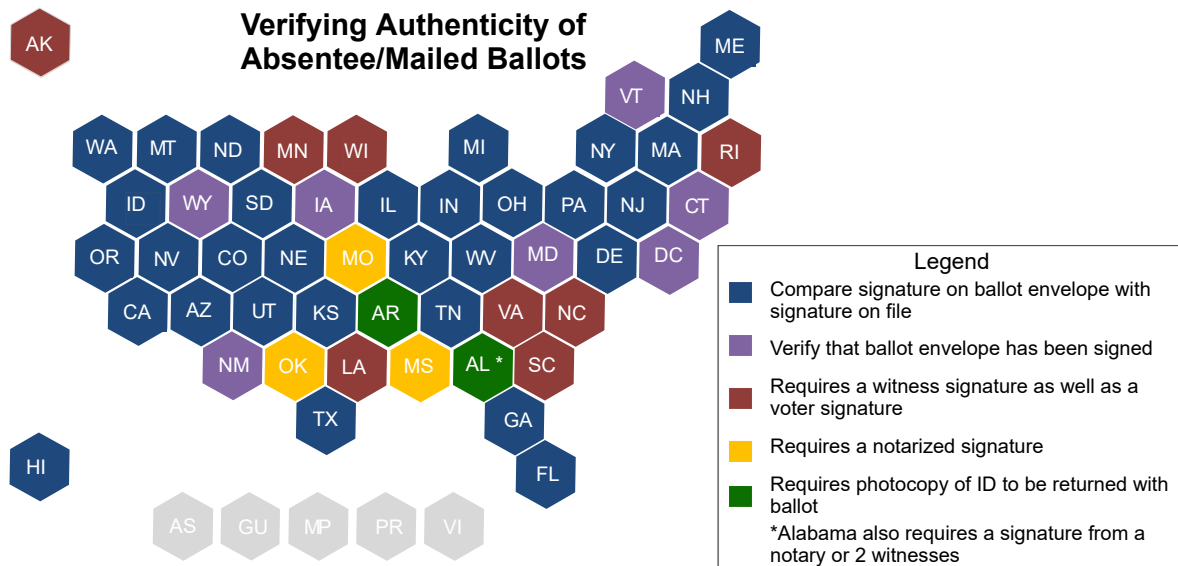
Unlike the traditional experience of voting at a physical polling place under the supervision of election officials or volunteer election workers, marking an absentee/mailed ballot occurs in an unsupervised environment, usually at the voter’s home. The ballot is then sent through the mail or delivered in person to the election office. Because the voter does not appear in person, election officials use other ways of verifying that the absentee/mailed ballot they are receiving comes from the intended eligible voter.

The most common method to verify that absentee/mailed ballots are coming from the intended voter is to conduct signature verification. When voters return an absentee/mailed ballot, they must sign an affidavit on the ballot envelope. When the ballot is returned to the election office, election officials have a process for examining each and every signature and comparing it to other documents in their files that contain the voter signature—usually the voter registration record. See Colorado’s Signature Verification Guide for one example of state guidance on how to conduct this verification step.

This process of comparing and matching signatures is done by election officials or temporary election workers, sometimes assisted by technology, and often working in bipartisan teams during this review process. In some states, especially those that send mail ballots to all eligible voters, the individuals verifying signatures undergo training to analyze signatures for potential fraud.

If a discrepancy is found, there may be an opportunity for the voter to come into the election office and “cure” the discrepancy. The election official will contact the voter explaining the problem and asking them to verify their information and that that they did in fact cast the ballot. There is usually a period of time after the election available for voters to take this verification step, but if the voter doesn’t do this then the ballot isn’t counted.

Some states have other methods for verifying absentee/mailed ballots. They may require absentee/by mail voters to include photocopies of their identification documents or have the absentee/mailed ballot envelope signed by witnesses or notarized.



State methods for verifying absentee/mailed ballots:

- Thirty-one states conduct signature verification, comparing the signature on the absentee/mailed ballot envelope with a signature already on file for the voter:
 - Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Massachusetts, Michigan, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Washington and West Virginia.

- Six states and D.C. verify that an absentee/mailed ballot envelope has been signed but do not conduct signature verification:
 - Connecticut, District of Columbia, Iowa, Maryland, New Mexico, Vermont and Wyoming.
- Eight states require the signature of a witness in addition to the voter's signature. These states may conduct signature verification as well.
 - Alaska (witness or a notary), Louisiana*, Minnesota (witness or notary), North Carolina (two witnesses or a notary), Rhode Island* (two witnesses or a notary), South Carolina*, Virginia and Wisconsin.
- Three states require the absentee/mailed ballot envelope to be notarized: Mississippi, Missouri and Oklahoma.
- Arkansas requires a copy of the voter's ID be returned with the absentee/mailed ballot.
- Alabama requires both a copy of the voter's ID and signatures from a notary or two witnesses with the absentee/mailed ballot return.

*Military and overseas voters are exempt from this requirement.

For full 50-state details on how absentee/mailed ballots are verified in states, please visit Table 14: How States Verify Voted Absentee Ballots.

What happens if there is a missing signature or a signature discrepancy?

It is not uncommon for an absentee/mailed ballot to be returned in an envelope that has a problem, such as a missing signature or a signature that doesn't match.

Some states have a process in statute for voters to "cure" these mistakes in time for the ballot to be counted. These states notify voters that there was a problem—either the ballot envelope was not signed or the signature does not appear to match the one on file—and then provide the voters with a process and time frame to verify that the ballot is indeed theirs. In states that do not have such a process, ballots with missing or mismatched signatures on the envelope are not counted.

Nineteen states require that voters are to be notified when there is a missing signature or signature discrepancy—and given an opportunity to correct it. Details are provided in the table below. Visit Table 15: States That Permit Voters to Correct Signature Discrepancies for more details.

State	Notification Process	Correction Process
Hawaii Haw. Rev. Stat. § 11-106	Local election officials shall make an attempt to notify the voter by first class mail, telephone or electronic mail to inform the voter of the procedure to correct the deficiency.	The voter shall have five business days after the date of the election to cure the deficiency.
Illinois 10 ILCS 5/19-8	Voters are notified by mail of rejected ballot within two days of rejection.	Voters have until 14 days after election to resolve issue with county election authority.
Iowa Iowa Code § 53.18(2)	If a ballot affidavit is incomplete or absent, the commissioner must notify the voter within 24 hours.	A voter may vote a replacement ballot until the day before the election or vote at the voter's precinct polling place.
Massachusetts Mass. Gen. Laws ch 54 § 94)	Prior to Election Day, the voter is notified and, if sufficient time allows, sent a new ballot if an affidavit signature is absent or the ballot is rejected for other reasons.	Voter can submit a new absentee ballot.
Michigan Mich. Comp. Laws § 168.765b	If a ballot affidavit is found in error, the voter is contacted and provided opportunity to visit the clerk's office or request a replacement ballot should time allow.	Voter can request a replacement absentee ballot.
Minnesota Minn. Stat. § 203B.121	If a ballot is rejected more than five days before Election Day a replacement ballot is mailed; if rejected within five days, election officials must contact the voter via telephone or email to provide options for voting a replacement ballot.	Voter can request a replacement absentee ballot.
Montana Mont. Code § 13-13-241 § 13-13-245	Election administrators shall notify voters of missing or mismatched signatures.	Voters have until 8 p.m. on Election Day to cure their ballot.
Nevada Nev. Rev. Stat. 293.325	Local election officials shall notify voters of missing or mismatched signatures.	Voters have until the seventh day after the election to resolve the issue.
Ohio Ohio Rev Code § 3509.06	Notice is mailed to voters whose ballots were rejected.	Voters have until the seventh day after the election to resolve issue.
Oregon Ore. Rev. Stat. § 254.431	County clerks notify voters by mail of any signature absence or discrepancy.	Voters must complete and return the certified statement accompanying the notice by the 14th day after the election for their ballot to count.
Rhode Island RI Gen L § 17-2-26	Local board of canvassers is responsible for notifying voters by mail, email or phone.	Voters have until seven days after Election Day to correct a deficiency.
Utah Utah Code Ann. § 20A-3-308(7)	Election officials notify voters of ballot rejection in one to two business days if rejected before Election Day; seven days if rejected on Election Day; and seven days if rejected between Election Day and the end of official canvas.	Voters must sign a new affidavit statement provided by the clerk's office and return by 5 p.m. the day before the official canvass (7-14 days after Election Day).
Washington Wash. Admin. Code 434-261-050	Voters notified by mail of rejected ballots due to missing/mismatching signature statements.	Voter must sign and return a curing statement before election certification (21 days after Election Day). Three days before certification, county auditors must attempt to contact by phone any voters with outstanding ballots to be cured.

- Arizona: upon receipt of returned absentee/mailed ballot.
- Arkansas: seven days before the election.
- California: 29 days before, 10 days before, or the day before the election depending on whether a jurisdiction is all-mail and has the necessary computer capability.
- Colorado: upon receipt of returned absentee/mailed ballot.
- Delaware: Friday before the election.
- Florida: 22 days before the election.
- Georgia: upon receipt of returned absentee/mailed ballot.
- Hawaii: upon receipt of returned absentee/mailed ballot.
- Idaho: upon receipt of returned absentee/mailed ballot.
- Illinois: upon receipt of returned absentee/mailed ballot.
- Iowa: day before the election.
- Kansas: before Election Day; exact timing not specified.
- Louisiana: before Election Day; exact timing not specified.
- Minnesota: upon receipt of returned absentee/mailed ballot.
- Missouri: five days before the election.
- Montana: upon receipt of returned absentee/mailed ballot.
- Nebraska: second Monday before the election.
- Nevada: upon receipt of returned absentee/mailed ballot.
- New Jersey: upon receipt of returned absentee/mailed ballot.
- New Mexico: any time after mailed ballots have been sent until the fifth day before the election.
- North Carolina: two weeks before the election.
- North Dakota: day before the election.
- Ohio: before Election Day; exact timing not specified.
- Oklahoma: before Election Day; exact timing not specified.
- Oregon: upon receipt of returned absentee/mailed ballot.
- Rhode Island: 14 days before the election.
- Tennessee: upon receipt of returned absentee/mailed ballot.
- Texas: upon receipt of returned absentee/mailed ballot.
- Utah: before Election Day; exact timing not specified.
- Vermont: day before the election.
- Virginia: before Election Day; exact timing not specified.
- Washington: upon receipt of returned absentee/mailed ballot.

- Eleven states and D.C. permit election officials to begin processing absentee/mailed ballots on Election Day, but prior to the closing of the polls:
 - Alabama: noon on Election Day.
 - Connecticut: on Election Day at the discretion of local registrar of voters.
 - District of Columbia: Signatures are verified and the secrecy envelope removed prior to tabulation, but exact timing is not specified.
 - Kentucky: 8 a.m. on Election Day.
 - Maine: before the polls close if notice of processing times is posted at least seven days before the election.
 - Michigan: on Election Day before the polls close at the jurisdiction's discretion.
 - New Hampshire: 1 p.m. on Election Day, or no earlier than two hours after the opening of the polls if posted and announced ahead of time.
 - New York: on Election Day; exact time not specified.
 - South Carolina: 9 a.m. on Election Day.
 - South Dakota: Processing occurs at precinct polling places on Election Day if the election board is not otherwise involved in official duties.
 - West Virginia: on Election Day; exact time not specified.
 - Wisconsin: on Election Day after the polls open.
 - Wyoming: processing occurs at precinct polling places on Election Day as time permits
- Four states do not permit the processing of absentee/mailed ballots until after the polls close on Election Day:
 - Massachusetts: after the polls close.
 - Mississippi: after the polls close.
 - Pennsylvania: after the polls close.
 - Maryland: processing and counting of absentee/mailed ballots occurs after the election

In most states that begin processing absentee/mailed ballots prior to Election Day there is a requirement that the act of totaling votes and reporting contest results cannot begin until after the polls close. There may be procedures and functional aspects of voting equipment that allow ballots to be "counted" without obtaining a final tally or result. For example:

- In Colorado election officials at the mail ballot counting place may receive and prepare mail ballots delivered and turned over to them by the designated election official for tabulation. Counting of the mail ballots may begin fifteen days prior to the election and continue until counting is completed. The election official in charge of the mail ballot counting place shall take all precautions necessary to ensure the secrecy of the counting procedures, and no information concerning the count shall be released by the election officials or watchers until after 7 p.m. on Election Day (Colo. Rev. Stat. § 1-7.5-107.5).
- In Delaware tallies may begin on the Friday before the election but results of absentee ballots shall not be extracted or reported until polls close on Election Day (15 Del. C. § 5510).

- In New Mexico absentee ballots are inserted into vote counting machines to be registered and retained before Election Day, but all votes are counted and canvassed following the closing of the polls. It is unlawful for a person to disclose the results of a count or tally prior to the closing of the polls or the deadline for receiving mailed ballots (N. M. S. A. § 1-6-14).
- In Ohio processing may begin before the time for counting ballots. Processing means examining the envelope, opening valid envelopes, preparing and sorting the ballot and scanning the ballot using automatic tabulating equipment if the equipment used permits an absentee voter's ballot to be scanned without tabulating or counting the votes on the ballots scanned. The count or any portion of the count of absentee voter's ballots may not be disclosed prior to the closing of the polls (Ohio Rev. Code § 3509.06).
- In Virginia ballots may be inserted into ballot counting machines prior to the closing of the polls, but no ballot count totals by the machines shall be initiated prior to the closing of the polls. If absentee ballots are counted by hand, tallying may begin after time after 3:00 pm. the day of the election. No counts of such tallies shall be determined or transmitted until after the closing of the polls (VA Code Ann. § 24.2-709.1).

How are absentee ballot results reported?

States differ on how and when results of absentee/mailed ballots are reported. Most states report these ballots at the precinct level so that it's possible to see voter turnout by precinct regardless of how the ballot was voted (in person or by absentee/mailed ballot). Since absentee/mailed ballots are accepted up to and including Election Day in most cases, it can take until days after an election before all ballots are counted.

In many states, especially those that handle large volumes of absentee/mailed ballots, counting is done at a central location. The most common way to report absentee/mailed ballot results is to add the tabulated votes from absentee ballots to the total tabulated at each precinct and report precinct results with both the absentee and Election Day votes included.

Some states handle this process differently, though. Some states send absentee ballots to precinct polling places on Election Day to be counted by the precinct-level scanners/tabulators. Others establish separate "absentee ballot precincts" that combine all mailed ballots from throughout the jurisdiction into one reporting unit, regardless of what precinct the voter is in. That approach loses the precinct-level data that is useful to candidates for campaigning and to election officials to allocate resources.

Visit Table 17: How Election Results Are Reported for comprehensive information. Some examples:

- In Alabama, absentee ballots are delivered to precinct polling places where they are counted and otherwise handled as if the voter were present and voting in person (Code of Ala. §17-11-10).
- In Iowa, each county establishes a special "absentee ballot and special voters precinct." Results from the special precinct are reported separately. For general elections, results are also reported by the resident precinct of voters. For all other elections absentee results may be reported as a single precinct (Iowa Code §53.23).

- In Minnesota, for state primary and general elections, absentee vote totals are added to the returns for the appropriate precinct. For other elections, vote totals may be added to the precinct or reported as a separate total (Minn. Stat. Ann. §203B.121).
- In Nevada, the returns of absentee ballots must be reported separately from the regular votes of the precinct, unless reporting the returns separately would violate the secrecy of a voter's ballot (Nev. Stat. §293.385).
- In South Carolina, an absentee voting precinct is established in each county to tabulate and report absentee ballots (S.C. Code § 7-15-420).
- In South Dakota, each county establishes an absentee ballot precinct and absentee ballots are counted in that precinct, unless a precinct has 10 or fewer absentee ballots cast at the time the polls open on Election Day in which case absentee ballots in that precinct are counted at the polling place. Tally sheets include a space for results by precinct (SDCL § 12-19-37, ARSD 5:02:14:04).
- In Virginia, counties may establish one or more absentee voter precincts (VA Code Ann. § 24.2-712).
- In West Virginia, absentee ballots are delivered to polling places to be counted (W. Va. Code, § 3-3-8).
- In Wyoming, absentee ballots are delivered to polling places for counting unless the county adopts an alternate procedure to count them centrally. The number of electors voting in person and by absentee ballot by precinct at the election is reported (Wyo. Stat. § 22-16-103).

All-Mail Elections (aka Vote-by-Mail or Vote-at-Home Elections)

What are all-mail ballot elections?

Five states currently conduct all elections entirely by mail: Colorado, Hawaii, Oregon, Washington and Utah. Three states--California, Nebraska and North Dakota allow counties to determine if an election will be held entirely by mail, with many but not all counties choosing to do so. At least 17 states have provisions allowing certain elections to be conducted entirely by mail. For these elections, all registered voters are sent a ballot in the mail. The voter marks the ballot, puts it in a secrecy envelope or sleeve and then into a separate mailing envelope, signs an affidavit on the exterior of the mailing envelope, and returns the package via mail or by dropping it off. Find more details on Table 18: States With All-Mail Elections.

Ballots are mailed out well ahead of Election Day, and thus voters have an "election period," not just a single day, to vote. All-mail elections can be thought of as absentee voting for everyone. This system is also referred to as "vote by mail."

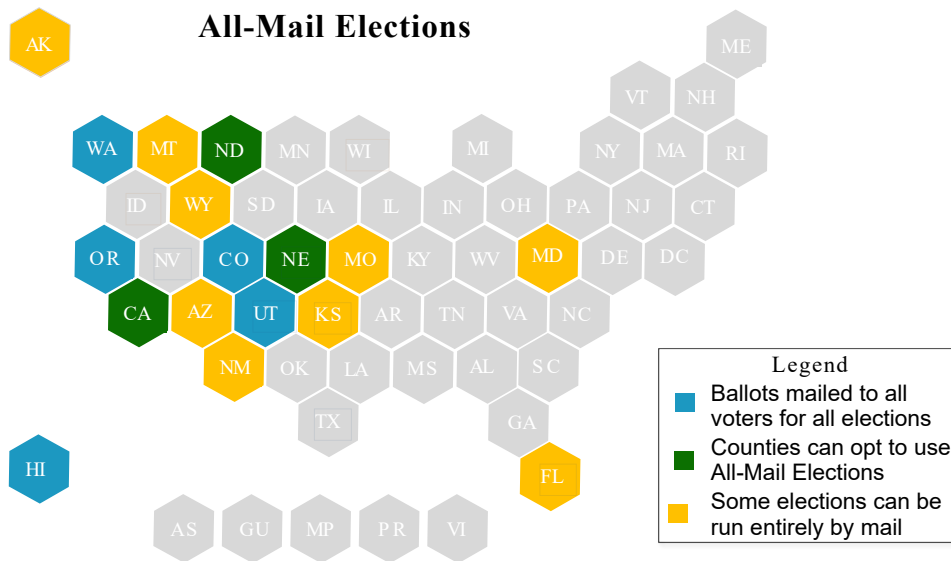
While "all-mail elections" means that every registered voter receives a ballot by mail, this does not preclude in-person voting opportunities on and/or before Election Day. For example, despite the fact that all registered voters in Colorado are mailed a ballot, voters can choose to cast a ballot at an in-person vote center during the early voting period or on Election Day (or drop off or mail their ballot back).

Five states—Colorado, Hawaii, Oregon, Utah and Washington—send mailed ballots to all eligible voters. In California, some counties are currently permitted to conduct all-mail elections, and in 2020 more than 50% of the state’s voting population live in counties that will do so. After 2020, the option will be available to all counties in the state. Utah permits individual counties to determine if they would like to conduct all-mail elections and all counties are expected to do so in 2020.

Other states permit all-mail elections in certain circumstances, such as for special elections, municipal elections, when there is a smaller voting population in a given district, or at the discretion of the county clerk. See below for state-by-state statutes.

Generally, states begin with providing all-mail elections only in certain circumstances, and then add additional opportunities as citizens become familiar with procedures. Oregon’s vote-by-mail timeline includes four times that the legislature acted prior to the 1998 citizens’ vote that made Oregon the first all-mail election state.

Which states have statutory provisions for all-mail ballot elections?



- States that conduct all elections by mail:
 - Colorado (enacted by HB 1303 in 2013; first implemented statewide in 2014; CRS §1-5-401).
 - Hawaii (enacted by HB 1248 in 2019; first implemented statewide in 2020; Hawaii Stat. §11-101).
 - Oregon (enacted by citizens’ initiative in 1998; first implemented statewide in 2000; ORS §254.465).
 - Utah: (HB 172 in 2012 permitted jurisdictions to choose to conduct elections entirely by mail; first implemented by all jurisdictions in the state in 2019; Utah Code Ann. §20A-3a-302).
 - Washington (enacted by HB 5124 in 2011; first implemented statewide in 2012; Rev. Code of Wash. 29A.40.010).

Adoption of All-Mail Ballot Elections

State	Year Enacted	Bill #	Year Implemented	Citation
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State	Year Enacted	Bill #	Year Implemented	Citation
Colorado	2013	HB1303	2014	CRS §1-5-401
Hawaii	2019	HB 1248	2020	Hawaii Stat. §11-101
Oregon	1998	Citizen's initiative	2000	ORS §254.465
Utah	2012 (permitted counties)	HB 172	2019 (first year all counties used it)	Utah Code Ann. §20A-3a-302
Washington	2011	HB 5124	2012	Rev. Code of Wash. 29A.40.010

- States that permit counties to opt into conducting all elections by mail:
 - California: After/on Jan. 1, 2018, 14 counties may conduct all-mail elections. After Jan. 1, 2020, any county may conduct any election as an all-mail election following statutory guidelines (Cal. Elect. Cde §§4005-4008). When there are 250 or fewer voters registered to vote in a precinct (Cal. Elect. Code §3005); local, special or consolidated elections that meet certain criteria (Cal. Elect. Code §4000). See information from the California secretary of state on the Voter's Choice Act for a list of counties that have currently opted for this option.
 - Nebraska: Any county of less than 10,000 inhabitants may apply to the secretary of state to mail ballots for all elections in lieu of establishing polling places (Neb. Rev. Stat. §32-960). Special ballot measure elections that meet certain criteria, held by a political subdivision (Neb. Rev. Stat. §32-952).
 - North Dakota: Counties may conduct any election by mail. Applications for mailed ballots are sent to each individual listed on the central voter file (note that North Dakota does not require voter registration ahead of the election) and there must be one or more polling places in the county for voting in the usual manner (ND Cent. Code §16.1-11.1-01 et seq.).
- States that permit some elections to be conducted by mail:
 - Alaska: Elections that are not held on the same day as a general, party primary or municipal election (Alaska Stat. §15.20.800).
 - Arizona: A city, town, school district or special district may conduct elections by mail (Ariz. Rev. Stat. Ann. §16-409, §16-558).
 - Florida: Referendum elections at the county, city, school district or special district level (Fla. Stat. §101.6102).
 - Kansas: Nonpartisan elections at which no candidate is elected, retained or recalled and which is not held on the same date as another election (Kan. Stat. Ann. §25-432).
 - Maryland: Special elections not held concurrently with a regularly scheduled primary or general election (Md. Election Code §9-501).
 - Missouri: Nonpartisan issue elections at which no candidate is elected, retained or recalled and in which all qualified voters of one political subdivision are the only voters eligible to vote (Mo. Rev. Stat. §115.652 et seq.).
 - Montana: Any election other than a regularly scheduled federal, state, or county election; a special federal or state election, unless authorized by the legislature; or a regularly scheduled

or special election when another election in the political subdivision is taking place at the polls on the same day (MCA 13-19-101 et seq.).

- New Mexico: Special elections, except those to fill a vacancy in the office of U.S. Representative, shall be conducted by mail (N.M. Stat. §1-24-3).
- Wyoming: Counties may decide to conduct special elections not held in conjunction with a primary, general or statewide special election entirely by mail (Wyo. Stat. 22-29-115)

In addition to the all-mail elections mentioned above, five states permit certain jurisdictions (or portions of a jurisdiction) to be designated as all-mail based on population:

- Idaho: A precinct which contains no more than 140 registered electors at the last general election may be designated by the board of county commissioners a mail ballot precinct no later than April 1 in an even-numbered year (Idaho Code §34-308).
- Minnesota: Elections conducted by a municipality having fewer than 400 registered voters on June 1 of an election year and not located in a metropolitan county (Minn. Stat. §204B.45).
- Nevada: Whenever there were not more than 20 voters registered in a precinct for the last preceding general election (Nev. Rev. Stat. §293.213).
- New Jersey: A municipality with a population of 500 or fewer persons, according to the latest federal decennial census, may conduct all elections by mail (NJRS §19.62-1).
- New Mexico: A county may designate a precinct as a mail ballot election precinct if it has fewer than 100 voters and the nearest polling place for an adjoining precinct is more than 20 miles driving distance from the precinct boundary in question (N. M. Stat. Ann. § 1-6-22.1).

Security Features of Voting by Absentee/Mailed Ballots

As the trend toward states permitting or even encouraging more people to vote from home (by absentee/mailed ballots, or going to all-mailed elections) has accelerated, a key question from legislators has been, how secure can we make our system?

In several ways, absentee/mailed ballots are as secure or more secure than traditional methods of voting:

- Absentee/mailed ballots are hand-marked paper ballots. Paper ballots that have been hand-marked by voters are considered by most to be the gold standard of election security. Absentee/mailed ballots provide a paper trail that can be examined if there is any suspicion of meddling, and the marks of voters can be examined one by one if need be. Paper ballots allow for post-election audits and cutting edge election security methods such as risk-limiting audits (RLA), which more states are adopting. An RLA compares a random sample of ballots against the vote tally to ensure the outcome of the election is correct. It requires a robust ballot accounting process to ensure a trustworthy paper trail.
- The identity of every absentee/mailed ballot voter can be verified through signature verification. In a sense, a signature is a form of biometric identification, i.e. it is unique to a particular voter. By having a voter sign an affidavit on an absentee/ballot envelope the voter is affirming that the

ballot enclosed is their ballot. Election officials can verify the signature as well. When combined with an effective “cure process,” or opportunity for a voter to fix a mismatched or missing signature, signature verification is an effective way to verify a voter’s identity. See above for more details on how signature verification works.

- In most states, absentee/mailed ballots are examined and processed in advance of Election Day, spreading out the workload and providing more time for scrutiny and to “get it right.” If there is a cybersecurity incident that affects the election, there are longer lines at polling locations than anticipated, voting machines break down, election workers don’t show up, etc., voters may find it difficult to cast their votes.

Even though voting is not occurring in a supervised environment, a number of features can be prescribed to enhance security of the election when voting by absentee/mailed ballot.

- Systems that allow a state to keep address information up-to-date for voters is the first step in ensuring the security of absentee/mailed ballots. If voters can easily keep their addresses up-to-date then their absentee/mailed ballot is more likely to get to them. Policies to make registration updates convenient for voters and to ensure robust voter list maintenance procedures can help keep voter information current. The act of sending out absentee/mailed ballots also allows election officials to ensure they have up-to-date addresses for voters, and states that send out more absentee/mailed ballots have seen an added benefit of “cleaner” voter lists, i.e. voter address information is kept up to date.
- Bipartisan teams have long provided a measure of security. Teams of election workers from different political parties can be deployed to retrieve ballots from the U.S. Postal Service or from drop boxes; verify signatures; open envelopes and separate the ballot from the envelope; prepare the ballots for scanning; and participate in the vote counting process.
- Established “chain of custody” procedures that account for all steps in the process of moving and processing ballots are useful. This is true for every aspect of election administration, but particularly true for ballots that are submitted throughout an election period and not just on Election Day.
- Because voted mailed ballots are stored for some length of time before the election is complete, physical security is essential, too. Security cameras, locks that need a bipartisan team to open, and logs of all activities relating to ballot handling can be part of this effort. See NCSL’s Elections Security webpage for more.
- Ballot tracking can help. Ballot tracking provides voters an opportunity to track their ballots through the process, just as packages can be tracked through FedEx or other carriers. In the case of Denver elections, texts can be sent to voters who sign up for the service so they know when their ballot has been mailed to them, when it has been received back at the election office, and when it has been approved for tallying. In other jurisdictions, voters can electronically query their local election office to ensure that a ballot is on the way. Voters can then ask for another ballot to be sent (and the first one is canceled by the election official to ensure the voter does not vote twice) if there is reason to believe a ballot has been lost.
- Security mechanisms to prevent double-voting can be required. For instance, ballot envelopes are barcoded for individual voters, allowing election officials to be sure that they are only accepting one ballot per voter.

- Ballot collection laws that specify how many voted ballots can be collected by any individual are intended to reduce fraud. This can also be mitigated by providing voters with ample opportunities to return their own ballots. And laws requiring signature verification rather than a witness or a notary signature can also reduce opportunities for coercion.
- Ensuring that there are meaningful penalties for tampering with or otherwise hindering the delivery of absentee/mailed ballots, and that voters are sufficiently informed of these penalties, is another way to enhance security.

Policy Decision Points

For legislators who are considering changes to their states' election models, they're probably looking for options that may increase turnout, lower costs, and be even more secure as the present system. They're likely to also want to understand the perspective of their state's election officials, and the role of state control vis a vis local control. These are likely to be the top-level considerations, regardless of the nature of a proposed change.

Regarding potential shifts to more absentee/mailed ballot/outside-a-polling place voting, legislators will first want to know where their state is currently. There is a continuum of states, some that require an excuse for voters to vote absentee all the way to states that send ballots to all voters. States generally move one step at a time.

For legislators who want to consider increasing the share of their state's votes that are likely to be cast as absentee/mailed ballots, here is a short list of considerations, all of which are addressed elsewhere in this webpage. States can:

- Remove requirements for an affidavit or witness signature on absentee ballot requests, and instead beef up signature verification.
- Create a permanent (or single-sign-on) absentee list so voters who prefer to receive ballots for all elections through the mail can easily do so.
- Permit or require a state-level online portal through which a voter can request a ballot.
- Consider whether guidance for third-party groups that are interested in distributing applications for absentee/mailed ballots would be useful to ensure that they are handled in a timely manner.
- Decide if ballots must be received by the close of polls on Election Day, or if they will be counted even if they arrive after. Late-arriving ballots can slow down election results reporting.
- Permit ballots to be processed—but not counted—prior to Election Day. By doing so, counting is faster, and results can be released faster as well. The more absentee/mailed ballots there are, the more crucial this factor becomes.
- Provide a notification process for voters if there is something wrong with their ballot envelope, and give them a chance to correct, or "cure," the ballot before the election is certified. Otherwise, the number of uncounted ballots will be higher for absentee/mailed ballots than for in-person ballots. The cure process can extend a few days after Election Day so voters who submit a ballot at the last minute with a signature issue can ensure their vote is counted.

- Require that results of all ballots—those voted in a polling place as well as those voted at home—are reported at the precinct level, because elected officials benefit from knowing the where their support is coming from and where they may need to beef up their constituent connections.
- Provide a variety of options for voters to return ballots and sufficient in-person locations for voters who need assistance or would prefer to vote in-person. Options for returning ballots can include these in-person locations as well as secure drop boxes throughout a jurisdiction. Having some or all of the drop boxes available around the clock (with security cameras) is useful.
- Decide whether to provide prepaid return postage, as a couple of states have done. Note that providing secure drop boxes throughout the jurisdiction reduces the number of voted ballots that are mailed, and thus reduces the cost of providing prepaid envelopes.
- Ensure that there are sufficient opportunities for voters to update their address and robust voter list maintenance procedures. See NCSL’s webpage on Voter List Accuracy for additional information.
- Require reporting for every election the number of mailed-out ballots requested, the number sent out and the number returned. This will allow policymakers to track the popularity of this voting method over time and to allocate resources appropriately.

Please feel free to contact NCSL’s elections team for any level of assistance or data that may prove helpful.

Tables

Table 1: States with No-Excuse Absentee Voting

Table 2: Excuses to Vote Absentee

Table 3: States with Permanent Absentee Voting for All Voters, Voters with Permanent Disabilities, and/or Senior Voters

Table 4: State Laws on Removing Voters From Permanent Absentee Lists

Table 5: Applying for an Absentee Ballot, Including Third Party Registration Drives

Table 6: States with Web-Based Absentee Ballot Applications

Table 7: When States Mail Out Absentee Ballots

Table 8: How States Verify Absentee Ballot Applications

Table 9: State Laws Governing Ballot Drop Boxes

Table 10: Who Can Collect and Return an Absentee Ballot Other Than the Voter

Table 11: Receipt and Postmark Deadlines for Absentee Ballots (*coming soon*)

Table 12: States with Postage Paid Election Mail

Table 13: States that are Required to Provide Secrecy Sleeves for Absentee/Mail Ballots

Table 14: How States Verify Voted Absentee Ballots

Table 15: States that Permit Voters to Correct Signature Discrepancies

Table 16: When Absentee/Mail Ballot Processing and Counting Can Begin

Table 17: How Election Results are Reported

Table 18: All-Mail Election States

Resources

- Vote at Home's Reference Library
- Vote at Home's Policy and Research Guide
- NCSL's State Laws Governing Early Voting page
- NCSL's Absentee Voting in Case of a Personal Emergency
- NCSL's The Canvass article, Trends in Ballot Collecting
- NCSL's State Laws Governing Early Voting
- FVAP's Absentee and Early Voting Myths and Realities Fact Sheet
- The Early Voting Information Center (EVIC) based at Reed College
- NCSL's The Canvass: March 2020

NCSL acknowledges and thanks Vote at Home (VAH) for its support for this project.

EXHIBIT 66

U.S. Department of Justice
Civil Rights Division
Disability Rights Section



The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities

Voting is one of our nation's most fundamental rights and a hallmark of our democracy. Yet for too long, many people with disabilities have been excluded from this core aspect of citizenship. People with intellectual or mental health disabilities have been prevented from voting because of prejudicial assumptions about their capabilities. People who use wheelchairs or other mobility aids, such as walkers, have been unable to enter the polling place to cast their ballot because there was no ramp. People who are blind or have low vision could not cast their vote because the ballot was completely inaccessible to them.

Important federal civil rights laws were enacted to combat such forms of discrimination and protect the fundamental right to vote for all Americans. This document provides guidance to states, local jurisdictions, election officials, poll workers, and voters on how the Americans with Disabilities Act and other federal laws help ensure fairness in the voting process for people with disabilities.

FEDERAL LAWS PROTECTING THE RIGHT TO VOTE

The **Americans with Disabilities Act (ADA)** is a federal civil rights law that provides protections to people with disabilities that are similar to protections provided to individuals on the basis of race, color, sex, national origin, age, and religion. Title II of the ADA requires state and local governments ("public entities") to ensure that people with disabilities have a full and equal opportunity to vote. The ADA's provisions apply to all aspects of voting, including voter registration, site selection, and the casting of ballots, whether on Election Day or during an early voting process.

The **Voting Rights Act of 1965 (VRA)** also contains provisions relevant to the voting rights of people with disabilities. The VRA requires election officials to allow a voter who is blind or has another disability to receive assistance from a person of the voter's choice (other than the voter's employer or its agent or an officer or agent of the voter's

union). The VRA also prohibits conditioning the right to vote on a citizen being able to read or write, attaining a particular level of education, or passing an interpretation “test.”

The **Voting Accessibility for the Elderly and Handicapped Act of 1984 (VAEHA)** requires accessible polling places in federal elections for elderly individuals and people with disabilities. Where no accessible location is available to serve as a polling place, voters must be provided an alternate means of voting on Election Day.

The **National Voter Registration Act of 1993 (NVRA)** aims, among other things, to increase the historically low registration rates of persons with disabilities. The NVRA requires all offices that provide public assistance or state-funded programs that primarily serve persons with disabilities to also provide the opportunity to register to vote in federal elections.

The **Help America Vote Act of 2002 (HAVA)** requires jurisdictions responsible for conducting federal elections to provide at least one accessible voting system for persons with disabilities at each polling place in federal elections. The accessible voting system must provide the same opportunity for access and participation, including privacy and independence, that other voters receive.

The remainder of this document discusses how these laws apply to common aspects of the election process.

MAKING VOTER REGISTRATION ACCESSIBLE TO ALL

The first step in the voting process is registration. The NVRA requires all offices that provide public assistance or state-funded programs that primarily serve persons with disabilities to provide the opportunity to register to vote by providing voter registration forms, assisting voters in completing the forms, and transmitting completed forms to the appropriate election official. The NVRA requires such offices to provide any citizen who wishes to register to vote the same degree of assistance with voter registration forms as it provides with regard to completing the office’s own forms. The NVRA also requires that if such office provides its services to a person with a disability at the person’s home, the office shall provide these voter registration services at the home as well.

In a 2011 NVRA case, the Department reached a settlement with the State of Rhode Island that required state officials to ensure that voter registration opportunities are offered at all disability services offices in the state and to develop and implement training and tracking programs for those offices.

In addition to the registration opportunities guaranteed by the NVRA, the ADA requires states to ensure that all aspects of the voter registration process are accessible to persons with disabilities. The ADA also prohibits a state from categorically disqualifying all individuals who have intellectual or mental health disabilities from registering to vote or from voting because of their disability.

PROVIDING ACCESSIBLE POLLING PLACES

In communities large and small, people cast their ballots in a variety of facilities that temporarily serve as polling places, such as libraries, schools, and fire stations, or churches, stores, and other private buildings. The ADA requires that public entities ensure that people with disabilities can access and use their voting facilities. The ADA's regulations and the ADA Standards for Accessible Design set out what makes a facility accessible and should be used to determine the level of accessibility at any facility being considered for use as a polling place. The Justice Department's [ADA Checklist for Polling Places](#) | [PDF](#) provides guidance to election officials for determining whether a polling place already has the basic accessibility features needed by most voters with disabilities or can be made accessible using temporary solutions.

An additional Justice Department publication, [Solutions for Five Common ADA Access Problems at Polling Places](#) | [PDF](#), illustrates suggested temporary solutions for several common problems found at polling places. For example, if parking is provided at a polling place but there are no accessible parking spaces, election administrators can create temporary accessible parking by using traffic cones and portable signs to mark off the accessible spaces and access aisles.

The Department of Justice has expanded the scope of the Election Day monitoring conducted by Civil Rights Division staff to include assessments of the physical accessibility of polling places. For the 2012 general election, the Department's Election Day monitors conducted accessibility surveys of approximately 240 polling places in 28 jurisdictions throughout the country.

In some circumstances, when a public entity is unable to identify or create an accessible polling place for a particular voting precinct or ward, election administrators may instead use an alternative method of voting at the polling place. While absentee balloting can be offered to voters with disabilities, it cannot take the place of in-person voting for those who prefer to vote at the polls on Election Day. Any alternative method of voting must offer voters with disabilities an equally effective opportunity to cast their votes in person. For example, the only suitable polling site in a precinct might be an inaccessible building. In this rare circumstance, election administrators may provide "curbside voting" to allow persons with disabilities to vote outside the polling place or in their cars. In order to be effective, however, the curbside voting system must include: (1) signage informing voters of the possibility of voting curbside, the location of the curbside voting, and how a voter is supposed to notify the official that she is waiting curbside; (2) a location that allows the curbside voter to obtain information from candidates and others campaigning outside the polling place; (3) a method for the voter with a disability to announce her arrival at the curbside (a temporary doorbell or buzzer system would be sufficient, but not a telephone system requiring the use of a cell phone or a call ahead notification); (4) a prompt response from election officials to acknowledge their awareness of the voter; (5) timely delivery of the same information that is provided to voters inside the polling place; and (6)

a portable voting system that is accessible and allows the voter to cast her ballot privately and independently.

Curbside voting is permissible only under these limited circumstances. Under the ADA, jurisdictions must select polling sites that are or can be made accessible, so that voters with disabilities can participate in elections on the same terms and with the same level of privacy as other voters.

In February 2014, the Department of Justice and Blair County, Pennsylvania, entered into a Settlement Agreement under the ADA concerning the accessibility of the County's polling places. The County agreed that by the 2014 general election, all of its polling places would be accessible on Election Day to voters with mobility and vision impairments. The County agreed to relocate some polling places that were not accessible and to provide temporary measures at others such as portable ramps and doorbells to make sure that they are accessible on Election Day.

ENSURING POLICIES AND PROCEDURES DO NOT DISCRIMINATE AGAINST PEOPLE WITH DISABILITIES

Public entities must ensure that they do not have policies, procedures, or practices in place that interfere with or prohibit persons with certain disabilities from registering to vote or voting based on their disability. For example, an election official cannot refuse to provide an absentee ballot or voter registration form to a person with a disability because the official knows the voter resides in a nursing home.

In addition, the ADA requires public entities to modify their voting policies, practices, and procedures when such modifications are necessary to avoid discrimination on the basis of a voter's disability. That requirement is relaxed only if election administrators can show that the proposed modification would fundamentally alter the nature of the voting program. For example, voters who use crutches may have difficulty waiting in a long line to vote. The ADA does not require that these voters be moved to the front of the line, but the public entity should provide a chair for them while they wait. For a voter with multiple sclerosis who may be unable to tolerate extreme temperatures, providing a chair inside the polling place may be an appropriate modification.

Similarly, election officials must modify a "no animals/pets" policy to allow voters with disabilities to be accompanied by their service animals in all areas of the polling place where the public is allowed to go. Additionally, if a jurisdiction requires voters to provide identification, the ADA requires that election officials not restrict the permissible forms of identification from voters with disabilities to ones that are not available to those voters.

For example, individuals with severe vision impairments, certain developmental disabilities, or epilepsy are ineligible in many states to receive a driver's license. Thus, accepting only a driver's license would unlawfully screen out these voters.

PROVIDING ACCESSIBLE VOTING SYSTEMS AND EFFECTIVE COMMUNICATION

HAVA requires jurisdictions conducting **federal** elections to have a voting system (such as the actual voting machines) that is accessible, including to citizens who are blind or visually impaired, at each polling place. The accessible voting system must provide the same opportunity for access and participation, including privacy and independence, that other voters enjoy. States can satisfy this accessibility requirement through use of a direct recording electronic voting system or other voting system equipped for individuals with disabilities. In addition to HAVA, the ADA requires officials responsible for conducting all public elections to make sure that any accessible voting systems are maintained and function properly in each election, and that election officials have been adequately trained to operate them.

Following the enactment of HAVA, the Department monitored the nationwide implementation of the accessible voting systems requirements and successfully resolved litigation in Maine, New York, and Pennsylvania to ensure that accessible voting systems were established in every polling place in those states.

The ADA requires election officials conducting **any** elections at the federal, state, or local level to provide communication with voters with disabilities that is as effective as that provided to others. To ensure that voters with disabilities can fully participate in the election process, officials must provide appropriate auxiliary aids and services at each stage of the process, from registering to vote to casting a ballot. Only if providing an aid or service would result in a fundamental alteration or undue financial and administrative burdens is a jurisdiction not required to provide the aid or service. However, the jurisdiction still has an obligation to provide, if possible, another aid or service that results in effective communication. In determining the type of auxiliary aid and service to be provided, officials must give primary consideration to the request of the voter.

Examples of auxiliary aids and services for people who are blind or have low vision include a qualified reader (a person who is able to read effectively, accurately, and impartially using necessary specialized vocabulary); information in large print or Braille; accessible electronic information and information technology; and audio recording of printed information. Examples of auxiliary aids and services for people who are deaf or have hearing loss include sign language interpreters, Video Remote Interpreting, captioning, and written notes. For additional information about auxiliary aids and services, see ADA Requirements: Effective Communication at <http://www.ada.gov/effective-comm.htm>.

For example, suppose that a jurisdiction is conducting an election for mayor and city council members using a paper ballot system. A blind voter requests an accessible ballot. A Braille ballot would have to be counted separately and would be readily identifiable, and thus would not constitute a secret ballot. Other aids and services would better afford voters who are blind the opportunity to vote privately and independently and to cast a secret ballot, just like other voters. These may include ballot overlays or templates, electronic information and information technology that is accessible (either independently or through assistive technology such as screen readers), or recorded text or telephone voting systems.

The requirement to provide effective communication also extends to other information related to the voting process, such as poll workers obtaining address and registration information from voters. Whatever information the public entity provides relating to the voting process must be accessible and usable by all who come to cast their ballots. For example, election officials should have pen and paper available and be prepared to write out questions at the polling place check-in table for a voter who is deaf and can communicate through written communications.

In 2009, the Department entered into a landmark ADA settlement agreement with the City of Philadelphia, Pennsylvania, that transformed the historic city into a model program of accessible polling places. A key component of the settlement was training for poll workers, election officials, and election administration staff.

TRAINING

Prior to Election Day or the beginning of early voting, election staff and volunteers receive training so they can appropriately interact with people with disabilities. Staff and volunteers should understand the specific auxiliary aids and services that are available. They should be aware that service animals must be allowed to accompany voters inside the polling place, that accessibility features at the polling place need to be operational, that people with disabilities are allowed assistance from a person of their choice, and that other modifications may be needed to accommodate voters with disabilities. Many local disability organizations, including Centers for Independent Living and Protection and Advocacy Systems, conduct ADA and disability trainings in their communities. The Department of Justice and the National Network of ADA Centers can provide local contact information for these organizations.

FOR MORE INFORMATION

For information about how the ADA applies to voting, please visit our website or call our toll-free number.

ADA Information Line

800-514-0301 (Voice) and 800-514-0383 (TTY)

24 hours a day to order publications by mail.

Monday-Wednesday, Friday 9:30 a.m. – 5:30 p.m., Thursday 12:30 p.m. – 5:30 p.m. (Eastern Time) to speak with an ADA Specialist. Calls are confidential.

ADA Website

www.ADA.gov

To receive e-mail notifications when new ADA information is available, visit the ADA Website's home page and click the link under ADA.gov Updates in the lower right corner of the page.

For information about the VRA, VAEHA, NVRA, and HAVA, please visit the Voting Section's website: www.justice.gov/crt/about/vot/

To report complaints of possible violations of the federal voting rights laws, you may contact the Voting Section: www.justice.gov/crt/about/vot/misc/contact.php.

You can contact the Voting Section through our toll free number (800-253-3931) or our email address (voting.section@usdoj.gov).

For persons with disabilities, this publication is available in large print, Braille, audio tape, and on computer disk.

Reproduction of this publication is encouraged.

September 2014

The Americans with Disabilities Act authorizes the Department of Justice (the Department) to provide technical assistance to individuals and entities that have rights or responsibilities under the Act. This document provides informal guidance to assist you in understanding the ADA and the Department's regulations.

This guidance document is not intended to be a final agency action, has no legally binding effect, and may be rescinded or modified in the Department's complete discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent.

October 10, 2014

EXHIBIT 67

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF LATESHA E. ELOPRE, MD

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am over 18 years old and competent to make this declaration.
2. I am an Assistant Professor at the University of Alabama at Birmingham Department of Medicine, Division of Infectious Diseases. As a faculty member, I also serve as an investigator within our Center for AIDS Research. I am the research director for the divisions Research Informatics and Service Center and serve as the Graduate Medical Education director for diversity and inclusion. I am a member of the following scientific associations: Infectious Diseases Society of America, International Association of Providers of AIDS Care, and the American Sexually Transmitted Diseases Association. I provide ad hoc reviews for several peer-reviewed scientific journals, including AIDS and Behavior; Culture, Health and Sexuality; and PLOS One.
3. I received my B.S. in biology from Florida State University in 2004, my medical degree from University of Florida College of Medicine in 2009 and my Masters of Science in Public Health from the University of Alabama at Birmingham School of Public Health in 2015. I also completed a residency in internal medicine and fellowship in infectious diseases from the

University of Alabama at Birmingham in 2012 and 2016, respectively.

4. I joined the faculty of the Division of Infectious Diseases as a clinical instructor (2015–2016). I also served as the director for Diversity and Inclusion for the Internal Medicine Residency Program in the Department of Medicine (2015–2018). In 2018, I served as an external reviewer for the National Minority AIDS Counsel’s “Blueprint for HIV Biomedical Prevention Part 2” and will act as a scientific reviewer for the National Institute of Allergy and Infectious Diseases in June of 2020. I currently serve as a co-chair for the Dean’s Council on Graduate Medical Education Diversity Committee in the School of Medicine (2016–present). I am currently an Assistant Professor at the University of Alabama at Birmingham Department of Medicine (2016–present).

5. My research focuses on understanding the interplay between intersectional stigma, related to multiple stigmatizing identities and the various contextual barriers to implementation of effective HIV prevention strategies among vulnerable populations in the state of Alabama. Specifically, my research focuses on a biomedical prevention tool called HIV pre-exposure prophylaxis (PrEP). PrEP is highly underutilized among gender and sexual minority groups and these disparities are amplified in the Southeastern United States. I explore novel intervention to address these inequities among Black men and women living in urban and rural settings throughout Alabama. As a researcher and, over the years, Alabamian, I have had the privilege to collaborate with multiple community-based organizations and not-for-profit agencies across Alabama. Through these partnerships, I have been able to travel to rural counties within the state and speak to community leaders about public health.

6. As a member of the Infectious Diseases Division at the University of Alabama at Birmingham, I have also witnessed and contributed to the hectic effort to accommodate a growing

number of COVID-19 patients in our hospital. I have covered the hospital epidemiology pager, approving which patients warranted testing, and provided consultation to physicians in urban and rural settings across the state of Alabama caring for their own patient's diagnosed with COVID-19.

7. Attached and incorporated by reference to this declaration is a copy of my curriculum vitae. (Attached here as Attachment A).

8. In my qualitative research to understand how to increase uptake of PrEP among Black women living in rural counties within Alabama's Black Belt, I was able to observe via the data the intense entanglement that exists between poverty and health.

9. Inequities in the Black Belt are expansive and have persisted for centuries within the United States. The black fertile soil, which serves as the namesake of the "Black" Belt region, was manually labored primarily by slaves and later Black sharecroppers throughout the countries' history. Race, region and rurality all play integral roles in the legacy of poverty and racism that results in many people of color being "left behind" who still reside in the Black Belt region.¹ Stretching across 11 southern states from Virginia to Texas (holding some 623 counties), over half of the Southern population still lives in the Black Belt. To date, persons living within the Black Belt face unparalleled social injustices and, despite migration of Black populations out of the South following the Civil War and Jim Crow, the largest proportion of Black Americans still reside here and are struggling to overcome these injustices. This is evidenced by the high levels of unemployment, poor education and food insecurity among Black people living within this region compared to other geographic regions in the country.² Additionally, a shortage of infrastructure to support economic stability and growth compounds the inability of those living here to move upward economically, contributing to generational poverty, especially among rural Black people

who are less likely to be able to mobilize out of poor rural areas.³

10. Alabama's Black citizens personify the many inequities that persist in the Black Belt due to the severity of poverty, particularly in its rural areas, which are among some of the poorest locales in the nation. The state currently has counties with some of the highest levels of unemployment, limited education, poor health, single parenthood and dependence on public assistance programs in the nation.⁴ Reasons for persistent poverty in the Alabama are complex, but one cannot ignore the role of sustained systematic, institutionalized racism. Looking geospatially at counties within Alabama that have the highest levels of poverty, these counties are also the counties that contain the greatest concentrations of Black people.⁵ This is likely due to the historic lack of forward growth through economic opportunities within these regions. Other factors that contribute to the stagnation of growth in Alabama's Black Belt include, but are not limited to: a lack of jobs, poor public goods/services and human capital endowment (i.e. high rates of illiteracy and lack of educational attainment) leading to overall low-income households.⁶

11. As an example of poverty's impact on health outcomes, women from Lowndes County, one of the poorest counties in Alabama and deemed to have the worst poverty in the developed world by the United Nations. Currently, there are homes that have waste backing up into their yards due to faulty septic tanks.⁷ In speaking with these Black women about barriers to using a highly effective HIV prevention strategy, like PrEP, I found myself buried under the weight these women carried from their day to day battles of living in poverty. Based on Maslow's Hierarchy of Needs, their immediate need to establish and maintain a safe environment for themselves and their loved ones superseded their need to tend to their health over the long term. Ultimately, all of these inequities are invariably linked to increased morbidity and mortality for Black Alabamians living in these regions.

12. As another example, in the state of Alabama, Black persons living with HIV have far worse outcomes, despite having highly effective medical therapy available. As an Internist, I am tasked with managing not only their HIV, but also their other chronic health conditions. One of the biggest barriers in my patients' ability to live healthy lives is structural. Many of my patients are highly vulnerable due to food insecurity, lack personal transportation and unstable housing. Lack of attention from the state, and my clients' inability to counter the effects of these social determinants of health, often result in unnecessary hospital admissions for management of chronic health conditions like congestive heart failure, diabetes and coronary artery disease. As a clinician, I have felt my greatest ineptitude when I am able to find a diagnosis and develop an effective a treatment plan but it ultimately proves unsuccessful due to greater social needs that I am ill equipped to correct.

13. These health disparities are not limited by any means only to HIV; rather, they are reflected in almost every other disease state imaginable. Despite tremendous steps forward in our understanding of how to treat and prevent many health conditions, Black people living in the Black Belt have often been left behind and do not see the same benefits from these scientific advancements compared to majority groups. Morbidity and mortality rates for heart disease, diabetes, stroke, breast cancer and HIV are particularly and inequitably high among Black people living in Alabama. The disparities also impact the health of future generations, with Black Belt counties having some of the highest infant mortality rates (with Alabama having the seventh highest rate) in the country. These trends have persisted, and in some instances the inequities have widened, despite coordinated federal efforts (e.g. Health People 2010) to address these disparities. This is likely due to the need to move beyond solely focusing on individual characteristics within groups suffering from poor health outcomes, but move to understanding and informing health care

by evaluating social factors that interplay in one's ability to attain good health. These social determinants of health can include cultural, socioeconomic and psychosocial barriers that affect an individual's ability to engage in healthcare and management of acute and/or chronic illnesses.

14. Given the inequities demonstrated across multiple disease states, including infectious diseases, it is not surprising that we are currently finding large disparities in infection and mortality among Black people diagnosed with severe acute respiratory syndrome coronavirus 2 (i.e. SARS-CoV-2 or COVID-19). Since its emergence in December 2019 in Wuhan, China, COVID-19 has absolutely devastated the world through a global pandemic. With a 3.4% mortality rate world-wide, estimated by the World health Organization, COVID-19 has claimed over a quarter of a million lives. Nationally, the death toll to date is more than 75,000 individuals. This highly transmissible virus is primarily spread through respiratory droplets, but is particularly dangerous due to the potential exposure by those who are a- or pre-symptomatic. Because of the brevity in which we have seen spread, many states are just now beginning to lift stay-at-home orders, but continuing to mandate that their citizens not gather in public settings, albeit without clear indications that the virus has plateaued within some states. In a subset group of individuals, a cytokine storm occurs 5-10 days after symptoms onset that can result in severe complications, including death. Older age, male sex and chronic health conditions like hypertension, diabetes and obesity have all been associated with higher mortality rates. However, in our own nation's trends, one of the biggest predictors of death is Black race. In predominantly Black counties, the death rate is 3-fold higher compared to predominantly white counties.⁸ These inequities in infection rates are likely in part due to adverse social determinants of health that affect prevalence of other high-risk co-morbidities in vulnerable populations. It is also likely compounded by the inability of many in lower socio-economic groups to adequately practice social distancing due to being in essential,

labor-intense job classes. Therefore, many providers, including myself, are not surprised by the death rates and complications seen among minority groups, given the history of health disparities in Alabama and our nation.⁹ Later, through geospatial analysis, it will also not be surprising if these trends intensify over the Black Belt.

15. As of May 10th, 2020, the state of Alabama is seeing a rise in COVID-19 caseloads and deaths. Mobile County has the greatest number of deaths and growth in cases across the state. And, while Black people make up 27% of the population in Alabama, they account for 38% of cases and 46% of deaths. Zip code data from Mobile also aligns with higher death rates seen in those areas with a higher density of Black people. While clear causation cannot be determined, census tract data looking at the density of other chronic illnesses like hypertension, diabetes and high cholesterol within Mobile share a similar distribution. These zip codes are also some of the poorest in the entire state. While conclusions cannot be drawn with 100 percent certainty, it is easy to infer the clear relationships in Alabama's COVID-19 epidemic between race, poverty, health disparities and high overall mortality echoed throughout the rest of the country.

16. As states, including Alabama, re-open and lift stay at home orders, many physician scientists, including myself, are worried that rebounds in COVID-19 cases will occur. Social distancing will be difficult to maintain and disparities already present in the current epidemiology may worsen. Additionally, there is no clear evidence if the virus will be less infectious with more humid weather, but many experts are predicting a recurrence of the pandemic in the Fall of 2020, coinciding with the federal election season.

17. It is reasonable to expect that the virus will return in the fall and medical therapeutics may not yet exist that prevent infection or spread. With this in mind, Alabama and its residents need to prepare to potentially return to isolation and quarantine practices to delay spread.

Voting in the primaries during the beginning of the pandemic likely caused tremendous wariness and stress for citizens in Alabama. But now, with full knowledge of the deadliness of the epidemic and racial divide in mortality, voting in-person in July and November of 2020 may literally be asking Black voters to choose between life and death. Furthermore, with a better understanding of the barriers faced by many Black citizens living in the Black Belt, especially in rural counties, the hurdles required to cast absentee ballots may be unreachable for those who historically fought for the right to vote in those same counties.

18. To ensure that all of Alabama citizens are capable of voting safely and without dire consequences, the state of Alabama must adopt an appropriate preparedness plan.

19. I declare under penalty of perjury that the foregoing is true and correct. Executed on May 12, 2020.


Latesha Elope, MD

¹ WIMBERLEY R. C., MORRIS L. V. The regionalization of poverty: Assistance for the Black Belt South?, *Journal of Rural Social Sciences* 2002: 18: 11.

² WIMBERLEY R. C., MORRIS L. V. *The Reference Book on Regional Well-Being: US Regions, the Black Belt, Appalachia*, 1996.

³ GLAUBER R. K., SCHAEFER A. P. *Employment, poverty, and public assistance in the rural United States*, 2017.

⁴ ZEKERI A. A. *Opinions of EBT recipients and food retailers in the rural south*, Southern Rural Development Center, *Food Assistance Needs of the South's Vulnerable Populations* 2003: 6.

⁵ ZEKERI A. A. *The causes of enduring poverty in Alabama's Black Belt*, In *the Shadows of Poverty: Strengthening the Rural Poverty Research Capacity of the South* Mississippi State, MS: Mississippi State University Rural Policy Research Institute's Rural Poverty Research Center 2004.

⁶ Id.

⁷ WINKLER I. T., FLOWERS C. C. *America's Dirty Secret: The Human Right to Sanitation in Alabama's Black Belt*, *Colum Hum Rts L Rev* 2017: 49: 181.

⁸ THEBAULT R., TRAN A. B., WILLIAMS V. *The coronavirus is infecting and killing black Americans at an alarmingly high rate*, *Washington Post* 2020.

⁹ YANCY C. W. *COVID-19 and African Americans*, *Jama* 2020.

ATTACHMENT A

Latesha Elope, MD, MSPH
May 7, 2020

CURRICULUM VITAE
University of Alabama at Birmingham
School of Medicine Faculty

PERSONAL INFORMATION

Name: Latesha Elope

Citizenship: United States of America

Home Address: 3985 James Hill Place
Birmingham, AL. 35244

Phone: 904-412-3517

RANK/TITLE: Assistant Professor of Medicine

Department: Medicine/Infectious Diseases

Business Address: University of Alabama at Birmingham School of Medicine
Division of Infectious Diseases
1720 2nd Ave S, BBRB 206G
Birmingham, AL 35294

Phone: 205-975-2457

Fax: 205-996-6950

Email: lelope@uabmc.edu

HOSPITAL AND OTHER (NON ACADEMIC) APPOINTMENTS:

2015-Present Attending Physician
University of Alabama at Birmingham 1917 HIV/AIDS Clinic
Birmingham, AL

2015-Present Attending and Consulting Physician
University of Alabama at Birmingham University Hospital
Birmingham, AL

2015-2016 Post-doctoral Fellow, Division of Infectious Diseases
Department of Medicine,
University of Alabama at Birmingham, Birmingham, AL

2015-Present Director of Diversity and Inclusion
Department of Medicine Internal Medicine Program,
University of Alabama at Birmingham, Birmingham, AL

2012-2015 Research Fellow, Division of Infectious Diseases,
Department of Medicine, University of Alabama
at Birmingham School of Medicine, Birmingham, AL

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2015-2016 Post-doctoral Fellow
Division of Infectious Diseases, Department of Medicine
University of Alabama at Birmingham, Birmingham, AL

2012-2015 Clinical Fellow
Division of Infectious Diseases, Department of Medicine
University of Alabama at Birmingham, Birmingham, AL

Internship and Residencies:

2010-2012 Resident, Internal Medicine
University of Alabama at Birmingham, Birmingham, AL

2009-2010 Intern, Internal Medicine
University of Alabama at Birmingham, Birmingham, AL

ACADEMIC APPOINTMENTS:

2018 - Present Graduate Medical Education Director Diversity and Inclusion
University of Alabama at Birmingham, Birmingham, AL

2016 – Present Assistant Professor
Department of Medicine, Division of Infectious Diseases
University of Alabama at Birmingham

2016 –Present Co-Chair DCGME Diversity Committee
School of Medicine
University of Alabama at Birmingham

2015 – Present Co-Investigator
Center for AIDS Research
University of Alabama at Birmingham

2015 – 2018 Director of Diversity and Inclusion
Department of Medicine, Internal Medicine Residency Program
University of Alabama at Birmingham

2015 – 2016 Instructor
Department of Medicine
University of Alabama at Birmingham

AWARDS/HONORS:

2019 Blaze Leadership Academy Participant
University of Alabama at Birmingham

2018 Leadership Department of Medicine Leadership Participant
University of Alabama at Birmingham

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2018	University of Alabama at Birmingham Department of Medicine “Unsung Hero” Award
2016	University of Alabama at Birmingham School of Medicine Dean’s Excellence Award in Diversity Enhancement
2015	University of Alabama at Birmingham Department of Medicine, Infectious Diseases Chief Fellow
2015	Junior Investigator Travel Grant Conference on Retroviruses and Opportunistic Infections
2014	University of Alabama at Birmingham School of Medicine Golden Key International Honor Society
2009	University of Alabama at Birmingham Department of Medicine, Internal Medicine Residency C. Glen Cobbs Award for Excellence
2006	University of Florida School of Medicine Exemplary Performance in Essential of Patient Care II
2004	Florida State University Cum Laude Graduate

PROFESSIONAL ORGANIZATIONS/MEMBERSHIPS:

2018 – Present	Infectious Diseases Society of America, Member (#36070)
2017 – Present	International Association of Providers of AIDS Care, Member (# 65629)
2014 – Present	American Sexually Transmitted Diseases Association, Member
2010-2012	Creating Effective Resident Teachers Scholar
2005-2008	Student National Medical Association
2001-2004	Multicultural Association of Pre-medical Students

EXTERNAL REVIEWER

2020	NAID/NIH Peer Review panel to evaluate U01 grant application. “Digital, Limited Interaction Trials and Epidemiology (D-LITE): Targeting HIV Incidence in the United States (U01 Clinical Trial Required)”
2019	External Reviewer, “Utility of an FDA Label Indication for Condoms for Anal Sex’ for Sexual Health”.
2018	External Reviewer, National Minority AIDS Council “Blueprint for HIV Biomedical Prevention Part 2”
2018	Principal Investigator Reviewer “Women’s Interagency HIV Study” concept Sheets Proposal

COUNCILS AND COMMITTEES:National Councils and Committees

- 2018 – Present Program Committee Member, National Minority AIDS Council “Biomedical HIV Prevention Summit”
- 2015 – 2019 HPTN 078 Work Group, Questionnaires Writing Team Sub-Group

University Councils and Committees

- 2019 Clinician Educators Search Committee, Division of Gastroenterology
University of Alabama at Birmingham
- 2019 Internal Medicine Residency Program Health Disparities Track
University of Alabama at Birmingham
- 2018 Clinical Skills Assessment for MS3 Medical Students,
University of Alabama at Birmingham
- 2016 – Present Co-Chair Diversity Committee, Dean’s Council for Graduate Medical
Education, University of Alabama at Birmingham
- 2015 – Present University of Alabama at Birmingham CFAR HIV Adherence Work Group
- 2015 – Present Department of Medicine Culture Work Group, University of Alabama at
Birmingham
- 2015 – 2018 Intern Selection Committee, University of Alabama at Birmingham
- 2015 Department of Medicine Chair of Diversity of Inclusion Selection
Committee, University of Alabama at Birmingham
- 2012 – 2015 Diversity Enrichment Committee, Member
Chair (2012 – 2013)

MAJOR RESEARCH INTERESTS: (2-3 Sentences)

I am an Assistant Professor at the University of Alabama at Birmingham’s (UAB). I am currently working on research to increase uptake of HIV Pre-exposure Prophylaxis among high-risk populations to abate growing health disparities in the HIV epidemic. This includes focusing on racial and sexual minority populations, as well as, economically disenfranchised communities including Young Black men who have sex with men and Black women.

TEACHING EXPERIENCE:**Classroom Instruction:**

- 2012 – 2017 Mentorship, Medical Student Scholarly Activities Mentorship at UAB’s
Adolescent Health Center, Enrollment and Data Analysis for study
looking at factors that predict acceptance of genital herpes testing in
adolescents.

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2012 – 2017	Instructor, Sophomore Medical Microbiology Laboratory University of Alabama at Birmingham School of Medicine, Birmingham, AL
2012 – 2017	Instructor, Introduction to Clinical Medicine II University of Alabama at Birmingham School of Medicine, Birmingham, AL
2012	Patient Doctor Society Preceptorship University of Alabama at Birmingham School of Medicine, Birmingham, AL
2004-2005	9 th Grade Honor Biology Teacher Stanton College Preparatory School Jacksonville, FL

MAJOR LECTURES AND VISITING PROFESSORSHIPS:

Elope, L. Increasing Uptake of PrEP among Urban and Rural Southern Black Women. Webcast, Tennessee AETC. December 12, 2018.

Elope, L and Medera, L. Black MSM and PrEP: Challenges and Opportunities. Webinar, The Fenway Institute. March 23, 2017.

Elope, L. STIs: Taking a Sexual History, the STI exam and Review of Common Pathogens. HIV –STI 2015 Conference at Atmore, AL. May 15, 2015.

Elope, L. HIV Update. 3 Day STD/HIV Intensive Training at Jefferson County Health Department, Birmingham, AL. May 5, 2015

Elope, L. Sexual Education: What's the Big Deal. Southeast AIDS Training and Education Center. Montgomery, AL. April 18, 2014

Elope, L. Sexual Education: What's the Big Deal. The 29th Annual Update in STD/HIV/AIDS. Birmingham, AL. November 5, 2013

GRANT SUPPORT: (PAST AND CURRENT)

Grants (ACTIVE)

1 R34 MH118044-01A1 PrEP Demonstration Project among Women at Risk for HIV Infection

Funding agency: NIH/NIMH

Principal investigator: Kempf/Psaros

Role: Co-investigator

Effort: 4% (0.48 calendar)

Purpose: The objective of this application is to increase PrEP uptake among AA women at-risk for HIV-infection in the rural South, specifically those seeking care at Federally Qualified

Latesha Elore, MD, MSPH
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Healthcare Centers (FQHC) in rural Alabama. We will use a mixed-methods approach to adapt and pilot test a patient-provider communication tool from the CDC PrEP toolkit that focuses on the first three steps of the PrEP cascade (e.g., recognizing HIV risk, identifying as a PrEP candidate, and interested in PrEP) to increase PrEP uptake via referrals to local PrEP clinics. If funded, effort will be adjusted on 1U01HL146192-01.

Funds: \$176,638 (Annual Direct)

Duration: 7/1/2019 – 6/30/22

UAB Center for AIDS Research – PROTECT: PrEP Optimization Through Enhanced Capture of Treatment

Funding agency: NIH/NIAID

Principal investigator: Elore/Rana

Role: PI

Effort: 6% (0.72Calendar)

Purpose: This grant proposes to work with community partners to develop and beta test a software platform to capture the state of Alabama's PrEP Care Continuum. Such a platform will define gaps in current PrEP services delivered throughout the state and allow for real-time development of effective interventions.

Funds: \$100,000

Duration: 08/07/19-05/31/20

end + disparities ECHO Collaborative

Funding Agency: HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation

Purpose: The end+disparities ECHO Collaborative is a national initiative to reduce disparities in four disproportionately affected HIV subpopulations. These are: MSM of Color, African American and Latina Women, Transgender People, and Youth. The 18-month collaborative aims to increase viral suppression in these four key subpopulations and increase local quality improvement capacities.

Increasing Uptake of PrEP in Urban and Rural Black Women in the South

Funding Agency: Robert Wood Johnson Foundation (Elore PI)

Principal Investigator: Latesha Elore, MD MSPH

Role: PI

Effort: 4% (0.48 calendar)

Purpose: This project aims to determine PrEP awareness and preferences for PrEP service delivery among black women from two urban and four rural counties with high HIV incidence in Alabama. We will also identify barriers to PrEP service provision among healthcare providers and other key stakeholders reflective of the healthcare systems accessed by black women, and pilot test a community randomized trial of a PrEP service delivery intervention.

Funds: \$420,000

Duration: 1/1/2018-12/31/2021

Increasing Uptake of HIV PrEP among Young, Black MSM in the South (1K23MH112417-01)

Funding Agency: NIH/NIMH

Principal Investigator: Latesha Elore, MD MSPH

Role: PI

Effort: 75% (9.0 calendar)

Latesha Elope, MD, MSPH
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Purpose: The goal of this project is to understand factors related to PrEP uptake among young, black MSM in Birmingham, AL. Building on prior research examining linkage, engagement and retention in HIV care in the U.S. South, this study is grounded in Andersen's Behavioral Model (ABM) of Health Service Utilization to identify individual and environmental factors influencing PrEP uptake.

Funds: \$759,714 (Direct Costs, UAB)

Duration: 2/2/2017 – 1/31/2021

UAB-MISS WIHS/MACS Combined Cohort Study (CCS)

Funding Agency: NIAID/NIH/DHHS

Principal Investigator: Kempf/Konkle-Parker

Role: Investigator

Effort: 3% (0.36 calendar)

Purpose: The Combined Cohort Study (CCS) is a multicenter longitudinal study funded to investigate the impact and progression of HIV disease in women and men. This proposal funds UAB/UMMC as one of the nationwide sites for the CCS project.

Funds: \$23,942,906

Duration: 1/1/19 – 12/31/25

Grants (COMPLETED)

HPTN 078: Enhancing Recruitment, Linkage to Care and Treatment for HIV-Infected Men Who Have Sex with Men (MSM) in the United States (UM1 AI068619)

Funding agency: National Institute of Allergy and Infectious Diseases (HIV Prevention Trials Network),

Principal Investigator: Wafaa El-Sadr MD MPH

Role: Other Significant Contributor

Purpose: The purpose of this study is to develop and assess the efficacy of an integrated strategy that includes feasible and scalable interventions to identify, recruit, link to care, retain in care, attain, and maintain viral suppression among HIV-infected men who have sex with men (MSM) in the United States.

Funds: \$900,660 (Direct costs)

Duration: 8/01/2015 – 6/30/2019

GameChanger: MSM Service Project

Funding agency: Centers for Disease Control and Prevention / Alabama Department of Public Health (AIDS Alabama Inc.)

Principal investigator: Michael J. Mugavero, MD MHSc

Role: Evaluator

Effort: 8% (0.96 calendar)

Purpose: The purpose of this project is to provide services for MSM of color who are living with HIV and those who are at substantial risk for HIV infection over a four-year period. Multiple health screenings and interventions will be implemented, and UAB will train Game Changers team members as well as define and collect performance data, as well as perform the evaluation piece of the project.

Funds: \$514,744 (Direct Costs, UAB)

Duration: 11/01/15 – 9/29/19

Walter B. Frommeyer Jr. Fellowship Award

Funding Agency: Department of Medicine, University of Alabama at Birmingham

Principal Investigator: Latesha Elope, MD MSPH

Role: PI

Latesha Elope, MD, MSPH
May 7, 2020

Purpose: The purpose of this study is to understand factors related to PrEP awareness and uptake in the South among Young, Black MSM, in order to inform development of a behavioral intervention.

Funds: \$215,938

Duration: 7/1/2016 – 7/1/2017

Center for AIDS Research Pilot Grant

Funding Agency: University of Alabama at Birmingham CFAR

Principal Investigator: Latesha Elope, MD MSPH

Role: PI

Purpose: The purpose of this project is to understand perceptions of HIV pre-exposure prophylaxis among Young, Black Men who have Sex with Men. It involved in-depth qualitative interviews with 30 participants.

Funds: \$50,000

Duration: 3/15/16 – 3/16/17

University of Alabama at Birmingham HIV/STD Prevention Training Center

Funding Agency: Center for Disease Control and Prevention

Principle Investigator: Edward Hook, III MD

Role: Trainee

Purpose: I was the STD fellow under this grant, which purpose it to provide high-quality training in the diagnosis, treatment and prevention of STDs and HIV. The research I am performing as the STD fellow on this grant is to evaluate factors associated with acceptance of genital herpes testing.

Duration: 7/1/2014 – 7/1/2016

University of Alabama at Birmingham, Training Grant (T32)

Funding Agency: National Institute of Health, NIAID

Principal Investigator: Jane Schwebke MD

Role: Trainee

Purpose: This grant supported additional years of training as an Infectious Diseases Fellow and Post-doctoral Fellow. It supported research evaluating predictors of non-disclosure among HIV-infected persons newly establishing care. As well as, supporting research to evaluate the relationship between non-disclosure and poor retention in HIV care at one-year time.

Funds: \$102,000

Duration: 7/1/2014 – 7/1/2016

OTHER:

A User acceptability/preference study of oral, injectable, and implantable HIV PrEP among MSM in the US

Funding Agency: Merck & Co, Inc.

Principal Investigator: Elope

Role: PI

Effort: 4% (.48) calendar

Purpose: The overall goal of this study is to understand acceptability and preferences among at-risk populations regarding long-acting PrEP. With investigators from the University of Alabama at Birmingham and Louisiana State University School of Medicine this project will be led by researchers with combined expertise in uptake of PrEP among BMSM, intersectional stigma and sexual health. Study findings will allow for future development of clinical trials designed to increase uptake of long-acting PrEP in populations who need it the most.

Funds: \$245,098

Duration: 01/01/20 - 06/30/21

A Social Capital Approach to Supporting our Community

Funding Agency: NIH/NIMH

Principal Investigator: Elope

Role: PI

Effort: 10%

Purpose: This grant proposes to leverage YBMSM's supportive connections with Black women to develop a mobile health intervention that will incorporate Black woman facilitators into existing networks of YBMSM, as a way of enhancing social capital, decreasing intersectional stigma, and promoting advancement along the PrEP care continuum.

Funds: \$450,000

Duration: 07/01/20 - 06/30/23

BIBLIOGRAPHY:

MANUSCRIPTS:

Manuscripts already published:

1. **Elope L**, Rodriguez M. Fecal Microbiota Therapy for Recurrent *Clostridium difficile* infection in HIV-infected Individuals. *Annals of Internal Medicine*. 21 May 2013, Vol. 158. No. 10. PMID: 23689775; PMCID: PMC5908470
2. **Elope L**, Morell V, Bosshardt C, Geisler W. A case of syphilitic osteitis in a patient with HIV infection. *International Journal of STD & AIDS*. 2014 Sept; 25(10):765-7. PMID: 24516077; PMCID:PMC5909957
3. Kaskas NM, Ledet JJ, Wong A, Muzny CA, **Elope L**, Hughey L. Rickettsia parkeri: eschar diagnosis. *J Am Acad Dermatol*. 2014 Sep; 71(3):e87-9. PMID: 25128140
4. **Elope L**, Westfall A, Mugavero M, Zinski A, Turan J, Hook E and Van Wagoner N. The Role of HIV Status Disclosure in Retention in Care. *AIDS Patient Care STDs*. 2015 Dec; 29(12):646-50. PMID: 26588053; PMCID: PMC4684646
5. **Elope L**, et al. Predictors of HIV Disclosure in Infected Persons Presenting to Establish Care. *AIDS Behav*. 2016 Jan; 20(1):147-54. PMID: 25855046; PMCID:5903574
6. Van Wagoner N, **Elope L**, Westfall A, Mugavero M, Turan J, Hook E. Reported Church Attendance at the Time of Entry into HIV Care is Associated with Viral Load Suppression at 12 months. *AIDS Behav*. 2016 Aug; 20(8):1706-12. PMID: 26936149; PMCID: PMC5903549
7. **Elope L**, Kudroff K, Westfall AO, Overton ET, Mugavero MJ. Brief Report: The Right People, Right Places, and Right Practices: Disparities in PrEP Access Among African American Men, Women and MSM in the Deep South. *J Acquir Def Syndr*. 2017 Jan 1; 74(1):56-59. PMID: 27552156; PMCID: PMC5903574

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8. Chapman Lambert C, Marrazzo J, Amico KR, Mugavero MJ, **Elope L**. PrEParing Women to Prevent HIV: An Integrated Theoretical Framework to Prep Black Women in The United States. *J Assoc Nurses AIDS Care*. 2018 Apr 5. PMID: 29685648.
9. **Elope L**, McDavid C, Brown A, Shurbaji S, Mugavero MJ, Turan JM. Perceptions of HIV Pre-Exposure Prophylaxis Among Young, Black Men Who Have Sex with Men. *AIDS Patient Care STDS*. 2018 Dec; 32(12):511-518. PMID: 31021175; PMCID: PMC6300043.
10. Sullivan PS, Mena L, **Elope L**, Siegler AJ. Implementation Strategies to Increase PrEP Uptake in the South. *Curr HIV/AIDS Rep*. 2019 Aug 16; (4)259-269 PMID: 31177363.
12. Hill S, Westfall AO, Coyne-Beasley T, Simpson T, **Elope L**. Identifying Missed Opportunities for HIV Pre Exposure Prophylaxis during Physicals and Reproductive Visits in Adolescents in the Deep South. *Sex Transm Dis*. 2020 Feb;47 (2):88-95. doi:10.1097/OLQ.0000000000001104. PMID: 31934955.

Manuscripts in Press:

1. Batey DS, Dong X, Rodgers RP, Merriweather A, Elope L, **Rana A**, Hall HI, Mugavero MJ. Temporal and geographic variability in time from HIV diagnosis to viral suppression in Alabama, 2012-2014. *JMIR Public Health and Surveillance*. 2020 Feb 10. PMID: 32045344.

Manuscripts Submitted but not yet accepted:

1. **Elope L**, Hussen SA, Ott C, McDavid C, Mugavero MJ, Turan JM. A Qualitative Study: The Journey to Self-acceptance of Sexual Identity among Young, Black MSM in the South. *Behavioral Medicine*.

Manuscripts in Preparation:

1. **Elope L**, Ott C, McDavid C, Chapman-Lambert C, Amico KR, Sullivan P, Marrazzo J, Mugavero M and Turan J. Missed Prevention Opportunities – Why Young, Black MSM with recent HIV diagnosis did not access Pre-exposure prophylaxis services.

Other Publications:

BOOKS:

1. **Elope L** and Van Wagoner N. (2014). Our Stories: The Impact of Religion on Sexual Health. In Martha Kempner, MA (Ed.), *Creating a Sexually Healthy Nation: Celebrating 100 Years of the American Sexual Health Association*. (pp 26-27) Research Triangle Park, NC.
2. **Elope L**, Willig J, Burkholder G, Johnson B, Rana A, Overton ET. *Non-Infectious Complications of HIV. Comprehensive Review of Infectious Diseases*. Nov 2019

Published abstracts

1. Payne B, Payne G, **Elope L**, Willett L. Techniques for Increasing Diversity in Graduate Medical Education. 2013 Research and Innovations in Medical Education Week.
2. **Elope L**, Slater L, Westfall A, Mugavero M, Hollimon J, Burkholder G, Raper J, Hook E, Van Wagoner N. Patterns of HIV Disclosure in Infected Persons Presenting to Establish Care. 2014 University of Alabama at Birmingham Trainee Research Symposium
3. **Elope L**, Westfall A, Mugavero M, Zinski A, Burkholder G, Hook E and Van Wagoner N. The Role of HIV Status Disclosure in Retention in Care and Viral Load Suppression. (Abstract 1004) 2015 Conference on Retroviruses and Opportunistic Infections.
4. **Elope L**, Westfall A, Mugavero M, Zinski A, Burkholder G, Hook E and Van Wagoner N. The Role of HIV Status Disclosure in Retention in Care and Viral Load Suppression. 2015 University of Alabama at Birmingham Trainee Research Symposium
5. **Elope L**, Van Wagoner N, Van Der Pol B, Hook E. Factors Associated with Acceptance of Genital Herpes Testing for Black Patients Presenting for Care at an STD Clinic. (Abstract P10.16) September 2015 at 2015 World STI and HIV Congress.
6. Van Wagoner N, **Elope L**, Westfall A, Mugavero M, Turan J, Hook E. Reported Church Attendance at the Time of Entry into HIV Care is Associated with Viral Load Suppression at 12 months. (Abstract P18.13) September 2015 at 2015 World STI and HIV Congress.
7. **Elope L**, McDavid C, Johnson B, Gordon B, Van Der Pol B, Marrazzo J, Mugavero M. Understanding PrEP Service Delivery Preferences Among Black Women in Urban and Rural Counties in the US Deep South. July 2019 STI & HIV 2019 World Congress. Vancouver, CA. (Abstract 508)

POSTER EXHIBITS:

1. **Elope L**, Slater L, Westfall A, Mugavero M, Hollimon J, Burkholder G, Raper J, Hook E, Van Wagoner N. Patterns of HIV Disclosure in Infected Persons Presenting to Establish Care. 2014 CDC STD Prevention Conference.
2. Hill S, Clark J, Simpson T, **Elope L**. Identifying Missed Opportunities for HIV Pre-Exposure Prophylaxis at an Adolescent Health Center in the Deep South. March 2018 at 2018 SAHM Annual Meeting
3. **Elope L**, Hussen S, Del Rio C, Camacho GA, Moore, S, Jones MD, Hood JJ, Harper G, Emerenini S. Social Capital needs of Young Black Gay, Bisexual and other Men who have Sex with Men Living with HIV in Atlanta, USA. July 2019 10th IAS Conference on HIV Science. Mexico City, Mexico.
4. Layland EK, **Elope L**, Quinn KG, Blackstock O. To End the HIV Epidemic, We Must Consider Intersectional Approaches to Health for Sexual and Gender Minorities of Color. April 2020 Society for Behavioral Medicine Annual Meeting. San Francisco, CA.

Oral Presentations:

Latesha Elope, MD, MSPH
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1. **Elope L**, Brown A, McDavid C, Amico KR, Sullivan P, Marrazzo J, Turan JM, Mugavero M. Missed Prevention Opportunities - Reasons Why Young, Black MSM with recent HIV infection did not access PrEP. Centers for Disease Control and Prevention. National HIV Prevention Conference. March 2019 Atlanta, GA. (Abstract 5826)

Invited lectures at local and regional courses and meetings:

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|------|---|
| 2016 | Consultant for CDC RFA to test methods for recruiting Black and Hispanic/Latino MSM to HIV testing using internet-based methods, PRISM Health Group at Emory |
| 2017 | SE AETC Practice Transformation Education Module Development |
| 2017 | Prevention Summit Video Creation and Recording, Training on HIV Prevention |
| 2018 | Saving Ourselves Symposium (SOS) "Expanding the HIV Toolkit" Birmingham, AL |
| 2018 | Medical Grand Rounds "Filling the Academic Medicine Pipeline: UAB's 2018 Harold Amos Medical Faculty Development Program Awardees" University of Alabama at Birmingham |
| 2018 | American Physician Scientists Association Presentation University of Alabama at Birmingham |
| 2018 | Clinical & Population Health Science Program Panel Presentation for Residents University of Alabama at Birmingham |
| 2019 | NMAC 2019 Biomedical HIV Prevention Summit/Women Plenary Facilitator. Houston, TX. December. |
| 2019 | Emory PRISM Health "Missed Opportunities: Why are Young, Black MSM in Alabama not using PrEP?" Rollins Auditorium, CNR Plaza Level. Atlanta, GA. June. |
| 2019 | 14 th International Conference on HIV Treatment and Prevention Adherence. Presenter of the Rapporteur Session: Highlights from Adherence 2019 Miami Beach, FL. June. |
| 2019 | Internal Medicine Residency Program "Health Disparities Track" University of Alabama at Birmingham |
| 2019 | NIAID NIMH BSSPT "Looking to the Future: Behavioral aspects of long-acting and extended delivery HIV prevention and treatment regimens". Panel 2 Moderator. Rockville, MD. May. |

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2019 Center for Disease Control and Prevention pre-conference "Implementation Science to Increase PrEP Use in the Black Community". Atlanta, GA. March.

MISCELLANEOUS:

2018 – Present 1917 Holiday Helpers Toy Drive, Organizer for toy drive at university affiliated HIV Clinic

2018 Youth Leadership Forum (YLF) of Birmingham, Career Breakfast Panelist

2018 Quest Diagnostics promotional video for the 1917 Clinic focusing on HIV Stigma "One Patient's Journey: Learning I Had HIV". Birmingham, AL
https://m.youtube.com/watch?feature=share&v=m72Bsk_MnL4

2019 National Black HIV/AIDS Awareness Day video for the 1917 Clinic focusing on HIV Stigma "Together for love, Stop the Stigma".
[http://mms.tveyes.com/transcript.asp?StationID=2175&DateTime=2/7/2019%209:31:59%20PM&playclip=true&pbcc=search%3a%2b\(black+hiv\)](http://mms.tveyes.com/transcript.asp?StationID=2175&DateTime=2/7/2019%209:31:59%20PM&playclip=true&pbcc=search%3a%2b(black+hiv))

2019 Interview Slate magazine Nathan Kohrman "A Disproportion of new HIV Infections come from black MSM and TGW in the South". March.

2019 Is Off-Label HIV Prevention Better Than None Debate over PrEP access highlights worst aspects of American healthcare. MEDPAGE TODAY. May.