

12/23/21, 11:23 AM

Black protester attacked at Donald Trump rally called 'monkey' and other racial slurs, he says

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Black protester attacked at Donald Trump rally called 'monkey' and other racial slurs, he says

The Black Lives Matter protester [attacked during Donald's Trump's Birmingham rally](#) said he was punched, kicked and called "n****r" while a group of eight or nine people were on top of him.

[Mercutio Southall Jr.](#), a well-known activist who said he has been tased at least 30 times and [just recently marched heavily -armed through a Birmingham neighborhood](#) to teach people about gun rights, said he is sore after today's pummeling but doesn't think he was seriously injured.

"I'm alive," Southall told AL.com in his first interview since he was escorted out of the Birmingham-Jefferson Convention Complex.

Southall said he attended today's rally because of Trump's disparaging remarks about minorities - blacks, Latinos and most recently Muslims. "Birmingham is 75 percent black, so why did he choose to come here," Southall said. "He could have gone to Mountain Brook or Hoover, I know they have the venues that can handle his rhetoric."

Southall said the fracas began when one of his fellow activists was recording their presence at the rally, which they always do. He said, "I'm recording this live from the BJCC because we want Donald Trump to know he's not welcome here," and that's when someone knocked the phone out of the other man's hand.

"They said 'Go home, n****r, and somebody punched me," Southall said. "I punched back. You know don't do the turn-the-other-cheek (expletive)."

He said people encircled him, and he was being pushed and punched from every direction. Someone hit him from behind, and the next thing he knew, he was at the bottom of pile. He was kicked in the stomach, and the chest, both men and women. "I got enough people off of me that I was able to get up a little bit," he said. "Somebody got behind me and started trying to choke me out."

Asked what he was thinking when he was being pummeled from above, Southall said what he always says: "I'm not dying today," he said. "I've got (expletive) to do. They're not fixing to kill me."

Southall said he was also thinking, "Is it me? Every time I go somewhere they're trying to beat me, or tase me or kill me."

Trump, the front-running Republican presidential candidate, had Southall thrown out. Secret Service agents and Birmingham police escorted Southall from the room. "They were trying to protect them from me and I was like, 'where were you when they were attacking me and choking me?'" he said.

Southall said he was repeatedly called a "n****r" and "monkey" and told his life doesn't matter. It's nothing new to him. "When I wake up in the morning, I pretty much expect trouble," he said. "We're not the Negroes from the 60s. I believe in defending myself, defending my people and sticking up for my people."

"I'm not violent. I'm not out threatening to blow up people," he said. "Self-preservation is an instinct every creature has and we deserve respect."

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AL.com captured a video of Southall flipping off the crowd while being led out of the building by police. In the video posted to Twitter by CNN reporter Jeremy Diamond, Trump can be heard speaking in the background saying, "Get him the hell out of here."



Southall said he doesn't yet know what will happen next, but said he would support a police investigation and criminal charges against those who attacked him. "I would love for them to experience a little bit of what I go through," he said. "I'm all for that."

Watch Donald Trump speak at a rally in Birmingh...



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Alabama lawmaker who honored Klan leader says he's surprised by criticism

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MONTGOMERY, Ala. (WSFA) - Alabama Rep. Will Dismukes, a Republican from Prattville, says he's surprised by the response to his recent Facebook post that showed him giving the invocation at an annual birthday celebration for Nathan Bedford Forrest.

Forrest was a leader in the Confederate Army and the first Grand Wizard of the Ku Klux Klan.

The event was held Saturday at Fort Dixie in Selma, the same day the late U.S. Rep. John Lewis was remembered for his vast civil rights contributions during a service at Brown Chapel A.M.E. Church.



Had a great time at Fort Dixie speaking and giving the invocation for Nathan Bedford Forrest annual birthday celebration. Always a great time and some sure enough good eating!!



Alabama Rep. Will Dismukes gave the invocation at an annual birthday celebration for Nathan Bedford Forrest. (Source: Facebook)

"To be 100 percent honest with you, when I made the post I wasn't even thinking about that connection," Dismukes said. "You know, hey, that's on me. That wasn't even running through my mind. There were two things that weren't running through my mind and that's one, the passing of Representative John Lewis and the next is Nathan Bedford Forrest's connection to the Ku Klux Klan."

Lawmakers on both sides of the aisle quickly condemned Dismukes for attending the event.

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Republican Danny Garrett tweeted, "I cannot fathom why anyone in 2020 celebrates the birthday of the 1st KKK Grand Wizard. And while the body of a civil rights icon beaten by the Klan lies at state Capitol being honored by GOP/Dem leaders from all over the state. This mentality doesn't represent me or my faith."

**Rep. Danny Garrett**

@DannyGarrett44

I cannot fathom why anyone in 2020 celebrates the birthday of the 1st KKK Grand Wizard. And while the body of a civil rights icon beaten by the Klan lies at state Capitol being honored by GOP/Dem leaders from all over the state. This mentality does not rep my party or my faith.

8:51 PM · Jul 26, 2020 · [Twitter for iPhone](#)**134** Retweets and comments **955** Likes

Rep. Danny Garrett reacted to Rep. Will Dismukes' Facebook post about celebrating Nathan Bedford Forrest's birthday.(Source: Twitter)

Dismukes is an advocate for Confederate preservation and serves as the Chaplain for the Prattville Dragoons, Sons of the Confederate Veterans. Dismukes told WSFA 12 News he won't apologize for his family's heritage and their service during what he called the "war between the states," which he doesn't believe was primarily fought over slavery. Dismukes believes the public took a critical stance on the post due to the ongoing racial discourse across the country.

"I guess, with the anti-southern sentiment and all, and the things that we have going on in the world today, there's a lot of people that are seeming to be more and more offended," Dismukes stated. "We live in a time where we literally are going through cancel culture from all different areas and people are even more sensitive on different issues and different subjects. This was just one of those times that it didn't quite go the way I expected, and I never intended to bring hurt to anyone, especially my own family with everything that's been said."

The annual party is hosted by the Friends of Forrest, who advertised the gathering as as the 199th birthday celebration with food and live music from the "Unreconstructed Band."

The invitation stated, "This is your perfect opportunity to experience the TRUTH spoken about our history, our heritage, our hero Nathan Bedford Forrest and our Christian Southland by Pastor John Weaver."

When asked why he felt it was important to celebrate Forrest's birthday, Dismukes stated, "It's like a just a huge public event where people come and eat and all that. It is centered around, you know, Nathan Bedford Forrest's birthday, it is what it is."

read://https_www.wsfa.com/?url=https%3A%2F%2Fwww.wsfa.com%2F2020%2F07%2F27%2FAlabama-lawmaker-who-honored-klan-leader-says-hes... 2/4

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Terry Lathan, chairman of the Alabama Republican Party, called on Dismukes constituents to contact him to share their thoughts on his actions.

“Rep. Dismukes offered no explanation for why he participated in a birthday celebration of Nathan Bedford Forrest. Additionally, I find his statement to be shallow in understanding why his activities are deeply offensive to so many Alabamians. His constituents will be the final decision makers of his political future,” Lathan stated.

The SPLC Action Fund Chief of Staff Lecia Brooks addressed Dismukes’ post in a statement.

“It was no accident that State Rep. Will Dismukes chose to blatantly celebrate a brutal slaveholder, Nathan Bedford Forrest, a former Confederate general and first Grand Wizard of the original Ku Klux Klan who spent his life intimidating, dehumanizing and working to keep Black people in chains,” said Brooks. “Rep. Dismukes’ incessant need to romanticize the failed Confederacy even at the expense of the late Congressman John Lewis — one of Alabama’s favorite sons and one of the nation’s revered civil rights icons — is beyond the pale. Dismukes cannot be allowed to play both sides of the fence this time.”

The House Democratic Caucus also responded.

“The Alabama House Democratic Caucus believes Dismukes should be strongly, loudly, and clearly condemned by everyone of every political stripe across the state of Alabama, full stop,” the caucus said in a statement. “It is a sad fact that we had an elected official praising racist and terrorist groups like the Ku Klux Klan. It’s even sadder that his colleagues in the Alabama Republican Party choose to make excuses for his behavior.”

During our interview, Dismukes worked to distance the Confederate Army from the Klan, which evolved after the Confederacy lost the Civil War. He stated it was Forrest’s choice to join the Klan, which is labeled as a white supremacist hate group by the Southern Poverty Law Center. Dismukes declined to answer whether this changed his perspective on Forrest and whether he would attend the event again.

Dismukes denies he’s a racist but doesn’t see the need for the current movement for racial reconciliation, calling the Black Lives Matter movement a communist organization. Dismukes says it’s time to focus on equality for all.

“We no longer drink from separate water fountains, and we no longer have segregated schools,” he explained. “You know there’s abundant work opportunities for all colors, there’s abundant scholarship opportunities for all colors. So what are you asking that needs to be racially reconciled?”

Dismukes says he fairly represents all his constituents, including the African Americans who live in his district.

“When I go to the statehouse I’m there to focus on the State of Alabama and District 88, it has nothing to do with my heritage or my past or anything like that,” he said. “I mean I don’t go in there and say, oh, you know, I’m not going to represent part of my constituency today. I have an open door to anyone who wants to come into my office.”

State Sen. Clyde Chambliss, a Prattville resident, cited WSFA’s interview with Dismukes in a tweet, calling for the representative’s immediate resignation.

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**Senator Clyde Chambliss**

29m · 🌐

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Since first being elected in 1996, I've had a policy of not publicly criticizing other elected officials, but at this time I am making an exception since Rep. Dismukes is MY state representative. He does not represent my views or the views of the vast majority of people of District 88. The post is bad enough, the timing is even worse, but the real problem is that an elected official in 2020 would attend a celebration of the life of someone that led a group that terrorized and killed other human beings. He has had 24 hours to understand why people are so upset, but his interview on WSFA a few moments ago confirms that he is lacking in understanding and judgement - he should resign immediately.


State Sen. Clyde Chambliss tweeted about Rep. Will Dismukes. (Source: Twitter)

In June, the Alabama Democratic Party's executive director [called for Dismukes to resign](#) after the lawmaker's public [support](#) to not defund the Confederate Memorial Park.

The Friends of Forrest, who hosted the event, was [in the news in 2015](#) when it erected a billboard of the former Klan leader ahead of the visit of President Barack Obama's visit to Selma ahead of the 50th Anniversary of Bloody Sunday, which stated, "Keep the skeer on em".

As a result of the ongoing dialogue about slavery and systemic racism, the Department of Archives and History recently [released a memo](#) about foundational truths about the period before and after Reconstruction, [acknowledging that despite the advancements of civil rights](#), blatantly racist systems still exist today.

"It's not like flipping a light switch, things don't change instantly," stated Steve Murray, director of the Alabama Department of Archives and History, during an interview in June. "It has taken generations for Americans to move into the post-segregation world. The effects of those previously, thoroughly racist practices, whether it's housing or access to education or job discrimination, those don't go away overnight. When we talk about that legacy of systemic racism, it's an acknowledgement that those have lasting effects that sometimes span multiple generations."

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Coronavirus Rates in Alabama Hit Blacks the Hardest — and Experts Are Not Surprised



Source: Upsplash, CDC.

In Alabama, COVID-19 is taking a significantly greater toll on black residents than on whites and the population in general, with a higher rate of disease incidence and a higher rate of fatalities as a result.

And what's happening here reflects what's happening all over the country, as acknowledged by a growing chorus of medical experts who are pointing out that COVID-19 is having a pronounced impact on the black community compared to the population in general.

A few headlines demonstrate the alarm:

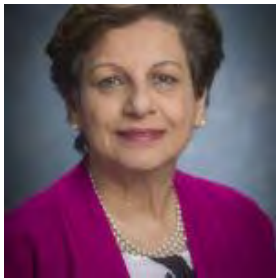
- *USA Today*: Black medical leaders: Coronavirus magnifies racial inequities, with deadly consequences
- *The Guardian*: A perfect storm': poverty and race add to Covid-19 toll in US deep south
- *Washington Post*: 4 reasons coronavirus is hitting black communities so hard
- *Statnews.com*: 'We're flying blind': African Americans may be bearing the brunt of Covid-19, but access to data is limited

For many people this revelation comes as a shock. Not so for Dr. Mona Fouad, director of the UAB Minority Health and Health Disparities Research Center, who has developed years of research telling her to expect this pandemic to hit black communities harder.

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“Probably you’ve been hearing ... not just here in Alabama but other places in the country, that African Americans are impacted at a higher rate than other groups,” Fouad said. “And a lot of people have been talking about ‘What’s happening?’ And ‘Why is that?’”



Dr. Mona Fouad, MD, Professor/Sr. Associate Dean, Preventive Medicine. Source: UAB

“I feel like saying, ‘Aha.’ We should expect that, because we know that with the African American communities there are a lot of challenges that we’ve been talking about for years with our health disparities [efforts] and we’re sure that when a disaster or a crisis comes, these disparities will even become more apparent or more of a crisis. You can see that for many reasons. And every disaster we have has its own reasons for why we have the group that — they have more burden of disease.”

Since 2002, Fouad and her colleagues have been investigating health disparities in Birmingham, Bessemer and more rural areas of the state. They have found that in this state and others in the region, people who are poor and who have less education and a number of other recognizable factors are more prone to have bad health — higher death rates from diabetes, heart disease, obesity and stroke, among other diseases.

Especially given that COVID-19 is deadliest among those with underlying health issues, and given that such diseases and “[social determinants](#)” like [unemployment](#), [unsafe neighborhoods](#), and [lack of affordable transportation](#) — tend to occur in higher rates in the black population, it’s no surprise to Fouad that COVID-19 would have a disproportionate impact on that community of people, she said. The fact is that disastrous situations — whether a pandemic or a natural disaster — usually affect the most vulnerable populations the most.

“When we had Hurricane Katrina, who was the population affected most and left behind? Not the people who have their SUVs and were able to pack and go, but the people that couldn’t get out,” Fouad said. “So it’s similar now.

“The comorbidities really increase the risk of the severity for the person when they develop COVID; and we know that because of the health disparities that we have, we have more African Americans that suffer from hypertension, heart disease and diabetes and obesity. So if we’ve been talking from the beginning that people with underlying disease should be more careful, so that’s the population. But nobody said that, you know?”

Officials not making explicit the likelihood that coronavirus would hit black Americans harder created a missed opportunity, she noted.

“Nobody said, let’s reach out and maybe intervene more aggressively for some of our interventions to make sure that the populations at high risk are really understanding the risk and make sure that they are able to follow these guidelines,” she said.

“Like, when we say social distancing and you have to wash your hands and you have to do this, — how are you going to do this with high density areas like, if people are poor and living in public housing, or live in small apartments with many people in it? How are they going to do that?”

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Despite those factors, some have questioned whether infection and death rates are higher among black Americans for COVID-19. What does the research show?

Effects on the black community



State facts

According to the database provided by the Alabama Department of Public Health Division of Infectious Diseases & Outbreaks, as of April 18, Alabama's COVID-19 cases can be divided this way: 47.03 percent white, 37.32 percent black, 1 percent Asian, with unknowns at 12.61 percent, and persons who identify as "other" at 2.05 percent.

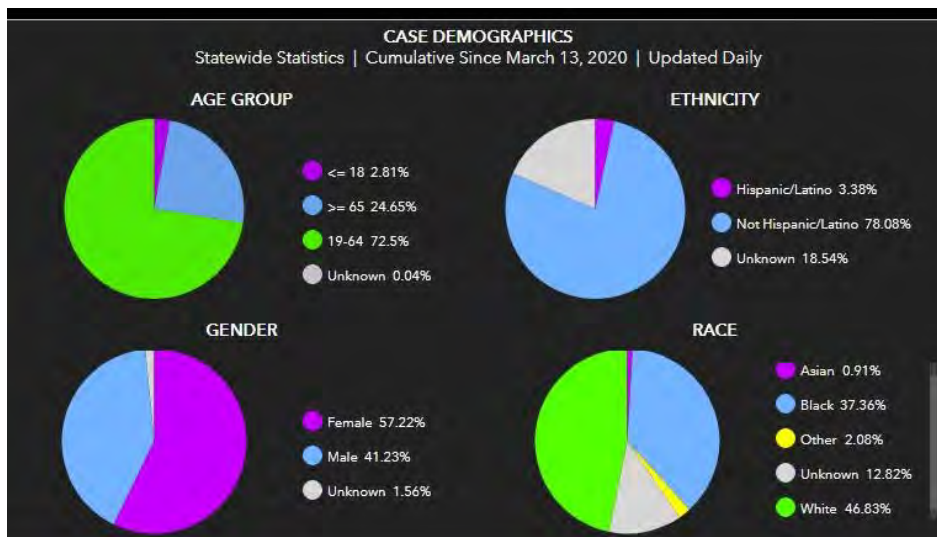
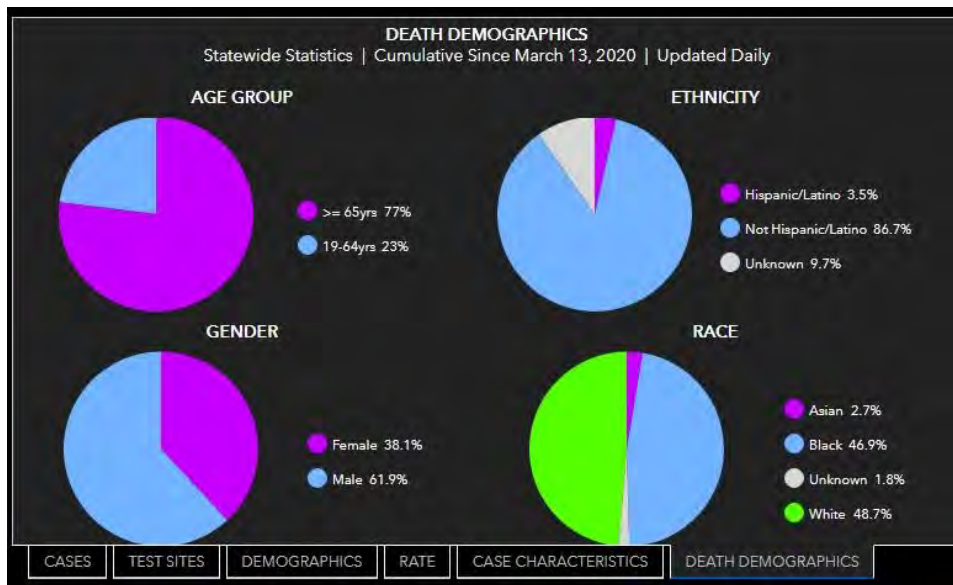
Among those who have died in Alabama, the database confirms a dramatic, undeniable difference. More than half — 53.9 percent — of those who have died in Alabama were black, 40.8 percent were white, 3.9 percent were Asian, and 1.3 percent were of "unknown" racial classification.

To put that in perspective, Alabama's estimated population of 4.9 million people is 68.1 percent white, 26.58 percent black, 1.3 percent Asian, fewer than 2 percent classified as other, less than 2 percent classified as "two or more races", just over half a percent Native American, and .04 percent Native Hawaiian or Pacific Islander.

It does not take major math skills to see that there is an indisputable disparity between Alabama's black residents — making up 27 percent of the state population but 54 percent of those who have died from COVID-19 — and the state's white population, which makes up 68 percent of the population, but 41 percent of the deaths.

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These graphics were taken today from the Alabama Department of Public Health. The percentage numbers have shifted slightly since the story was written.

Although some states are at present providing only limited demographic data if any — making it difficult to compare one location to another — experts believe that what’s past in dealing with other diseases is prologue for coronavirus.

“My guess is that it will be, percentage-wise, the same as the extent of health disparities already. In other words, a large number of African Americans are overweight, have diabetes, hypertension, and essentially COVID-19 is laying those people low,” said Dr. Frank Franklin of the UAB School of Public Health.

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Frank Franklin, Professor emeritus, UAB School of Public Health. Source; UAB

Franklin, who is retired but still works with the university, compared the coronavirus situation to how low-lying areas tend to flood during severe storms, with the people in those areas always affected more than those who live elsewhere. With higher incidences of underlying conditions, as well as negative environmental factors, African Americans are in the flood zone, far more likely to be more heavily impacted by COVID-19, which will affect the larger population — particularly the white population — at lower rates, he said.

Known factors

The federal government and researchers across the country have long been aware of race-related health disparities. The U.S. Health and Human Services Department, for instance, has an Office of Minority Health which acknowledges that disparities exist: “The death rate for African Americans is generally higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide,” according to <https://www.minorityhealth.hhs.gov/omh>.

But why do blacks suffer from the underlying health conditions that make coronavirus more likely to kill at higher rates than the general population? The Robert Wood Johnson Foundation lays much of the blame on poverty, in an extensive report released in 2018:.

Poverty has long been recognized as a contributor to death and disease, but several recent trends have generated an increased focus on the link between [income and health](#). First, income inequality in the

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United States has increased dramatically in recent decades, while health indicators have plateaued, and life expectancy differences by income have grown. Second, there is growing scholarly and public recognition that many nonclinical factors—education, employment, race, ethnicity, and geography—influence health outcomes. ...

Compared to higher-income Americans, low-income people face greater barriers to accessing medical care. They are [less likely](#) to have health insurance, receive new drugs and technologies, and have ready access to primary and specialty care. Low-income workers are more likely to be employed by organizations that do not offer health benefits...

Low-income Americans also have higher rates of behavioral risk factors — smoking, obesity, substance use, and low levels of physical activity — which are powerfully influenced by the more challenging home and community environments in which they live. ... Low-income communities also contend with other structural challenges that contribute to higher rates of obesity and chronic disease, including [less access](#) to fresh foods; a [higher density](#) of fast-food restaurants; and a built environment that is [not conducive to physical activity](#), with less open space and fewer parks and sidewalks...

More broadly, low-income Americans encounter numerous daily environmental exposures that create greater allostatic load — the wear and tear on the body that accumulates with [repeated or chronic stressors](#). The communities in which low-income people live have higher levels of violence, discrimination, and material deprivation—including the lack of housing, heat, water, and electricity. These communities have more environmental pollutants, under resourced schools, and higher rates of unemployment and incarceration. For residents with a home, the threat of eviction is commonplace, as more than one in five renting families in the United States [spends half of its income on housing](#)....The negative cardiometabolic effects of poverty seem to [start early](#) and continue throughout the life course. Race strongly influences other socioeconomic factors, including income: Black Americans continue to have both lower incomes and shorter life expectancies than white Americans do. There are many reasons for racial health disparities, but the [literature](#) suggests that a central role is played by chronic financial hardship caused by centuries of exploitation and segregation, as well as the direct toxic effects of discrimination on mental and physical health. Even today, access to education, credit, economic opportunity, and healthy environments varies across races. The relationship between race, income, and health persists both within and across races. Low-income black Americans live shorter lives than high-income black Americans, and affluent blacks die earlier than affluent whites.

Alabama Possible, an organization fighting poverty in the state, pointed out in its 2019 Poverty Data Sheet, that African American households in the state are considerably poorer than their white counterparts.

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Kristina Scott, executive director of Alabama Possible. Source: Alabama Possible.

“In Alabama, only 13 percent of white families live in poverty, but 29 percent of African Americans do,” Alabama Possible Executive Director Kristina Scott wrote in an email response to BirminghamWatch. “White families’ median household income is \$53,012, while African Americans’ median household income is \$31,183....

“As a result, African American households are more likely to be working in ‘essential’ jobs that put them in touch with the public – grocery workers, delivery personnel, maintenance workers. That puts them at a higher risk of contracting the virus,” Scott said. “In addition, Alabama has not expanded Medicaid, and for workers – predominately workers in the service industry – who have lost their health care and/or the ability to pay for health insurance – going to the doctor may not seem financially feasible.”

And therein lies a significant problem in testing for the coronavirus. Fouad said it is likely that we still don’t know the real number and spread of COVID-19 cases in Alabama because access to testing is limited for the population most likely to be exposed to the virus.

“Testing now is a drive-through testing,” Fouad said. “You have to have a car. You have to have a cell phone. You have to have a doctor. And you have to be able to communicate your symptoms to a phone line to make an appointment. You tell me — what else could you do to be really putting a challenge here? And you have to drive your own car. Who’s going to drive someone with symptoms to take them?”

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Fouad said testing limits could mean that sick people are coming to the hospital later than they should, perhaps in later stages of the disease after their symptoms have escalated. And those with underlying health conditions, therefore, have a greater risk of dying.

“Discovering the COVID late with symptoms may also impact the outcome,” she said. “So for sure, if we can detect early, and also if you have access to testing and you know that people are positive, this would also help so that you don’t spread the disease. So testing is very important.”

It’s important that high-risk groups get access to testing, and also that they know their test results quickly enough to limit the spread of the disease, she said.

Considering the risk factors, Fouad said, officials should have expected the pandemic to hit harder in the black community. “Think about all these risks, and put them together,” she said. “If you think about the comorbidity, the social determinants, the lack of access, the lack of information, the challenges of access to testing — all the barriers they have to work through — put all together and that group will be at higher risk.”

Fouad said that to truly address health disparities, even after the coronavirus pandemic, particular focus has to be trained on fighting disease outbreaks where they have the most impact.

“We don’t know the impact of COVID on long-term health outcomes. So we really need to make sure that African Americans are included in that [research] and that we are addressing this,” she said. “Because we already have health disparities, and we don’t want it to even increase that gap by not giving special attention. ... This may exacerbate the health disparities if we really are not intentionally reaching out to the African American communities and making sure that we control the infection there.”

Franklin believes that erasing the health disparities requires providing health insurance and healthcare access to everyone. Then, policymakers have to look “upstream” as he put it, to provide better neighborhoods, education and employment that provides an equitable standard of living for everyone regardless of race or background.

But solving the problem of health inequities has not been easy.

“We haven’t addressed it as a state or community... or society, and maybe this will be a bit of a wake-up call. But I’m just not hopeful that it is,” he said. “Because the general public health rule is *panic-neglect-panic*. And we seem to do that cycle. People knew this pandemic was coming... they just didn’t know when. And yet, we were ill-prepared. Very ill-prepared.”

[The Rumor: Black Americans Are Not Affected as Much by the Coronavirus Pandemic](#)

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Alabama: All Race & Ethnicity Data | The COVID Tracking Project

[Menu](#)

AT

[The Data](#) > Alabama

Alabama: All Race & Ethnicity Data

As of **March 7, 2021** we are no longer collecting new data. [Learn about available federal data](#).

[Racial Data Dashboard](#) > Alabama

Alabama

 Serious issues exist for race and ethnicity data

Race data available for:

57% Cases

72% Deaths

0% Tests

0% Hospitalizations

Ethnicity data available for:

36% Cases

61% Deaths

0% Tests

0% Hospitalizations



Last checked by CTP: 3/7/21

[Download data as a CSV](#)

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Share **Alabama's** page:

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Notes About the Data[Open](#) ↓

Cumulative Per Capita Data

In Alabama, through March 7, 2021:

- Black/African American people were most likely to have contracted COVID-19
- Black/African American people were most likely to have died from COVID-19

	Cases per 100,000 people	Deaths per 100,000 people
Black/African American	6,373	171
Hispanic/Latino	5,901	66
White	4,829	142
Asian	3,430	36

Graphic only includes demographic groups reported by the state. Race categories are mutually exclusive and include both Hispanic/Latino and non-Hispanic/Latino ethnicity.

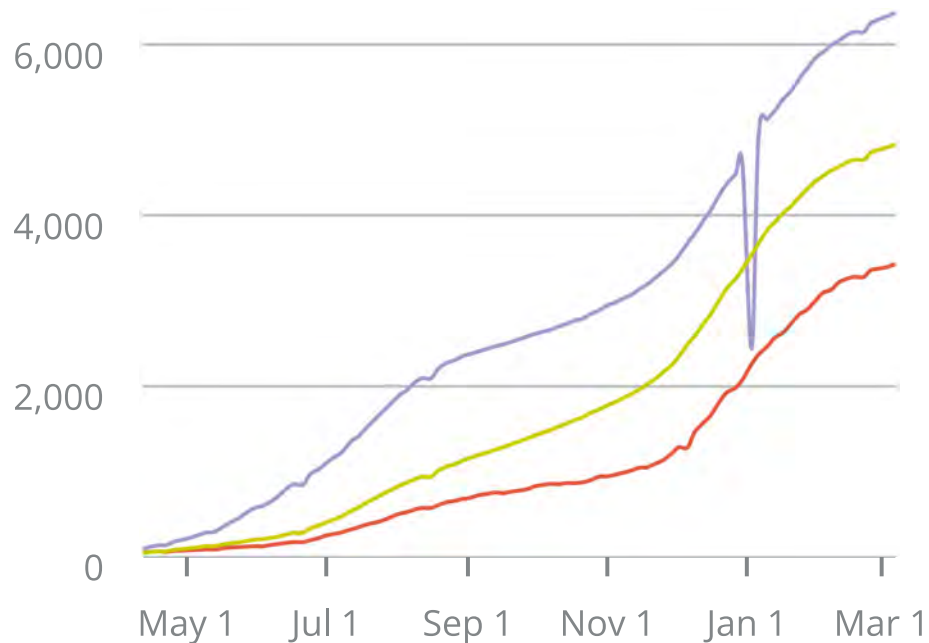
Data Tables[Open](#) ↓**Historical Data**[Collapse](#) ↑

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Cases**Deaths****! Tests****! Hospitalizations**

Data as of March 7, 2021 | Data last collected by CTP March 7, 2021

! Alabama does not report race/ethnicity data for tests or hospitalizations.**Race data****Cases per 100k people**

Asian

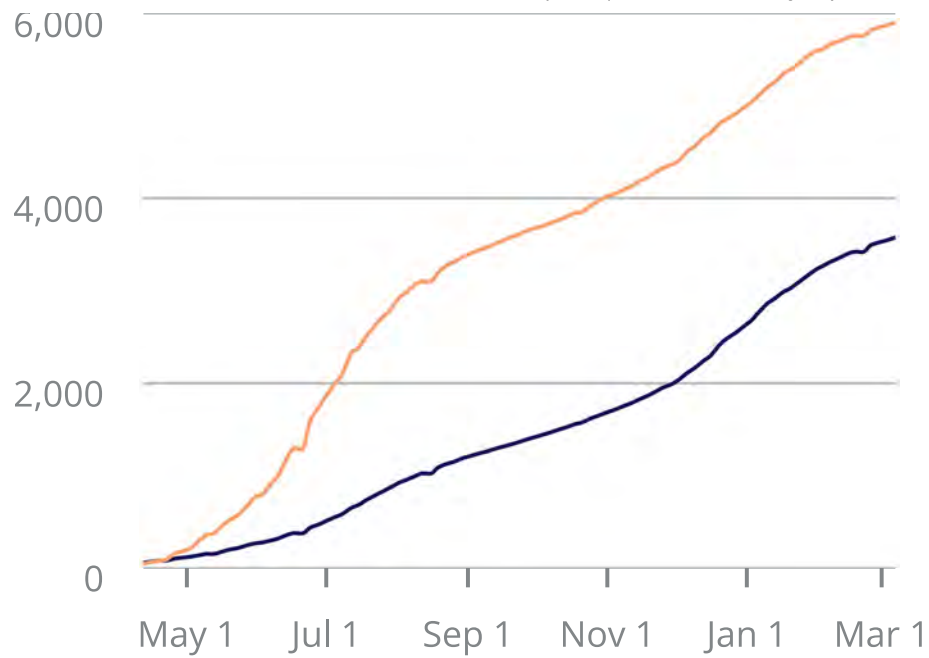
Black or African American

White

Ethnicity data**Cases per 100k people**

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Not Hispanic or Latino

Hispanic or Latino

[View All Historical Data](#) →

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- [All data for Alabama](#)
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Sitemap

The COVID Tracking Project collects and publishes the most complete data about COVID-19 in the US.

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Alabama data shows majority of coronavirus deaths are African Americans

This story was last updated on May 4, 2020.

When news of the coronavirus' rapid spread began to seize the American public's attention, social media was flooded with theories and conspiracies. One particularly hollow rumor was that black people were somehow immune to COVID-19.

In a span of mere weeks, emerging data gleaned from cities and states hit hard by the virus has shown that misguided speculation could not be further from the truth. In places where racial and ethnic figures have been collected — there are less than a handful yet — [African Americans make up an unsettling majority of hospitalizations and deaths due to coronavirus.](#)

And some experts say it should come as no surprise, given the gaps that exist in wealth, health and equity between black and white Americans.

On April 7, the [Alabama Department of Public Health](#) released its demographic data captured since the state began testing on March 5. Its findings now show that black people make up about 39% of confirmed cases and 45% of deaths, despite amounting to only 27% of Alabama's population.

In neighboring Louisiana, more than 70% of reported COVID-19 deaths have been African Americans, though they only represent about 33% of the state's population.

March 13: [Alabama coronavirus: First case confirmed in Montgomery is military base employee](#)

And in Michigan, black people constitute just 14% of the population, but 40% of reported deaths.

"This has been our concern at UAB all along," said Dr. Selwyn Vickers, vice president and dean of the University of Birmingham's College of Medicine. "We have a less than perfect health care system. ...Whenever [crises] are overlaid on a system that has flaws or inequities they don't make those better."

While the virus has been described by some as the "great equalizer," its presence has in fact served to magnify inequality — impacting the poor, disabled, sick and uninsured far greater than those with flexible work options and financial safety nets.

It's well known that people with underlying conditions are among the most susceptible to the virus, and a lack of access to preventative health care as well as differences in the quality of medical care provided, exacerbate the risk to African Americans. Add that to the fact that Alabama is one of 14 states that declined to expand Medicaid coverage under the Affordable Care Act — a debate that's now been reignited given the unprecedented nature of this pandemic.

Infectious disease expert Dr. Anthony Fauci said during a White House briefing recently that the pandemic had put a spotlight on "unacceptable" and well-established health disparities among black Americans that needed to be addressed once the virus is contained.

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Alabama data shows majority of coronavirus deaths are African Americans

“[African Americans] are suffering disproportionately,” he said. “When they do get infected their underlying conditions...wind them up in the ICU and ultimately give them a higher death rate.”

Social determinants of health, the economic and social conditions that influence a person's health status, play a significant role in explaining the differences in black and white outcomes.

Throughout some regions in the state, particularly rural areas, “food deserts” are widespread. These are places where access to healthy affordable food and produce is very limited. In Perry County, for example, which is 68% black, the Tuscaloosa News [reported](#) that about 16% of residents lived more than a mile from a grocery store with no working form of transportation. And research shows that poor access to reliable, healthy food sources can lead to a range of chronic conditions.

Heart disease is the leading cause of death in Alabama, killing more than 12,000 people each year. That risk is highest for black men. In the demographic statistics updated Wednesday, it was the leading underlying medical condition found in patients who died of COVID-19, registering at about 59%.

The state had the fourth highest rate of diabetes in the country in 2015, and according to ADPH black Alabamians are significantly more likely to have the disease and die of it — at two times the rate of white Alabamians with diabetes. It represented the second most common underlying condition found in COVID-19 deaths at about 38%.

Asthma is also reported at higher rates in black Americans who are more likely to live in environmentally polluted areas. Studies have shown higher incidents of asthma among low-income earning individuals and people living below the poverty line. In Alabama, where the median household income for black families is about half that of white families, the black poverty rate is almost 3 times higher.

According to the Center for American Progress, black workers often hold less stable, lower-paying jobs that are less likely to offer comprehensive benefits — meaning they are more likely to work through sickness and to delay medical care until it's too late in order to avoid costly out-of-pocket expenses.

And while 30% of white workers nationally report that they can work from home, just 16 percent of Latino workers and 20% of black workers enjoy this privilege. Many are still working through this pandemic at some of the “essential businesses” that remain open such as Walmart — the largest employer of African Americans in the country.

“It's a two-edged sword,” said Felecia Lucky, president of the Black Belt Community Foundation, which works to improve quality of life for residents across the 12 counties it serves in Alabama's black belt region. The nonprofit has launched an emergency COVID-19 relief fund to [mitigate](#) the impact of the virus on these communities.

“The fortunate part is that [these workers] still have income for their families. The sadness of it all is that they're at risk of being exposed on various levels,” she said.

Observing the CDC's recommended social distancing space of six feet between individuals is even more difficult without private transportation. In Montgomery, black and low-income earners represent most riders on public buses, where it's extremely difficult to avoid coming into close contact with others.

Subsidized housing projects such as William B. Paterson Court also exemplify this issue; with limited indoor and outdoor space as well as minimal distance between apartment units, complete isolation is difficult if not punishing.

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Alabama data shows majority of coronavirus deaths are African Americans

[Autauga County reports first coronavirus death as statewide toll nears 50](#)

The South accounts for more than 50% of the black population, where governors were among the latest to issue statewide shelter-in-place orders. Gov. Kay Ivey issued Alabama's stay-at-home order just last week, one day after neighboring Georgia and Mississippi's orders went into effect on April 3, and four days after Tennessee's.

Alabama is also among at least five other Deep South states that ruled against Medicaid expansion leaving more than a million people uninsured in a state that has lost 17 rural hospitals over the past 10 years; and according to healthcare analytics firm Chartis Group, 40% of those still standing remain vulnerable to closure. Along with Mississippi, Alabama has some of the highest rates of disability beneficiaries in the country — the perfect storm for an impending health crisis.

'Unknown territory': Alabama hospitals brace for coronavirus onslaught lacking resources

If the early racial data trickling in on COVID-19 holds for states across the South, the effects could be particularly devastating for black communities and will require a targeted response.

Assistant State Health Officer Dr. Karen Landers said her department was working to ensure that people with high risk factors, comorbidities and less access to health care were more informed and had accessible testing sites — specifically in rural communities where she said more mobile “pop-up” sites would soon be available.

Throughout the 18 counties that make up Alabama's Black Belt region, which is predominantly African American and as a median household income of \$27,000, 16 official testing sites currently exist. Four are in Montgomery and three are in Barbour County. Seven counties: Bullock, Greene, Lowndes, Macon, Choctaw, Crenshaw and Russell do not currently have testing sites according to ADPH's COVID-19 data and surveillance dashboard; the remaining counties each have one.

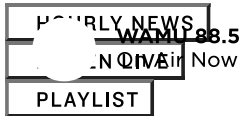
Vickers, the dean at UAB, said that addressing the virus' disproportionate impact on black Alabamians would demand comprehensive action from the state.

“Long term, we have to begin to ask the hard questions about how we actually narrow these gaps in the disparities that exist. That won't be a short-term effort.”

Contact Montgomery Advertiser reporter Safiya Charles at (334) 240-0121 or SCharles@gannett.com

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Alabama Official On Vaccine Rollout: 'How Can This Disparity Exist In This Country?' : Coronavirus Updates : NPR



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Alabama Official On Vaccine Rollout: 'How Can This Disparity Exist In This Country?'

Updated March 11, 2021 · 5:07 PM ET

Heard on All Things Considered



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Alabama Official On Vaccine Rollout: 'How Can This Disparity Exist In This Country?' : Coronavirus Updates : NPR

Sheila Tyson, a Jefferson County commissioner in Birmingham, Ala., is fighting to get more doses of COVID-19 vaccines into communities of color in her state.

Andi Rice/Bloomberg via Getty Images

In Birmingham, Ala., Alabama Regional Medical Services — a health clinic that primarily serves a lower-income, Black neighborhood — has not administered a single dose of the COVID-19 vaccine. That is scheduled to begin Saturday.

Meanwhile, the first doses in the state went to nearby Mountain Brook, an affluent white suburb of Birmingham, says Sheila Tyson, a commissioner for Jefferson County, where Birmingham is located.

What's happening in Alabama's vaccine rollout is playing out across the country and is another way racial disparities have surfaced during a pandemic that has been killing people of color at disproportionately high rates.

"Black people are not still getting the same access," Tyson says in an interview on *All Things Considered*.

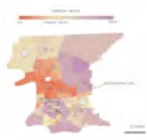
ARMS says it received its first vaccines from the Jefferson County Health Department on Feb. 19. And a statement from the department notes that the clinic received its first shipment of vaccine from the state allocation on March 8 and is to receive "a regular state allocation every three weeks."

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THE CORONAVIRUS CRISIS

Across The South, COVID-19 Vaccine Sites Missing From Black And Hispanic Neighborhoods

According to the most recent data provided by the state's health department, in cases where race was reported — white people have received 54.6% of vaccinations, compared to 14.6% for Black people.

Tyson says state officials have told her that they are not distributing vaccines to majority-Black neighborhoods because they expect people there may be hesitant to take them.

"They had stuck in their head that Black and brown communities will actually turn the vaccine down without even doing a survey, without even having a plan, without having a person representing those communities at the table with the planning session," she says.

However, the county health department says in response to Tyson's remarks that it "is unaware of any efforts to not distribute vaccine to majority-Black neighborhoods due to perceived vaccine hesitancy concerns."

"We have worked tirelessly to ensure equitable access and distribution of the COVID-19 vaccine throughout Jefferson County," the statement says.

Tyson says many people in her community are telling her that they're eager to get the vaccine.

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"I am finding out thousands and thousands of people within the state of Alabama want the vaccine. We have over 125,000 people in Jefferson County on the waiting list," she says. "We want it now."

And the lack of vaccine isn't the only obstacle, Tyson says. She notes that her office has received hundreds of calls from people who are struggling to make appointments because they don't have access to the Internet or computers, and she is terrified about what will happen when the state's mask mandate ends in April.

"The pandemic has pulled the Band-Aid off of the racist cancer wounds that have covered this country for centuries. No one wants to address it. Everyone keeps dodging the questions," she says. "We have more access than anyone else. So how can this disparity exist in this country?"

Farah Eltohamy is NPR's Digital News intern.

Jason Fuller and Courtney Dorning produced and edited the audio interview.

Correction

March 11, 2021

A previous version of this story incorrectly stated that Alabama Regional Medical Services, a clinic in Birmingham, Ala., had not yet received any doses of the coronavirus vaccine. In fact, ARMS says it received its first vaccines from the Jefferson County Health Department on Feb. 19 and its first shipment of vaccine from the state allocation on March 8.

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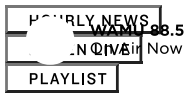
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Across The South, COVID-19 Vaccine Sites Missing From Black And Hispanic Neighborhoods

February 5, 2021 · 5:00 AM ET

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Georgia Washington has lived in Southern Heights, a predominantly Black neighborhood in the northern part of Baton Rouge, La., since 1973. After falling ill with COVID-19 last year, Washington was eager to get vaccinated, which is in line with federal health recommendations. But Washington again had difficulty finding a local provider, this time to get a vaccine.

Shalina Chatlani/WWNO

Georgia Washington, 79, can't drive. Whenever she needs to go somewhere, she asks her daughter or her friends to pick her up.

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Where Are COVID-19 Vaccine Sites? Many Sites In The South Are In Whiter Areas : NPR

She has lived in the northern part of Baton Rouge, a predominantly Black area of Louisiana's capital, since 1973. There aren't many resources there, including medical facilities. So when Washington fell ill with COVID-19 last March, she had to get a ride 20 minutes south to get medical attention.

Washington doesn't want to fall sick again, so she was eager to get vaccinated, which is in line with federal health recommendations. But she faced the same challenge she did last year: finding a local provider, this time for a vaccine. She tried for weeks, checking at pharmacies in the area. And she was put on a waiting list.

"I've got lots of patience," Washington said. "I just want to get it over with."

Communities of color have been disproportionately harmed by the COVID-19 pandemic. Now they're at risk of being left behind in the vaccine rollout.

Using data from several states that have published their own maps and lists of where vaccination sites are located, NPR identified disparities in the locations of vaccination sites in major cities across the Southern U.S. — with most sites placed in whiter neighborhoods.

Article continues after sponsor message

NPR found this disparity by looking at Census Bureau statistics of non-Hispanic white residents and mapping where the vaccine sites were. NPR identified counties where vaccine sites tended to be in census tracts — roughly equivalent to neighborhoods — that had a higher percentage of white residents, compared with the census-tract average in that county. Reporters attempted to confirm the findings with health officials in nine counties across six states where the differences were most dramatic: Travis and Bastrop counties, Texas; East Baton Rouge Parish, La.; Hinds County, Miss.; Mobile County, Ala.; Chatham County, Ga.; DeKalb County, Ga.; Fulton County, Ga.; and Richland County, South Carolina.

The reasons are both unique to each place and common across the region: The health care locations that are logical places to distribute a vaccine tend to be located in the more affluent and whiter parts of town where medical infrastructure already exists.

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That presents a challenge for public health officials who are relying on what's already in place to mount a quick vaccination campaign.

It's a problem that exists not just in the South but across the country. A team of researchers at the West Health Policy Center and the University of Pittsburgh found nearly two dozen urban counties where Black residents would need to travel farther than white residents to a potential vaccination site — unless health officials act to narrow the disparities.

"We're hopeful there will be new facilities that are stood up," says Dr. Utibe Essien, an assistant professor of medicine at the University of Pittsburgh who studies health disparities and worked on the research team. "But what we saw play out with COVID testing was there were new facilities that came up, but they relied on existing infrastructure."

"This is structural and foundational to the racial disparities in our country."

Troubles getting vaccinated in Black neighborhoods

In the part of Baton Rouge where Georgia Washington lives, there is just one Walgreens where COVID-19 vaccines can be found.

Ever since an interstate was built through Baton Rouge in the 1960s, the population in the northern part of the city has struggled with housing, food insecurity, poverty and crime. These inequities have always fueled disparities in health care in Baton Rouge. The vaccine rollout is just the latest example.

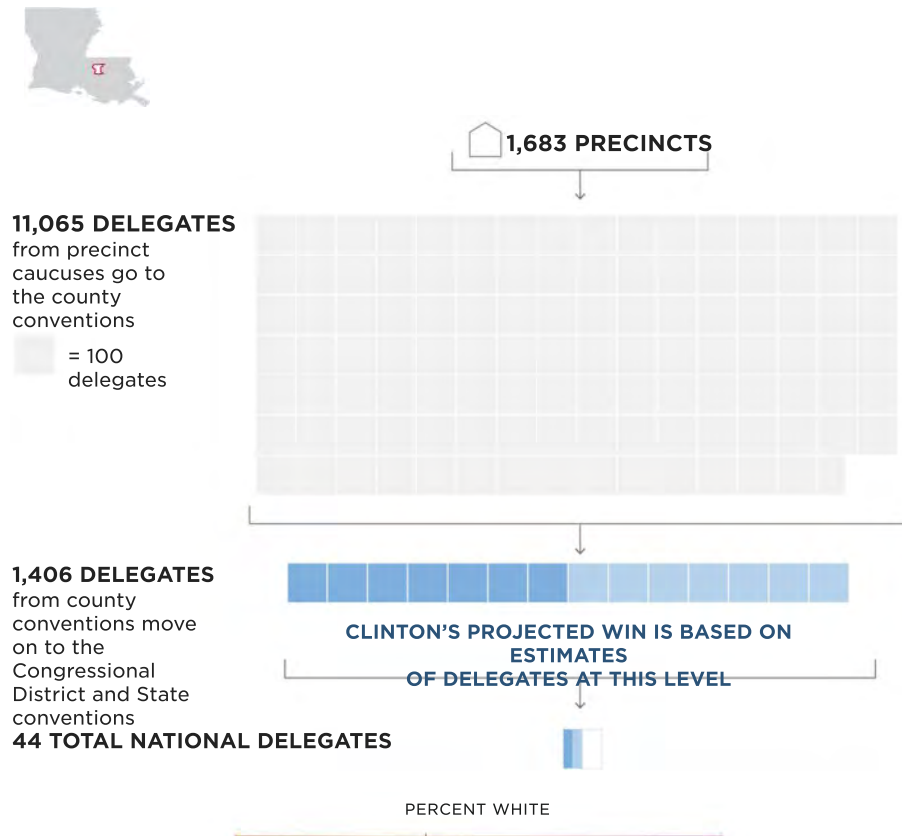
"When you go to north Baton Rouge, there are very few [health care] choices. And then how many of those are participating in the vaccine program?" said Tasha Clark-Amar, CEO of the East Baton Rouge Council on Aging.

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Where COVID-19 Vaccination Sites Are In East Baton Rouge Parish

Neighborhoods (census tracts) shaded by the percentage of non-Hispanic white residents



Clark-Amar runs about two dozen senior centers around the city, and her organization stepped up to fill the pharmacy gap by obtaining and providing vaccines. Clark-Amar's group organized a pop-up clinic in mid-January, giving out around 1,000 doses that it secured from the grocery chain Albertsons. But another time, a community health clinic planned to give Clark-Amar around 150 doses for seniors — except the clinic couldn't deliver on that promise and she had to cancel the pop-up event at the last minute.

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The East Baton Rouge Council on Aging runs about two dozen senior centers around the city, and the organization stepped up to fill the pharmacy gap by providing COVID-19 vaccines.

Shalina Chatlani/WWNO

"I was livid. I was so angry and frustrated," she said. "Thirty-five of the people we had registered are between the ages of 80 and 99. Now you tell me, how am I supposed to pick?"

Clark-Amar has been able to schedule other pop-up events. In fact, that's how Washington was finally able to get a vaccine. She went to one of the council's pop-up events at a local community center in late January.

Clark-Amar says this patchwork of resources is part of life in many underresourced Black communities.

In the next state over, people are facing similar challenges. In Hinds County, Miss., where the state capital of Jackson sits, there's only one major drive-through site, which is where the state is sending the vast majority of doses. The state added the site in late January, weeks after it had already put two drive-throughs in the wealthier, whiter suburbs just outside the city.

"It took us a little bit of time to get it logistically set up to make sure we had a Hinds County site," Mississippi's state epidemiologist, Dr. Paul Byers, acknowledged at a recent news conference. "But we were always planning to do that. And we are glad that we have that now."

There's still a problem for the residents of Hinds County, nearly three-quarters of whom are Black: The vaccination site is north of downtown Jackson in a neighborhood that is 89% white and already has more medical facilities. It's close to a 30-minute drive from the more rural parts of the county, where many Black residents live.

In Alabama, the state has consistently ranked near the bottom in vaccine distribution since the rollout began.

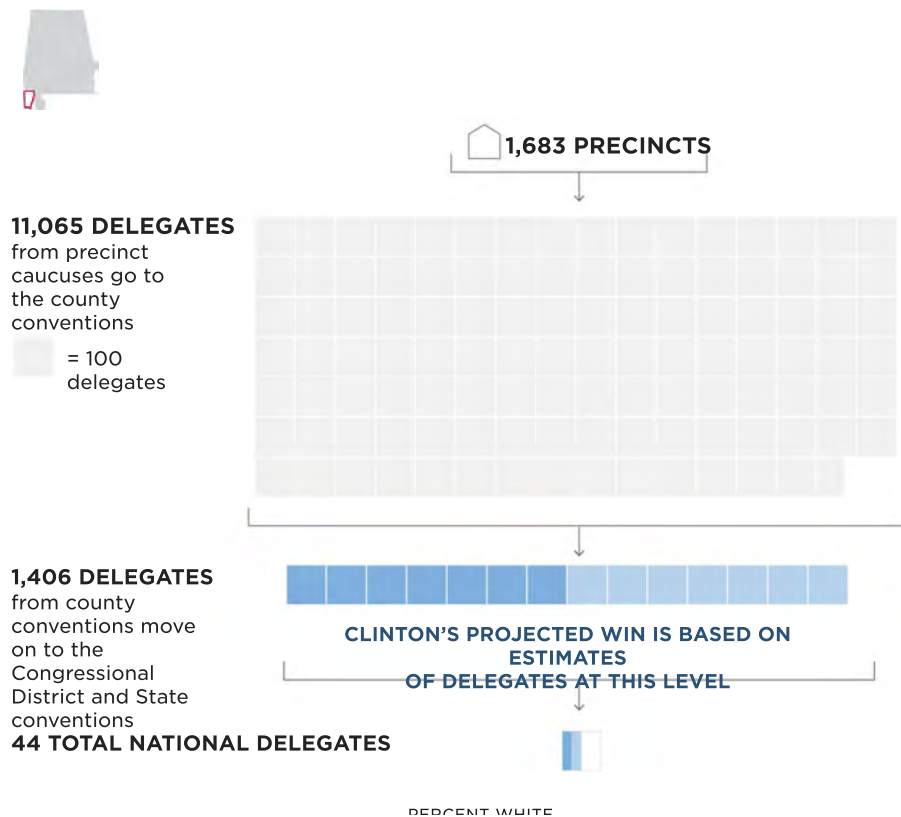
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But in terms of where the vaccine is available, NPR's analysis found a disparity in one of the state's largest counties. In Mobile County, 18 vaccination sites are listed on the Alabama Department of Public Health webpage. Fourteen are located in the whiter half of neighborhoods in the county.

Where COVID-19 Vaccination Sites Are In **Mobile County**

Neighborhoods (census tracts) shaded by the percentage of non-Hispanic white residents



Rendi Murphree, director of the Bureau of Disease Surveillance and Environmental Services at the Mobile County Health Department, said it has been hard for the county to get any vaccines at all. She also said distribution is based on which sites have the capacity to store vaccines at very low temperatures.

Joe Womack, a native of a historically Black neighborhood known locally as Africatown, said Black communities in the northern part of Mobile have always dealt with poverty, pollution and health disparities.

"It's been a struggle ever since the '70s," said Womack, president of the Africatown community group C.H.E.S.S.

Beyond the South

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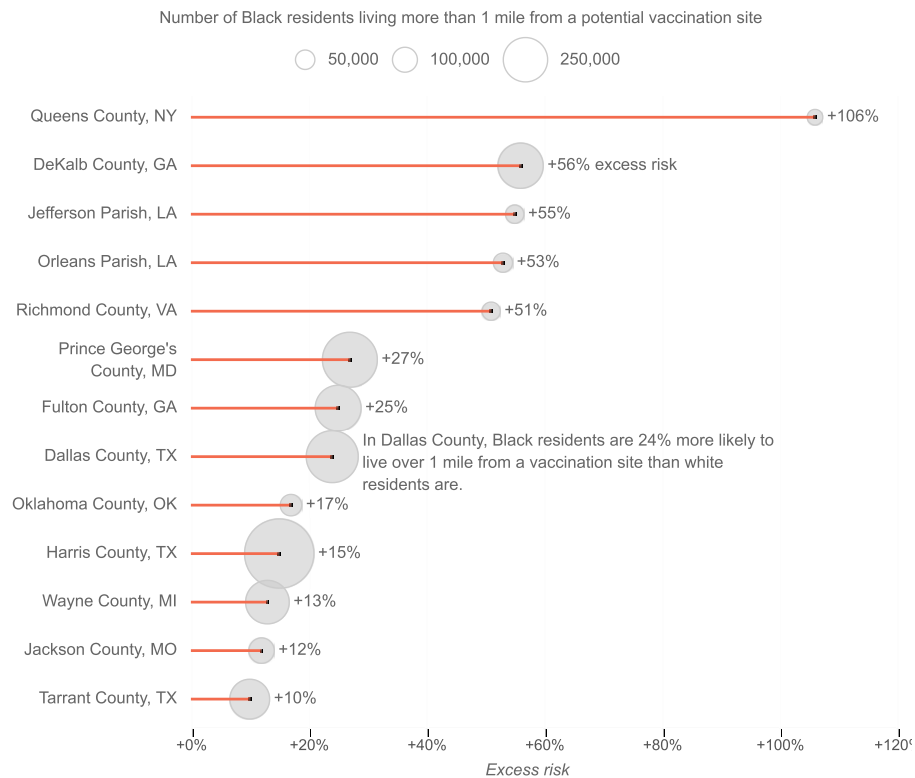
Because of the need for a quick rollout, vaccination sites are largely dependent on the health care infrastructure already in place. Places such as pharmacies, clinics and hospitals make convenient sites for vaccines to be administered.

But the locations of those facilities can be inconvenient for millions of Americans. Those are the findings from a team of researchers at the nonpartisan West Health Policy Center and the University of Pittsburgh who analyzed the distance that Americans live from these types of places.

In 23 of the nation's urban counties, the researchers found, Black residents were less likely than white residents to be within a mile of a site that could potentially distribute vaccines. In just these counties, they estimated 2.4 million Black residents were farther than a mile.

Where Black Residents Live Farther Than White Residents From Potential Vaccination Sites

Urban counties by Black residents' excess risk of living more than 1 mile from a potential vaccination site, compared with white residents



Notes: Only counties with greater than 100,000 Black residents are shown. Potential vaccination site defined as a pharmacy, federally qualified health center, rural clinic or outpatient hospital.

Source: University of Pittsburgh, West Health Policy Center

Credit: Ruth Talbot and Sean McMinn/NPR

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"We worry this is going to exacerbate disparities in outcomes even more now," says Inmaculada Hernandez, an assistant professor of pharmacy and therapeutics at the University of Pittsburgh who analyzed the data. "The limitations of existing infrastructure in counties are very different."

And it's not just in urban areas. In more than 250 other U.S. counties, the researchers found, Black residents were less likely than white residents to live within 10 miles driving distance of a site. Hernandez estimates the true number of places with this disparity to be higher, since the researchers only estimated based on a sample of county residents. Georgia and Virginia top the list of states with the most counties that have this disparity.

The Georgia Department of Public Health declined to comment on the University of Pittsburgh study. The Virginia Department of Health pointed to plans to deploy the National Guard to assist with vaccinations, as well as mass vaccination sites it set up at places like a convention center, a raceway complex and a vacated department store.

"A long history of racism"

The effects of this gap, coupled with historical trust issues between Black Americans and health care providers, are already reflected in the nationwide data showing who's getting vaccinated. According to a Centers for Disease Control and Prevention analysis published this week — which included race data on half of those who were vaccinated in the first month of the vaccination campaign — Blacks are lagging behind in vaccination rates, even when accounting for the demographics of health care workers and others who were in top priority groups.

Thomas LaVeist, a dean and health care equity researcher at Tulane University in New Orleans, says medical deserts go back into the early evolution of health care.

"But I do think that the South is perhaps more of a problem than some other parts of the country," says LaVeist, who is also co-chair of the Louisiana COVID-19 Health Equity Task Force. "Part of that is a long history of racism, Jim Crow and, in some cases, intentional actions that were taken to ensure that some communities did not have access to health care and other resources, while others did."

And it's not just Black neighborhoods having trouble getting access. In Texas, with its large population of recent immigrants, the problem of location and convenience is interwoven with a lack of trust.

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Medical assistant Esmeralda Torres receives the Pfizer-BioNTech COVID-19 vaccine during injections to health care workers at Dell Medical School at the University of Texas at Austin on Dec. 15.

Gabriel C. Pérez/KUT News

Texas health officials recently designated several vaccination "hubs" around the state after advocates and local officials raised concerns about the state's initial plan to rely heavily on chain grocery stores and pharmacies to distribute the vaccine. The hubs will make their own decisions about where to distribute the vaccines they are allocated.

But as the Texas Tribune reported, when Dallas County tried to take it a step further by prioritizing ZIP codes where mostly Blacks and Hispanics live, state officials threatened to withhold doses.

The way that hubs allocate their vaccines is an especially important issue in smaller counties like Bastrop County, east of Austin.

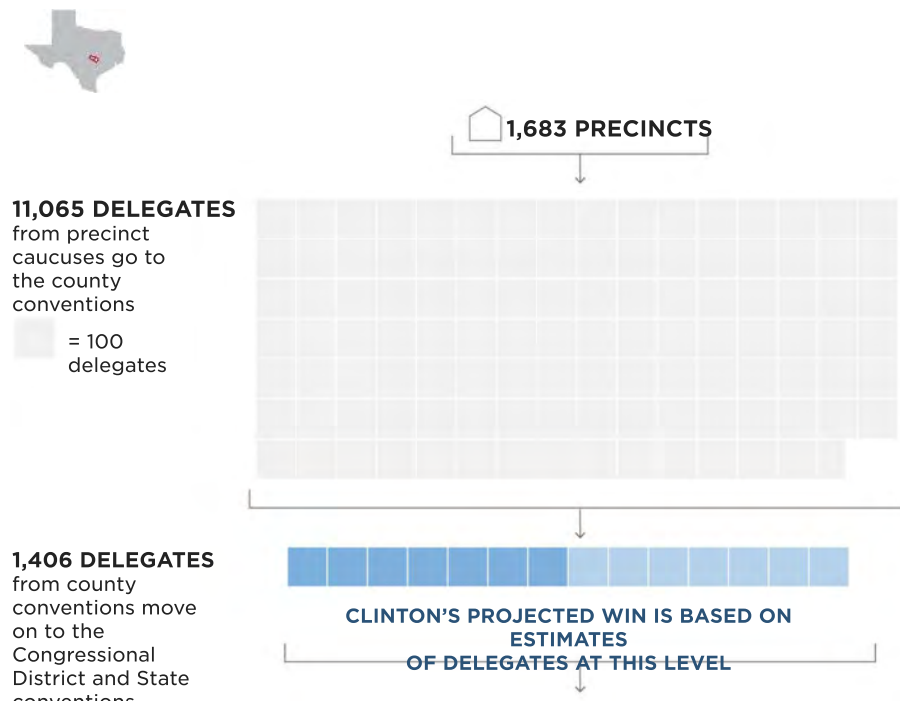
The state's list of providers in the county shows they are almost all clustered around State Highway 71 — mostly in the city of Bastrop — which is far from the rural county's outskirts, where many Latinos live.

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Where COVID-19 Vaccination Sites Are In Travis and Bastrop Counties

Neighborhoods (census tracts) shaded by the percentage of non-Hispanic white residents



Edie Clark, a leader with a local faith-based nonprofit, said her group is worried for neighborhoods like Stony Point, which is a small immigrant community in the county.

Clark said members of the Stony Point community are still reeling from events a few years ago when the Sheriff's Department turned over roughly a dozen residents to Immigration and Customs Enforcement for deportation. Many of those arrested were pulled over for minor traffic violations, like a broken taillight.

"They have a lot of distrust and fear of giving their information out without knowing it's not going to be used against them," she said.

Clark said it's tough to imagine that a lot of people in Stony Point will drive to get vaccinated in the city of Bastrop when they won't even drive there to get groceries. The U.S. Department of Homeland Security announced this week that immigration agencies will not make immigration enforcement arrests at vaccination sites.

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The list of vaccine providers in Bastrop County, Texas, shows they are almost all clustered in the city of Bastrop, which is far from the rural county's outskirts, where many Latinos live.

Jorge Sanhueza-Lyon/KUT News

Fast or fair

Reaching long-neglected communities takes time — and in the race to get vaccines to as many people as possible, time is in short supply.

Still, when the CDC outlined four ethical principles for the allocation of vaccines, two of them included equitable and fair distribution. CDC spokesperson Kristen Nordlund said, "Vaccine allocation strategies should aim to both reduce existing disparities and to not create new disparities."

But the pressure to get the vaccine out quickly means not everyone follows those principles. In South Carolina, the board of the state's Department of Health and Environmental Control shunned a proposal last week that would have factored age and "social vulnerability" metrics into its vaccine allocations. It opted instead to distribute solely by county population, citing a need for speed.

"I think when you look at speed, certainly, it's probably a lot easier and faster and quicker to do those calculations when it's just based on per capita," said Nick Davidson, the South Carolina health department's senior deputy for public health.

In Georgia, the high demand for COVID-19 vaccinations has left little opportunity for providers to build up new infrastructure to supplement what already exists or to work with members of historically marginalized communities on any hesitations they might have about getting vaccinated.

That's why the Good Samaritan Health Center in Atlanta has been saving a handful of its vaccination appointments for people who might want to meet with a health care

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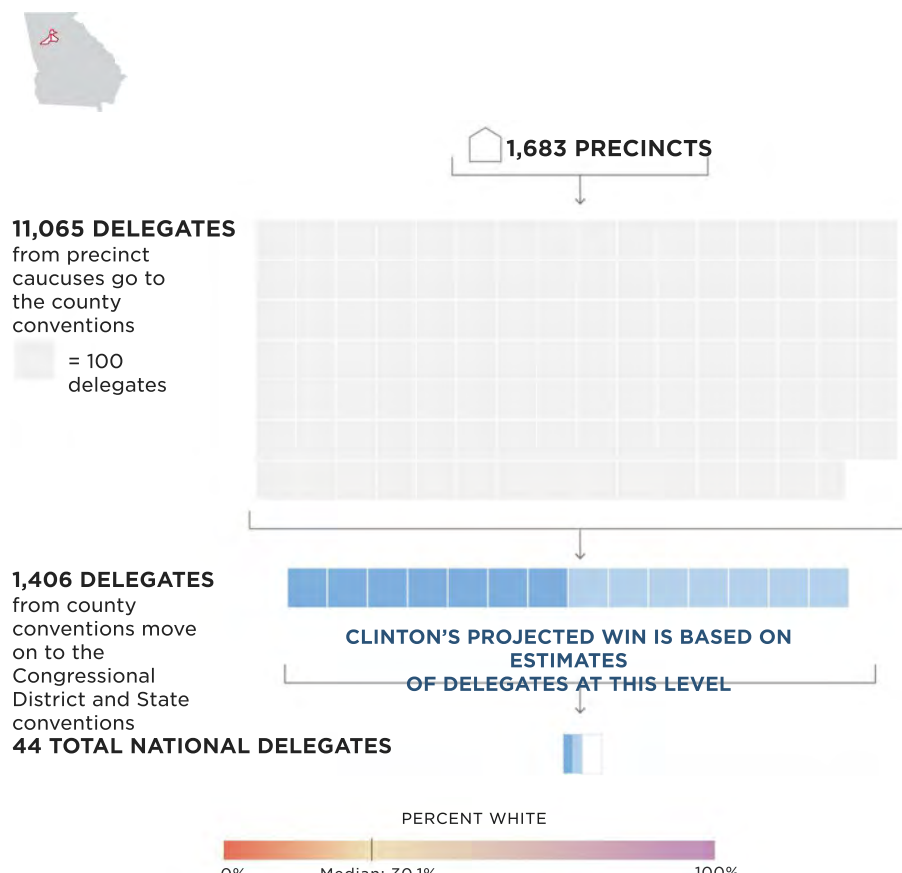
provider at the clinic to ask questions before rolling up their sleeves.

"And at the end of most of those conversations, the person says, 'You know what? That was what I really needed. And now I'm ready to be vaccinated,' " said Breanna Lathrop, the clinic's chief operating officer.

Even for those eager to get the vaccine, it's hard to find in certain parts of the city. Only one of Atlanta's five large-scale county vaccination sites falls in the Black neighborhoods south of Interstate 20 — and that outlier sits in a shopping mall directly adjacent to the interstate on the outskirts of the city. Many of the smaller vaccination sites that are in those Black neighborhoods are grocery store pharmacies, which receive a much lower number of doses than what can be found at hospitals and the county sites.

Where COVID-19 Vaccination Sites Are In Atlanta

Neighborhoods (census tracts) shaded by the percentage of non-Hispanic white residents in Fulton and DeKalb counties



A few hours away in Savannah, Ga., NPR's analysis shows just one of Chatham County's half-dozen vaccination sites is located in a majority-Black neighborhood. That didn't surprise Nichele Hoskins. She's assistant director of a local YMCA-led

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coalition called Healthy Savannah and works to flatten out health disparities among people of color.

"In order to get people vaccinated, you're going to have to have that kind of trust," Hoskins said, noting it can seem a tedious process. "If you've ever done retail, it's going to take a little bit of hand-selling."

Tammi Brown (right), the Chatham County Health Department nurse manager, receives a dose of the Pfizer-BioNTech COVID-19 vaccine from registered nurse Nancy Toth outside the Chatham County Health Department in Savannah, Ga., on Dec. 15.

Sean Rayford/Getty Images

The Coastal Health District in Savannah, of course, can't take each patient by the hand. The health director, Dr. Lawton Davis, says it's tough to formalize a plan targeting Black residents, who make up about 42% of Chatham County's population. So far, the Coastal Health District has reached out to two Black churches and a community health center in a predominantly Black neighborhood to arrange mobile vaccination clinics. It's also using an existing hurricane evacuation registry of people with disabilities and health issues to help identify neglected neighborhoods around Savannah.

"There simply is not enough vaccine to go around," Davis says. "I don't have a formal document that says this is, you know, step A, B, C and D, but we have had reasonably in-depth discussions and we have, shall we say, a game plan on how we think this will go."

12/23/21, 11:30 AM

Where Are COVID-19 Vaccine Sites? Many Sites In The South Are In Whiter Areas : NPR

There are other options in a public health game plan.

"Alternative facilities come to mind," Jeni Hebert-Beirne, who leads the Collaboratory for Health Justice at the University of Illinois at Chicago's School of Public Health, wrote in an email to NPR. "Public libraries (an important source of free wifi), community centers/park districts, faith-based organizations, barber/beauty shops. These are places that people regularly convene/gather and places where people are more likely to feel they belong."

Shivani Patel, a researcher tracking COVID-19 health equity issues at Emory University in Atlanta, is quick to acknowledge that the problem is too large for a state's public health system to solve on its own. Like many across the country, Georgia's public health system has seen funding cuts in recent years that have reduced its capacity to respond to the pandemic.

Washington is also promising new support for states: A million more doses weekly are on their way to pharmacies, and the White House's COVID-19 czar said, "[Pharmacy] sites are selected based on their ability to reach some of the populations most at risk." The new sites are expected to start receiving the doses next week.

"Every day is potentially more lives lost," Patel said. "This is extremely urgent."

WWNO's Shalina Chatlani is a health care reporter for NPR's Gulf States Newsroom; she reported from Baton Rouge, Louisiana. KUT reporter Ashley Lopez reported from Bastrop, Texas. WABE reporter Sam Whitehead reported from Atlanta.

Methodology: NPR gathered addresses of permanent vaccination sites from state websites. NPR verified these sites by contacting county and state health officials in the nine counties mentioned in this report. Officials were offered the opportunity to review the findings and point to additional testing sites. What counts as a vaccination site varies by state. NPR geocoded vaccination site locations using the Google Geocoding API joined with Census Bureau shapefiles to determine what census tracts they were within. For each county, the analysis included only census tracts within the county's official boundaries. The Census Bureau provided demographic data per census tract. The main demographic measure referenced in this story was the percentage of the population that identifies as "white alone," not Hispanic or Latino. For percent white, NPR calculated the number of sites for tracts above and below the median county's percentage of white residents. Medians referenced are medians of census tracts and are not population totals, and may therefore differ slightly from population totals.

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Racial profiling bill dies on final day of Alabama legislative session

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Racial profiling bill dies on final day of Alabama legislative session



The death of a bill to measure racial profiling in Alabama wasn't a surprise Thursday.

But what angered supporters was how they found out.

The legislation, sponsored by Sen. Rodger Smitherman, D-Birmingham, took its last breath Thursday after the Senate adjourned for the year. The legislation passed the upper chamber earlier this year but still needed a vote in the House.

"I really feel like there was a concerted effort for it to die," Rep. Merika Coleman, D-Pleasant Grove, said Thursday morning. "That there was a plan all the time for it to never come up."

House Speaker Mac McCutcheon, R-Monrovia, said Thursday that wasn't the case, and insisted the bill failed to come to a vote because the Senate abruptly adjourned Thursday night. Had the legislation passed the House, the Senate would need to concur in it.

"There was never any orchestrated maneuvering or strategy to not bring that up," he said. "That bill was ready to go Thursday."

Whatever the case, both Smitherman and Coleman criticized McCutcheon for pronouncing the bill dead to reporters without contacting them first. Smitherman said he only learned the bill's fate Thursday morning.

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Racial profiling bill dies on final day of Alabama legislative session

"That's totally disrespectful, not just for me personally but the institution of the Senate," Smitherman said. "It's obvious there's not any coordination, not any of the guidance that's being used in the House. Frankly, I've never seen the House this scattered, the way it is now."

In its final form, the bill would have prohibited racial profiling — though it did not provide penalties for those who engage in it — and would have directed the attorney general's office to develop processes for law enforcement agencies to gather data to determine the extent of racial profiling.

Supporters said the bill would give legislators an understanding of the issue, and also draw clear distinctions between law enforcement that engages in it and officers who do not.

Opponents wanted to strip out the data collection part of the bill. Rep. Randy Wood, R-Saks, [said Wednesday](#) that opponents did not want anything that could "hinder" law enforcement. But Smitherman and Coleman said that section was key.

"There are logs if a stop results in a citation, warning or an arrest," Coleman said. "But right now, we don't have the means to log every single stop. So to say that someone does feel like they've been racially profiled. Where's the data that's going to back that up?"

The bill [failed a procedural motion](#) on March 22, but Smitherman said supporters believed at 6 p.m. Wednesday they had the votes to get it to the floor.

"I don't know what happened, but from 6 to 8, when 8 came around, they didn't take up the bill," Smitherman said.

McCutcheon said the votes were present to get the bill on the floor, and that the chamber put in "a lot of energy and work into that bill at a late hour in the session" because they recognized the need, noting hundreds of other bills died on Thursday as well. The speaker, a retired law enforcement officer, said he wanted to come back to the issue next year.

"Law enforcement is no better than the community it serves," he said. "If you cannot have respect form the community you serve, there's not enough officers to solve the crimes."

Smitherman said he was working on prefiling a bill for the 2019 session. Coleman said the rejection of the bill could confirm national stereotypes of Alabama.

"We get painted with that broad brush of 1955 and 1963 in the state of Alabama," she said. "I wish we could have done something to paint this image that we're trying to do something in the state of Alabama to prevent racial profiling."

REDRAWING THE MAP ON REDISTRICTING 2012

ADDENDUM

REDISTRICTING
THE NATION



Using geographical analysis to measure electoral district compactness following the 2010 U.S. Census

An Azavea White Paper

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INTRODUCTION

In 2006, Azavea released its first white paper related to redistricting and gerrymandering in the United States. In anticipation of the Census release and subsequent redistricting, we released a completely revised white paper in September 2010 as well as an Addendum that focused on the Philadelphia region. With the Congressional redistricting now complete we thought it might be useful to deliver another revision that would examine how the most recent round of redistricting has affected the geometry and geography of legislative districts in the United States.

Similar to previous versions of Azavea's redistricting work, this document is based on the districts we assemble through maintenance and expansion of the database that drives our Cicero product, a web API that supports data queries and mapping related to legislative districts in several countries.

This second addendum to our 2010 white paper is not a standalone document. It is a much shorter document focused on what has changed since 2010, and we are not providing much of the background documentation that is in the full white paper

(<http://www.azavea.com/redistricting-white-papers>).

BACKGROUND

According to the U.S. Census, the population of the United States grew by 9.7% to 308.7 million in 2010. As it does every ten years, this resulted in a reapportionment of all 435 seats in the House of Representatives based on new population numbers for each state. Eighteen states lost or gained seats. Texas gained the most, with four more seats, while Florida gained two more seats. Six other states gained one seat. The biggest losers were New York and Ohio, which lost two seats each. Other states that lost seats include Illinois, Iowa, Louisiana, Massachusetts, Michigan, Missouri, Pennsylvania and New Jersey.

Once the population figures are released and states' seats reapportioned, the Census Bureau makes available detailed demographic data to each state's legislature. This demographic data contains information on race and voting age population aggregated to the Census block level. The data that is released is aimed primarily at supporting

the redistricting and reapportionment process and is delivered in stages beginning in January 2011 with all states delivered on or before April 1, 2011. This full count of the population—known as Summary File 1—enables each state as well as many local legislatures to begin the process of redrawing the congressional and legislative districts. Prior to 1962, many states had vastly unequal districts. The landmark Supreme Court decision of *Baker v. Carr* (1962) was the first step of the Supreme Court's role in redistricting. The Court's decision demands that congressional districts be "as equal as possible" in population while state legislative districts may have up to a 10% deviation if just cause exists. In addition, federal courts also enforce Section 2 of the Voting Rights Act to protect the voting rights of minorities. To comply with the Voting Rights Act, states must draw districts that ensure minority representation if enough minority population is concentrated in an area. This is done through a "majority-minority" district, in which racial or ethnic minorities constitute a majority (50% plus 1 or more) of the population. Alternatively, if enough minority population exists but not enough to make a majority of the population, an "opportunity" district may be created. An opportunity district contains enough population to provide minority voters with an equal opportunity to elect a candidate of their choice. In addition to complying with Section 2 of the Voting Rights Act, some states must also receive pre-clearance from the U.S. Department of Justice. To obtain pre-clearance, the state must demonstrate their redistricting plan does not discriminate against racial or ethnic minorities. States and counties that must receive approval from the D.O.J. are mostly in the South and have a history of discriminatory voting practices.

Despite these federal requirements on congressional districts, there is no legal standard for compactness. In fact, some districts that have a low measure of compactness can be justified on the grounds of the Voting Rights Act. Therefore, we do not offer any definitive judgment of what is considered “gerrymandering.” Rather the purpose of both this document and its previous iterations is to inform the public of the quantitative methods commonly used to determine district compactness and their results.

METHODS

The nature of the spatial data received from various state redistricting authorities required a way to provide a fair comparison to current districts. One issue that we have faced in all of our previous studies continues. When assembling the new district boundaries, we found both detailed and “generalized” versions of new congressional districts developed by states. Maryland, for example, produced a “generalized” version of districts that was not clipped to the Chesapeake Bay shoreline and therefore did not have all of the fractal details of the Chesapeake edge. In contrast, Wisconsin’s boundary data was neatly trimmed around Lake Michigan, resulting in a very fine-grained boundary. In order to resolve these differences in the treatment of shorelines, we elected to use a generalized shoreline of the United States for use in both the 2000 and 2010 districts prior to beginning the analysis in order

to support a more even-handed comparison between the two sets of districts¹.

As noted in the 2010 white paper, the Polsby-Popper and Schwartzberg ratios place high importance on district perimeter. Thus, they are highly susceptible to bias due to shoreline complexity. Therefore, districts that are trimmed around shorelines may end up with a low compactness score through no fault of the district’s authors and may not necessarily be a true indicator of gerrymandering. This is precisely why it’s important to use multiple compactness scores (in this case the Polsby-Popper, Schwartzberg, Reock and Convex Hull measures) and let the reader judge which one is a better fit based on the geography of the district and method of calculation each score uses. A higher score means more compact, but the scores using different measures cannot be directly compared to each other.

For consistency purposes, measures for this study have been calculated using the same formulas used in our previous study in 2010, though with a slightly different workflow for Schwartzberg². Also, z-scores were calculated for each compactness measure and averaged for each district and state. In addition, it is important to note that we used an $n = 428$ as at-large congressional districts (states with a single district) were excluded. Finally, like in our previous white paper, all compactness scores were multiplied by 100.

THE LEAST COMPACT CONGRESSIONAL DISTRICTS

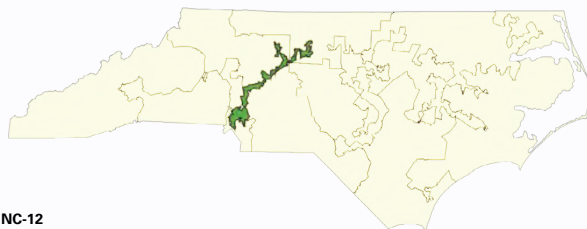
The following table outlines the least compact districts based on the four compactness metrics we selected.

Table 1: Top 10 least compact districts

District	Polsby-Popper	Schwartzberg	Convex Hull	Reock
NC-12	2	2	1	2
FL-5	4	4	2	3
MD-3	1	1	3	27
OH-9	14	14	4	1
TX-35	12	12	5	5
NC-4	10	10	6	13
LA-2	11	11	7	28
FL-22	23	23	18	6
MD6	31	31	8	9
NY-10	42	42	16	4

DISTRICT STORIES

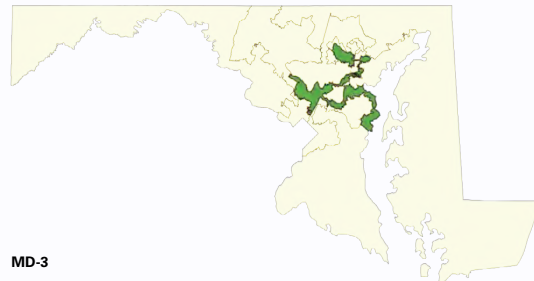
The top offender on our revised 2010 list of least compact districts is North Carolina's 12th District. At 120 miles long but only 20 miles wide at its widest part, the district has the lowest z-score of any district in our analysis. It includes chunks of Charlotte and Greensboro connected by a thin strip - on average only a few miles wide - meandering along Interstate 85 between the two cities (traveling on 85 between Charlotte and Greensboro would take you in and out of the district 4 times). An appendage extends north-west from just south of Greensboro, offering Winston-Salem part of the district. The 12th district was created after the 1990 census and meant to be a majority-minority district. However, in the Supreme Court case *Shaw v. Reno*, 517 U.S. 899 (1995) the district was found unconstitutional as a racial gerrymander. After the state redrew the district slightly, it was justified as political gerrymandering and thus legal³. Using 2010 census data, this district is still a majority-minority district, with 51% of the population African-American⁴. Despite the 12th district, the U.S. Department of Justice gave preclearance to North Carolina's congressional redistricting plan in 2011⁵.



NC-12

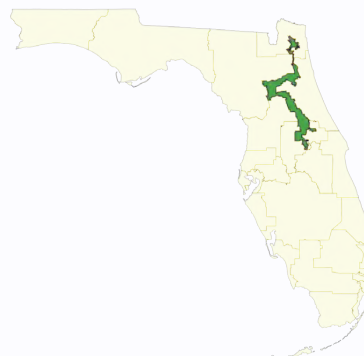
Florida's new 5th District is the second least compact of all congressional districts, containing pieces of Jacksonville and Orlando, without keeping either city intact. Similar to NC-12, this district connects two majority African-American neighborhoods with a thin strip stretching across the state, occasionally stopping to pick up more minority voters in Gainesville and Palatka. The district appears to be constructed out of the remnants of FL-3, currently represented by Connie Mack, yet it is narrower and less compact. This is also a majority-minority district, with an African-American population of 52%⁶. While Florida's redistricting plan has been pre-cleared by the U.S. Depart-

ment of Justice, there is currently a complaint in state court filed against the plan. The complaint argues Florida's redistricting plan violates state constitutional requirements regarding partisan and racial gerrymandering. The case specifically refers to the 5th congressional district as an example of racial packing⁷. Moreover, the case cites the districts' lack of compactness.



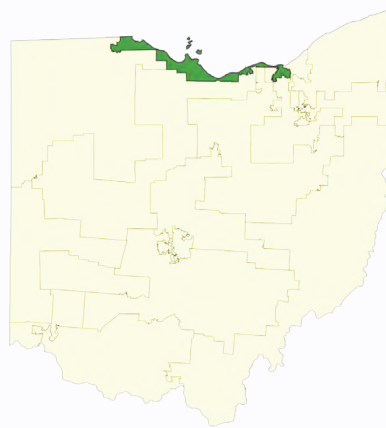
MD-3

Another offender on our list of least compact districts is Maryland's 3rd District. The district, which straddles the western shore of the Chesapeake Bay and includes Annapolis, then, diverts inland to include northern Washington, DC suburbs such as Olney and Sandy Springs, before reversing course all the way to the City of Baltimore. The district includes a chunk of East Baltimore, before narrowing to less than 600 feet across as it snakes through a small neighborhood near Clifton Park in Baltimore. The northern part of the district contains two lopsided chunks in the northeastern and northwestern suburbs of Baltimore connected by a thin strip barely a half-mile wide. There is no doubt that part of the district is affected by the shoreline of the Chesapeake Bay, however there is seemingly no other reason for the district to snake through various communities in three different metropolitan areas the way it does⁸.



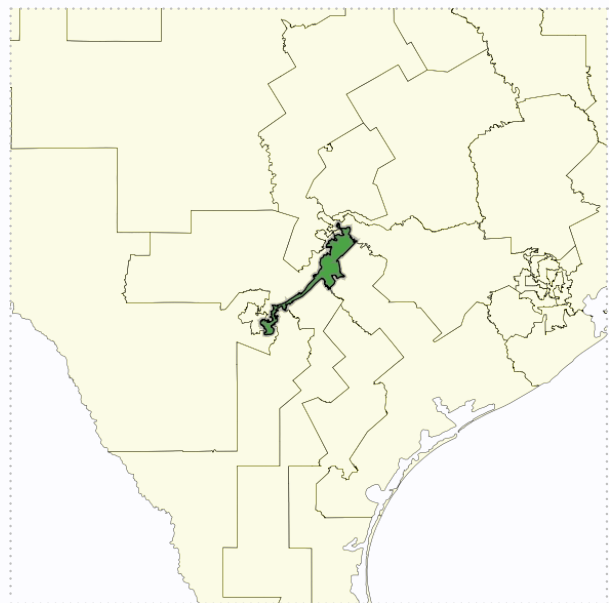
FL-5

If you have never seen a Lake Erie water snake, look no further than Ohio's 9th District. At 100 miles long but never more than several miles wide, this elongated district stretches across Ohio's northern border with Lake Erie from west of Toledo to Cleveland. At one point, it is only as wide as a beach. The district resulted from a combination of the former 9th and 10th district, represented by Marcy Kaptur and Dennis Kucinich, respectively. Democrats charge that Republicans in control of the state's redistricting process deliberately drew both incumbents into the same narrow district to result in a member versus member primary, which Kucinich eventually lost.



OH-9

Due to very strong population growth, Texas gained four U.S. House seats. One of those new seats now makes our list as the fifth least compact in the nation. Texas' 35th District contains portions of Austin and San Antonio, connected by a thin strip along Interstate 35 through the south central part of the state. Texas had one of the most complicated redistricting stories in the country. When the state failed to get pre-clearance for its new congressional map, a federal court redrew the districts in a way considered much more favorable to the Democrats than the GOP-led legislature preferred. After a successful appeal to the Supreme Court, the lower court had to redraw the congressional districts with more deference to what the legislature preferred. Thus the 35th district was created out of pieces of six other districts, picking up Democratic voters in both Austin and San Antonio, while not making up a majority of voters in either city. This district is the third majority-minority district in the top 5, with a 58% Hispanic voting age population⁹.



TX-35

Table 2: Top 10 least compact districts by compactness score

Polsby-Popper	Schwartzberg	Convex Hull	Reock
MD-3	MD-3	NC-12	OH-9
NC-12	NC-12	FL-5	NC-12
NC-3	NC-3	MD-3	FL-5
FL-5	FL-5	OH-9	NY-10
NC-1	NC-1	TX-35	TX-35
PA-7	PA-7	NC-4	FL-22
WA-2	WA-2	LA-2	TX-34
TX-33	TX-33	MD-6	TX-15
MD-2	MD-2	MI-14	MD-6
NC-4	NC-4	CA-33	PA-1

Table 3: Summary statistics for compactness scores

	Polsby-Popper	Schwartzberg	Convex Hull	Reock
Mean	22.81	46.12	69.59	37.29
Standard Deviation	11.77	12.43	12.36	11.27
Minimum	(MD-3) 02.68	(MD-3) 16.38	(NC-12) 24.99	(OH-9) 06.87
Maximum	(NV-2) 58.97	(NV-2) 76.79	(TX-16) 94.25	(FL-17) 67.96

TOP 10 STATES

In addition to measuring the compactness of individual congressional districts, we also measured average compactness scores for all congressional districts in a given state. Similar to our previous paper, we compiled a top 10 list by converting each compactness measure into a z-score than averaging the state's z-scores across the four measures.

Five states are in the Top 10 least compact states for each compactness score; Maryland, North Carolina, Louisiana, West Virginia and Illinois. Of all states in the Top 10, Maryland stands out as having the least compact districts by every measure, except for Reock. Many of the states in the top 10 have notable geography issues which may create lower compactness scores, such as Hawaii and Rhode Island. However, states where geography can not necessarily be demonstrably explained as resulting in such low compactness scores include Illinois and Pennsylvania.

Even considering their shorelines, Maryland and North Carolina also seem to indicate the potential for gerrymandering.

Louisiana, West Virginia, Virginia and New Hampshire also have geographical issues which may be reducing their compactness score but other factors may be at play here. Table 5 is a list of all states with their average compactness score for all measures ranked by the state's calculated z-score.

Table 4: Top 10 states whose districts have the lowest average compactness

	Polsby-Popper	Shwartzberg	Convex Hull	Reock
MD	1	1	1	2
NC	4	4	4	5
LA	3	3	3	7
WV	5	5	2	8
VA	7	7	13	4
HI	2	2	25	18
NH	8	8	12	1
IL	9	9	5	6
PA	10	10	6	11
RI	18	18	10	3

Table 5: Average compactness scores for all states with more than one congressional district

	Mean Score, Polsby-Popper	Mean Score, Schwartzberg	Mean Score, Convex Hull	Mean Score, Reock	# of Districts
MD	08.08	27.67	49.63	24.68	8
NC	11.51	32.17	59.62	29.46	13
LA	11.10	32.14	59.53	32.14	6
WV	13.65	36.66	54.76	32.29	3
VA	14.42	37.28	67.58	27.89	11
HI	08.56	29.10	67.58	36.85	2
NH	16.45	40.53	67.53	23.81	2
IL	16.64	39.91	61.03	31.07	18
PA	17.14	39.52	62.42	34.15	18
RI	20.14	42.35	62.42	26.38	2
OH	17.22	39.91	63.74	33.79	16
MA	18.45	41.74	63.19	35.85	9
ME	14.04	37.04	72.83	36.62	2
TX	19.17	42.09	67.35	36.12	36
NJ	18.96	42.92	63.71	38.92	12
AL	18.43	42.41	69.20	37.70	7
KY	19.21	42.81	68.82	37.16	6
WA	21.19	44.74	71.39	34.00	10
AR	19.89	43.98	68.49	38.87	4
SC	20.50	43.85	72.91	37.42	7
TN	20.48	44.68	70.48	40.20	9
FL	24.61	48.18	69.24	36.93	27
OK	24.98	49.91	68.58	36.00	5
MI	26.03	49.38	69.73	35.10	14
CA	22.58	46.86	72.64	38.47	53
CO	24.60	48.00	69.77	39.12	7
UT	27.65	52.28	69.17	34.18	4
MS	23.33	47.58	76.84	38.08	4
WI	21.85	47.58	75.64	44.43	8
ID	25.01	49.51	77.41	37.69	2
CT	26.61	50.94	71.85	42.19	5
GA	25.83	50.46	75.50	44.07	14
MO	27.08	51.49	75.25	44.60	8
NY	31.81	55.24	73.53	40.35	27
OR	31.15	56.06	75.28	42.43	5
AZ	30.05	53.30	74.82	45.21	9
MN	33.03	56.85	76.80	40.88	8
NM	35.17	59.07	78.36	44.36	3
IA	39.97	62.92	78.02	44.13	4
KS	40.52	62.92	83.05	41.10	4
IN	41.03	63.59	81.73	44.07	9
NE	39.27	62.54	83.73	46.54	3
NV	52.44	72.22	89.20	48.12	4

COMPACTNESS BY REDISTRICTING AUTHORITY AND PARTY CONTROL

Moving beyond the work in the 2010 white paper, we performed an additional analysis focusing on the conditions under which redistricting processes occurred, including types of redistricting authority and the party controlling the process.

Redistricting by Type of Authority

For the purpose of this analysis, we will define two types of legislative and two types of non-partisan redistricting authorities. Since all Congressional districts have now been redrawn, we now know which type of authority was actually responsible for drawing a state's congressional districts. We evaluated the type of authority that ultimately drew the districts, rather than the type of authority that was *intended* to draw the lines. So, for example, the category for court-drawn districts is a result of the final outcome of redistricting, not who is *supposed* to redraw the state's districts. Types of redistricting authorities are found in Table 6.

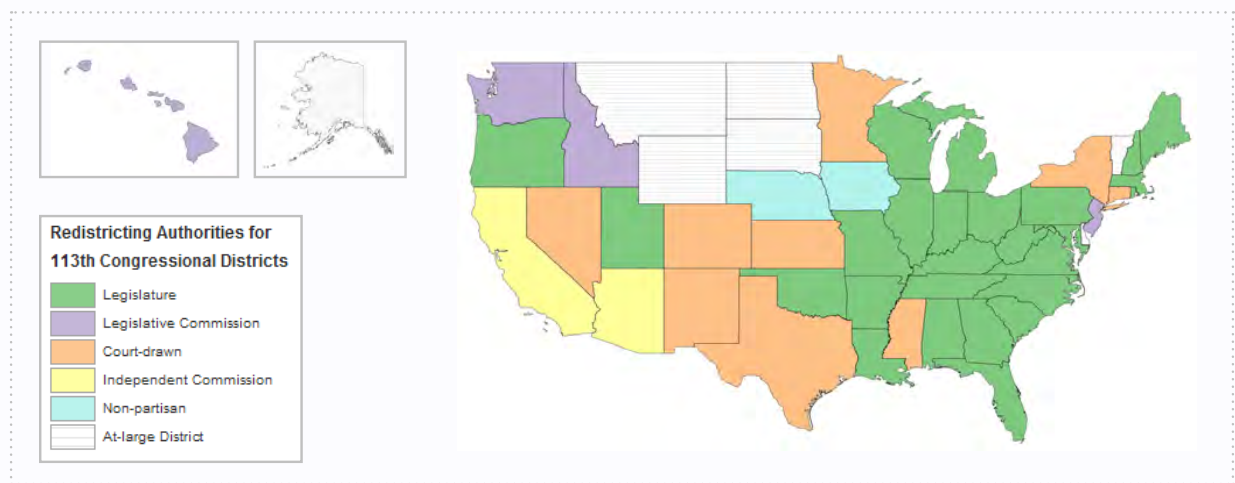


Table 6: Average compactness by redistricting authority

Type of Authority	Description
Legislature	Districts redrawn by an act of the state legislature
Legislative Commission	A state legislature appoints a commission to redraw the congressional districts. The commission is often made up of appointees by the majority and minority parties in the state legislature, and sometimes another by other state executives
Independent Commission or Non-partisan	An independent commission made up of citizens redraws districts or non-partisan state agency is responsible
Court-drawn	As a result of litigation, legislative gridlock or inaction, congressional districts were drawn up or enacted by a Court

Compiling districts by redistricting authority (Table 7), we find that the most compact districts are a result of a court action or independent commissions. For Polsby-Popper, Court-enacted districts have a score of 0.2744; these districts were even more compact than those drawn by independent or non-partisan processes. The same holds true for the Schwartzberg measure. For Convex Hull and Reock, independent commissions and non-partisan processes produced districts more compact than those enacted by a Court. Furthermore, those independent commissions and non-partisan processes also produced districts that were more compact than the national average. It is perhaps most notable that districts produced by legislatures or legislative commissions produced districts less compact than the national average by all measures.

Table 7: Average compactness by redistricting authority

Redistricting Authority	Polsby-Popper	Schwartzberg	Convex Hull	Reock	# of Districts	# of States
Legislature	20.54	43.64	67.31	35.73	235	26
Legislative Commission	19.45	43.06	68.37	36.77	26	4
Independent Commission or non-partisan	25.29	49.31	73.72	40.03	69	4
Court-enacted	27.44	50.64	72.48	39.22	98	9
Nationwide Mean	22.82	46.12	69.59	37.29	428	43

REDISTRICTING UNDER PARTISAN CONTROL

Conventional wisdom might suggest that Republicans had overwhelming control of redrawing the nation's congressional districts. After the 2010 midterm election the GOP controlled 25 state legislatures while the Democrats had control of only 16. In addition, many states where the GOP took control of the redistricting process were crucial swing states that contained many Republicans who won by a slim majority in 2010. However, a final analysis shows that the GOP only had total control over redrawing of 159 districts. We are not arguing that the GOP (or Democratic Party, for that matter) may have had other methods of influencing the process, simply that the structure of the redistricting process only enabled the GOP to completely control 159 districts. For example, one could claim that the Texas court-approved redistricting maps were in fact origi-

nally drawn by the GOP. Nevertheless, of districts where the process was controlled by one political party, the GOP did control the outcome of many more than the Democrats.

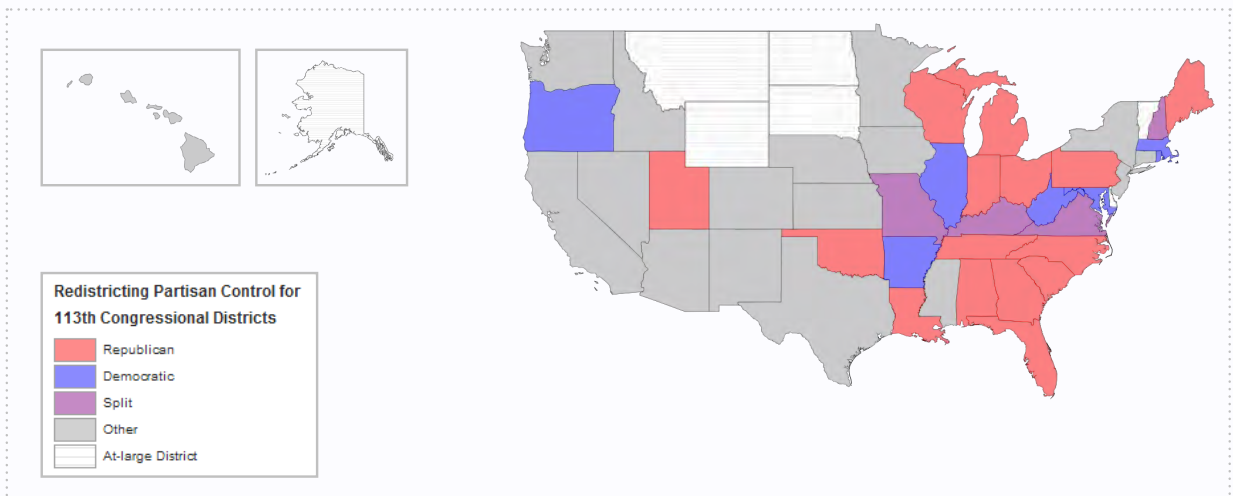
Excluding districts drawn by Independent Commissions, Legislative Commissions, Non-partisan processes or the Court system, we find that 235 districts remain, about 54% of the House of Representatives. Of those 235, more than half were controlled by the GOP and only 49 by the Democratic Party. Twenty-seven districts were drawn in states with either split control of the legislature (such as in the case of Kentucky) or a Governor of a different party than the legislature (New Hampshire).

Table 8: Average compactness by partisan control

Partisan Control	Polsby-Popper	Schwartzberg	Convex Hull	Reock	# of Districts	# of States
GOP	21.73	44.88	68.64	36.90	159	15
Democratic Party	17.28	39.98	61.44	32.59	49	7
Split	19.39	42.96	70.12	34.60	27	4
Total					235	26

The mean Polsby-Popper, Schwartzberg and Reock scores indicate that districts drawn with total GOP control have a higher compactness score than districts drawn with total Democratic control under those measures. States with split control fall in the middle. Nevertheless, districts with a political party in control remain less compact than the national average by every measure. In addition, districts

where a party has control are significantly less compact than districts drawn by a non-partisan process (see Table 9). Using the convex hull measure shows a different story. Districts drawn by a split in control come out with a higher compactness score, with districts drawn by the GOP not far behind. Districts drawn by the Democratic Party are much less compact than either.

**Table 9: Average compactness by partisan or non-partisan control**

Partisan Control	Polsby-Popper	Schwartzberg	Convex Hull	Reock	# of Districts	# of States
GOP or Democratic Party	20.71	43.72	66.94	35.88	208	22
Non-partisan (incl. court-drawn)¹⁰	26.55	50.09	72.99	39.56	167	13
Total					375	35

While districts drawn by Republicans in this decennial redistricting process may be somewhat more compact than those drawn by Democrats, it is also clear that both parties appeared to take advantage of their situation and draw districts more favorable to their party's election. For example, Democrats took advantage in Maryland and Illinois while Republicans took advantage in Ohio and Pennsylvania. Republicans just had many more states, which may have buffered their average.

COMPARISON TO 109TH CONGRESSIONAL DISTRICTS

As noted previously, we compiled average compactness scores across all four measures for each congressional district and also aggregated to an average of each state's congressional districts. The districts are also clipped to the same shoreline boundaries as those produced for the last Census. Consequently, we can now make useful comparisons between districts drawn up for the 109th Congress and districts drawn up for the 113th Congress.

In Table 10, one can see that average compactness scores increased, very slightly, overall for all congressional districts. Polsby-Popper noted a 4.8% increase in compactness. Compactness measured using the Schwartzberg ratio increased by 2.3% from the previously drawn districts.

Since the national scores show little change, it might be most useful to look at the degree to which individual states' scores changed. Most notably, we find that Maryland continues to have the lowest compactness scores of any state. As a matter of fact, for every score calculated Table 11, the average compactness of Maryland's 113th Congressional districts declined from the districts drawn a decade ago.

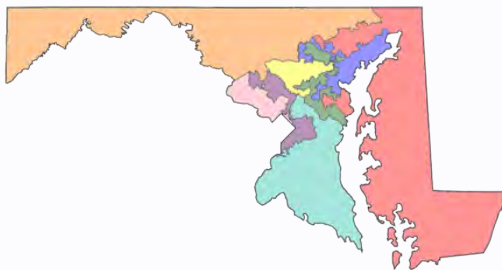
Convex Hull increased by 1.5% and Reock scores increased by 4.9%. Our Gerrymandering Index white paper released in 2006 showed that compactness scores decreased in the 109th Congress compared to the 104th. However, the slight increase in the 113th Congress' scores is still lower than those of the 104th Congress.

Table 10: Average compactness for all 2002 and 2012 districts

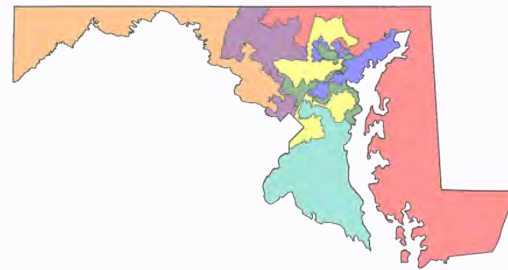
	109th Congress	113th Congress
Polsby-Popper	21.77	22.82
Schwartzberg	45.07	46.12
Convex Hull	68.56	69.59
Reock	35.55	37.29

Table 11: Average compactness for Maryland's 2002 and 2012 districts

	109th Congress	113th Congress
Polsby-Popper	11.59	08.08
Schwartzberg	32.63	27.67
Convex Hull	60.13	49.63
Reock	27.00	24.68



2002 Maryland Districts



2012 Maryland Districts

On the opposite end of the spectrum, Florida's congressional districts are drastically more compact than previously. This is despite two of Florida's districts showing up in the top 10 least compact. What could be the reason for the overall improvement in Florida's districts? In 2010, voters approved the Florida Congressional District Boundaries Amendment. The amendment orders that all redistricting plans must be compact, as equal in population as feasible, and where feasible must make use of existing geographical boundaries¹¹. This appears to have resulted in significantly more compact districts, even though they were drawn by legislators. While the state previously had six districts with a Polsby-Popper score of less than 0.1, the state now has just two with their new districts.

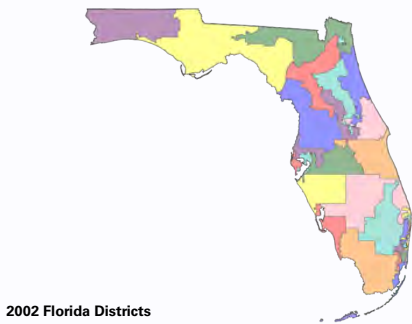
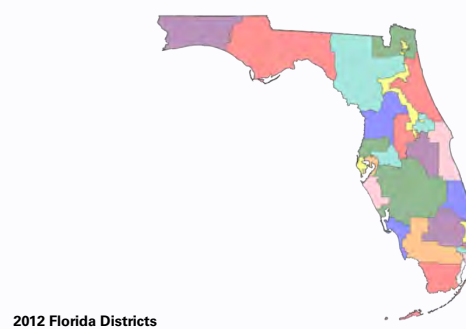


Table 12: Average compactness for Florida's 2002 and 2012 districts

	109th Congress	113th Congress
Polsby-Popper	16.87	24.61
Schwartzberg	39.13	48.18
Convex Hull	61.50	69.24
Reock	28.56	36.93

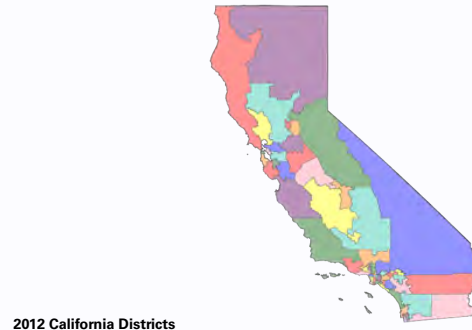
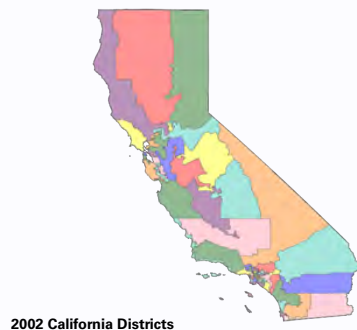


California was another state that significantly changed its redistricting process, implementing a Citizen Commission approach. This appears to have results in significantly more compact districts, as outlined in Table 13.

Other states that showed notable increases in compactness include New Jersey, and Tennessee, which fell out of our Top 10 least compact this year.

Table 13: Average compactness for California's 2002 and 2012 districts

	109th Congress	113th Congress
Polsby-Popper	18.47	22.58
Schwartzberg	42.01	46.86
Convex Hull	64.59	72.64
Reock	31.53	38.47



CONCLUSION

With any study of legislative district compactness, one must look at the score in context of several factors. One of those factors is the state's geography. For example, Washington State contains a rugged shoreline around the Puget Sound. This affects three of the state's 10 districts and drags down the state's overall compactness score for the Polsby-Popper and Schwartzberg measures. West Virginia is a similar example. West Virginia's 2nd District contains most of the state's eastern panhandle, an appendage that seems to reduce some measures of compactness, despite being the state's legal border. The unique geographic features within a state can be an additional factor. This rings true in the case of Louisiana, with the Mississippi river winding through the state.

Additionally, one must consider other more subjective factors, such as the need for minority representation. The district outlines of LA-2, NC-12, FL-5 may at first appear to be meandering without reason, but in fact they are majority-minority districts meant to ensure that minorities have an equal opportunity to elect a representative of their choice. While ostensibly for a social justice purpose, this can also be seen as "packing," which is characterized by voters of a party are drawn out of surrounding districts and lumped together in the often awkwardly-shaped remnants. So where do we draw the proverbial line between a valid majority-minority district and packing of minorities into a single district? Ultimately, this is when lawsuits are filed to challenge the districts in court. As in previous white papers, we do not argue that compactness is the metric for identifying gerrymandering. Rather, it is a means of identifying potential gerrymandering and should always be considered in context of the district's geographical surroundings.

What we can say with some degree of certainty is that districts drawn by independent commissions are more compact, regardless of requirements under the Voting Rights Act (VRA). Maybe this means that even when majority-minority districts must be drawn, they need not be drawn in such a way that defies common sense. California

is an example of a state that has a substantial minority population as well as the need for majority-minority districts. However, California ranks right in the middle (25th) of all states for average compactness. Arizona, another state with an independent commission and VRA requirements, ranks even higher for compactness (36th least compact). Iowa with its non-partisan process is ranked 39th, though the state has no need for majority-minority districts. Furthermore, Florida's dramatic increase in compactness shows us that higher quality districts can also be enforced through stricter requirements on the legislature for drawing districts in a fair, impartial manner. As we have noted in previous papers on this topic, the advent of GIS technologies have created an opportunity to improve the quality of our legislative districts as well as powerful tools to use for gerrymandering. We are encouraged by the increased number of independent commissions as well as more widespread requirements for public input. We hope to see these trends continue both the ongoing state and local redistricting processes as well as in future decennial censuses.

ENDNOTES

¹ Using Esri ArcGIS software, the “clip” tool trimmed the new districts shapefile at the shorelines of the current districts

² In our previous white paper, Schwartzberg scores were calculated on a more generalized shapefile in an attempt to remove bias that results from states with detailed coastlines. For this study, all scores were calculated on the same somewhat generalized coastline shapefile. Readers will notice that this results in the same ranking for Polsby-Popper and Schwartzberg, whereas our previous study had different rankings.

³ *Hunt vs. Cromartie*, 526 U.S. 541 (1999)

⁴ 2011 North Carolina General Assembly. District Statistics Plan CST1A Rucho Lewis Congress 3 – District 12. http://www.ncga.state.nc.us/GIS/Download/District_Plans/DB_2011/Congress/Rucho-Lewis_Congress_3/Reports/DistrictStats/SingleDistAdobe/rptDistrictStats-12.pdf

⁵ Perez, Thomas E. letter to Alexander McC. Peters. 1 November 2011.

⁶ Florida Senate. District 5 Demographic Profile (H000C9047). http://www.flsenate.gov/PublishedContent/Session/Redistricting/Plans/H000C9047/H000C9047_district_details.pdf

⁷ *Romo, Weaver et al. v. Detzner, Bondi* No. 37-2012-CA-00412 (Florida Circuit Court, Leon County)

⁸ It is worth noting that excluding the Chesapeake Bay shoreline, MD-3 ranks with the second lowest Polsby-Popper and Schwartzberg score, only slightly more compact than NC-12.

⁹ Texas Legislative Council. Hispanic Population Profile Using Census, American Community Survey, and Voter Registration Data Congressional Districts – Plan C235. ftp://ftpgis1.tlc.state.tx.us/PlanC235/Reports/PDF/PlanC235_RED119_Hispanic_Population_Profile%202006-2010.pdf

¹⁰ Keep in mind that districts approved by a Court may have been influenced by partisans, such as the case in Texas or Colorado. Legislative commissions, while non-partisan in theory, not included in this calculation.

¹¹ Florida Department of State Division of Elections. Standards for Legislature to Follow in Congressional Redistricting. <http://election.dos.state.fl.us/initiatives/initdetail.asp?account=43605&seqnum=1>

Exhibit 100

Video: Alabama Supreme Court Justice Tom Parker 2018 Campaign Ad –
“Invasion”

Can be viewed at: <https://www.youtube.com/watch?v=qUcbS9zLUGE&t=3s>

A physical copy of this media will be provided to the Court and at the hearing.

Exhibit 101

Video: Alabama Supreme Court Justice Tom Parker 2018 Campaign Ad – “Mob Rule”

Can be viewed at: <https://www.youtube.com/watch?v=LmfTLM5UIBk>

A physical copy of this media will be provided to the Court and at the hearing.

Exhibit 102

Video: LA Times Releases Audio of Roy Moore's Offhand Comment on Slavery

Can be viewed at: https://www.youtube.com/watch?v=fqLqWpFb3_4

A physical copy of this media will be provided to the Court and at the hearing.

Exhibit 103

Video: Roy Moore: “New Rights in 1965, and Today We’ve Got a Problem”

Can be viewed at: <https://www.msnbc.com/the-last-word/watch/roy-moore-new-rights-in-1965-and-today-we-ve-got-a-problem-1096186947952>

A physical copy of this media will be provided to the Court and at the hearing.