Opinion: CT vaccine policy discriminates on basis of race and disability

Deborah Dorfman and Kristen Noelle Miller Hatcher
Updated: April 14, 2021 6:30 a.m.
Connecticut’s COVID-19 vaccine distribution leaves those most in need without a clear path to vaccination. People with comorbidities prioritized in the CDC vaccine allocation guidelines, and who the guidelines recognize as frontline workers, are now competing for vaccination appointments with healthy individuals able to work from home.

Connecticut must do better and implement a system that prioritizes those with the greatest need for vaccination to avoid further deepening the COVID-19 disability-based and race-based disparities and inequities caused by its current system. The state’s approach, blatantly ignoring the CDC and science, discriminates on the basis of race and disability, even if not intentionally.

It is widely known that those with health conditions such as COPD, emphysema and other lung diseases are at high risk of dying if they contract COVID-19. Disparate mortality and infection rates in Black and brown people can be attributed to a higher incidence of lung disease and other underlying conditions; of even greater concern for Black and brown people with disabilities.

Black people are 40 percent more likely to have asthma than no percent of Black people have a disability. The statistics for Black individuals are also more likely to be frontline workers. Prioritizing vaccination for people most at
risk is science-based, which is why the CDC recommends prioritizing individuals with specific medical conditions and front-line workers.

Connecticut, however, took a different approach. Since the rollout, the disparities continue to widen. Of individuals over 16, 25.5 percent of white people have had at least one shot, whereas Black individuals are at half of this rate — about 12.5 percent. And despite the vaccination rate, the number of COVID transmissions has increased in the state by 12 percent over the last week, making Connecticut a “high transmission” state.
Two weeks ago, the governor announced that, in consultation with hospital administrators, five medical conditions have been prioritized based on administrative ease, rather than conditions identified by the CDC. The governor’s administration states that vaccinations of those in “high-risk groups” is going well, but concedes they have no idea who with CDC comorbidities/vulnerabilities is getting the vaccine since they “are not tracking the high-risk populations.”

We have filed complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services, on behalf of our disabled and Black and brown clients. Vaccinating the most vulnerable groups, as identified by the CDC, must be a top priority. But the governor’s approach has the opposite effect.

Everyone over 16 is now “eligible” to make a vaccine appointment, but this is not the same as access to vaccination. There are now as many as a million people furiously competing to get an appointment. There is no distinction between a 44-year-old front line grocery worker with COPD and a heart condition and a healthy 26-year-old working in their tech job from home. Those prioritized for vaccination by the CDC are competing with everyone else.
People who call the state’s hotline to schedule an appointment are not asked if they have a CDC-recognized comorbidity or if they are a front-line worker. It is not clear how people, even with one of the five conditions, are being prioritized or tracked. The governor must mitigate the harm caused by his policy by taking these concrete steps:

All vaccine appointment seekers should be asked if they have a comorbidity or are front line workers (as identified by CDC).

If they say “yes,” they must be moved to the “high speed” lane for an appointment — and be offered help with transportation and other reasonable accommodations to make the vaccine accessible.

To address additional barriers to access for walk-in appointments, some should be reserved for individuals residing in the ZIP code of the vaccination site.
Even if everyone is vaccinated in the next few weeks, the issue will not be over. The governor's own advisers anticipate a booster will be needed in the fall, at least for those “most vulnerable.” This will not be possible if we don’t ask people who seek a vaccine now if they are in one of these vulnerable groups.

*Deborah Dorfman is executive director of Disability Rights Connecticut. Kristen Noelle Miller Hatcher is the managing attorney of the Public Benefits Unit at Connecticut Legal Services, Inc.*

**Sign up for Morning Briefing**

Get must-read local news and analysis from a source you can trust

**Email**

By signing up, you agree to our Terms of Use and acknowledge that your information will be used as described in our Privacy Policy.

Written By

*Deborah Dorfman and Kristen Noelle Miller Hatcher*

**IN-DEPTH COVERAGE**

- Legendary coach hopes to get CT students on board with vaccine
- CT teen who saved dad: ‘What if I didn't know CPR?’
- Neighbor feels 'lucky' seven-hour standoff wasn't worse
- CT mom shares experience of son treated for rare COVID condition
Opinion: CT vaccine policy discriminates on basis of race and disability