- In Minnesota, for state primary and general elections, absentee vote totals are added to the returns for the appropriate precinct. For other elections, vote totals may be added to the precinct or reported as a separate total (Minn. Stat. Ann. §203B.121).
- In Nevada, the returns of absentee ballots must be reported separately from the regular votes of the precinct, unless reporting the returns separately would violate the secrecy of a voter's ballot (Nev. Stat. §293.385).
- In South Carolina, an absentee voting precinct is established in each county to tabulate and report absentee ballots (S.C. Code § 7-15-420).
- In South Dakota, each county establishes an absentee ballot precinct and absentee ballots are counted in that precinct, unless a precinct has 10 or fewer absentee ballots cast at the time the polls open on Election Day in which case absentee ballots in that precinct are counted at the polling place. Tally sheets include a space for results by precinct (SDCL § 12-19-37, ARSD 5:02:14:04).
- In Virginia, counties may establish one or more absentee voter precincts (VA Code Ann. § 24.2-712).
- In West Virginia, absentee ballots are delivered to polling places to be counted (W. Va. Code, § 3-3-8).
- In Wyoming, absentee ballots are delivered to polling places for counting unless the county adopts an alternate procedure to count them centrally. The number of electors voting in person and by absentee ballot by precinct at the election is reported (Wyo. Stat. § 22-16-103).

All-Mail Elections (aka Vote-by-Mail or Vote-at-Home Elections)

What are all-mail ballot elections?

Five states currently conduct all elections entirely by mail: Colorado, Hawaii, Oregon, Washington and Utah. Three states--California, Nebraska and North Dakota allow counties to determine if an election will be held entirely by mail, with many but not all counties choosing to do so. At least17 states have provisions allowing certain elections to be conducted entirely by mail. For these elections, all registered voters are sent a ballot in the mail. The voter marks the ballot, puts it in a secrecy envelope or sleeve and then into a separate mailing envelope, signs an affidavit on the exterior of the mailing envelope, and returns the package via mail or by dropping it off. Find more details on Table 18: States With All-Mail Elections.

Ballots are mailed out well ahead of Election Day, and thus voters have an “election period,” not just a single day, to vote. All-mail elections can be thought of as absentee voting for everyone. This system is also referred to as “vote by mail.”

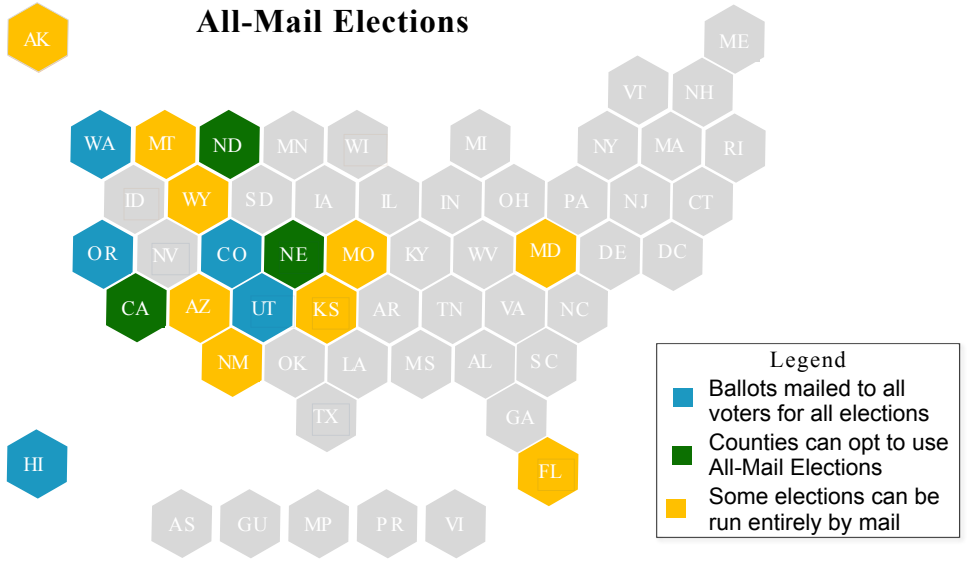
While “all-mail elections” means that every registered voter receives a ballot by mail, this does not preclude in-person voting opportunities on and/or before Election Day. For example, despite the fact that all registered voters in Colorado are mailed a ballot, voters can choose to cast a ballot at an in-person vote center during the early voting period or on Election Day (or drop off or mail their ballot back).

Five states—Colorado, Hawaii, Oregon, Utah and Washington—send mailed ballots to all eligible voters. In California, some counties are currently permitted to conduct all-mail elections, and in 2020 more than 50% of the state's voting population live in counties that will do so. After 2020, the option will be available to all counties in the state. Utah permits individual counties to determine if they would like to conduct all-mail elections and all counties are expected to do so in 2020.

Other states permit all-mail elections in certain circumstances, such as for special elections, municipal elections, when there is a smaller voting population in a given district, or at the discretion of the county clerk. See below for state-by-state statutes.

Generally, states begin with providing all-mail elections only in certain circumstances, and then add additional opportunities as citizens become familiar with procedures. Oregon's vote-by-mail timeline includes four times that the legislature acted prior to the 1998 citizens' vote that made Oregon the first all-mail election state.

Which states have statutory provisions for all-mail ballot elections?



- States that conduct all elections by mail:
  - Colorado (enacted by HB 1303 in 2013; first implemented statewide in 2014; CRS §1-5-401).
  - Hawaii (enacted by HB 1248 in 2019; first implemented statewide in 2020; Hawaii Stat. §11-101).
  - Oregon (enacted by citizens' initiative in 1998; first implemented statewide in 2000; ORS §254.465).
  - Utah: (HB 172 in 2012 permitted jurisdictions to choose to conduct elections entirely by mail; first implemented by all jurisdictions in the state in 2019; Utah Code Ann. §20A-3a-302).
  - Washington (enacted by HB 5124 in 2011; first implemented statewide in 2012; Rev. Code of Wash. 29A.40.010).

Adoption of All-Mail Ballot Elections

State	Year Enacted	Bill #	Year Implemented	Citation

State	Year Enacted	Bill #	Year Implemented	Citation
Colorado	2013	HB1303	2014	CRS §1-5-401
Hawaii	2019	HB 1248	2020	Hawaii Stat. §11-101
Oregon	1998	Citizen's initiative	2000	ORS §254.465
Utah	2012 (permitted counties)	HB 172	2019 (first year all counties used it)	Utah Code Ann. §20A-3a-302
Washington	2011	HB 5124	2012	Rev. Code of Wash. 29A.40.010

- States that permit counties to opt into conducting all elections by mail:
  - California: After/on Jan. 1, 2018, 14 counties may conduct all-mail elections. After Jan. 1, 2020, any county may conduct any election as an all-mail election following statutory guidelines (Cal. Elect. Cde §§4005-4008). When there are 250 or fewer voters registered to vote in a precinct (Cal. Elect. Code §3005); local, special or consolidated elections that meet certain criteria (Cal. Elect. Code §4000). See information from the California secretary of state on the Voter's Choice Act for a list of counties that have currently opted for this option.
  - Nebraska: Any county of less than 10,000 inhabitants may apply to the secretary of state to mail ballots for all elections in lieu of establishing polling places (Neb. Rev. Stat. §32-960). Special ballot measure elections that meet certain criteria, held by a political subdivision (Neb. Rev. Stat. §32-952).
  - North Dakota: Counties may conduct any election by mail. Applications for mailed ballots are sent to each individual listed on the central voter file (note that North Dakota does not require voter registration ahead of the election) and there must be one or more polling places in the county for voting in the usual manner (ND Cent. Code §16.1-11.1-01 et seq.).

- States that permit some elections to be conducted by mail:
  - Alaska: Elections that are not held on the same day as a general, party primary or municipal election (Alaska Stat.§15.20.800).
  - Arizona: A city, town, school district or special district may conduct elections by mail (Ariz. Rev. Stat. Ann. §16-409, §16-558).
  - Florida: Referendum elections at the county, city, school district or special district level (Fla. Stat. §101.6102).
  - Kansas: Nonpartisan elections at which no candidate is elected, retained or recalled and which is not held on the same date as another election (Kan. Stat. Ann. §25-432).
  - Maryland: Special elections not held concurrently with a regularly scheduled primary or general election (Md. Election Code §9-501).
  - Missouri: Nonpartisan issue elections at which no candidate is elected, retained or recalled and in which all qualified voters of one political subdivision are the only voters eligible to vote (Mo. Rev. Stat. §115.652 et seq.).
  - Montana: Any election other than a regularly scheduled federal, state, or county election; a special federal or state election, unless authorized by the legislature; or a regularly scheduled

or special election when another election in the political subdivision is taking place at the polls on the same day (MCA 13-19-101 et seq.).

- New Mexico: Special elections, except those to fill a vacancy in the office of U.S. Representative, shall be conducted by mail (N.M. Stat. §1-24-3).
- Wyoming: Counties may decide to conduct special elections not held in conjunction with a primary, general or statewide special election entirely by mail (Wyo. Stat. 22-29-115)

In addition to the all-mail elections mentioned above, five states permit certain jurisdictions (or portions of a jurisdiction) to be designated as all-mail based on population:

- Idaho: A precinct which contains no more than 140 registered electors at the last general election may be designated by the board of county commissioners a mail ballot precinct no later than April 1 in an even-numbered year (Idaho Code §34-308).
- Minnesota: Elections conducted by a municipality having fewer than 400 registered voters on June 1 of an election year and not located in a metropolitan county (Minn. Stat. §204B.45).
- Nevada: Whenever there were not more than 20 voters registered in a precinct for the last preceding general election (Nev. Rev. Stat. §293.213).
- New Jersey: A municipality with a population of 500 or fewer persons, according to the latest federal decennial census, may conduct all elections by mail (NJRS §19.62-1).
- New Mexico: A county may designate a precinct as a mail ballot election precinct if it has fewer than 100 voters and the nearest polling place for an adjoining precinct is more than 20 miles driving distance from the precinct boundary in question (N. M. Stat. Ann. § 1-6-22.1).

Security Features of Voting by Absentee/Mailed Ballots

As the trend toward states permitting or even encouraging more people to vote from home (by absentee/mailed ballots, or going to all-mailed elections) has accelerated, a key question from legislators has been, how secure can we make our system?

In several ways, absentee/mailed ballots are as secure or more secure than traditional methods of voting:

- Absentee/mailed ballots are hand-marked paper ballots. Paper ballots that have been hand-marked by voters are considered by most to be the gold standard of election security. Absentee/mailed ballots provide a paper trail that can be examined if there is any suspicion of meddling, and the marks of voters can be examined one by one if need be. Paper ballots allow for post-election audits and cutting edge election security methods such as risk-limiting audits (RLA), which more states are adopting. An RLA compares a random sample of ballots against the vote tally to ensure the outcome of the election is correct. It requires a robust ballot accounting process to ensure a trustworthy paper trail.

- The identity of every absentee/mailed ballot voter can be verified through signature verification. In a sense, a signature is a form of biometric identification, i.e. it is unique to a particular voter. By having a voter sign an affidavit on an absentee/ballot envelope the voter is affirming that the

ballot enclosed is their ballot. Election officials can verify the signature as well. When combined with an effective "cure process," or opportunity for a voter to fix a mismatched or missing signature, signature verification is an effective way to verify a voter's identity. See above for more details on how signature verification works.

- In most states, absentee/mailed ballots are examined and processed in advance of Election Day, spreading out the workload and providing more time for scrutiny and to "get it right." If there is a cybersecurity incident that affects the election, there are longer lines at polling locations than anticipated, voting machines break down, election workers don't show up, etc., voters may find it difficult to cast their votes.

Even though voting is not occurring in a supervised environment, a number of features can be prescribed to enhance security of the election when voting by absentee/mailed ballot.

- Systems that allow a state to keep address information up-to-date for voters is the first step in ensuring the security of absentee/mailed ballots. If voters can easily keep their addresses up-to-date then their absentee/mailed ballot is more likely to get to them. Policies to make registration updates convenient for voters and to ensure robust voter list maintenance procedures can help keep voter information current. The act of sending out absentee/mailed ballots also allows election officials to ensure they have up-to-date addresses for voters, and states that send out more absentee/mailed ballots have seen an added benefit of "cleaner" voter lists, i.e. voter address information is kept up to date.
- Bipartisan teams have long provided a measure of security. Teams of election workers from different political parties can be deployed to retrieve ballots from the U.S. Postal Service or from drop boxes; verify signatures; open envelopes and separate the ballot from the envelope; prepare the ballots for scanning; and participate in the vote counting process.
- Established "chain of custody" procedures that account for all steps in the process of moving and processing ballots are useful. This is true for every aspect of election administration, but particularly true for ballots that are submitted throughout an election period and not just on Election Day.
- Because voted mailed ballots are stored for some length of time before the election is complete, physical security is essential, too. Security cameras, locks that need a bipartisan team to open, and logs of all activities relating to ballot handling can be part of this effort. See NCSL's Elections Security webpage for more.
- Ballot tracking can help. Ballot tracking provides voters an opportunity to track their ballots through the process, just as packages can be tracked through FedEx or other carriers. In the case of Denver elections, texts can be sent to voters who sign up for the service so they know when their ballot has been mailed to them, when it has been received back at the election office, and when it has been approved for tallying. In other jurisdictions, voters can electronically query their local election office to ensure that a ballot is on the way. Voters can then ask for another ballot to be sent (and the first one is canceled by the election official to ensure the voter does not vote twice) if there is reason to believe a ballot has been lost.
- Security mechanisms to prevent double-voting can be required. For instance, ballot envelopes are barcoded for individual voters, allowing election officials to be sure that they are only accepting one ballot per voter.

- Ballot collection laws that specify how many voted ballots can be collected by any individual are intended to reduce fraud. This can also be mitigated by providing voters with ample opportunities to return their own ballots. And laws requiring signature verification rather than a witness or a notary signature can also reduce opportunities for coercion.
- Ensuring that there are meaningful penalties for tampering with or otherwise hindering the delivery of absentee/mailed ballots, and that voters are sufficiently informed of these penalties, is another way to enhance security.

Policy Decision Points

For legislators who are considering changes to their states' election models, they're probably looking for options that may increase turnout, lower costs, and be even more secure as the present system. They're likely to also want to understand the perspective of their state's election officials, and the role of state control vis a vis local control. These are likely to be the top-level considerations, regardless of the nature of a proposed change.

Regarding potential shifts to more absentee/mailed ballot/outside-a-polling place voting, legislators will first want to know where their state is currently. There is a continuum of states, some that require an excuse for voters to vote absentee all the way to states that send ballots to all voters. States generally move one step at a time.

For legislators who want to consider increasing the share of their state's votes that are likely to be cast as absentee/mailed ballots, here is a short list of considerations, all of which are addressed elsewhere in this webpage. States can:

- Remove requirements for an affidavit or witness signature on absentee ballot requests, and instead beef up signature verification.
- Create a permanent (or single-sign-on) absentee list so voters who prefer to receive ballots for all elections through the mail can easily do so.
- Permit or require a state-level online portal through which a voter can request a ballot.
- Consider whether guidance for third-party groups that are interested in distributing applications for absentee/mailed ballots would be useful to ensure that they are handled in a timely manner.
- Decide if ballots must be received by the close of polls on Election Day, or if they will be counted even if they arrive after. Late-arriving ballots can slow down election results reporting.
- Permit ballots to be processed—but not counted—prior to Election Day. By doing so, counting is faster, and results can be released faster as well. The more absentee/mailed ballots there are, the more crucial this factor becomes.
- Provide a notification process for voters if there is something wrong with their ballot envelope, and give them a chance to correct, or "cure," the ballot before the election is certified. Otherwise, the number of uncounted ballots will be higher for absentee/mailed ballots than for in-person ballots. The cure process can extend a few days after Election Day so voters who submit a ballot at the last minute with a signature issue can ensure their vote is counted.

- Require that results of all ballots—those voted in a polling place as well as those voted at home—are reported at the precinct level, because elected officials benefit from knowing the where their support is coming from and where they may need to beef up their constituent connections.
- Provide a variety of options for voters to return ballots and sufficient in-person locations for voters who need assistance or would prefer to vote in-person. Options for returning ballots can include these in-person locations as well as secure drop boxes throughout a jurisdiction. Having some or all of the drop boxes available around the clock (with security cameras) is useful.
- Decide whether to provide prepaid return postage, as a couple of states have done. Note that providing secure drop boxes throughout the jurisdiction reduces the number of voted ballots that are mailed, and thus reduces the cost of providing prepaid envelopes.
- Ensure that there are sufficient opportunities for voters to update their address and robust voter list maintenance procedures. See NCSL's webpage on Voter List Accuracy for additional information.
- Require reporting for every election the number of mailed-out ballots requested, the number sent out and the number returned. This will allow policymakers to track the popularity of this voting method over time and to allocate resources appropriately.

Please feel free to contact NCSL's elections team for any level of assistance or data that may prove helpful.

Tables

Resources

- Vote at Home's Reference Library
- Vote at Home's Policy and Research Guide
- NCSL's State Laws Governing Early Voting page
- NCSL's Absentee Voting in Case of a Personal Emergency
- NCSL's The Canvass article, Trends in Ballot Collecting
- NCSL's State Laws Governing Early Voting
- FVAP's Absentee and Early Voting Myths and Realities Fact Sheet
- The Early Voting Information Center (EVIC) based at Reed College
- NCSL's The Canvass: March 2020

NCSL acknowledges and thanks Vote at Home (VAH) for its support for this project.

EXHIBIT 66

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities

Voting is one of our nation's most fundamental rights and a hallmark of our democracy. Yet for too long, many people with disabilities have been excluded from this core aspect of citizenship. People with intellectual or mental health disabilities have been prevented from voting because of prejudicial assumptions about their capabilities. People who use wheelchairs or other mobility aids, such as walkers, have been unable to enter the polling place to cast their ballot because there was no ramp. People who are blind or have low vision could not cast their vote because the ballot was completely inaccessible to them.

Important federal civil rights laws were enacted to combat such forms of discrimination and protect the fundamental right to vote for all Americans. This document provides guidance to states, local jurisdictions, election officials, poll workers, and voters on how the Americans with Disabilities Act and other federal laws help ensure fairness in the voting process for people with disabilities.

FEDERAL LAWS PROTECTING THE RIGHT TO VOTE

The **Americans with Disabilities Act (ADA)** is a federal civil rights law that provides protections to people with disabilities that are similar to protections provided to individuals on the basis of race, color, sex, national origin, age, and religion. Title II of the ADA requires state and local governments ("public entities") to ensure that people with disabilities have a full and equal opportunity to vote. The ADA's provisions apply to all aspects of voting, including voter registration, site selection, and the casting of ballots, whether on Election Day or during an early voting process.

The **Voting Rights Act of 1965 (VRA)** also contains provisions relevant to the voting rights of people with disabilities. The VRA requires election officials to allow a voter who is blind or has another disability to receive assistance from a person of the voter's choice (other than the voter's employer or its agent or an officer or agent of the voter's

union). The VRA also prohibits conditioning the right to vote on a citizen being able to read or write, attaining a particular level of education, or passing an interpretation "test."

The **Voting Accessibility for the Elderly and Handicapped Act of 1984 (VAEHA)** requires accessible polling places in federal elections for elderly individuals and people with disabilities. Where no accessible location is available to serve as a polling place, voters must be provided an alternate means of voting on Election Day.

The **National Voter Registration Act of 1993 (NVRA)** aims, among other things, to increase the historically low registration rates of persons with disabilities. The NVRA requires all offices that provide public assistance or state-funded programs that primarily serve persons with disabilities to also provide the opportunity to register to vote in federal elections.

The **Help America Vote Act of 2002 (HAVA)** requires jurisdictions responsible for conducting federal elections to provide at least one accessible voting system for persons with disabilities at each polling place in federal elections. The accessible voting system must provide the same opportunity for access and participation, including privacy and independence, that other voters receive.

The remainder of this document discusses how these laws apply to common aspects of the election process.

MAKING VOTER REGISTRATION ACCESSIBLE TO ALL

The first step in the voting process is registration. The NVRA requires all offices that provide public assistance or state-funded programs that primarily serve persons with disabilities to provide the opportunity to register to vote by providing voter registration forms, assisting voters in completing the forms, and transmitting completed forms to the appropriate election official. The NVRA requires such offices to provide any citizen who wishes to register to vote the same degree of assistance with voter registration forms as it provides with regard to completing the office's own forms. The NVRA also requires that if such office provides its services to a person with a disability at the person's home, the office shall provide these voter registration services at the home as well.

> *In a 2011 NVRA case, the Department reached a settlement with the State of Rhode Island that required state officials to ensure that voter registration opportunities are offered at all disability services offices in the state and to develop and implement training and tracking programs for those offices.*

In addition to the registration opportunities guaranteed by the NVRA, the ADA requires states to ensure that all aspects of the voter registration process are accessible to persons with disabilities. The ADA also prohibits a state from categorically disqualifying all individuals who have intellectual or mental health disabilities from registering to vote or from voting because of their disability.

PROVIDING ACCESSIBLE POLLING PLACES

In communities large and small, people cast their ballots in a variety of facilities that temporarily serve as polling places, such as libraries, schools, and fire stations, or churches, stores, and other private buildings. The ADA requires that public entities ensure that people with disabilities can access and use their voting facilities. The ADA's regulations and the ADA Standards for Accessible Design set out what makes a facility accessible and should be used to determine the level of accessibility at any facility being considered for use as a polling place. The Justice Department's **ADA Checklist for Polling Places** | **PDF** provides guidance to election officials for determining whether a polling place already has the basic accessibility features needed by most voters with disabilities or can be made accessible using temporary solutions.

An additional Justice Department publication, **Solutions for Five Common ADA Access Problems at Polling Places** | **PDF**, illustrates suggested temporary solutions for several common problems found at polling places. For example, if parking is provided at a polling place but there are no accessible parking spaces, election administrators can create temporary accessible parking by using traffic cones and portable signs to mark off the accessible spaces and access aisles.

> *The Department of Justice has expanded the scope of the Election Day monitoring conducted by Civil Rights Division staff to include assessments of the physical accessibility of polling places. For the 2012 general election, the Department's Election Day monitors conducted accessibility surveys of approximately 240 polling places in 28 jurisdictions throughout the country.*

In some circumstances, when a public entity is unable to identify or create an accessible polling place for a particular voting precinct or ward, election administrators may instead use an alternative method of voting at the polling place. While absentee balloting can be offered to voters with disabilities, it cannot take the place of in-person voting for those who prefer to vote at the polls on Election Day. Any alternative method of voting must offer voters with disabilities an equally effective opportunity to cast their votes in person. For example, the only suitable polling site in a precinct might be an inaccessible building. In this rare circumstance, election administrators may provide "curbside voting" to allow persons with disabilities to vote outside the polling place or in their cars. In order to be effective, however, the curbside voting system must include: (1) signage informing voters of the possibility of voting curbside, the location of the curbside voting, and how a voter is supposed to notify the official that she is waiting curbside; (2) a location that allows the curbside voter to obtain information from candidates and others campaigning outside the polling place; (3) a method for the voter with a disability to announce her arrival at the curbside (a temporary doorbell or buzzer system would be sufficient, but not a telephone system requiring the use of a cell phone or a call ahead notification); (4) a prompt response from election officials to acknowledge their awareness of the voter; (5) timely delivery of the same information that is provided to voters inside the polling place; and (6)

a portable voting system that is accessible and allows the voter to cast her ballot privately and independently.

Curbside voting is permissible only under these limited circumstances. Under the ADA, jurisdictions must select polling sites that are or can be made accessible, so that voters with disabilities can participate in elections on the same terms and with the same level of privacy as other voters.

> *In February 2014, the Department of Justice and Blair County, Pennsylvania, entered into a Settlement Agreement under the ADA concerning the accessibility of the County's polling places. The County agreed that by the 2014 general election, all of its polling places would be accessible on Election Day to voters with mobility and vision impairments. The County agreed to relocate some polling places that were not accessible and to provide temporary measures at others such as portable ramps and doorbells to make sure that they are accessible on Election Day.*

ENSURING POLICIES AND PROCEDURES DO NOT DISCRIMINATE AGAINST PEOPLE WITH DISABILITIES

Public entities must ensure that they do not have policies, procedures, or practices in place that interfere with or prohibit persons with certain disabilities from registering to vote or voting based on their disability. For example, an election official cannot refuse to provide an absentee ballot or voter registration form to a person with a disability because the official knows the voter resides in a nursing home.

In addition, the ADA requires public entities to modify their voting policies, practices, and procedures when such modifications are necessary to avoid discrimination on the basis of a voter's disability. That requirement is relaxed only if election administrators can show that the proposed modification would fundamentally alter the nature of the voting program. For example, voters who use crutches may have difficulty waiting in a long line to vote. The ADA does not require that these voters be moved to the front of the line, but the public entity should provide a chair for them while they wait. For a voter with multiple sclerosis who may be unable to tolerate extreme temperatures, providing a chair inside the polling place may be an appropriate modification.

Similarly, election officials must modify a "no animals/pets" policy to allow voters with disabilities to be accompanied by their service animals in all areas of the polling place where the public is allowed to go. Additionally, if a jurisdiction requires voters to provide identification, the ADA requires that election officials not restrict the permissible forms of identification from voters with disabilities to ones that are not available to those voters. For example, individuals with severe vision impairments, certain developmental disabilities, or epilepsy are ineligible in many states to receive a driver's license. Thus, accepting only a driver's license would unlawfully screen out these voters.

PROVIDING ACCESSIBLE VOTING SYSTEMS AND EFFECTIVE COMMUNICATION

HAVA requires jurisdictions conducting **federal** elections to have a voting system (such as the actual voting machines) that is accessible, including to citizens who are blind or visually impaired, at each polling place. The accessible voting system must provide the same opportunity for access and participation, including privacy and independence, that other voters enjoy. States can satisfy this accessibility requirement through use of a direct recording electronic voting system or other voting system equipped for individuals with disabilities. In addition to HAVA, the ADA requires officials responsible for conducting all public elections to make sure that any accessible voting systems are maintained and function properly in each election, and that election officials have been adequately trained to operate them.

> *Following the enactment of HAVA, the Department monitored the nationwide implementation of the accessible voting systems requirements and successfully resolved litigation in Maine, New York, and Pennsylvania to ensure that accessible voting systems were established in every polling place in those states.*

The ADA requires election officials conducting **any** elections at the federal, state, or local level to provide communication with voters with disabilities that is as effective as that provided to others. To ensure that voters with disabilities can fully participate in the election process, officials must provide appropriate auxiliary aids and services at each stage of the process, from registering to vote to casting a ballot. Only if providing an aid or service would result in a fundamental alteration or undue financial and administrative burdens is a jurisdiction not required to provide the aid or service. However, the jurisdiction still has an obligation to provide, if possible, another aid or service that results in effective communication. In determining the type of auxiliary aid and service to be provided, officials must give primary consideration to the request of the voter.

> *Examples of auxiliary aids and services for people who are blind or have low vision include a qualified reader (a person who is able to read effectively, accurately, and impartially using necessary specialized vocabulary); information in large print or Braille; accessible electronic information and information technology; and audio recording of printed information. Examples of auxiliary aids and services for people who are deaf or have hearing loss include sign language interpreters, Video Remote Interpreting, captioning, and written notes. For additional information about auxiliary aids and services, see ADA Requirements: Effective Communication at http://www.ada.gov/effective-comm.htm.*

For example, suppose that a jurisdiction is conducting an election for mayor and city council members using a paper ballot system. A blind voter requests an accessible ballot. A Braille ballot would have to be counted separately and would be readily identifiable, and thus would not constitute a secret ballot. Other aids and services would better afford voters who are blind the opportunity to vote privately and independently and to cast a secret ballot, just like other voters. These may include ballot overlays or templates, electronic information and information technology that is accessible (either independently or through assistive technology such as screen readers), or recorded text or telephone voting systems.

The requirement to provide effective communication also extends to other information related to the voting process, such as poll workers obtaining address and registration information from voters. Whatever information the public entity provides relating to the voting process must be accessible and usable by all who come to cast their ballots. For example, election officials should have pen and paper available and be prepared to write out questions at the polling place check-in table for a voter who is deaf and can communicate through written communications.

In 2009, the Department entered into a landmark ADA settlement agreement with the City of Philadelphia, Pennsylvania, that transformed the historic city into a model program of accessible polling places. A key component of the settlement was training for poll workers, election officials, and election administration staff.

TRAINING

Prior to Election Day or the beginning of early voting, election staff and volunteers receive training so they can appropriately interact with people with disabilities. Staff and volunteers should understand the specific auxiliary aids and services that are available. They should be aware that service animals must be allowed to accompany voters inside the polling place, that accessibility features at the polling place need to be operational, that people with disabilities are allowed assistance from a person of their choice, and that other modifications may be needed to accommodate voters with disabilities. Many local disability organizations, including Centers for Independent Living and Protection and Advocacy Systems, conduct ADA and disability trainings in their communities. The Department of Justice and the National Network of ADA Centers can provide local contact information for these organizations.

FOR MORE INFORMATION

For information about how the ADA applies to voting, please visit our website or call our toll-free number.

ADA Information Line
800-514-0301 (Voice) and 800-514-0383 (TTY)
24 hours a day to order publications by mail.
Monday-Wednesday, Friday 9:30 a.m. – 5:30 p.m., Thursday 12:30 p.m. – 5:30 p.m. (Eastern Time) to speak with an ADA Specialist. Calls are confidential.

ADA Website
www.ADA.gov

To receive e-mail notifications when new ADA information is available, visit the ADA Website's home page and click the link under ADA.gov Updates in the lower right corner of the page.

For information about the VRA, VAEHA, NVRA, and HAVA, please visit the Voting Section's website: www.justice.gov/crt/about/vot/

To report complaints of possible violations of the federal voting rights laws, you may contact the Voting Section: www.justice.gov/crt/about/vot/misc/contact.php.

You can contact the Voting Section though our toll free number (800-253-3931) or our email address (voting.section@usdoj.gov).

For persons with disabilities, this publication is available in large print, Braille, audio tape, and on computer disk.

Reproduction of this publication is encouraged.

September 2014

The Americans with Disabilities Act authorizes the Department of Justice (the Department) to provide technical assistance to individuals and entities that have rights or responsibilities under the Act. This document provides informal guidance to assist you in understanding the ADA and the Department's regulations.

This guidance document is not intended to be a final agency action, has no legally binding effect, and may be rescinded or modified in the Department's complete discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent.

October 10, 2014

EXHIBIT 67

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

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

DECLARATION OF LATESHA E. ELOPRE, MD

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

1. I am over 18 years old and competent to make this declaration.

2. I am an Assistant Professor at the University of Alabama at Birmingham Department of Medicine, Division of Infectious Diseases. As a faculty member, I also serve as an investigator within our Center for AIDS Research. I am the research director for the divisions Research Informatics and Service Center and serve as the Graduate Medical Education director for diversity and inclusion. I am a member of the following scientific associations: Infectious Diseases Society of America, International Association of Providers of AIDS Care, and the American Sexually Transmitted Diseases Association. I provide ad hoc reviews for several peer-reviewed scientific journals, including AIDS and Behavior; Culture, Health and Sexuality; and PLOS One.

3. I received my B.S. in biology from Florida State University in 2004, my medical degree from University of Florida College of Medicine in 2009 and my Masters of Science in Public Health from the University of Alabama at Birmingham School of Public Health in 2015. I also completed a residency in internal medicine and fellowship in infectious diseases from the

University of Alabama at Birmingham in 2012 and 2016, respectively.

4. I joined the faculty of the Division of Infectious Diseases as a clinical instructor (2015–2016). I also served as the director for Diversity and Inclusion for the Internal Medicine Residency Program in the Department of Medicine (2015–2018). In 2018, I served as an external reviewer for the National Minority AIDS Counsel's "Blueprint for HIV Biomedical Prevention Part 2" and will act as a scientific reviewer for the National Institute of Allergy and Infectious Diseases in June of 2020. I currently serve as a co-chair for the Dean's Council on Graduate Medical Education Diversity Committee in the School of Medicine (2016–present). I am currently an Assistant Professor at the University of Alabama at Birmingham Department of Medicine (2016–present).

5. My research focuses on understanding the interplay between intersectional stigma, related to multiple stigmatizing identities and the various contextual barriers to implementation of effective HIV prevention strategies among vulnerable populations in the state of Alabama. Specifically, my research focuses on a biomedical prevention tool called HIV pre-exposure prophylaxis (PrEP). PrEP is highly underutilized among gender and sexual minority groups and these disparities are amplified in the Southeastern United States. I explore novel intervention to address these inequities among Black men and women living in urban and rural settings throughout Alabama. As a researcher and, over the years, Alabamian, I have had the privilege to collaborate with multiple community-based organizations and not-for-profit agencies across Alabama. Through these partnerships, I have been able to travel to rural counties within the state and speak to community leaders about public health.

6. As a member of the Infectious Diseases Division at the University of Alabama at Birmingham, I have also witnessed and contributed to the hectic effort to accommodate a growing

number of COVID-19 patients in our hospital. I have covered the hospital epidemiology pager, approving which patients warranted testing, and provided consultation to physicians in urban and rural settings across the state of Alabama caring for their own patient's diagnosed with COVID-19.

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

8. In my qualitative research to understand how to increase uptake of PrEP among Black women living in rural counties within Alabama's Black Belt, I was able to observe via the data the intense entanglement that exists between poverty and health.

9. Inequities in the Black Belt are expansive and have persisted for centuries within the United States. The black fertile soil, which serves as the namesake of the "Black" Belt region, was manually labored primarily by slaves and later Black sharecroppers throughout the countries' history. Race, region and rurality all play integral roles in the legacy of poverty and racism that results in many people of color being "left behind" who still reside in the Black Belt region.[1] Stretching across 11 southern states from Virginia to Texas (holding some 623 counties), over half of the Southern population still lives in the Black Belt. To date, persons living within the Black Belt face unparalleled social injustices and, despite migration of Black populations out of the South following the Civil War and Jim Crow, the largest proportion of Black Americans still reside here and are struggling to overcome these injustices. This is evidenced by the high levels of unemployment, poor education and food insecurity among Black people living within this region compared to other geographic regions in the country.[2] Additionally, a shortage of infrastructure to support economic stability and growth compounds the inability of those living here to move upward economically, contributing to generational poverty, especially among rural Black people

who are less likely to be able to mobilize out of poor rural areas.[3]

10. Alabama's Black citizens personify the many inequities that persist in the Black Belt due to the severity of poverty, particularly in its rural areas, which are among some of the poorest locales in the nation. The state currently has counties with some of the highest levels of unemployment, limited education, poor health, single parenthood and dependence on public assistance programs in the nation.[4] Reasons for persistent poverty in the Alabama are complex, but one cannot ignore the role of sustained systematic, institutionalized racism. Looking geospatially at counties within Alabama that have the highest levels of poverty, these counties are also the counties that contain the greatest concentrations of Black people.[5] This is likely due to the historic lack of forward growth through economic opportunities within these regions. Other factors that contribute to the stagnation of growth in Alabama's Black Belt include, but are not limited to: a lack of jobs, poor public goods/services and human capital endowment (i.e. high rates of illiteracy and lack of educational attainment) leading to overall low-income households.[6]

11. As an example of poverty's impact on health outcomes, women from Lowndes County, one of the poorest counties in Alabama and deemed to have the worst poverty in the developed world by the United Nations. Currently, there are homes that have waste backing up into their yards due to faulty septic tanks.[7] In speaking with these Black women about barriers to using a highly effective HIV prevention strategy, like PrEP, I found myself buried under the weight these women carried from their day to day battles of living in poverty. Based on Maslow's Hierarchy of Needs, their immediate need to establish and maintain a safe environment for themselves and their loved ones superseded their need to tend to their health over the long term. Ultimately, all of these inequities are invariably linked to increased morbidity and mortality for Black Alabamians living in these regions.

12. As another example, in the state of Alabama, Black persons living with HIV have far worse outcomes, despite having highly effective medical therapy available. As an Internist, I am tasked with managing not only their HIV, but also their other chronic health conditions. One of the biggest barriers in my patients' ability to live healthy lives is structural. Many of my patients are highly vulnerable due to food insecurity, lack personal transportation and unstable housing. Lack of attention from the state, and my clients' inability to counter the effects of these social determinants of health, often result in unnecessary hospital admissions for management of chronic health conditions like congestive heart failure, diabetes and coronary artery disease. As a clinician, I have felt my greatest ineptitude when I am able to find a diagnosis and develop an effective a treatment plan but it ultimately proves unsuccessful due to greater social needs that I am ill equipped to correct.

13. These health disparities are not limited by any means only to HIV; rather, they are reflected in almost every other disease state imaginable. Despite tremendous steps forward in our understanding of how to treat and prevent many health conditions, Black people living in the Black Belt have often been left behind and do not see the same benefits from these scientific advancements compared to majority groups. Morbidity and mortality rates for heart disease, diabetes, stroke, breast cancer and HIV are particularly and inequitably high among Black people living in Alabama. The disparities also impact the health of future generations, with Black Belt counties having some of the highest infant mortality rates (with Alabama having the seventh highest rate) in the country. These trends have persisted, and in some instances the inequities have widened, despite coordinated federal efforts (e.g. Health People 2010) to address these disparities. This is likely due to the need to move beyond solely focusing on individual characteristics within groups suffering from poor health outcomes, but move to understanding and informing health care

by evaluating social factors that interplay in one's ability to attain good health. These social determinants of health can include cultural, socioeconomic and psychosocial barriers that affect an individual's ability to engage in healthcare and management of acute and/or chronic illnesses.

14. Given the inequities demonstrated across multiple disease states, including infectious diseases, it is not surprising that we are currently finding large disparities in infection and mortality among Black people diagnosed with severe acute respiratory syndrome coronavirus 2 (i.e. SARS-CoV-2 or COVID-19). Since its emergence in December 2019 in Wuhan, China, COVID-19 has absolutely devastated the world through a global pandemic. With a 3.4% mortality rate world-wide, estimated by the World health Organization, COVID-19 has claimed over a quarter of a million lives. Nationally, the death toll to date is more than 75,000 individuals. This highly transmissible virus is primarily spread through respiratory droplets, but is particularly dangerous due to the potential exposure by those who are a- or pre-symptomatic. Because of the brevity in which we have seen spread, many states are just now beginning to lift stay-at-home orders, but continuing to mandate that their citizens not gather in public settings, albeit without clear indications that the virus has plateaued within some states. In a subset group of individuals, a cytokine storm occurs 5-10 days after symptoms onset that can result in severe complications, including death. Older age, male sex and chronic health conditions like hypertension, diabetes and obesity have all been associated with higher mortality rates. However, in our own nation's trends, one of the biggest predictors of death is Black race. In predominantly Black counties, the death rate is 3-fold higher compared to predominantly white counties.[8] These inequities in infection rates are likely in part due to adverse social determinants of health that affect prevalence of other high-risk co-morbidities in vulnerable populations. It is also likely compounded by the inability of many in lower socio-economic groups to adequately practice social distancing due to being in essential,

labor-intense job classes. Therefore, many providers, including myself, are not surprised by the death rates and complications seen among minority groups, given the history of health disparities in Alabama and our nation.[9] Later, through geospatial analysis, it will also not be surprising if these trends intensify over the Black Belt.

15. As of May 10th, 2020, the state of Alabama is seeing a rise in COVID-19 caseloads and deaths. Mobile County has the greatest number of deaths and growth in cases across the state. And, while Black people make up 27% of the population in Alabama, they account for 38% of cases and 46% of deaths. Zip code data from Mobile also aligns with higher death rates seen in those areas with a higher density of Black people. While clear causation cannot be determined, census tract data looking at the density of other chronic illnesses like hypertension, diabetes and high cholesterol within Mobile share a similar distribution. These zip codes are also some of the poorest in the entire state. While conclusions cannot be drawn with 100 percent certainty, it is easy to infer the clear relationships in Alabama's COVID-19 epidemic between race, poverty, health disparities and high overall mortality echoed throughout the rest of the country.

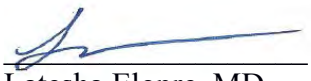
16. As states, including Alabama, re-open and lift stay at home orders, many physician scientists, including myself, are worried that rebounds in COVID-19 cases will occur. Social distancing will be difficult to maintain and disparities already present in the current epidemiology may worsen. Additionally, there is no clear evidence if the virus will be less infectious with more humid weather, but many experts are predicting a recurrence of the pandemic in the Fall of 2020, coinciding with the federal election season.

17. It is reasonable to expect that the virus will return in the fall and medical therapeutics may not yet exist that prevent infection or spread. With this in mind, Alabama and its residents need to prepare to potentially return to isolation and quarantine practices to delay spread.

Voting in the primaries during the beginning of the pandemic likely caused tremendous wariness and stress for citizens in Alabama. But now, with full knowledge of the deadliness of the epidemic and racial divide in mortality, voting in-person in July and November of 2020 may literally be asking Black voters to choose between life and death. Furthermore, with a better understanding of the barriers faced by many Black citizens living in the Black Belt, especially in rural counties, the hurdles required to cast absentee ballots may be unreachable for those who historically fought for the right to vote in those same counties.

18. To ensure that all of Alabama citizens are capable of voting safely and without dire consequences, the state of Alabama must adopt an appropriate preparedness plan.

19. I declare under penalty of perjury that the foregoing is true and correct. Executed on May 12, 2020.



Latesha Elopre, MD

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[7] WINKLER I. T., FLOWERS C. C. America's Dirty Secret: The Human Right to Sanitation in Alabama's Black Belt, Colum Hum Rts L Rev 2017: 49: 181.

[8] THEBAULT R., TRAN A. B., WILLIAMS V. The coronavirus is infecting and killing black Americans at an alarmingly high rate, Washington Post 2020.

[9] YANCY C. W. COVID-19 and African Americans, Jama 2020.

ATTACHMENT A

CURRICULUM VITAE
University of Alabama at Birmingham
School of Medicine Faculty

PERSONAL INFORMATION

Name:	Latesha Elopre
Citizenship:	United States of America
Home Address:	3985 James Hill Place Birmingham, AL. 35244
Phone:	904-412-3517
RANK/TITLE:	Assistant Professor of Medicine
Department:	Medicine/Infectious Diseases
Business Address:	University of Alabama at Birmingham School of Medicine Division of Infectious Diseases 1720 2nd Ave S, BBRB 206G Birmingham, AL 35294
Phone:	205-975-2457
Fax:	205-996-6950
Email:	lelopre@uabmc.edu

HOSPITAL AND OTHER (NON ACADEMIC) APPOINTMENTS:

2015-Present	Attending Physician University of Alabama at Birmingham 1917 HIV/AIDS Clinic Birmingham, AL
2015-Present	Attending and Consulting Physician University of Alabama at Birmingham University Hospital Birmingham, AL
2015-2016	Post-doctoral Fellow, Division of Infectious Diseases Department of Medicine, University of Alabama at Birmingham, Birmingham, AL
2015-Present	Director of Diversity and Inclusion Department of Medicine Internal Medicine Program, University of Alabama at Birmingham, Birmingham, AL
2012-2015	Research Fellow, Division of Infectious Diseases, Department of Medicine, University of Alabama at Birmingham School of Medicine, Birmingham, AL

2012-2015	Attending Physician, Emergency Room, Birmingham VA Medical Center Birmingham, AL
2012-Present	Hospitalist Physician, Birmingham VA Medical Center Birmingham, AL
2009-2012	Internal Medicine Resident, Department of Medicine, University of Alabama at Birmingham School of Medicine, Birmingham, AL
2004-2005	9th Grade Honor Biology Teacher Stanton College Preparatory School Jacksonville, FL
2002-2003	Medical Assistant Medical Group of North Florida Tallahassee, FL

PROFESSIONAL CONSULTANTSHIPS:

2018 – Present	North Carolina Academy of Family Physicians in Collaboration with Med-IQ CME activity entitled “Building HIV treatment Capacity in the Family Medicine Clinic”.

EDUCATION:

2015	University of Alabama at Birmingham Birmingham, AL Masters of Science in Public Health Applied Epidemiology
2009	University of Florida College of Medicine Gainesville, FL Doctor of Medicine
2004	Florida State University Tallahassee, FL Bachelor of Science, *cum laude* Major: Biology; Minor: Chemistry

LICENSURE:

2014	State of Alabama Registration No. 30617

BOARD CERTIFICATION:

2015	Diplomate, American Board of Internal Medicine, Subspecialty of Infectious Diseases
2009	Diplomate, American Board of Internal Medicine

POSTDOCTORAL TRAINING:

Fellowship:

2015-2016	Post-doctoral Fellow Division of Infectious Diseases, Department of Medicine University of Alabama at Birmingham, Birmingham, AL
2012-2015	Clinical Fellow Division of Infectious Diseases, Department of Medicine University of Alabama at Birmingham, Birmingham, AL

Internship and Residencies:

2010-2012	Resident, Internal Medicine University of Alabama at Birmingham, Birmingham, AL
2009-2010	Intern, Internal Medicine University of Alabama at Birmingham, Birmingham, AL

ACADEMIC APPOINTMENTS:

2018 - Present	Graduate Medical Education Director Diversity and Inclusion University of Alabama at Birmingham, Birmingham, AL
2016 – Present	Assistant Professor Department of Medicine, Division of Infectious Diseases University of Alabama at Birmingham
2016 –Present	Co-Chair DCGME Diversity Committee School of Medicine University of Alabama at Birmingham
2015 – Present	Co-Investigator Center for AIDS Research University of Alabama at Birmingham
2015 – 2018	Director of Diversity and Inclusion Department of Medicine, Internal Medicine Residency Program University of Alabama at Birmingham
2015 – 2016	Instructor Department of Medicine University of Alabama at Birmingham

AWARDS/HONORS:

2019	Blaze Leadership Academy Participant University of Alabama at Birmingham
2018	Leadership Department of Medicine Leadership Participant University of Alabama at Birmingham

2018	University of Alabama at Birmingham Department of Medicine "Unsung Hero" Award
2016	University of Alabama at Birmingham School of Medicine Dean's Excellence Award in Diversity Enhancement
2015	University of Alabama at Birmingham Department of Medicine, Infectious Diseases Chief Fellow
2015	Junior Investigator Travel Grant Conference on Retroviruses and Opportunistic Infections
2014	University of Alabama at Birmingham School of Medicine Golden Key International Honor Society
2009	University of Alabama at Birmingham Department of Medicine, Internal Medicine Residency C. Glen Cobbs Award for Excellence
2006	University of Florida School of Medicine Exemplary Performance in Essential of Patient Care II
2004	Florida State University Cum Laude Graduate

PROFESSIONAL ORGANIZATIONS/MEMBERSHIPS:

2018 – Present	Infectious Diseases Society of America, Member (#36070)
2017 – Present	International Association of Providers of AIDS Care, Member (# 65629)
2014 – Present	American Sexually Transmitted Diseases Association, Member
2010-2012	Creating Effective Resident Teachers Scholar
2005-2008	Student National Medical Association
2001-2004	Multicultural Association of Pre-medical Students

EXTERNAL REVIEWER

2020	NAID/NIH Peer Review panel to evaluate U01 grant application. "Digital, Limited Interaction Trials and Epidemiology (D-LITE): Targeting HIV Incidence in the United States (U01 Clinical Trial Required)"
2019	External Reviewer, "Utility of an FDA Label Indication for Condoms for Anal Sex' for Sexual Health".
2018	External Reviewer, National Minority AIDS Council "Blueprint for HIV Biomedical Prevention Part 2"
2018	Principal Investigator Reviewer "Women's Interagency HIV Study" concept Sheets Proposal

COUNCILS AND COMMITTEES:

National Councils and Committees

2018 – Present	Program Committee Member, National Minority AIDS Council "Biomedical HIV Prevention Summit"
2015 – 2019	HPTN 078 Work Group, Questionnaires Writing Team Sub-Group

University Councils and Committees

2019	Clinician Educators Search Committee, Division of Gastroenterology University of Alabama at Birmingham
2019	Internal Medicine Residency Program Health Disparities Track University of Alabama at Birmingham
2018	Clinical Skills Assessment for MS3 Medical Students, University of Alabama at Birmingham
2016 – Present	Co-Chair Diversity Committee, Dean's Council for Graduate Medical Education, University of Alabama at Birmingham
2015 – Present	University of Alabama at Birmingham CFAR HIV Adherence Work Group
2015 – Present	Department of Medicine Culture Work Group, University of Alabama at Birmingham
2015 – 2018	Intern Selection Committee, University of Alabama at Birmingham
2015	Department of Medicine Chair of Diversity of Inclusion Selection Committee, University of Alabama at Birmingham
2012 – 2015	Diversity Enrichment Committee, Member Chair (2012 – 2013)

MAJOR RESEARCH INTERESTS: (2-3 Sentences)
I am an Assistant Professor at the University of Alabama at Birmingham's (UAB). I am currently working on research to increase uptake of HIV Pre-exposure Prophylaxis among high-risk populations to abate growing health disparities in the HIV epidemic. This includes focusing on racial and sexual minority populations, as well as, economically disenfranchised communities including Young Black men who have sex with men and Black women.

TEACHING EXPERIENCE:

Classroom Instruction:

2012 – 2017	Mentorship, Medical Student Scholarly Activities Mentorship at UAB's Adolescent Health Center, Enrollment and Data Analysis for study looking at factors that predict acceptance of genital herpes testing in adolescents.

2012 – 2017	Instructor, Sophomore Medical Microbiology Laboratory University of Alabama at Birmingham School of Medicine, Birmingham, AL
2012 – 2017	Instructor, Introduction to Clinical Medicine II University of Alabama at Birmingham School of Medicine, Birmingham, AL
2012	Patient Doctor Society Preceptorship University of Alabama at Birmingham School of Medicine, Birmingham, AL
2004-2005	9th Grade Honor Biology Teacher Stanton College Preparatory School Jacksonville, FL

MAJOR LECTURES AND VISITING PROFESSORSHIPS:

Elopre, L. Increasing Uptake of PrEP among Urban and Rural Southern Black Women. Webcast, Tennessee AETC. December 12, 2018.

Elopre, L and Medera, L. Black MSM and PrEP: Challenges and Opportunities. Webinar, The Fenway Institute. March 23, 2017.

Elopre, L. STIs: Taking a Sexual History, the STI exam and Review of Common Pathogens. HIV –STI 2015 Conference at Atmore, AL. May 15, 2015.

Elopre, L. HIV Update. 3 Day STD/HIV Intensive Training at Jefferson County Health Department, Birmingham, AL. May 5, 2015

Elopre, L. Sexual Education: What's the Big Deal. Southeast AIDS Training and Education Center. Montgomery, AL. April 18, 2014

Elopre, L. Sexual Education: What's the Big Deal. The 29th Annual Update in STD/HIV/AIDS. Birmingham, AL. November 5, 2013

GRANT SUPPORT: (PAST AND CURRENT)

Grants (ACTIVE)
1 R34 MH118044-01A1 PrEP Demonstration Project among Women at Risk for HIV Infection
Funding agency: NIH/NIMH
Principal investigator: Kempf/Psaros
Role: Co-investigator
Effort: 4% (0.48 calendar)
Purpose: The objective of this application is to increase PrEP uptake among AA women at-risk for HIV-infection in the rural South, specifically those seeking care at Federally Qualified

Healthcare Centers (FQHC) in rural Alabama. We will use a mixed-methods approach to adapt and pilot test a patient-provider communication tool from the CDC PrEP toolkit that focuses on the first three steps of the PrEP cascade (e.g., recognizing HIV risk, identifying as a PrEP candidate, and interested in PrEP) to increase PrEP uptake via referrals to local PrEP clinics. If funded, effort will be adjusted on 1U01HL146192-01.
Funds: $176,638 (Annual Direct)
Duration: 7/1/2019 – 6/30/22

UAB Center for AIDS Research – PrOTECT: PrEP Optimization Through Enhanced Capture of Treatment
Funding agency: NIH/NIAID
Principal investigator: Elopre/Rana
Role: PI
Effort: 6% (0.72Calendar)
Purpose: This grant proposes to work with community partners to develop and beta test a software platform to capture the state of Alabama's PrEP Care Continuum. Such a platform will define gaps in current PrEP services delivered throughout the state and allow for real-time development of effective interventions.
Funds: $100,000
Duration: 08/07/19-05/31/20

end + disparities ECHO Collaborative
Funding Agency: HRSA Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation
Purpose: The end+disparities ECHO Collaborative is a national initiative to reduce disparities in four disproportionately affected HIV subpopulations. These are: MSM of Color, African American and Latina Women, Transgender People, and Youth. The 18-month collaborative aims to increase viral suppression in these four key subpopulations and increase local quality improvement capacities.

Increasing Uptake of PrEP in Urban and Rural Black Women in the South
Funding Agency: Robert Wood Johnson Foundation (Elpore PI)
Principal Investigator: Latesha Elopre, MD MSPH
Role: PI
Effort: 4% (0.48 calendar)
Purpose: This project aims to determine PrEP awareness and preferences for PrEP service delivery among black women from two urban and four rural counties with high HIV incidence in Alabama. We will also identify barriers to PrEP service provision among healthcare providers and other key stakeholders reflective of the healthcare systems accessed by black women, and pilot test a community randomized trial of a PrEP service delivery intervention.
Funds: $420,000
Duration: 1/1/2018-12/31/2021

Increasing Uptake of HIV PrEP among Young, Black MSM in the South (1K23MH112417-01)
Funding Agency: NIH/NIMH
Principal Investigator: Latesha Elopre, MD MSPH
Role: PI
Effort: 75% (9.0 calendar)

Purpose: The goal of this project is to understand factors related to PrEP uptake among young, black MSM in Birmingham, AL. Building on prior research examining linkage, engagement and retention in HIV care in the U.S. South, this study is grounded in Andersen's Behavioral Model (ABM) of Health Service Utilization to identify individual and environmental factors influencing PrEP uptake.
Funds: $759,714 (Direct Costs, UAB)
Duration: 2/2/2017 – 1/31/2021

UAB-MISS WIHS/MACS Combined Cohort Study (CCS)
Funding Agency: NIAID/NIH/DHHS
Principal Investigator: Kempf/Konkle-Parker
Role: Investigator
Effort: 3% (0.36 calendar)
Purpose: The Combined Cohort Study (CCS) is a multicenter longitudinal study funded to investigate the impact and progression of HIV disease in women and men. This proposal funds UAB/UMMC as one of the nationwide sites for the CCS project.
Funds: $23,942,906
Duration: 1/1/19 – 12/31/25

Grants (COMPLETED)
HPTN 078: Enhancing Recruitment, Linkage to Care and Treatment for HIV-Infected Men Who Have Sex with Men (MSM) in the United States (UM1 AI068619)
Funding agency: National Institute of Allergy and Infectious Diseases (HIV Prevention Trials Network),
Principal Investigator: Wafaa El-Sadr MD MPH
Role: Other Significant Contributor
Purpose: The purpose of this study is to develop and assess the efficacy of an integrated strategy that includes feasible and scalable interventions to identify, recruit, link to care, retain in care, attain, and maintain viral suppression among HIV-infected men who have sex with men (MSM) in the United States.
Funds: $900,660 (Direct costs)
Duration: 8/01/2015 – 6/30/2019

GameChanger: MSM Service Project
Funding agency: Centers for Disease Control and Prevention / Alabama Department of Public Health (AIDS Alabama Inc.)
Principal investigator: Michael J. Mugavero, MD MHSc
Role: Evaluator
Effort: 8% (0.96 calendar)
Purpose: The purpose of this project is to provide services for MSM of color who are living with HIV and those who are at substantial risk for HIV infection over a four-year period. Multiple health screenings and interventions will be implemented, and UAB will train Game Changers team members as well as define and collect performance data, as well as perform the evaluation piece of the project.
Funds: $514,744 (Direct Costs, UAB)
Duration: 11/01/15 – 9/29/19

Walter B. Frommeyer Jr. Fellowship Award
Funding Agency: Department of Medicine, University of Alabama at Birmingham
Principal Investigator: Latesha Elopre, MD MSPH
Role: PI

Purpose: The purpose of this study is to understand factors related to PrEP awareness and uptake in the South among Young, Black MSM, in order to inform development of a behavioral intervention.
Funds: $215,938
Duration: 7/1/2016 – 7/1/2017

Center for AIDS Research Pilot Grant
Funding Agency: University of Alabama at Birmingham CFAR
Principal Investigator: Latesha Elopre, MD MSPH
Role: PI
Purpose: The purpose of this project is to understand perceptions of HIV pre-exposure prophylaxis among Young, Black Men who have Sex with Men. It involved in-depth qualitative interviews with 30 participants.
Funds: $50,000
Duration: 3/15/16 – 3/16/17

University of Alabama at Birmingham HIV/STD Prevention Training Center
Funding Agency: Center for Disease Control and Prevention
Principle Investigator: Edward Hook, III MD
Role: Trainee
Purpose: I was the STD fellow under this grant, which purpose it to provide high-quality training in the diagnosis, treatment and prevention of STDs and HIV. The research I am performing as the STD fellow on this grant is to evaluate factors associated with acceptance of genital herpes testing.
Duration: 7/1/2014 – 7/1/2016

University of Alabama at Birmingham, Training Grant (T32)
Funding Agency: National Institute of Health, NIAID
Principal Investigator: Jane Schwebke MD
Role: Trainee
Purpose: This grant supported additional years of training as an Infectious Diseases Fellow and Post-doctoral Fellow. It supported research evaluating predictors of non-disclosure among HIV-infected persons newly establishing care. As well as, supporting research to evaluate the relationship between non-disclosure and poor retention in HIV care at one-year time.
Funds: $102,000
Duration: 7/1/2014 – 7/1/2016

OTHER:
A User acceptability/preference study of oral, injectable, and implantable HIV PrEP among MSM in the US
Funding Agency: Merck & Co, Inc.
Principal Investigator: Elopre
Role: PI
Effort: 4% (.48) calendar
Purpose: The overall goal of this study is to understand acceptability and preferences among at-risk populations regarding long-acting PrEP. With investigators from the University of Alabama at Birmingham and Louisiana State University School of Medicine this project will be led by researchers with combined expertise in uptake of PrEP among BMSM, intersectional stigma and sexual health. Study findings will allow for future development of clinical trials designed to increase uptake of long-acting PrEP in populations who need it the most.
Funds: $245,098

Duration: 01/01/20 - 06/30/21

A Social Capital Approach to Supporting our Community
Funding Agency: NIH/NIMH
Principal Investigator: Elopre
Role: PI
Effort: 10%
Purpose: This grant proposes to leverage YBMSM's supportive connections with Black women to develop a mobile health intervention that will incorporate Black woman facilitators into existing networks of YBMSM, as a way of enhancing social capital, decreasing intersectional stigma, and promoting advancement along the PrEP care continuum.
Funds: $450,000
Duration: 07/01/20 - 06/30/23

BIBLIOGRAPHY:

MANUSCRIPTS:

Manuscripts already published:

1. **Elopre L**, Rodriguez M. Fecal Microbiota Therapy for Recurrent *Clostridium difficile* infection in HIV-infected Individuals. *Annals of Internal Medicine.* 21 May 2013, Vol. 158. No. 10. PMID: 23689775; PMCID: PMC5908470

2. **Elopre L,** Morell V, Bosshardt C, Geisler W. A case of syphilitic osteitis in a patient with HIV infection. *International Journal of STD & AIDS*. 2014 Sept; 25(10):765-7. PMID: 24516077; PMCID:PMC5909957

3. Kaskas NM, Ledet JJ, Wong A, Muzny CA, **Elopre L**, Hughey L. Rickettsia parkeri: eschar diagnosis. *J Am Acad Dermatol.* 2014 Sep; 71(3):e87-9. PMID: 25128140

4. **Elopre L**, Westfall A, Mugavero M, Zinski A, Turan J, Hook E and Van Wagoner N. The Role of HIV Status Disclosure in Retention in Care. *AIDS Patient Care STDs.* 2015 Dec; 29(12):646-50. PMID: 26588053; PMCID: PMC4684646

5. **Elopre L**, et al. Predictors of HIV Disclosure in Infected Persons Presenting to Establish Care. *AIDS Behav.* 2016 Jan; 20(1):147-54. PMID: 25855046; PMCID:5903574

6. Van Wagoner N, **Elopre L**, Westfall A, Mugavero M, Turan J, Hook E. Reported Church Attendance at the Time of Entry into HIV Care is Associated with Viral Load Suppression at 12 months. *AIDS Behav.* 2016 Aug; 20(8):1706-12. PMID: 26936149; PMCID: PMC5903549

7. **Elopre L**, Kudroff K, Westfall AO, Overton ET, Mugavero MJ. Brief Report: The Right People, Right Places, and Right Practices: Disparities in PrEP Access Among African American Men, Women and MSM in the Deep South. *J Acquir Def Syndr.* 2017 Jan 1; 74(1):56-59. PMID: 27552156; PMCID: PMC5903574

8. Chapman Lambert C, Marrazzo J, Amico KR, Mugavero MJ, **Elopre L**. PrEParing Women to Prevent HIV: An Integrated Theoretical Framework to Prep Black Women in The United States. *J Assoc Nurses AIDS Care*. 2018 Apr 5. PMID: 29685648.

9. **Elopre L**, McDavid C, Brown A, Shurbaji S, Mugavero MJ, Turan JM. Perceptions of HIV Pre-Exposure Prophylaxis Among Young, Black Men Who Have Sex with Men. *AIDS Patient Care STDS.* 2018 Dec; 32(12):511-518. PMID: 31021175; PMCID: PMC6300043.

10. Sullivan PS, Mena L, **Elopre L**, Siegler AJ. Implementation Strategies to Increase PrEP Uptake in the South. *Curr HIV/AIDS Rep.* 2019 Aug 16; (4)259-269 PMID: 31177363.

12. Hill S, Westfall AO, Coyne-Beasley T, Simpson T**, Elopre L.** Identifying Missed Opportunities for HIV Pre Exposure Prophylaxis during Physicals and Reproductive Visits in Adolescents in the Deep South. *Sex Transm Dis*. 2020 Feb;47 (2):88-95. doi:10.1097/OLQ.0000000000001104. PMID: 31934955.

Manuscripts in Press:

1. Batey DS, Dong X, Rodgers RP, Merriweather A, Elopre L, **Rana A**, Hall HI, Mugavero MJ. Temporal and geographic variability in time from HIV diagnosis to viral suppression in Alabama, 2012-2014. JMIR Public Health and Surveillance. 2020 Feb 10. PMID: 32045344.

Manuscripts Submitted but not yet accepted:

1. **Elopre L,** Hussen SA, Ott C, McDavid C, Mugavero MJ, Turan JM. A Qualitative Study: The Journey to Self-acceptance of Sexual Identity among Young, Black MSM in the South. *Behavioral Medicine.*

Manuscripts in Preparation:

1. **Elopre L**, Ott C, McDavid C, Chapman-Lambert C, Amico KR, Sullivan P, Marrazzo J, Mugavero M and Turan J. Missed Prevention Opportunities – Why Young, Black MSM with recent HIV diagnosis did not access Pre-exposure prophylaxis services.

Other Publications:

BOOKS:

1. **Elopre L** and Van Wagoner N. (2014). Our Stories: The Impact of Religion on Sexual Health. In Martha Kempner, MA (Ed.), *Creating a Sexually Healthy Nation: Celebrating 100 Years of the American Sexual Health Association.* (pp 26-27) Research Triangle Park, NC.

2. **Elopre L,** Willig J, Burkholder G, Johnson B, Rana A, Overton ET. *Non-Infectious Complications of HIV. Comprehensive Review of Infectious Diseases*. Nov 2019

Published abstracts

1. Payne B, Payne G, **Elopre L,** Willett L.Techniques for Increasing Diversity in Graduate Medical Education. 2013 Research and Innovations in Medical Education Week.

2. **Elopre L**, Slater L, Westfall A, Mugavero M, Hollimon J, Burkholder G, Raper J, Hook E, Van Wagoner N. Patterns of HIV Disclosure in Infected Persons Presenting to Establish Care. 2014 University of Alabama at Birmingham Trainee Research Symposium

3. **Elopre L**, Westfall A, Mugavero M, Zinski A, Burkholder G, Hook E and Van Wagoner N. The Role of HIV Status Disclosure in Retention in Care and Viral Load Suppression. (Abstract 1004) 2015 Conference on Retroviruses and Opportunistic Infections.

4. **Elopre L,** Westfall A, Mugavero M, Zinski A, Burkholder G, Hook E and Van Wagoner N. The Role of HIV Status Disclosure in Retention in Care and Viral Load Suppression. 2015 University of Alabama at Birmingham Trainee Research Symposium

5. **Elopre L,** Van Wagoner N, Van Der Pol B, Hook E. Factors Associated with Acceptance of Genital Herpes Testing for Black Patients Presenting for Care at an STD Clinic. (Abstract P10.16) September 2015 at 2015 World STI and HIV Congress.

6. Van Wagoner N, **Elopre L**, Westfall A, Mugavero M, Turan J, Hook E. Reported Church Attendance at the Time of Entry into HIV Care is Associated with Viral Load Suppression at 12 months. (Abstract P18.13) September 2015 at 2015 World STI and HIV Congress.

7. **Elopre L**, McDavid C, Johnson B, Gordon B, Van Der Pol B, Marrazzo J, Mugavero M. Understanding PrEP Service Delivery Preferences Among Black Women in Urban and Rural Counties in the US Deep South. July 2019 STI & HIV 2019 World Congress. Vancouver, CA. (Abstract 508)

POSTER EXHIBITS:

1. **Elopre L**, Slater L, Westfall A, Mugavero M, Hollimon J, Burkholder G, Raper J, Hook E, Van Wagoner N. Patterns of HIV Disclosure in Infected Persons Presenting to Establish Care. 2014 CDC STD Prevention Conference.

2. Hill S, Clark J, Simpson T, **Elopre L.** Identifying Missed Opportunities for HIV Pre-Exposure Prophylaxis at an Adolescent Health Center in the Deep South. March 2018 at 2018 SAHM Annual Meeting

3. **Elopre L,** Hussen S, Del Rio C, Camacho GA, Moore, S, Jones MD, Hood JJ, Harper G, Emerenini S. Social Capital needs of Young Black Gay, Bisexual and other Men who have Sex with Men Living with HIV in Atlanta, USA. July 2019 10th IAS Conference on HIV Science. Mexico City, Mexico.

4. Layland EK, **Elopre L**, Quinn KG, Blackstock O. To End the HIV Epidemic, We Must Consider Intersectional Approaches to Health for Sexual and Gender Minorities of Color. April 2020 Society for Behavioral Medicine Annual Meeting. San Francisco, CA.

Oral Presentations:

1. **Elopre L,** Brown A, McDavid C, Amico KR, Sullivan P, Marrazzo J, Turan JM, Mugavero M**.** Missed Prevention Opportunities - Reasons Why Young, Black MSM with recent HIV infection did not access PrEP. Centers for Disease Control and Prevention. National HIV Prevention Conference. March 2019 Atlanta, GA. (Abstract 5826)

Invited lectures at local and regional courses and meetings:

2016	Consultant for CDC RFA to test methods for recruiting Black and Hispanic/Latino MSM to HIV testing using internet-based methods, PRISM Health Group at Emory
2017	SE AETC Practice Transformation Education Module Development
2017	Prevention Summit Video Creation and Recording, Training on HIV Prevention
2018	Saving Ourselves Symposium (SOS) “Expanding the HIV Tooklet” Birmingham, AL
2018	Medical Grand Rounds “Filling the Academic Medicine Pipeline: UAB’s 2018 Harold Amos Medical Faculty Development Program Awardees” University of Alabama at Birmingham
2018	American Physician Scientists Association Presentation University of Alabama at Birmingham
2018	Clinical & Population Health Science Program Panel Presentation for Residents University of Alabama at Birmingham
2019	NMAC 2019 Biomedical HIV Prevention Summit/Women Plenary Facilitator. Houston, TX. December.
2019	Emory PRISM Health “Missed Opportunities: Why are Young, Black MSM in Alabama not using PrEP?” Rollins Auditorium, CNR Plaza Level. Atlanta, GA. June.
2019	14th International Conference on HIV Treatment and Prevention Adherence. Presenter of the Rapporteur Session: Highlights from Adherence 2019 Miami Beach, FL. June.
2019	Internal Medicine Residency Program “Health Disparities Track” University of Alabama at Birmingham
2019	NIAID NIMH BSSPT ““Looking to the Future: Behavioral aspects of long-acting and extended delivery HIV prevention and treatment regimens”. Panel 2 Moderator. Rockville, MD. May.

2019	Center for Disease Control and Prevention pre-conference “Implementation Science to Increase PrEP Use in the Black Community”. Atlanta, GA. March.

MISCELLANEOUS:

2018 – Present	1917 Holiday Helpers Toy Drive, Organizer for toy drive at university affiliated HIV Clinic
2018	Youth Leadership Forum (YLF) of Birmingham, Career Breakfast Panelist
2018	Quest Diagnostics promotional video for the 1917 Clinic focusing on HIV Stigma “One Patient’s Journey: Learning I Had HIV”. Birmingham, AL https://m.youtube.com/watch?feature=share&v=m72Bsk_MnL4
2019	National Black HIV/AIDS Awareness Day video for the 1917 Clinic focusing on HIV Stigma “Together for love, Stop the Stigma”. http://mms.tveyes.com/transcript.asp?StationID=2175&DateTime=2/7/2019%209:31:59%20PM&playclip=true&pbc=search%3a%2b(black+hiv)
2019	Interview Slate magazine Nathan Kohrman “A Disproportion of new HIV Infections come from black MSM and TGW in the South”. March.
2019	Is Off-Label HIV Prevention Better Than NoneDebate over PrEP access highlights worst aspects of American healthcare. MEDPAGE TODAY. May.