ALA Vaccine Working Group
Report to Council

Background

Council Resolution
During ALA Virtual Midwinter 2021, members of ALA Council introduced resolution ALA CD #45, requesting that ALA ask the Centers of Disease Control and Prevention (CDC) to include library workers in priority phase 1b recommendations for receiving the COVID-19 vaccine. Floor discussion clarified that the CDC prioritizes industries and not workers. Council members raised concern that the resolution might violate ALA’s protocol for working on state and local issues.

After discussion, an amended resolution was adopted by Council, affirming "that library workers have a fundamental right to a safe work environment. This includes, but is not limited to, a library or other work setting that minimizes an employee’s environmental risk of exposure to Covid-19." The resolution also directed this working group to gather information and provide a report to Council.

ALA Protocol for State & Local Issues
In 2008, at the direction of ALA’s Executive Board, the then Office of Library Advocacy (OLA) was asked to develop a protocol for determining when and how the Office would intercede in urgent state or local library issues, such as library bond referendums or censorship challenges to library materials, services, and programs. The rationale behind the request was that while ALA as an organization can engage with states to assist with local concerns, state library associations are self-governing and are in the best position to know the political climate and local governing structures, citizen viewpoints, and other intricacies of their communities. The protocol advises that ALA provide assistance only with the permission of and in coordination with the state. Based on our findings and the wide divergence in practices in each state, this policy remains well-founded as well as practical.

CDC Immunization Guidance
The Centers of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) makes recommendations about who should be vaccinated first when vaccine supplies are limited.

1 Those recommendations are based on the Cybersecurity and Infrastructure Security Agency's (CISA) Critical Infrastructure Workforce Assessment, first developed in March 2020 to help determine which

industries were essential to continued operations of a national infrastructure and would be exempted from shutdown orders.

Through the CDC and the Department of Health and Human Services, the federal government began sharing information with state and local governments about a massive vaccination program during summer 2020. Health policy experts anticipated gaps in coordination, noting “federalism has benefits for public health, particularly the ability to localize responses, but raises unique challenges in a pandemic, with the potential for a complicated patchwork of different rules and regulations to navigate across jurisdictions, which could result in different timetables for receiving and shipping vaccines to providers, different levels of success in reaching target outcomes across the country, and differential access by geography, which could exacerbate existing inequalities in access and care and ultimately have implications for public health and broader population immunity.”

In December 2020, CDC released guidance on a phased rollout of vaccines, recommending that health care providers and residents in long-term care facilities (1a) be the first to receive the vaccine. “Frontline essential workers such as fire fighters, police officers, corrections officers, food and agricultural workers, United States Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector (teachers, support staff, and daycare workers)” receive the vaccine in second phase (1b). A third phase (1c) specified “other essential workers, such as people who work in transportation and logistics, food service, housing construction and finance, information technology, communications, energy, law, media, public safety, and public health.” Each tier in phase 1 reflects prioritization at a time when demand for the vaccine exceeds supply. Phase 2 includes all other persons aged ≥16 years not already recommended for vaccination in phases 1a, 1b, or 1c. Libraries and library workers were not specifically identified in the December 2020 document.

The CDC followed this guidance on January 19 with an "Interim List of Categories of Essential Workers Mapped to Standardized Industry Codes and Titles," a more detailed mapping of essential worker industries developed according to the CISA Guidance on the Essential Critical Infrastructure Workforce and "intended to help state, local, tribal, and territorial officials and organizations prepare for the

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allocation of initially limited COVID-19 vaccine supply." Elementary, secondary and postsecondary education are specified in phase 1b. Libraries are specified in phase 1C.

It is important to note that CDC mapping "categorizes workers based on the industry (type of business) in which they work, not based on their occupation (a person's specific job)." In addition, the guidance states that "jurisdictions have flexibility in weighing local economic and infrastructure needs, ethical considerations, and other equity factors in order to prioritize those working in industries in the CISA ECIW list for COVID-19 vaccine allocation." This industry mapping was also disseminated in the January update of "COVID-19 Vaccination Program Interim Playbook for Jurisdictions Operations Annex," a vaccine rollout planning resource for local jurisdictions. 5

CDC advises that phases may overlap with one another, and states are not moving through distribution phases in unison. The biggest challenge at this time is availability of the vaccine. Supplies are limited but expected to increase significantly in the spring 2021, particularly with the emergency authorization for a third vaccine. 6 President Biden recently announced that with the new Johnson & Johnson vaccine and an agreement with Merck to assist in manufacturing, there will be enough vaccine for all adults by the end of May. 7 Already, the pace of vaccinations has increased substantially, 8 and, in a national address on March 11, President Biden announced that he will “direct states, Tribes, and territories to make all adults eligible for the COVID-19 vaccine no later than May 1.” 9


7 Kevin Liptak, Jeff Zeleny and John Harwood, “Biden now says US will have enough vaccine for every adult by the end of May,” CNN Politics, March 2, 2021, https://www.cnn.com/2021/03/02/politics/biden-merck-johnson--johnson-vaccine/index.html


9 White House Briefing Room, “President Biden implements next phase of national strategy to put the pandemic behind us; will direct states, Tribes, and territories to make all adults eligible for vaccine by May 1,” March 11, 2021, https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/11/fact-sheet-president-biden-
State and Local Immunization Guidance

As noted above, each U.S. state decides how to implement the CDC guidance, including deciding who will be vaccinated and how they can receive vaccines. State health departments, whose governance varies from state to state, make these determinations. Their relationship with regional/local public health departments also differs across states. Because of this, how vaccines are deployed can vary from one locality to the next.

This is reflected in the wide variety of rollout plans that have been introduced. Only two states, Alabama and Hawaii, appear to follow the CDC guidance in its entirety, while 20 states have developed their own prioritization schedules. For example, Rhode Island has shifted to an age-based distribution model after vaccinating healthcare workers, first responders, and those in congregate settings. Most other states fall somewhere in between, adopting components of CDC guidance and customizing other elements of their rollout plans.

Despite the 1b categorization by CDC, states differ on prioritizing higher education and pre-K-12 workers for vaccination. Public colleges in West Virginia and Florida are among the first in the country to begin administering COVID-19 vaccines to faculty and staff who do not work in health care. Some states, like Alabama, prioritize school staff in second tier (1b); others, like New Hampshire, do not include teachers as a prioritized group, even after extensive lobbying by the New Hampshire Education Association. In addition, some states prioritize K-12 educators but not post-secondary educators; and some explicitly identify different types of educational staff, including library workers, while others do not.


States continue to make changes to their rollout plans. For example, on February 26, Maine Governor Janet Mills announced her state would shift to an age-based rollout plan.14 Arizona made a similar announcement on March 1.15 In some cases, these changes are causing friction with local jurisdictions, as when Massachusetts Governor Charlie Baker diverted some vaccine allocations from small towns to mass vaccination sites.16 Ultimately, however, these are decisions that are being made by local and state governments.

Lobbying for Change

Lobbying for changes to vaccine priority status has occurred at both the state and national level, with industry groups primarily targeting state governments or state health officials and having limited impact.17 The most significant change from the federal government was the January guidance from the Department of Health and Human Services to adjust the age cutoff for early prioritization from 75 to 65. Most groups lobbying the CDC represent the health care industry or health advocacy groups.

While states continue to adjust their rollout plans, as indicated above, the CDC has not released an updated industry map of essential workers since January.

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Survey of State Associations

The Vaccine Working Group distributed a survey to all 50 states and the District of Columbia via the ALA chapters, receiving 41 responses. It is important to note that these survey responses reflect a snapshot in time (responses were collected February 8-March 2) and that some responses might change over time. Highlights of the findings are shared here. You can view the full survey and anonymized responses here.

Only two out of 41 respondents said that "most" (>90%) public library buildings are fully open, with the majority of states indicating that library buildings are open with restrictions or for curbside service.

*Figure 1—Public Library Building Status*
Three quarters of states responded that libraries/library workers are not specified in state vaccine rollout plans.

Figure 2-State Vaccine Prioritization

How are libraries/library workers prioritized for access to vaccines in your state?

- Public libraries
- School libraries
- Academic libraries

In addition, 37% of respondents indicated that vaccine rollout plans varied across jurisdictions in their states.

Figure 3-Vaccine Prioritization Consistency

Is the vaccine rollout plan consistent across your state or does it vary by local jurisdiction?

- Same across the state: 63.4%
- Varies across local jurisdictions: 36.6%

41 responses
Fewer than half of responding state associations have advocated for a change in priority level for libraries/library workers. Of the 19 states that did advocate for a change in priority level, four (10%) did so through direct conversation with state officials. One of those four states reported: “We have been working with the Governor’s Office and the Department of Health by participating in one of their weekly Vaccine Team Meetings. The state is taking a scientific approach to distributing our extremely limited number of vaccines by focusing on medical workers, seniors where we have the most deaths and now K-12 employees so that schools can reopen. While the Governor has not decided who will be in group 1c yet, that is the group where we are advocating for public library employees.”

*Figure 4- State Advocacy*

Of those that responded affirmatively, none report a change in prioritization category at the state level at the time of their response.

*Figure 5- State Advocacy Impact*
Many libraries have worked closely with local health agencies throughout the pandemic, with 41% reporting that some libraries offer vaccine registration assistance, and about one quarter reporting that some libraries have assisted with contract tracing services.

**Figure 6-Libraries and COVID Assistance**

![Bar Chart]

**Library Contexts**

In addition to the state survey, the working group reviewed news stories and spoke with individual librarians as well as some state leaders. With responses reflecting diverse approaches to vaccine rollout support and advocacy, these individual stories reinforced the wide-ranging feedback received from the surveys. Some states and specific libraries have concentrated advocacy efforts on ensuring that libraries are included in early vaccine eligibility tiers. Many libraries and states have emphasized leveraging the trusted role of libraries in providing communities with accurate information about the vaccine, as well as information about how to sign up. Some states and locations have done both.

**State efforts**

**Illinois**

In Illinois, rollout plans are released phase by phase; to date, detail about eligibility is only released through phase 1b. School libraries are included with K-12 educators. Academic institutions and public libraries are not included. Illinois Library Association submitted a request to the Illinois Department of Public Health to include libraries in phase 1b, without response, and it encouraged libraries to reach out
to county health departments, providing a template letter and noting that "individual counties are handling eligibility for librarians differently."\textsuperscript{18}

As of February 26, library workers are eligible for the vaccine in phase 1b in six counties (Douglas, Edgar, Franklin-Williamson, Piatt, Rock Island, and Sangamon). Some libraries in these counties reported using the ILA template to contact local health department officials. Despite being singled out as critical to city operations, workers in Illinois largest system, Chicago Public Library, are not included in phase 1b; it is anticipated that they will be included in phase 1c.\textsuperscript{19}

Service levels vary across the state. “We do want to be careful with the state-level advocacy, because if we as an association came out and said, ‘Libraries are essential, and therefore we need the vaccine,’ we run the risk of being told by the state that all libraries in the state must be fully open,” ILA Executive Director Diane Foote told Library Journal in February—and not all libraries in Illinois are ready to open for in-person services now.”\textsuperscript{20}

New Hampshire

New Hampshire’s vaccine allocation plan, published on January 16, 2021, is primarily age-based with two exceptions: first responders are in phase 1a and K-12 teachers are in phase 2a.\textsuperscript{21} This last phase allocation for teachers is different from CDC recommendations, which places K-12 teachers in phase 1b. NEA-NH lobbied unsuccessfully to have teachers moved from phase 2 to phase 1. Library workers are not mentioned specifically in the state’s vaccination allocation plan.

New Hampshire Library Association voted on February 9, 2021 not to send a letter to the Governor or Department of Health and Human Services asking for library workers to be specifically mentioned in any


\textsuperscript{19} Justin Laurence, “Aldermen push for librarians to be vaccinated soon, but city’s top doc says that’d slow rollout for seniors,” Block Club Chicago, February 9, 2021, \url{https://blockclubchicago.org/2021/02/09/aldermen-push-for-librarians-to-be-vaccinated-soon-but-citys-top-doc-says-thatd-slow-rollout-for-seniors/}


phase of the state’s vaccination plan. A member survey that discussed this vote and asked for feedback found that a majority of survey respondents agreed with the Association’s executive board decision. One librarian wrote, “Library workers who fall into the categories of priority by age or a qualifying condition should receive the vaccine. Others should not. Many (though not all) library employees did not work outside their homes for a period of months while the Stay-at-Home Orders were in effect. I think that those who did and continue to work on the front lines of service and care throughout all phases of the pandemic should receive vaccine priority before librarians.”

Local efforts

Alaska: Juneau Public Library

Neither the Alaska Library Association nor the Juneau Public Library has advocated for a change in prioritization for library workers.

Juneau Public Library Director Robert Barr leads the city and borough's vaccine planning and operational efforts, including mass vaccination clinics, which are a partnership between the library, state public health department, and local hospital. Based on state eligibility guidelines, the library assists with local allocation of vaccines and provides interpretation when the state eligibility guidance needs it. The library has been very successful at getting the vaccines into people's arms quickly, while sticking within the state's eligibility tiers.

Most frontline library staff in Alaska became eligible during the week of February 22 when the state determined that people who work in systems that provide services to people who live in congregate settings (e.g. shelters) are themselves eligible. Those library staff who regularly provide direct public service are included in this designation.

Nebraska: University of Nebraska-Lincoln

In Nebraska, the University of Nebraska-Lincoln (UNL) developed a partnership with the Lincoln-Lancaster County Health Department (LLCHD), making a COVID vaccination registry available for UNL employees living or working in Lancaster County. All UNL employees including library student employees will be vaccinated in phase 1b as part of the education sector.22

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Findings

Responses to the survey, and states’ approaches to vaccines for library workers, are varied. While one state indicated that they "appreciate the language in the resolution, advocating for phase 1b vaccination for library staff who work in buildings that the public are also using," another responded that the state association determined "that a template for library workers to advocate for themselves to their local health department/elected official would be more effective than a letter from the [state] association." Another state that opted not to advocate for 1b prioritization noted, "Our members have discussed how if we are really about science and evidence-based practices, then why wouldn't we respect the data from the state's eligibility and ethics committees?"

More than one state emphasized the desire to leave facility reopening decisions in the hands of local libraries. Some felt that lobbying for designation as an "essential frontline industry (1b)," rather than an "other essential industry (1c)," would force some libraries to fully reopen their facilities before the staff and trustees were prepared to do so.

Inaccurate information, magnified on social media and in the press,23 about CDC's prioritization schedule for essential workers has added to the confusion for many state associations and individual library workers, exacerbated by a lack of clear and consistent vaccine implementation strategy across national, state, and local levels. CDC includes libraries in its priority phase 1c industry map. Still, CISA recognizes that the industry mapping would need to be paired with analysis at the local jurisdiction: "Although workers’ status as essential under the CISA guidance is most readily determined by the industry in which they work, their exposure risk may be largely determined by their occupation. Because the most efficient vaccination allocation strategy will take both essentiality and risk into account, jurisdictions should, where feasible, make efforts to prioritize workers in occupations characterized by the inability to work remotely and the need to work in close proximity to others within the below industries." This working group reasserts ALA’s recommendation that "library workers who are at heightened risk for exposure to COVID-19, such as those providing in-person services, be prioritized for access to vaccinations." Based on information gathered by this working group, that determination cannot be made for libraries uniformly.

ALA’s federal advocacy priorities are reviewed and approved annually by the Committee on Legislation (COL), and shared with the Committee on Library Advocacy (COLA), Chapter Relations Committee (CRC), and ALA Council. It is imperative that ALA advocacy efforts be focused on issues where library representation is necessary, such as federal funding for libraries, broadband, copyright and government

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23 For example, in a Newsweek op-Ed, the author wrote “the CDC failed to name librarians and library workers specifically in their vaccine guidance.” This is incorrect: the CDC mapped industries, not workers, and includes libraries in priority category 1c. John Chrastka, “Libraries Are an Essential Service. Give Librarians the Vaccine Now,” Newsweek, February 26, 2021, https://www.newsweek.com/libraries-are-essential-service-give-librarians-vaccine-now-opinion-1572082
information. These are library-centered issues that involve federal action, where ALA must lead and where federal advocacy can make a difference. This has been an exceptional year and PPA staff and COL are in frequent communication about focusing limited resources in a way that is most effective for ALA members and for libraries of all types, across the country.

Strong working relationships with state and local elected officials are critical, and ALA is committed to honoring and supporting those strong relationships that state associations have cultivated.

Conclusion

The Vaccine Working Group members strongly support the importance of library workers being vaccinated. The working group believes that an ALA statement asking the CDC to include library workers in vaccine phase 1b will have unintentional and potentially adverse consequences on state and local advocacy efforts in the future. It is the choice of the state chapter whether to invoke the existing federal phase 1c designation and/or pursue a change in state/local vaccination priorities given their specific knowledge about those vaccination plans, phases, and the local political climate.

It is clear from the chapter survey results that the desire and ability to prioritize library workers for the vaccine varies dramatically not just by state, but by locality within states. Given this advocacy environment, a local/state approach is best, and fits within the protocol created by ALA leadership in 2008 to provide assistance only with the permission of and in coordination with the state chapter.

Last, the legislative priorities approved by the Committee on Legislation, which directs the activities and allocation of resources of the ALA Public Policy & Advocacy office, reflect the current top advocacy priorities for our profession. It is not only good practice, but sound management, to continue to be responsive to issues as they arise and in a manner that takes into account the effective allocation of resources to promote ongoing development of key relationships in federal agencies, as well as Congress, in support of current designated legislative priorities.

Respectfully submitted: March 12, 2021
by the ALA Vaccine Working Group
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