

January 4, 2021

State Disaster Medical Advisory Committee
Subcommittee on Vaccines
Department of Health Services
1 W Wilson St
Madison, WI 53703

Dear Co-chair Lewandowski, Co-chair Temte, and Honorable Members of the State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your service to the people of our state during these trying times. We are grateful for your tireless work to ensure vaccines are distributed efficiently and equitably. To that end, we urge your consideration in recommending that both residents and staff in our congregate living facilities—including residential justice system settings, community-based residential facilities, and shelters serving individuals experiencing homelessness or domestic violence—be part of the Phase 1b vaccine rollout.¹

As you know, the Centers for Disease Control and Prevention are following a three-phase approach to the disbursement of COVID-19 vaccines. Phase 1a, rightfully, focuses on frontline medical staff and those in long-term care facilities. The recommendation for Phase 1b, however, is somewhat murkier. As it stands now, the CDC’s Advisory Committee on Immunization Practices (ACIP) has recommended that the vaccine “should be offered to persons aged ≥ 75 years and non-health care frontline essential workers.”² The report also cites that “high incidents and outbreaks within multiple critical infrastructure sectors illustrate the COVID-19 risk in these populations and the disproportionate impact of COVID-19 on workers who belong to racial and ethnic minority groups,” in making their recommendation to offer the vaccine to non-health care frontline essential workers.³

These same factors are in play when considering congregate living facilities—including prisons, jails, homeless and domestic violence shelters, and any other setting that makes social distancing, quarantine, and isolation difficult or impossible. ACIP considers “scientific evidence regarding COVID-19 epidemiology, ethical principles, and vaccination program implementation considerations” in its recommendations for vaccine rollout.⁴ When considering the populations

¹ The inclusion of residents of congregate living facilities in higher-priority groups is explicit policy of no fewer than 26 states across the nation. See Katie Rose Quandt, *Incarcerated people and corrections staff should be prioritized in COVID-19 vaccination plans*, PRISON POLICY INITIATIVE December 8, 2020, available at <https://www.prisonpolicy.org/blog/2020/12/08/covid-vaccination-plans/>

² Kathleen Dooling, MD, et al, *The Advisory Committee on Immunization Practices’ Updated Interim Recommendation for Allocation of COVID-19 Vaccine*, MORBIDITY AND MORTALITY WEEKLY REPORT, Centers for Disease Control December 22, 2020, available at <https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm>

³ *Id.*

⁴ *Id.*

housed in congregate living facilities, the science, ethics, and implementation considerations all strongly suggest that these individuals be offered the vaccine as part of Phase 1b.

First, the epidemiologic science supports including those in congregate living facilities in Phase 1b. The population in care at these facilities has disproportionately high rates of chronic disease that place them at increased risk of severe illness caused by COVID-19. For example, those in institutional settings are about 50% more likely to have diabetes or high blood pressure, roughly 50% more likely to have asthma, and nearly 67% more likely to have high blood pressure.⁵ These settings also provide fewer opportunities to take risk mitigation steps, like physical distancing, using quarantine and isolation areas, wearing face coverings, and maintaining hygiene. The combination of increased risk factors and decreased availability of mitigation measures lead to not only higher levels of disease burden in congregate living facilities, but also worse health outcomes. Incarcerated people are infected by COVID-19 at a rate more than five times higher than the nation's overall rate, and are nearly one-third more likely to die from the disease than the baseline population.⁶ This disproportionately high disease burden and death rate supports a higher prioritization of this population that aligns with Phase 1b.

Second, the ethical principles promulgated by ACIP strongly support providing the vaccine in congregate living settings. ACIP uses four ethical principles in guiding its recommendations for distribution of the COVID-19 vaccine: (1) maximizing benefits and minimizing harms, (2) promoting justice, (3) mitigating health inequities, and (4) promoting transparency.⁷ Each of these principles is realized by including individuals in congregate living facilities in Phase 1b. For example, while Black residents make up only 7% of Wisconsin's population, they represent 29% of those in jail or other local confinement, and 41% of those in prison or other long-term justice-system-related confinement.⁸ Communities of color are similarly overrepresented in other congregate living facilities, such as domestic violence and homeless shelters. With the well-documented higher risk of adverse outcomes in communities of color, the historical barriers and marginalization of these communities, the reticence of some members of these communities to receive a vaccine when it is available, providing residents of these settings the opportunity to receive the vaccination in Phase 1b is closely aligned with ACIP's ethical principles. Further, including the residents of these facilities in Phase 1b can lead to a "multiplier effect"⁹ whereby residents' health helps to protect the essential staff at these facilities, who are limited in their ability to maintain physical distance in the workplace.

⁵ Laura M. Maruschak, et al, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*, UNITED STATES BUREAU OF JUSTICE STATISTICS, October 4, 2016, available at <https://www.bjs.gov/content/pub/pdf/mpsfjji1112.pdf>

⁶ Brendan Saloner et al., *COVID-19 Cases and Deaths in Federal and State Prisons*, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, July 8, 2020, available at <https://jamanetwork.com/journals/jama/fullarticle/2768249>

⁷ Nancy McClung et al., *The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine*, MORBIDITY AND MORTALITY WEEKLY REPORT, November 27, 2020 available at <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e3.htm>

⁸ The Vera Institute of Justice, *Incarceration Trends in Wisconsin*, December 2019, available at <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-wisconsin.pdf>

⁹ As discussed in *McClung et al, infra* at 2.

Finally, the implementation feasibility of providing the vaccine in congregate living settings supports including this population in Phase 1b. The logistics of getting as many people vaccinated as quickly as possible is critically important to ending disease burden in the population overall. Rather than vaccinating staff of these facilities first, then returning (and standing up an entirely new program) to administer the vaccine, vaccinating both staff and residents as part of the same program makes far more logistical sense. Furthermore, it would be much easier to vaccinate people while they are residing in these facilities than when they return to the community. Formerly incarcerated individuals and those experiencing homelessness are often difficult to reach through traditional medical outreach programming—and are likely to return to communities at higher risk of negative outcomes from COVID-19. ACIP recommends “providing vaccination opportunities at or close to the workplace” in order to reduce barriers to vaccination.¹⁰ Vaccinating residents of congregate living facilities at the same time as staff reduces that barrier to vaccination to zero, and as such the feasibility considerations strongly support including these populations in Phase 1b.

We recognize and respect that you are faced with the difficult task of recommending who will be among the first to be protected from the pandemic that has affected so many. Congregate living facilities have been incredibly hard hit by the pandemic, and ACIP has suggested that state and local jurisdictions consider vaccinating individuals at these facilities concurrently as frontline staff.¹¹ Availability of the vaccine in these settings would help protect residents who disproportionately fall into high-risk groups and essential workers from a continued high COVID-19 disease burden. With ACIP’s science, ethics, and implementation considerations—as well as SDMAC’s own key guiding principles of health equity¹²—in mind, we urge you to recommend that residents of congregate living facilities be included in Phase 1b.

Respectfully,

ACLU of Wisconsin

Milwaukee Mental Health Task Force

Cathedral Center, Inc.

Milwaukee Shelter & Transitional
Housing Task Force

Community Advocates, Inc.

Congresswoman Gwen Moore

David Crowley
Milwaukee County Executive

Nehemiah Project

¹⁰ *Dooling et al, infra* at 1.

¹¹ Centers for Disease Control and Prevention, *Interim Considerations for Phased Implementation of COVID-19 Vaccination and Sub-Prioritization Among Recommended Populations*, last updated December 23, 2020, available at <https://www.cdc.gov/vaccines/covid-19/phased-implementation.html>

¹² Wisconsin State Disaster Medical Advisory Committee Ethics Subcommittee, *Ethical Framework to Guide the Allocation of COVID-19 Therapeutics and Vaccines*, December 2020, available at <https://www.dhs.wisconsin.gov/publications/p02864.pdf>

Milwaukee Civic Response Team:
Shelter

Outreach Community Health Centers

Disability Rights Wisconsin

Progressive Community Health
Centers

Guest House of Milwaukee

Salvation Army of Milwaukee County

Hope House of Milwaukee

Sojourner Family Peace Center

Chantell Jewell
Superintendent
Milwaukee County House of
Correction

United Way of Greater Milwaukee &
Waukesha County

Shakita LaGrant-McClain
Director
Milwaukee County Department of
Health and Human Services

Dr. Ben Weston
Director of Medical Services
Milwaukee County Office of
Emergency Management

Earnell Lucas
Milwaukee County Sheriff

Wisconsin Center for Health Equity

Wisconsin Community Services

Milwaukee Community Justice Council
Judge Mary Triggiano, Chair
Attorney Tom Reed, Vice Chair
Mandy Potapenko, Executive Director

Wisconsin Counties Association

Wisconsin Public Health Association