

January 15, 2021

Jon Temte and Ann Lewandowski
CoChairs, SDMAC Vaccine Subcommittee

Via Email at: dhssdmac@dhs.wisconsin.gov

Re: COVID-19 Phase 1b Vaccine Prioritization

Disability Rights Wisconsin offers its strong support for the Phase 1b vaccine prioritization that the SDMAC Vaccine Subcommittee has developed. The proposal provides a good balance between protecting highly vulnerable populations and protecting the most essential workers. As the Protection and Advocacy Agency for people with disabilities in Wisconsin, we are particularly supportive of the proposal to prioritize Family Care and IRIS recipients and people who are incarcerated.

With respect to Family Care and IRIS recipients, this group presents Wisconsin with an opportunity to vaccinate an easily identifiable group of people who have many of the comorbidities that place them at particular risk for severe outcomes if they contract COVID. Each and every person in these programs qualifies because they require a level of care that is provided in a nursing home. Thus, they are functionally equivalent to the nursing home population that has already been prioritized in phase 1a. While a number of IRIS and Family Care recipients are in phase 1a because they reside in long term care facilities, many people in these programs live in small group homes, the homes of family members or their own homes. The addition of the 70 and older age population¹ and the congregate settings residents proposed to be included in phase 1b will further increase the numbers covered, but even after these groups are added, a large number of Family Care and IRIS recipients would not be getting vaccinated absent specific inclusion in phase 1b.

¹ There appears to be a mistake in the heading related to the “70 and above” category. All references to this group refer to it as “70 years and above” except the first, where it is “People above 70 years of age.” It is assumed that the Subcommittee did not mean to exclude people age 70 from this category.

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The remaining IRIS and Family Care recipients are younger people with physical or intellectual/ developmental disabilities (I/DD) who live on their own or with other family members. Young people with physical disabilities have comorbidities that place them among those at highest risk of bad outcomes from COVID. Likewise, people with I/DD have a heightened risk of death regardless of age if they contract COVID. Many people with I/DD have the additional burden of being unable, because of their disabling condition, to comply with social distancing and hygiene protocols and are unable to tolerate masks. Both of these groups typically have multiple caregivers providing support who, though covered in phase 1a, are the least likely to have been vaccinated because they are not affiliated with a health care system. The sooner we get vaccine to this population the better.

With respect to people who are incarcerated, the risk is obvious and acute. This is a population that involuntarily cannot socially distance themselves. A huge percentage of this population consists of people with disabilities. Forty percent of the adult male prison population and 90% of the female prison population in Wisconsin experiences mental illness, making the prison system the largest institutional provider of mental health services in the state. In addition, the prison population consists disproportionately of people of color, a group that is also highly correlative with COVID comorbidities. It is estimated that because of poor medical care both before and after incarceration, people in prison present medically as ten years older than their biological age. As we cover those who guard this population, so should we cover the actual population. As a society we have a moral imperative not to knowingly permit this population to become victims to this disease simply because they are incarcerated.

We applaud the work done by this subcommittee and strongly recommend that the full SDMAC adopt this proposal for Phase 1b of the vaccine roll-out.

Sincerely,



Lea Kitz
Executive Director