

From: [Robyn Thibado](#)
To: [DHS SDMAC](#)
Subject: Comment on Vaccine distribution
Date: Friday, January 15, 2021 4:02:53 PM

Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.

Dear Members of the WI State Disaster Medical Advisory Committee,

Thank you for your work to ensure the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population was Black in 2009](#). In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions, people no longer able to stay with friends and family, the increasing economic burden of the pandemic, and the limited funding and availability for motel voucher alternatives, has increased the numbers of people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With the increased need, the risk of COVID in congregate settings, and capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at significant risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure that vulnerable and at risk populations are prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, and shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate

education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and there is a possibility to use the system to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, it can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,



***Strong, Secure Families
Sustainable Communities***

Robyn Thibado, CCAP, CSW

Associate Director

715.781.1416

rthibado@wcap.org

Company Website: www.westcap.org

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From: ellen@everyactioncustom.com on behalf of [Ellen Carlson](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 3:29:25 PM

Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.

Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

We know that access to healthy food is a social determinant of health, and while the staff and volunteers of the food pantry for which I'm the director are not considered health care workers, they have daily face-to-face contact with some of the most vulnerable people in our community who rely on our food pantry for the health of their families. Volunteers are speaking directly with our clients and are in and out of their personal space and cars. Our volunteers put their lives at risk to make sure that our community is fed.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.

The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance.

It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.

The hunger-relief network as a whole relies heavily on volunteers to fulfill the mission. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,





From: sarahhofkes@everyactioncustom.com on behalf of [Sarah Aerts](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 3:23:02 PM

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Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The hunger-relief network relies heavily on volunteers to fulfill the mission, many (37%) of these volunteers are seniors. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Mrs. Sarah Aerts



From: rjr10@everyactioncustom.com on behalf of [Richard Ray](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 3:16:36 PM

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Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of a record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The food pantry volunteers risk their lives so people with food insecurities have enough to eat and can make it through this pandemic. It is imperative for the safety of the volunteers and their clients that they be given priority for Covid-19 vaccinations.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Mr. Richard Ray



From: [Cristen Chaffee](#)
To: [DHS SDMAC](#)
Subject: Homeless Shelter- Vaccine
Date: Friday, January 15, 2021 2:51:08 PM

Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Homeless shelters often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely, --

Cristen Chaffee
Executive Director

Transitional Living Center
482 South Pine Street
Burlington, WI 53105
(w) 262-767-1478
(c) 262-224-4390

From: dpatch0318@everyactioncustom.com on behalf of [Debbie Patch](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 2:39:40 PM

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Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

I am the SWCAP Riverdale Food Pantry Manager, located in Muscoda WI. During COVID we have been short of volunteers because of the risks and most were uncomfortable volunteering. (Many of our volunteers are 65 and older). Because of this the duties have landed on the shoulders of a handful of volunteers. And with the protocols put in place because of COVID it has been challenging to say the least. It's been a long year for those still willing to work with us.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The hunger-relief network relies heavily on volunteers to fulfill the mission, many (37%) of these volunteers are seniors. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this

unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Ms. Debbie Patch



From: [Sharen Pease](#)
To: [DHS SDMAC](#)
Cc: [Teresa Reinders \(treinders@haloinc.org\)](mailto:treinders@haloinc.org); [Mike Beal](#)
Subject: FW: Advocate
Date: Friday, January 15, 2021 2:21:43 PM
Attachments: [Untitled].pdf

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From: scanner@cvivet.org [mailto:scanner@cvivet.org]
Sent: Friday, January 15, 2021 2:39 PM
To: Sharen Pease <Sharen.Pease@cvivet.org>
Subject:

Center for Veterans Issues
1300 S Green Bay Rd Suite
Racine, Wisconsin, 53406

Jan., 15, 2021

To Whom it May Concern:

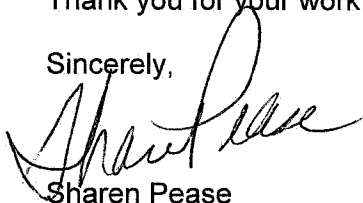
The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,



Sharen Pease

CVI BOS Coordinator

From: [Lisa Strandberg](#)
To: [DHS SDMAC](#)
Subject: include congregate living facility residents and staff in Phase 1B vaccine rollout
Date: Friday, January 15, 2021 2:05:14 PM
Attachments: image003.png

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Dear members of the Wisconsin State Disaster Medical Advisory Committee:

Thank you for your careful consideration of ethics and equity in the Phase 1B recommendation for the COVID-19 vaccine.

As an employee at Pillars, a housing nonprofit in Appleton, I was thrilled to see included in your recommendations staff and residents in congregate living facilities.

We serve many people experiencing homelessness who are at severest risk for COVID-19 complications. In 2020 Pillars served 818 unduplicated individuals in congregate shelters. 130 (16%) of them were over age 55, and 304 (37%) were indigenous persons or people of color. (Only 20% of Appleton, Wis., residents are indigenous persons or people of color, per U.S. Census Bureau 2019 Population Estimates.)

Further, fully a third of our crisis housing staff have been infected with COVID-19. Isolation and quarantine have made staffing and uninterrupted service precarious, not to mention the potential long-term health effects infected residents and staff may face.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of people experiencing homelessness, and those who serve them. Steady service of this vulnerable population depends on vaccination.

Thank you for your efforts in fairly and justly rolling out the vaccine for the good of all Wisconsinites.

Sincerely,

Lisa Strandberg
Community Engagement Director

Pillars

605 E. Hancock Street, Appleton, WI 54911

Phone: 920.734.9192 ext. 118 [REDACTED] Fax: 920.731.7087



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From: signedoyle@everyactioncustom.com on behalf of [Signe Doyle](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 1:46:25 PM

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Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The hunger-relief network relies heavily on volunteers to fulfill the mission, many (37%) of these volunteers are seniors. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Mrs. Signe Doyle

[REDACTED]

From: [Terry Butler](#)
To: [DHS SDMAC](#)
Subject: vaccine distribution
Date: Friday, January 15, 2021 1:33:21 PM

Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in

congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

I own and manage Butler's Inn Towne Hotel, LLC which is housing and reintegration support for men returning from incarceration. There are 20 men living in single rooms with shared space that includes living room, dining room, kitchen, laundry room, and bathrooms. We already went through one big scare and quarantine in April when six men tested positive for COVID-19. Everybody survived but one gentleman was hospitalized for 5 weeks. All of the men work in essential jobs: restaurant, manufacturing, and warehouse work. We try to do some social distancing - we no longer sit down to have meals together and our house meetings are now on zoom. We wear masks, wash hands, and keep surfaces clean. But without early vaccination, I worry that it's just a matter of time before we get hit again. All of these men are focused on staying sober, working hard to be financially stable, and steadily getting their lives back on track. Being in a pandemic has intensified their struggle. Early vaccination would significantly ease the stress these men contend with on a daily basis.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homeless to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Terry Butler, Owner/Manager

Butler's Inn Towne Hotel, LLC 714-833-8769

From: ldillis@everyactioncustom.com on behalf of [Lee Dillis](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 1:30:21 PM

Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.

Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The hunger-relief network relies heavily on volunteers to fulfill the mission, many (37%) of these volunteers are seniors. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Mrs. Lee Dillis



From: [Carly Meyer](#)
To: [DHS SDMAC](#)
Cc: [Harrison, Stephanie](#); [Lieah Wilder](#)
Subject: WPHCA Comment - Vaccine Subcommittee Phase 1B
Date: Friday, January 15, 2021 1:07:40 PM
Attachments: WPHCA SDMAC Vaccine Subcommittee Phase 1B Public Comment.pdf

Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.

I have attached WPHCA's response to document for public comment: Recommendations for the Wisconsin DHS for COVID-19 Vaccine Priority Group 1b.

Carly

Carly Meyer, MPH

Communications and Policy Coordinator (*she, her*)

Wisconsin Primary Health Care Association

E: cmeyer@wphca.org | P: (608) 443-2962

WPHCA staff are out of the office and working remotely. Please contact by phone or e-mail.



January 15, 2021

SDMAC Vaccine Subcommittee

RE: Recommendations for State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1B

To Whom it May Concern:

The Wisconsin Primary Health Care Association (WPHCA) is writing in response to the call for public comment on “Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1B.”

WPHCA is the member association for Wisconsin’s 17 Community Health Centers. Community Health Centers provide comprehensive primary, oral, and behavioral health care to over 300,000 of Wisconsin residents, over 60% of whom are served by Medicaid. A fundamental characteristic of Health Centers is their commitment to serve all individuals, regardless of their ability to pay. Health Centers provide a consistent, accessible, affordable care home for vulnerable individuals. Health Centers employ approximately 2,000 staff and serve over 300,000 patients.

WPHCA welcomes the opportunity to provide comments on the SDMAC recommendations. In summary, our comments include:

- WPHCA’s recommendation to allow vaccination of all Community Health Center patients.
- WPHCA’s concern that the recommendation for Phase 1B does not include Migrant Seasonal Agricultural workers. We are especially concerned that this population was left out based on the belief that they are “hard to reach.”
- WPHCA’s concern with the lack of equity when listing populations for recommendation.

WPHCA recommends that Health Centers be allowed to vaccinate their patients at their own discretion.

Health Centers serve the most vulnerable populations in the state, including Black, Latinx, and Native American populations, populations with high socioeconomic vulnerability, seniors, and those with multiple co-morbidities. Health Centers are located in medically underserved areas and serve medically underserved populations, so by design care for people often missed by traditional health care institutions. To this end, we recommend allowing Health Centers the flexibility and resources to vaccinate their entire existing patient population without the additional administrative burden of making sure that they comply with the strict list recommended in 1B.

Health Centers are willing and ready to vaccinate their frontline workers, their public-facing health care workers, and their patients, and are currently working with their local health departments to vaccinate unaffiliated healthcare providers. Health Centers have continued to be flexible and responsive to the pandemic and have implemented triaging, testing, and risk mitigation while continuing to provide primary, dental, and behavioral health care. We are asking that the state understand the important role that Health Centers have in their communities and continue to ask for flexibility and resources to provide the vaccines.

WPHCA is concerned that the recommendation for Phase 1B does not include Migrant Seasonal Agricultural workers.

Community Health Centers across the state provide care to vulnerable populations, including Migrant and Seasonal Agricultural Workers (MSAW). Additionally, Family Health La Clinica (FHLC) is a designated,



federally funded Migrant Health Center and has been providing care to this essential population for over 50 years. FHLC has a track record of robust COVID testing and prevention with this population. FHLC has the capacity, interest, and capability to vaccinate this group and is a trusted partner. We recommend that Migrant and Seasonal Agricultural Workers be specifically included in Phase 1B. This is for many reasons including:

- Wisconsin's migrant and seasonal agricultural workers (MSAWs) are essential workers. They ensure that the nation's food supply chain is not interrupted.
- Over 1,000 employers, large and small, depend on MSAW workers.
- Agriculture is Wisconsin's top economic driver, and this industry relies on a healthy and stable MSAW workforce.
- The MSAW population is extremely vulnerable to COVID-19 transmission due to both living and working in close quarters. Their essential work puts their lives and, by extension, the communities they work in at risk.
- MSAWs are primarily Latinx, a population disproportionately impacted by COVID. The most recent WI data from DHS indicates that Hispanic or Latinx patients have 1.7 times greater case rates compared to White Wisconsin residents.

WPHCA is concerned with the lack of equity when listing populations for recommendation. WPHCA is extremely concerned with the lack of equity being applied when listing populations for recommendation. The decision to not include migrant seasonal agricultural workers and the overall incorporation of "feasibility" into the recommendation shows a lack of understanding of vulnerable populations and demonstrates an unwillingness to protect the most vulnerable populations across the state. Citizens including residents of transitional housing, individuals experiencing homelessness, incarcerated individuals (regardless of previous exposure), and migrant seasonal agricultural workers are all important and vulnerable populations that are often overlooked. Not vaccinating the populations that are disproportionately impacted by COVID only exacerbates inequitable health outcomes across the state.

In order to ensure equitable access to the vaccine across the state, WPHCA recommends:

- Allowing Health Centers the flexibility to vaccinate their entire patient population.
- Allocating sufficient resources to Health Centers to vaccinate their staff and patients.
- Include vulnerable populations including marginalized populations, agricultural workers, incarcerated individuals, and those living in congregate housing in Phase 1B recommendations.
- Remove the assumed "feasibility" of vaccinating individuals. As shown, there are many organizations that specialize in reaching these populations. Basing recommendations on feasibility only allows for the disease to continue to spread across the state and nation.
- Apply a more equitable lens to these recommendations by including recommendations from ACIP, other states, and WHO.

WPHCA appreciates the time, effort, and thought that went into creating these recommendations. Health Centers frequently fill gaps and provide care to those in need, and we encourage SDMAC and DHS to work with Health Centers in order to accomplish the mutual goal to equitably distribute the COVID-19 vaccine.

Sincerely,

Stephanie Harrison
CEO, Wisconsin Primary Health Care Association

From: [Jane Graham Jennings](#)
To: [DHS SDMAC](#)
Subject: Include Domestic Abuse/Homeless facilities in Tier B plan for vaccine
Date: Friday, January 15, 2021 10:46:49 AM
Attachments: image001.png
image002.png

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities.

Prioritization for this critical population is imperative for the following reasons:

- Staff at homeless facilities are at greater risk of exposure due to the nature of housing people from various backgrounds.
- Outbreaks in shelters cause additional cases of COVID that will continue to tax our overburdened health care system
- For consistency throughout the state: numerous health departments have interpreted the tier A to include domestic abuse shelter staff under the “social worker, case management” category, however not all have, thus some shelter programs have already received the vaccine while others have not. This adds to the confusion, frustration and blaming leadership for lack of plan and response.
- Domestic abuse agencies are the lifeline for victims of abuse- safer at home is not safe for everyone. If our shelter cannot operate as we have no staff due to illness and/or quarantine, where will victims go? Ensuring our staff are protected so we can protect others will save lives.

Please be clear that domestic abuse programs and other homeless facilities should be at the top of the tier B plan. Again, numerous programs have already been able to provide this protection for their staff so they will be able to continue to save lives, we need to be sure ALL programs have the same opportunity.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Jane Graham Jennings
Executive Director
She/Her/Hers
The Women's Community

3200 Hilltop Ave.
Wausau, WI 54401-4026
Phone: 715-842-5663
www.womenscommunity.org
www.facebook.com/womenscommunity



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VICTIMS OF ALL GENDERS & AGES



From: ellenj@everyactioncustom.com on behalf of [Ellen Jorgensen](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Friday, January 15, 2021 10:19:13 AM

Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The hunger-relief network relies heavily on volunteers to fulfill the mission, many (37%) of these volunteers are seniors. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Mrs. Ellen Jorgensen

[Redacted signature block]

From: [Cates, Lisa A - DHS](#)
To: [DHS SDMAC](#)
Subject: FW: Request for vaccinations for frontline, essential hunger-relief workers
Date: Friday, January 15, 2021 7:51:23 AM
Attachments: Feeding Wisconsin Letter to Governor and DHS 01.12.2021.pdf

From: Stephanie Jung Dorfman <sdorfman@feedingwi.org>
Sent: Wednesday, January 13, 2021 7:30 AM
To: Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>; Pennoyer, Kara - GOV <kara.pennoyer1@wisconsin.gov>; Williams, TR - GOV <tr.williams@wisconsin.gov>
Cc: GOV Info <govinfo@wisconsin.gov>; phabeck <phabeck@feedingamericawi.org>
Subject: Request for vaccinations for frontline, essential hunger-relief workers

Dear Secretary-Designee Palm, Ms. Pennoyer, and Ms. Williams,

Thank you for all you're doing to keep us safe and informed about COVID-19 in Wisconsin.

I am writing to respectfully request that as you and others make decisions about the vaccination schedule, that frontline, essential workers who are part of the hunger-relief network be included in the first-priority group of Phase 1B of vaccinations. Please find a letter with additional information attached. This letter was submitted on the Governor's website in addition to being sent to you directly.

Thank you for your ongoing support and partnership to ensure that all Wisconsinites have access to the food and benefits they need to work, learn, play and live healthy lives.

In service,
Stephanie

--

Stephanie Jung Dorfman

Executive Director
Feeding Wisconsin
she/her/hers



Mobile: 608-960-4517
SDorfman@FeedingWI.org
FeedingWI.org
2850 Dairy Drive
Madison, WI 53718



Together, we are leading the way Forward to a healthy and hunger-free Wisconsin!



2850 Dairy Drive
Madison, WI 53718
tel: 608-478-2882
fax: 608-478-2005
www.FeedingWI.org

January 12, 2021

Governor Tony Evers
115 East, State Capitol,
Madison, WI 53702

SUBMITTED VIA WEBSITE

DHS Secretary-Designee Andrea Palm
1 West Wilson Street
Madison, WI 53703

Subject: Vaccinations for frontline, essential hunger-relief workers

Dear Governor Evers and Secretary-Designee Palm:

Thank you for all you're doing to keep us safe and informed about COVID-19 in Wisconsin. As you and others make decisions about the vaccination schedule, I respectfully request that frontline, essential workers who are part of the hunger-relief network (including food banks, food pantries, meal programs and other community organizations) be included in the first-priority group of Phase 1B of vaccinations.

These workers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. We're innovating and problem solving every day to connect resources with our hungry neighbors.

Our network served about 360,000 people in 2019; that number increased about 60% in recent months. In 2019, Wisconsin's food banks distributed 65 million pounds of food in total. Already between March and September of 2020, through the pandemic and economic crisis, Wisconsin's Feeding America affiliated food banks distributed about 90 million unprecedented pounds of food to those experiencing food insecurity.

I'm very open to working with you and others to determine who at our food banks is frontline and essential regarding the vaccine. I'm happy to talk further about this at your convenience. Thank you for your consideration.

Sincerely,

Stephanie Jung Dorfman, Executive Director

Cc: Kara Pennoyer, Deputy Chief of Staff, Office of Governor Tony Evers
T.R. Williams, Deputy Director of External Affairs, Office of Governor Tony Evers
Patti Habeck, CEO Feeding America Eastern Wisconsin and President of Feeding Wisconsin Board of Directors



From: stephaniejjung@everyactioncustom.com on behalf of [STEPHANIE DORFMAN](#)
To: [DHS SDMAC](#)
Subject: Requesting inclusion of vaccines for frontline, essential hunger-relief workers in phase 1B of the Wisconsin State Disaster Medical Advisory vaccine subcommittee recommendation
Date: Thursday, January 14, 2021 11:27:54 PM

Dear Wisconsin State Disaster Medical Advisory Committee Vaccine Subcommittee,

Thank you for your efforts to ensure efficient and equitable distribution of vaccines. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include hunger-relief frontline workers and volunteers. These workers and volunteers are essential to continue the unprecedented distribution of food to those Wisconsinites experiencing hunger during the pandemic and economic crisis.

Prioritization of hunger-relief frontline workers is imperative for the following reasons:

- Hunger-relief workers and volunteers are the critical force behind the wellbeing of the record number of Wisconsinites facing food insecurity. One in eight Wisconsinites, including one in five Wisconsin kids, don't know where their next meal is coming from. The hunger-relief network is mobilized like never before to meet this need. Our network is serving about 60% more individuals than last year. And Wisconsin's Feeding America member food banks and partners distributed about 90 million unprecedented pounds of food to those experiencing food insecurity from March to September of 2020, that is 25 million more pounds than was distributed in all of fiscal year 2019.
- The hunger-relief frontline workers and volunteers serve individuals in vulnerable health situations. People experiencing food insecurity have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID-19 complications. This population frequently has less access to consistent quality health care and insurance. Also, 23% of households served has at least one senior and we know that age is a good indicator for risk of severe COVID-19 complications or death. People of color disproportionately experience food insecurity and are also known to be at greater risk of severe COVID-19 complications.
- It is our duty to ensure the safety of those being served. Individuals being served and in contact with hunger-relief frontline workers have few other options but to seek assistance from food pantries and meal sites do not have a way to mitigate their COVID-19 risk. They cannot avoid the interaction with staff and volunteers and rely on the organization to help meet basic needs and provide them with the meals they need to live.
- The hunger-relief network relies heavily on volunteers to fulfill the mission, many (37%) of these volunteers are seniors. An estimated 52 percent of food pantries and meal sites report having no paid staff. Among the 46 percent of agencies with paid staff, the median number of paid full-time equivalent staff members reported is four. As a result, if staff or volunteers were to test positive for COVID-19 and potentially require other staff or volunteers to quarantine, food distribution operations would be greatly impacted.

Collaboration between our hunger-relief organizations, public health, and those administering the vaccine will be essential to planning for equitable and efficient distribution, addressing concerns, educating about and adhering to appropriate protocols.

The COVID-19 vaccine is a critical step toward ensuring the safety and health of staff, volunteers, and those accessing food resources. It also ensures that food banks have the capacity to continue distributions at this unprecedented rate to feed Wisconsinites experiencing hunger. Thank you for your consideration.

Sincerely,
Ms. STEPHANIE DORFMAN



From: [Carrie Poser](#)
To: [DHS SDMAC](#)
Subject: COVID 19 Vaccine Priority
Date: Thursday, January 14, 2021 5:35:16 PM
Attachments: image001.png

Hello members of the WI State Disaster Medical Advisory Committee,

It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine includes congregate living facilities (homeless shelters and domestic violence shelters) for both staff and residents. Unfortunately, unsheltered people were not included in the recommendation. People sleeping outside because there is not shelter in their community, the shelter cannot accept additional people, or there are concerns about COVID exposure. This is an important population at high risk.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some

concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homeless to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Carrie Poser

COC Director
Wisconsin Balance of State Continuum of Care
PO Box 272
Eau Claire, WI 54702
715-598-3301

carrie.poser@wibos.org
www.wiboscoc.org

**to sign on to the Balance of State CoC monthly newsletter, scroll to the bottom of the website landing page*



Please consider supporting the WI Balance of State CoC through AmazonSmile!

<https://smile.amazon.com/ch/27-5491167>

From: [Rev Jonah Overton](#)
To: [DHS SDMAC](#)
Subject: Prioritizing Homeless Services in Vaccine Provision
Date: Thursday, January 14, 2021 3:38:40 PM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. **It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.**

Prioritization for this critical population is imperative for the following reasons:

People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality healthcare which may result in being excluded unless specifically prioritized.

People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.

The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that 6.7% of Wisconsin's population was Black in 2009. In November 2020, 43% of the population experiencing homelessness was Black.

Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. **Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.**

We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, **there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation** (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, **equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine.**

Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across

Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,
Rev. Jonah P. Overton

Jonah P. Overton
Lead Pastor
Zao MKE Church
2319 E Kenwood Blvd
jonah@zaomke.org
[847.331.3356](tel:847.331.3356)

From: [Rebecca Arnold](#)
To: [DHS SDMAC](#)
Subject: COVID-19 Vaccine Priority Group 1b
Date: Thursday, January 14, 2021 3:11:05 PM
Attachments: image001.png
image002.png
image003.png

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b

includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

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Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Becky Arnold

General Manager

Hope Center

502 N. East Avenue

Waukesha, WI 53186

www.hopecenterwi.org

262.549.8726





From: [Andrew Wehrheim](#)
To: [DHS SDMAC](#)
Subject: RE: Phase 1B of Covid Vaccination
Date: Thursday, January 14, 2021 3:03:26 PM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

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I work for Hope Center in Waukesha. I would be remiss if I failed to advocate for my community and the people I work with on a daily basis. I recently recovered from COVID and it was no fun. And that's with healthcare and a nice home in which to rest. Because of

this Hope Center has close for two days in order to sanitize the building. This interrupted much needed services to our community. Getting staff and guests vaccinated would help non-profits avoid these hiccups in much needed services.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

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Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Andrew Wehrheim

Inventory/Project Move Coordinator

Hope Center

262-549-8726 ext. 202

Pronouns: He, Him, His

From: [Melissa Mennig](#)
To: [DHS SDMAC](#)
Subject: 1B prioritization
Date: Thursday, January 14, 2021 1:43:28 PM

My name is Melissa Mennig and I have worked in homeless services for over 12 years and I am writing to urge you to consider this population in your prioritization. Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

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Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

--

Melissa Mennig, MSW, CAPSW

Pronouns: She, her, hers

Program Director

The Road Home Dane County

890 W Wingra Dr

Madison, WI 53715

Phone: 608-294-7998 x314

melissam@trhome.org

www.trhome.org

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From: [Kristi Clover](#)
To: [DHS SDMAC](#)
Subject: comment on 1b
Date: Thursday, January 14, 2021 1:03:19 PM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Staff working in homeless shelters during the pandemic have had to work in person the entire time, and the shelters could not close during this time. I think the staff at shelters, and other front line services such as non-profits serving people in-person should be considered in 1b. We do not get all the fame as the healthcare workers, but we are working in-person with a vulnerable population, and we don't have all the fancy PPE that the hospitals have so we are at high risk of getting the virus yet expected to work in-person every day. Also, the population we work with is high risk, so it would be beneficial to all.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Kristi Clover (I work for a non-profit organization)

From: [jill thiede](#)
To: [DHS SDMAC](#)
Subject: Advocating for Homeless Populations in Wisconsin!
Date: Thursday, January 14, 2021 11:48:54 AM

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- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
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increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homeless to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

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Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Jill Thiede



From: [Djadic, Damir](#)
To: [DHS SDMAC](#)
Subject: Vaccine Priority group 1b public comment
Date: Thursday, January 14, 2021 11:39:03 AM

Hello members of the WI State Disaster Medical Advisory Committee,

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My personal experience stems from working with the homeless population directly in Milwaukee County throughout the pandemic. Our work never stopped or slowed down, and as you can imagine is 100% in person. We are working with medically vulnerable individuals not only while they are living on the streets, but also once they get into temporary or permanent housing.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

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Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Damir Djidic
Lead Community Intervention Specialist
Milwaukee County Special Needs Housing
600 W. Walnut Suite 100
Milwaukee, WI 53212



Email: Damir.Djadic@milwaukeecountywi.gov

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Go Green - keep it on the screen

From: [Laurie Reinen](#)
To: [DHS SDMAC](#)
Subject: Covid-19 vaccination priority comment
Date: Thursday, January 14, 2021 11:38:16 AM
Attachments: Outlook-uqup0yqk.png

Hello members of the WI State Disaster Medical Advisory Committee,

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I work at a shelter for mothers and their children experiencing homelessness. The necessity of communal living for kitchen, bathroom and living spaces makes keeping families and staff healthy incredibly difficult. We need support so that moms and staff are capable of caring for the children in shelter. The majority of our residents are under 5 years old. They need healthy mothers - we need the mothers and staff to be prioritized to care for the truly vulnerable - the children.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

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Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Laurie Reinen, Volunteer Coordinator

House of Hope Green Bay, Inc.

1660 Christiana Street

Green Bay, WI 54303

920-884-6740

920-215-4510 direct

www.houseofhopegb.org



"House of Hope provides a safe and supportive place where young parents and children experiencing homelessness will become confident, independent, and successful members of our community."

From: [Daugherty, Kaleena](#)
To: [DHS SDMAC](#)
Subject: COVID Vaccine prioritization
Date: Thursday, January 14, 2021 11:33:39 AM

Hello members of the WI State Disaster Medical Advisory Committee,
Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents. Prioritization for this critical population is imperative for the following reasons:

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- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

I have been working in person throughout the pandemic doing both street outreach to search for individuals sleeping outdoors and going to our transitional buildings and supportive apartments which house over 300 individuals. During this I move clients to housing, support clients in getting off the street and ensure they have meals and supportive services in place.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated. Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Kali Daugherty

Socially Distant,

Kali Daugherty, MPA
Lead Community Intervention Specialist
Housing Intervention Services
Milwaukee County Housing Division
Phone: 414-514-1206
Fax: 414-223-1815

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From: [Paul Fidlin](#)
To: [DHS SDMAC](#)
Subject: COVID-19 Vaccine Phase 1B Rollout
Date: Thursday, January 14, 2021 10:58:02 AM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

Since the beginning of the pandemic, myself and my colleagues, much like every other sector, have had to come up with creative new ways to continue moving folks forward in the challenging and unsafe environment created by COVID-19. I work with a Permanent Supportive Housing Program

with The Salvation Army which serves 15 individuals who are considered Chronically Homeless and Disabled. I have seen first hand the devastation which this virus has wreaked upon our residents. The pre-existing mental health concerns of some folks has been exacerbated significantly and many folks find themselves afraid to ever leave their home due to the virus. Many folks used to attend support groups, Grand Ave. Club supporting folks with mental health concerns, and other essential supports in the community. These great opportunities have been decimated and support for these vulnerable folks is almost non-existent due to closings. These vulnerable individuals deserve to be included in group 1B so they can reconnect with their support systems once again. Additionally, myself and other homeless services staff have been risking our health daily throughout this pandemic to make sure these vulnerable folks continue to get their prescriptions filled, get groceries, continue to apply for essential, life-saving benefits and all the other work that we collectively do.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Paul Fidlin, CSW
Roots Permanent Housing Case Manager
The Salvation Army Social Services
3128 W. Wisconsin Ave. #117

Milwaukee, WI 53208

Phone: (414) 431-0105

Fax: (414) 431-0270

paul.fidlin@usc.salvationarmy.org



DOING
THE MOST
GOOD™

From: [Lisa Stephan](#)
To: [DHS SDMAC](#)
Subject: Vaccination Advocacy
Date: Thursday, January 14, 2021 10:53:51 AM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

Sheboygan County Interfaith Organization is a very small nonprofit. Our residential

transitional living program houses homeless moms with children for up to two years while they work through barriers that will ultimately lead to increased self-sufficiency. We have worked diligently to keep our staff and residential families safe during the pandemic. If a positive covid test would occur, we would have challenges isolating cases to protect all of our constituents. Receiving priority vaccinations would help us mitigate this potential scenario.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Lisa Stephan

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Lisa Stephan
Executive Director
Sheboygan County Interfaith Organization

Email: lisa@sheboygancountyinterfaith.org
Office: 920.457.7272 ext. 118

From: [Julie Spears](#)
To: [DHS SDMAC](#)
Subject: Fwd: Covid-19 Vaccine for People Experiencing Homelessness
Date: Thursday, January 14, 2021 10:34:25 AM

Dear DHS Staff,

First off, thank you for your tireless work for the past 9 months. I recognize that it's been brutal and we're not out of the woods. You've done a superior job to keep Wisconsites safe. You have my full support.

I'm writing today about the **Covid-19 Vaccine Rollout Plan**. Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents - **including people experiencing homelessness and in shelters**.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of **chronic health conditions** that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The **homeless population is disproportionately people of color**, who we know are also at greater risk of severe COVID disease.
 - In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#). **THIS IS A LIFE OR DEATH EQUITY ISSUE.**
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.

This issue is important to me as my work is centered on the tall task of developing permanent affordable housing, especially with supportive services with the City of Madison's Community Development Division. I am writing today as a resident of your district.

- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people

experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks, tent cities in City parks or wherever sufficient shelter from the elements can be found). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. **Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine.** Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Julie Spears

[REDACTED]

[REDACTED]

From: [Jessica St. Clair](#)
To: [DHS SDMAC](#)
Subject: vaccine subcommittee Phase 1B
Date: Thursday, January 14, 2021 10:15:22 AM

Dear Wisconsin State Disaster Medical Advisory Committee (SDMAC) Vaccine Subcommittee,

My name is Jessica St. Clair. I volunteer at a health organization in Madison, Wisconsin. Therefore, I already qualify to receive a Covid-19 vaccine during Phase 1a. However, I also volunteer at a day shelter that helps people experiencing homelessness here in Madison, and that is the reason for my email. I am advocating for people experiencing homelessness, as well as the staff and volunteers at organizations that take care of them, to receive Covid-19 vaccines as part of Phase 1b. There are several reasons why, including but not limited to:

1. People experiencing homelessness typically have poor health conditions due to limited access to health care, and those who do catch Covid-19 are more likely to have severe cases due to chronic, pre-existing health conditions.
2. People experiencing homelessness often are in close proximity to others. Many spend extended periods of time with others at the homeless day shelter during the day to warm up from the cold, do laundry, take showers, eat, and use the computer lab, and many stay at the shelters at night to sleep, where they sleep close together.
3. The day and night shelters have a limited capacity, so people experiencing homelessness who are not able to be inside are forced to reside and sleep outside in the cold, which puts them at a higher risk of catching Covid-19.
4. People experiencing homelessness include a disproportionate percentage, compared to total population, of people of color. People of color have been known to have more severe cases of Covid-19.
5. Since Covid-19 is so contagious, people who work or volunteer in person with people experiencing homelessness are at a higher risk of getting infected with Covid-19 because the people experiencing homelessness are at a higher risk of getting infected. This additionally puts their families in danger of catching Covid-19 and could cause spreading in their communities.

Thank you for taking the time to read my email and understanding the importance and urgency of people experiencing homelessness and the staff and volunteers at organizations that take care of them to receive Covid-19 vaccines during Phase 1b.

Sincerely,
Jessica St. Clair

From: [Kathy Thompson](#)
To: [DHS SDMAC](#)
Subject: Covid 19 Advocating for Homeless Shelters
Date: Thursday January 14 2021 10:12:02 AM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.

People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.

The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that 6.7% of Wisconsin's population was Black in 2009. In November 2020, 43% of the population experiencing homelessness was Black.

Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.

We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

Harbor House Crisis Shelters is the only 30 day family shelter in the whole of Douglas County, WI., we do the best that we can with limited space to get these families in. We also work with our local CoC (Northwest Wisconsin Community Services Agency) for resources and motel vouchers until we get an opening. As we are not a big shelter with only 2 locations and 3 bedrooms in each house for families and one for 4 single women having the availability of receiving the vaccine is vital for not only us but for other shelters in Wisconsin as well as the numerous homeless who are unsheltered in our area.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homeless to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Kathy Thompson

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Kathy Thompson
Program Coordinator
Harbor House Crisis Shelters
A ministry of Faith United Methodist Church
715-394-9608
715-997-7181
715-954-4823 FAX
1531 Hughtin Avenue
Superior, WI 54880

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From: [Seth Raymond](#)
To: [DHS SDMAC](#)
Subject: vaccines for homeless shelters and emergency meal sites
Date: Thursday, January 14, 2021 9:52:42 AM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities and emergency meal sites for staff, regular volunteers, and guests.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness and poverty have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

As the director of an emergency meal site, I can attest to the need to have not only our staff vaccinated but also our regular volunteers and guests. We are in regular daily contact with vulnerable populations providing an essential service during this time. Our demand increased by almost 60% over the summer, demonstrating the need for us to continue serving. With only three paid staff and limited volunteers during the pandemic, we cannot afford to have a COVID outbreak

- it would force us to temporarily shut down our operations.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group 1b includes some concerns about feasibility in Appendix C. While feasibility is one domain of consideration, equity and justice should be additional considerations when working to ensure this vulnerable and at risk population is prioritized. Due to the reasons above, it is imperative that people accessing shelters are prioritized for the vaccine. Collaboration between public health, those administering the vaccine, shelter and outreach staff will be essential to address the rollout concerns, distribution, education, and adherence to appropriate protocols. There will be a need for guidance on timelines, the second vaccine, and accurate education to address myths and misunderstandings. Across Wisconsin, homeless services providers have access to a shared database that can help us see what services people are accessing and possibly use to document vaccines. There are many options available to ensure success. Allowing unsheltered people experiencing homelessness to access the vaccine through the emergency shelter system should be encouraged and supported. While challenging, open communication and creative solutions will overcome those potential feasibility issues and enhance trust between the homeless population, staff, and public health. We cannot wait for a single dose vaccine to ensure that this vulnerable population and the staff that are working so hard to keep them safe are vaccinated.

Transitional housing settings often have shared living spaces as well. It is important that residents and staff of these facilities are considered in Phase 1B rollout. Again, this could be a challenging population to reach, but with clear communication and creative strategies, this can be successful. The efficacy of only prioritizing staff for the vaccine and not including the residents is a missing opportunity to develop partnership, trust, and demonstrate what we know to be true - COVID does not discriminate. Residents and staff are equally at risk.

The COVID-19 vaccine is a critical step toward ensuring the safety and the health of this vulnerable population and will provide much needed support to those facilities and staff struggling to provide these important services.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Seth Raymond, Executive Director, Hospitality Center

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The Rev. Seth A. Raymond
Executive Director, Hospitality Center
Rector, St. Luke's Episcopal Church
seth@hospitality-center.org
414-379-2228

From: [Taylor Ahmed](#)
To: [DHS SDMAC](#)
Subject: SDMAC Vaccine Priority Group 1B, Open for Public Comment
Date: Thursday, January 14, 2021 9:44:25 AM

Hello members of the WI State Disaster Medical Advisory Committee,

Thank you so much for your work on ensuring the vaccine rollout is efficient and equitable. It is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include congregate living facilities for both staff and residents.

Prioritization for this critical population is imperative for the following reasons:

- People experiencing homelessness have a disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. This population frequently has little access to consistent quality health care which may result in being excluded unless specifically prioritized.
- People who have exhausted all other resources and are staying in a shelter do not have a way to mitigate their COVID risk. They cannot avoid the interaction with other people and reliance on the organization to help meet basic needs and provide a safe place to be. Emergency shelters, including domestic violence shelters, use shared living spaces and have limited opportunities to meet the social distancing requirements.
- The homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. In Wisconsin, it was estimated that [6.7% of Wisconsin's population](#) was Black in 2009. In November 2020, [43% of the population experiencing homelessness was Black](#).
- Currently in the homeless service system, an enormous amount of funding, time, and resources have been focused directly on COVID-19 prevention, screening, education, and mitigating the spread of the disease. Once the shelter system and residents have access to the vaccine, staff time and resources can be redirected to obtaining and securing permanent housing.
- We are seeing and will continue to see an increase in the number of people experiencing homelessness in our State. Evictions and people no longer able to stay with friends and family, the increasing economic burden of the pandemic and the limited funding and availability for motel voucher alternatives, there has been a statewide increase in people experiencing unsheltered homelessness - sleeping outside and in other places not meant for human habitation (e.g. caves, abandoned buildings, storage units, vehicles, fishing shacks). With an increased need, the risk of COVID in congregate settings, capacity reduction because of social distancing guidelines, shelters are struggling to meet the needs of people experiencing homelessness. As a result, the unsheltered population continues to be at risk for COVID and should be included in our prioritization for the vaccine.

The current recommendations for DHS regarding COVID-19 Vaccine Priority Group