

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,

Taylor Ahmed, Resource Specialist, Central Wisconsin Community Action Council.

Taylor Ahmed
Resource Specialist
She/Her/Hers



WorkSmart Network at Central Wisconsin Community Action Council

(E) tahmed@worksmartnetwork.org

(P) (608) 432-6578 (Text or Call)

From: [Debi Green](#)
To: [DHS SDMAC](#)
Subject: COVID 19 VACCINE
Date: Thursday, January 14, 2021 9:25:31 AM
Attachments: image005.png
image006.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.

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 including the Elderly 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,

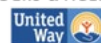
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Debi Green
Abuse in Later Life Advocate
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Fax: 715-842-7051

www.womenscommunity.org
www.facebook.com/womenscommunity



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VICTIMS OF ALL GENDERS & AGES



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From: [Lydia Van Thiel](#)
To: [DHS SDMAC](#)
Subject: Vaccine Priority Group 1B - Homeless Services
Date: Thursday, January 14, 2021 9:17:21 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.

I am very concerned for the homeless population through this COVID-19 pandemic.

Unlike other populations, homeless are unable to safely quarantine and social distance, as they have no home and are focused on survival. This population is already very vulnerable and at risk. Contracting the virus could have serious consequences to their life and wellness.

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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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,

Lydia Van Thiel | Director of Programming

Freedom House Ministries, Inc.

Office: 920-432-4646 Ext. 1108

Fax: 920-432-2046

2997 St. Anthony Drive, Green Bay, WI 54311

www.freedomhouseministries.org



From: [Leanna Povish](#)
To: [DHS SDMAC](#)
Subject: Vaccine Priority Group 1B Public Comment
Date: Thursday, January 14, 2021 9:10:04 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.
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- 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](#).
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- 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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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,

Leanna Povish, Case Manager, Freedom House Ministries

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Leanna Povish

Lead House Supervisor/Case Manager

Freedom House Ministries

2997 St. Anthony Dr.

Green Bay, WI 54301

(920)432-4646 ext: 1101

From: [Crystal DeCleene](#)
To: [DHS SDMAC](#)
Subject: Vaccine Priority Group 1B
Date: Thursday, January 14, 2021 9:09:39 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:

- 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.

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,

Crystal DeCleene | Vice President



Office: 920-432-4646 Ext. 1113

Fax: 920-432-2046

2997 St. Anthony Drive, Green Bay, WI 54311

www.freedomhouseministries.org

From: [Kopp Mueller, Torrie](#)
To: [DHS SDMAC](#)
Subject: Vaccine Phase 1B - Public Comment
Date: Thursday, January 14, 2021 8:44:16 AM
Attachments: image001.png

Good morning-

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.

In my work, I help coordinate services across our community to serve people experiencing homelessness. As part of my work, I was part of planning, implementation and initial operations for our isolation and quarantine facilities. This work caused me to see the faces of people who are vulnerable to becoming quite ill from COVID. I have also worked closely with staff who are serving people experiencing homelessness. Our services are like that of an ER in that we must provide refuge 24 hours a day 365 days a year. Our staff must have protection of the vaccine in order to help ensure that our facilities have adequate staffing to keep the safety net 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 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.

Additionally, I would like you to include people who are jails and prisons in Phase 1B. They are also in situations where they are unable to use social distancing as a mitigation strategy. Also, some people who exit jail and prison end up connecting to the homeless services system. Having a COVID-19 vaccine will be an additional tool to help them be successful in their re-entry.

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.

Please let me know if you have any questions.

Sincerely, Torrie Kopp Mueller

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{ she | her | hers }

Torrie Kopp Mueller | CoC Coordinator, Homeless Services Consortium

Department of Planning and Community & Economic Development
Community Development Division

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From: [Hetti Brown](#)
To: [DHS SDMAC](#)
Subject: Public comment: vaccine distribution plan
Date: Thursday, January 14, 2021 8:43:03 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. As a resident of Wisconsin, I urge you to recommend the following populations in the Phase 1B COVID-19 vaccine distribution plan:

- Jail, detention center, and prison inmates and staff
- Congregate living facilities for both staff and residents, including homeless shelters and transitional housing facilities.

Thank you for your consideration.

Hetti Brown



From: [Jessica Diederich](#)
To: [DHS SDMAC](#)
Subject: Comment for Vaccine- Group 1b
Date: Thursday, January 14, 2021 8:42:08 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.
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The current recommendations for DHS regarding COVID-19 Vaccine Priority Group

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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,

Jessica Diederich | President

Freedom House Ministries, Inc.
Office: 920-432-4646 Ext. 1106
Fax: 920-432-2046
2997 St. Anthony Drive, Green Bay, WI 54311



From: [Jennifer Bisterfeldt](#)
To: [DHS SDMAC](#)
Subject: COVID 19 Vaccine Public Comment/Advocacy for Homeless Citizens and Shelter Settings
Date: Thursday, January 14, 2021 8:40:56 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.

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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.

We are very concerned about the ability to keep shelters open with the risk of COVID 19 to staff and volunteers. As with our schools, if we do not have enough staff to keep operations going, we risk having to close our shelters. Being a priority in the consideration of vaccine rollout will mitigate this risk. We would be able to ensure we could keep our shelters open and our staff/guests safe.

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,

Jennifer Laude Bisterfeldt
Executive Director
Shawano Area Matthew 25, Inc.
Phone: 715-851-7252



We help those affected by poverty improve their circumstances to become self-sufficient.

From: [Koenig, Bonnie](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B
Date: Thursday, January 14, 2021 8:39:19 AM

Hello,

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.

As a Covid-19 liaison for Public Health Madison & Dane County (PHMDC), I am well aware of the people in our community experiencing homelessness and disproportionately high rate of chronic health conditions that put people at higher risk of severe COVID disease. PHMDC is committed to equitable outcomes and has partnered to provide shelter and care for this critical population during this emergency response. Our emergency shelters use shared living spaces and have limited opportunities to meet the social distancing requirements. Furthermore, the homeless population is disproportionately people of color, who we know are also at greater risk of severe COVID disease. Therefore, the unsheltered population continues to be at risk for COVID and I strongly urge that we include this critical population in our Phase 1B vaccine prioritization.

This is a rapidly evolving situation; please check [our website](#) for the latest information and recommendations.

Regards,

Bonnie Koenig, MPH/EH, RS (Pronouns: She/Her/Hers) | **Environmental Health Services Supervisor** | bkoenig@publichealthmdc.com
[Public Health Madison & Dane County](#) | 2300 S. Park St. Suite 2010 Madison, WI 53713
Phone: (608) 243-0335 | Cell: (608) 216-3494 | Fax: (608) 242-6435 | [Facebook](#) | [Twitter](#)
| [Instagram](#)

Healthy People. Healthy Places.

It is important to us to protect your confidential information. Please be aware that emails sent or received by Public Health-Madison & Dane County employees are subject to open records requests and can be released to the public, unless there is an exception allowed by law. Thus, we do not discuss your confidential information over email. We will gladly talk to you over the phone instead.

From: [Maureen Atwell](#)
To: [DHS SDMAC](#)
Subject: Comment for the Vaccine Distribution Subcommittee of SDMAC
Date: Thursday, January 14, 2021 8:24:41 AM

Dear Committee Members,

I first would like to thank you for your service on the Vaccine Distribution Subcommittee. You are making decisions about vaccine distribution that are both critically important and extremely difficult, and I am grateful for your efforts. I would like to provide background information and commentary about the distribution of the COVID-19 vaccine in homeless shelters that I hope will help you in your decision-making process.

I am the Executive Director of Hebron Housing Services, a nonprofit that currently operates four emergency homeless shelters and two low-income housing units in Waukesha County. Our emergency shelters house approximately 80 people per night, and our guests pose a high risk to the COVID-19 pandemic for two reasons. First, they are at a very high risk of transmitting COVID-19 among the public, and second, they are at high risk of suffering complications from the disease.

Guests in our shelters must share kitchens, bathrooms, living spaces, and dormitory-style bedrooms. There are no options for maintaining social distance under these circumstances, so we rely on facemasks, sanitizing, handwashing, and maintaining the maximum distance possible. If a guest gets the virus, there are no facilities for quarantine, and our employees put their lives at risk every day by continuing to serve this population. We are currently operating at capacity with an ongoing wait list, and those who can't access our services take refuge in public places: libraries, bus stations, or group encampments with little or no sanitary facilities.

The vast majority of our guests either suffer from chronic health conditions, have physical or mental disabilities, or are over the age of 55. Many of those in our shelters with chronic health conditions are children. In general, our guests have limited access to health services, and have difficulty even obtaining a COVID-19 test without transportation and access to a cell phone to make an appointment for testing or find a testing site. We do all we can to assist them in accessing tests, but we don't have access to transportation, and many of our guests will hide their symptoms for fear of the consequences if they are found to have the virus. Similarly, many of our guests work low-wage jobs and cannot afford to stop working, so are unlikely to err on the side of caution if they have symptoms. The risk of viral transmission that this situation poses to the public is enormous.

I know that this subcommittee has expressed concerns about the feasibility of vaccinating those in homeless shelters for fear that their transient nature would prevent follow-up vaccines, but I do not see this as a barrier. Almost all of our guests stay in our shelters for at least 30 days, and most stay for 45 days. Particularly during the pandemic, housing has become extremely difficult to find, and most of our guests will stay in our shelters for as long as we allow. Although we currently have a policy limiting a person's stay to 30-45 days, we have lifted that limit in the past and could (and would) do it again for the purposes of vaccine follow-up. I believe that the majority of shelters in Wisconsin have similar parameters on length-of-stay, along with similar flexibility in their policies. This would allow more than sufficient time for follow-up vaccines. Finally, across the board our

guests have expressed a very strong desire to be vaccinated. They know that they are at high risk of complications, they are afraid of contracting the virus, and they are highly motivated to get both doses of the vaccine.

I feel very strongly that distributing vaccines in homeless shelters is a key component in controlling the pandemic, and I urge you to give them the highest possible priority for vaccine distribution. I would be happy to appear in front of the committee to speak on the matter or to answer any questions or concerns you might have. My complete contact information is below, and I invite you to contact me at any time.

Thank you for your time, your consideration, and your service.

Maureen Atwell
Executive Director
Hebron Housing Services, Inc.
1166 Quail Court, Suite 400
Pewaukee, WI 53072
Direct Dial: (262) 522-1400


www.hebronhouse.org

COVID-19 NOTE:

Many people have nowhere to go in this time of crisis. We are running our shelters at maximum capacity and have increased our services to make sure everyone has a safe place to go. [Make a financial contribution](#) to keep our community safe.

From: [Paul Schwaller](#)
To: [DHS SDMAC](#)
Subject: Public Comment: Please Consider Homeless Population as Priority for Vaccine Distribution
Date: Thursday, January 14, 2021 7:59:27 AM

To whom it may concern,

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 Native community in Menominee county has many of the High risk medical conditions that make them more vulnerable. Please consider our Natives in Shelters for priority. I as the EHCY Homeless Grant Coordinator for the district know that we have a high percentage of our students that meet the McKinney-Vento definition of homelessness. Please make this a priority when deciding distribution.

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.

Thank you,

Paul Schwaller-District Curriculum/Assessment/Grant/Title Coordinator
Menominee Indian School District
pschwaller@misd.k12.wi.us

Phone: 715-799-3824 - Central Office Ext: 6001 Cell: 715-851-7990

“Hope lies in dreams, in imagination, and in the courage of those who dare to make dreams into reality.” – Jonas Salk

From: [Beth Snyder](#)
To: [DHS SDMAC](#)
Subject: Prioritize COVID vaccine for congregate living facilities/homeless
Date: Thursday, January 14, 2021 6:37:28 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 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,

Beth A. Snyder, M.S.

Operations Manager

Horizons Recovery Residence

Lighthouse Recovery Community Center

1114 S 11th Street

Manitowoc, WI 54220

(920) 717-0264

beth.snyder@lighthousecc.org

From: [Audra O'Connell](#)
To: [DHS SDMAC](#)
Subject: Phase 1B Public Comment
Date: Wednesday, January 13, 2021 8:04:24 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 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.

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.

On a personal note, I cannot fathom what this state will do if all homeless youth are on the streets versus in safe shelter options due to us closing our doors given the pandemic. We've already had to do this previously and Milwaukee County was without beds for homeless youth for three weeks in the middle of winter.

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

Sincerely,

Audra O'Connell

Executive Director

Sent from my iPhone

From: [Karla Thennes](#)
To: [DHS SDMAC](#)
Subject: homeless persons and staff
Date: Wednesday, January 13, 2021 7:27:27 PM

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.

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- 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

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

Karla Thennes, MSSW
Executive Director
Porchlight, Inc.
P: (608)257-2534x14
F: (608)257-2507
kthennes@porchlightinc.org
"Solutions to Homelessness"

"I alone cannot change the world, but I can cast a stone across the waters to create many ripples." Saint Mother Teresa

From: [Terri Stegmann](#)
To: [DHS SDMAC](#)
Subject: COVID Vaccine
Date: Wednesday, January 13, 2021 6:02:28 PM

Good evening

I work for the Haven of Manitowoc. We are a men's homeless shelter. We would like all staff and volunteers to get vaccinated. [REDACTED]

[REDACTED] I would like to be protected from everyone.

--

Terri Stegmann
Case Manager
The Haven of Manitowoc County
Phone number 920-652-9110
[REDACTED]
Fax 920-652-9645

From: [Abigail Jeffers](#)
To: [DHS SDMAC](#)
Subject: FW: Important - COVID 19 Vaccine Update + Need to Advocate
Date: Wednesday, January 13, 2021 5:41:37 PM
Importance: High

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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As the Coordinated Entry Administrative Manager for a four county region, it is my job to track data with regards to clients facing homelessness and clients who are homeless and are in need of permanent housing. The rates for our four county region (La Crosse, Monroe, Vernon, and Crawford) have doubled since late spring 2020. With the increase of these numbers and these peoples inability to have secure place to quarantine when they become ill, it is only a matter of time before COVID-19 will hit this population. A population much more vulnerable than others.

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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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,

Abbi Jeffers

Coordinated Entry Administrative Manager

Couleecap, Inc.

La Crosse County Office

700 N. 3rd St., Suite 202B

La Crosse, WI 54601
phone: [608.782.4876](tel:608.782.4876)
fax: [608-782-4822](tel:608-782-4822)
abigail.jeffers@couleecap.org
www.couleecap.org

From: [Jeanne Geraci](#)
To: [DHS SDMAC](#)
Subject: Comment for Vaccine Subcommittee Phase 1B
Date: Wednesday, January 13, 2021 5:10:55 PM

We urge inclusion of staff and residents of congregate living to include homeless shelters/ services and criminal justice facilities. All life has value, and those with no choice to shelter safely at home must be prioritized.

Jeanne Geraci
Executive Director
Benedict Center
1849 N. Martin Luther King Drive
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From: [Emily Franco](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B Public Comment
Date: Wednesday, January 13, 2021 11:30:45 AM

Hi!

I would like to voice my support for including facility staff and residents of congregate settings in Phase 1B. I work at one of two emergency youth shelters in Milwaukee- combined, there are only 16 beds for homeless youth in the area, and that number has already been reduced to 6 in order to maintain social distancing practices at each of the shelters. Since the fall, both of our shelters have had to close for periods of two weeks when a resident or staff member has tested positive, leaving only three beds available for the nearly 2,000 homeless youth in the city. It is entirely possible that both shelters could have positive cases simultaneously, leading to a catastrophic scenario where there are NO emergency housing options for youth that are homeless and fleeing abuse. Including shelter residents and staff in Phase 1B could immediately reduce the risk that a youth a youth will have to spend the Wisconsin winter living on the streets.

Thank you!

Best,
Emily Franco



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