



Tina Freese Decker
President & CEO Spectrum Health
100 Michigan St. NE
Grand Rapids, MI 49503

Dr. Hyung Kim
President, Mercy Health St. Mary's
200 Jefferson Ave SE
Grand Rapids, MI 49503

Dr. Peter Y. Hahn
President & CEO Metro Health Hospital
5900 Byron Center Ave
Wyoming, MI 49519

Dr. Adam London
Kent County Health Department
700 Fuller Ave NE
Grand Rapids, MI 49503

Tasha Blackmon
President & CEO Cherry Health
100 Cherry St. SE
Grand Rapids, MI 49503

(Individually and as
Vaccinate West Michigan
Collaborators in our area)

The Prioritization of COVID-19 Vaccination for Persons with Disabilities and other Accessibility Issues

Dear friends,

On behalf of Disability Advocates of Kent County and the other disability-related agencies in our community who have co-signed this letter, we write to thank you for your continued work on the Covid-19 pandemic response, and can only begin to imagine how stressful these last 10 months have been.

In particular, we would like to thank you for your vaccination efforts and endeavors to ensure equitable distribution of the vaccine. Thank you for providing education and access to the Covid-19 vaccine to the community we serve, as supply allows. If there are any supports that we can provide, please allow us to help lighten the weight on your shoulders.

At this time, we would like to present a letter that Disability Network of Michigan, our state association, sent to Governor Whitmer and MDHHS Director Hertel. While the details are in this letter, we would like to highlight a few topics. First, we request that individuals with disabilities be moved into the 1B phase of the vaccine distribution due to underlying health concerns and that they not have to further prove their diagnosis with any lengthy processes. We also request that all information, registration processes and the actual vaccination sites be fully accessible to allow for all individuals, including individuals who are hearing or visually impaired and those who require the use of a mobility device or any other assistance. We have received some initial positive



feedback about the setup of our community's initial clinics and we thank you for integrating those accommodations into the clinics that have already occurred. Further, we request the development of mobile vaccination efforts as many community members are unable to leave their homes or may not have access to affordable and safe transportation options.

We are all committed to supporting and advocating for our community members who have disabilities and want to ensure they have equitable access to healthcare. Our organizations are willing and able to be of any assistance we can during this stressful and unique process of mass vaccination. If we can support any community education, outreach or process logistics, we are here to assist and support. Please reach out to either Madalyn Weber, Independent Living Specialist, madalyn.w@dakc.us / 616-600-6835 or David Bulkowski, Executive Director, dave.b@dakc.us / 616-323-2207.

Thank you for your attention on this critical matter.

This letter is sent on behalf of the following organizations in Kent County.

100 Shades of Disability
Area Agency on Aging of West Michigan
Association for the Blind and Visually Impaired
BRAINS
Disability Advocates of Kent County
DisArt
Down Syndrome Association of West Michigan
Equest Center for Therapeutic Riding
Hunt 2 Heal
Special Olympics Michigan
The YWCA of West Central Michigan



January 28, 2021

The Honorable Gretchen Whitmer
Governor of Michigan
P.O. Box 30013
Lansing, MI 48909

Dear Governor Whitmer,

On behalf of the 1.9 million Michigan residents with disabilities, Disability Network of Michigan (DNM) is requesting a review of the current policies for the distribution of COVID-19 vaccines and the supports for this process that are being planned.

DNM asks of the Governor and MDHHS Director that:

- 1. Prioritization of all people with disabilities age 16 to 64 is changed from Phase 1C to 1B.**
- 2. All materials involved in the vaccine registration process are accessible to those with disabilities.**
- 3. All vaccine distribution sites need to be fully accessible and accommodating to persons with disabilities.**
- 4. A prioritization schedule process is considered that does not require a person to prove their disability when they are already receiving services through a program where disability eligibility is already determined.**
- 5. All healthcare workers are encouraged to receive the vaccine to protect patients with disabilities as well as receive implicit bias training to ensure equal access to quality, in-person care.**
- 6. Funding for grassroots vaccine outreach and education.**

Though DNM recognizes these concerns may have been previously considered, we believe it is imperative to re-assess these critical issues.

1. DNM asks that prioritization of all people with disabilities age 16 to 64 be changed from Phase 1C to 1B, whether they live in congregate care settings or not. Based on current estimates, those in Phase 1C may not receive the vaccine until May 1 which exposes vulnerable people to further health issues and risk of death. All individuals with disabilities should be considered a part of the high risk group and part of the Phase 1B due to their vulnerable conditions. Twelve states have already recognized this heightened risk of death and included people with high-risk medical conditions in Phase 1B. To delay this prioritization will put lives at risk.

2. DNM would ask that the vaccine registration process be accessible to those with disabilities (including but not limited to learning and visual disabilities). We further ask MDHHS and local health departments to consider the barrier posed by computers being the dominant way to access vaccination registration and the unintentional effect and barrier this may have on vaccination delivery. It is critical to promote other options more widely and to provide alternatives. Without increased access, the critical issues we address below will become even more critical.

3. Once people have been granted permission to the vaccine it is important to consider the accessibility of the sites where vaccines will be delivered. All vaccine distribution sites need to be fully accessible and accommodating within the Americans with Disabilities Act guidelines. Medical staff should be prepared to accommodate individuals who will be passengers in an accessible vehicle. In addition, home/mobile vaccination options must be developed as quickly as possible to avoid costly options such as ambulances and ambulance rides in order to receive the vaccine. CDC recommendations on vaccine distribution include suggestions for these scenarios and are available here: <https://www.cdc.gov/vaccines/covid-19/implementation-strategies.html>.

4. People with disabilities who receive Long-Term Services and Supports (LTSS) through MI Choice Waiver Programs, the Home Help Services (HHS) program through MDHHS, the Program for All-Inclusive Care for the Elderly (PACE), and high school students or young adults age 16 and older who receive special education services, have already had their disability or underlying medical conditions determined to be served by these programs. We urge those who set the vaccine priority phases and the county-level health officials to use these already qualified statuses to determine eligibility in Phase 1B. Persons with disabilities aged 16-64 should be able to request prioritization, through a current or previous medical provider. Persons without doctors or who are not signed up with the programs listed above should be allowed to confirm their disability status in another manner.

5. DNM further requests all healthcare workers be strongly encouraged to receive the vaccine to protect patients with disabilities as well as receive implicit bias training to ensure equal access to quality, in-person care. While Michigan has prioritized vaccine distribution to those who work in congregate living settings such as group homes and nursing homes, we must also focus on parents and guardians as well. These persons, while not employed outside the home as caregivers, are clearly as essential to our community's well-being as those who are employed in these critical roles and represent the same risk of infecting those they care for.

6. While DNM applauds the recent leadership by the state to engage the public through trusted community leader forums, DNM feels the effort must go further. Funding for grassroots vaccine outreach and education would allow our collective teams to fully engage in the process of promoting vaccination and helping more Michiganders obtain

them. DNM encompasses fifteen Centers for Independent Living (CILs) across the state, all uniquely situated to engage and build trust for segments of our population that may be hesitant to the vaccination. CILs are community-based organizations, providing services to all disability types and all ages. We are often the first stop for people with disabilities and their families. Additionally, the majority of our collective staff are people with disabilities so local communities often view CILs as an approachable and dependable source of information.

We want to thank you for the consideration of these important issues and strongly encourage you to adopt them so that all Michiganders can be best served.

Respectfully Submitted,

Ann Arbor Center for Independent Living

Blue Water Center for Independent Living

Disability Advocates of Kent County

disABILITY Connections

Disability Network/Capital Area

Disability Network/Lakeshore

Disability Network of Mid-Michigan

Disability Network/Northern Michigan

Disability Network/Oakland & Macomb

Disability Network Southwest Michigan

Disability Network Southwest Michigan/Berrien and Cass

Disability Network/Wayne County-Detroit

Disability Network/West Michigan

Superior Alliance for Independent Living

The Disability Network

Disability Network/ Michigan