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December 28, 2020

To: COVID-19 Vaccine Implementation Advisory Group

Re: COVID-19 Vaccine Initial Allocation Phases 1B and 1C

The Office of the Health Care Advocate fully recognizes that there is no perfect answer to the question of who gets vaccinated next when there is scarcity. This is especially true due to the challenges of implementing even a moderately specified targeting of particularly populations.

Given this, I will put forward a few considerations.

The recognized constitutional underpinnings of prisoner rights to care are on an entirely different footing. Incarcerated Vermonters are living in congregated high-risk settings and should not be denied care as a form of punishment. This population should be amongst the next groups to be vaccinated. It makes sense to vaccinate prisoners and correctional officers at the same time.

If Vermont targets an age group such as 75 years of age or older, we must recognize that BIPOC populations often have a lower age expectancy generally and more specifically have a higher likelihood of serious illness or death due to COVID-19 at lower ages. We must develop outreach to specifically outreach BIPOC Vermonters. Because of this, a cut off for BIPOC Vermonters should be set at a lower age than their white counterparts.

If it is not acceptable to specifically recognize race in this consideration, we suggest targeting specific vulnerable populations. We could target groups like the Medicaid high and very high-risk populations attributed to OCV (I am not suggesting the comparable group in Medicare due to lower attribution levels), people living in public housing, and more isolated communities where Vermonters lack access to public transportation or where there are concentrated populations of people who have limited options for transporting themselves to a clinic outside their community.

Any strategy that asks providers to identify patients with a set of high-risk conditions runs the risk of building that list on the systemic bias of our existing systems. It would give advantages to patients who are already better connected to the health care system. Many of the most high- risk patients do not get regular medical care.

Sincerely,

Michael Fisher