In reviewing MDHHS's interim guidance, two concerns have arisen for us.

- **First Point:** The interim guidance appropriately prioritizes residents in some congregate living environments, but missing from the list are residents of jails, prisons, and homeless shelters.

- **Second Point:** The interim guidance also appropriately prioritizes staff at jails, prisons, and homeless shelters—seemingly in recognition that such facilities are at great risk from COVID-19—but here too the residents in such facilities are omitted.

**As to the first point:**

Priority Group 2B in Phase 1A of the interim guidance envisions providing early vaccination to “vulnerable residents in long-term care facilities.” In that Phase, the plan appropriately envisions providing vaccines to all residents in skilled nursing facilities, psychiatric hospitals, homes for the aged, adult foster care centers, and assisted living facilities. **Incarcerated people, who are disproportionately Black and a great many of whom are elderly, medically vulnerable, or suffering from mental disorders, are at similar risk as people in psychiatric hospitals and adult foster care centers, and yet they are not included in Phase 1A, Priority Group 2B.**

Other states, including Kansas, North Carolina and Washington, have drafted guidelines in which incarcerated people are given priority along with others in congregate living settings, like long-term care, farmworker housing, and homeless shelters. **We urge MDHHS to take the same approach and assign equal and high priority to the residents of all congregate living facilities where the virus can rapidly spread to vulnerable populations, which includes prisons, jails, and homeless shelters.**

**As to the second point:**

The interim guidance envisions providing vaccines at Phase 1B of the plan to staff at “homeless shelters, corrections facilities (prisons, jails, juvenile justice facilities), congregate childcare institutions, and adult and child protective services.” This appropriately recognizes that such facilities are congregate settings in which COVID-19 can spread quickly, endangering public health. **However, the plan does not envision providing vaccines to the residents of such facilities despite the dangers that they face there.** Again, we urge MDHHS to ensure that the lives and health of the residents in such facilities are valued and protected just as the lives and health of staff are. This is especially important because the residents of such facilities are disproportionately vulnerable populations.
Prioritizing these populations is critical to public health because the spread of COVID-19 in such facilities has been devastating. As you know, the rate of COVID-19 infection in prisons is vastly higher than that of the population at large. And Michigan prisons rank fourth in the country for COVID-19 infections; there have been over 20,000 cases of coronavirus and 100 deaths. This is an average of 5,240 cases per 10,000 prisoners, which is 994% higher than Michigan overall.

Public Health Experts Recommend Prison Residents and Jails Are Top Priority:

- Experts in public health and corrections policy recommend vaccinations for residents of prisons and jails be given top priority with other congregate living environments and the staff who work there.
- The framework for equitable distribution of a COVID-19 vaccine provided by the National Academies of Sciences, Engineering, and Medicine recommends equal and high prioritization for “people in prisons, jails, and detention centers and staff working in those settings.”
- The same framework places older adults in the same settings ahead of staff, recognizing that they have the “joint risk factors of severe disease and reduced resilience associated with advanced age and of acquisition and transmission due to their living settings, in which they have limited opportunity to follow public health measures such as maintaining physical distance.”
- This is supported by a study that estimates that a prisoner’s physiological age averages 10 – 15 years older than their chronological age, due partially to stress during incarceration and inadequate access to medical care. Similarly, the Prison Policy Initiative recommends that incarcerated people and corrections staff be prioritized for vaccination, and warns that the vaccination of staff should not be considered sufficient to stop the spread of COVID-19 in correctional facilities.
- According to a comprehensive review of state plans, Connecticut, Delaware, Massachusetts, Maryland, Nebraska, and New Mexico include all incarcerated people in Phase 1 or a Phase 1 subdivision of their vaccination priorities. And at least thirteen additional states include incarcerated people in the same phase as the staff where they are housed.

COVID and Institutional Racism:

- We urge MDHHS to devote special attention to this issue in light of Governor Whitmer’s recognition that racism is a public health crisis, and that the pandemic has “revealed, confirmed, and highlighted the deadly nature of pre-existing inequities caused by systemic racism.” The impact of COVID-19 on Black Michiganders is exacerbated by their overrepresentation in Michigan’s prisons and jails. Although they are 14% of Michigan’s population, they comprise 49% of the population in prisons and jails. Thus, early vaccination for the
incarcerated population is essential to addressing the systemic racism that is part of this terrible disease.