



VIA EMAIL

March 29, 2021

Jim Kenney, Mayor
Office of the Mayor
City Hall, Office 215
Philadelphia, PA 19107

Dr. Thomas Farley, Health Commissioner
Department of Public Health
1101 Market St., 13th Floor
Philadelphia, PA 19107

RE: Concerns re Implementation of COVID-19 Vaccination Plan

Dear Mayor Kenney and Commissioner Farley,

We write with concerns regarding how Philadelphia is implementing its COVID-19 vaccination plan. These concerns are shared by Disability Rights Pennsylvania and members of the larger disability community. Specifically, we question whether the city's current plan adequately accounts for the needs of people with disabilities and their caregivers. We understand that the COVID-19 vaccination plan is fluid, and the city is responding as quickly as possible to ever-changing circumstances.

However, we are concerned that there is a lack of communication from the Department of Health to the disability community, specifically regarding how, when, and where individuals with disabilities and their caregivers can expect to be vaccinated. In addition, the city and Department alike have not engaged stakeholders in the disability community to better understand their needs related to the vaccine (specific accommodations, best locations for vaccination sites etc.).

We are also concerned that the city's plan, which includes direct support professionals (DSPs) in phase 1A, does not define unpaid family caregivers as DSPs, nor does it allow for vaccination of DSPs for people with physical disabilities. Similarly, while phase 1B includes people living in congregate

settings, it does not address the many people with disabilities who live in the community but are at increased risk for negative outcomes should they contract COVID-19, or who are more likely to contract COVID-19 because of their difficulties social distancing and engaging in other mitigation measures. Lastly, we are concerned the city and its local partners may not be considering accessibility when selecting vaccination sites. Therefore, we request the following changes and additions to the plan:

Data: The Federal Emergency Management Agency (FEMA) recently updated its [policy](#) on “Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance,” which states:

Recipients and Subrecipients of FEMA assistance shall collect data on race, ethnicity and disability status. Recipients must also make best efforts to collect additional anonymized equity-focused person-level data, including information on primary language, and sexual orientation or gender identity (SO/GI). Recipients and Subrecipients must incorporate these data in their development of short-term targets for the equitable deployment of FEMA financial assistance and identify data sources, proxies, or indices, including demographic data disaggregated to reveal socioeconomic, racial, linguistic, age, gender, disability, and other indices that will enable recipients to develop short-term targets for equitable delivery of FEMA-funded assistance and to reach communities of color and other underserved populations.

The City’s [COVID-19 vaccine data dashboard](#) does not currently show disability data. It must begin to collect and publish disaggregated disability data right away.

Communication: The City’s [frequently asked questions page](#) and [vaccine interest sign-up form](#) do not include information about the City’s ADA policy and how residents can make reasonable modification requests or submit grievances. Although the City provides daily briefings about its vaccination efforts, the City’s revised [Vaccine Distribution Plan](#) contains vague assurances that the city is considering accessibility and is thinking through how to reach residents with disabilities who might not be able to readily access a vaccination site. The plan mentions many wonderful ideas that could help the disabled community get vaccinated quickly and efficiently, such as Philadelphia Fire Department pop-up clinics, mobile teams, and in-home vaccinations for those who cannot travel.

However, the City needs to communicate its plan to vaccinate people with disabilities, with clear deliverables and a timeline for implementation. We have heard from many Philadelphians with disabilities who believe the city has failed to engage them in conversations about vaccine prioritization and how to best meet their needs. As a result, they are confused about when they can get vaccinated, or how the plan's programs targeting people with disabilities will be operational. They also feel that vaccination sites have been chosen without consideration for whether the locations are fully accessible (both physically and programmatically) to people with disabilities.

People with disabilities who may need help getting to a vaccination provider, or those who require in-home vaccination have no idea about how to access transportation or arrange for an in-home shot. The plan states that “[m]any homebound people could travel to a vaccination site if door to door transportation was provided . . . [and] PDPH is exploring accessible transportation options to allow as many people as possible in this category to be vaccinated at a vaccine site.”

Meanwhile, City communication about available SEPTA and Customized Community Transportation (CCT) transportation options for people with disabilities and seniors could be more clear and consistent. On March 2nd, the City [announced SEPTA and CCT services related to its Convention Center mass vaccination site](#), but the City's more recent announcement [Everything you need to know about the City's Vaccine Clinics](#) omits this information.

In addition, the Philadelphia Fire Department is said to have “developed a model for conducting in-home vaccinations for homebound individuals using two-person EMS teams [and] [t]he capability will be available in March.” However, members of the disability community do not know if any of these services are currently up and running, or who they should contact to get help with transportation or scheduling an in-home vaccination.

We strongly believe that regardless of when they may be eligible for vaccination, people with disabilities need information about where and how they will be able to get the vaccine *now*. Information about everything from what to do if you cannot get to a pharmacy or mass vaccination clinic, or how to request an accommodation should be featured prominently in all city communications about the vaccine plan.

Disability stakeholders are ready to assist the city and its community vaccination partners in reaching the most vulnerable Philadelphians. The City's [Vaccine Advisory Committee](#) includes the Mayor's Office of People with Disabilities ADA Compliance Director. It is unclear how frequently this group meets to provide ongoing recommendations. The City should include the ADA Compliance Director in ongoing local, regional, and federal planning meetings. The City should also establish an internal disability working group and engage with external disability stakeholders through its Mayor's Commission on People with Disabilities to better understand the current obstacles to people with disabilities getting vaccinated, as well what types of information the city should push out to residents and providers to help address problems.

DSP Definition: As written, the current version of the vaccination plan lists DSPs as falling into phase 1A, but it does not provide enough guidance about who qualifies as a DSP. We are concerned that unpaid family caregivers would be denied the vaccine if they attempted to get vaccinated as part of phase 1A. In addition, the definition for DSPs excludes many people who are caregivers, and who are included in the Commonwealth's vaccination plan. **Therefore, we request that the Department of Health provide clarity and guidance to ensure that unpaid family caregivers are included in phase 1A, just as paid caregivers are, and that it expand the definition to be inclusive of caregivers of people with disabilities.**

In its February 25, 2021 "[Schedule and Definitions of Priority Populations](#)", the Department defines DSPs as "individuals who provide face-to-face services at a care facility or community home for individuals with intellectual disabilities, autism, or behavioral health conditions." This definition is problematic for a few reasons. First, it is unclear what constitutes a "community home." This could be interpreted to refer only to group homes, or it could include family homes and any other community living situation. We would urge the city to make this definition inclusive of *all* living situations, as many people with disabilities are able to live independently with the support of a DSP, or at home with an unpaid family caregiver.

Given that family caregivers, much like paid caregivers, cannot serve in their roles and adhere to social distancing, both they and the people with disabilities that they assist are more likely to spread COVID-19 if either party becomes infected. For this reason, we believe unpaid family caregivers should qualify as DSPs, and the plan should make their eligibility explicit. In [Caring for the Caregivers – COVID-19 Vaccination for Essential Members of the Health Care](#)

[Team](#), medical professionals outline practical strategies for health providers and local government to do outreach. In fact, the Department recently approved a [vaccination clinic hosted by Eagles Autism Foundation and Divine Providence Village](#), allowing about 1,000 Pennsylvania and Philadelphia residents with ID/DD and their unpaid caregivers to be vaccinated. The City should trust and encourage health providers and community organizations to do the same across the city.

We would also urge the Department to make the DSP definition inclusive of both unpaid and paid caregivers of people with disabilities. People with disabilities, many of whom are elderly and are most at risk should they contract COVID-19, often require assistance in their homes. These people and their unpaid caregivers should be afforded the same protection against COVID-19 as paid caregivers of, and individuals with, autism and intellectual disabilities.

Congregate Settings Definition: In its February 25, 2021 [“Schedule and Definitions of Priority Populations”](#) document, the Department defines “congregate settings” as “residential living situations where people live or work in proximity and it is difficult to maintain social distancing. . .”. This category refers to facilities with more than 20 residents.” By so defining congregate settings, the city has effectively eliminated most people with disabilities from priority vaccination, even those who live with multiple unrelated people. For example, the majority of community living and intermediate care facilities house fewer than 20 people. However, the people in these settings still rely on multiple staff members for assistance and receive services both in their home and the community. This means it is incredibly difficult for them to maintain a small “social bubble,” as is recommended to prevent the spread of COVID-19. In addition, people living in these settings are more likely to have trouble adhering to COVID-19 mitigation strategies, such as masking and social distancing. The City’s more recent March 19, 2021 [Philadelphia COVID-19 Vaccine Priority Eligibility](#) provides even less detail.

For these reasons, we urge the Department to redefine this term so that it is in line with the Commonwealth’s plan, which allows for vaccination of “persons in congregate settings not otherwise specified as a LTCF.” Such a definition is inclusive of group homes and most other community living options that people with disabilities reside in. Suffice it to say, many people with disabilities do not live in nursing homes or with their families, and the city’s vaccination plan should reflect this reality.

Expanding Populations Included in Phase 1B: As it is currently written, phase 1B of the vaccination plan does not include people enrolled in Home and Community Based Services (HCBS) waivers. This is in contrast to the Commonwealth's plan, which does include this population for priority vaccinations in phase 1B. **We urge Philadelphia to bring its plan in line with the Commonwealth's and include HCBS waiver recipients in phase 1B.**

As previously mentioned, some people with disabilities may struggle to adhere to COVID-19 mitigation strategies such as masking and social distancing. In addition, those who receive HCBS are regularly interacting with service providers, so it is more difficult for them to isolate to protect themselves from COVID-19. For these reasons, HCBS waiver recipients should be prioritized for vaccination.

However, we would encourage the city to go a step further than the Commonwealth's plan, and also prioritize those who are on a waitlist or receive base services. Given that there are no distinguishing characteristics between the people who are on a waitlist or who receive base services and those who are enrolled in a HCBS waiver, and that these are, for all intents and purposes the same populations, we do not feel that there should be a distinction based on waiver status. Thus, the city should move anyone receiving or qualifying for HCBS into phase 1B of the vaccination plan.

Finally, we applaud the addition of intellectual disability to phase 1B. However, it is unclear why developmental disabilities were excluded: a national [Joint Policy Statement on Equity for People with Intellectual and Developmental Disabilities Regarding COVID-19 Vaccine Allocation and Safety](#) recommends that intellectual and developmental disabilities be explicitly included in all vaccine frameworks. A [multi-state report, which includes Pennsylvania, shows that individuals with intellectual/developmental disability \(ID/A\) face higher risk of dying from COVID-19 than the general public](#). We urge the Philadelphia Department of Public Health to clarify how it makes prioritization decisions and allow public input. We also urge the city to update the registration portal as quickly as possible to allow individuals with intellectual disabilities to register for appointments.

Accessibility of Vaccination Sites: In its vaccination plan, the city has recognized the importance of accessibility, noting that all vaccination sites will be ADA compliant. While we appreciate this step, it is not enough.

When thinking about accessibility, we would encourage the city to look beyond mere physical accessibility (e.g. compliance with the ADA) and also consider whether locations raise concerns for people with sensory or mental disabilities (e.g. noise level, crowds etc.) In addition, we would urge the city to consider how the *procedures* used by vaccine providers raise accessibility concerns. For example, someone who can physically get inside a building might not be able to stand and wait in a line for any length of time, which is common at mass vaccination clinics. Individuals who are blind and low vision need to be provided any accommodations to ensure that they can read consent forms as well as navigate the vaccine site. In addition, individuals who are deaf may not be able to communicate with others if regular masks are used because it blocks the ability to read lips. Accommodations such as clear panel masks for vaccine site staff and ASL interpreters for individuals who are deaf need to be available.

Given that no one model of administering vaccinations seems to meet the needs of all vulnerable Philadelphians, we urge the city to utilize a variety of different sites and distribution methods. In this way, it will be able to reach everyone who wants a vaccine. The city must take a holistic approach to accessibility, and do the following to ensure all Philadelphians with disabilities can access the COVID-19 vaccine:

- Consider providing vaccines to primary care providers and permit providers, including specialists, to vaccinate non-residents who may not otherwise have access to the vaccine. An example would be several hundred Penn Lung Center patients with neuromuscular diseases who are unable to receive treatment in their counties.
- For mass vaccination clinics, the city must ensure it and other vaccine providers have adequate staffing in place to accommodate the needs of people with disabilities.
- Arrange the physical space at all vaccination sites so that people can easily navigate the room, such as those in wheelchairs or those who are blind or have low vision.
- Establish more community vaccination clinics so that fewer people with disabilities will need to ride on public transportation in order to get vaccinated. Many people are weary to ride on SEPTA given the current state of the pandemic; these concerns are more pronounced among the

elderly and people with disabilities, who are at higher risk should they contract COVID-19.

- Establish drive-through vaccination clinics, where people can stay in their cars and be vaccinated through an open window. We recognize that a drive-through clinic excludes people who do not own a car or know someone who does and could transport them. Thus, this could be but one strategy to reach a population that is not well served by sites such as the mass clinic operating at the Convention Center.
- Issue guidance to vaccination providers, reminding them of the need to make reasonable accommodations to established procedures to meet the needs of people with disabilities. Such guidance should include information about the different accommodations people might need (e.g. a shot in the car for someone who cannot physically get inside or for whom large crowds are overwhelming; the right to move to the front of the line for someone who cannot stand for long periods) as well as establish the expectation that providers work with people with disabilities to ensure their needs are met and they are able to get vaccinated.
- Publicize information about how people can self-advocate for an accommodation at a vaccination site. Given that many people will be getting the vaccine in areas and situations that may be unfamiliar to them, such as a mass vaccination clinic located far from their home, they may require certain reasonable accommodations that they do not normally need at medical appointments. Not all people with disabilities are aware of their right to request an accommodation, nor are they connected with an advocacy organization that could help guide them through this process.
- Use the city's supply of J&J/Janssen vaccine to implement in-home vaccinations *now*. As its vaccination plan makes clear, the city already knows there are thousands of Philadelphians who cannot otherwise access a vaccine because they cannot leave their homes. Now that the J&J vaccine is available, the city must begin in-home vaccinations without delay.
- Partner with disability-led organizations that are culturally competent and have experience serving people with disabilities to support Philadelphia Fire Department and other pop-up clinics targeting people with disabilities. Willing partners include The Arc of Philadelphia or Liberty Resources.

We thank you for your consideration of our concerns. We welcome the opportunity to discuss these concerns.

Respectfully,

Peri Jude Radecic
Chief Executive Officer
Disability Rights Pennsylvania

Anna Perng
Co-founder
Chinatown Disability Advocacy Project

Councilmember At-Large Derek Green
Chair, Philadelphia City Council
Committee on the Disabled and
People with Special Needs

The Honorable Tony Coelho
Co-author,
Americans with Disabilities Act

Councilmember Mark Squilla
Philadelphia City Council

Councilmember At-Large Helen Gym
Philadelphia City Council

Organizational Signatories

Tom Earle
Liberty Resources, Inc.

Lisa Tesler
Pennsylvania Developmental Disabilities Council

Maureen Devaney and Dee Coccia
Vision for Equality

Sherri Landis
The Arc of Pennsylvania

Germán Parodi and Shaylin Sluzalis
The Partnership for Inclusive Disaster Strategies

Morgan Hugo and Latoya Maddox
Disabled in Action of Pennsylvania, Inc

Debra Robinson
Speaking for Ourselves

Neil McDevitt
Deaf-Hearing Communication Centre, Inc.

Luz Hernandez
HUNE

Jean Marie Kouassi
Palms Solutions aka The African Global Partnerships

Aldo Siahaan
Philadelphia Praise Center

Rob Buscher
Japanese American Citizens League Philadelphia Chapter

Sara Molina-Robinson
Public Health Management Corporation

Sarun Chan
Cambodian Association of Greater Philadelphia

Claudia De Palma
The Public Interest Law Center

Grace X. Ma
Center for Asian Health, Lewis Katz School of Medicine, Temple University

Howard B. Panitch, M.D. and Laura Miske, MSN, RN
Technology Dependence Center

Sally Gould-Taylor
Institute on Disabilities at Temple University

Individual Signatories

Heidi Allen

Marissa Post

Dr. John Hansen-Flaschen

Roger Ideishi, JD, OT/L, FAOTA

CC: Dr. Jeffrey Hom, Philadelphia Department of Public Health