



ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES
THE LEADERSHIP, EDUCATION, ADVOCACY & RESEARCH NETWORK

September 4, 2020

National Academies Sciences, Engineering, and Medicine
500 Fifth St. N.W.
Washington, D.C. 20001

Committee on Equitable Allocation of Vaccine for the Novel Coronavirus,

The Association of University Centers on Disabilities (AUCD) writes to express our strong recommendation to include individuals with disabilities and the array of direct care professionals – paid and unpaid – who serve them in the first phase allocation of COVID-19 vaccine. AUCD supports and promotes a national network of university-based interdisciplinary programs. AUCD's mission is to advance policies and practices that improve the health, education, and social and economic well-being of all people with developmental and other disabilities, their families, and their communities by supporting our members in research, education, health, and service activities that achieve our vision.

Individuals with disabilities should be considered among priority populations due to myriad medical and social determinants that have resulted in a disproportionate negative impact from COVID-19. Many people with disabilities are at a higher risk of infection or severe illness because of underlying medical conditions. According to the CDC, adults with disabilities are three times more likely than adults without disabilities to have chronic conditions – such as heart disease, stroke, diabetes, underlying neurologic conditions or cancer – that increase the risk of severe illness from COVID-19.¹ An additional number of individuals with disabilities across the lifespan are at increased risk of infection due to limited mobility, understanding of health guidelines, and/or ability to communicate symptoms.

These medical vulnerabilities impact the ability of many individuals with disabilities to mitigate the spread of COVID-19 through preventative measures such as social distancing. Individuals with disabilities of all ages rely upon the physical proximity of caregivers and direct service professionals (DSP) to “bridge gaps in intellectual and communication abilities and to make day-to-day life fulfilling, predictable, and manageable.”² It is important to recognize that individuals with disabilities live in and receive daily care in a variety of settings, including congregate care settings that have experienced high and well-documented COVID-19 infection and mortality rates³.

1100 Wayne Avenue, Suite 1000
Silver Spring, MD 20910
t: 301-588-8252
www.aucd.org

Sachin Pavithran, PhD
President

Tawara Goode, MA
President-Elect

Amy S. Hewitt, PhD, MSW
Past-President

Carol Salas Pagan, PsyD
Secretary/Treasurer

Jeiri Flores
Council on Leadership and Advocacy

Angela Martin, LMSW
Council on Leadership and Advocacy

Ronda Jenson, PhD
Council on Research and Evaluation

Jacy Farkas, MA
Multicultural Council

Derrick Willis, MPA
Multicultural Council

Meagan Orsag, PhD
*Community Education and
Dissemination Council*

Eileen McGrath, PhD
National Training Directors Council

Daniel Armstrong, PhD
Member at Large

Martin Blair, PhD
Member at Large

Gail Chodron, PhD
Member at Large

Scott Pomeroy, MD, PhD
Member at Large

Elizabeth Morgan, EdM
Emerging Leader Member

John Tschida, MPP
Executive Director

AUCD is concerned and disappointed that these realities for individuals with disabilities are not reflected in the language regarding congregate care settings and health professionals in the proposed framework. While the first phase of vaccine allocation includes residents of congregate care settings such as nursing homes, the language specifically includes, “older adults living in congregate care settings” (p. 54, 1191-2). We urge the Academies to include “nonelderly persons with disabilities living in congregate care settings” within this language lest this vulnerable population be excluded from vaccination efforts.

We are further concerned that the proposed framework’s specific language of “health professionals who are involved in direct patient care” (p. 54, 1177) will exclude the caregivers and DSPs that serve individuals with disabilities from phase one vaccination allocations. Already an underfunded and poorly respected profession prior to the COVID-19 pandemic, the lack of access to adequate healthcare, PPE, and resources have only further burdened this workforce and placed their lives and the lives of the individuals they serve at risk. AUCD believes it is imperative to health equity and mitigation efforts to include the following language within the definition of “frontline health workers” (p.54, 1177): “direct service professionals and trained caregivers of individuals with disabilities in congregate care and healthcare settings.” Inclusion of caregivers and DSPs in the definition of frontline health workers reinforces CDC recommendations for DSPs,⁴ which indicate that access to PPE when providing services for people with disabilities when there is potential that they may be splashed or sprayed by bodily fluids during their work.:

AUCD urges the National Academies to include individuals with disabilities and the care professionals who serve them in the first phase allocation of COVID-19 vaccine. It is both an ethical imperative to support this vulnerable population and a practical measure to mitigate the spread of the novel coronavirus.



John Tschida, Executive Director
Association of University Centers on Disabilities

1. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>
2. <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2020.20060780>
3. <https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-the-impact-of-coronavirus-on-long-term-care-facilities-over-time>
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>