Why is Getting a Vaccine So Hard for Homeless Populations?

By Nicole Kiser

Those experiencing homelessness are considered one of the groups most vulnerable to get COVID-19. People experiencing homelessness are more likely to be people of color, a group which is being disproportionately affected by the virus. Many have underlying medical conditions and live in congregate housing that increases the risk of infection.

Yet the populations that may benefit from the COVID-19 vaccine the most face the most challenges to obtaining one. Many state vaccination plans don’t mention those experiencing homelessness; those that do have often pushed the population lower and lower down the list.

Many of the factors that make homelessness so difficult also prevent people from getting the vaccine. For example, lack of transportation prevents those experiencing homelessness from being able to seek out services, including vaccines, especially in sprawling cities like Dallas. While drive-through options can make the vaccine more convenient to receive, they remain inaccessible for those without cars. Moreover, vaccine distribution hubs are often set up in suburbs or at centralized locations, placing them out of reach of those without cars. The closest mass vaccination site in Montgomery County, Maryland was at a Six Flags America theme park, which is several hours away by bus from most parts of the county.

Another barrier is the need for identification. Though the vaccine does not require proof of residency to obtain, providing proof for eligibility in prioritized groups often requires having some form of identification. Those experiencing homelessness often lose their identification, and any documentation needed to obtain a new one, when losing their home, during relocation or during encampment sweeps by law enforcement officials.

Furthermore, the typical age restriction for the starting phases of vaccine distribution could favor housed white Americans. White Americans have longer life expectancies than Black Americans, who are disproportionately affected by homelessness. And those experiencing homelessness age faster than housed people, meaning that they experience a higher risk for COVID-19 before 65. According to the National Alliance to End Homelessness, “Research indicates [that those experiencing homelessness] have physical conditions that mirror those of people 15-20 years older than them.”

The struggles of homeless life also makes returning for a second dose a challenge. Weather events, forced relocations, or the need to obtain other services may take precedence over seeking out a second dose. A lack of reliable communication methods makes it easier to forget when or where to get a second dose, and a lack of transportation may make it impossible to get to a provider anyway.

The current system that arranges vaccinations presents another barrier. Many vaccine distribution hubs require signing up online. With many continued on page 7
A Letter from the Executive Director

By Brenda Snitzer

Relief. That’s what I feel every time I hear about another group of folks or people I care about getting the COVID vaccine. And for that matter — the Hepatitis A vaccine. Both save lives. Both keep folks from suffering the horrible effects of those diseases. Prevention of disease saves lives as well as helps preserve the stretched resources of our hospitals and health care personnel for when they are truly needed.

The first time I felt relief was when the United States began vaccinating the elderly and people at risk of contracting COVID-19. I felt relief again when the staff at The Stewpot and other organizations that serve those experiencing homelessness were eligible. It was a joy when we started hearing about our folks getting their first and second shots.

Relief came again when my mother, who is over 75, and I were able to get the vaccine. It was a huge hallelujah when she received the second shot. I was most concerned for her since she had been isolated for almost a year. (Of course, I was thrilled when my husband and my sons in their 20s got their shots in late April.)

I was relieved again when The Stewpot and our partner organizations were able to host a vaccination clinic for our clients who experience homelessness. With every friend, family member or group of people in our country and world that gets the vaccine, I am relieved. I know those shots will save their lives and make a difference for all of us!

Herd immunity. That’s what the experts talk about. That’s where so much of the population has received the vaccine that it reduces the likelihood that the disease will continue being transmitted. That’s what I pray for. This is the scripture that I pray and ask God to hear for us all:

Isaiah 57:18-19 “Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security.”

But it takes everyone who can get vaccinated, getting vaccinated. God gave us our ingenuity and medicine to combat deadly infections, and that is how He brings peace and relief. And if we need a booster later, just like the flu shot, then that’s what we will need to do.

Please get the vaccine and encourage all folks you love and care about to do it as well. It can save their lives!

Brenda Snitzer is executive director of The Stewpot.
The Pastor’s Letter: Coming out of the Wilderness into the Sanctuary

By The Rev. Rebecca Chancellor Sicks

After 55 Sundays of worship through the Livestream or on social media — and what has felt like a long trip in the wilderness — the First Presbyterian Church of Dallas was able to open its sanctuary doors to a limited number of pre-registered worshipers on Sunday, April 11. On that second Sunday in the season of Easter, how magnificent it was to have people sitting in the pews again!

We have been discovering how much has changed in our ability to gather, and how much we have all changed over the last year. Being present in the sanctuary for worship is wonderful, but we also recognize we still have a way to go in this pandemic before we can fully live out what we believe.

Being present in the sanctuary for worship is wonderful, but we also recognize we still have a way to go in this pandemic before we can fully live out what we believe.

So much of our understanding of Jesus and community is about welcoming people, especially those who have been pushed to the margins by society. It’s strange to be “open” for worship on a Sunday morning and to have some people coming in, but to have some of the doors locked to people on the outside. We know this isn’t what we want, but we are still in a position of needing to protect the vulnerable and wait for herd immunity to be reached through vaccinations. We want our welcome to all to be a safe one.

We are proceeding cautiously, and it’s not perfect. Worshipers must pre-register online and sign a consent form stating they understand the risks of exposure to COVID-19. All who come into the church building must wear a mask and maintain social distance from those who are not in their household.

This means we can’t gather for fellowship before or after worship, and half of our pews are blocked off to allow for adequate spacing in the sanctuary. We are trying to limit contact from person to person, and so we are asking most people to pull up the bulletin online instead of providing paper bulletins. There is no getting up and shaking hands for the passing of the peace. There are no Bibles or hymnals in the pews, and singing is limited or muffled with masks.

And yet — we are still preaching the resurrection of Jesus Christ this Easter season. We are still proclaiming God’s victory over death and the new life given to us in Christ. There is still so much good news to share. It is truly delightful for me, as a worship leader, to look out into the sanctuary and see people!

I’ll admit it’s not as easy to recognize some people when they are wearing a mask that covers so much of their face, but I can see their eyes and the excitement of being able to worship with others. And the preaching moment feels so much more real and authentic with people in the pews. Preaching is meant to be done in community, and I come more alive in the moment when I look out and see someone’s head nodding in agreement. There is synergy in the proclamation of the Word again.

For worship leaders and people in the pews, I know the pandemic has affected each of us in different ways. I wonder how that will impact our worshiping community as we continue to move forward. Do we value the opportunity to worship in the sanctuary more than we did before, or do we really like the flexibility of being able to worship from home with our pajamas on and coffee in hand? How will we continue to offer worship online so that being in the sanctuary isn’t necessary when it’s not possible? How has our experience in this pandemic changed our way of thinking about welcoming people in, inviting new people to join us and making worship accessible?

My hope is that we won’t lose the value in the lessons of the pandemic, that we will want a bigger welcome for all of God’s people and that we will celebrate and honor what it means to be part of a larger community. While we have been worshiping apart for over a year, God has never left us. God is eternal and steadfast and ever-present. God, who was and is and will be, continues to guide us and show us the way. So, I pray that we will continue to seek God in each person and in each moment as we wait for a full reunion of the worshiping community.

The Rev. Rebecca Chancellor Sicks is associate pastor of the First Presbyterian Church of Dallas.
The Responsible Thing to Do: Randy Takes His Shot

By Poppy Sundeen

When Randy Thornton became a STREETZine vendor in the fall of 2019, no one knew that a few months later COVID-19 would drive the publication off the streets to continue online. In-person paper sales halted in March 2020, and so did sales income for vendors like Randy.

It was just one of the many challenges Randy has faced.

Losing health and home

“I’ve had heart problems since I was a kid,” Randy explains. But without testing and diagnosis, his condition went unmanaged. In his early 40s, he began to experience symptoms. To make matters worse, a painful foot condition made it impossible to continue performing with the ManiAACs dance group at Dallas Mavericks NBA games, the brightest piece in Randy’s mosaic of part-time jobs.

After retiring from the ManiAACs, Randy returned to his family home in Killeen to help care for his ailing mother. “She had cancer, but it was pneumonia that killed her.” She caught her fatal illness from Randy’s brother, despite efforts to sanitize and avoid spreading germs.

With his mother gone and her house repossessed, Randy found himself homeless and in rapidly declining health. He lived for a time in his mother’s old SUV while he tried to get his life back together.

Death, and a new life

“I was dead,” says Randy of his May 2019 heart attack. “The doctor said my heart stopped.” During the event, his failing heart released a clot that headed to his brain causing a stroke.

“I’d had small strokes before, but this one was major.” The nerves on one side of his body were severely damaged. He had to learn to walk again with the help of physical therapy and a cane.

Then came the seizure disorder and dizzy spells that kept him from driving.

Randy qualified for disability benefits. But with limited mobility and transportation issues, getting those benefits proved challenging. Eventually, he made his way through the social services maze and a mountain of paperwork to get on the waiting list for subsidized housing.

Meanwhile, he stayed at The Bridge Homeless Recovery Center. During the day, he took transit to medical appointments. At night, he dreamed about having a home where he and his son could be together.

During the day, he took transit to medical appointments. At night, he dreamed about having a home where he and his son could be together.

Reuniting with his son

Randy’s son is the light of life. Nicknamed JET, the 11-year old lives with his mother, Randy’s ex. When a two-bedroom rent-subsidized apartment opened up in Irving, it meant Randy could have part-time custody.

The two wasted no time in resuming their close relationship. “We like to listen to music. He plays something for me, and I play something for him. We have pretty eclectic tastes.” The range goes from new artists to classical music to old-time country. “I’m Patsy Cline’s biggest fan.”

A straight-A student, JET loves school. “He expressed how much he wanted to attend in person and got his seat in the socially distanced class-

Continued on page 8
A View from the Street: A Parkland Nurse’s Perspective

By Sarah Disasa

Nicoya Hutcherson has worked as a registered nurse at Parkland Health & Hospital System’s Homeless Outreach Medical Services (HOMES) program for a little over two and a half years. In December 2020, she began administering the COVID-19 vaccine. Depending on her location, Nicoya administers between 20-80 shots a day. As of April 22, 2021, Parkland had fully vaccinated 2,007 people who are experiencing homelessness.

Nicoya explained that if not working at Parkland, she is in the community with the HOMES program, which provides medical services at many shelters and agencies in Dallas County. Being in the community is a way to get shots into the arms of those who may not be able to come to the hospital for an appointment. It is during these visits to shelters and other locations that Nicoya is helping to serve Dallas residents who are experiencing homelessness. One of those locations is The Stewpot, where Nicoya was part of a team that administered 129 vaccines.

Nicoya shared some of her perceptions about how patients feel about receiving the vaccine. “They’re a little nervous, apprehensive,” she said. She explained that her team often goes into the community ahead of time to do town hall meetings so that people can ask Parkland staff any questions about the vaccine.

The most common questions that Nicoya gets from people who are getting the vaccine are: “Will this protect me from getting COVID 100%?” and “Does this vaccine contain COVID?” As Parkland reports, no vaccine is 100% effective, but the COVID vaccines are extremely effective at preventing infection and serious illness. Nicoya also reassures people that the vaccine does not contain COVID. These town hall meetings and educational materials that Parkland distributes address many of the questions and concerns raised. (For more answers regarding common questions about the COVID-19 vaccines, see our story on page 6).

When Nicoya is not administering vaccines, she is one of the HOMES staff members who regularly provides services to people who are experiencing homelessness throughout Dallas County. “We are a clinic on wheels,” she said.

In addition to administering the vaccine, Nicoya also helps patients feel comfortable by calming their fears and anxiety about the vaccine. “I’ve had to hold people’s hands and talk to them,” she said.

Nicoya and the HOMES team provide medical, dental and behavioral health services to homeless adults and children at no cost from the mobile medical vans that visit shelters and other sites daily. She explained the simple setup: The driver is the business staff for checking in patients; the middle part of the bus is the nursing station for taking vital signs; and the back part of the unit is an exam room where the patient’s concerns are addressed by the provider. There are five medical mobile clinics that serve at numerous sites around Dallas County.

The HOMES program also offers services at The Bridge Homeless Recovery Center and The Stewpot. Both locations have Parkland Clinics on-site five days a week; The Stewpot also has Parkland Dental Clinics available the same days.

Often, the HOMES team’s efforts are met with thankfulness. Nicoya has heard from some of her patients experiencing homelessness that they didn’t think they would have access to receive the vaccine. “Most of the time they are very grateful,” she said.

Whether serving with HOMES or administering vaccines to the homeless population from clinics around the county, Nicoya is making a difference in Dallas. “I’m a people person,” she said, “so I like going out into the community and being able to talk to people and offer resources to them.”

Nicoya approaches her work with an abundance of compassion and empathy. “Sometimes you just gotta sit back and put yourself in their position,” she said. Her approach provides a level of care that exceeds just addressing the patient’s medical needs by seeing them as a whole person.

Sarah Disasa is a member of the First Presbyterian Church of Dallas and the STREETZine Editorial Advisory Board.
10 Things to Know About COVID-19 Vaccinations

As vaccinations against COVID-19 ramp up across the nation, and organizations around the country continue vaccinating people experiencing homelessness, some questions remain about the COVID-19 vaccinations. The leading vaccines in the United States are Pfizer-BioNTech, Moderna and Johnson & Johnson. In an effort to combat misinformation about the vaccines, STREETZine compiled this list of important elements to know about these shots, especially as they relate to people experiencing homelessness. We drew this information from the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA) and the New York Times.

What vaccines do people experiencing homelessness receive?

They receive the same vaccinations as everyone else.
Source: CDC

How safe are the COVID vaccines?

They have met the U.S. Food and Drug Administration’s “rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.”

That includes the Johnson & Johnson vaccine. After a pause in its use from April 13 to April 23, the FDA and the CDC recommended continuation of the Johnson & Johnson vaccine. According to the FDA, “The FDA and the CDC have confidence that this vaccine is safe and effective in preventing COVID-19.” Similarly, according to a FDA release: “The FDA has determined that the available data show that the vaccine’s known and potential benefits outweigh its known and potential risks in individuals 18 years of age and older.”
Source: CDC and FDA

How many shots are required?

The Pfizer and Moderna vaccinations require two shots. The Pfizer shots should be separated by 21 days. The Moderna shots should be separated by 28 days. The Johnson & Johnson vaccine only requires one shot.
Source: CDC

How many people have been vaccinated in the United States?

More than 211 million vaccinations have been administered in the United States through April 19, 2021.
Source: CDC

Should I stop wearing a mask and practicing social distancing?

No. Even after getting your vaccination, keep using a mask and social distancing, especially indoors. The vaccination does not mean those previous strategies are no longer needed to keep you safe, since not everyone has received a vaccination.
Source: CDC

Are the vaccines effective?

Yes. According to the New York Times: “The available vaccines have worked remarkably well so far, not just at preventing infection but at preventing serious illness and hospitalization, even as new variants circulate around the globe.”
Source: New York Times

What about the B.1.1.7 variant, which is highly infectious? Do the vaccines work well against this variant?

Yes. A variety of studies have shown that all the major vaccines, including the Pfizer, Moderna, Johnson & Johnson and AstraZeneca vaccines, are effective against the B.1.1.7 variant.
Source: New York Times

Is there a risk of getting COVID after being vaccinated?

Yes, but it is minimal. For example, only 11 of 15,210 vaccinated people got COVID during the Moderna trial. And in a study in the New England Journal of Medicine, only four out of 8,121 fully vaccinated employees at the University of Texas Southwestern Medical Center got infected.
Source: New York Times

Will booster shots be necessary?

Vaccine makers are developing booster shots to target any variants, but it is unclear now when those might be needed.
Source: New York Times

If I am fully vaccinated, should I worry about being around other fully vaccinated people?

No. This is how Dr. Anthony Fauci, America’s top infectious specialist, put it: “If you’re around other vaccinated people, you shouldn’t worry about it at all. Zero.”
Source: New York Times
libraries and service providers limiting in-person access, those experiencing homelessness may have no way to access the internet. Even with access to the internet, those experiencing homelessness do not have the long stretches of time sometimes needed to find an available appointment.

Without access to the internet, information on vaccines can be hard to come by. “I think vaccine hesitancy is still very real,” says Kyla Rankin, the project director for the Homeless Outreach Medical Services (HOMES) program at the Parkland Health & Hospital System. The HOMES program has worked to utilize tactics to spread information that don’t require the internet, such as making flyers and hosting vaccine information sessions.

Other initiatives in Dallas are coming up with other ways to make the vaccine more accessible. Before the pause of the Johnson & Johnson vaccine on April 13, the HOMES program hosted weekly vaccination at The Bridge Homeless Recovery Center and OurCalling. Since the Johnson & Johnson vaccine was reinstated on April 23, the HOMES program should be able to continue its distribution program.

The HOMES program also worked with other service providers, like The Stewpot, to host vaccination days, relying on other local organizations like Downtown Dallas Inc, Oak Lawn United Methodist Church and Mission Oak Cliff to spread the word to their clients and encourage them to attend. These temporary hubs should also resume now that the Johnson & Johnson vaccine has been reinstated.

Understanding the challenges caused by lack of transportation and internet access, Dallas Fire-Rescue and the Visiting Nurse Association of Texas kicked off a program on April 19 to vaccinate homebound residents in the Meals on Wheels program. Originally planned to start April 13 using Johnson & Johnson vaccines, the program pivoted to using Moderna doses for its inaugural week. The program intends to vaccinate 500 homebound residents by the end of April. Other efforts by Dallas County to expand vaccine accessibility are forthcoming.

Many state vaccination plans don’t mention those experiencing homelessness; those that do have often pushed the population lower and lower down the list.

However, not all the challenges to expanding vaccination relate to accessibility. A general mistrust of the healthcare system has stopped many from seeking out the vaccine. In communities of color, a history of medical exploitation, such as the infamous Tuskegee experiments, as well as an ongoing mistreatment of people of color by the medical community, has created a legacy of distrust for the healthcare system.

Additionally, recent misinformation campaigns have affected decisions to receive a vaccine. The anti-vaccination movement, which includes beliefs that vaccines cause autism or are a plot to make money, has made many wary of vaccines.

Understanding the challenges caused by lack of

Rebecca J. Fisk at the Department of Epidemiology in the University of Florida reported in a recent article that, “In one study, conspiracy theories about COVID-19 were endorsed by a third of the study participants. These...individuals were less likely to get a vaccine even if it is free and widely available.”

Previously, “the recommendation was to wait for the single dose [Johnson & Johnson vaccine] as it would be easier to distribute to the homeless community,” says Rankin. However, the recent pause of the Johnson & Johnson vaccine has only escalated vaccine hesitancy. Though the risk of the rare blood clots associated with the vaccine is lower than developing blood clots from birth control, people were already less willing to receive vaccines approved through an emergency use authorization, and the pause could fuel skepticism.

In a recent CNBC article, Noel Concepcion, the department director of adult homeless services for the nonprofit group BronxWorks in The Bronx borough of New York, said that the pause, and the misinformation it gave rise to, has made it harder to convince those experiencing homelessness to receive a vaccine.

While the U.S. has worked to increase vaccine distribution by providing the vaccine at no cost and improving the supply chain, providing the vaccine to vulnerable populations continues to be a challenge. In order to better reach at-risk individuals, we must continue improving vaccine accessibility, correct errors spread by misinformation and work to rebuild trust with those most skeptical of COVID-19 and the COVID-19 vaccines.

Nicole Kiser is managing editor of STREETZine.
As soon as I saw an opening, I made my appointment. DART Paratransit Services gave him a free ride to the vaccination site for Randy’s first Pfizer dose. “The whole thing took 15 minutes.” He’ll return soon for dose number two.

After his second vaccination shot, he plans to continue his COVID-safe behavior. “I’m just being careful,” he says. “If we look at history, plagues and stuff, a lot of it had to do with unsanitary situations. These days, there’s no excuse for us not to be more hygienic. We can do better as a society.”

Even before COVID-19 reared its ugly head, Randy recognized the importance of covering coughs and sneezes. His mother’s death from pneumonia made the point loud and clear.

For Randy, doing better as a society begins at the one-on-one level. Trained as a volunteer chaplain, he fulfills his mission in life by counseling others. “It might be someone I know or someone a friend sends my way — whoever the spirit puts in my path.”

He sees his time of homelessness and illness as part of the process that prepared him to serve. “I thought I’d lost time, but God showed me how he used me.”

Poppy Sundeen, a Dallas writer, is a member of the STREETZine Editorial Advisory Board.
"Nobody Should Go Without the Shot": Dispatches from Vaccinated Street Paper Vendors

By Jill Shaughnessy

With COVID-19 vaccines being rolled out differently across the world, marginalized and vulnerable communities in different parts of the world are receiving immunization at different rates. Street paper vendors are beginning to receive the jab, and, with the world opening up again, that’s more than welcome news.

With Pfizer, AstraZeneca, Moderna, Johnson and Johnson and more vaccines beginning to become available, countries are starting to vaccinate their populations, starting with the elderly. The rollout of the vaccine begins to provide a light at the end of the very dark tunnel that is the COVID-19 pandemic.

However, the process to grab a vaccine appointment remains a mystery to many. Homeless populations are eligible for the shot in different parts of the world. The requirements differ globally, but a few street paper vendors have gotten their jab.

In Nashville, Tennessee, soon-to-be expired doses are being sent to homeless shelters around the city. As of April 5, Tennessee was in phase 3 of their vaccine distribution. That means all people considered homeless, regardless of age, are eligible to get the shot.

Three vendors from The Contributor street paper in Nashville have already received their vaccine. In an interview, vendor Paul describes his experience getting the jab at Music City Center. He tells The Contributor that the entire process took about 30 minutes. In Paul’s experience, it took 15 minutes for the shot, and 15 minutes of observation time to ensure he didn’t have a bad reaction. He describes how he experienced no pain with the shot and was ready to grab a cup of coffee and get to work afterward.

Paul encourages everyone to get the vaccine. “Nobody should go without the shot. Nobody. The more people get the shots, get vaccinated, the sooner the city can reopen to full capacity,” he says.

Teresa is another vendor who received her vaccine in Nashville. She was originally turned away at the Walmart vaccination center because she didn’t have health insurance. To her relief, after an hour of waiting, she was able to get the shot anyway. Teresa had no real pain after, just a little discomfort in her arm.

“It’s not as bad as you think it would be. Even the scaredy cats that are afraid of shots, it’s not that bad,” she says.

Megaphone in Vancouver, Canada is also seeing some success with vaccine distribution for their sellers.

“We have been fairly fortunate in Vancouver, B.C. There have been several vaccination clinics for marginalized people — including vendors — in the Downtown Eastside, which is home to mostly low-income residents and also a lot of people experiencing homelessness. In fact, the office building where Megaphone is located hosted a vaccine clinic [on March 26], and many of our vendors signed up,” says Megaphone editor Paula Carlson.

Peter Thompson, a vendor for Megaphone, received his vaccine at the Carnegie Community Center. He did not schedule an appointment ahead of time, but rather walked into the vaccine center after hearing about it from the Megaphone office.

“It is a feeling of relief, as it brings me one step closer to seeing my family again. It has been so long since I have seen them...It takes a toll on a person — mostly the emotional stress,” he says in the March edition of Megaphone.

In the United Kingdom, seventy-year-old Gordon was the first Big Issue North vendor to get the shot. Gordon received the jab in January due to his lung condition, and it provided a beacon of hope for him.

“I know loads of people are still waiting to have the first injection, so I’m very lucky,” says Gordon.

In Hamburg, Germany, residents of emergency shelters will be vaccinated in the coming weeks, but the rollout remains slow.

One vendor of the Hinz&Kunzt street paper has been vaccinated, however. “Elsa is older than 80 years, and those people have the highest priority to be vaccinated here in Germany,” says Benjamin Laufer, an editor at Hinz&Kunzt.

It appears more and more vendors will be getting the jab in the upcoming months. In the United States, President Biden plans to have 500 million total doses administered by August. Although the European Union missed its first vaccination goal, the world is closer to normalcy than it was a year ago.

“It’s really important that people get it. Better to be safe than sorry,” says Gordon. “The quicker we can get out of this lockdown, the better. I’m sick of this lockdown. I’m bored of it. I just can’t wait to get back selling the magazine again.”

Courtesy of INSP.ngo
Signs of Spring
By Jennifer Nagorka

Find the spring-related words hidden among the letters below. Words can be vertical, horizontal, diagonal and backwards.

W F A I V N G N I N I A R T O T R M
H O O T E V S I R I C H A I S Y E O
A R T O R G E A S T E R G N A X D T
C T H U N D E R S T O R M B J I B H
L I R P A I B T S O V R I A R N U E
V U B B L Y A I P T D O G W O O D R
E R I G E H S N R O P V R P R P D S
W S F N Q R E W O M N W A L N A E D
I A V I U G B O U L W S T E F D T A
D M R N I I A P T I S A I F O Q A Y
B A C E N N L P S O X T O O A A V R
H J C D O W L U V Y Z D N M S D I A
I O D R X I O E N L I T C M A Y T E
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T M A G S R E W O L F E W P D C U R
S R I M N O I T A U D A R G A R C J
S E E D S R S I Z R A T N A L P E I
I T A G R O W R A N I B O R S Y A R

DIAL 211
For help finding food or housing, child care, crisis counseling or substance abuse treatment.
ANONYMOUS
AVAILABLE 24/7, 365 DAYS A YEAR
2-1-1 Texas helps Texas citizens connect with state and local health and human services programs.
Stewpot Artists

Above left:
Weight of the World
Gershon Trunnell

Above right:
Life Stain
Kimberly Miller-Rivera

Left:
Vivid Lightness Over America
Mystery
Around The Stewpot: Vaccinations

By Nicole Kiser

On April 9, STREETZine spoke with Kyla Rankin, the project director for the Homeless Outreach Medical Services (HOMES) program at the Parkland Health & Hospital System. HOMES provides medical, dental, and behavioral health services to those experiencing homelessness.

Almost as soon as vaccines started being distributed, service providers asked the Homeless Outreach Medical Services (HOMES) program at the Parkland Health & Hospital System when supplies would be available for those experiencing homelessness. “At that time, the recommendation was to wait for the single dose [Johnson & Johnson vaccine] as it would be easier to distribute to the homeless community,” says Kyla Rankin, the project director for the HOMES program. When single dose vaccines became available, organizations — including local shelters, service providers, the Metro Dallas Homeless Alliance and the Continuum of Care — worked with Parkland to create a distribution plan.

Since the beginning of March, the HOMES program had sent a team of four-to-six staff — affectionately known as the Tiger Team — into the community to provide COVID-19 vaccines.

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Since the beginning of March, the HOMES program had sent a team of four-to-six staff — affectionately known as the Tiger Team — into the community to provide COVID-19 vaccines.

The HOMES project had managed to eliminate many of the barriers to receiving a vaccine. Their weekly hubs allowed walk-up so that individuals experiencing homelessness — who often lack internet access — did not have to worry about scheduling an appointment. HOMES vaccination distributions also don’t require an updated identification card. “We prefer that if they have any identification, whether it’s expired, whether it’s a library card, we will take any type of identification,” says Rankin. “Typically, most of the shelter partners can also vouch for the individual, so that is what we rely on.”

However, the struggles that come with homelessness were not the only barriers to providing vaccines. “I think vaccine hesitancy is still very real,” says Rankin. The team often fielded concerns over the duration in which the vaccine was made, side effects, vaccine ingredients and how the vaccine will interact with different medical conditions. (For answers regarding common questions about the COVID-19 vaccines, see our story on page 6).

Rankin states: “Initially, [the HOMES program] had done some vaccine information sessions” at service providers, including the Salvation Army, The Bridge Homeless Recovery Center and Austin Street Center. Nurses were also on-site at vaccine distributions, and “they can answer those individual questions as people come,” says Rankin.

So far, over 2,000 individuals experiencing homelessness have been vaccinated by the HOMES team. When use of the Johnson & Johnson vaccine was paused on April 13, the HOMES program had stopped distribution. Federal health officials gave the green-light for resumption of the one-shot vaccine on April 24, which should allow the HOMES program to continue its distribution program without switching to using a different vaccine, like the City of Dallas’s in-home vaccination program for homebound individuals.

Nurses from the HOMES program distribute COVID-19 vaccines to clients at The Stewpot on March 11. Courtesy of Maddie Nutt.

Nicole Kiser is managing editor of STREETZine.
What is STREETZine?

STREETZine is a nonprofit newspaper published by The Stewpot of First Presbyterian Church for the benefit of people living in poverty. It includes news, particularly about issues important to those experiencing homelessness. STREETZine creates direct economic opportunity. New vendors receive ten free papers. After the first ten, vendors pay twenty-five cents for a paper to be distributed for a one-dollar or more donation. Vendors typically profit seventy-five cents from each paper. Vendors are self-employed and set their own hours. Distributing STREETZine is protected by the First Amendment.

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STREETZine Vendors are self-employed and set their own hours.

They are required to wear a vendor badge at all times when distributing the paper.

In order to distribute STREETZine vendors agree to comply with Dallas City Ordinances.

If at any time you feel a vendor is in violation of any Dallas City Ordinance please contact us immediately with the vendor name or number at streetzine@thestewpot.org

CHAPTER 31, SECTION 31-35 of the Dallas City Code

PANHANDLING OFFENSES

Solicitation by coercion; solicitation near designated locations and facilities; solicitation anywhere in the city after sunset and before sunrise any day of the week. Exception can be made on private property with advance written permission of the owner, manager, or other person in control of the property.

A person commits an offense if he conducts a solicitation to any person placing or preparing to place money in a parking meter.

The ordinance specifically applies to solicitations at anytime within 25 feet of:

- Automatic teller machines;
- Exterior public pay phones;
- Public transportation stops;
- Self service car washes;
- Self service gas pumps;
- An entrance or exit of a bank, credit union or similar financial institution;
- Outdoor dining areas of fixed food establishments.

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What should we cover next? Fill out our survey at:


Sponsor a vendor for $15.00*

Your vendor will receive sixty papers which will help him or her earn $60.00.

Please include the vendor’s name and badge number on this form.

Vendor Name

Vendor #

Make checks or money orders payable to

The Stewpot and send them to:

STREETZine  1835 Young Street,  Dallas, TX 75201

*If your vendor is no longer distributing papers your donation will be applied towards papers that are shared among active vendors.

[ ] Check here if you prefer that your check be returned if your vendor is no longer active.