

From: [Kern, Justin](#)
To: [DHS SDMAC](#)
Cc: [Thomas, Mark](#)
Subject: Comments on behalf of American Red Cross regarding Phlebotomist/Technician Workforce
Date: Friday, December 11, 2020 4:25:21 PM

Hello,

The American Red Cross continues to be an active partner with the state to ensure consistent blood, platelet and plasma (biomedical) collections during this pandemic. We appreciate the distinction of our biomedical technicians (Phlebotomist/Technician) as part of the approved definition for Health Care Personnel in Phase 1a.

However, our workforce is distributed across the state and may be overlooked in the count by county health departments. In addition, to maintain a consistent blood, platelet and plasma supply, our entire biomedical services team interacts with donors/donations from the general public, even with substantial health and safety measures in place.

We request the SDMAC identify a streamlined, clear process for a dispersed workforce like ours to be included in the “unaffiliated” HCP counts.

Thank you,

Mark Thomas | Regional Chief Executive Officer, Wisconsin

American Red Cross – Wisconsin Region

2600 W. Wisconsin Avenue

Milwaukee, WI 53233

(O) 414-345-8640 | (C) 414-397-8901

(E) mark.thomas3@redcross.org

[website](#) | [stories](#) | [photos](#) | [tweets](#) | [videos](#)

(Sent by Justin Kern, communications officer, American Red Cross – Wisconsin Region)

From: [Carly Meyer](#)
To: [DHS SDMAC](#)
Cc: [Liah Wilder](#); [Harrison, Stephanie](#)
Subject: Phase 1A choosing between vaccinator Public Comment for vaccine subcommittee
Date: Friday, December 11, 2020 4:04:00 PM
Attachments: WPHCA Public Comment. SDMAC vaccine subcommittee. Phase 1A choosing between vaccinators.pdf

I have attached WPHCA's response to the Phase 1A: Choosing Between Vaccinator Recommendations.

Carly

Carly Meyer, MPH

Communications and Policy Coordinator (*she, her*)

Wisconsin Primary Health Care Association

E: cmeyer@wphca.org | P: (608) 443-2962

WPHCA staff are out of the office and working remotely. Please contact by phone or e-mail.

December 11, 2020

SDMAC Vaccine Subcommittee

RE: Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1A

To Whom it May Concern:

The Wisconsin Primary Health Care Association (WPHCA) is writing in response to the call for public comment on “Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1A.”

The Wisconsin Primary Health Care Association (WPHCA) is the member association for Wisconsin’s 17 Community Health Centers. Community Health Centers provide comprehensive primary, oral, and behavioral health care to over 300,000 of Wisconsin residents, over 60% of whom are served by Medicaid. A fundamental characteristic of Health Centers is their commitment to serve all individuals, regardless of their ability to pay. Due to these core characteristics, Health Centers provide a consistent, accessible, affordable primary care home for vulnerable individuals. Community Health Centers employ approximately 2,000 staff who are in direct contact with patients or hazardous material infected by COVID-19.

WPHCA welcomes the opportunity to provide comments on the SDMAC recommendations. In summary, our comments include:

- WPHCA’s concerns that the recommendations for a “hub and spoke” model are not realistic for the amount and type of vaccine that is being distributed.
- WPHCA’s concern with the lack of coordination with vaccinating organizations outside of the large, traditional health care system.

WPHCA is concerned that the recommendations for a “hub and spoke” model are not realistic for the amount and type of vaccine that is anticipated for distribution.

According to the SDMAC recommendation, ‘DHS plans to use a “hub and spoke” model for vaccine distribution where vaccine is received in a centralized location able to support appropriate cold-chain measures (hubs) and [redistributed] to vaccinating entities (spokes).’ This plan does not acknowledge that the hubs are, themselves, vaccinating entities. This is important because hubs are administering Pfizer vaccines, which has led some to seem hesitant to distribute the vaccine to community partners and many do not seem to have plans to vaccinate outside of their traditional system. Given the small amount of vaccine that will be available for distribution, we believe that the proposed hub and spoke model is not a viable model for Community Health Centers or many other community partners. DHS’ and SDMAC’s singular focus on the hub and spoke model and lack of transparency on the mechanics of the model, has made it extremely difficult for Community Health Centers to plan and coordinate vaccine administration when they do not know how, when, or from whom they should receive the vaccine.

WPHCA understands the complexity of storage and distribution of the Pfizer vaccine. In order to simplify the allotment and distribution of future vaccines, we recommend:

- DHS provide more clarity to community partners and vaccinators about which vaccine they should expect to receive and from whom.

- The State make it clear to community partners and vaccinators that they will receive the Moderna, or future vaccines. This would allow community partners to focus on logistics and operations of this vaccine.

WPHCA is concerned with the lack of coordination with health care entities outside of the large, traditional health care system.

According to the SDMAC recommendation, “The Subcommittee believes providing a portion of requested vaccine to as many vaccinating entities as possible is preferable to fulfilling full orders for a small number of vaccinating entities.” While WPHCA agrees with this recommendation in theory, it is, again, not a realistic recommendation if “hubs” are not willing to communicate or coordinate with community partners and other “spokes.”

WPHCA is extremely concerned with the lack of communication between “spokes,” “hubs,” and the Department of Health Services. Health Centers who have applied be vaccinators have been preparing to be “spokes;” however, they have not been contacted by local or state partners to discuss distribution of the vaccines. This is especially important to Health Centers as nearly half of Health Center patients qualify for Phase 1 of COVID vaccinations. In addition to our health care personnel, our patients are relying on Health Centers to have a steady supply of vaccines, as available.

In order to ensure equitable access to the vaccine across vulnerable populations around the state, WPHCA recommends:

- SDMAC must include accountability and transparency in their recommendations and expectation for allotment and distribution. As written, hubs and large health care systems are prioritized over community partners and the operationalizing of distribution to spokes is not clear.
- SDMAC and DHS provide detailed guidance and coordination efforts at the local level so that organizations are not over-lapping special populations and intended patients.
- SDMAC and DHS provide a list of hubs to health care providers and community partners who are registered as vaccinators and provide detail as to which hub will be coordinating with each spoke and which entity is responsible for leading those coordination efforts.

WPHCA appreciates the time, effort, and thought that went into creating these recommendations. However, the proposed “hub and spoke” model is unlikely to function for community partners and clinics outside of the larger health care system. We recommend that DHS and SDMAC listen to the concerns of these partners and provide clearer recommendations for distribution. This includes, but is not limited to, guaranteeing the Moderna and future vaccines will be distributed more equitably, across locations and entities, and provides a clearer recommendation that DHS communicate to and support spokes and community vaccinators.

Community Health Centers in Wisconsin have stood up flu vaccination and COVID-19 testing sites that are trusted locations for health care providers and patients detailed in Phase 1A. We encourage SDMAC and DHS to use this existing framework in order to distribute the COVID-19 vaccine to EMS, independent health care providers, dentists, patients, and others. Health Centers frequently fill gaps and provide care to those in need, and we encourage SDMAC and DHS to work with Health Centers in order to accomplish the mutual goal to equitably distribute the COVID-19 vaccine.

Sincerely,



Stephanie Harrison
CEO, Wisconsin Primary Health Care Association

From: [Brent Rapos](#)
To: [DHS SDMAC](#)
Subject: vaccine subcommittee Phase 1A choosing between vaccinators
Date: Friday, December 11, 2020 4:02:42 PM
Attachments: Comments on SDMAC vaccine prioritization (2).pdf

SDMAC Vaccine Subcommittee,

Please accept our attached public comment on **Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a.**

Kind regards,

Brent Rapos, CPA, MSA, CHFP
Vice President of Financial and Regulatory Services
LeadingAge Wisconsin
204 South Hamilton Street
Madison WI 53703
Phone (507) 951-5893
brapos@LeadingAgeWI.org





December 10, 2020

Electronically Submitted

State Disaster Medical Advisory Committee (SDMAC) Vaccine Distribution Subcommittee

Subject: Public comment on *Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a.*

Dear Subcommittee:

We would like to thank the SDMAC Vaccine Distribution Subcommittee for all their efforts, and for the opportunity to submit comments on behalf of our members for the *Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a.*

LeadingAge Wisconsin is the statewide association representing mission driven nursing homes, assisted living facilities and other community-based providers in Wisconsin. In total, the Association represents over 560 nursing home, assisted living, senior housing, and other community-based providers who serve elderly persons and individuals with a disability throughout the State.

We support the inclusion of Residents of Long-Term Care Facilities (RLTCF) in Phase 1A. As was referenced in the Subcommittee meeting, these individuals nationally have made up 6% of COVID-19 cases but have accounted for about 40% of COVID-19 deaths. Protection of this vulnerable population is a priority public health concern, and we thank and support the Subcommittee decision to include this population in Phase 1A.

It is the hope of the long-term care provider community that the Pharmacy Partnership for Long-term Care Program be initiated as soon as possible. Long-term care providers understand and recognize the limited initial supply, and unknown future supply, of vaccines and are appreciative that the Subcommittee recognizes this program as a continued priority.

The incentive for vaccinating entities to vaccinate unaffiliated health care providers is a welcome inclusion for our membership. Long-term care providers will not have the staffing or storage requirements necessary to participate as vaccinators and will rely on outside vaccinating entities to vaccinate staff. While vaccinating residents is critically important, most facility outbreaks have been traced to staff bringing the virus into facilities through community contacts. Having our facility staff vaccinated as soon as possible will increase our ability to protect the vulnerable populations we serve.

Again, we want to thank the Subcommittee for its important work on this historic task. Wisconsin residents are well served by those sitting on the Subcommittee and LeadingAge Wisconsin members thank you for your consideration of our comments to the *Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a* document.

Sincerely,

A handwritten signature in black ink, appearing to read "John Sauer". The signature is fluid and cursive, with the first letter of each word being capitalized and prominent.

John Sauer

President/CEO

LeadingAge Wisconsin

204 South Hamilton Street

Madison WI 53703

(608) 255-7060

jsauer@leadingagewi.org

From: [Rebecca Thompson](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee - Phase 1A choosing between vaccinators
Date: Friday, December 11, 2020 3:52:04 PM
Attachments: Outlook-xq5tluwr.png
WAPA Public Comment on Vaccine Allotment^J Phase 1a.pdf
NCAAS Statement on COVID-19 Vaccine Distribution.pdf

Hello,

Please find attached public comments regarding Phase 1a vaccine distribution on behalf of the Wisconsin Autism Providers Association (WAPA) and the National Coalition for Access to Autism Services (NCSAS). We appreciate the opportunity to provide comments on this process.

Thank you for the significant effort being put forth to ensure vaccine distribution is data-driven, ethical, and equitable.

Becky

Rebecca L. Thompson, PhD, BCBA-D
Director of Clinical Services
Licensed Psychologist & Licensed Behavior Analyst



Wisconsin Early Autism Project
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December 11, 2020

Electronically Submitted

State Disaster Medical Advisory Committee (SDMAC) Vaccine Distribution Subcommittee

Subject: Public comment on *Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a*.

Dear Subcommittee:

We would like to thank the SDMAC Vaccine Distribution Subcommittee for all their efforts, and for the opportunity to submit comments on behalf of our members for the *Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a*.

Members of the Wisconsin Autism Providers Association (WAPA) treat over 2,000 children with Autism Spectrum Disorder (ASD) in Wisconsin, and most of our dedicated providers have continued to treat children in person during the pandemic. Providers have put the protocols in place to make treatment as safe as possible for providers and patients. However, our clinicians continue to put themselves at risk in providing our medically necessary treatment each day. Early access to the vaccine is critical to reduce this risk.

WAPA providers deliver services in over 55 counties and employ over 2,500 individuals who provide face-to-face services to children with ASD. WAPA members provide Applied Behavior Analysis (ABA) treatment, which has a strong evidence base for ameliorating skill deficits and behavioral excesses associated with ASD. In most cases, ABA treatment takes place in the child's home, daycare, or a treatment center, with patients receiving 20-40 hours of treatment per week. For ABA treatment to be optimally effective, direct care needs to be provided face-to-face for our patients. Children with ASD thrive on routine and predictability, so the COVID-19 pandemic has been particularly challenging on our patients. We have seen significant increases in aggressive and self-injurious behavior in many cases, as well as regression and skill loss, which is heart-breaking to witness. Continuity of care is essential for our patients to maintain previous treatment gains and to enhance their skills and abilities during this critical developmental period in their lives.

Unfortunately, most of our patients have had their treatment disrupted in some way during the COVID-19 pandemic due to their own families and/or staff needing to quarantine when exposed to someone positive for COVID-19 or when exhibiting symptoms. Many patients have lost weeks, and in some cases months, of treatment access. Additionally, most patients are receiving fewer weekly treatment hours than prescribed, as part of safety protocols limiting the number of staff working with each patient.

For these reasons, **we recommend and strongly support the inclusion of ABA providers in Phase 1a of the vaccine distribution in order to minimize treatment disruption for our vulnerable patients.**

ABA providers are “Health care personnel” “who provide direct patient service (compensated and uncompensated) or engage in healthcare services that place them into contact with patients who are able to transmit SARS-CoV-2” and should be included in the Phase 1a group.

Our providers understand and recognize the limited initial supply, and unknown future supply, of vaccines and encourages the Subcommittee to recognize the importance of having our providers and staff vaccinated as soon as possible in order to increase our ability to protect the patients we serve.

Again, we want to thank the Subcommittee for its work on this important task. Wisconsin residents are well served by the work of the Subcommittee, and WAPA members thank you for your consideration of our comments to the *Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a* document.

Sincerely,



Rebecca L. Thompson, PhD, BCBA-D
President, Wisconsin Autism Providers Association (WAPA)

WAPA Board of Directors

Rebecca L. Thompson, Wisconsin Early Autism Project (WEAP)
Nicole Berlowski, Centerpiece, a Caravel Autism Health Company
Amelia McGoldrick, ABA of Wisconsin
Mike Miller, Caravel Autism Health
Matt Nonemacher, Achieving Collaborative Treatment
Stacie Ferg, Fox Valley Autism Treatment
Cheryl Suchocki, Phoenix Behavioral Health



National Coalition for Access to Autism Services

December 9, 2020

NCAAS URGES THE INCLUSION OF ABA PROVIDERS AS HEALTH CARE PERSONNEL FOR COVID-19 VACCINE PRIORITIZATION

As the authorization of a vaccine for COVID-19 becomes close to reality, state health departments are making decisions on how to prioritize the administration of initial doses. The National Coalition for Access to Autism Services (NCAAS) urges state health departments to consider the unique risks Applied Behavior Analysis (ABA) providers encounter treating patients affected by autism spectrum disorder (ASD), including the close proximity often required for intervention and support. NCAAS encourages states to adopt the broad definition of health care personnel recommended by the Advisory Committee on Immunization Practices (ACIP) to ensure behavior analysts and behavior technicians are included in the definition of health care providers who should be prioritized for the vaccine.¹ The definitions cited by ACIP are broad, recognizing the breadth of the health care personnel workforce needed to provide medically necessary health care treatment, including the services of behavioral health care providers.

NCAAS is a nonprofit organization representing autism treatment providers and the hundreds of thousands of children and families they serve in every state of America who are affected by ASD. NCAAS providers have more than 168,000 employees nationwide and contract with TRICARE, public schools, Medicaid, CHIP, state and local payors, and commercial insurers to provide essential, medically necessary treatment to patients of all ages, although the vast majority of patients are children.

The primary, gold standard treatment for ASD is ABA. It is provided by behavior analysts who design the treatment plan and oversee the work of behavior technicians who provide the day-to-day therapy working directly with patients. Therapy may be provided in a variety of settings, including in-person treatment at a clinic, patient's home, school, or community. Each member of the treatment team is vital for the provision of medically necessary therapy to patients with ASD. It is critical they are able to stay healthy. In addition, ABA provider shortages are pervasive throughout the country, so the loss of any provider to illness or necessary quarantine due to exposure will have a serious impact on access to treatment.

¹ Centers for Disease Control and Prevention, "The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020," *Morbidity and Mortality Weekly Report*, Vol. 69 (Dec. 3, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6949e1-H.pdf>. See also Advisory Committee on Immunization Practices, "Allocation of initial supplies of COVID-19 vaccine: Phase 1a" (Dec. 1, 2020), <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/COVID-02-Dooning.pdf>.

Because of the 1:1 nature of treatment and the fact that many patients are children, physical distancing is not possible, and proper hygiene can be difficult to maintain. Many patients with ASD also have other underlying health conditions, placing them at greater risk if they were to be exposed to COVID-19. Of significant note is the fact that at this time, there is no vaccine available for children. While some clinical trials are beginning for children ages 12 and up, even if approved, this will still leave many children with ASD ineligible for a COVID-19 vaccine. This expected gap in the vaccination of children younger than 12 makes it even more critical that ABA providers, whose patients are often very young children, are included with other health care personnel in the first phase of vaccination to protect *both* providers and patients and their families.

NCAAS members remain committed to serving all patients with ASD and their families. We strongly urge states to ensure behavioral health providers *including* ABA providers are encompassed in definitions of health care personnel for the purpose of priority vaccine distributions.

From: [Janet Zander](#)
To: [DHS SDMAC](#)
Subject: GWAAR/WAAN Public Comment - SDMAC Vaccine Distribution Subcommittee -Recommendations for Phase 1A
Choosing Between Vaccinators
Date: Friday, December 11, 2020 1:09:43 PM
Attachments: Public Comments_SDMAC Vaccine Distribution
Subcommittee_DraftRecDistribCOVID19VacAllotmentsPhase1a_RJKellerman_GWAAR-WAAN_12-11-20.pdf

Please see attached public comment from the Greater Wisconsin Agency on Aging Resources, Inc. and the Wisconsin Aging Advocacy Network on the SDMAC – Vaccine Distribution Subcommittee’s draft Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a

Thank you.

Sincerely,

[Janet Zander](#)
Advocacy & Public Policy Coordinator
p. 715-677-6723 | m. 608-228-7253
Elder Law & Advocacy Center
fb. [Facebook.com/WAAN.ACTION](#) | tw. [@ZanderWAAN](#)
Greater Wisconsin Agency on Aging Resources, Inc.
www.gwaar.org



Date: December 11, 2020
To: State Disaster Medical Advisory Committee (SDMAC), Vaccine Distribution Subcommittee Members
From: Robert J. Kellerman, Executive Director, Greater Wisconsin Agency on Aging Resources, Inc.; Wisconsin Aging Advocacy Network, Chair
Re: Comments on the Vaccine Distribution Subcommittee of the SDMAC Draft Recommendations for the State on Distributing COVID-19 Vaccine Allotments in Phase 1a

Dear Ms. Lewandowski, Dr. Temte, and members of the SDMAC Vaccine Distribution Subcommittee,

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three Area Agencies on Aging in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin. GWAAR is also a member of the Wisconsin Aging Advocacy Network (WAAN) a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

Thank you for this opportunity to provide comments on the draft recommendations for the state on distributing COVID-19 vaccine allotments in phase 1a. We understand:

- limited production and distribution will require initial rationing of COVID-19 vaccine
- these recommendations are to create an allocation framework for use by the Wisconsin Department of Health Services (DHS) in determining
 - prioritization among different vaccinating entities
 - timing of the first distribution of vaccine to the Pharmacy Partnership for Long-term Care (LTC) Program which provides vaccination services to residents of LTC facilities and LTC facility staff.

We support Subcommittee recommendation #1 - fill partial vaccine orders, where applicable. We agree it is preferable to provide a portion of vaccine requested to as many vaccinating entities as possible to minimize the risks of geographic disparities in vaccine access and wasted doses. We understand this recommendation does not apply to the Pharmacy Partnership for LTC Program, which must follow specific vaccine filling requirements outlined in the program. We also support determining the proportion received by requesting entities with a calculation of the total number of vaccine doses requested by eligible vaccinating entities divided by the total vaccine allotment received by DHS, adjusted for county-level social vulnerability index (recommendation #4). We support a commitment to administer vaccine to health care personnel who may not be affiliated with an organization with capacity to request and administer vaccine during the initial phase (recommendation #5).

Wisconsin's nursing home resident COVID-19 death rate was 2.11/per 100 residents for the four-week period ending Nov. 15, 2020, placing Wisconsin as the sixth highest COVID-19 nursing home death rate in the country (the U.S. average is 0.8). In all, the COVID-19 pandemic has killed more than 106,000 long-term care facility residents and staff across this country.¹ Given the high rate of death among residents living in long-term care facilities, **we support the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommendation for jurisdictions to consider first offering vaccinations to residents and health care personnel in skilled nursing facilities**, depending upon the number of initial vaccine doses available.² **We request the Subcommittee take a formal position to support this ACIP recommendation.** As the ACIP recommendation applies to both LTC residents and facility staff; **we believe it is consistent with Subcommittee recommendation #2 - balance distribution of the vaccine among health care personnel and long-term care residents.** We appreciate the Subcommittee's commitment to making initiation of the Pharmacy Partnership for LTC Program a priority, **but do not support the Subcommittee's recommendation for DHS to provide the initial allotment of vaccine for distribution to health care providers.** Amounts of vaccine anticipated will be sufficient to adhere to the Pharmacy Partnership Program requirements. **We ask the Subcommittee to consider splitting the initial allotment between health care personnel and LTC residents**, as other states have done.³

We support Subcommittee recommendation #3 - subprioritization within residents of LTC facilities should reflect guidance from ACIP. **As skilled nursing facilities care for the most medically vulnerable residents, we support the recommendation to initially prioritize these facilities (including Wisconsin's public state institutions for the developmentally disabled and state veterans homes providing skilled nursing care) within the Pharmacy Partnership for LTC Program.** As additional vaccine becomes available, we support broadening the program to other LTC facilities including assisted living facilities/community based residential facilities, residential care apartment complexes, intermediate care facilities for individuals with developmental disabilities, **and adult family homes.**

We support Subcommittee recommendation #4 – give greater priority to vaccinating entities who will administer vaccine in communities characterized by higher levels of social vulnerability - We support use of the CDC’s Social Vulnerability Index (SVI) as a consideration in rationing among vaccinating facilities to ensure health equity is built into distribution plans. Further, **we support the SVI weighting adjustments** suggested on pg. 5 of your recommendations.

GWAAR and WAAN recognize the challenges in vaccinating health care personnel (compensated and uncompensated) who do not have immediate access to an employer-based clinic and therefore, **support Subcommittee recommendation #5** -incentivize vaccinating entities to vaccinate unaffiliated health care personnel such as first responders. Efforts such as this will increase access to vaccines for health care personnel in small clinics/agencies, non-traditional health-settings (e.g. transportation), home health, and volunteer services. **We support the weighting recommendations for use in adjustments for willingness to vaccinate unaffiliated** individuals as suggested on pg. 5 of your recommendations.

We support Subcommittee recommendation #6 – current COVID-19 disease activity level in a geographic region should not be considered as a factor for prioritizing vaccinating entities for receiving a greater proportion of their vaccine request. With the exception of one Wisconsin county with high case activity, all counties are currently at very-high and critically-high COVID-19 case activity levels.⁴ Given the high rate of COVID-19 disease activity across the state, we agree it would not be beneficial to prioritize specific regions during phase 1a.

We acknowledge Subcommittee recommendation #7 – current health care provider staffing shortages should not be considered as a factor for prioritizing vaccination entities for receiving a greater proportion of their vaccine request. We recognize the significant impact staffing shortages are having on health care providers, personnel, and the individuals they care for. We hoped those shortages could be factored into prioritizing vaccinating entities for receiving a greater proportion of their vaccine request. We understand, however, the protective benefit of the vaccine will not be immediate and staffing shortages are subject to weekly changes and may not be a reliable indicator of where vaccination of health care personnel will have maximum benefit.

Thank you for your consideration of our comments on these COVID-19 vaccine allotment recommendations for phase 1a.

Contact:
Robert J Kellerman
Executive Director
p. 608-243-5672 | m. 608-228-8084
bob.kellerman@gwaar.org

¹AARP Nursing Home COVID-19 Dashboard. <https://www.aarp.org/ppi/issues/caregiving/info-2020/nursing-home-covid-dashboard.html>, accessed on December 10, 2020.

²Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1857-1859. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949e1external icon>

³Nursing homes are a top priority for Covid vaccines. But vaccinating everyone won't be simple. <https://www.nbcnews.com/news/us-news/nursing-homes-are-top-priority-covid-vaccines-vaccinating-everyone-won-n1250304>, accessed on December 10, 2020.

⁴COVID-19: Disease Activity by Region and County. <https://www.dhs.wisconsin.gov/covid-19/disease.htm>, accessed on December 10, 2020.

From: [Williams, TR - GOV](#)
To: [DHS SDMAC](#)
Subject: RE: COVID Vaccine- prioritization of people with diabetes
Date: Friday, December 11, 2020 11:22:13 AM
Attachments: ADA COVID vac - WI Gov 120920.pdf
image001.png

Forwarding...

Attached, please find a letter addressed to Governor Evers from the American Diabetes Association's Chief Science and Medical Officer, Dr. Robert A. Gabbay, in which he urges people with diabetes, particularly those in communities disproportionately impacted by COVID-19, to be among the first to be inoculated against virus.

Please let me know if you have any questions or if I may be of further assistance.

Thank you.



Gary Dougherty

Director
State Government Affairs

Phone: +1 (800) 676-4065 x4832 | Mobile: +1 (614) 726-0801

diabetes.org

1-800-DIABETES (800-342-2383)



Are you at risk for Type 2 Diabetes? [Take the Test](#)

~ T.R.Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

tr.williams@wisconsin.gov | w: 608-266-7861 | c: 608-279-0541

[Like Governor Tony Evers on Facebook](#) | [Follow Governor Tony Evers on Twitter](#)

December 9, 2020

The Honorable Tony Evers
P.O. Box 7863
Madison, WI 53707

RE: Prioritization of COVID-19 Vaccines

Dear Governor Evers:

On behalf of the American Diabetes Association (ADA) and the [more than 570,000](#) Wisconsinites living with diabetes, thank you for your ongoing work to address the coronavirus pandemic. States will soon be receiving limited supplies of vaccines to prevent COVID-19 and difficult decisions must be made about the prioritization of inoculations. The populations that are most at risk for the adverse effects of COVID-19 must be prioritized, and this includes people with diabetes.

People with chronic health conditions, including diabetes, are hospitalized [six times more often](#) for COVID-19 than those without. A study published in the journal *Diabetologia* found that among patients with diabetes and COVID-19, [1 in 10 died](#) within a week of hospital admission. And collectively, people with diabetes represent [40%](#) of the COVID-19 fatalities in the U.S.

Prioritization of people with diabetes must also ensure that communities that have been disproportionately impacted by the virus receive access to the vaccines. People from communities of color have been dying at [three times](#) the rate of those from the rest of the population. These communities suffer from higher rates of diabetes and are more likely to live in poverty. Low wage jobs are less likely to provide health insurance coverage and are more likely to provide greater risk for contracting the virus given less ability to work remotely.

The ADA urges you to ensure people with diabetes, particularly those in communities disproportionately impacted by the virus, will be among the first to be inoculated against COVID-19. If ADA can be of assistance to you, please contact Gary Dougherty, Director of State Government Affairs, at gdougherty@diabetes.org.

Sincerely,

Robert A. Gabbay, MD, PhD
Chief Science & Medical Officer

From: [Williams, TR - GOV](#)
To: [DHS SDMAC](#)
Subject: Letter from Mayor of Burlington re: Fire & EMS Personnel as Priority Tier 1A
Date: Friday, December 11, 2020 10:56:41 AM
Attachments: Letter to GOV re CV19 Vaccine_Mayor of Burlington_12_03_2020.pdf

Greetings.

Forwarding a vaccine request from the City Mayor of Burlington regarding adopting the National Academies of Sciences, Engineering and Medicine's (NASEM) recommendation which places Fire & EMS personnel in the highest priority tier (Priority Tier 1 A) for receiving the CV-19 vaccine.

Letter/Request attached.

Best,

~ T.R.Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

tr.williams@wisconsin.gov | w: 608-266-7861 | c: 608-279-0541

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Office of the Mayor

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Governor Tony Evers
P.O. Box 7863
Madison, WI 53707

December 3, 2020

Re: Priority Tier 1 A (Fire and EMS Personnel)

Dear Governor Evers,

As former 20 year member of the Burlington Rescue Squad and sitting Mayor for the City of Burlington, Racine County, Wisconsin, I am extremely disappointed to hear that the Fire and EMS personnel are not being placed in Priority Tier 1A, alongside other key healthcare providers.

I respectfully request you to adopt the National Academies of Sciences, Engineering, and Medicine's (NASEM) recommendation that will place all fire and EMS personnel in the highest priority tier for receiving a COVID-19 vaccine. Fire and EMS personnel serve on the front lines of the battle against COVID-19 while caring for patients and responding to emergencies. It is imperative that our state's fire and EMS personnel are included.

I understand the meaning of what a frontline worker must accomplish in a critical time frame of patients prior to the delivery to a medical facility. First Responders face exposure daily while caring for patients in uncontrolled environments, such as a patient's home or a moving ambulance, and responding to other 9-1-1 calls. Fire and EMS personnel often respond to emergencies unrelated to whether a caller has COVID-19,

As fire and EMS personnel continue to risk their lives being in close quarters with COVID-19 patients, the vaccine is crucial to minimizing the spread of the virus. The transmission of the virus from patient to fire/EMS personnel, and vice versa, should be mitigated from the start in order to protect communities as a whole.

Providing Priority Tier 1A access to the COVID-19 vaccine will allow emergency responders to continue doing their jobs as they are taking the same risk to save the lives of community members.

Regards,

Jeannie Hefty
Mayor

Cc: The Burlington Common Council
Robin Vos, State Representative 63rd Assembly District
Van Wanggaard, Representative 21st District

From: jcarson@wvma.org
To: [DHS SDMAC](#)
Subject: Letter from WVMA regarding COVID-19 vaccine distribution
Date: Friday, December 11, 2020 10:04:11 AM
Attachments: WVMA Letter to SDMAC Vaccine Subcommittee.pdf

Please see attached letter from the Wisconsin Veterinary Medical Association.

Jo-ell Carson

Executive Director

Wisconsin Veterinary Medical Association

4610 S. Biltmore Lane, Suite 107

Madison, WI 53718

Phone 608.257.3665

Mobile 608.213.1799

jcarson@wvma.org

www.wvma.org

For the latest news pertaining to COVID-19 and veterinary medicine, visit the [WVMA COVID-19 Resources page](#).

December 11, 2020

VIA EMAIL ONLY

State Disaster Medical Advisory Committee

Vaccine Subcommittee

Attn: Martha McCamy

DHSSDMAC@dhs.wisconsin.gov

Dear SDMAC Vaccine Subcommittee Members:

The Wisconsin Veterinary Medical Association (WVMA) represents more than 2,400 Wisconsin-licensed veterinarians and veterinary technicians. We write on behalf of our members to ask you to consider Wisconsin veterinarians, veterinary technicians and veterinary clinic personnel as “essential workers” when you determine the phases for Wisconsin COVID-19 vaccine distribution.

Although we make this request, we clearly believe that frontline human healthcare workers, first responders and individuals at high risk for serious illness should be *the first priority* for receiving the COVID-19 vaccine in Wisconsin.

However, when you consider subsequent phases for distribution, we ask that you consider veterinary workers as critical industry workers. The Cybersecurity and Infrastructure Security Agency (CISA) “Essential Critical Infrastructure Workers Guidance” identifies workers who conduct operations and services that are considered “essential” to continued critical infrastructure viability. Veterinarians and their staff contribute directly to supporting the food and agriculture industries as part of the Essential Critical Infrastructure. In addition, essential veterinary care or health care for animals was identified as essential “Healthcare and Public Health Operations” in Wisconsin’s Safer At Home order, issued on March 24, 2020.

Veterinarians also actively participate in protecting public and animal health through surveillance for the SARS-CoV-2 virus in nonhuman animals. Our surveillance function extends well beyond SARS-CoV-2, encompassing other potentially zoonotic and zoonotic diseases.

As such, we respectfully request that you consider Wisconsin veterinary workers to be critical infrastructure or essential workers when you make determinations regarding phases of COVID-19 vaccine distribution in Wisconsin.

Sincerely,

Jo-ell Carson, Executive Director
Wisconsin Veterinary Medical Association

From: [Jeremy Levin](#)
To: [DHS SDMAC](#)
Subject: RWHC Comments to SDMAC Vaccine Subcommittee RE: Phase 1A choosing between vaccinators
Date: Friday, December 11, 2020 9:17:02 AM
Attachments: RWHC Comments SDMAC Distributing COVID-19 Vaccine Allotments in Phase 1A--12.11.20FINAL.docx

Please find our attached comments.

Jeremy Levin, MHA
Director of Advocacy



880 Independence Lane | Sauk City, WI 53583
CELL 608 577 9335
OFFICE 608 644 3257



December 11, 2020

State Disaster Medical Advisory Committee (SDMAC) Vaccine Subcommittee
Department of Health Services
1 W Wilson St
Madison, WI 53703

Delivered via email: DHSSDMAC@dhs.wisconsin.gov

Subject: Recommendations for the Distribution of COVID-19 Vaccine Allotments in Phase 1a

Dear Co-Chairs Lewandowski & Temte:

The Rural Wisconsin Health Cooperative (RWHC) welcomes the opportunity to offer our comments to the State of Wisconsin on distributing COVID-19 vaccine allotments in Phase 1a. **RWHC believes that the distribution of the COVID-19 vaccine allotments during Phase 1a should use a straight population based proportional criteria instead of adding any weighting measures.**

We believe this is a time where less is more—keep the formula simple. Given the relatively small number of doses available in Phase 1a and the significant level of distrust we see in many of our rural and urban communities about the fairness in the distribution of scarce resources, we believe that arbitrary adjustments, however well intended, should be avoided.

Adding additional weights for additional vaccine in a scarce vaccine allocation undermines the ethical principle that we are, statewide, all in this together, potentially pitting organizations and communities who might be strained against those with more organizational capacity.

RWHC is also concerned that the weighting criteria may inadvertently disadvantage rural communities, particularly the CDC's Social Vulnerability Index (SVI), which we believe may negatively impact more homogenous and less-dense populations. The SVI does not seem to correlate very well to the risk of disease in a community and may direct vaccine away from rural areas.

Thank you for your consideration of these comments in regards to the recommendations for distributing COVID-19 vaccine allotments in Phase 1a. We appreciate your hard work on these issues and your commitment to the needs of rural health care.

Sincerely,

Tim Size
Executive Director

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fw: IBWA Letter on COVID Vaccine
Date: Friday, December 11, 2020 8:37:04 AM
Attachments: IBWA Letter to Wisconsin Governor on COVID Vaccine - 12-10-20.pdf

From: James Bayot <jpb@vnf.com>
Sent: Thursday, December 10, 2020 5:25 PM
To: GOV Info <govinfo@wisconsin.gov>
Cc: Gau, Maggie M - GOV <maggie.gau@wisconsin.gov>
Subject: IBWA Letter on COVID Vaccine

Dear Governor Evers,

On behalf of the 5,167 people who work in Wisconsin's bottled water sector, the International Bottled Water Association (IBWA) is asking your Administration to prioritize the employees in the food, agriculture, and beverage manufacturing and retail sectors to be eligible to receive vaccines in Phase 2, behind healthcare workers, first responders, and those populations most vulnerable to the disease.

Please see our attached letter on this important issue, and if you have any questions or comments, please reach out to me or JP Toner, Director of Government Relations, at 703-647-4616 or jtoner@bottledwater.org. Thank you.

James Bayot | Director, Governmental Issues

VanNess
Feldman LLP

1050 Thomas Jefferson Street, NW
Washington, DC 20007

(202) 298-1838 | JPB@vnf.com | vnf.com

[VNF's Statement on Racial Justice](#)

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1700 Diagonal Road, Suite 650
Alexandria, VA 22314
Ph: 703-647-4616
Fax 703-683-4074
Web: www.bottledwater.org

December 10, 2020

The Honorable Tony Evers
Governor of Wisconsin
115 East State Capitol
Madison, WI 53702

Dear Governor Evers:

Thank you for your leadership in response to the COVID-19 pandemic. On behalf of the 5,167 people who work in Wisconsin's bottled water sector, the International Bottled Water Association (IBWA) urges you to prioritize the employees in the food, agriculture, and beverage manufacturing and retail sectors to be eligible to receive vaccines in Phase 2, behind healthcare workers, first responders, and those populations most vulnerable to the disease.

IBWA was founded in 1958 and represents U.S. and international bottlers, distributors, and suppliers of spring, mineral, artesian, sparkling, and purified bottled water in both small-pack retail bottles and 3-, 4- and 5-gallon water cooler containers found in homes and offices. While IBWA represents companies of all sizes, the vast majority of our members are small, locally owned companies, with deep roots and strong ties within their communities. In Wisconsin, bottled water accounts for 5,167 jobs, \$197,652,800 in wages, and \$1,282,658,300 in economic impact.

As you may know, early in the pandemic, the food sector was defined by the U.S. Department of Homeland Security as being critical to our nation's infrastructure. Our members have continued operating throughout the pandemic to ensure Americans have access to safe, nutritious, and affordable water. The food supply chain has faced challenges over the past ten months, but the bottled water sector has worked hard to ensure a plentiful water supply in grocery stores, other retail outlets, and homes and offices.

It is critical that food, agriculture, and beverage manufacturers and retailers continue to operate as part of critical infrastructure to ensure a safe and readily available food supply. We agree with the recommendations from the National Academies of Sciences, Engineering and Medicine (NASAEM) that employees in these sectors be eligible to receive vaccines in Phase 2, behind healthcare workers, first responders and those populations most vulnerable to the disease.⁴⁹

⁴⁹ National Academies of Sciences, Engineering and Medicine - Framework for Equitable Allocation of COVID-19 Vaccine. <https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>

IBWA strongly supports this phased approach and feels it is of paramount importance to follow those recommendations.

As you develop your state's vaccine distribution program, it is essential that all levels of government prioritize this sector's workers for vaccination. We must ensure that our food supply operates uninterrupted, and we can only do so by ensuring these employees are protected. Thank you for all you are doing to ensure we work together in a coordinated fashion.

IBWA appreciates the opportunity to provide its perspective on this important public health issue. If you need any additional information or have questions, please feel free to contact me or JP Toner, Director of Government Relations, at 703-647-4616 or jtoner@bottledwater.org.

Sincerely,

A handwritten signature in black ink that reads "Joe Doss". The signature is written in a cursive, flowing style.

Joe Doss
President and CEO

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fwd: Vaccine Roll Out Plan
Date: Thursday, December 10, 2020 5:03:00 PM

Sent from my iPhone

Begin forwarded message:

From: Kevin Schwalb <kschwalb@trsa.org>
Date: December 10, 2020 at 3:10:24 PM CST
To: "Gau, Maggie M - GOV" <maggie.gau@wisconsin.gov>
Subject: Vaccine Roll Out Plan

Dear Maggie,

As vaccines for COVID-19 are approved and become available I ask that your administration ensure that the linen, uniform and facility services laundries in the State of Wisconsin are among the top priority industries for receiving the vaccines. Frontline workers and those most vulnerable should get the highest priority, but the next level should include the linen, uniform, and facility services industry.

TRSA Operators and suppliers of the merchandise they purchase, launder and distribute are working together to provide hygienically clean and safe personal protective equipment (PPE), reusable textiles and cleaning and sanitation products to the healthcare, food service, hospitality, and industrial sectors. The linen, uniform and facility services industry is comprised of over 200,000 workers, generates \$19 billion in wages and has a \$176-billion impact on the economy.

Reusable textiles are integral in maintaining an operating and safe supply chain – compared with disposables, they almost never require replacement and are dramatically more reliable in shortages.

Our industry's ability to deliver hygienically clean linens garments and other reusable textiles as well as facility services, first aid and safety items has been recognized as vital to the health and safety of workers and the public during the pandemic. Due to the importance of the industry in maintaining a safe environment, we are considered an essential service by all 50 states as well as the Cybersecurity Infrastructure and Security Agency (CISA) of the Department of Homeland Security.

Worker safety is the most important outcome of the use of many products TRSA members provide. Garments considered essential PPE include barrier gowns, hospital scrubs, flame-resistant, high-visibility, and food service coats. Maintaining their

protective characteristics requires professional laundry techniques that preserve their integrity. Wearers cannot launder these garments themselves and maintain their safety. An interruption in hygienically clean and safe garments would put frontline healthcare workers and first responders in danger. In the food manufacturing sector, incomplete garment deliveries would slow food processing and likely create food shortages.

TRSA members distribute reusable mops and wipers as well as cleaning chemicals, sanitizers, toilet paper, hand soap and other facility services products necessary for these and other Life Sustaining Businesses to operate a clean and safe environment. This is more critical now than ever.

TRSA members are following Centers for Disease Control (CDC) operating practices and running on skeleton crews. As a spike in positive tests and hospitalizations is currently occurring, it is imperative laundry employees stay healthy to ensure the safety and hygiene of items for businesses and consumers.

TRSA members in the State of Wisconsin are doing their part to keep other Life Sustaining Businesses open, operating, and safe. We ask that you give the industry high priority for vaccines to ensure this proper workforce can maintain hygienically clean and safe linens, uniforms, and facility services to keep the public safe.

Thank you please let me know if you have any questions.

Kevin D. Schwalb

Vice President of Government Relations

Textile Rental Services Association

1800 Diagonal Road

Suite 200

Alexandria, VA 22314

703-519-0029 ext. 107 - office

703-519-0026 - fax

From: [Cates, Lisa A - DHS](#)
To: [DHS SDMAC](#)
Subject: FW: Letter on Behalf of Health Industry Distributors Association
Date: Thursday, December 10, 2020 1:33:08 PM
Attachments: Vaccine Prioritization Letter - FINAL.pdf

Please see attached email received today.

Thank you,

LC

From: Mary Beth Spencer <spencer@hida.org>
Sent: Thursday, December 10, 2020 10:10 AM
To: Mary Beth Spencer <spencer@hida.org>
Subject: Letter on Behalf of Health Industry Distributors Association

Hello –

Please find attached a letter on Vaccine Allocation and the Healthcare Supply Chain on behalf of the Health Industry Distributors Association (HIDA).

HIDA is the trade association representing medical products distributors. HIDA's distributor members offer logistics services that increase the efficiency of the nation's hospitals, nursing homes, physician practices, home health organizations, and other healthcare providers. Member companies range from independent businesses serving local communities, to international Fortune 500 companies. Most members distribute medical supplies and devices, but many also distribute pharmaceuticals, nutritionals, technology solutions, and many other products.

I am happy to be contacted with any additional questions at spencer@HIDA.org or phone at 503-473-5551.

Kind Regards,

Mary Beth Spencer

MARY BETH SPENCER | DIRECTOR OF GOVERNMENT AFFAIRS

Health Industry Distributors Association (HIDA)
310 Montgomery Street | Alexandria, VA 22314-1516
spencer@HIDA.org | www.HIDA.org | 703-838-6133 (direct)

December 9, 2020

To: State Vaccine Allocation Authorities

Subject: Vaccine Allocation and the Healthcare Supply Chain

As the United States moves closer to the approval and deployment of a COVID-19 vaccine, we respectfully ask that our nation's healthcare supply chain workers be included in vaccination planning at the earliest, appropriate phase.

Healthcare supply chain workers are recognized as essential critical infrastructure workers in the U.S. Department of Homeland Security Cybersecurity & Infrastructure Security Agency (CISA) Guidance. The healthcare supply chain supports frontline healthcare workers by ensuring critical products such as personal protective equipment (PPE) get to the right providers at the right time to care for patients.

The healthcare supply chain supports all segments of providers hit hardest by the COVID-19 pandemic, including more than 6,000 hospitals, 44,500 nursing homes and assisted living facilities, 4,000 hospice agencies, 11,000 home health agencies, and 230,000 physician offices and clinics. These providers have established long-term relationships with healthcare distributors and other supply chain organizations and depend on them for the products they need to care for their patients and protect their staff.

Ensuring that these critical products get where they are needed is a responsibility HIDA and our members take seriously. We ask that you recognize the importance of all medical device manufacturing and distribution personnel including distribution center workers, drivers, and handlers. These critical employees play a crucial role in the safe and timely delivery of products to healthcare sites. We can ensure healthcare sites have access to a COVID-19 vaccine in a timely fashion by developing priorities, standards and procedures for vaccine allocation that enable the prioritization of these essential workers.

Frequently, the distribution workforce is required to be on-site at provider facilities. Healthcare supply chain organizations employ professionals, sometimes referred to as health care industry representatives (HCIRs), who manage the relationships with healthcare provider organizations, educate their staff members on product use, and coordinate the delivery of needed medical supplies. HCIRs are frequently needed on-site at healthcare facilities to perform these functions. These individuals generally must meet credentialing requirements to access certain areas of hospitals or facilities, including documentation of vaccinations. To date, however, there is no standardized requirement for COVID screening across providers, and HCIRs are subject to a variety of screenings methods to ensure they can safely access facilities. Because HCIRs are not

contractors of these healthcare providers, there may be complications for vaccine administrators who want to prioritize HCIRs for vaccine allocation.

We appreciate the important work being done to ensure a COVID-19 vaccine can be deployed safely, quickly and effectively. Our nation's medical products distributors are committed to doing their part to help the United States through this devastating pandemic, and we look forward to working with you in ensuring this vital workforce can be protected as it performs its important work.

Sincerely,

A handwritten signature in black ink that reads "Matt Rowan". The signature is written in a cursive, flowing style.

Matt Rowan
President and CEO
Health Industry Distributors Association (HIDA)

CC: National Governors Association
National Association of County and City Health Officials
Association of State and Territorial Health Officials
Association of Immunization Officials
Advisory Committee on Immunization Practices

From: [Meier Alison E](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee- Phase 1a choosing between vaccinators
Date: Thursday, December 10, 2020 10:24:13 AM
Attachments: UWHealth_SDMAC Comments_12.10.20.pdf

Dear SDMAC Vaccine Subcommittee Members,

Thank you for the opportunity to submit comments on the SDMAC Vaccine Subcommittee's "Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a." Please see attached comments submitted on behalf of UW Health.

Should you have any questions or concerns, or wish to discuss any of our comments further, please contact me at ameier2@uwhealth.org or 608-239-0599.

Thanks,
Alison

Alison Meier, MSW
Manager, ACO and Value-Based Care
UW Health

-
749 University Row
Madison, WI 53705
Mail Code: 9925
Office: 608-265-6841
Mobile: 608-239-0599
AMEier2@UWHealth.org



TO: SDMAC Vaccine Subcommittee Members

FR: UW Health Hospital Incident Command Officers

DT: December 10, 2020

RE: Phase 1A Choosing Between Vaccinators

Thank you for the opportunity to submit comments on the SDMAC Vaccine Subcommittee’s “Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a.” We recognize the challenges in developing a statewide process for vaccine distribution that is efficient and equitable and are pleased to provide our perspective on important issues contained within the recommendations. Specifically, we submit the following:

I. Recommendation 4: Greater priority to vaccinating entities who will administer vaccine in communities characterized by higher levels of social vulnerability.

Vaccinating as many health care personnel as quickly as possible in Phase 1a is critical in ensuring health systems across the state continue to have adequate staffing levels to care for both COVID and non-COVID patients. As you’re aware, staffing levels continue to be a concern for health systems even as we have yet to experience the full effects of a potential surge from the holidays and widespread transmission of influenza and RSV. These concerns are magnified for large tertiary care centers who are responsible for serving patients from across the state and region.

Recognizing this, we recommend that any distribution of vaccine in Phase 1a be as streamlined as possible and take into account health systems’ and other vaccinating entities’ ability to deliver vaccine to the 1a population as quickly as possible. While initial doses are scarce, it will be important to provide vaccine to those entities who have the infrastructure and systems in place to begin administration immediately as opposed to those who may require additional planning time.

If the state chose to forgo application of SVI in the statewide distribution methodology in order to streamline the process, equitable distribution can still be achieved through strategies employed by vaccinating entities across the state. For example, our health system is planning to employ a methodology using age and SVI at the individual-level to determine which Phase 1a employees with the same level of risk exposure should be prioritized when vaccine supply is limited. Once the state distributes vaccine to vaccinating entities, those entities should be encouraged to follow SDMAC guidelines for ensuring equitable distribution among their employees and subsequent populations.

II. Recommendation 5: Incentivize vaccinating entities to vaccinate unaffiliated HCPs such as first responders.

We recognize that vaccinating 1a and subsequent populations will be a significant undertaking, requiring collaboration and partnership between DHS, health systems, local public health departments and other vaccinating entities. In Phase 1a alone, UW Health has approximately 13,000 frontline employees who are eligible for vaccination. Health systems with large numbers of employees will be adding and redeploying internal staff and administrative resources in order to move efficiently through Phase 1a. This is occurring in the context of already limited staffing resources, as described above.

While we appreciate SDMAC’s recommendation to incentivize health systems to vaccinate additional unaffiliated 1a populations by providing increased doses, we are concerned we will not have adequate staffing to vaccinate large numbers of unaffiliated 1a health care personnel. In areas of the state where local public health departments have capacity to do so, we recommend they also be encouraged to vaccinate unaffiliated 1a populations and that the state provide them with

the necessary financial support and resources to do so. This will likely require redeployment of resources from contract tracing to vaccine administration; however, this may be an appropriate tradeoff given the state's high positivity rate and the need to maintain adequate staffing levels at hospitals and health systems for delivery of patient care.

Thank you for your consideration. We appreciate your leadership and guidance as we work towards our shared goal of vaccinating as many Wisconsin residents as efficiently and equitably as possible. Should you have any questions or concerns, or wish to discuss any of our comments further, please contact Alison Meier via email at AMeier2@uwhealth.org or by cell phone at 608/239-0599.

From: [Jackson, Tamara - BPDD](#)
To: [DHS SDMAC](#)
Subject: BPDD Public Comments: Phase 1A choosing between vaccinators
Date: Thursday, December 10, 2020 9:10:12 AM
Attachments: BPDD_COVID-19VaccineDistribution_121120.docx

Hello,

I have attached public comments on the Distributing COVID-19 Vaccine Allotments in Phase 1a recommendations.

Thank you for your continued work on these important issues.

Tami Jackson

Wisconsin Board for People with Developmental Disabilities ([About BPDD](#))
Public Policy Analyst and Legislative Liaison

(608) 266-0979 (office)

(608) 228-7285 (cell)

Tamara.jackson@wisconsin.gov

Follow me on Facebook for coverage of public policy issues affecting people with disabilities
<https://www.facebook.com/tamarajacksonBPDD>



December 9, 2020

State Disaster Medical Advisory Committee
Vaccine Distribution Subcommittee
DHSSDMAC@dhs.wisconsin.gov.

Re: Phase 1A choosing between vaccinators

To Whom It May Concern:

The Wisconsin Board for People with Developmental Disabilities (BPDD) thanks the subcommittee for the opportunity to provide public comments on the Phase 1A choosing between vaccinators recommendations.

The Health Care Personnel definition includes the Home and Community Based (HCBS) workforce—including participant hired workers in the IRIS program and unpaid workers providing care within the home—who provide care to older adults and people with disabilities in Family Care and IRIS long term care programs as a priority for vaccine distribution. We appreciate the committee's broad interpretation of vaccinating entities, and recommend that DHS recruit as large, diverse, and geographically distributed pool of vaccinators as possible. This will be a critical part of ensuring that the vaccine is accessible to the decentralized HCBS workforce and family caregivers who are included in the Health Care Personnel definition.

We note that the second population in the Phase 1a distribution plan is residents of long-term care facilities, which we interpret may mean residents of Skilled Nursing Facilities. Many people in Wisconsin's HCBS long term care programs (CLTS, Family Care, IRIS) live in congregate settings including Community Based Residential Facilities (CBRFs), Residential Care Apartment Complexes (RCACs), and Adult Family Homes (AFHs). In addition, many receive services in congregate facilities.

The location and scale of these HCBS congregate settings is different but characteristics of the LTC populations and vulnerability to COVID-19 are the same as residents of Skilled Nursing Facilities. Many HCBS LTC participants meet nursing home level of care¹. DHS data collection² of COVID-19 infections, hospitalizations, and deaths among the HCBS LTC participants shows 26.7% of cases result in hospitalization and 9.2% result in death, compared to 4.4% and .9% in the general state population, respectively. Examining the data by setting type, many infections, hospitalizations, and deaths are occurring in congregate HCBS settings. We submit the two populations have equivalent risk despite the semantic differences in congregate setting type.

Across the country many of our counterparts in other states are reporting concerns about vaccine hesitancy of vulnerable populations, family caregivers, and the workforce that provides care to vulnerable populations which may be a barrier to effective distribution. We also wish to provide the

¹ The functional screen that determines eligibility for HCBS programs measures the risk of institutionalization, and ability to complete both Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

² <https://www.dhs.wisconsin.gov/hcbs/data.htm#cases>



committee with a summary of concerns and questions from people with I/DD, their families, and workers as you consider public health messages, especially to vaccine hesitant populations.

- People with I/DD and their families are expressing concerns about unknown interactions between the vaccine and specific co-morbidities or medications. There is uncertainty as to whether the vaccine or act of vaccinating could have serious health consequences.
- Vaccine resistance of Direct Support Professionals or family caregivers who are unsure of vaccines but who are in contact with vulnerable populations may prolong the risk of COVID-19 for individuals with disabilities.
- Family caregivers expressing reluctance to getting the vaccine out of fears that it has not been widely tested, perceptions that “the first vaccines are never any good,” or more generalized concerns about vaccinations.
- Some HCBS workers may have vaccine hesitancy; 40% of Wisconsin’s direct support professional workforce belong to minority groups that may have a higher tendency to vaccine hesitancy.
- People with I/DD and families who want the vaccine are unsure how they will know whether staff coming into their homes has been vaccinated and whether vaccinations can be required.
- Some states are considering a “cocooning” approach to vaccinate workers and household members of vulnerable people to give indirect protection to the individual. If there is vaccine hesitancy the results in workers or household members not getting vaccinated, that approach is invalid.
- It is currently unknown whether the vaccine prevents transmission of the virus in addition to preventing serious disease in a vaccinated individual. If the vaccine does not prevent transmission, cocooning is not a viable strategy.
- Like other populations, people with disabilities (and I/DD in particular) have a collective history that includes medical experimentation and procedures being done without consent. Many individuals with I/DD have lived experience that includes traumatic experiences or mistrust of health care professionals. For people with I/DD who are also members of racial minorities with similar experiences, vaccine hesitancy or resistance may be more acute.

Thank you for your consideration,

Beth Swedeen, Executive Director
Wisconsin Board for People with Developmental Disabilities

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fwd: Uber / vaccine distribution
Date: Thursday, December 10, 2020 8:46:54 AM
Attachments: Wisconsin_ Dara letter to Gov Evers- December 2020.pdf

Sent from my iPhone

Begin forwarded message:

From: Trevor Theunissen <trevor@uber.com>
Date: December 10, 2020 at 6:18:35 AM CST
To: "Gau, Maggie M - GOV" <maggie.gau@wisconsin.gov>
Cc: "Willems Van Dijk, Julie A - DHS" <julie.willemsvandijk@dhs.wisconsin.gov>
Subject: Uber / vaccine distribution

Dear Governor Evers,

I hope this finds you well. As you and the rest of the Administration turn your attention to the urgent task of vaccine distribution, I wanted to share the attached correspondence from Uber's CEO, Dara Khosrowshahi.

If you have any questions, or if you would like to set up time to discuss Uber's potential role in assisting with the swift, equitable distribution of a vaccine, please do not hesitate to be in contact.

Thank you and all the best,

Trevor

--

Trevor Theunissen
Director
Public Policy & Communications



Uber Technologies, Inc.
1455 Market Street
San Francisco, CA 94103
Uber.com



The Honorable Tony Evers
Governor of the State of Wisconsin
115 East State Capitol
Madison, WI 53707

December 10, 2020

Dear Governor Evers,

The past nine months have been among America's most tragic and challenging in a generation. Developing safe and effective coronavirus vaccines in the same amount of time has been a monumental achievement of science and American ingenuity. Yet distributing vaccines fairly and efficiently will be a massive logistical challenge. I write to you today to offer Uber's support in making this critical endeavor a success in Wisconsin.

As CEO of Uber, I also want to take this opportunity to underscore the importance of protecting the health and safety of the millions of people who have kept our communities running during the pandemic. Public health experts have recognized that rideshare drivers and food delivery people, including the 14,600 in Wisconsin who have earned money on the Uber platform during the pandemic, should, as frontline workers, receive prioritized access to the vaccine in Phase 1b.¹

Over the last nine months, these workers have been a lifeline to their communities. They have transported healthcare workers to hospitals, delivered food to people socially distancing at home, and helped local restaurants stay in business. And while earlier this year Uber [committed](#) to funding 10 million free rides and deliveries for healthcare workers, seniors, and people in need, it was ultimately drivers and delivery people who made it happen. As you finalize your state-level allocation and distribution plans, I encourage you to recognize the essential nature of their work. I

¹ This designation is further supported by the November 23rd meeting of the CDC's Advisory Committee on Immunization Practices to upgrade non-healthcare essential workers to [Phase 1b](#). The explicit inclusion of taxi, rideshare, delivery and freight drivers in Phase 1b would also align with the [guidance](#) of the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA), which explicitly includes taxi, delivery services, transportation network providers (including rideshare drivers), and truck drivers as "Essential Critical Infrastructure Workers," and the National Academies of Sciences (NAS)'s Preliminary Framework for Equitable Allocation of COVID-19 Vaccine, which identifies passenger transportation drivers and food delivery workers as "Critical Workers in High-Risk Settings."

want to ensure these individuals can receive immunizations quickly, easily and for free, and I offer Uber's assistance to you in making that a reality.

Of course, tens of millions more people will need to be immunized in each of the coming months. From the outset of the pandemic, Uber has worked in partnership with state and local governments across the country to support their pandemic response. As you turn your attention to what we hope is the end stage of this public health emergency, I want you to know that we remain committed to doing our part.

We believe we can use our suite of apps, used by millions of people every day, to disseminate high-quality information about vaccines, rooted in science and the latest public health advice, as we have done with our [recent efforts](#) to encourage the wearing of masks. We believe we can help increase awareness of and trust in the COVID-19 vaccine, while encouraging those who are eligible to get vaccinated.

We also believe that we can use our technology to remove transportation barriers faced by individuals who will need to travel to their vaccination appointments, especially those in higher-risk groups and in communities of color, which have borne the disproportionate brunt of this pandemic. This is particularly critical given the importance of ensuring people who receive a first round of the vaccine return for their second and final shot.

My earnest hope is that Uber can continue to be a resource for the people of your state in the coming months. Together, I hope we can use our technology to accelerate the end of this public health crisis and the beginning of the economic recovery to come.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dara Khosrowshahi', written in a cursive style.

Dara Khosrowshahi
Chief Executive Officer
Uber Technologies, Inc.

cc: Julie Willems Van Dijk, PhD, MSN, Interim Administrator, Division of Public Health and Deputy Secretary

From: [Katie White](#)
To: [DHS SDMAC](#)
Cc: [Sarah Marshall](#); [Melanie Buhr-Lawler](#); [Zelenkova, Ramie](#)
Subject: Phase 1A Allocation Guidance--Audiologists
Date: Wednesday, December 9, 2020 3:19:33 PM
Attachments: WSHA Covid Letter 2 (1).pdf

Good afternoon:

I am reaching out on behalf of The Wisconsin Speech-Language Pathology and Audiology Association (WSHA) ahead of tomorrow's discussion on the Phase 1A Allocation Guidance document. We are very grateful for all the work the Subcommittee has done and for including Speech Therapists to the HCP list. Attached is our request for Audiologists to also be added to the Phase 1A list of eligible HCP.

If there are any questions please do not hesitate to reach out. We appreciate your consideration.

Thank you,

--

Katie White

Hubbard Wilson & Zelenkova

Mobile: 608.217.0870

kwhite@hwz-gov.com

December 9, 2020

Department of Health Services (DHS)

RE: Phase 1A Allocation Guidance for COVID-19 Vaccine in the State of Wisconsin

Dear DHS Vaccine Distribution Subcommittee

The Wisconsin Speech-Language Pathology and Audiology Association (WSHA) understands that the Vaccine Distribution Subcommittee has developed guidance for the Department of Health Services (DHS) plan for allocation of the SARC-CoV-2 vaccine as it becomes available in the United States. Speech-language pathologists (SLPs) have been included on the list of healthcare personnel (HCP) eligible to receive vaccination in Phase 1A. WSHA is in support of this. **WSHA is requesting that audiologists be added to the Phase 1A list of eligible HCP.**

Audiologists provide essential healthcare services. They are the professionals who identify and treat hearing, balance, tinnitus, and other auditory disorders. Audiologists conduct hearing evaluations, fit hearing aids, program cochlear implants, conduct examinations of the ear canal and eardrum, screen at-risk newborns, and provide rehabilitation to individuals who are deaf and hard of hearing. Due to the nature of their services, audiologists must come within 6 feet of the patient in order to optimally examine and treat patients, increasing their risk of COVID-19 transmission.

There are 304 audiologists in the state of Wisconsin. Through the pandemic, the majority of audiologists in Wisconsin have continued to provide face-to-face clinical care. The majority of the patients seen by audiologists fall into high-risk populations for COVID-19 because they are elderly or have a vulnerable health status. Typical audiology appointments range from 30 minutes to 3 hours.

Communication is at the heart of human interaction. Barriers to hearing can have lasting impacts on the health, welfare and safety of individuals across the lifespan. Personal protective equipment (PPE) that is necessary to keep HCP safe also present barriers for communication professionals to interact optimally with their patients. At times, removal of patient PPE is necessary in order for an audiologist to provide optimal care. Many patients who are deaf or hard of hearing rely on lip reading, posing barriers to use of N95 or surgical masks. Audiologists have been pioneers during COVID19 for clear masks; however, this PPE is not widely available to all audiologists in need.

WSHA is grateful to the Subcommittee for this important work. The news of the SARC-CoV-2 vaccine coming to the United States and Wisconsin has been long awaited by the essential HCPs who have continued providing needed speech-language pathology and audiology services to consumers throughout the pandemic. SLPs and Audiologists will continue to utilize resources and guidance provided by the American Speech-Language-Hearing Association (ASHA) related to PPE and service provision during COVID19.

If you have questions or would like to contact WSHA leadership, please contact us at the information provided below.

Thank you for your consideration.

Sincerely,

Wisconsin Speech-Language Pathology and Audiology Association

Sarah Marshall, MA, CCC-SLP

Sarah Marshall, MA, CCC-SLP

WSHA President

sarah.marshall@wisc.edu

815-370-9095

Melanie Buhr-Lawler, Au.D., CCC-A

Melanie Buhr-Lawler, Au.D., CCC-A

American Speech-Language-Hearing Association Audiology Advisory Council Representative

melanie.buhr@wisc.edu

617-817-7292

From: [Williams, TR - GOV](#)
To: [DHS SDMAC](#)
Subject: FW: Vaccine
Date: Wednesday, December 9, 2020 1:27:52 PM
Attachments: 12.02.2020 Vaccine Distribution Subcommittee Letter v2.docx

Greetings,

Forwarding vaccination requests that the Governor's Office has received.

~ T.R.Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

tr.williams@wisconsin.gov | w: 608-266-7861 | c: 608-279-0541

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From: Domina, Katherine - GOV <katherine.domina1@wisconsin.gov>
Sent: Thursday, December 3, 2020 7:50 AM
To: GOV DL CV19 <GOVDLCV19@wisconsin.gov>
Subject: FW: Vaccine

FYI

--

Katie Domina

Deputy Policy Director

Office of Governor Tony Evers

Email: katherine.domina1@wisconsin.gov

Phone: (608) 438-6139

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From: Perez-Reyes, Nadya - DCF <nadya.perez-reyes@wisconsin.gov>
Sent: Thursday, December 3, 2020 6:29 AM
To: Domina, Katherine - GOV <katherine.domina1@wisconsin.gov>
Subject: Fwd: Vaccine

FYI.

From: JChildress@foley.com <JChildress@foley.com>
Sent: Wednesday, December 2, 2020 9:59:12 PM
To: Perez-Reyes, Nadya - DCF <nadya.perez-reyes@wisconsin.gov>
Subject: Fwd: Vaccine

FYI. Attached is the letter Ymcas sent along regarding vaccine priority.

Begin forwarded message:

From: "Childress, Jason M." <JChildress@foley.com>
Date: December 2, 2020 at 9:57:32 PM CST
To: AZITA HAMEDANI <agh@medicine.wisc.edu>
Subject: Re: Vaccine

Thank you. Another client, the YMCAs of WI, asked me to pass along the attached letter as well. They are providing child care for frontline workers across the state and are respectfully hoping to be considered early in the process as well. Thank you so much

On Dec 2, 2020, at 9:43 PM, AZITA HAMEDANI <agh@medicine.wisc.edu> wrote:

**** EXTERNAL EMAIL MESSAGE ****

Dear Chad

Thanks for your email. I will take it back to SDMAC leadership.

Azita

Azita G. Hamedani, MD, MPH, MBA

Chair, BerbeeWalsh Department of Emergency Medicine
University of Wisconsin School of Medicine & Public Health
Cell: 608.695.7378

'A life is not important except in the impact it has on other lives' ... Jackie Robinson

From: JChildress@foley.com <JChildress@foley.com>
Sent: Wednesday, December 2, 2020 11:28 AM
To: AZITA HAMEDANI <agh@medicine.wisc.edu>
Subject: Vaccine

Dr Amedani: On behalf of Sargento I wanted to share the attached request letter. Our hope is that, in order to help keep the food system working, food industry production workers can receive appropriate prioritization for the vaccine.

Thanks for the consideration and all you are doing!

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December 2, 2020

Dr. Azita G. Hamedani, Chair
State Disaster Medical Advisory Committee
Department of Health Services
1 West Wilson Street
Madison, WI 53703

Dear Dr. Hamedani,

On behalf of the 30 independent YMCAs serving over 500,000 Wisconsinites in more than 200 communities, I would like to extend our gratitude to you and the members of the State Disaster Medical Advisory Committee and the Vaccine Distribution subcommittee as you draft the guidance for the Department of Health Services' plan to dispense the limited quantity of COVID-19 vaccine doses. We recognize the importance of your work and the careful thought required to establish a prioritized distribution of the vaccine to groups and individuals.

As one of the largest providers of childcare services in our state, our YMCAs respectfully request for your consideration, that childcare teachers be included in a high priority distribution group.

In addition to providing critical care to children of essential workers throughout the pandemic, our YMCAs continued childcare services extend beyond those designated as essential workers. As schools across the state cancel in-person learning and pivot to virtual education, a tremendous burden is being placed on parents who cannot work remotely and need childcare. Some companies have instituted new corporate remote work policies which have made it difficult for parents to work from home while caring for their child(ren). We have seen first-hand parents lose their jobs because caring for their school age child(ren) learning virtually left them unable to meet the demands of their remote job. The Y plays a critical role serving on the front lines to support the health of children, and the critical workforce needs of our communities. It is also important to note that as virtual schools go back into session, critical childcare programs continue to accommodate the needs of families so they can work as we provide essential services to the communities we serve. In order for YMCAs and other childcare providers to do so, it is vital that childcare teachers remain safe and healthy.

While we recognize the list of prioritized groups of individuals will likely outweigh the amount of vaccine available in the early stages of distribution we feel childcare teachers should receive strong consideration to receive the vaccine for the critical role they play in our Wisconsin communities. We believe that not all brave heroes use N95 masks, some heroes use cloth masks as they provide a sense of normalcy and lift the spirits of the kiddos in their care while their parent heroes keep working.

Thank you for your consideration in your important work.

Sincerely,

Jon Agnew
CEO, Wisconsin State Alliance of YMCAs
610.322.4913 | jagnew@wiymca.org

From: [Williams, TR - GOV](#)
To: [DHS SDMAC](#)
Subject: FW: Request from the Wisconsin Petroleum Marketers and Convenience Store Association (WPMCA) to have its employees receive vaccines as part of Phase 1-B
Date: Wednesday, December 9, 2020 1:25:33 PM
Attachments: VaccinesforEmployeesofEssentialBusinesses.pdf

Greetings,

Forwarding vaccination requests that the Governor's Office has received.

~ T.R.Williams, J.D ~
Deputy Director of External Affairs
Office of Governor Tony Evers
tr.williams@wisconsin.gov | w: 608-266-7861 | c: 608-279-0541
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-----Original Message-----

From: Jack O'Meara <jack@omearapublicaffairs.com>
Sent: Wednesday, December 2, 2020 10:50 AM
To: Kuhn, Jamie S - GOV <jamie.kuhn@wisconsin.gov>; Roberts, Noah - GOV <noah.roberts@wisconsin.gov>; Williams, TR - GOV <tr.williams@wisconsin.gov>
Subject: Request from the Wisconsin Petroleum Marketers and Convenience Store Association (WPMCA) to have its employees receive vaccines as part of Phase 1-B

Hello Jamie, TR, Noah:

Please see the attached letter. Let me know if you have any questions.

Thank you.

Jack O'Meara
WI Petroleum Marketers and Convenience
Store Association
608-444-3727

--
Jack O'Meara
O'Meara Public Affairs L.L.C.
110 East Main Street, Suite 720
t (608) 294-8746 | m (608) 444-3727
omearapublicaffairs.com



December 1, 2020

The Honorable Tony Evers
115 East, State Capitol
Madison, WI 53702

Re: Distribution of the COVID-19 Vaccine to Employees of Essential Businesses

Dear Governor Evers,

Our association, representing the convenience and fuel retailing industry in Wisconsin, appreciates your efforts to devise and implement a distribution framework by which a COVID-19 vaccine is distributed in a fair and impactful manner. Our industry is not alone in looking forward to the day when Americans can access a vaccine and eventually return to life as it was before COVID-19.

The Centers for Disease Control and Prevention (CDC) has created a playbook to assist state and local public health programs as they plan vaccination responses to the pandemic.¹ Consistent with the CDC's recommendations, we believe that an effective scheme for vaccine distribution requires appropriately prioritizing employees of essential businesses. The playbook advises that essential workers of businesses that are part of the critical infrastructure workforce should receive a vaccine as part of Phase 1-B of a jurisdiction's distribution scheme. Phase 1-B would follow behind only those healthcare personnel who are grouped into Phase 1-A.

The frontline workers in our industry should receive the vaccine as part of the priority Phase 1-B. Employees in our industry serve on the front lines of the fuel and food distribution systems across the country. This includes consumer-facing retail sales of food and motor fuels as well as distribution of many of these critical products. We think this is an appropriate classification for our industry's employees given their necessity to the day-to-day lives of Americans in all walks of life – including first responders. Without our industry getting motor fuels to market, for example, front-line workers throughout all industries would be unable to get to work – halting the economy and preventing first responders who would be unable to get to those in need. When vaccine distribution begins, trucks delivering the vaccine will depend on our retailers to be open to refuel. The food and convenience items our industry provides are also critical as our

¹ Centers for Disease Control and Prevention, *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – Version 2.0*, U.S. Department of Health and Human Services (Oct. 29, 2020), https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf.

industry often has the most convenient locations and allows for quick shopping trips for American consumers. This is also helpful for first responders, especially because stores in our industry are typically the only ones open extended hours (or 24 hours per day) to serve their needs.

The CDC partnered with the National Institutes of Health and the National Academies of Sciences, Engineering, and Medicine to determine critical populations for COVID-19 vaccination. The National Academies issued a report in October recommending that frontline workers of essential businesses should receive second-highest priority in vaccine distribution.² It notes that the workforce in our industry are people “whose work is vital to the functioning of society and the economy,” and who also face a substantially higher risk of exposure to the virus.

The Department of Homeland Security’s Cybersecurity and Infrastructure Security Agency recognized early on the importance of our industry to ensure Americans had food in markets, fuel at gas stations, and safe places for truck drivers to stop as they haul essential items across the country. In the deployment of a vaccine to protect Americans from COVID-19, that recognition should be applied to these critical workers.

Our employees have put themselves at risk since the beginning of the pandemic, working despite health concerns, and we believe they should be prioritized in vaccine deployment. We appreciate your consideration of our comments and sincerely thank you for the hard work you have done to protect the health of our state.

Sincerely,



Matthew C. Hauser
President & CEO

cc: DHS Secretary Andrea Palm

² National Academies of Sciences, Engineering, and Medicine, *Framework for equitable allocation of COVID-19 vaccine*, Washington, DC: The National Academies Press (Oct. 2, 2020), <https://doi.org/10.17226/25917>.

From: [Williams, TR - GOV](#)
To: [DHS SDMAC](#)
Subject: FW: COVID_vaccine_evers.docx
Date: Wednesday, December 9, 2020 1:23:19 PM
Attachments: COVID_vaccine_evers.docx

Greetings,

Forwarding vaccination requests that the Governor's Office has received:

Home Care Association of America- Wisconsin Chapter

~ T.R.Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

tr.williams@wisconsin.gov | w: 608-266-7861 | c: 608-279-0541

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From: Kuhn, Jamie S - GOV <jamie.kuhn@wisconsin.gov>
Sent: Thursday, November 12, 2020 12:00 PM
To: Hoyer-Booth, Andrew G - DHS <andrew.hoyerbooth@dhs.wisconsin.gov>; Olson, Lisa A - DHS <lisaa.olson@dhs.wisconsin.gov>
Cc: Williams, TR - GOV <tr.williams@wisconsin.gov>; Roberts, Noah - GOV <noah.roberts@wisconsin.gov>
Subject: FW: COVID_vaccine_evers.docx

From: Jolene Plautz <jplautz@aol.com>
Sent: Thursday, November 12, 2020 10:12 AM
To: Kuhn, Jamie S - GOV <jamie.kuhn@wisconsin.gov>
Subject: COVID_vaccine_evers.docx

Hi Jamie

Attached is a letter from my Home Care client requesting to be added as front line workers for vaccines. They go into homes of our most at risk populations. Could you share this request with the appropriate people? Thanks Jolene

Sent from my iPhone

November 11, 2020

Governor Tony Evers
P.O. Box 7863
Madison, WI, 53707

Dear Governor Evers,

The Home Care Association of America Wisconsin State Chapter represents hundreds of agencies that bring care into the homes of thousands of our state's older citizens and people with disabilities every day. Throughout the pandemic, home care aides have provided one-on-one care in individuals' homes to keep them safe and prevent the spread of the coronavirus. Home care is critically important as we face record numbers of cases and hospitalizations heading into the holiday season. Home care is the answer to keeping our most vulnerable safe from this disease and our frontline workers are essential as Wisconsin battles COVID-19.

As you continue to fine-tune our state's plan for the distribution of a COVID-19 vaccine, we urge you to include home care aides as health care workers to receive this vaccine first. If we are to contain the spread of the virus, home care workers play an essential role in the fight against the coronavirus and should be among the first to receive the vaccine.

Home care agencies monitor the conditions of our frontline workers every day and are in an excellent position to monitor the well-being of our clients, who are at home, yet are vulnerable to the virus. We continue to provide our frontline workers with PPE, testing when appropriate and offer ongoing training on infectious disease control.

Thank you for your consideration of this request. We stand ready to assist the state in any way possible. If there is any additional information you may need, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anna Lezotte', with a stylized flourish at the end.

Anna Lezotte

Board Chair
Home Care Association of America – Wisconsin Chapter

From: [Williams, TR - GOV](#)
To: [DHS SDMAC](#)
Subject: FW: Kraft Heinz Vaccine Prioritization
Date: Wednesday, December 9, 2020 1:05:20 PM
Attachments: image001.png
Evers .pdf

Greetings,

Forwarding the vaccination requests that the Governor's Office has received.

~ T.R.Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

tr.williams@wisconsin.gov | w: 608-266-7861 | c: 608-279-0541

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From: Helton, Clay <Clay.Helton@kraftheinz.com>
Sent: Tuesday, October 13, 2020 10:16 AM
To: Henney, Cara - GOV <cara.henney1@wisconsin.gov>
Subject: Kraft Heinz Vaccine Prioritization

Cara –

Attached you will find a digital version of a letter that was sent to the Governor and State Department of Health on Friday.

We are asking that once a vaccine is available, your state prioritizes food manufacturing workers to receive the novel coronavirus immunization.

Early access to a vaccine will allow our industry to continue to keep food on grocery shelves.

Please don't hesitate to reach-out with any questions – I look forward to working with you on this important project.

Clay Helton | Global Government Affairs | The Kraft Heinz Company
clay.helton@kraftheinz.com | O 202-942-4344



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October 6, 2020

The Honorable Tony Evers
Office of the Governor
115 E. Capitol Dr. #1
Madison, WI 53702

Dear Governor Evers:

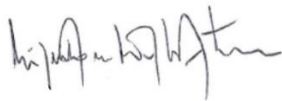
COVID-19 Vaccination Prioritization Planning

On behalf of the 19,000 Kraft Heinz employees in the United States, nearly 500 of those in Wisconsin, thank you for your leadership during this unprecedented pandemic. Your decision early on to designate food industry workers in WI as essential was critical in ensuring an uninterrupted food supply across the country.

I am writing today to request that, once a vaccine is available, your state prioritizes food manufacturing workers to receive the novel coronavirus immunization. Early access to a vaccine will allow our industry to continue to keep food on grocery shelves.

As a company, we will continue to do everything we can to protect the health and wellbeing of our employees; including PPE, social distancing, contact tracing, plexiglass barriers where appropriate and other preventive measures. We are hopeful that you will agree to provide early access to vaccination for these front line workers to keep them safe and to help them continue to feed our nation.

Thank you for your kind consideration of our request. I've asked my Government Affairs team to work closely with you and your team as you work toward a distribution plan for the vaccine. Please keep in touch.



Best,

Miguel Patricio

CEO, The Kraft Heinz Company

CC: Wisconsin State Department of Health

From: [AJ Wilson](#)
To: [DHS SDMAC](#)
Subject: Phase 1A Allocation Guidelines - Emergency Physicans
Date: Wednesday, December 9, 2020 12:04:53 PM

Good afternoon. I am writing on behalf of the WI Chapter of the American College of Emergency Physicians (WACEP). We appreciate and are supportive of the Subcommittee's work on vaccination prioritization and allocation. WACEP however is concerned that Emergency Physicians were not expressly listed in Table 1. We recognize that we appear to be covered by a number of the prioritized categories provided in the document and that the recommendations are not made in any particular order. But given the vital role that Emergency Physicians serve at the pandemic's frontline, we would strongly request that Emergency Physicians are clearly enumerated as 1A priority recipients.

WACEP hopes that when the committee meets in full tomorrow, this request can be considered and Emergency Physicians will be included specifically. Thank you very much for your consideration and please don't hesitate to contact me with any questions.

Sincerely,
AJ Wilson on behalf of WACEP

AJ Wilson
Hubbard Wilson & Zelenkova, LLC
Mobile: (608)772-5670

From: [Chris Borgerding](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase1Achoosingbetweenvaccinators
Date: Wednesday, December 9, 2020 11:47:11 AM
Attachments: image002.png
image003.png
image004.png
image005.png
image006.png
WDACOVID_12.9.2020.docx

Good afternoon,

Attached please find public comment from the Wisconsin Dental Association.

With appreciation,

Chris

Chris Borgerding
Director of Government Services
Wisconsin Dental Association
122 West Washington Ave, Suite 600 | Madison, WI 53703
Phone: 608-250-3442 | Fax: 414-755-4133



To view the latest guidance for dental practitioners,
visit [WDA's coronavirus hub](#). Additional information can be found on the [ADA website](#).

Executive Office
6737 W. Washington Street
Suite 2360
West Allis, Wisconsin 53214
414.276.4520
414.276.8431 FAX



Legislative Office
122 W. Washington Avenue
Suite 600
Madison, Wisconsin 53703
608.250.3442
608.282.7716 FAX

To whom it may concern:

We want to thank you for including Dentists and their staff in phase-1A allocation of COVID-19 vaccines. We appreciate your partnership and collaboration on this important topic.

As we look ahead to the distribution of COVID-19 vaccines, there is still a lot of confusion and uncertainty surrounding that process. **We respectfully request that more clarification be provided to individual health care providers on when and how they can expect to be afforded the ability to be vaccinated and through what process.**

Like all frontline health care professionals, we are proud of how dental offices have responded during these unprecedented times. Dentists voluntarily limited treatment to emergent care to help stop the spread of COVID-19 and keep patients out of hospital emergency rooms. In partnership with the Evers' administration, dentists have used teledentistry to provide basic treatment options and keep patients safer at home. The WDA donated Personal Protective Equipment (PPE) to the Wisconsin Emergency Management System to help fellow healthcare professionals and first responders. That donation, which does not count the thousands of pieces of PPE donated by individual dental practices to hospitals, first responders, clinics and other providers in their communities statewide, consisted of 20,000 surgical masks, 25,000 pairs of gloves and 1,700 surgical gowns.

As we continue to battle this pandemic, Wisconsin's dentists remain committed to collaborating with other health professionals to curb the spread of COVID-19. Including dentists and their staff in phase 1A of vaccine allocation is a great way to continue that partnership. We thank you for your leadership during these unprecedented times.

As always, please do not hesitate to contact us with any questions. We welcome the chance to discuss this issue further.

Regards,

WDA President, Dr. Paula Crum
WDA Executive Director, Mark Paget
WDA Director of Government Services, Chris Borgerding

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fwd: COVID vaccine - prioritization of people with diabetes
Date: Wednesday, December 9, 2020 9:55:18 AM
Attachments: image013.png
ADA COVID vac - WI Gov 120920.pdf

Sent from my iPhone

Begin forwarded message:

From: Gary Dougherty <GDougherty@diabetes.org>
Date: December 9, 2020 at 9:38:56 AM CST
To: "Gau, Maggie M - GOV" <maggie.gau@wisconsin.gov>
Cc: "Palm, Andrea J - DHS" <andrea.palm@dhs.wisconsin.gov>, "Kuhn, Jamie S - GOV" <jamie.kuhn@wisconsin.gov>, "Williams, TR - GOV" <tr.williams@wisconsin.gov>, "Roberts, Noah - GOV" <noah.roberts@wisconsin.gov>
Subject: COVID vaccine - prioritization of people with diabetes

Ms. Gau:

Attached, please find a letter addressed to Governor Evers from the American Diabetes Association's Chief Science and Medical Officer, Dr. Robert A. Gabbay, in which he urges people with diabetes, particularly those in communities disproportionately impacted by COVID-19, to be among the first to be inoculated against virus.

Please let me know if you have any questions or if I may be of further assistance.

Thank you.

Gary Dougherty

Director
State Government Affairs

Phone: +1 (800) 676-4065 x4832 | Mobile: +1 (614) 726-0801

diabetes.org

1-800-DIABETES (800-342-2383)

This attachment was also attached to a 12/11/2020 email from T.R. Williams titled "RE: COVID Vaccine- prioritization of people with diabetes." Please see that email to view this attachment.

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fwd: Wisconsin - National Chicken Council Vaccine Priority Letter
Date: Wednesday, December 9, 2020 9:54:16 AM
Attachments: Wisconsin - NCC Vaccine Priority Letter.pdf

Sent from my iPhone

Begin forwarded message:

From: Harrison Kircher <hkircher@chickenusa.org>
Date: December 8, 2020 at 6:01:30 PM CST
To: "Gau, Maggie M - GOV" <maggie.gau@wisconsin.gov>
Cc: "Romanski, Randy J - DATCP" <randy.romanski1@wisconsin.gov>, "Palm, Andrea J - DHS" <andrea.palm@dhs.wisconsin.gov>, David Elrod <delrod@chickenusa.org>
Subject: Wisconsin - National Chicken Council Vaccine Priority Letter

Good Evening,

Please find attached a letter to Governor Evers regarding priority vaccine access for the chicken industry workforce in Wisconsin.

Should you have any questions please contact me directly.

Thank you.

Harrison Kircher | Vice President, Government Affairs
NATIONAL CHICKEN COUNCIL
1152 Fifteenth Street, NW Suite 430 | Washington, DC 20005
D: 202-443-4124 | C: 202-870-3598
www.nationalchickencouncil.org | www.ChickenCheck.In
[Chicken's Sustainability Story](#)



1152 FIFTEENTH STREET NW, SUITE 430
WASHINGTON, DC 20005
PHONE: 202-296-2622

December 8, 2020

Executive Residence
99 Cambridge Rd.
Madison, WI 53704

Dear Governor Evers:

During the ongoing COVID-19 pandemic, the chicken industry has worked tirelessly to ensure minimal disruptions in the nation's food supply chain and to make sure all Americans have access to safe, affordable, and nutritious food. To promote the continued safety of our employees, the industry quickly implemented practices to mitigate the risk of transmission between individuals in the workplace, provided employees with personal protective equipment (PPE) and health screenings, enhanced sanitation procedures, and implemented many other measures to help keep our employees safe while they were working to ensure that meat cases were stocked with chicken. Most of these changes were implemented prior to the issuance of the Interim Guidance for Meat and Poultry Processing Workers and Employers developed by the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). The framework in the Interim Guidance has been implemented across the chicken industry to promote a safe and healthy work environment for our critical infrastructure workers during the pandemic and the industry continues to adopt new safety measures as they become available. The chicken industry has advocated for priority access to PPE, sanitation supplies, testing kits, and vaccines to protect our workers.

Employees of the chicken industry have been designated as "essential" by the Administration during the COVID-19 state of emergency. According to the Administration's Coronavirus Guidelines for America, "If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule." We have seen our employees step up to the challenge ensuring minimal disruption in the nation's food supply.

A vaccine is the next tool in the toolbox for us to add to the many safety measures in place. As such, we ask that our essential workers be given the next highest priority for receiving the vaccine behind our nation's healthcare workers, first responders, and high-risk individuals. Prioritizing vaccinations for our workers will not only be important to help keep workers safe and healthy but will aid in keeping our food supply chain operating with minimal disruptions. While we wait for approval from the Food and Drug Administration (FDA), we want to reemphasize the importance of priority access to a vaccine for those who work in food and agriculture – particularly those who have been working tirelessly in the chicken industry.

Our industry remains committed to not only protecting our employees but also ensuring that the food supply continues to function with minimal disruption. Vaccine access will be an important step in maintaining continuity of operations into 2021. We commend everyone who has demonstrated extreme dedication during the COVID-19 pandemic and want to thank those who have diligently worked

to ensure that our nation continues to have a safe, affordable, and abundant food supply. We ask for your continued support as we work collectively to overcome the pandemic.

Thank you,

A handwritten signature in blue ink, appearing to read "Mike Brown", is centered on a light blue rectangular background.

Mike Brown
President, National Chicken Council

cc: Andrea Palm, Secretary, Wisconsin Department of Health Services
Randy Romanski, Secretary-Designee, Wisconsin Department of Agriculture, Trade and Consumer Protection

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fwd: APTA Letter on COVID-19 Vaccine Distribution to Public Transportation Workers
Date: Tuesday, December 8, 2020 3:38:11 PM
Attachments: APTA LTR To Governor Evers (WI) on Vaccine Distribution (12.08.2020).pdf

Sent from my iPhone

Begin forwarded message:

From: TaNeesha Johnson <TJohnson@apta.com>
Date: December 8, 2020 at 3:26:59 PM CST
To: "Gau, Maggie M - GOV" <maggie.gau@wisconsin.gov>
Subject: **APTA Letter on COVID-19 Vaccine Distribution to Public Transportation Workers**

Hello,

Attached is the American Public Transportation Association's (APTA) letter on the urgency to designate public transportation workers as essential employees in your state's public health plan and give them high priority in your COVID-19 vaccine distribution efforts.

If you have any questions, please contact APTA's Senior Director Security, Risk & Emergency Management, Ms. Polly Hanson, at phanson@apta.com or (202) 496-4895.

Best,

TaNeesha Johnson
APTA

TaNeesha Johnson
Government Affairs Department
American Public Transportation Association (APTA)
1300 I Street, NW
Suite 1200 East
Washington, DC 20005
(o) 202.496.4892
tjohnson@apta.com
www.apta.com

December 8, 2020

The Honorable Tony Evers
115 East State Capitol
Madison, WI 53707

Dear Governor Evers,

On behalf of the American Public Transportation Association (APTA), our 1,500 member organizations and the tens of millions of public transportation riders, I want to thank you for your extraordinary efforts to help contain the spread of COVID-19 and keep residents healthy and safe.

We are heartened by the progress on the development and deployment of the COVID-19 vaccine. **We urge you to designate public transportation workers as essential employees in your state's public health plan and give them high priority in your vaccine distribution efforts.**

Since the early days of the pandemic, public transportation has played a critical role in transporting essential frontline workers to their jobs in health care, education, utilities and retail for food and critical supplies. Our public transit employees have been heroes moving heroes. Public transit service will be even more critical to the recovery of local, state and national economies.

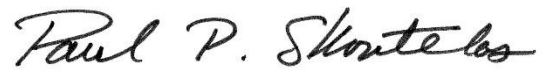
At the national level, we are pleased that the Advisory Committee on Immunization Practices, which is advising the Centers for Disease Control, proposed that essential workers (including transportation workers) be included in the second priority group after health care workers.

In addition, public transit workers providing critical transit services and performing critical or routine maintenance have been designated by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (DHS/CISA) as Essential Critical Infrastructure Workers. Their performance of critical functions places them at higher risk of exposure to COVID-19 infection.

We want you to know that our industry stands ready to help in any way to facilitate the vaccine distribution, such as getting residents, including people with disabilities, to vaccination sites.

Thank you for your attention and consideration of this urgent matter. If you have any questions, please contact APTA's Senior Director Security, Risk & Emergency Management, Ms. Polly Hanson, at phanson@apta.com or (202) 496-4895.

Sincerely,

A handwritten signature in black ink that reads "Paul P. Skoutelas". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Paul P. Skoutelas
President and CEO

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fw: On Behalf of the SEIU Local 1 members in Wisconsin
Date: Tuesday, December 8, 2020 12:17:14 PM
Attachments: 2020_Gov. Evers Letter.pdf

From: Charles Onwuche <onwuchec@seiu1.org>
Sent: Tuesday, December 8, 2020 12:01 PM
To: Gau, Maggie M - GOV <maggie.gau@wisconsin.gov>
Cc: Mario Lopez <lopezm@seiu1.org>
Subject: On Behalf of the SEIU Local 1 members in Wisconsin

Maggie Gau,

First, I hope all is well with you and your family and extend the same to Governor Ever and his family.

Attached to this email is a letter on behalf of our members who work and live in Wisconsin. Please take a moment to read this letter and present this letter to Governor Evers.

We look forward to hearing from Governor Ever and scheduling a time to discuss this letter in further detail.

Looking forward to your response.

--
Warm Regards,

Charles Onwuche
States Director
SEIU Local 1
202.595.4706



December 7, 2020

The Hon. Tony Evers
Wisconsin State Capitol,
115 East State Capitol
Madison, WI 53707

THOMAS BALANOFF
President

GENIE KASTRUP
Executive Vice President

EFRAIN ELIAS
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- Vince Pesha
- Urszula Przybys
- May Santiago
- Yanela Sims

LONNELL SAFFOLD
Recording Secretary

**SERVICE EMPLOYEES
INTERNATIONAL
UNION, CLC**

Dear Governor Evers,

SEIU Local 1 represents nearly 50,000 janitors, security officers, residential engineers, airport workers and more across the Midwest including hundreds working across the Milwaukee metro region.

Local 1 members are still heading into work while many stay safe at home, putting their own health on the line to keep the rest of Milwaukee safe and healthy. After their shifts are over, a majority of Local 1 members head back to Black and brown neighborhoods hit disproportionately hard by COVID-19.

Longtime janitors, security officers and more are indispensable to communities across the state and are key to any safe and effective reopening plan. Local 1 members clean more than 13 million square feet, and secure over 7 million square feet for some of the major private and public sectors like FiServ Forum, US Bank, the Milwaukee County Courthouse and other key commercial office spaces in the region. In order to successfully put our region on the path to recovery, the janitors, security officers and other essential workers who keep the public safe must feel safe on the job as well.

Local 1 urges the State of Wisconsin to prioritize dedicated janitors, security officers and other essential workers to receive the COVID-19 vaccine as they have continued to work on the front lines of this pandemic. Doing so will help our region recover safely while protecting the communities and families suffering the most during this crisis.

Sincerely,

Charles Onwuche,
States Director,
SEIU Local 1

250 E. Wisconsin Avenue
Suite 1817
Milwaukee, WI 53202

Member Resource Center
877.233.8880
Fax: 312.233.8849

From: [Josh Massey](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee
Date: Tuesday, December 8, 2020 11:01:12 AM

Hello, I am reaching out to address transportation for vaccinations.

Are there plans for vaccine distribution to the public, similar to the testing processes? (especially for those who don't have insurance / a primary care doctor or cannot take public transit due to vulnerabilities or living in rural areas)

I'd like to be involved in these discussions moving forward and help in any way needed. We've been transporting people to CV-19 drive-through testing with Public Health and have statewide reach in Wisconsin.

Best,
Josh

Josh Massey
Founder, CEO
608-628-5836



From: cindyv@aol.com
To: [DHS SDMAC](#)
Subject: Covid vaccine plan
Date: Tuesday, December 8, 2020 10:47:10 AM

Greetings:

I am most interested in what is being planned for the distribution and actual vaccination of Wisconsin's population. In talking to a friend last night, I mentioned that while I read a lot of newspapers and social media stuff, I have heard basically nothing about how the State of Wisconsin is proceeding on the vaccination of our population.

When can we expect to get the first shipment of the vaccine?

Who will be the first to get it?

First responders?

Healthcare professionals?

Assisted Living residents and staff?

How will we be notified with regards to the vaccine or vaccinations?

Will there be a registration process?

Will I need something from my doctor, medical records, or other proof of health issues?

Where will we go for our vaccination?

Pharmacies such as CVS or Walgreen's?

Local hospitals?

Doctor's office?

How are you getting the word out about this?

Local news?

Social media (Facebook, Twitter, Instagram)

Organizations such as the Milwaukee County Dept. on Aging)

Public Service Announcements?

I feel very frustrated by the seeming lack of information on the vaccination process. And I think that it might be due to the fact that there isn't much of a national plan on this. Any information you have, even if it's not complete would be better than the nothing-burger we're getting now.

Sincerely,

Cindy Van Vreede
Milwaukee, WI

From: [Jordan K. Lamb](#)
To: [DHS SDMAC](#)
Subject: BioForward - COVID-19 Vaccine Prioritization
Date: Tuesday, December 8, 2020 10:28:11 AM
Attachments: image002.png
image003.png
image004.png
BioForward Ltr SDMAC Vaccine Committee - COVID Distribution - Dec 2020.pdf

Good morning, Ms. McCamy. Attached please find a communication from BioForward regarding the State's forthcoming distribution prioritization for COVID-19 vaccine.

If you have any questions about this communication, please contact me.

Kind regards,
Jordan Lamb

cc. Lisa Johnson, CEO, BioForward

Jordan K. Lamb

Attorney / Partner

Ph: 608.252.9358

Cell: 608.576.5447

F: 608.252.9243

jkl@dewittllp.com

2 East Mifflin Street, Suite 600

Madison, Wisconsin 53703

<https://dewittllp.com>

DeWitt Law Firm



www.dewittllp.com

December 8, 2020

VIA EMAIL ONLY

State Disaster Medical Advisory Committee

Vaccine Subcommittee

Attn: Martha McCamy

DHSSDMAC@dhs.wisconsin.gov

Dear SDMAC Vaccine Subcommittee Members:

BioForward represents Wisconsin's biohealth, medical device and biotechnology companies. We have many member companies in Wisconsin who develop and provide instrumentation, reagents and chemicals and related products and services used to conduct life science research, drug discovery and testing and clinical and molecular diagnostics. Our industry's products are critical for the decisions being made to diagnose, treat and vaccinate against COVID-19.

Both the CDC's Advisory Committee on Immunization Practices (ACIP) and the National Academies of Science, Engineering, and Medicine (NASEM) recommended specific groups of essential workers for early vaccination against COVID-19. Within the phased framework set forth by the ACIP, states will have the authority to determine which individuals will receive the first available doses of an approved vaccine and we understand that you are working on developing that priority for the State of Wisconsin.

Without question, the first priority (Phase 1a) should be our front-line health care workers. We also support ACIP's Phase 1 prioritization of emergency first responders, food and agriculture industry workers, and individuals at high risk of serious illness and morbidity.

We respectfully request that critical industry workers, such as those in the biopharmaceutical and agricultural biotechnology sectors, also be prioritized as part of the early wave of vaccinations. We urge you to use the Department of Homeland Security (DHS) Essential Critical Infrastructure Workers definition for the "essential workers" category to identify Phase 1b priorities. Specifically, this guidance cites "workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases" as well as biotechnology company manufacturing workers as critical healthcare infrastructure workers. We believe that certain biotechnology employees, including those in research, testing and manufacturing, as well as workers contributing to the manufacturing of personal protective equipment (PPE) and sanitizers are critical to enabling the safe health care and safe vaccination administration during the pandemic.

Thank you for considering this request.

Sincerely,

Lisa Johnson, CEO, BioForward – (608) 445-2405

cc. Jordan Lamb, Legislative Counsel, BioForward – (608) 576-5447

From: [Olson, Lisa A - DHS](#)
To: [DHS SDMAC](#)
Subject: FW: HDA Letter on Vaccine Prioritization
Date: Monday, December 7, 2020 9:08:40 PM
Attachments: image816343.png
HDA_VaccinePrioritization_Wisconsin.pdf

Prioritization request

From: Kozyckyj, Roxolana <rkozyckyj@hda.org>
Sent: Monday, December 7, 2020 2:30 PM
To: Gau, Maggie M - GOV <maggie.gau@wisconsin.gov>
Cc: DiLoreto, Matthew <mdiloreto@hda.org>
Subject: HDA Letter on Vaccine Prioritization

Dear Ms. Gau,

On behalf of the Healthcare Distribution Alliance (HDA) and our wholesale distribution members, we offer this letter to express the industry's commitment to supporting the nation's healthcare supply chain, the patients it serves, and the nation's pandemic response efforts. Given the critical role HDA members play in distributing essential medicines and medical counter measures, we request that healthcare distributor employees remain recognized as critical infrastructure as Wisconsin moves forward with prioritizing access to COVID vaccine administration efforts.

As always, HDA is proud to be a resource for the administration. We thank you for your time and review and please let us know if you have any questions or need further information.

Sincerely,

Roxy Kozyckyj

Roxolana Kozyckyj

Director, State Government Affairs

Direct: [\(703\) 885-0229](tel:7038850229)

Mobile: [\(312\) 550-4366](tel:3125504366)



[Healthcare Distribution Alliance](#)

PATIENTS MOVE US.

December 7, 2020

The Honorable Anthony Evers
Governor of Wisconsin
State Capitol
115 East State Capitol
Madison, WI 53702

RE: Healthcare Distributors Essential Infrastructure Employee Access to COVID Vaccine

Dear Governor Evers:

On behalf of the Healthcare Distribution Alliance (HDA) and our wholesale distribution members, we offer this letter to express the industry's commitment to supporting the nation's healthcare supply chain, the patients it serves, and the nation's pandemic response efforts. As the pandemic enters another extremely challenging cycle, it is essential for the nation's healthcare systems to remain fully operational and well supplied. Given the critical role HDA members play in distributing essential medicines and medical counter measures, we request that healthcare distributor employees remain recognized as critical infrastructure as the state moves forward with prioritizing access to COVID vaccine administration efforts.

Since the beginning of Covid-19 response efforts, the U.S. Cybersecurity & Infrastructure Security Agency (CISA) and Governors across the country classified healthcare distributors as essential businesses that were permitted to operate throughout local and state stay-at-home orders. Furthermore, the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccines Work Group's plan for phased allocation of the vaccine includes essential workers in Phase 1 prioritization planning. As your state moves forward with planning and determinations for priority populations receiving the vaccines, we respectfully urge you to include healthcare distribution employees in the initial phases of vaccination. It is critical that these hard-working men and women remain healthy to ensure the nation's front line healthcare workers and patients they are serving receive vaccines and therapeutics as quickly and securely as possible.

HDA represents 35 of the nation's wholesale healthcare distributors who serve as the critical logistics providers within the United States healthcare supply chain. HDA members work around-the-clock to safely and securely ship approximately 15 million pharmaceuticals and healthcare related products daily, which will include the coronavirus vaccines and therapeutics, to pharmacies, hospitals, and other healthcare providers nationwide. Over 92 percent of all medications shipped in the United States arrive at their dispensing location from a wholesale distributor.

HDA and its members are committed to supporting our supply chain partners as well as federal and state authorities to do everything possible to ensure continuous operations during the response effort. Thank you for your leadership during this challenging period.

Please let us know if we can answer any questions or provide any additional information. Please contact me directly by email at mdiloreto@hda.org or by phone at 717-319-1654.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew J. DiLoreto', written in a cursive style.

Matthew J. DiLoreto
Vice President, State Government Affairs

CC: U.S. Department of Health and Human Services (HHS)
Cybersecurity and Infrastructure Security Administration (CISA)
National Governors Association (NGA)
National Association of County Health Officials (NACCHO)
Association of Immunization Managers (AIM)

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fwd: Letter to Governor Evers on Wisconsin's Microplan for Vaccine Distribution - Critical Infrastructure
Date: Monday, December 7, 2020 5:40:31 PM
Attachments: WisconsinVaccinationMicroplan_GovernorEvers.pdf

Sent from my iPhone

Begin forwarded message:

From: Kelly McDowell <kellymcdowell@gmail.com>
Date: December 7, 2020 at 4:29:36 PM CST
To: "Gau, Maggie M - GOV" <maggie.gau@wisconsin.gov>
Subject: Letter to Governor Evers on Wisconsin's Microplan for Vaccine Distribution - Critical Infrastructure

Dear Maggie,

The attached letter regarding Wisconsin's microplan for vaccine distribution is being sent on behalf of workers at the farm production level, in the food and beverage processing industries and grocery and retail level. We respectfully ask Governor Evers to designate that these *essential critical infrastructure workers* be eligible to receive vaccines behind medical workers, first responders and those populations most vulnerable to the disease per the recommendations of the National Academy of Sciences and the CDC's Advisory Committee on Immunization Practices.

We thank Governor Evers for his outstanding leadership in managing this public health crisis! Please let me know if you have any questions or would like more information. Thank you!

Best,

Kelly

KELLY McDOWELL, EXECUTIVE SECRETARY

WISCONSIN BEVERAGE ASSOCIATION

25 W. Main Street, 5th Floor, Suite 44

Madison, WI 53703

(608) 852-7555

December 4, 2020

The Honorable Tony Evers
Governor, State of Wisconsin
P.O. Box 7863
Madison, WI 53707

Dear Governor Evers,

On behalf of the tens of thousands of people who work in Wisconsin's food and beverage, production agriculture, agricultural supply chain, and retail supply chain, we write to urge you to preserve the "critical infrastructure" designation adopted by the Department of Homeland Security as you develop Wisconsin's microplan for vaccine distribution.

As you know, our frontline workers helped keep the skeletal economy afloat in the earliest days of the pandemic. Our farmers and agricultural workers, and food and beverage production employees ensured that Wisconsinites had access to motor vehicle fuel and plentiful supplies in grocery stores and other retail outlets. These brave men and women have continued to work throughout the duration of the pandemic.

Our industries have taken necessary steps to ensure our workers are safe, including use of PPE, temperature checks, hand washing and social distancing. We've also stepped up to help the vulnerable in our communities. Many of the organizations listed here have supported efforts to aid those most impacted by the virus, including donations to food banks and other charitable organizations. We have also established strong working relationships with governmental organizations that have coordinated the national, state and local response to the pandemic, and look forward to continuing that work in the months to come.

It is imperative that workers at the farm production level, in the food and beverage processing industries and grocery and retail level continue to operate as part of critical infrastructure to ensure a safe and readily available food and beverage supply. We cannot afford food or beverage shortages – or the perception of such – as we head into the winter months.

The National Academy of Sciences four-phase plan (*Framework for Equitable Allocation of COVID-19 Vaccine*) recommends employees in these sectors be eligible to receive vaccines in Phase 2 behind medical workers, first responders and those populations most vulnerable to the disease. The details within the Academy report refer back to the Department of Homeland Security's categorization of "essential critical infrastructure workers" established in the first weeks of the pandemic, and describes food and beverage production, food store workers and truck drivers as among those so designated. Also, this week, the members of the CDC's Advisory Committee on Immunization Practices recommended the first phase of vaccination begin with about 21 million health care workers and about 3 million adults who live in long-term care facilities, followed in their Phase 1b by "essential workers".

We must ensure that our food and beverage supply chain operates uninterrupted. You can achieve this by prioritizing these sectors' workers for vaccination. Thank you for all you and your Administration has done to assist the food and beverage industries, the agriculture industry, the food insecure, and our network of feeding programs. We look forward to working with you to assure that vaccines are distributed in a timely and coordinated way.

Sincerely,



AgCountry Farm Credit Services . Compeer Financial . Cooperative Network . Dairy Business Association . GreenStone Financial Services . Midwest Food Products Association . Syngenta Crop Protection LLC . Venture Dairy Cooperative . Wisconsin Beverage Association . Wisconsin Cattlemen’s Association . Wisconsin Cheese Makers Association . Wisconsin Dairy Alliance . Wisconsin Farm Bureau Federation . Wisconsin Grocers Association . WI Petroleum Marketers & Convenience Store Association . Wisconsin Pork Association . Wisconsin Potato & Vegetable Growers Association . Wisconsin Restaurant Association . Wisconsin Soybean Association . Wisconsin State Cranberry Growers Association

cc: Andrea Palm, Secretary Designee, WI Dept. of Health Services (via Andrea.palm@dhs.wisconsin.gov)
State Disaster Medical Advisory Committee (via Kathleen.caron@dhs.wisconsin.gov)

From: [Bill Esbeck](#)
To: [DHS SDMAC](#)
Cc: [Esbeck, Bill - WSTA](#); [Nachreiner, Chris - WSTA](#)
Subject: WSTA Question re. COVID-19 Vaccine Distribution for Critical Infrastructure workers
Date: Monday, December 7, 2020 2:13:28 PM

The Centers for Disease Control recommended workers in “critical and essential industries” be prioritized among the earlier groups to receive vaccines when they become available.

Groups considered for early vaccination if supply is limited from the CDC Advisory Committee on Immunization Practices (ACIP):

- Healthcare personnel
- Workers in essential and critical industries
- People at high risk for severe COVID-19 illness due to underlying medical conditions
- People 65 years and older

In addition, [DHS/CISA previously identified](#) certain communications sector employees as “critical infrastructure” workers – the list of specific positions in the telecom space considered “critical infrastructure” can be found on pages 17-19.

As a result of the above information, many employees of Wisconsin State Telecommunications Association member companies may qualify for early vaccine distribution.

Please let me know what I need to do at this point to secure vaccines for WSTA member company employees.

Please let me know if you have any questions.

Thank you,

Bill

William C. Esbeck
Executive Director
Wisconsin State Telecommunications Association
122 West Washington Avenue, Suite 1050
Madison, WI 53703

O - 608.729.2451

C - 608.469.7171

www.wsta.info

[Visit the WSTA Facebook page](#)

[Follow WSTA on Twitter](#)



August 18, 2020

**ADVISORY MEMORANDUM ON ENSURING ESSENTIAL CRITICAL
INFRASTRUCTURE WORKERS ABILITY TO WORK DURING THE COVID-19
RESPONSE**

FROM: Christopher C. Krebs
Director
Cybersecurity and Infrastructure Security Agency (CISA)

As the Nation continues to come together to respond to COVID-19, the March 16th updated Coronavirus Guidance for America that highlighted the significance of the critical infrastructure workforce remains important.

The Cybersecurity and Infrastructure Security Agency (CISA) executes the Secretary of Homeland Security's authorities to secure critical infrastructure. Consistent with these authorities, CISA has developed, in collaboration with other federal agencies, State and local governments, and the private sector, an "Essential Critical Infrastructure Workforce" advisory list.

This list is intended to help State, local, tribal, territorial officials and organizations endeavor to protect their workers and communities as they continue to reopen in a phased approach, coupled with the need to ensure continuity of functions critical to public health and safety, as well as economic and national security. Decisions informed by this list should also take into consideration worker safety, workplace settings, as well as additional public health considerations based on the specific COVID-19-related concerns of particular jurisdictions.

This list is advisory in nature. It is not, nor should it be considered, a federal directive or standard. Additionally, this advisory list is not intended to be the exclusive list of critical infrastructure sectors, workers, and functions that should continue to work safely during the COVID-19 response across all jurisdictions.

The advisory list identifies workers who conduct a range of operations and services that are typically essential to continued critical infrastructure viability, including staffing operations centers, maintaining and repairing critical infrastructure, operating call centers, working construction, and performing operational functions, among others. It also includes workers who support crucial supply chains and enable functions for critical infrastructure. The industries they support represent, but are not limited to, medical and healthcare, telecommunications, information technology systems, defense, food and agriculture, transportation and logistics, energy, water and wastewater, and law enforcement.

The earlier versions of the list were meant to assist officials and organizations identify essential work functions and to allow essential workers access to their workplaces during times of community restrictions. Now, several months into the pandemic, it is commonly acknowledged that essential workers have access to their workplaces. The list can now be most useful in identifying the universe of essential workers that may require specialized risk management strategies to ensure that they can work safely. Furthermore, the list can be used to begin planning and preparing for the allocation of scarce resources used to protect essential workers against COVID-19.

State, local, tribal, and territorial governments are responsible for implementing and executing response activities in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in issuing implementation re-opening directives and guidance. Similarly, while adhering to relevant public health guidance, critical infrastructure owners and operators are expected to use their own judgement on issues of the prioritization of business processes and workforce allocation to best ensure worker safety and the continuity of the essential goods and services they support. All decisions should appropriately balance public safety, the health and safety of the workforce, and the continued delivery of essential critical infrastructure services and functions.

CISA will continue to work with our partners in the critical infrastructure community to update this advisory list, if necessary, as the Nation's response to COVID-19 evolves.

Should you have questions about this list, please contact CISA at CISA.CAT@CISA.DHS.GOV.

Attachment: "Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response Version 4.0"



Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response



DEFEND TODAY.
SECURE TOMORROW

Version 4.0 (August 18, 2020)

ENSURING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS HAVE THE ABILITY TO WORK SAFELY

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and security as well as community well-being. While stopping the spread of the virus and protecting the most vulnerable among us rightfully remain national priorities, a degradation of infrastructure operations and resilience only makes achieving those missions more difficult. Recognizing this, CISA published guidance identifying Essential Critical Infrastructure Workers at the outset of the COVID-19 pandemic. This guidance was adopted broadly across the country and was subsequently updated as the response evolved. This update, Version 4.0, continues to advance the guidance considering developments in pandemic response to support a risk-based approach towards worker safety to ensure the continuity of critical functions.

CISA appreciates the partnership with the critical infrastructure community in developing the guidance. The Nation's infrastructure resilience was undoubtedly enhanced by a common approach to, and prioritization of, essential critical infrastructure workers being able to work during periods of community restrictions. As with previous guidance, this list is advisory in nature. It is not, nor should it be considered, a federal directive or standard. Additionally, this advisory list is not intended to be the exclusive list of critical infrastructure sectors, workers, and functions that should continue during the COVID-19 response across all jurisdictions. Individual jurisdictions and critical infrastructure owners and operators should add or subtract essential workforce categories based on their own requirements and discretion.

Central to the value of the guidance in the early months of the pandemic was the discrete problem it was intended to support solutions for – enabling essential workers to work during community restrictions. While CISA continues to engage with stakeholders to identify workforce limitations that may impact infrastructure resilience, it is our assessment that, for the most part, essential workers are able to work – what is now most important is that essential workers are able to work in a safe environment.

Recognizing this, the Essential Critical Infrastructure Workers guidance can add the most value going forward by illuminating the universe of workers that require particularly thoughtful and deliberate risk management strategies so that they can continue to *work safely*.

CISA recognizes that states and localities across the country have undergone a phased re-opening of businesses, public lands, and other places of community and civic importance. Previous versions of the list did not include essential workers in critical infrastructure work settings, such as schools, that were presumed to be closed at the time of publication. Reflecting ongoing national discussions around reopening, this version includes these workers, in addition to other adjustments. As we enter the next stage in the pandemic response and schools and additional businesses reopen, CISA encourages jurisdictions and critical infrastructure owners to use the list to assist in prioritizing the ability of essential workers to work safely to ensure ongoing infrastructure operations and resilience.

Doing so will require looking at the universe of workers on the Essential Critical Infrastructure Workforce list and identifying tailored risk mitigation strategies for specific workplace settings. These could include:

Creating a Risk Categorization Methodology for Worker Safety. We recommend that organizations continue to categorize their employees against a risk factor matrix so that mitigation strategies can be implemented to enhance safety. The risk categorization factors that should be considered include:

Setting: Are workers indoors or outdoors?

Proximity: How physically close are workers (and customers) to each other?

Type of contact: Do workers touch shared surfaces, common items, and other workers or customers?

Duration: How long does an average interaction last?

Number of different contacts: How many interactions occur daily?

Employee risk factors: Which workers face heightened risk due to their age or underlying medical conditions?

Capability to assess possible infection: Are there screening protocols that protect workers (and customers) from interactions with contagious people?

Cleaning: How frequently can the facility be sanitized and cleaned?

Based on the responses to these risks, organizations can categorize the conditions that their workers face and continue to implement measures to increase worker well-being. In other words, increased protective measures should be based on those with high risk factors. Risk categorization guidance assistance can be found at [OSHA](#).

Identifying those workers that can potentially transition to working from home based on the lessons learned over the past few months from the unprecedented number of teleworkers. We encourage employers to take a fresh look at the job functions of their workforce to determine if it is necessary for workers to be in the office given the technology breakthroughs that have eased some of the roadblocks to working remotely.

Determining the criticality, uniqueness, or specialty of a worker's role to reduce the need to be at the workplace or working together in close proximity. There are some functions that are either so essential to supporting the national critical functions and other lifeline support, such as first responders or utility workers, or that are unique or require a special skill set, that these workers must often be at the same workplace or together out in the field. We recommend that organizations re-examine whether these job functions can be conducted from home and if not, if shift work or remaining with a cohort can be conducted to allow for more social distancing.

Determining the allocation of scarce resources for workers, such as personal protective equipment (PPE), other protection, access to medical evaluation, testing, and vaccines. We recommend that jurisdictions and organizations use the essential critical infrastructure worker list as a tool to begin engaging with the essential worker community in the planning for the allocation of potential scarce resources should COVID-19 cases continue to increase or enter a second wave. Planning is critical to ensuring that workers are able to continue performing essential tasks supporting critical infrastructure. Furthermore, it will be critical that workers who perform essential tasks and/or have consistent interactions with at-risk populations (e.g., the elderly or those with pre-existing conditions) obtain the necessary resources to reduce the transmission of the virus.

In addition to the aforementioned characteristics of the worker and workplace, there may be local factors that influence COVID-19 risk mitigation plans including, infection rate and trends, the availability and timeliness of testing, the criticality of the business and worker to the local or state economy, and the need to prepare and respond to other localized events such as hurricanes, wildfires, or tornadoes.

The following links can provide additional guidance on health, workplace, and worker safety issues related to the pandemic:

CDC Safety Practices for Critical Infrastructure Workers: [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#)

OSHA/HHS Workplace Guidance: [Guidance for Preparing Workplaces for COVID-19](#)

CISA Telework Guidance: [Telework Guidance and Resources](#)

CISA General Guidance: [CISA Information & Updates on COVID-19](#)

CISA will continually solicit and accept feedback on the list and will evolve the list in response to stakeholder feedback. We will also use our various stakeholder engagement mechanisms to work with partners on how they are using this list and share those lessons learned and best practices broadly. Feedback can be sent to CISA.CAT@CISA.DHS.GOV.

CONSIDERATIONS FOR GOVERNMENT AND BUSINESS

This list was developed in consultation with federal agency partners, industry experts, and State and local officials, and is based on several key principles:

1. Response efforts to the COVID-19 pandemic are locally executed, state managed, and federally supported.
2. Critical infrastructure workers and employers should follow Businesses and Workplace guidance from the Centers for Disease Control and Prevention (CDC), as well as state and local government officials, regarding strategies to limit disease spread.
3. Employers must comply with applicable Occupational Safety and Health Administration (OSHA) requirements and guidance for protecting critical infrastructure workers who remain on or return to the job during the COVID-19 pandemic. As the nation relies on these workers to protect public health, safety, and community well-being, they must be protected from exposure to and infection from the virus so that they can continue to carry out their responsibilities. OSHA has guidance and enforcement information for workplaces at www.osha.gov/coronavirus.
4. Businesses and government agencies may continue to implement organization-specific measures as appropriate and consistent with applicable Federal, state, local, or other requirements, which protect the workforce while meeting mission needs.
5. Workers should be encouraged to work remotely when possible and, organizations are encouraged to identify alternative methods for safely engaging in activities that typically required in-person, non-mandatory interactions.
6. When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not limited to, physically separating staff, staggering work shift hours or days, and other social distancing measures. While the CDC recommends that everyone wear a mask to contain respiratory droplets when around others, critical infrastructure employers must consider how best to implement this public health recommendation for source control in the workplace. For example, employers may provide disposable facemasks (e.g., surgical masks) instead of cloth face coverings when workers would need to wear masks for extended periods of time (e.g., the duration of a work shift) or while performing tasks in which the face covering could become contaminated.
7. Consider the impact of workplace sick leave policies that may contribute to an employee decision to delay reporting medical symptoms. Sick employees should not return to the workplace until they meet the criteria to stop home isolation. CDC has the following guidance on when it is safe to stop home isolation at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>.
8. Critical infrastructure employers have an obligation to limit to the extent possible the reintegration of in-person workers who have experienced an exposure to COVID-19 but remain asymptomatic in ways that best protect the health of the worker, their co-workers, and the general public. An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not experienced an exposure. CDC guidance on safety practices for critical infrastructure workers is maintained at <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>.
9. All organizations should implement their business continuity and pandemic plans or put plans in place if they do not exist. Delaying implementation is not advised and puts at risk the viability of the business and the health and safety of workers. The CDC and OSHA have guidance for workplaces and businesses to assist them plan, prepare, and respond to the pandemic at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html> and <https://www.osha.gov/SLTC/covid-19>.
10. Ensure that certain workers have consistent access to specific sites, facilities, and assets to ensure continuity of functions. Most of our economy relies on technology and therefore information technology (IT) and operational technology (OT) workers for critical infrastructure operations are essential. This includes workers in many roles, including workers focusing on management systems, control systems, and Supervisory Control and Data Acquisition (SCADA) systems, and data centers; cybersecurity engineering; and cybersecurity risk management.

11. Government workers, such as emergency managers, and the business community need to establish and maintain the practice of openly communicating with one another on such issues as workforce needs and safety as well as the continuity of critical functions.
12. Ensure that essential critical infrastructure workers have continued and unimpeded access to sites, facilities, and equipment within quarantine zones, containment areas, areas under curfew restrictions, or other areas where access or movement is limited, in order to perform functions for community relief and stability; for public safety, security and health; for maintaining essential supply chains for maintaining critical information technology services, and preserving local, regional, and national economic well-being.
13. Whenever possible, local governments should consider adopting specific provisions of state orders or guidance on sustained access and mobility of essential workers to reduce potential complications of workers crossing jurisdictional boundaries to perform critical functions, including during times of quarantine. When this is not possible, local jurisdictions should consider aligning access and movement control policies with neighboring jurisdictions to reduce the burden of cross-jurisdictional movement of essential critical infrastructure workers.

IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.



HEALTHCARE / PUBLIC HEALTH

- Workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases.
- Healthcare providers including, but not limited to, physicians (MD/DO/DPM); dentists; psychologists; mid-level practitioners; nurses; emergency medical services personnel, assistants and aids; infection control and quality assurance personnel; phlebotomists; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists.
- Workers required for effective clinical, command, infrastructure, support service, administrative, security, and intelligence operations across the direct patient care and full healthcare and public health spectrum. Personnel examples may include, but are not limited, to accounting, administrative, admitting and discharge, engineering, accrediting, certification, licensing, credentialing, epidemiological, source plasma and blood donation, food service, environmental services, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, etc.
 - Emergency medical services workers including clinical interns.
 - Prehospital workers included but not limited to urgent care workers.
 - Inpatient & hospital workers (e.g. hospitals, critical access hospitals, long-term acute care hospitals, long-term care facilities including skilled nursing facilities, inpatient hospice, ambulatory surgical centers, etc.).
 - Outpatient care workers (e.g. end-stage-renal disease practitioners and staff, Federally Qualified Health Centers, Rural Health Clinics, community mental health clinics, organ transplant/procurement centers, and other ambulatory care settings/providers, comprehensive outpatient rehabilitation facilities, etc.).
 - Home care workers (e.g. home health care, at-home hospice, home dialysis, home infusion, etc.).
 - Workers at Long-term care facilities, residential and community-based providers (e.g. Programs of All-Inclusive Care for the Elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Psychiatric Residential Treatment Facilities, Religious Nonmedical Health Care Institutions, etc.).
 - Workplace safety workers (i.e., workers who anticipate, recognize, evaluate, and control workplace conditions that may cause workers' illness or injury).

- Workers needed to support transportation to and from healthcare facility and provider appointments.
- Workers needed to provide laundry services, food services, reprocessing of medical equipment, and waste management.
- Workers that manage health plans, billing, and health information and who cannot work remotely.
- Workers performing cybersecurity functions at healthcare and public health facilities and who cannot work remotely.
- Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely.
- Vendors and suppliers (e.g. imaging, pharmacy, oxygen services, durable medical equipment, etc.).
- Workers at manufacturers (including biotechnology companies and those companies that have shifted production to medical supplies), materials and parts suppliers, technicians, logistics and warehouse operators, printers, packagers, distributors of medical products and equipment (including third party logistics providers, and those who test and repair), personal protective equipment (PPE), isolation barriers, medical gases, pharmaceuticals (including materials used in radioactive drugs), dietary supplements, commercial health products, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies (including dispensers), sanitary goods, personal care products, pest control products, and tissue and paper towel products.
- Donors of blood, bone marrow, blood stem cell, or plasma, and the workers of the organizations that operate and manage related activities.
- Pharmacy staff, including workers necessary to maintain uninterrupted prescription, and other workers for pharmacy operations.
- Workers and materials (e.g., laboratory supplies) needed to conduct bloodspot and point of care (i.e., hearing and critical congenital heart disease) newborn screening as well as workers and materials need for confirmatory diagnostic testing and initiation of treatment.
- Home health workers (e.g., nursing, respiratory therapists, health aides) who enter the need to go into the homes of individuals with chronic, complex conditions and/or disabilities to deliver nursing and/or daily living care.
- Workers in retail facilities specializing in medical good and supplies.
- Public health and environmental health workers, such as:
 - Workers specializing in environmental health that focus on implementing environmental controls, sanitary and infection control interventions, healthcare facility safety and emergency preparedness planning, engineered work practices, and developing guidance and protocols for appropriate PPE to prevent COVID-19 disease transmission.
 - Public health/community health workers (including call center workers) who conduct community-based public health functions, conducting epidemiologic surveillance and compiling, analyzing, and communicating public health information, who cannot work remotely.
- Human services providers, especially for at risk populations such as:
 - Home delivered meal providers for older adults, people with disabilities, and others with chronic health conditions.
 - Home-maker services for frail, homebound, older adults.
 - Personal assistance services providers to support activities of daily living for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
 - Home health providers who deliver health care services for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
 - Workers who provide human services, including but not limited to social workers, nutritionists, case managers or case workers, crisis counselors, foster care case managers, adult protective services personnel, child protective personnel, domestic violence counselors, human trafficking prevention and recovery personnel, behavior specialists, substance abuse-related counselors, and peer support counselors.

- Government entities, and contractors that work in support of local, state, federal, tribal, and territorial public health and medical mission sets, including but not limited to supporting access to healthcare and associated payment functions, conducting public health functions, providing medical care, supporting emergency management, or other services necessary for supporting the COVID-19 response.
- Workers for providers and services supporting effective telehealth.
- Mortuary service providers, such as:
 - Workers performing mortuary funeral, cremation, burial, cemetery, and related services, including funeral homes, crematoriums, cemetery workers, and coffin makers.
 - Workers who coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental and behavioral health services to the family members, responders, and survivors of an incident.

LAW ENFORCEMENT, PUBLIC SAFETY, AND OTHER FIRST RESPONDERS

- Public, private, and voluntary personnel (front-line and management, civilian and sworn) in emergency management, law enforcement, fire and rescue services, emergency medical services (EMS), and security, public and private hazardous material responders, air medical service providers (pilots and supporting technicians), corrections, and search and rescue personnel.
- Personnel involved in provisioning of access to emergency services, including the provisioning of real-time text, text-to-911, and dialing 911 via relay.
- Personnel that are involved in the emergency alert system (EAS) (broadcasters, satellite radio and television, cable, and wireline video) and wireless emergency alerts (WEA).
- Workers at Independent System Operators and Regional Transmission Organizations, and Network Operations staff, engineers and technicians to manage the network or operate facilities.
- Workers at emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, and 911 call centers.
- Fusion Center workers.
- Workers, including contracted vendors, who maintain, manufacture, or supply equipment and services supporting law enforcement, fire, EMS, and response operations (to include electronic security and life safety security personnel).
- Workers and contracted vendors who maintain and provide services and supplies to public safety facilities, including emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, fire and emergency medical services stations, police and law enforcement stations and facilities.
- Workers supporting the manufacturing, distribution, and maintenance of necessary safety equipment and uniforms for law enforcement and all public safety personnel.
- Workers supporting the operation of firearm, or ammunition product manufacturers, retailers, importers, distributors, and shooting ranges.
- Public agency workers responding to abuse and neglect of children, spouses, elders, and dependent adults.
- Workers who support weather disaster and natural hazard mitigation and prevention activities.
- Security staff to maintain building access control and physical security measures.
- Workers who support child care and protective service programs such as child protective service.

EDUCATION

- Workers who support the education of pre-school, K-12, college, university, career and technical education, and adult education students, including professors, teachers, teacher aides, special education and special needs teachers, ESOL teachers, para-educators, apprenticeship supervisors, and specialists.
- Workers who provide services necessary to support educators and students, including but not limited to, administrators, administrative staff, IT specialists, media specialists, librarians, guidance counselors, school psychologists and other mental health professions, school nurses and other health professionals, and school safety personnel.
- Workers who support the transportation and operational needs of schools, including bus drivers, crossing guards, cafeteria workers, cleaning and maintenance workers, bus depot and maintenance workers, and those that deliver food and supplies to school facilities.
- Workers who support the administration of school systems including, school superintendents and their management and operational staff.
- Educators and operational staff facilitating and supporting distance learning.

FOOD AND AGRICULTURE

- Workers enabling the sale of human food, animal food (includes pet food, animal feed, and raw materials and ingredients), pet supply, and beverage products at groceries, pharmacies, convenience stores, and other retail (including unattended and vending), including staff in retail customer support and information technology support necessary for on-line orders, pickup, and delivery.
- Restaurant and quick serve food operations, including dark kitchen and food prep centers, carry-out, and delivery food workers.
- Food manufacturer workers and their supplier workers including those employed at food ingredient production and processing facilities; aquaculture and seafood harvesting facilities; slaughter and processing facilities for livestock, poultry, and seafood; animal food manufacturing and processing facilities; human food facilities producing by-products for animal food; industrial facilities producing co-products for animal food; beverage production facilities; and the production of food packaging.
 - Farmers, farm and ranch workers, and agribusiness support services, including workers involved in auction and sales; in food operations, including animal food, grain and oilseed storage, handling, processing, and distribution; in ingredient production, packaging, and distribution; in manufacturing, packaging, and distribution of veterinary drugs and biologics (e.g., vaccines); and in distribution and transport.
- Farmers, farm and ranch workers, and support service and supplier workers producing food supplies and other agricultural inputs for domestic consumption and export, to include those engaged in raising, cultivating, phytosanitation, harvesting, packing, storing, or distributing to storage or to market or to a transportation mode to market any agricultural or horticultural commodity for human or animal consumption.
- Workers at fuel ethanol facilities, biodiesel and renewable diesel facilities, and storage facilities.
- Workers and firms supporting the distribution of all human and animal food and beverage and ingredients used in these products, including warehouse workers, vendor-managed inventory controllers, and blockchain managers.
- Workers supporting the sanitation and pest control of all human and animal food manufacturing processes and operations from wholesale to retail.
- Workers supporting greenhouses as well as the growth and distribution of plants and associated products for home gardens.
- Workers in cafeterias used to feed workers, particularly worker populations sheltered against COVID-19

and those designated as essential critical infrastructure workers.

- Workers in animal diagnostic and food testing laboratories.
- Government, private, and non-governmental organizations' workers essential for food assistance programs (including school lunch programs) and government payments.
- Workers of companies engaged in the production, storage, transport, and distribution of chemicals, drugs, biologics (e.g. vaccines), and other substances used by the human and agricultural food and agriculture industry, including seeds, pesticides, herbicides, fertilizers, minerals, enrichments, equipment, and other agricultural production aids.
- Animal agriculture workers to include those employed in veterinary health (including those involved in supporting emergency veterinary or livestock services); raising, caring for and management of animals for food, as well as pets; animal production operations; livestock markets; slaughter and packing plants, manufacturers, renderers, and associated regulatory and government workforce.
- Transportation workers supporting animal agricultural industries, including movement of animal medical and reproductive supplies and materials, animal biologics (e.g., vaccines), animal drugs, animal food ingredients, animal food and bedding, live animals, and deceased animals for disposal.
- Workers who support sawmills and the manufacture and distribution of fiber and forestry products, including, but not limited to timber, paper, and other wood and fiber products, as well as manufacture and distribution of products using agricultural commodities.
- Workers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for agricultural production and distribution.

ENERGY

- Workers supporting the energy sector, regardless of the energy source (including, but not limited to, nuclear, fossil, hydroelectric, or renewable), segment of the system, or infrastructure the worker is involved in, who are needed to construct, manufacture, repair, transport, permit, monitor, operate engineer, and maintain the reliability, safety, security, environmental health, and physical and cyber security of the energy system, including those who support construction, manufacturing, transportation, permitting, and logistics.
- Workers and contractors supporting energy facilities that provide steam, hot water or chilled water from central power plants to connected customers.
- Workers conducting energy/commodity trading/scheduling/marketing functions who can't perform their duties remotely.
- Workers supporting the energy sector through renewable energy infrastructure (including, but not limited to, wind, solar, biomass, hydrogen, ocean, geothermal, and hydroelectric) and microgrids, including those supporting construction, manufacturing, transportation, permitting, operation and maintenance, monitoring, and logistics.
- Workers and security staff involved in nuclear re-fueling operations.
- Workers providing services related to energy sector fuels including, but not limited to, petroleum (crude oil), natural gas, propane, liquefied natural gas (LNG), compressed natural gas (CNG), natural gas liquids (NGL), other liquid fuels, nuclear, and coal) and supporting the mining, processing, manufacturing, construction, logistics, transportation, permitting, operation, maintenance, security, waste disposal, storage, and monitoring of support for resources.
- Workers providing environmental remediation and monitoring, limited to immediate critical needs technicians.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service at energy sector facilities across all energy sector segments.

Electricity Industry

- Workers who maintain, ensure, restore, or who are involved in the development, transportation, fuel procurement, expansion, or operation of, the generation, transmission, and distribution of electric power, including call centers, utility workers, engineers, retail electricity, construction, maintenance, utility telecommunications, relaying, and fleet maintenance technicians who cannot perform their duties remotely.
- Workers at coal mines, production facilities, and those involved in manufacturing, transportation, permitting, operation, maintenance, and monitoring at coal sites.
- Workers who produce, process, ship, and handle coal used for power generation and manufacturing.
- Workers in the electricity industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics
- Workers needed for safe and secure operations at nuclear generation including, but not limited to, those critical to the broader nuclear supply chain, the manufacture and delivery of parts needed to maintain nuclear equipment, the operations of fuel manufacturers, and the production and processing of fuel components used in the manufacturing of fuel.

- Workers at fossil fuel (including but not limited to natural gas, refined, distillate, and/or coal), nuclear, and renewable energy infrastructure (including, but not limited to wind, solar, biomass, hydrogen, geothermal, and hydroelectric), and microgrids, including those supporting safety, construction, manufacturing, transportation, permitting, operation, maintenance, monitoring, and logistics.
- Workers at generation, transmission, and electric black start facilities.
- Workers at Reliability Coordinator, Balancing Authority, local distribution control centers, and primary and backup Control Centers, including, but not limited to, independent system operators, regional transmission organizations, and local distribution control centers.
- Workers that are mutual assistance/aid personnel, which may include workers from outside of the state or local jurisdiction.
- Vegetation management and traffic control for supporting those crews.
- Instrumentation, protection, and control technicians.
- Essential support personnel for electricity operations.
- Generator set support workers, such as diesel engineers used in power generation, including those providing fuel.

Petroleum Industry

- Workers who support onshore and offshore petroleum drilling operations; platform and drilling construction and maintenance; transportation (including helicopter operations), maritime transportation, supply, and dredging operations; maritime navigation; well stimulation, intervention, monitoring, automation and control, extraction, production; processing; waste disposal, and maintenance, construction, and operations.
- Workers in the petroleum industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Workers for crude oil, petroleum, and petroleum product storage and transportation, including pipeline, marine transport, terminals, rail transport, storage facilities, racks, and road transport for use as end- use fuels such as gasoline, diesel fuel, jet fuel, and heating fuels or feedstocks for chemical manufacturing.
- Petroleum and petroleum product security operations center workers and workers who support maintenance and emergency response services.
- Petroleum and petroleum product operations control rooms, centers, and refinery facilities.
- Retail fuel centers such as gas stations and truck stops, and the distribution systems that support them.
- Supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Manufacturing and distribution of equipment, supplies, and parts necessary for production, maintenance, restoration, and service of petroleum and petroleum product operations and use, including end-users.
- Transmission and distribution pipeline workers, including but not limited to pump stations and any other required, operations maintenance, construction, and support for petroleum products.

Natural Gas, Natural Gas Liquids (NGL), Propane, and Other Liquid Fuels

- Workers who support onshore and offshore drilling operations, platform and drilling construction and maintenance; transportation (including helicopter operations); maritime transportation, supply, and dredging operations; maritime navigation; natural gas and natural gas liquid production, processing, extraction, storage and transportation; well intervention, monitoring, automation and control; waste disposal, and maintenance, construction, and operations.
- Workers in the natural gas, NGL, propane, and other liquid fuels industries including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Transmission and distribution pipeline workers, including compressor stations and any other required operations maintenance, construction, and support for natural gas, natural gas liquid, propane, and other liquid fuels.
- Workers at Liquefied Natural Gas (LNG) and Compressed Natural Gas (CNG) facilities.
- Workers at natural gas, propane, natural gas liquids, liquified natural gas, liquid fuel storage facilities, underground facilities, and processing plants and other related facilities, including construction, maintenance, and support operations personnel.
- Natural gas processing plants workers and those who deal with natural gas liquids.
- Workers who staff natural gas, propane, natural gas liquids, and other liquid fuel security operations centers, operations dispatch and control rooms and centers, and emergency response and customer emergencies (including leak calls) operations.
- Workers supporting drilling, production, processing, refining, and transporting natural gas, propane, natural gas liquids, and other liquid fuels for use as end-use fuels, feedstocks for chemical manufacturing, or use in electricity generation.
- Workers supporting propane gas service maintenance and restoration, including call centers.
- Workers supporting propane, natural gas liquids, and other liquid fuel distribution centers.
- Workers supporting propane gas storage, transmission, and distribution centers.
- Workers supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Workers supporting ethanol and biofuel production, refining, and distribution.
- Workers in fuel sectors (including, but not limited to nuclear, coal, and gas types and liquid fuels) supporting the mining, manufacturing, logistics, transportation, permitting, operation, maintenance, and monitoring of support for resources.
- Workers ensuring, monitoring, and engaging in the physical security of assets and locations associated with natural gas, propane, natural gas liquids, and other liquid fuels.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service of natural gas, propane, natural gas liquids, and other liquid fuels operations and use, including end-users.

WATER AND WASTEWATER

Workers needed to operate and maintain drinking water and wastewater and drainage infrastructure, including:

- Operational staff at water authorities.
- Operational staff at community water systems.
- Operational staff at wastewater treatment facilities.
- Workers repairing water and wastewater conveyances and performing required sampling or monitoring, including field staff.
- Operational staff for water distribution and testing.
- Operational staff at wastewater collection facilities.
- Operational staff and technical support for SCADA Control systems.
- Laboratory staff performing water sampling and analysis.
- Suppliers and manufacturers of chemicals, equipment, personal protection equipment, and goods and services for water and wastewater systems.
- Workers who maintain digital systems infrastructure supporting water and wastewater operations.

TRANSPORTATION AND LOGISTICS

- Workers supporting or enabling transportation and logistics functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, third party logisticians, truck stop and rest area workers, driver training and education centers, Department of Motor Vehicle (DMV) workers, enrollment agents for federal transportation worker vetting programs, towing and recovery services, roadside assistance workers, intermodal transportation personnel, and workers that construct, maintain, rehabilitate, and inspect infrastructure, including those that require cross-jurisdiction travel.
- Workers supporting the distribution of food, fuels, pharmaceuticals and medical material (including materials used in radioactive drugs), and chemicals needed for water or water treatment and energy maintenance.
- Workers supporting operation of essential highway infrastructure, including roads, bridges, and tunnels (e.g., traffic operations centers and moveable bridge operators).
- Workers of firms providing services, supplies, and equipment that enable warehouse and operations, including cooling, storing, packaging, and distributing products for wholesale or retail sale or use, including cold- and frozen-chain logistics for food and critical biologic products.
- Mass transit workers providing critical transit services and performing critical or routine maintenance to mass transit infrastructure or equipment.
- Workers supporting personal and commercial transportation services including taxis, delivery services, vehicle rental services, bicycle maintenance and car-sharing services, and transportation network providers.
- Workers, including police, responsible for operating and dispatching passenger, commuter, and freight trains and maintaining rail infrastructure and equipment.
- Maritime transportation workers, including port authority and commercial facility personnel, dredgers, port workers, security personnel, mariners, ship crewmembers, ship pilots, tugboat operators, equipment operators (to include maintenance and repair, and maritime-specific medical providers), ship supply workers, chandlers, repair company workers, and maritime and mariner training and education centers. Refer to the United States Coast Guard's Marine Safety Information Bulletin "Maintaining Maritime Commerce and Identification of Essential Maritime Critical Infrastructure Workers" for more information.

- Maritime transportation workers, including port authority and commercial facility personnel, dredgers, port workers, security personnel, mariners, ship crewmembers, ship pilots, tugboat operators, equipment operators (to include maintenance and repair, and maritime-specific medical providers), ship supply workers, chandlers, repair company workers, and maritime and mariner training and education centers. Refer to the United States Coast Guard's Marine Safety Information Bulletin "Maintaining Maritime Commerce and Identification of Essential Maritime Critical Infrastructure Workers" for more information.
- Workers, including truck drivers, railroad employees, maintenance crews, and cleaners, supporting transportation of chemicals, hazardous, medical, and waste materials that support critical infrastructure, capabilities, functions, and services, including specialized carriers, crane and rigging industry workers.
- Bus drivers and workers who provide or support intercity, commuter, and charter bus service in support of other essential services or functions, including school bus drivers.
- Vehicle repair, maintenance, and transportation equipment manufacturing and distribution facilities.
- Workers who support the construction and maintenance of electric vehicle charging stations.
- Transportation safety inspectors, including hazardous material inspectors and accident investigator inspectors.
- Manufacturers and distributors (to include service centers and related operations) of lighting and communication systems, specialized signage and structural systems, emergency response equipment and support materials, printers, printed materials, packaging materials, pallets, crates, containers, and other supplies needed to support manufacturing, packaging staging and distribution operations, and other critical infrastructure needs.
- Postal Service, parcel, courier, last-mile delivery, and shipping and related workers, to include private companies, who accept, process, transport, and deliver information and goods.
- Workers who supply equipment and materials for maintenance of transportation equipment.
- Workers who repair and maintain vehicles, aircraft, rail equipment, marine vessels, bicycles, and the equipment and infrastructure that enables operations that encompass movement of cargo and passengers.
- Workers who support air transportation for cargo and passengers, including operation distribution, maintenance, and sanitation. This includes air traffic controllers, flight dispatchers, maintenance personnel, ramp workers, fueling agents, flight crews, airport safety inspectors and engineers, airport operations personnel, aviation and aerospace safety workers, security, commercial space personnel, operations personnel, accident investigators, flight instructors, and other on- and off-airport facilities workers.
- Workers supporting transportation via inland waterways, such as barge crew, dredging crew, and river port workers for essential goods.
- Workers critical to the manufacturing, distribution, sales, rental, leasing, repair, and maintenance of vehicles and other equipment (including electric vehicle charging stations) and the supply chains that enable these operations to facilitate continuity of travel-related operations for essential workers.
- Warehouse operators, including vendors and support personnel critical for business continuity (including heating, ventilation, and air conditioning (HVAC) and electrical engineers, security personnel, and janitorial staff), e-commerce or online commerce, and customer service for essential functions.

PUBLIC WORKS AND INFRASTRUCTURE SUPPORT SERVICES

- Workers who support the construction, maintenance, or rehabilitation of critical infrastructure.
- Workers supporting construction materials production, testing laboratories, material delivery services, and construction inspection.
- Workers who support the operation, inspection, and maintenance of essential public works facilities and operations, including bridges, water and sewer main breaks, fleet maintenance personnel, construction of critical or strategic infrastructure, traffic signal maintenance, emergency location services for buried utilities, maintenance of digital systems infrastructure supporting public works operations, and other emergent issues.
- Workers such as plumbers, electricians, exterminators, builders (including building and insulation), contractors, HVAC Technicians, technicians for elevators, escalators and moving walkways, landscapers, and other service providers who provide services, including temporary construction, that are necessary to maintaining the safety, sanitation, and essential operation of residences, businesses and buildings, such as hospitals and senior living facilities.
- Workers personnel, who support operations that ensure, the availability of and access to needed facilities, transportation, energy, and communications through activities such as road and line clearing.
- Workers who support the effective removal, storage, and disposal of residential, industrial, and commercial solid waste and hazardous waste, including at landfill operations.
- Workers who support the operation, inspection, and maintenance of essential dams, locks, and levees.
- Workers who support the inspection and maintenance of aids to navigation and other government-provided services that ensure continued maritime commerce.
- Workers who support the operations and maintenance of parks and outdoor recreational facilities.

COMMUNICATIONS AND INFORMATION TECHNOLOGY

Communications

- Maintenance of communications infrastructure, -- including privately owned and maintained communication systems, -- supported by technicians, operators, call centers, wireline and wireless providers, cable service providers, satellite operations, Internet Exchange Points, Points of Presence, Network Access Points, back haul and front haul facilities, and manufacturers and distributors of communications equipment.
- Government and private sector workers, including government contractors, with work related to undersea cable infrastructure and support facilities, including cable landing sites, beach manhole vaults and covers, submarine cable depots, and submarine cable ship facilities.
- Government and private sector workers, including government contractors, supporting Department of Defense internet and communications facilities.
- Network Operations staff, engineers, and technicians to include IT managers and staff, HVAC and electrical engineers, security personnel, software and hardware engineers, and database administrators that manage the network or operate facilities.
- Workers responsible for infrastructure construction and restoration, including but not limited to engineers, technicians, and contractors for construction and engineering of fiber optic cables, buried conduit, small cells, other wireless facilities, and other communications sector-related infrastructure. This includes permitting, construction of new facilities, and deployment of new technology as required to address congestion or customer usage due to unprecedented use of remote services.
- Installation, maintenance, and repair technicians that establish, support, or repair service as needed.

- Central office personnel to maintain and operate central office, data centers, and other network office facilities, including critical support personnel assisting front line workers.
- Customer service and support staff, including managed and professional services, as well as remote providers of support to transitioning workers to set up and maintain home offices, who interface with customers to manage or support service environments and security issues including payroll, billing, fraud, logistics, and troubleshooting.
- Workers providing electronic security, fire, monitoring, and life safety services, and who ensure physical security, cleanliness, and the safety of facilities and personnel, including those who provide temporary licensing waivers for security personnel to work in other States or Municipalities.
- Dispatchers involved with service repair and restoration.
- Retail customer service personnel at critical service center locations to address customer needs, including new customer processing, distributing and repairing equipment, and addressing customer issues, in order to support individuals' remote emergency communications needs.
- Supply chain and logistics personnel to ensure goods and products are available to provision these front-line workers.
- External Affairs personnel to assist in coordinating with local, state, and federal officials to address communications needs supporting COVID-19 response, public safety, and national security.
- Workers responsible for ensuring that persons with disabilities have access to and the benefits of various communications platforms, including those involved in the provision of telecommunication relay services, closed captioning of broadcast television for the deaf, video relay services for deaf citizens who prefer communication via American Sign Language over text, and audio-description for television programming.

Information Technology

- Workers who support command centers, including, but not limited to, Network Operations Command Centers, Broadcast Operations Control Centers, and Security Operations Command Centers.
- Data center operators, including system administrators, HVAC and electrical engineers, security personnel, IT managers and purchasers, data transfer solutions engineers, software and hardware engineers, and database administrators for all industries, including financial services.
- Workers who support client service centers, field engineers, and other technicians and workers supporting critical infrastructure, as well as manufacturers and supply chain vendors that provide hardware and software, support services, research and development, information technology equipment (to include microelectronics and semiconductors), HVAC and electrical equipment for critical infrastructure, and test labs and certification agencies that qualify such equipment (to include microelectronics, optoelectronics, and semiconductors) for critical infrastructure, including data centers.
- Workers needed to preempt and respond to cyber incidents involving critical infrastructure, including medical facilities; state, local, tribal, and territorial (SLTT) governments and federal facilities; energy and utilities; banks and financial institutions; securities and other exchanges; other entities that support the functioning of capital markets, public works, critical manufacturing, food, and agricultural production; transportation; and other critical infrastructure categories and personnel, in addition to all cyber defense workers who can't perform their duties remotely.
- Suppliers, designers, transporters, and other workers supporting the manufacture, distribution, provision, and construction of essential global, national, and local infrastructure for computing services (including cloud computing services and telework capabilities), business infrastructure, financial transactions and services, web-based services, and critical manufacturing.

- Workers supporting communications systems, information technology, and work from home solutions used by law enforcement, public safety, medical, energy, public works, critical manufacturing, food and agricultural production, financial services, in person and remote education, and other critical industries and businesses.
- Workers required in person to support Software as a Service businesses that enable remote working, and education performance of business operations, distance learning, media services, and digital health offerings, or required for technical support crucial for business continuity and connectivity.

OTHER COMMUNITY- OR GOVERNMENT-BASED OPERATIONS AND ESSENTIAL FUNCTIONS

- Workers to ensure continuity of building functions, including but not limited to security and environmental controls (e.g., HVAC), building transportation equipment, the manufacturing and distribution of the products required for these functions, and the permits and inspections for construction supporting essential infrastructure.
- Elections personnel to include both public and private sector elections support.
- Workers supporting the operations of the judicial system, including judges, lawyers, and others providing legal assistance.
- Workers who support administration and delivery of unemployment insurance programs, income maintenance, employment services, vocational and rehabilitation programs and services, disaster assistance, workers' compensation insurance and benefits programs, and pandemic assistance.
- Federal, State, and Local, Tribal, and Territorial government workers who support Mission Essential Functions and communications networks.
- Trade Officials (FTA negotiators; international data flow administrators).
- Workers who support radio, print, internet and television news and media services, including, but not limited to front line news reporters, studio, and technicians for newsgathering, reporting, and publishing news.
- Workers supporting Census 2020.
- Weather forecasters.
- Clergy and other essential support for houses of worship.
- Workers who maintain digital systems infrastructure supporting other critical government operations.
- Workers who support necessary permitting, credentialing, vetting, certifying, and licensing for essential critical infrastructure workers and their operations.
- Customs and immigration workers who are critical to facilitating trade in support of the national emergency response supply chain.
- Workers at testing and education centers for emergency medical services and other healthcare workers.
- Staff at government offices who perform title search, notary, and recording services in support of mortgage and real estate services and transactions.
- Residential and commercial real estate services, including settlement services.

- Workers supporting essential maintenance, manufacturing, design, operation, inspection, security, and construction for essential products, services, supply chain, and COVID-19 relief efforts.
- Workers performing services to animals in human care, including zoos and aquariums.
- Engineers performing or supporting safety inspections.
- Veterinary nurses, technicians, veterinarians, and other services supporting individuals and organizations with service animals, search and rescue dogs, and support animals.
- Workers providing dependent care services, including childcare, eldercare, and other service providers necessary to maintain a comprehensive, supportive environment for individuals and caregivers needing these services.

CRITICAL MANUFACTURING

- Workers necessary for the manufacturing of metals (including steel and aluminum), industrial minerals, semiconductors, materials and products needed for medical supply chains and for supply chains associated with transportation, building transportation equipment, aerospace, energy, communications, information technology, food and agriculture, chemical manufacturing, nuclear facilities, wood products, commodities used as fuel for power generation facilities, the operation of dams, water and wastewater treatment, processing and reprocessing of solid waste, emergency services, and the defense industrial base. Additionally, workers needed to maintain the continuity of these manufacturing functions and associated supply chains, and workers necessary to maintain a manufacturing operation in warm standby.
- Workers necessary for the manufacturing of materials and products needed to manufacture medical equipment, PPE, and sanctioned substitutes for PPE.
- Workers necessary for mining and production of critical minerals, materials and associated essential supply chains, and workers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for mining production and distribution.
- Workers who produce or manufacture parts or equipment that supports continued operations for any essential services and increase in remote workforce, including computing and communication devices, semiconductors, and equipment such as security tools for Security Operations Centers (SOCs) or data centers.
- Workers manufacturing or providing parts and equipment that enable the maintenance and continued operation of essential businesses and facilities.

HAZARDOUS MATERIALS

- Workers who manage hazardous materials associated with any other essential activity, including but not limited to healthcare waste (medical, pharmaceuticals, medical material production, and testing operations from laboratories processing and testing kits) and energy (including nuclear facilities).
- Workers who support hazardous materials response and cleanup.
- Workers who maintain digital systems infrastructure supporting hazardous materials management operations.

FINANCIAL SERVICES

- Workers who are needed to provide, process, and maintain systems for processing, verification, and recording of financial transactions and services, including payment, clearing, and settlement; wholesale funding; insurance services; consumer and commercial lending; public accounting; and capital markets activities.
- Workers who are needed to maintain orderly market operations to ensure the continuity of financial transactions and services.
- Workers who are needed to provide business, commercial, and consumer access to bank and non-bank financial services and lending services, including ATMs, lending and money transmission, lockbox banking, and to move currency, checks, securities, and payments (e.g., armored cash carriers).
- Workers who support financial operations and those staffing call centers, such as those staffing data and security operations centers, managing physical security, or providing accounting services.
- Workers supporting production and distribution of debit and credit cards.
- Workers providing electronic point of sale support personnel for essential businesses and workers.
- Workers who support law enforcement requests and support regulatory compliance efforts critical to national security, such as meeting anti-money laundering and countering terrorist financing and sanctions screening requirements.

CHEMICAL

- Workers supporting the chemical and industrial gas supply chains, including workers at chemical manufacturing plants, laboratories, distribution facilities, and workers who transport basic raw chemical materials to the producers of industrial and consumer goods, including hand sanitizers, food and food additives, pharmaceuticals, paintings and coatings, textiles, building materials, plumbing, electrical, and paper products.
- Workers supporting the safe transportation of chemicals, including those supporting tank truck cleaning facilities and workers who manufacture packaging items.
- Workers supporting the production of protective cleaning and medical solutions, PPE, chemical consumer and institutional products, disinfectants, fragrances, and packaging that prevents the contamination of food, water, medicine, among others essential products.
- Workers supporting the operation and maintenance of facilities (particularly those with high-risk chemicals and sites that cannot be shut down) whose work cannot be done remotely and requires the presence of highly trained personnel to ensure safe operations, including plant contract workers who provide inspections.
- Workers (including those in glass container manufacturing) who support the production and transportation of chlorine and alkali manufacturing, single-use plastics, and packaging that prevents the contamination or supports the continued manufacture of food, water, medicine, and other essential products.

DEFENSE INDUSTRIAL BASE

- Workers who support the essential services required to meet national security commitments to the federal government and U.S. Military, including, but are not limited to, space and aerospace workers, nuclear matters workers, mechanical and software engineers (various disciplines), manufacturing and production workers, transportation logistics and cargo handling workers, IT support, security staff, security personnel, intelligence support, aircraft and weapon system mechanics and maintainers, and sanitary workers who maintain the hygienic viability of necessary facilities.
- Personnel working for companies, and their subcontractors, who perform under contract or sub-contract to the Department of Defense (DoD), the Department of Energy (DoE) (on nuclear matters), and Department of Transportation (DOT) as well as personnel at government owned/government operated and government-owned/contractor operated facilities and vessels, and who provide materials and services to DoE (on nuclear matters) and the DoD, including support for weapon systems, software systems and cybersecurity, defense and intelligence communications, surveillance, sale of U.S. defense articles and services for export to foreign allies and partners (as authorized by the U.S. government), transportation and logistics, and space systems and other activities in support of our military, intelligence, and space forces.

COMMERCIAL FACILITIES

- Workers who support the supply chain of building materials from production through application and installation, including cabinetry, fixtures, doors, cement, hardware, plumbing (including parts and services), electrical, heating and cooling, refrigeration, appliances, paint and coatings, and workers who provide services that enable repair materials and equipment for essential functions.
- Workers supporting e-commerce of essential goods through distribution, warehouse, call center facilities, and other essential operational support functions, that accept, store, and process goods, and that facilitate their transportation and delivery.
- Workers in retail and non-retail businesses – and necessary merchant wholesalers and distributors - necessary to provide access to hardware and building materials, consumer electronics, technology products, appliances, emergency preparedness supplies, home exercise and fitness supplies, and home school instructional supplies.
- Workers distributing, servicing, repairing, installing residential and commercial HVAC systems, building transportation equipment, boilers, furnaces and other heating, cooling, refrigeration, and ventilation equipment.
- Workers supporting the operations of commercial buildings that are critical to safety, security, and the continuance of essential activities, such as on-site property managers, building engineers, security staff, fire safety directors, janitorial personnel, and service technicians (e.g., mechanical, HVAC, plumbers, electricians, and elevator).
- Management and staff at hotels and other temporary lodging facilities that provide for COVID-19 mitigation, containment, and treatment measures or provide accommodations for essential workers.

RESIDENTIAL/SHELTER FACILITIES, HOUSING AND REAL ESTATE, AND RELATED SERVICES

- Workers who support food, shelter, and social services, and other necessities of life for needy groups and individuals, including in-need populations and COVID-19 responders, including traveling medical staff.
- Workers in animal shelters.
- Workers responsible for the leasing of residential properties to provide individuals and families with ready access to available housing.
- Workers responsible for handling property management, maintenance, and related service calls who can coordinate the response to emergency “at-home” situations requiring immediate attention, as well as facilitate the reception of deliveries, mail, and other necessary services.
- Workers performing housing and commercial construction related activities, including those supporting the sale, transportation, and installation of manufactured homes.
- Workers supporting government functions related to the building and development process, such as inspections, permitting, and plan review services that can be modified to protect the public health, but fundamentally should continue and enable the continuity of the construction industry (e.g., allow qualified private third-party inspections in case of federal government shutdown).
- Workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.
- Workers responsible for the movement and provisioning of household goods.

HYGIENE PRODUCTS AND SERVICES

- Workers who produce hygiene products.
- Workers in laundromats, laundry services, and dry cleaners.
- Workers providing personal and household goods, repair, and maintenance.
- Workers providing disinfection services for all essential facilities and modes of transportation and who support the sanitation of all food manufacturing processes and operations from wholesale to retail.
- Workers necessary for the installation, maintenance, distribution, and manufacturing of water and space heating equipment and its components.
- Support required for continuity of services, including commercial disinfectant services, janitorial and cleaning personnel, and support personnel functions that need freedom of movement to access facilities in support of front-line workers.
- Workers supporting the production of home cleaning, pest control, and other essential products necessary to clean, disinfect, sanitize, and ensure the cleanliness of residential homes, shelters, and commercial facilities.
- Workers supporting agriculture irrigation infrastructure.
- Workers supporting the production of home cleaning and pest control products.

From: [Leuthner, Steven](#)
To: [DHS SDMAC](#)
Subject: vaccine subcommittee" and "Phase 1A choosing between vaccinators
Date: Monday, December 7, 2020 12:50:33 PM

I am writing in response to this well thought out document.

I have only a few questions that may or may not really change this:

1. While I appreciate the need to provide to health care providers first, and appreciate that those in long term care are at high risk (is it going to the providers there or the people living there?), I was wondering when the state would provide to teachers as critical societal providers of care to our children? As many of the schools have closed, and many parents are unfortunately more angry than empathetic to the needs of our teachers, wouldn't they be a group to strongly consider getting a vaccine sooner than later – perhaps equivalent to the long term care facilities (providers excluded)
2. In the mathematical model provided in the appendix, is the assumption that the 50,000 initial doses will need to be divided up and all used? What if the requests multiplied by the 0.2 lead to a number of the 50,000 not being distributed? Could that 0.2 be adjusted to 0.3, as an example?? Maybe they will be all used up and this is moot point?
3. Will the ordering facilities have an idea of how many vaccine refusals they will have before ordering?

Thank you for your work.

Steve Leuthner

Steven R. Leuthner, MD., MA.
Professor of Pediatrics
Division of Neonatology
Professor of Bioethics
Center for Bioethics and Medical Humanities
Medical College of Wisconsin

From: [Lewis Rosenberg](#)
To: [DHS SDMAC](#)
Subject: vaccine subcommittee public comment
Date: Monday, December 7, 2020 12:15:23 PM

To whom it may concern:

I am an attending radiation oncologist at all Saints Hospital in Racine, Wisconsin, and the clinic director of the department. If it has come to my attention that radiation therapists are presently not included in the planned first round of COVID-19 vaccinations. Please consider including these important personnel in being vaccinated. Radiation therapists are the individuals that are responsible for physically treating patients undergoing radiation every day and come in close physical contact with these patients routinely, many of whom are at high risk for potential infection. In my own clinic, we have had many "close calls," where patients who are undergoing daily radiation treatments have been diagnosed with COVID-19. Thankfully, none of the radiation therapists at my facility have been infected yet. Nonetheless, radiation therapists are at a relatively high risk of contracting the coronavirus, in line with many other medical professionals who come in to close contact with many patients daily. Thank you for your consideration.

Lewis Rosenberg, MD, PhD

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From: [Dye, Jenni N - GOV](#)
To: [DHS SDMAC](#)
Subject: vaccine request from Dane County
Date: Monday, December 7, 2020 10:05:17 AM

I received a request from the Dane County Clerk Scott McDonell that election workers be added to the vaccine prioritization list to receive vaccines prior to the spring elections.

Thank you.

Jenni Dye
Policy Director
Office of Governor Tony Evers
she/her/hers
Email: jenni.dye@wisconsin.gov
Phone: 608-264-6329 (office) | 608-279-6762 (mobile)
[Like Governor Tony Evers on Facebook](#) | [Follow Governor Tony Evers on Twitter](#)

From: [Michelle Bailey](#)
To: [DHS SDMAC](#)
Subject: FW: ACIP Interim Guidance support for EMS
Date: Monday, December 7, 2020 6:09:44 AM
Attachments: image001.png
image002.png
image004.png

Michelle Bailey, MSN, RN
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608.757.5440
Michelle.Bailey@co.rock.wi.us

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Janesville, Wisconsin 53547-1088
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Collaborating with partners to ensure a healthy, thriving Rock County...

From: DHS COVID VACCINATOR [mailto:DHSCOVIDVACCINATOR@dhs.wisconsin.gov]
Sent: Friday, December 4, 2020 1:53 PM
To: Michelle Bailey <Michelle.Bailey@co.rock.wi.us>
Subject: RE: ACIP Interim Guidance support for EMS

CAUTION: This email originated from outside the Rock County (Rock-IT) network. Do not click links or attachments unless you recognize the sender and know the content is safe. If you feel this email is a potential phishing attempt, please forward to @PhishingAlerts@co.rock.wi.us for review.

Hi Michelle –

The State Disaster Medical Advisory Committee (SDMAC) is meeting twice a week to make decisions about vaccine allocation in Wisconsin. We would encourage you share your thoughts and concerns with that group. Website is <https://www.dhs.wisconsin.gov/sdmac/index.htm> or an email contact of DHSSDHMAC@dhs.wisconsin.gov.

Thank you, Sarah

Sarah Born, RN
Wisconsin Immunization Program

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From: Michelle Bailey <Michelle.Bailey@co.rock.wi.us>

Sent: Friday, December 04, 2020 7:44 AM

To: DHS COVID VACCINATOR <DHSCOVIDVACCINATOR@dhs.wisconsin.gov>

Subject: ACIP Interim Guidance support for EMS

Given the release of the ACIP Interim vaccine allocation that states “Approximately 21 million U.S. health care personnel work in settings such as hospitals, LTCFs, outpatient clinics, home health care, public health clinical services, **emergency medical services**, and pharmacies. Health care personnel comprise clinical staff members, including nursing or medical assistants and support staff members (e.g., those who work in food, environmental, and administrative services) (8). Jurisdictions might consider first offering vaccine to health care personnel whose duties require proximity **(within 6 feet) to other persons.**”

And our EMS, First Responders, Fire, Police...are the very first health care workers to care for patients in their home or at a scene within the community, we need these partners to also be prioritized in WI’s vaccine plans. In the home or at a scene the patients may often NOT be masked whereas in a hospital setting patients are masked upon entry. In addition, within a home if one person has COVID, it is likely the entire family has it and our EMS partners are entering an enclosed environment that is potentially full of covid virus.

Please consider prioritization of our EMS, and thank you for considering as this is critical to maintaining the workforce on the true “front lines”.

Michelle Bailey, MSN, RN
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Collaborating with partners to ensure a healthy, thriving Rock County...

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From: [MKE Vets for Peace](#)
To: [DHS SDMAC](#)
Subject: COVID-19 vaccine prioritization
Date: Sunday, December 6, 2020 2:13:21 PM
Attachments: VaccinePrioritiesFinal.docx

Please see the attached letter from Milwaukee Veterans For Peace, Chapter 102, regarding your deliberations on distribution of the COVID-19 vaccine when it becomes available.

We ask that incarcerated individuals be included in the high priority group, as well as veterans who are residents of the state's three homes for veterans.

Thank you for your consideration.

--

Veterans for Peace
Chapter 102



MILWAUKEE CHAPTER 102
PAUL MORIARITY, PRESIDENT
vfpchapter102@gmail.com

December 5, 2020

To: Wisconsin State Disaster Medical Advisory Committee (SDMAC)

From: Veterans for Peace Chapter 102, Milwaukee, Wisconsin

To Whom It May Concern:

In reading your report about plans for COVID vaccine distribution, we are concerned about the priorities in group number one. We would request that your committee include in priority No. 1, those who are involuntarily confined, and are packed into small quarters without the possibility of being physically or socially distanced from others. We believe that being incarcerated in Wisconsin is not meant to be a death sentence. But for many in our DOC, and local prisons or jails, this will be the case unless you act promptly and take effective action.

We understand the reason the prison guards and staff will be part of priority group No. 1, but those folks are not living in what has become COVID dangerous quarters. This also reflects, we are afraid, the attitude of the state towards warehousing prisoners rather than correctional and transformational programming and living situations.

The story from the Dept. of Corrections during COVID 19 has been a tragedy and we hope that vaccine distribution will show a more progressive, and humane approach to caring for all who are under the care of the state.

We are also concerned about residents in the three state veterans homes, but assume they will be included in the first priority along with other nursing home patients.

Thank you for considering our message and we look forward to your response.

In Peace and Justice for All,

Written on behalf of Milwaukee Veterans for Peace, Chapter102.

Bob Hanson
United State Navy, Vietnam Era

From: [Bob koshin Hanson](#)
To: [DHS SDMAC](#)
Subject: Greetings
Date: Sunday, December 6, 2020 9:57:23 AM
Attachments: VaccinePrioritiesFinal.docx

The attachment with this email is a letter from the Veterans for Peace Chapter #102 of Milwaukee for your consideration. We look forward to your immediate response. Thanks you!

Bob Hanson, VFP. #102

--

Peace and Compassion: ko shin, Bob Hanson

This attachment was also attached to a 12/6/2020 email from MKE Vets for Peace. Please see that email to view this attachment.

From: [Long Ruby](#)
To: [DHS SDMAC](#)
Subject: Attention vaccine subcommittee. Public comment attached.
Date: Saturday, December 5, 2020 3:46:58 PM
Attachments: equity-in-crisis-standards-of-care-872020.pdf

Dear Wisconsin SDMAC,

Thank you for allowing public opinion on Phase 1A vaccine allocation. Please consider extending this opportunity for the additional phases to come. I'd like to challenge a couple of concepts in the statement to optimize the equitable allocation of vaccines without inadvertently fostering health inequities.

Consider implementing a lottery system over a first come, first serve process for provider vaccine administration. The first come, first serve model disadvantages those healthcare personnel (HCP) with limited resources for transportation. Thereby, the first come, first serve model would favor more resourced providers of a lower social vulnerability index. Additionally, the first come, first serve model disadvantages HCP with limited on the job flexibility. Many hourly staff will not have the ability to step away from employment responsibilities, as soon as the vaccine is ready for distribution (e.g. an hourly worker may not have protected breaktime for several hours into their shift, potentially limiting the window available to them to seek the vaccine). Please see attached statement from SAEM on Equity in Crisis Standards of Care for support of the lottery system.

There is an opportunity here to build community/public trust and likely vaccine acceptance. Increasing public engagement now to understand community concerns via virtual focus groups or restorative justice circles could provide exponential returns on the investment.

Reference:

Society of Academic Emergency Medicine, Equity in Crisis Standards of Care. 2020.

https://www.google.com/url?sa=t&rc=ej&q=&esrc=s&source=web&cd=&ved=2ahUKEwiyqd7B4LftAhVH0FkKHeN3CDQQFjAAegQ_BhAC&url=https%3A%2F%2Fwww.saem.org%2Fdocs%2Fdefault-source%2Fsaem-documents%2Fequity-in-crisis-standards-of-care-872020.pdf%3Fsfvrsn%3Dc0bd03fd_2%26MvBriefArticleId%3D39139&usg=AOvVaw0winBadu3c4-wUlujDXzHS

Respectfully,

Ruby Long, MD, FACEP
Assistant Professor of Emergency Medicine
Medical College of Wisconsin



Equity in Crisis Standards of Care

Crisis standards of care (CSC) are necessary to guide equitable distribution of healthcare-related resources during epidemics, disasters, and other periods of resource scarcity. For CSC to ensure both the fair allocation of resources and promote equitable health outcomes through resource distribution, they must take into account historical and contemporary social, health, and healthcare inequities. Accordingly, the equitable allocation of scarce resources demands a holistic approach whereby we mitigate unintentional harms associated with care delivery during times of crisis and work towards greater justice.

The COVID-19 pandemic has brought inequities in US healthcare into sharp focus. The unequal distribution of personal protective equipment, testing availability, ventilators, hospital beds, and other scarce resources has resulted in disproportionately high mortality rates among marginalized populations, particularly communities of color, low income people, people experiencing homelessness, and people who are [incarcerated](#). Some [states](#) and hospitals have already developed CSC, however many existing CSC have the potential to bias the allocation of resources away from historically and contemporarily marginalized groups, either through intentional resource allocation or unintentional use of criteria that focus on elements that are unfairly apportioned based on social determinants of health. Here, we recommend 1) modifications to existing CSC to ensure greater equity, and 2) a Restorative Justice (RJ) framework for developing CSC to engage all affected stakeholders and build trust.

Improving existing CSC

Until inclusive processes for CSC development can be undertaken, the following measures are recommended to ensure more equitable allocation of resources under CSC:

1. **Resource allocation.** CSC must be applicable to any type of resource that may become scarce. This includes ventilators, other durable equipment, evidence-based treatments, hospital beds, and staff (e.g., respiratory therapists or dialysis nurses). Investigatory treatments should be equitably allocated among the subset of patients expected to benefit from treatment in accordance with the best available scientific evidence.
2. **Implementation.** Resource sharing between regional institutions should be exhausted before applying CSC at a single facility. State Departments of Health should preemptively facilitate the development of coordination agreements for procurement and sharing of resources, as well as for patient transfer, particularly from safety-net hospitals, which may have a more limited ability to adapt in anticipation of patient surges. Such collaborative efforts should be pursued across state lines as necessary and reasonable.
3. **Treatment exclusion criteria.** If required by state or local government, exclusion criteria should be limited to objective conditions for which a dire prognosis is immediately apparent. Similar to non-crisis situations, clinicians remain empowered to avoid the provision of futile care.
4. **Consideration of near-term mortality.** CSC should only consider only near-term mortality (within 1 year) when prioritizing patients to receive scarce resources. [New York](#) and [California](#) provide examples. Consideration of comorbid conditions and longer-term mortality (e.g. 5-year) introduces systemic racism into the resource allocation process by discriminating against populations with higher prevalence of chronic illness, which disproportionately impacts low income populations and people of color. This reflects the individual-level impact of structural racism and poverty.
5. **Disease-specific decision making.** Ideally, a disease-specific triage tool would be used to determine who is most likely to benefit from critical care resources in any given crisis. Currently recommended

scoring systems (SOFA/MSOFA) were not developed for triage assessments and are not validated in surgical or other non-sepsis patient cohorts. Until improved triage tools are developed, these may represent the most objective means of quantifying the severity of acute illness. They should be applied with consideration of their limitations.

6. **Disability considerations.** CSC scoring must explicitly ensure that people with disabilities have equal opportunity to access scarce resources, and reasonable accommodations for support persons during hospitalization. See, e.g., [Massachusetts guidelines](#) (p.17).
7. **Lotteries.** If additional differentiation is needed, a lottery should be used. Consideration should be given to using a [weighted system](#) through which historically disadvantaged groups (e.g., patients living in poverty) and individuals who bear greater risk (e.g., healthcare workers, bus drivers, grocery clerks, etc.) are given increased priority.
8. **Patient re-evaluation.** CSC must ensure patients are periodically reevaluated to determine their priority for continued resource allocation. After initial resource allocation decisions are made and critical care is initiated, the criteria that are used to consider reallocation (including withdrawal) of resources may differ from criteria used to determine who is most likely to benefit on arrival to the emergency department.

Improving the process of CSC development

Restorative Justice (RJ) offers a framework by which community and clinical stakeholders can collaborate to develop CSC that address the needs of those affected, and to make the CSC more responsive to their local communities during any crisis situation. ([Rx for RJ](#)). RJ processes build trust by allowing people to increase understanding through communication. While ideally this process would be used from the start, it could also be used to revise existing CSC.

- **Recognition of prior inequities:** Communities have experienced significant emotional and mental trauma during times of crisis ([RAND](#)). In the United States, communities of color and other marginalized groups have sustained a disproportionate disease burden from COVID-19 ([CDC](#)) .
- **Use of restorative justice to address prior harms:** These inequities spur us to collectively call for creating and implementing CSC through a RJ framework. Intentional efforts at healing prior harms and proactive, inclusive community engagement are necessary for the rebuilding of community/public trust, improving health outcomes, and promoting health equity. RJ allows all affected parties to address their needs by giving the parties a dignified voice and an opportunity to be heard with respect ([Routledge](#)).
- **Implementation of restorative justice practices:** It should be explicitly stated that the participants/stakeholders are the experts on the issue(s) and the RJ facilitator is the expert on the process. By focusing on the key RJ questions that follow, a trusted and transparent CSC statement can be developed.
 1. Who are we? (e.g., patients, families, providers, community organizations)
 2. What are our core values? (e.g., save the most lives, equity)
 3. What is happening and how are you impacted? (e.g., shortages, rationing care)
 4. What do we need in a CSC framework?
 5. How could CSC help put things right?

During this conversation, participants should speak one at a time and share their perceptions, thoughts and feelings. Once each participant has spoken, invite the collective group to collaborate on addressing the identified needs ([Routledge](#)) and CSC content. Record identified needs, ensure time frames and measures are quantified. This framework should be revisited on a routine basis to meet the needs of the community ([RAND](#)) and societal norms.

From: [Marc Krasnick](#)
To: [DHS SDMAC](#)
Subject: Vaccination priorities
Date: Saturday, December 5, 2020 3:29:16 PM

I am writing in support of the phase 1a vaccination priorities to include direct care staff supporting vulnerable children and adults in community settings with job titles related to patient aide, care giver, personal care assistant, etc. Vaccinating staff will stop spread to the vulnerable people, many with Intellectual and Developmental Disabilities and frail elders, supported in community settings.

My adult daughter lives in a group home in Madison. Because there are several residents and the caregivers are out in the community at times, this is very necessary as the entire group would likely be infected if only one resident or caregiver is infected.

Thank you,

Marc Krasnick



From: [Kelly McDowell](#)
To: [Caron, Kathleen A - DHS](#); [DHS SDMAC](#)
Subject: Copy of Letter to Governor Evers on Wisconsin's Microplan for Vaccine Distribution - Critical Infrastructure
Date: Saturday, December 5, 2020 3:13:52 PM
Attachments: WisconsinVaccinationMicroplan_GovernorEvers.pdf

Hello Kathleen and Martha,

Attached is a letter to Governor Evers regarding Wisconsin's microplan for vaccine distribution. On behalf of the signatories, we would appreciate your assistance in sharing this information with the members of the State Disaster Medical Advisory Committee responsible for developing Wisconsin's microplan for vaccine distribution.

Please let me know if there is another contact for this information. Also, please let me know if you have any questions or would like more information.

Best,

Kelly

KELLY McDOWELL, EXECUTIVE SECRETARY
WISCONSIN BEVERAGE ASSOCIATION

25 W. Main Street, 5th Floor, Suite 44
Madison, WI 53703
(608) 852-7555

This attachment was also attached to a 12/7/2020 email from Maggie Gau titled "Fwd: Letter to Governor Evers on Wisconsin's Microplan for Vaccine Distribution - Critical Infrastructure." Please see that email to view this attachment.

From: [Colleen Cullen](#)
To: [DHS SDMAC](#)
Subject: Request for Incarcerated Individuals to be prioritized for a vaccine
Date: Saturday, December 5, 2020 11:12:37 AM

I am emailing to request incarcerated individuals be prioritized for the COVID-19 vaccine. Incarcerated individuals have no choice, but to be in settings that are not clean and where they cannot possibly socially distance. Currently in Wisconsin all of our Milwaukee jails and Wisconsin prisons have COVID-19. For these reasons, incarcerated individuals should be given priority.

Please let me know if you have any questions or any additional information would be helpful.

Thank you,

Attorney Colleen Cullen

Assistant State Public Defender
Georgetown University Law, Class of 2018

Direct: 414-227-4044
Fax: 414-227-1801

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From: [Kochera, Brandi - GOV](#)
To: [DHS SDMAC](#)
Subject: FW: Fire and EMS personnel COVID-19 vaccinations
Date: Friday, December 4, 2020 10:20:35 PM
Attachments: Priority Tier 1 A (Fire and EMS Personnel).pdf
Importance: High

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Brandi Kochera
Scheduling Director
Office of Governor Tony Evers
Email: brandi.kochera@wisconsin.gov
Cell: (608) 720 – 0021
[Like Governor Tony Evers on Facebook](#) | [Follow Governor Tony Evers on Twitter](#)

From: Megan@burlington-wi.gov <Megan@burlington-wi.gov>
Sent: Thursday, December 3, 2020 2:18 PM
To: Kochera, Brandi - GOV <brandi.kochera@wisconsin.gov>; Sen.Wanggaard - LEGIS <Sen.Wanggaard@legis.wisconsin.gov>; Rep.Vos@legis.state.wi.us; Rep.Vos - LEGIS <Rep.Vos@legis.wisconsin.gov>
Subject: Fire and EMS personnel COVID-19 vaccinations
Importance: High

Please see the attached correspondence from City of Burlington Mayor Jeannie Hefty to Governor Evers to consider adopting the National Academies of Sciences, Engineering, and Medicine's (NASEM) recommendation that will place all fire and EMS personnel in the highest priority tier for receiving a COVID-19 vaccine.

Regards,

Megan E. Watkins

Assistant City Administrator | Zoning Administrator
300 N. Pine Street | Burlington, WI 53105
Office: 262.342.1168 | Fax: 262.763.3474
mwatkins@burlington-wi.gov | www.burlington-wi.gov

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This attachment was also attached to a 12/11/2020 email from T.R. Williams titled "Letter from Mayor of Burlington re: Fire & EMS Personnel as Priority Tier 1A." Please see that email to view this attachment.

From: [Sally Gleason](#)
To: [DHS SDMAC](#)
Subject: Vaccine Comment & Public Comment
Date: Friday, December 4, 2020 9:09:05 PM

I am writing in support of the phase 1a vaccination priorities to include direct care staff supporting vulnerable children and adults in community settings with job titles related to patient aide, care giver, personal care assistant, etc. Vaccinating staff will stop spread to the vulnerable people, many with Intellectual and Developmental Disabilities and frail elders, supported in community settings.

I hope you will agree with this priority.

**Sara Gleason
4001 Monona Dr. #403
Monona, WI 53716**

From: [Gau, Maggie M - GOV](#)
To: [DHS SDMAC](#)
Subject: Fw: Letter to the Governor
Date: Friday, December 4, 2020 5:47:52 PM
Attachments: Wisconsin - Vacc priority letter Nov 2020.pdf

From: Samantha Beard <SBeard@meatinstitute.org>
Sent: Friday, December 4, 2020 5:46 PM
To: govgeneral@wisconsin.gov <govgeneral@wisconsin.gov>; Gau, Maggie M - GOV <maggie.gau@wisconsin.gov>
Subject: Letter to the Governor

Good Evening,

Please see the attached letter from the National Cattlemen's Beef Association, the National Pork Producers Council and the North American Meat Institute regarding vaccine distribution prioritization.

Best,

Samantha Beard
Manager of Public and Legislative Affairs
North American Meat Institute
615-504-3680

December 4, 2020

Honorable Tony Evers
Governor of Wisconsin
Office of the Governor
P.O. Box 7863
Madison, WI 53707

Re: Prioritizing Distribution of the COVID-19 Vaccine

Dear Governor Evers:

For the reasons discussed below the National Cattlemen's Beef Association, National Pork Producers Council, and the North American Meat Institute (the organizations) respectfully request that workers in the meat and poultry industry, including United States Department of Agriculture meat and poultry inspectors, and livestock producers be given very high priority regarding the distribution and administration of COVID-19 vaccines.

Earlier this year the Department of Homeland Security identified food manufacturing as a critical infrastructure sector, which included meat and poultry workers and livestock producers.¹ Those people have been on the front lines ensuring Americans have access to safe, nutritious, and affordable food.

The challenges packing plants and their producer suppliers in particular faced in the early stages of the pandemic were unprecedented and yet were endured. The meat industry is resilient and the supply chain remains intact.

Critical components of that resilience are the programs and protocols packers implemented in the spring and summer, programs that have proven effective in limiting the spread of the virus even while the curve nationally has been soaring in the opposite direction. Those programs and protocols, coupled with the education programs packers will undertake to explain the importance and safety of vaccination, put meatpacking facilities in an ideal position to administer the vaccine to many people in an orderly and efficient fashion.

The undersigned organizations acknowledge and support the Centers for Disease Control's Advisory Committee on Immunization Practices recent recommendation administering the vaccine first to health care workers and certain other high-risk individuals. But prioritizing thereafter meat industry workers and their livestock suppliers addresses an industry that is part of the critical infrastructure and necessary to ensure the animals are harvested and processed.

¹ Cybersecurity & Infrastructure Security Agency. <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>.

Such prioritization would allow the utilization of an existing system to deliver the vaccine to a significant and important part of the workforce.

The Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, part of the National Academies of Sciences, Engineering, and Medicine, got it right when it concluded that people in the population group that includes meat and poultry workers “need to be provided the vaccine, and special efforts must be made to reach these workers in ways that encourage them to be vaccinated.”²

The systems are in place. The workers are part of the critical infrastructure and the State of Wisconsin depends on these people to supply and process livestock so agricultural communities can thrive. For these reasons we respectfully request that, as you plan for the distribution of the vaccine, meatpacking workers, USDA inspectors, and livestock producers be given high priority to receive vaccinations.

Respectfully submitted,

National Cattlemen’s Beef Association
National Pork Producers Council
North American Meat Institute

² *Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine*, p. 67.

From: [Schell, Tim](#)
To: [DHS SDMAC](#)
Subject: Ethics Subcommittee and public comment
Date: Friday, December 4, 2020 5:27:31 PM

I apologize for this being a few minutes past the deadline.

As I have been listening to your meetings I have been impressed by the thoughtfulness and expertise you are bringing to the decision making process around prioritization of the COVID-19 vaccines.

Reflecting on the discussion from your meeting earlier this week on the potential gaps in the distribution network due to cold storage capacity, it occurs to me that while states are being (as I understand it) vaccine on a per capita basis, the ability to distribute it may be less evenly distributed from state to state based on where populations are relative to cold storage infrastructure. It's a classic Minnesota vs. Wisconsin dichotomy where our neighbors to the west are more clustered in part of their state while we have many smaller population centers.

My one suggestion is that in your recommendations, you endorse some flexibility in allocating the vaccines with greater cold storage requirements, specifically the Pfizer vaccine. In the event we have regions without the cold storage infrastructure to handle the Pfizer vaccine flexibility may be necessary. Depending on how much of our initial allocation is the Pfizer vaccine, it may be necessary to go more quickly through the 1a priorities (and possibly into 1b) in areas with the cold storage infrastructure and demand to match the requirements of the Pfizer vaccine distribution. As the Moderna vaccine and other vaccines with less restrictive requirements become available the emphasis should be on closing the gap in areas that could not participate in the Pfizer vaccine administration to assure equity and inclusive access.

Thank you for your efforts in advancing the health and safety of Wisconsinites.

Tim Schell

--

Timothy C. Schell
Director of Secondary Curriculum and Instruction
Waunakee Community School District
Committed to Children, Committed to Community, Committed to Excellence

We can all do our part to #beatthevirus.

Wear a mask, wash your hands, maintain a safe distance.

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Fax: 608-849-2350

Twitter: @Waunakee_CI

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Wisconsin Attorney General Letter of 3/19/2010).